

## HARMONY PLACE MONTEREY EATING DISORDERS PROGRAM TRACK

### **NUTRITION PHILOSOPHY:**

Harmony Place Monterey believes that all bodies are deserving of nutrition, regardless of their shape or size, that all foods are permissible and that there are no “good” or “bad” foods. We believe in fostering an environment of trust around food, encouraging clients to eat mindfully incorporating in a variety of foods and being able to regain the body’s natural cues of hunger and fullness as well as fostering a healthy relationship with their body and with healthy exercise. We believe in keeping talk about food positive and looking at any obstacles that may interfere with nourishing oneself consistently.

### **POLICY:**

It is the policy of Harmony Place Monterey that the program shall provide specialized services for clients presenting primary problems with eating disorders. The following DSM-V diagnoses apply: anorexia nervosa, bulimia, and binge eating disorder. The program track includes nutritional screen, medical review of health status, psychiatric evaluation, and admission assessment at or prior to admission. Subsequently, a psychosocial assessment examines individual and family factors contributing to symptoms, specialized eating disorder assessment (screening, monitoring, and outcome assessment), and specialized treatment planning, initiated within five working days and updated every fifteen days.

The Eating Disorders (ED) Program Track includes at least six hours per day of individual and group behavioral health services. The track includes the following core components: individual therapy two to three times weekly, family therapy as indicated, therapeutic community group (core group: therapeutic assignments and psychoeducation), cognitive processing therapy group, somatic processing group, expressive therapy group, movement therapy group, relapse prevention group, interpersonal boundaries/assertiveness skills group, integrative meditation/yoga groups, and attachment and intimacy group. The integrative or holistic approach of the core program (for Eating Disorders) is clinically relevant and foundational for specialized care.

Specialized treatment components include case management (monitoring of weights and vitals), supervised meals and social skills practice (monitored through the Food and Feelings Group daily), eating disorders group twice weekly, body image group once a week, and an eating disorder focus in individual and group sessions within the core components. Evidenced based treatments that may be included in sessions are: Dialectical Behavioral Therapy (DBT), Cognitive Behavioral Therapy (CBT), Eye Movement Desensitization and Reprocessing Therapy (EMDR) and Internal Family Systems Therapy (IFS).

## **PROCEDURE:**

Each client shall complete nutritional, health, psychiatric, and eating disorders screening during the intake process. Monitoring of food intake, eating behaviors, weight and eating disorder symptoms shall be completed during the phases of the treatment program from pre-admission through discharge. Individual behavior change and program effectiveness shall be determined by pre and post treatment assessments using a psychometrically sound, consensually validated instrument with scales clinical relevant to eating disorders diagnosis and treatment.

1. Clients are initially screened for clinically significant eating disorder symptoms as determined by DSM-V diagnoses. Clients who present a primary diagnosis of an eating disorder shall be assigned to the Eating Disorders Program Track.
2. Clients will be given the EDI-3 for pre and post treatment assessment.
3. The Dietitian shall complete a nutrition assessment during the first week of treatment. Each client will collaborate with the dietitian in developing a weekly meal plan with the meal plan being kept in the client's electronic medical record as well as in a weekly meal plan book for staff reference. The meal plan will be used in planning for shared meals, meals outside of the program as well as weekend meals and snacks and as a guide for meals within the program.
4. Clients will be encouraged to keep self-monitoring logs and to use these in individual and group therapy sessions to track overall progress and difficulties.
5. The psychiatrist or internist will assess for and order labs for medical monitoring as needed for medical stability ongoing.
6. The psychiatrist will confirm primary and co-occurring diagnosis and will prescribe medications as needed and will monitor medication compliance and side effects.
7. Clients will participate in all groups as listed above unless contraindicated by physical limitations or treatment plan goals.
8. Clients will participate in shared meals with peers and staff that are monitored and coached through appropriate social skill monitoring and modeling of healthy eating behaviors.
9. Clients will restore normative eating patterns and body acceptance through core groups and specialized treatment components. Changes in eating behaviors, body image and other pathogenic weight control behaviors and cognitive distortions will be monitored throughout treatment with treatment planning modified to address difficulties and progress.
10. Non-compliance with treatment goals or lack of progress will be addressed by the primary therapist and the program director as needed and in weekly treatment team meetings. Clients may be given a probation contract with identified areas of difficulty and criteria for remaining in the program which may be followed by transfer to a higher level of care for non-compliance if unable to meet criteria.
11. Each client will complete and utilize a relapse prevention plan to assist with anticipated eating disorder difficulties as well as with discharge planning.

### PHP CRITERIA:

1. The client is medically stable as determined by limited abnormalities in labs and cleared by a physician prior to admission.
2. The Eating Disorder impairs daily functioning and may include difficulties in social, educational, relational or vocational situations.
3. The client is engaging in daily binge eating, purging or restricting or other weight control techniques such as compulsive exercise, diuretics, laxatives or other pathogenic weight control techniques.
4. There is an ability or improved ability to sufficiently control eating disorder behaviors during the evenings or weekends and when not in program.
5. There has been difficulty with reducing eating disorder behaviors autonomously.
6. The minimum weight criteria to be in this level of care is 80% of Ideal Body Weight and above.

### PHP PROGRAM EXPECTATIONS:

It is expected that while participating in the PHP Eating Disorder Program that each client will meet the following criteria:

1. Client is medically stable and not needing more intensive interventions or 24 hour monitoring.
2. Client is expected to meet with the dietitian weekly or bi-weekly as indicated to develop a meal plan.
3. Client has ability to follow meal plan and to discuss lapses/relapses and difficulties and may need staff assistance for meal support and completion of meals.
4. Client will attend the following groups that are specific to the Eating Disorder Track:
  - Body Image Group-once a week
  - Eating Disorder Group-twice a week
  - Therapeutic Meals (Food and Feelings) Daily Monday through FridayGroup facilitators will report weekly on client's progress in each of these groups in Treatment Team meetings.
5. Monitoring (Will include the following for each client):
  - Two weeks prior to admission each client will complete the following labs which will be reviewed by the psychiatrist or internist and the dietitian for medical stability.
    - a. CBC-Complete Blood Count
    - b. CMP-Comprehensive Serum Metabolic Panel to include electrolytes, renal function tests and liver enzymes.
    - c. Thyroid Function Test
    - d. Electrocardiogram (ECG) if indicated
    - e. Bone Density Scan (may be up to two years old)
  - Blinded weights (client does not see their weight) and vitals will be done twice a week and monitored by the treatment team weekly which consists of (primary therapist, dietitian, psychiatrist, clinical director, other therapists and group facilitators) to monitor any changes.

### MEALS:

Meals will be monitored by the assigned staff member for Food and Feelings group for that day. Format of the meals will include:

- a. Each client will participate in plating the provided meal for the day with staff assistance. Staff will assist each client with plating appropriate portions sizes as determined by client's meal plan and the components of the meal for the day.
- b. Clients will set a goal or discuss initial difficulties with the meal at the start of the meal or when plating with staff member for additional support.
- c. Clients will complete lunch in the designated lunch space (the adjacent house) to the program building. PHP clients will complete lunch in the main room. If a client is unable to complete the provided meal, the client will be offered a nutritional supplement to complete the meal and will be encouraged to complete.
- d. Clients are expected to stay for the duration of the group and processing until dismissed by the group facilitator.
- e. At the end of the meal, clients will process successes and difficulties that came up during the meal during the processing portion of the Food and Feelings Group. The group processing will take place in the php group room with the exception of Thursdays where processing will be completed in the designated lunch space (the adjacent house). Clients will be asked to identify specific thoughts and distortions that they had throughout the meal and any resulting urges or support that they may need at the conclusion of the group and will be assisted with creating a plan of support for the identified period of difficulty.

#### RELAPSE PREVENTION:

It is expected that while participating in the eating disorder track that each client will have the following relapse prevention components:

1. Client will have a specific relapse prevention plan for eating disorder difficulties and will identify five alternative coping skills that they can utilize when struggling. This plan should be used and reviewed weekly with each client to assess for effectiveness. Client will present initial relapse prevention plan within one week of admitting to program.
2. Clients who are lapsing or relapsing with eating disorder behaviors should complete a behavioral chain analysis and share with primary therapist as well as in relapse prevention group or eating disorder group at the time of lapse or relapse.

#### EATING DISORDER TREATMENT PLAN:

It is expected that while each client is in the eating disorder program track that they will have a treatment plan that will consist of the following:

1. Client will have an individual treatment plan for Eating Disorders which will clearly identify current struggles with eating disorder behaviors to include exercise, body image, current meal plan expectations, ongoing labs required and goals for continued progress.

2. Within the individualized treatment plan client will complete the following eating disorder specific assignments throughout treatment:
  - a. Write a timeline of the origin and development of your eating disorder.
  - b. Write a list of rules that your eating disorder lives by.
  - c. Write about/draw about what is the function of your eating disorder?
  - d. Write about if your eating disorder was not about food, what might it be about?
  - e. Depict your eating disorder.
  - f. Write out what your next relapse with your eating disorder would look like.
  - g. Write about what would your life look like five years from now if you recovered from your eating disorder and five years from now if you continue to have your eating disorder?
  - h. Write out the top five body image messages you struggle with.
  - i. Write about a “typical day” in your eating disorder.
  - j. Write about the worst day in your eating disorder.

#### IOP CRITERIA:

1. The client is medically stable as determined by limited abnormalities in labs and cleared by a physician prior to admission.
2. The Eating Disorder impairs daily functioning and may include difficulties in social, educational, relational or vocational situations.
3. The client is engaging in daily binge eating, purging or restricting or other weight control techniques such as compulsive exercise, diuretics, laxatives or other pathogenic weight control techniques.
4. There is an ability or improved ability to sufficiently control eating disorder behaviors during the evenings or weekends and when not in program.
5. There has been difficulty with reducing eating disorder behaviors autonomously.
6. The minimum weight criteria to be in this level of care is 80% of Ideal Body Weight and above.

#### IOP PROGRAM EXPECTATIONS:

It is expected that while participating in the IOP Eating Disorder Program that each client will meet the following criteria:

1. Client is medically stable and not needing more intensive interventions or 24 hour monitoring.
2. Client is expected to meet with the dietitian weekly or bi-weekly as indicated to develop a meal plan.
3. Client has ability to follow meal plan and to discuss lapses/relapses and difficulties and shows an increased ability to autonomously complete meals with limited staff support.
4. Client will show an increased ability to manage urges and utilize alternative coping skills for eating disorder difficulties.
5. Client will attend the following groups that are specific to the Eating Disorder Track:
  - Body Image Group-once a week

-Eating Disorder Group-twice a week

-Therapeutic Meals (Food and Feelings) Monday, Wednesday, Thursday and Friday  
Group facilitators will report weekly on client's progress in each of these groups in Treatment Team meetings.

6. Monitoring (Will include the following for each client):

-Two weeks prior to admission each client will complete the following labs which will be reviewed by the psychiatrist or internist and the dietitian for medical stability.

a. CBC-Complete Blood Count

b. CMP-Comprehensive Serum Metabolic Panel to include electrolytes, renal function tests and liver enzymes.

c. Thyroid Function Test

d. Electrocardiogram (ECG) if indicated

e. Bone Density Scan (may be up to two years old)

-Blinded weights (client does not see their weight) and vitals will be done twice a week and monitored by the treatment team weekly which consists of (primary therapist, dietitian, psychiatrist, clinical director, other therapists and group facilitators) to monitor any changes.