Disseminating Education and Treatment for Children and Adolescents with Eating Disorders Across Levels of Care

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ABSTRACT

BACKGROUND: Eating disorders (EDs) are psychiatric illnesses with high rates of morbidity and mortality. Healthcare providers often receive inadequate training in evidence-based ED assessment and treatment.

DESIGN: Project CORE (Creating Opportunities for Rhode Island Eating Disorders Professionals) was developed to disseminate ED training/education and treatment approaches to the healthcare workforce. An interdisciplinary research team partners with pediatric healthcare professionals/trainees and supports them to better understand how to diagnose, manage, and collaborate across disciplines in the care of patients with EDs.

METHODS: Phase I involves a needs assessment of pediatric healthcare professionals’ knowledge, attitudes and needs in treating EDs. Phase II involves the development of training/education approaches, and therapeutic interventions for patients with EDs. In Phase III approaches/interventions are further developed and disseminated across RI.

PRINCIPAL CONCLUSIONS: Project CORE’s goals will address barriers to effective ED treatment in RI and broaden the workforce of interdisciplinary providers trained to recognize and treat patients with EDs across multiple healthcare settings.

KEYWORDS: eating disorders, pediatric healthcare providers, needs assessment, training and education, treatment

INTRODUCTION

Eating disorders (EDs) are serious psychiatric illnesses with deleterious effects on physical and emotional health and correspondingly high rates of morbidity and mortality. EDs often present during adolescence, and early detection and intervention are associated with improved rates of remission and long-term maintenance of treatment gains. Although community-based primary care medical providers are often the first point of contact for adolescents with EDs, many report knowledge gaps in ED assessment and treatment. Project CORE (Creating Opportunities for Rhode Island Eating Disorder Professionals), a novel multi-phase research project funded by a partnership between Rhode Island Medicaid and the Executive Office of Health and Human Services, seeks to improve the knowledge and competence of RI pediatric and mental health providers in recognizing, assessing, and treating patients with EDs. Project CORE is based on foundational research indicating that while early identification and management of EDs are critical for a favorable prognosis, these illnesses are often under-recognized in healthcare settings. In RI, there is a shortage of healthcare professionals trained in evidence-based treatment for patients with EDs, compelling many patients and families to seek medical and/or psychiatric care out of state or to utilize in-state treatment from providers with minimal ED experience. Project CORE aims to develop training and education opportunities for RI pediatric healthcare providers using a multidisciplinary, team-based approach, improving the scope of intervention services available to RI adolescents with EDs and advancing provider comfort with ED management in primary care and mental health settings.

METHODS

Project CORE is composed of an interdisciplinary research team representing Rhode Island College, The Miriam Hospital, Rhode Island Hospital, and the University of Rhode Island. The team collaborates with community-based primary care medical and mental health providers to address the shortage of ED services available in RI, inclusive of the Medicaid population, while encouraging healthcare professionals to practice integrated, team-based care. Families of lower socioeconomic status (SES) and/or racial/ethnic minority backgrounds may be disproportionately impacted by issues related to accessibility of evidence-based treatment, thus highlighting the importance of expanding services to the Medicaid population. In 2018, the Rhode Island Executive Office of Health and Human Services/Medicaid Partnership awarded co-Principal Investigators Dr. Christina Tortolani and Dr. Andrea Goldschmidt grant support to advance three fundamental goals in the state of Rhode Island: [1] to provide the healthcare workforce, including licensed health professionals such as primary care medical providers and behavioral health interventionists, with knowledge and competence to recognize early ED symptoms; [2] to
learn evidence-based intervention strategies for EDs, and [3] to develop training opportunities for master’s-level and pre-doctoral psychology students in evidence-based assessment and treatment of adolescents with EDs.

To achieve the above goals, we first created and designed Project CORE with three interlocking “phases” that will be carried out across multiple healthcare settings. Having completed Phase I, we are currently in Phase II of Project CORE and will describe plans for Phase III.

**Phase I: Needs Assessment, Identification of Community Partners, Program Development (completed)**

**Phase Ia. Community Based Primary Care Setting**

Phase I [Table 1] was designed to gather information from existing licensed health professionals in the community about their knowledge needs and priorities related to screening and intervening with patients with EDs. We developed an Internet-based survey assessing competence and current practices for addressing eating concerns in their patients, with the goal of identifying gaps in the provision of services for patients with EDs. The survey included published surveys on health professionals’ knowledge of and attitudes toward EDs, in addition to open- and closed-ended questions specific to providers’ practices/organizations. Participants were solicited from five community-based pediatric settings in RI that commonly serve Medicaid populations. We achieved approximately 50% response rates from our needs assessment, which was designed to inform the content of subsequent in-services and program development (e.g., monthly consultation services, ongoing multi-family support groups) during Phase II.

**Phase Ib. Community Based Mental Health Setting**

We partnered with a community-based mental health agency to implement family-based treatment (FBT) and enhanced cognitive behavioral therapy (CBT-E) within established enhanced outpatient service/home-based and outpatient teams. Both FBT and CBT-E are manualized treatments for EDs that have a strong evidence base. FBT is a highly structured behavioral intervention in which caregivers are charged with the primary task of re-feeding their child and normalizing their eating behaviors and weight status. Enhanced CBT-E is a short-term, individual treatment focused on normalizing eating behaviors and modifying underlying cognitions that contribute to the maintenance of eating disorder behaviors (e.g., over-importance of shape and weight in one’s self-evaluation). We conducted focus groups designed to assess providers’ current practices and barriers to implementation of effective ED treatment. We further provided two workshops conducted by experts in EDs that focused on FBT and CBT-E for adolescents. Additionally, we collaborated with training site personnel to expand training opportunities in RI.

**Phase Ic. Hospital Setting**

Several clinical rotations within Hasbro Children’s Hospital were identified for master’s-level and pre-doctoral practicum students to provide direct exposure to evidence-based treatment models for EDs. The rotations will provide current and future mental health professionals with invaluable training in ED management models of care across multiple levels (ED Outpatient Medical Clinic, Medical Inpatient Unit, and Partial Hospital Program) within an integrated, team-based system.

**Phase Id. Curriculum development**

We have developed syllabi for two courses, “Foundations of Eating Disorder Assessment and Treatment,” and “Advanced Treatment of Eating Disorders,” which will have interdisciplinary content to expose mental healthcare providers to a broad spectrum of training backgrounds (counseling, social work, medical, nursing, psychiatry, and nutrition).

**Phase II: Education and Implementation (ongoing)**

**Phase Iia. Primary Medical Care Setting**

(Table 2) Monthly in-services are being established to provide healthcare professionals (e.g., medical doctors, nurses, nurse practitioners, physician’s assistants, primary
Table 2. Project CORE, Phase II: Education and implementation (ongoing)

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<thead>
<tr>
<th>Phase II</th>
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<tbody>
<tr>
<td>Pilot training and education activities for clinicians</td>
<td>Provide monthly in-services involving didactics and case consultation (medical providers)</td>
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<td></td>
<td>Collect program outcome data from clinicians (medical providers, mental health)</td>
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<tr>
<td></td>
<td>Offer first two eating disorder courses (curriculum development)</td>
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<tr>
<td>Pilot training and education activities for advanced graduate studies</td>
<td>Advanced graduate students complete rotations with weekly supervision (medical providers, hospital)</td>
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<tr>
<td>Implement therapeutic interventions for Rhode Island eating disorder patients</td>
<td>Implement parent-focused group family-based treatment (FBT) series (medical providers)</td>
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<tr>
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<td>Begin accepting treatment referrals and providing weekly supervision (community mental health)</td>
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<tr>
<td></td>
<td>Collect treatment outcome data from families (mental health)</td>
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<td></td>
<td>Recruit “champions” (medical providers, community mental health)</td>
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Care-based social workers, etc.) with increased knowledge in the recognition, assessment, and team-based management of adolescent EDs. Based on data collected during the needs-assessment in Phase I, these in-services will include didactics and case discussions through a combination of in-person meetings, live-streamed webinars, and videotaping to accommodate clinicians in busy primary care clinics. We have identified expert consultants from a range of disciplines who will provide training in ED diagnosis and management (e.g., clinical assessment tools, treating medical comorbidities, streamlining state-wide referral processes) to support primary medical providers in engaging patients in care for EDs. Behavioral health practicum students will rotate through participating primary care locations as “behavioral health specialists” who will offer group-based FBT to families and patients with EDs, and collaborate with primary care providers to model FBT-based interventions in vivo during office visits.

Phase IIb. Community Mental Health Setting

Therapists at the partner community-based mental health agency will begin accepting referrals for adolescents with EDs. Referred patients will be offered either home-based or outpatient FBT or CBT-E, depending on symptom profile, severity level, and appropriateness for treatment. Therapists will receive weekly group supervision from Drs. Tortolani and Goldschmidt. Building upon positive feedback and high rates of attendance to our FBT and CBT-E workshops, we will conduct additional training workshops focused on other evidence-based ED treatment models for community-based mental health clinicians (e.g., interpersonal psychotherapy).

Focus groups will be conducted with providers at three-month intervals during this phase to assess their experiences of delivering evidence-based ED treatments to complex patients in the home-based settings. We will collect quantitative data from mental health providers on knowledge, efficacy, and adherence around diagnosis and delivery of evidence-based treatments for EDs, and from participating families, on eating-related outcomes and satisfaction with treatment. Qualitative interviews with select families before, during, and after completion of treatment will be conducted. Qualitative data gathered will be used to tailor the treatments for families presenting with unique demographic characteristics, life stressors, and other factors that could impact the course and outcome of treatment.

Phase IIc. Hospital Setting

Practicum students’ internship hours include hospital rotations shadowing senior interdisciplinary clinicians in their management of ED patients, attending rounds, and receiving individual and group supervision.

Phase IIId. Curriculum Development

Clinicians at the University of Rhode Island, the Rhode Island chapter of the International Association for Eating Disorder Professionals, Brown Medical School, and other local stakeholders, will form the state’s first Eating Disorders Collaborative, which has developed a 15-credit ED certification program for health providers and graduate students. By bringing together local experts from diverse academic and professional environments, we hope that this collaborative will attract professionals and trainees from multiple healthcare disciplines (e.g., mental health, nutrition, nursing) and settings. Once we have established the collaborative and its multidisciplinary faculty, ED courses will be taught at Rhode Island College’s campus.

Phase III: Further Refinement and Dissemination (anticipated)

Phase III (Table 3) consists of further development and refinement of training, education, and therapeutic interventions for patients with EDs in the RI healthcare workforce. This includes a follow-up needs assessment with partner primary medical clinics and resulting modifications to the training approach; identification of providers (“champions”) in the primary care, community mental health, and hospital-based settings who will commit to training and educating future generations of ED clinicians to achieve long-term sustainability; finalization of the curriculum development for ED certification; evaluation of ED outcomes among patients and families receiving evidence-based treatment through Project CORE; and state-wide dissemination of training and education activities.
CONCLUSION

Project CORE addresses the shortage of ED medical and mental healthcare services available to adolescents and their families in RI. The implementation of Project CORE and its outcomes have the potential to broadly impact the scope and quality of care for patients with EDs and their families in RI. The network of ED providers formed by Project CORE will not only help train and retain interdisciplinary healthcare workers in RI who treat patients with EDs, but will also facilitate the early detection of EDs and expand the availability of services. This may reduce the need for costly and intensive hospital-based treatments which may be disruptive to daily life at school and home. Although the current reach of this project is local, this protocol and its findings could potentially impact dissemination and implementation of evidence-based practices for EDs in other geographic locations.

Table 3. Project CORE, Phase III: Further refinement and dissemination

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<tr>
<th>Phase III</th>
<th>Refine training, education, and therapeutic interventions</th>
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<tr>
<td></td>
<td>Conduct follow-up needs assessment and analyze data (medical providers)</td>
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<td></td>
<td>Revise format/content of monthly in-services based on clinician feedback (medical providers)</td>
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<td></td>
<td>Evaluate therapist knowledge, competence, and practices (community mental health)</td>
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<tr>
<td></td>
<td>Refine therapeutic interventions based on family feedback (community mental health)</td>
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<td></td>
<td>Disseminate program to larger Rhode Island community (medical providers, community mental health)</td>
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<tr>
<td>Improve long-term sustainability of training and education opportunities</td>
<td>Recruit, observe, and supervise “champions” (medical providers, community mental health, hospital)</td>
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<td>Offer third eating disorders course (curriculum development)</td>
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<td></td>
<td>Finalize curriculum for eating disorders certification (curriculum development)</td>
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References


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