Eating Disorders Clinic for Preadolescents and Adolescents
IWK Grace Health Center for Children, Women and Families

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The Eating Disorders Program at the IWK-Grace Health Center was developed in 1995 by our multidisciplinary team including Dr. Joanne Gusella, Clinical Psychologist, Dr. Doris Hirsch, Psychiatrist, Ms. Judy Ashley, Nurse, Ms. Katherine McPherson, Social Worker, and Ms. Lisa Parkinson, Dietician, and Dr. Mike Smith, Pediatrician. In 1996, our Eating Disorder Clinic received official designation as a specialty clinic within our Mental Health system, with a mandate to serve pre-adolescents and adolescents in Nova Scotia, New Brunswick and Prince Edward Island. Specifically, we provide a comprehensive assessment of eating disorders and comorbid conditions: 1. First opinion psychological, medical and nutritional assessment and treatment services where these services do not exist in the local community, or where the patient is in moderate to severe starvation, or there are physical complications arising from eating disordered behaviors; 2. Second opinion assessments, and consultation to other health professionals on request. Our Eating Disorders Clinic can be accessed by calling our Central Referral system (902-464-4110) which triages all calls received for mental health services for children and adolescents. After an initial comprehensive assessment, a decision is made as the whether the patient is best treated as an inpatient or an outpatient. Over the next year, we will see in the range of 125 children and adolescents, approximately 10% will be inpatients, and the rest will be a outpatient. Although we do see male patients, 99% of our patients are female adolescents. In this article, I will summarize our Eating Disorders Clinic program for pre-adolescents and adolescents (Gusella et al., 1997).

Treatment Philosophy.

Our treatment philosophy is guided by developmental theory, which has been articulated by Strober and Yager (1985). Anorexia has its onset in the adolescent years and is associated with the fear and confusion regarding the process of growing up (i.e., the maturation of the body, the task of individuation and identity development, taking on more adult responsibilities, achieving acceptance from peers, intimate partners, or important role models). A developmental perspective also extends to the treatment of young people who develop Bulimia Nervosa; binging and purging can be seen as playing a role in meeting the adolescent's needs for comfort, security, friendship in the face of insecurity about growing up, going to a new school or university, having intimate relationships. Above all, our treatment program for adolescents is tailored to their developmental level and experiences by making use of concrete, hands-on materials, interactive, and activity based approaches to learning (e.g., art, poetry and journal writing, magazines and videos, role-plays, food models, puppets, humour, body work). It is also geared to their developmental needs for maintaining connections with family, school and friends. Within this age group, there is general consensus that best practice involves a multidisciplinary team approach offering a combination of medical, nutritional treatment along with family therapy, and individual and group therapy as needed. Given that there are many pathways to developing an eating disorder, it follows that our

treatment approaches include an integration of approaches which have been shown to be effective with adolescents or with adults, including cognitive-behavioral (Wilson, Fairburn & Agras, 1997; Garner, Vitousek, Pike, 1997), psycho-educational and group psychotherapy approaches (Davis& Olmsted, 1992; Cramer-Azima, 1992); narrative approaches (i.e., "externalizing the problem"; Manley, 1995; White, 1989), and motivational "stages of change", and decision making models (Franko, in press; Prochaska et al., 1994).

Inpatient Program

Children and adolescents may require admission to the general 17-bed inpatient Psychiatric Unit, if: 1. They are medically or psychiatrically unstable; 2. They are suffering from extreme malnutrition (weight loss at or exceeding 25% of ideal body weight); 3. They need an intensive supportive environment to promote weight restoration; 4. They need supplemental feeding or nasogastric feeding to initiate weight gain; 5. Outpatient treatment has been ineffective.

The purpose of inpatient admission is to: 1. Restore physical health (i.e., weight to 90-95% of Ideal Body Weight, and stable vital signs); 2. To develop a therapeutic relationships; 3. To reduce anxiety related to weight restoration; 4. To establish regular eating patterns (3 meals a day and snacks); 5. To begin to separate "anorexic or bulimic" thinking from healthy, rational thinking; 6. To interrupt the cycle of binging/vomiting, 7. To encourage communication of thoughts and feelings, and to begin to discover the role that the eating disorder plays in their life; 8. To prepare the patient to generalize their healthier lifestyle, to the transition back home. Average length of stay is 3 months.

A comprehensive medical assessment is performed to 1) estimate the degree of starvation 2) determine the degree of physiological compromise 3) evaluate for other diagnoses.

Specific Treatment/Inpatient program

- Ideal weight range is decided upon by dietician in consultation with the treatment team, and patient's concerns regarding food issues are to be discussed with the dietician
- Sessions with dietician to develop a plan for gradual weight restoration with a goal weight gain of 1.0 to 1.5 kilograms per week
- development of an individual program by members of the treatment team with input from the patient which will allow the patient to have an increase in activity level based on weekly weight gain and vital signs. The program is described to the patient in logical terms. If her body is in a state of starvation, it will not have enough energy to spare for daily activity, therefore, she will need to lie in bed or have minimal physical activity. As her body becomes healthier and well nourished she will be able to increase her physical activity in a gradual fashion as outlined in her program.

- Individual sessions "as needed" with the attending psychiatrist and resident
- family sessions with the assigned social worker and resident

- Individual sessions "as needed" with the psychologist who uses cognitive-behavioral techniques to reduce anxiety related to weight gain and reduced exercise, and cognitive restructuring to challenge - "anorexic" or "bulimic" thinking
- Individual sessions "as needed" with the occupational therapist to work on issues of self-esteem, body image, fitness program
- School in hospital with Child Life Teacher and then integration back to own school when patient is ready and able to
- Pharmacological therapy will be used and monitored as needed
- At discharge, the patient's weight should be restored to 90- 95% IBW and maintained for a one to two week period; the patient should be showing more responsibility in selecting a meal plan and eating a variety of foods; binge and vomit cycle should be under control.

Day Patient Service

The day patient service is operated on an "as needed" basis by inpatient staff with consultation from the Eating Disorders Team to provide the children or adolescents with more structure and support in the transition from a highly structured inpatient unit to their home environment.

Outpatient Program

A comprehensive history and assessment of the current problems is obtained through semi-structured interviews with the family, and individual, and through standardized self-report measures completed by the adolescent, parents, and teacher. The assessment includes developmental, medical, family, social-emotional, and school history, weight and growth history, eating attitudes and behaviours, and current stresses. As well, the adolescent is given a physical examination, nutritional evaluation, and laboratory tests are ordered "as needed". A treatment plan is developed with the family's input, and may include individual, family therapy, group therapy, parent support group, and/or nutritional therapy. Outpatient treatment may be provided by our Eating Disorders Team or through a health professional in their local community.

Individual Therapy sessions with treatment team members. The purpose is:

- To develop therapeutic relationship(s)
- To explore their motivation through "stage of change"(i.e., readiness for change); pros and cons of recovery from the eating disorder;
- To restore physical health by monitoring and facilitating a healthy weight gain
- To normalize eating habits
- To monitor any medications prescribed
- To monitor associated medical complications
- To help patients understand how their eating disorder developed (e.g., low self-esteem, weak communication styles, need for an identity, need for control, need for independence from family, need for rigid, safe secure habits, fears of growing up and taking on responsibilities, emerging sexual issues)

- To use cognitive-behavioral (and/or insight oriented) therapies to help them replace destructive "anorexic thinking patterns" with constructive, helpful thoughts through self-monitoring, challenging beliefs
- To explore past and present internal and external stresses and to learn new ways to cope with these
- To promote behavior change toward a healthier lifestyle including normalized eating, fitness, social and family relationships

Family Therapy. The medical, psychological and social impact of illness places heavy emotional stress on individuals and their family. The child or adolescent with an eating disorder has a significant impact on family functioning, and family dynamics may be influential in maintaining the disorder. The social worker has a role in providing a clearer picture of the predisposing and precipitating factors in eating disorders, and in proposing systemic interventions. Through assessment of structure, roles, and patterns, within the context of the family life cycle, the therapist focuses on changing dysfunctional patterns of family behavior and increasing the stability of the family environment.

Groups Psychoeducational Groups. The clinical psychologist, and a psychology intern on the team co-lead an eight to ten week group for girls with Anorexia and/or Bulimia Nervosa between 15 and 18 years of age. While the group is based on a cognitive-behavioral approach including psychoeducational concepts (Davis & Olmsted, 1992), it also encourages the therapeutic processes by fostering group cohesion, universality, installation of hope, and interpersonal learning (Yalom, 1985). The purpose is to provide members with an opportunity to communicate in a group of peers, to foster peer support, and to allow members to gain a better understanding, and control over their eating disorder. In essence, our aim is to provide these girls with a supportive context in which they came move forward in their "stage of recovery"(i.e., from Pre-Contemplation, or Contemplation, toward the Action Stage). This is a closed group for up to eight members. It is held weekly, after regular school hours for 1 1/2 hours each session. Along with an open check-in with each girl, and review of their weekly goals, we provide the girls with a "theme" at each session to provide a format for discussion.

The themes include: 1.What is my goal in this group? How can I benefit? 2. How ready am I to change? Is the eating disorder more of a friend or more of a foe, to me? (E.g., what are the pros and cons of recovering), 3. What can I learn from others who have recovered? 4. What messages do I pick up from media, friends and family about weight and shape? Why do people eat and stop eating? (e.g., exploring the physical, emotional and social reasons that guide our decisions to eat and to stop eating), What is healthy eating? 5. How do I communicate? (e.g., passive, assertive, aggressive), 6. Where do I get my self-esteem? (E.g., look at overvaluing weight and shape, explore other sources of feeling good about self), 7. What do I say to myself? (E.g., exploring to separate "anorexic and bulimic" thinking from healthy, rational thinking), 8. How do I see, feel and think about my body? (I.e. exploring body distortion and dissatisfaction), 9. Who are my supports? 10. What have I learned and where do I go from here? The girls are given individual folders to hold their "recovery work" and handouts are given at each session to

amplify the concepts learned in the session. At the end of the group, the girls complete post-assessment questionnaires and evaluate their group experience. Individual reports are then written, in age-appropriate language, in order that each girl have a record of her progress in group, and insights from the group experience.

Parent Support Group. This open support group for parents combines a mutual support with and educational approach. The group is facilitated by our team nurses, and runs biweekly. The format is informal and guided by the parents' current concerns and and interests. We are in the process of evaluating the benefits of this group.

Building Partnerships for Health Promotion

We have developed a partnership with Public Health nurses who are affiliated with the schools in Nova Scotia. Through this partnership, we have been able to provide treatment groups for students with eating disorders within a few schools. There is an increasing demand for the provision of interactive-learning experiences, for Grade 6- 12 students regarding the issues of healthy eating exercise and healthy body image, and the prevention of eating disorders. We widely distribute our Eating Disorder Clinic pamphlets, and respond to all requests to write articles in high school and community publications, in order to educate students and the public at large about the warning signs of an eating disorder and how to get help. Our Eating Disorders Clinic provides consultation to Mental Health Centers and Hospitals, as well as health professionals throughout the Maritime provinces. Locally, we work with the QE11 Health Center Eating Disorders Clinic when one of our young people is transitioning to the adult system.

Teaching, Training and Research Mandate

Our Eating Disorders Clinic has a role in training other health professionals to assess and treat children and adolescents with eating disorders. We have delivered half and full-day workshops for health professionals, as well as Continuing Medical Education programs for physicians. Our Eating Disorders Clinic is also active in the training of Psychiatric and Pediatric residents, Psychology interns, and students in dietetics and social work

By evaluating our treatment services, we are learning from our young patients, what has helped them to recover from their eating disorder, and what has not been helpful. After participating in the group, girls indicate on self-report, that they would chose to be a healthier size and shape than they did prior to the group. They also reported that the group allowed them to “find out that I’m not alone”, and to share their thoughts and feelings (Gusella & DeWolfe, 1997). We are currently examining whether their “stage of change” (Prochaska et al., 1994) prior to the group experience can help predict treatment outcomes.

This year, Dr. Joanne Gusella, along with her co-investigator, Dr. Erica vanRoosmalen were awarded a grant from the Social Sciences and Humanities Research Council to implement and evaluate a school-based intervention model to deal with the issues of

unhealthy weight regulation, body image, nutrition and healthy lifestyle in junior high school students. The project will be complete in 3 years.

If you are interested in learning more about what we do, or have some insights to share with us about your programs, you can reach me at the following addresses: Dr. Joanne Gusella, Psychologist and Team Leader, Eating Disorders Clinic, IWK-Grace Health Center, Halifax, NS, Canada, B3J 3G9; Fax: (902) 428-8736; Phone: (902) 428-8409; e-mail, jgusella@is.dal.ca.

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