Eating Disorder Rotation at Children's Hospital Colorado
February 2017

The Eating Disorder Unit is on the 5th floor of the Gary Pavilion. The unit has 7 inpatient beds with cardiac monitoring capacity, a day treatment program and outpatient services. The program service male and female patients with eating disorder diagnoses (AN, BN and Atypical eating disorders) from age 6 through 21. There is a “child track” (Deltas) for children age 12 and under. The program emphasizes “Parent Supported Nutrition” and Family Based therapy, which is a specific approach to the treatment of eating disorders focused on empowering parents to manage eating disorder symptoms, all meal planning, support and supervision.

Jennifer Hagman MD - Medical director, Associate Professor: 720-777-2539, Cell 303-886-1395
Guido Frank MD - Associate medical director, Director of Developmental Brain Imaging Program, Assistant Professor: 720-777-1909
Marisa Schiel MD, PhD - Assistant Professor, 720-777-8048, pager 303-234-3200, Cell 317-679-9719

EDU central phone number: 720-777-6289
Central program phone number (Vicki / Anna) 720-777-6452
Central number Adolescent Medicine 720-777-6133

Resident and medical student role on the EDU:
Trainees on the eating disorder rotation will follow individual cases in the “psychiatrist role”.
Case load will vary based on level of care patients are in – as inpatients require more time than day treatment. Every patient also has a family therapist, dietician and adolescent medicine physician assigned. This is the patient’s “Treatment Team”.

The most flexible time for seeing patients is 8:30 am to 10:00 AM, 1 – 1:30, and 3:30 – 4 (short day) or 5 PM (long day). There are therapy groups, meals and snacks at the other times which make it more difficult to “pull” patients to meet with them.

Residents and medical students are encouraged to attend as much of the group program as possible during the rotation, and are strongly encouraged to attend the Parent and Multi family groups.

Frequency (minimum) of notes – more visits may be needed depending on clinical care needs
Inpatient EDU – Notes MWF
Medical Floor ED patients – Notes 2-3x a week
Extended PDT (7 am – 7 pm or 9 - 7) – twice a week notes
Regular PDT (9:00 - 4:00) - once a week

Other chart requirements: (more detailed instructions below)
1. Activate Problem List/ update for all EDU inpatients
2. Initiate and weekly updates to Psychiatry Care plan (in doc flow sheets)
3. Update Psychiatry section of multi-disciplinary note for Family Treatment Planning Rounds
4. Admission and discharge notes for transitions between levels of care (Medical to EDU to PDT)
5. Final (brief) DC summary at the end of the episode of care (DC from program)
Helpful Epic Information
To Patient Summary Tool Bar add Meal Obs (to review Food Avoidance Behaviors) and AM Eating Disorder (to review weights, vitals and calorie information).

On-Call: (Residents only): It is unusual for there to be calls from the EDU during on-call hours. When the on-call psychiatrist is contacted, it is primarily related to concerns about safety (SI or SIB) and usual procedures for this type of concern should be followed. There is always an adolescent medicine provider on-call for the unit to manage any medical concerns. At this time, EDU inpatients do not require weekend coverage notes, but DO require coverage notes during 3 and 4 day holiday weekends. You should send info to the on-call team about cases that need notes on Monday and Friday holidays.

Important Unit meetings
EDU Rounds - Monday 12:15-1:30 pm. Golden Room
EDU Team Meeting – Monday from 1:45 – 2:30 pm. EDU Cafeteria
Family Rounds- Held in 30 minute blocks on Wed, Thurs and Friday mornings with the treatment team and family. The sign-up book is in the cabinet behind nursing station. Most family rounds are held in the Golden Room, but some meetings are in Telluride if there are 2 scheduled at the same time.

Family / Parent program – attend as many of these groups as possible
Daily wrap up group for kids and parents in short PDT day 3:30 – 4 PM
Daily wrap up for kids and parents in the extended PDT day – 5 – 5:30 PM
Multi-family Intensive days Tuesday and Thursday 10:30 – 2 PM
  Tuesday
  10:30 – noon Multifamily yoga or movement therapy
  12 – 1:00 Multifamily lunch
  1 – 2 PM Parent Support and Education group

  Thursday
  10:30 – Noon – Multifamily process group – Dr. Solomon
  12 -1 PM Multifamily lunch
  1-2 PM Parent Psycho-Education Group

Admission to the Program
Most families complete a phone triage screening process before coming to CHCO for a clinical intake appointment with a therapist and adolescent medicine. In that appointment, they are thoroughly evaluated and triaged to the appropriate level of care - Medical, Inpatient EDU, Extended Day treatment, Regular Day Treatment or outpatient care. Some patients arrive medically and have not been screened prior to admission. About 50% of our patients come from other states, and have gone through an extensive phone screening process in addition to the triage evaluations.

Eating Disorder Admissions on 8 South (or 8 West)

Eating Disorder patients who are medically unstable admitted to the Adolescent Medicine team on the medical floor, the Resident on the Eating Disorder Rotation will be assigned to the patient and will do the evaluation and follow up.

The medical resident will submit a consult through the regular psychiatry consult system in EPIC, but you will be notified by Dr. Hagman and the Eating disorders team.

Each 8S/8W patient admitted to the "adolescent medicine team" for treatment of an eating disorder has a "team" assigned which includes: adolescent medicine, a registered dietician, a therapist and a psychiatrist from the EDU program.

The role of the psychiatrist (resident) is to assess for co-existing psychiatric conditions (anxiety, depression and OCD are the most common co-morbid diagnoses) and to determine if any psychotropic medications should be considered. It is especially important to clarify the timing of onset of co-existing symptoms (before or during the onset of the eating disorder. The psychiatrist also assists in evaluating the eating disorder diagnosis, severity, interventions and progress in treatment with the team. The
therapist (psychologist (intern or regular staff) or social worker) sees the patient for individual therapy and does family therapy.
Patients on the medical floor who are being followed for an eating disorder should be seen 2-3 x a week by the resident, and more often if appropriate.

**Eating disorder team members:**
Clinical Program director: Family and Therapeutic group programing- Mindy Solomon PhD
Adolescent Medicine: David Kaplan MD, Amy Sass MD, Eric Sigel MD, Molly Richards MD, Dan Reiden MD, Jennifer Woods MD, Paritosh Kaul MD
Adolescent Medicine Fellows: Amanda Bogart MD, Megan Jacobs, MD, Brian Pitts, MD, Sarah Green, MD
Nutrition: Pat Kokura RD, Krstina Krsitic RD, Kristin Poppell RD
Therapists: Angela Ward LCSW (outpatient), Mindy Solomon PhD, Jessica Harris MSW.
Post-doctoral Psychology Fellow:
Psychology Intern: Andrea Laiken
Intake Manager: Vicki Sullivan MA
Assistant Clinical Manager (nursing): Michelle Whitesel, RN and Sarah Shepard RN

**Notes and Note Templates**
Patients require ONE FULL H&P style note for their first consult note (if admitted medically) or their FIRST admission note (if admitted directly to inpatient or day treatment). Any subsequent admission notes can be a brief Admission Summary Note. When transitioning from Inpatient EDU to Day treatment and when discharging from Day Treatment, patients need a Discharge Summary Note. Make sure to use the correct note label (H&P or D/C) to have the note “count” in Epic.

**Note Templates – They are .dotphrases. Ask attending for access.**
First H&P or New Consult: CREDUHP
Progress Note/Follow-up: CREDUPROG
Discharge Transition Summary: CREDUDCSUM
Admission Transition Summary: CREDUADMSUM
Transition/Progress Note: CREDUTRANSITIONPROG

The transition templates can be used as guidelines for transition summaries.

**Family Treatment Planning Rounds Note**
This note is started on Sunday nights by the nursing staff. It can be found under the incomplete note tab as a shared note. Prior to family rounds each week, update the psychiatric specific section of the note and “share” the note. The therapist will complete it after rounds.

**Order Sets**
For Admissions: Eating Disorder Program Admission Orders
For Discharges: Behavioral Health/EDU/Day Treatment/Unit Base Day Treatment Discharge

**Admission Orders**
Go to the admission tab. Select weight and enter weight if not already completed. Click on Orders. Follow the prompts to order home medications. Select the Eating Disorder Program Admission Orders
  - Admission to: Level of Care (for day treatment pick bedded outpatient and type EDU day treatment in the comment box)
  - Mental Health Status: Voluntary
  - Communication: Admission Diagnoses.
  - Activity Level: (see comments below)
  - Vital Signs and Weight
  - Precautions/Restrictions: Bathroom Obs at all time (current default is after meals/snacks)
  - Diet: Eating Disorder
  - Ease of Eating/Supervision level: (see comments below)
  - Isolation: Generally Standard
  - Consult: Adolescent medicine (you do not need to call them)
**Medications:** Order Boost (used for supplementation.) Patients with low body weight are sometimes started on Zinc. Most patients are placed on a daily vitamin. You can order Tylenol prn. Other medical medications including for reflux and constipation are generally ordered by adolescent medicine. You may order these if the patient is transitioning levels of care.

**Labs:** Adol med will often order but you can also order as needed.

For all inpatients place a nursing communication ordering overnight cardiac monitoring with recording of hourly heart rate flows.

**Discharge Orders**

Go to the discharge tab. Click on Orders. Complete the medication reconciliation and orders as needed. The scripts should print out. Select the Behavioral Health/EDU/Day Treatment/Unit Base Day Treatment Discharge.

- **Discharge patient:**
- **Discharge to:**
- **Uncheck discharge Psych ED materials**
- **Discharge Behavioral Health Diagnosis**
- **Discharge Follow-up:** New level of care or any follow-up appointments
- **Discharge Activity:** as directed
- **Discharge Diet:** Parent supported nutrition
- **Discharge Instructions:** If any additional info is needed

*TIP – The Discharge order section can also be used to order just a medication (ex/refill for patient still in day treatment) if handwriting a script is not preferred. Medications can also be called in.

**Psych Clinician Care Plan – Complete the following sections. Hit File in the top left when completed**

- Care plan initiated – Yes
- Identified Problems
- As Evidenced by
- Target Symptoms
- Goals
- Progress toward meeting goals – This section should be updated weekly
- Status update – Voluntary
- Rating Scales – EIES (Ease of Eating Scale)
- Unit monitoring – bathroom obs, % meals eaten
- Anticipated Discharge Criteria – Check them all except the last two unless appropriate

**Patient Levels** - Levels can be reviewed in the MHC daily progress note (found under the incomplete note tab each morning). Activity level and safety level can also be confirmed in the orders section.

**Activity Level** – There are 2 levels. Level is based on severity of medical concerns. Contributing factors include % IBW, weight trend, heart rate, calories, and any other medical factors. Patients coming from medical generally start on Level 1. Day treatment patients often start on Level 2. Discuss with attending as needed.

**Modified Bed Rest** (EDU level 1) = On Unit Activities Only

**Restricted Activity** (EDU level 2) = On Unit Activities + Yoga & Movement Therapy Groups

Additionally for restricted activities, you may indicate if you want patient to leave the unit in a wheelchair or not.

**Nutrition Level** – There are 4 levels. Level is determined on a daily by staff using the Ease of Eating (EOE) Score which incorporates information about Food Avoidance Behaviors (FABs) and Completion time. Patients are generally admitted at Nutrition level 1. Patients at level 3 may attend Level 3 Lunch on Wednesday in which patients go out to lunch with the dieticians. Residents may participate.
**Refocus** = severe eating disorder behaviors, often unable to complete meals on time, unable to ask for support, eats with staff 1:1.  
**Level 1** = EOE score >/= 7 points, severe eating disorder behavior, difficulty completing meals on time, difficulty asking for support, staff will be in close proximity  
**Level 2** = EOE score 2-6, moderate eating disorder behavior, more able to ask for help, supervised by staff at the table  
**Level 3** = EOE score <2, eating well and independently, able to ask for support, loose supervision from staff

**Program Level** – Program levels is determined by the level of participation in groups. There are three general levels Red, Yellow, or Green. Patients may also be place on stop zone for concerns about problematic behaviors. The Delta Program (younger patients have a different color system, separate handout.)

**Stop Zone** – Patient can be place on “stop zone” to address behaviors such as aggression toward parents, refusal behavior, and unsafe behavior. During stop zone, patients are usually room based and need to complete paperwork provided to them by their treatment team or the milieu staff.

**Safety Level** – If there is concern about suicidality or self-harm behaviors, patients may be placed on Low Level, Mid-Level or High Level Support Zone through a nursing communication.

**Low Level Support Zone (LLSZ)** – Inpatients or day treatment patients may be on low level support zone. This is a heightened level of vigilance and support. They completed SUDS and SI/SIB scales in the morning and evening.

**Mid Level Support Zone (MLSZ)** – Components of LLSZ plus patients are not allowed to attend book group. They have a check out with staff before leaving if they are in day treatment.

**High Level Support Zone (HLSZ)** – Only inpatients can be on HLSZ. There is a high level of safety concern. Patients wear maroon safety scrubs and do not leave the unit for activities. If the concern escalates, patients may require admission to inpatient psychiatry. A safety plan must be completed to come off of HLSZ.

**Miscellaneous Info:**
- Expected weight gain: 0.2 kg/day for inpatients, 0.1 kg/day for day treatment.
- Meal plans are generally increased in increments of 250 kcals.
- Weight recording may decrease to MWF for Regular day treatment patients
- Vitals may decrease to weekly for Regular day treatment patients.
- Boosting – For uncompleted portions of meals patients below IBW drink boost at 150% of calories.

**Factors that contribute to deciding level of care include the following**
- Weight as % of Ideal body weight
- Acuity or chronicity of weight pattern
- Weight loss or weight gain trend
- Heart rate (General flexible guidelines: medical if < 30-35, inpatient EDU if < 40-45)
- Caloric intake
- Purging behavior (Patients are likely to start inpatient to stabilize purging)
- Severity of food avoidance behaviors
- (Insurance)

**Acronyms / abbreviations**
- IBW – Ideal body weight, considered at the 50th percentile
- MBW – Median Body Weight (same as IBW, but language is more neutral)
- TBW – Personal Target body weight, based on growth curve history which may be different than IBW/MBW
- PSN – Parent supported nutrition
- FBT – Family based therapy
- LOC – Level of care
- LLSZ – Low Level Support Zone
- HLSZ – High Level Support Zone
- EOES – Ease of Eating Scale
- FAB – Food Avoidance Behaviors
- SUDS – Subjective Units of Distress

**EDU checklist for clinical experiences**
- Observe a clinical intake evaluation in Adolescent Medicine
- Observe an initial nutrition session
- Observe a follow up nutrition session
- Attend Book Group (Friday afternoon- art therapy)
- Pick two cases and prioritize attending family therapy sessions
- Attend Multifamily group on Thursdays
- Attend 11 AM Friday multifamily discussion with Dr. Solomon
- Observe a skills group in the classroom (10:30 AM group MWF)
- Go on Advanced Lunch (11-1 Wednesday)
- Meet with Dr. Frank to discuss the neuroscience of ED’s
- Attend team meeting on Tuesday afternoon (2:30-3:15)
- Complete a CSV (for Child Psychiatry Fellows)
- Consult on an eating disorder patient on the medical service if possible
**Meal Support Orientation**

1. **Nutrition Levels**
   - **Refocus:** Pt is having extremely severe eating disorder behavior, is frequently unable to complete meals. Is unable to ask for support. Pt eats with staff on a 1:1 basis away from the general milieu so that appropriate support can be given.
   - **Level 1:** Ease of Eating score of 7 points and above. Pt is demonstrating severe eating disorder behavior, is having difficulty completing meals on a consistent basis, & has difficulty asking for support. Pt will have staff in close proximity during meals to provide support & close supervision.
   - **Level 2:** Ease of Eating score between 2 and 6 points. Pt. is demonstrating moderate eating disorder behavior, is more able to ask for support. Pt is supervised by having staff at the table.
   - **Level 3:** Ease of eating score or less than 2 points. Pt is eating well and independently. Pt is able to ask for support if needed. Supervision from staff is optional.

2. Review time parameters for meals
   - 30 minutes for meals
   - 15 minutes for snacks
   - How and when supplements are used
     - In lieu of meal completion - boost plus only at 150% of un-eaten calories
   - Being below weight line
     - Choices of supplements according to nutrition level
     - Time limit for completion of supplement 15 Minutes

3. **EDU eating standards not listed on the Ease of Eating scale which may be listed as other**
   - Food that are traditionally eaten by hand such as sandwiches are to be cut into no more than 5 pieces and eaten by hand.
   - Muffins can be cut into a max of four pieces and eaten by hand or may be eaten with a fork if there is reasonable bite size.
   - Beverages are to be drunk in a traditional manner not by the spoonful
   - Use of the inappropriate utensil i.e. cereal with a fork
   - Excessive use of microwave
   - Food Rituals: eating in a circle,

4. Ease of Eating scale: a measurement device developed by the EDU to quantitatively measure the severity of eating disorder behavior (Have copy to show PT.)
### 5. Food avoidance behaviors (FAB)

<table>
<thead>
<tr>
<th>Behaviors</th>
<th>What it could look like</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cutting into small pieces</td>
<td>Small bites, cutting anything into small pieces. If able to begin to take bigger bites counts as redirect</td>
</tr>
<tr>
<td>Refusal of menu food item</td>
<td>Leaves item on plate or tray, requests a substitution for any item or supplement for an item, if decides to try item after they have been informed that they will be marked down for refusal will count as a redirected FAB</td>
</tr>
<tr>
<td>Unusual food combinations</td>
<td>The standard for judging would be the why behind the combination. Goal of making food not food vs. just changing up combination that tastes fine. Is goal to make food inedible and less enjoyable? FAB vs. you may like it that way or family has always combined food in this manner.</td>
</tr>
<tr>
<td>Combinations with the goal of making food not food or uneatable.</td>
<td>For example: Apple sauce with vanilla pudding and graham crackers might seem unusual but may actually taste fine (like apple pie with ice cream) and offer alternative way for the patient to eat the items. This is not avoiding the flavor of the food just changing it around. Stuff that is just plain weird all the food mixed together. Odd combinations odd condiments and food. i.e. tuna in yogurt, mustard or hot sauce on everything. That is all about making food not food or even less palatable this is a food avoidance behavior.</td>
</tr>
<tr>
<td>Hiding food</td>
<td>Pretty straight forward, dropping food on the floor, throwing away food, putting it in napkin or under plate or table, or in clothing etc.</td>
</tr>
<tr>
<td>&gt; 5 min to prep for meals</td>
<td>Slow to prepare the meal with goal of delaying eating</td>
</tr>
<tr>
<td>&gt; 5 min to intake meals</td>
<td>Sitting staring at food unable to open containers or food, unable to pick up utensil to try to start. Can count as a redirect if with coaching and encouragement they open containers and pick up utensil or place food on utensil.</td>
</tr>
<tr>
<td>&gt;30 sec. between bites</td>
<td>Slow pace, unable to increase pace to complete meal within 30 minutes or snacks within 15 min. May count as a redirect if able with coaching &amp; encouragement to pick up the pace and complete within the time allotted.</td>
</tr>
<tr>
<td>Leaving food on plate/crumbling or smearing</td>
<td>Crumbs from graham crackers or bread, yogurt around the rim of the container or bowl, chips in bottom of bag drinks with one or more swallow to go, anything not completed or smeared on tray. Is redirect if completed</td>
</tr>
</tbody>
</table>

Updated 6/2010 MAK
# EASE OF EATING SCALE

Name ___________________________ Date ___________________________

Each meal and snack below should have a separate score for Food Avoidance Behaviors (FAB) and meal completion (MC).

<table>
<thead>
<tr>
<th>Meal</th>
<th>Breakfast</th>
<th>morning snack</th>
<th>Lunch</th>
<th>afternoon Snack</th>
<th>Dinner</th>
<th>evening snack</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rater Behavior</strong></td>
<td>None/ Not Present = 0</td>
<td>Present / Redirects = 1</td>
<td>Present Does Not redirect = 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cutting into small pieces</td>
<td>1 2</td>
<td>1 2</td>
<td>1 2</td>
<td>1 2</td>
<td>1 2</td>
<td>1 2</td>
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<tr>
<td>Refusal of Food Item</td>
<td>1 2</td>
<td>1 2</td>
<td>1 2</td>
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<td>1 2</td>
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<tr>
<td>Unusual food combinations</td>
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<tr>
<td>Hiding food</td>
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<td>1 2</td>
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<tr>
<td>&gt; 5 min. prep for meals</td>
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<tr>
<td>&gt; 5 min. to initiate intake</td>
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<td>1 2</td>
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<td>1 2</td>
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<tr>
<td>&gt; 30 sec. between bites</td>
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<td>1 2</td>
<td>1 2</td>
<td>1 2</td>
<td>1 2</td>
<td>1 2</td>
</tr>
<tr>
<td>Leaving food on plate/ crumbling or smearing</td>
<td>1 2</td>
<td>1 2</td>
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<tr>
<td>Bingeing</td>
<td>1 2</td>
<td>1 2</td>
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<tr>
<td>Purging</td>
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<td>1 2</td>
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<tr>
<td>Other</td>
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<td>1 2</td>
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<td>1 2</td>
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<tr>
<td>Supplement refusal</td>
<td>1 10</td>
<td>1 10</td>
<td>1 10</td>
<td>1 10</td>
<td>1 10</td>
<td>1 10</td>
</tr>
<tr>
<td>NG tube feeding</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

**TOTAL FAB SCORE**

**MEAL COMPLETION**

(30 min. meals, 15 min. snacks)

100% On Time = 1  Supplement to complete 100% On Time = 2  
Unable to Complete 100% Within time limits identified = 3

<table>
<thead>
<tr>
<th>Total EOES for episode</th>
<th>1 2 3</th>
<th>1 2 3</th>
<th>1 2 3</th>
<th>1 2 3</th>
<th>1 2 3</th>
<th>1 2 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAB + MC</td>
<td></td>
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</tbody>
</table>

**TOTAL DAILY SCORE**

AVERAGE SCORE FOR THE DAY

Notes

Ease of Eating Version 3, Hagman et al. 2006 © The Children's Hospital
Validation of the Ease of Eating Scale for Eating Disorders

Jennifer Hagman MD, Jane Gralla PhD, Margaret Kelley RN, Marianne Wamboldt MD.
University of Colorado at Denver & Health Sciences Center and The Children’s Hospital, Denver.
AACAP 2006, Poster hagman.jennifer@ucden.org

Background: The Ease of Eating Scale (EOES) is a 14 item scale, which rates Food Avoidance Behaviors (FAB) and meal completion, based on observation of eating behavior. Individuals with eating disorders are preoccupied with a desire to lose weight and often exhibit FAB in their attempts to avoid weight gain. Symptoms of abnormal eating behavior can be an index of severity of illness and are usually a focus of treatment interventions. There is not a reliable measure to rate FAB specific to eating disorders. The EOES was developed to address this clinical need in our eating disorder treatment program. The EOES is used in treatment planning, behavioral interventions, individual and family therapy.

Methods: Retrospective chart review was completed on 20 patients (mean age 15.6 (range 12-21), 19 female, 1 male, 16 with anorexia nervosa, 3 with bulimia nervosa, 1 with EDNOS), admitted to the inpatient and day treatment Eating Disorders program at the Children’s Hospital, Denver. The EOES is rated by milieu staff (mental health counselors and RN’s) through direct observation of patients during meals and snacks. FAB’s are rated as 0 (not present) 1 (present / redirects) and 2 (present / does not redirect). Daily EOES and Meal Planning scores from all rated episodes and data from weekly staffing forms were collected (% IBW, stage of change, calorie level)

Results: There were 3,728 meals and snacks rated over 622 patient days. Cronbach’s alpha for EOES ratings was 0.73. Mean weekly averaged EOES scores for Week 2 in treatment was 2.7 (range 1 to 9.1), reducing to 2.0 (range 1 to 7.9) for the last week assessed. The difference in mean weekly EOES scores between week 2 and last assessment was -0.6 (range -5.1 to 5.3, p=.26). When ratings of meal planning ability were included for a weekly “Nutrition Level” (NL) the mean difference between the NL score for week 2 (4.4) and the last assessment (3.3) was -1.1, p = 0.08. Of the 1,788 FAB’s documented, the most frequent was “cutting into small pieces” (32%, 579 episodes) followed by “greater than 30 seconds between bites” (15%, 262 episodes). Leaving food on the plate (13%), Refusal of food item (13%), > 5 minutes to initiate intake (9%) and >5 minutes preparation before eating (8%) were the next most frequently rated items. Nutrition Levels (EOES + Meal planning scores) are used in the Children’s Hospital Eating Disorder program to objectively determine level of supervision during meals.

Conclusion: The EOES has acceptable reliability for measuring food avoidance behaviors in a milieu based treatment program for patients with eating disorders. It can be used to monitor severity of disordered eating behavior in children, adolescents and young adults with eating disorders. The EOES is primarily useful for measuring FAB in patients with AN. Minimal FAB’s were rated in patients with BN. The EOES can be used to guide decision-making about the necessary level of supervision required during meals and is useful to parents and staff in taking a more objective, non-judgmental approach when working with patients with eating disorders, understanding that FAB are symptoms of the disease.
# EASE OF EATING SCALE

**Name:** Susie  
**Date:** 10/15/06

Each meal and snack below should have a separate score for Food Avoidance Behaviors (FAB) and meal completion (MC).

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<td><strong>Rater Behavior</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No FAB this meal</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cutting into small pieces</td>
<td>1 2</td>
<td>1 2</td>
<td>1 2</td>
<td>1 2</td>
<td>1 2</td>
<td>1 2</td>
</tr>
<tr>
<td>Refusal of Food Item</td>
<td>1 2</td>
<td>1 2</td>
<td>1 2</td>
<td>1 2</td>
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<tr>
<td>Unusual food combinations</td>
<td>1 2</td>
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<tr>
<td>Hiding food</td>
<td>1 2</td>
<td>1 2</td>
<td>1 2</td>
<td>1 2</td>
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<tr>
<td>&gt; 5 min. prep for meals</td>
<td>1 2</td>
<td>1 2</td>
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<tr>
<td>&gt; 5 min. to initiate intake</td>
<td>1 2</td>
<td>1 2</td>
<td>1 2</td>
<td>1 2</td>
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</tr>
<tr>
<td>&gt; 30 sec. between bites</td>
<td>1 2</td>
<td>1 2</td>
<td>1 2</td>
<td>1 2</td>
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<td>1 2</td>
</tr>
<tr>
<td>Leaving food on plate/ crumbling or smearing</td>
<td>1 2</td>
<td>1 2</td>
<td>1 2</td>
<td>1 2</td>
<td>1 2</td>
<td>1 2</td>
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<tr>
<td>Binging</td>
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<td>1 2</td>
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<td>Purging</td>
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<td>1 2</td>
<td>1 2</td>
<td>1 2</td>
<td>1 2</td>
<td>1 2</td>
</tr>
<tr>
<td>Other</td>
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<td>1 2</td>
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<tr>
<td>Supplement refusal</td>
<td>1 10</td>
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<td>1 10</td>
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<td>1 10</td>
</tr>
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<td>NG tube feeding</td>
<td>10</td>
<td>10</td>
<td>10</td>
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<tr>
<td><strong>TOTAL FAB SCORE</strong></td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>5</td>
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**MEAL COMPLETION**  
(30 min. meals, 15 min. snacks)

| Meal | 100% On Time = 1  
Supplement to complete 100% On Time = 2  
Unable to Complete 100% Within time limits identified = 3 |
<table>
<thead>
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</table>

**Total EOEs for episode**  
FAB + MC

| Meal | 3 | 2 | 3     | 3     | 5     | 8     |

**TOTAL DAILY SCORE**  
24  
**AVERAGE SCORE FOR THE DAY**  
4

**Notes**

picked raisins out of granola at dinner  
bar and tried to hide them in milk carton
Each FAB as Percent of Total

- Cutting into Small Pieces
- >30 Sec. Between Bites
- >5 Min. to Initiate Intake
- Leaving Food/Crumbling
- Refusal of Food Item
- >5 Min. Prep for Meals
- Unusual Food Combinations
- Hiding Food
- Other
- Supplement Refusal
- NG Tube Feeding
- Bingeing
- Purging
Most Common Food Avoidance Behaviors by Meal

- Breakfast
- Lunch
- Dinner

- >5 min to initiate intake
- >5 min prep for meals
- Leaving food on plate/crumbling or smearing
- >30 sec between bites
- Refusal of menu food item
- Cutting into small pieces

Rated FAB
EDU checklist for clinical experiences
10-2015

- Observe a clinical intake evaluation in Adolescent Medicine
- Observe an initial nutrition session
- Observe a follow up nutrition session
- Attend Book Group (Friday afternoon- art therapy)
- Attend at least one family session a week
- Attend Multifamily group on Thursdays 10:30 - noon
- Observe a skills group in the classroom (10:30 AM group MWF)
- Go on Advanced Lunch (11-1 Wednesday)
- Meet with Dr. Frank to discuss the neuroscience of ED's
- Attend team meeting on Monday afternoon (1:45-2:30)
- Complete a CSV (for Child Psychiatry Fellows)
- Consult on an eating disorder patient on the medical service if possible
Medical Students Rotating on the EDU

Welcome to the EDU! On this rotation, you will be a part of a multidisciplinary team in the role of psychiatrist. You will be collaborating with therapists, nutritionists, and milieu staff as a team to treat patients with eating disorders. You will start the rotation by primarily observing how the unit runs and observing the roles of the multidisciplinary team members. As the rotation progresses, you will gradually take on more of an active role as a psychiatrist in the care of your patients.

**Tip:** When working in a multidisciplinary team, it is important to be collaborative with other team members. It is always good to learn from other team members and share your thoughts with them as well. However, be sure you are “staying in your lane,” so to speak. It is important to understand not just your role, but also the roles of the other team members so that you do not over step your bounds. It will take some time to understand the different roles on this unit, and this is why you are expected to start in the role of “observer” for the first week of the rotation. For example, it may be appropriate for you to discuss diagnosis and medications with patients and families; however you should defer questions about meal plans to the dietitians. Also, you should NEVER discuss a patient’s weight with the patient.

**Day 1:** On your first day of the rotation, you will likely be assigned a few patients to start following. You should get into their charts in Epic and read about them. Also, if you haven’t already, please review and learn the DSM-V criteria for eating disorder diagnoses; anorexia nervosa, bulimia nervosa, avoidant-restrictive food intake disorder (ARFID), binge eating disorder, other specified feeding or eating disorder, and unspecified eating disorder).

**Week 1:** Your role during the first week of the rotation will be observing the unit and its team members. When attending sessions with other team members, you should write down your questions and ask them following the meetings.

You should do the following:

- Meet your patients alongside their respective attendings and observe the session
- Observe as many new psychiatric evaluations with an attending as possible and pick up that patient
- Attend and observe groups on the milieu (Skills groups MWF 10:30 on the unit)
- Attend and observe at least one meal planning session with a dietitian
- Attend and observe scheduled family therapy sessions with your assigned patients
- Attend and observe Team Rounds Monday 12:15-1 in the Golden Room
- Attend Team Meeting Monday 12:45-2:30 in the unit cafeteria
- Attend and observe Parent Support Group Tuesday 1-2 PM
- Attend and observe your patient’s Family Planning Rounds when scheduled Wed-Fri
- Attend and observe multi-family group on the unit Thursday 10:30-noon
- Attend and observe Book Group (art therapy) Friday afternoon in Ponzio

Week 2: During week 2, you will continue to meet with patients alongside your supervising attending, but will be expected to lead some of the interviews. You should also continue to observe the roles of the other multidisciplinary team members.

You should do the following:

- Attend and observe one initial evaluation in Adolescent Medicine
- Meet with your patients alongside attendings, leading some of the interviews.
- Perform a full psychiatric H&P on a new EDU patient by the end of the week
- Attend and observe groups on the milieu (Skills groups MWF 10:30 on the unit)
- Attend and observe at least one follow up meal planning session with a dietitian
- Attend and observe scheduled family therapy sessions with your assigned patients
- Attend and observe Team Rounds Monday 12:15-1 in the Golden Room
- Attend Team Meeting Monday 12:45-2:30 in the unit cafeteria
- Attend and observe Parent Support Group Tuesday 1-2 PM
- Attend and observe your patient’s Family Planning Rounds when scheduled Wed-Fri
- Attend and observe multi-family group on the unit Thursday 10:30-noon
- Attend and observe Book Group (art therapy) Friday afternoon in Ponzio

Week 3: During week 3, you should be leading all of the psychiatric interviews with your patients but likely still seeing them alongside attending much of the time. If you have not done so already, you should perform at least one full psychiatric H&P.

You should do the following:

- Attend and observe one initial evaluation in Adolescent Medicine (if you have not done so already)
- Meet with your patients alongside attendings, and lead the interviews.
- Perform at least one full psychiatric H&P
- Attend and observe groups on the milieu, when available (Skills groups MWF 10:30 on the unit)
- Attend and observe scheduled family therapy sessions with your assigned patients
- Participate in Team Rounds Monday 12:15-1 in the Golden Room
- Attend Team Meeting Monday 12:45-2:30 in the unit cafeteria
- Attend and observe Parent Support Group Tuesday 1-2 PM
- Participate in your patient’s Family Planning Rounds when scheduled Wed-Fri
• Attend and observe multi-family group on the unit Thursday 10:30-noon
• Attend and observe Book Group (art therapy) Friday afternoon in Ponzio

**Week 4:** Congratulations! You are almost done with your EDU rotation. This week you should be fully functioning in the psychiatrist role on the unit.

You should do the following:

• You should be able to meet with your patients individually, attending may wish to join but you will be expected to lead all interviews.
• Continue to do full psychiatric H&P’s if you are picking up more patients
• Discuss (with one of the dietitians) then attend Advanced Lunch on Wednesday at 11AM
• Attend and observe groups on the milieu when able (Skills groups MWF 10:30 on the unit)
• Attend and observe scheduled family therapy sessions with your assigned patients
• Participate in Team Rounds Monday 12:15-1 in the Golden Room
• Attend Team Meeting Monday 12:45-2:30 in the unit cafeteria
• Attend and observe Parent Support Group Tuesday 1-2 PM
• Co-lead your patient’s Family Planning Rounds with their therapists when scheduled Wed-Fri
• Attend and observe multi-family group on the unit Thursday 10:30-noon
• Attend and observe Book Group (art therapy) Friday afternoon in Ponzio

**Recommended Readings are in the EDU Drop box.**
## Drop Box reading files for Trainees on the EDU rotation

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10 Items
# The 3 Phases and 5 stages of care
## Children’s Hospital Colorado Eating Disorder Program

### PHASE 1 - Orientation

<table>
<thead>
<tr>
<th>Stage 1: Orientation and Adjustment</th>
<th>Stage 2: Doing and Tolerating</th>
<th>Stage 3: Tolerating and Accepting</th>
<th>Stage 4: Adapting for the real world</th>
<th>Stage 5: Problem Solving and Fine Tuning</th>
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<tbody>
<tr>
<td><strong>Patient</strong></td>
<td><strong>Patient</strong></td>
<td><strong>Patient</strong></td>
<td><strong>Patient</strong></td>
<td><strong>Patient</strong></td>
</tr>
<tr>
<td>Program</td>
<td>Program</td>
<td>Program</td>
<td>Program</td>
<td>Program</td>
</tr>
<tr>
<td>- Complete orientation to program</td>
<td>- Complete a pros &amp; cons list of recovery</td>
<td>- Able to ask for help</td>
<td>- Acknowledge importance of treatment</td>
<td>- Demonstrate greater flexibility</td>
</tr>
<tr>
<td>- Complete baseline assessment</td>
<td>- Participation Level: Yellow</td>
<td>- Participation Level: Yellow-Green</td>
<td>- Participation: Green level</td>
<td>- Participation: Green level</td>
</tr>
<tr>
<td>- Learn the program schedule</td>
<td>- Able to set meaningful goals and identify emotions</td>
<td>- Communicate more effectively</td>
<td>- Demonstrate improved communication, confidence and use of support</td>
<td>- Demonstrate greater ability to use skills to cope with increased challenges</td>
</tr>
<tr>
<td>- Participation Level: Red/Yellow</td>
<td>- Learning coping skills</td>
<td>- Actively using coping skills</td>
<td>- Stage of Change: Preparation or Action</td>
<td>- Stage of Change: Preparation or Action</td>
</tr>
<tr>
<td>- You may feel overwhelmed &amp; upset/about being in program</td>
<td>- Stage of Change: Contemplative</td>
<td>- Stage of Change: Contemplative or Preparation</td>
<td>- Work on peer issues/integration issues of school and home</td>
<td>- Focus on relapse prevention</td>
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<tr>
<td><strong>Therapy</strong></td>
<td><strong>Therapy</strong></td>
<td><strong>Therapy</strong></td>
<td><strong>Therapy</strong></td>
<td><strong>Therapy</strong></td>
</tr>
<tr>
<td>- Meet your treatment team</td>
<td>- Identify treatment goals</td>
<td>- Able to visualize recovery</td>
<td>- Address struggles and strengths at home</td>
<td>- Parent Monitored Activity</td>
</tr>
<tr>
<td>- Ask questions and set goals for treatment</td>
<td>- Apply skills</td>
<td>- Openly discusses struggles</td>
<td>- Address peer and family issues</td>
<td>- Meeting weight goals</td>
</tr>
<tr>
<td>- Nutrition level: 1</td>
<td>- Discuss concerns</td>
<td>- Discussing how coping skills are used in real situations</td>
<td>- Adjust to school and home</td>
<td>- No medical concerns</td>
</tr>
<tr>
<td>- Have orientation meal, identify Food Avoidance Behaviors</td>
<td>- Nutrition level: 2-3</td>
<td>- Following meal plan</td>
<td>- Nutrition level 2-3 (at home &amp; in program)</td>
<td></td>
</tr>
<tr>
<td>- Meet the dietitian</td>
<td>- Following meal plan</td>
<td>- Increasing variety</td>
<td>- Not challenging parents</td>
<td>- Able to eat out with family</td>
</tr>
<tr>
<td><strong>Nutrition</strong></td>
<td>- Adjusting to Parent Supported Nutrition (PSN)</td>
<td>- May attend Advanced Lunch</td>
<td>- Show flexibility with meal plan</td>
<td>-</td>
</tr>
<tr>
<td><strong>Medical</strong></td>
<td><strong>Medical</strong></td>
<td><strong>Medical</strong></td>
<td><strong>Medical</strong></td>
<td><strong>Medical</strong></td>
</tr>
<tr>
<td>- Activity: Modified Bedrest or Restricted</td>
<td>- Restricted Activity</td>
<td>- Restricted Activity</td>
<td>- Restricted Activity</td>
<td>- Parent Monitored Activity</td>
</tr>
<tr>
<td>- Staff will monitor your heart rate &amp; vital signs</td>
<td>- Heart rate and vital signs improving</td>
<td>- Heart rate and vital signs improving</td>
<td>- Meeting weight goals</td>
<td>- Meeting weight goals</td>
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<tr>
<td><strong>Stage 1 Goals</strong></td>
<td><strong>Stage 2 Goals</strong></td>
<td><strong>Stage 3 Goals</strong></td>
<td><strong>Stage 4 Goals</strong></td>
<td><strong>Stage 5 Goals</strong></td>
</tr>
<tr>
<td>- Learn program structure and rules</td>
<td>- Improve FAB's</td>
<td>- Follow meal plan and structure at home</td>
<td>- Coping well with more time out of program</td>
<td>- Return to school, family life, friends and activities</td>
</tr>
<tr>
<td>- Adjust to Parent Supported Nutrition (PSN)</td>
<td>- Participate in groups</td>
<td>- Use coping skills to manage eating disorder</td>
<td>- Improve flexibility</td>
<td>- Able to adhere to PSN</td>
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<tr>
<td>- Improve medical condition</td>
<td>- Working with parents on communication and meal support</td>
<td>- Improve communication with family</td>
<td>- Use coping skills</td>
<td>- Communicate well with family</td>
</tr>
<tr>
<td>Stage 1 Goals</td>
<td>Stage 2 Goals</td>
<td>Stage 3 Goals</td>
<td>Stage 4 Goals</td>
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<tr>
<td>Complete initial appointments</td>
<td>Attend and actively participate in all parts of program</td>
<td>Stay firm with limits (despite more “fatigue” or increased challenges)</td>
<td>Demonstrate skill mastery</td>
<td>Active in groups - synthesizing knowledge</td>
</tr>
<tr>
<td>Arrange schedules to be present at family days, meals &amp; appointments</td>
<td>Started reading books</td>
<td>Align w/ program and work together to create home-based plan</td>
<td>Understand “do’s and don’ts”</td>
<td>Cope with more challenges</td>
</tr>
<tr>
<td>Use the program resources (groups &amp; staff) &amp; obtain program books</td>
<td>Self-assess what you are doing well and what requires further practice</td>
<td>View struggles as opportunities – gain confidence</td>
<td>Demonstrate improved conflict management and effective communication</td>
<td>Demonstrate improved conflict management and effective communication</td>
</tr>
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</table>

### Stage 1
**Orientation & Accepting**
- **Family**
  - Program:
    - Meet the treatment team
    - Learn the program schedule
    - Sign up for Treatment Planning Rounds
    - Attend Orientation meeting & complete questionnaires
  - Therapy:
    - Schedule therapy session
    - Ask questions and set goals
    - Understand the philosophy of "No root cause"
    - Discuss Stages of Change & how to adjust your approach with your child
  - Nutrition:
    - Learn meal planning
    - Observe & try meal coaching
    - Eat meals with your child
  - As a family you:
    - Help family members to support each other
    - Manage getting to Children's
    - Think about how to talk to family and friends
    - Learn more about the symptoms of the disorder

### Stage 2
**Doing and Tolerating**
- **Family**
  - Program:
    - Attend Family Program groups
    - Attend check out groups
    - Attend daily check out groups
    - Attend weekly Treatment Planning Rounds
  - Therapy:
    - Able to tolerating their child's distress and set limits
    - Work on family issues that may contribute to the ED
    - Learning new ways to talk and listen to each other
    - Understand both general and family-specific goals
  - Nutrition:
    - Eat meals with your child
    - Meal plan independently
    - Active support during meals
  - As a family you:
    - Work together on identifying meal strategies (games, conversation topics, etc)
    - Identify skills to try as a family
    - May start passes to practice skills outside program

### Stage 3
**Tolerating & Accepting**
- **Family**
  - Program:
    - Apply concepts to your family
    - Active in family groups
    - Attend daily check out groups
    - Attend weekly Treatment Planning
  - Therapy:
    - Actively working to improve family dynamics & communication
    - Practicing conflict management & emotional regulation
    - Involving sibling(s) and extended family
  - Nutrition:
    - Meal plan for home
    - Eat outside of program
    - Introduce challenge foods
    - Provide effective meal support
  - As a family you:
    - Increase time out of program (weekends/days)
    - Set new goals for days out

### Stage 4
**Adapting for the real world**
- **Family**
  - Program:
    - Maintains structure and reinforce limits at home
    - Addresses safety issues
    - Self-assess for what's working and what isn't
  - Therapy:
    - Accepts long term process of ED recovery and support
    - Show empathy
    - Manages own reactions
    - Tolerate their child's distress without accommodating
    - Provides answers without overly reassuring
  - Nutrition:
    - Meal plan flexibly for any situation
    - Provide effective meal support
  - As a family you:
    - Spend time together out of program
    - Practice family meals and meal support at home

### Stage 5
**Problem solving and fine tuning**
- **Family**
  - Program:
    - Successful integration of necessary program structure to home
    - Use the treatment team and program to problem solve challenges from days out
  - Therapy:
    - Continue to work on communication and problem solving
    - Fine tune discharge plans
    - Set up future appointments
  - Nutrition:
    - Meal plan flexibly for any situation (home, school, vacation, restaurant, friends)
    - Provide effective meal support
  - As a family you:
    - Spend more time out of program (Intermittent day schedule)
    - Are better able to address new challenges
    - Accept recovery lifestyle as the "new normal"
Delta Program Clip Chart

Purple: Role Model
Blue: Rising Star
Green: Ready to Learn
Yellow: Warning
Orange: Make A Better Choice
Red: Stop Zone

Role Model

- Follow classroom rules
- Complete 100% of meals within time limit
- Volunteer to go above and beyond in groups
- Provide support to my peers

Rising Star

- Follow classroom rules
- Complete 100% of meals/supplement within time limit
- Participate in all groups by paying attention and raising my hand before speaking
- Use my skills to get through meals and supplements
- Communicating and asking for help when I feel overwhelmed or confused

Ready to Learn

- Follow classroom rules
- Complete 100% of meals/supplement within time limit
- Participate in all groups by paying attention and raising my hand before speaking
- Remaining safe (not hurting myself or others)
• Follow classroom rules
• Participating in groups
• Completing meals and supplements
• Remaining safe (not hurting myself or others)
• Trying to use my coping skills

**Make a Better Choice**

• Follow classroom rules
• Participating in groups
• Completing meals and supplements
• Remaining safe (not hurting myself or others)
• Trying to use my coping skills
• Thinking about how to get past tough moments
• Unable to participate in special activities (i.e. going outside or to the gym)
• Able to attend therapeutic groups and activities

**Stop Zone**

• Unable to follow classroom rules
• Choosing not to use coping skills
• Meal or supplement refusal
• Being unsafe toward myself or others
• Disrespectful of others
• Unable to participate in activities
• Isolated while completing stop zone worksheets