



ADVANCING INTEGRATED HEALTHCARE

Restrictive Eating Disorders ECHO[®]

Session 5: Externalizing the Illness

Date: January 18th, 2023

PLEASE NOTE: Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any clinician and any patient whose case is being presented in a project ECHO setting

Care Transformation Collaborative of RI

Welcome

- This session will be recorded for educational and quality improvement purposes
- Please do not provide any protected health information (PHI) during any ECHO session

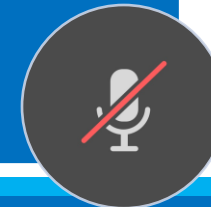
- Please turn on your video
- Please enter your name and organization in the chat box

Introduce Yourself



- Please mute your microphone when not speaking

Microphones



Agenda

Time	Topic	Presenter
7:30 – 7:35 AM	Welcome, Updates, & Case Presentation Schedule	Liz Cantor, PhD
7:35 AM – 8:05 AM	Externalizing the Illness	Christina Tortolani, PhD
8:05 – 8:15 AM	Case Presentation	Heather Pelletier, PhD East Greenwich Pediatrics
8:15-8:27 AM	Discussion	
8:27 AM – 8:30 AM	Wrap Up, Next Meeting	Christina Tortolani, PhD Liz Cantor, PhD

Reminder

Thursday March 21st Session rescheduled to
Thursday March 28th 7:30-8:30 AM

Case Presentation Schedule

Session Title	Date	Presenter
Session 5: Externalizing the illness	January 18 th , 2024	Heather Pelletier, East Greenwich Pediatrics
Session 6: Family Meal/Meal Coaching	February 15 th , 2024	Brittany Vose, Aquidneck Pediatrics
Session 7: Partnering with Caregivers	March 21st, 2024 March 28 th , 2024	Dinusha Dietrich, Smithfield Pediatrics
Session 8: Collaborative Weighing	April 18 th , 2024	Antoinette Sullivan & Erin Dalton Coastal Medical Narragansett
Session 9: One Team, One Message	May 16 th , 2024	Laura Dawson Maureen McKenna, Coastal Medical Toll Gate
Session 10: Harnessing Parental Anxiety	June 20 th , 2024	Colleen Vitale Atlantic Pediatrics
Session 11: Navigating Challenging Family Dynamics	July 18 th , 2024	Michelle Beller, Barrington Pediatric Associates
Session 12: Brain Recovery – Success Stories	August 15 th , 2024	Heather Pelletier & Brittany Vose

Family Based Treatment: Externalization

Christina Tortolani, PhD

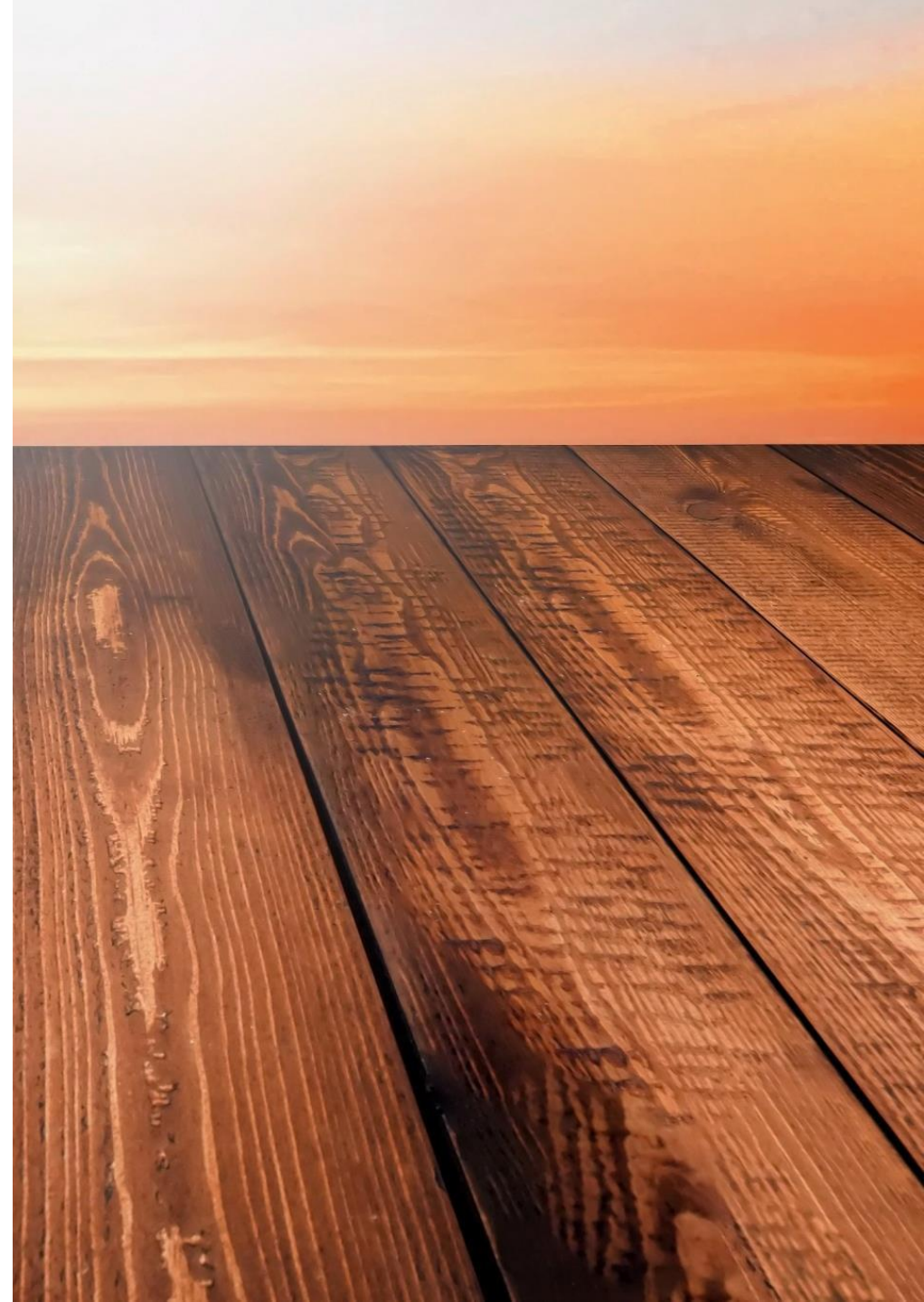


Fundamental Assumptions

Externalization

Separation of child and illness

"Your child is in the grip of a powerful disorder that is influencing their thoughts, feelings and behaviors. Your child's brain has been hijacked by the ED"



ED's egosyntonic nature

Obsessions about food/ body are consistent with self -image and goals

- ED is my way of...
"being in control of something"
- ED helps me to... *"feel numb"*
- ED allows me to...
"feel accomplished about something."
- ED makes me feel... *"powerful" and "special"*

You are NOT your eating disorder.

Life Without ED

- Declaration of Independence
- Metaphor of an unhealthy relationship
 - “break up”

TENTH ANNIVERSARY EDITION

“If you or someone you know has an eating disorder,
this is the book to read.”—Dr. Phil

Life Without Ed



How One Woman
Declared Independence
from Her *Eating Disorder*
and How You Can Too

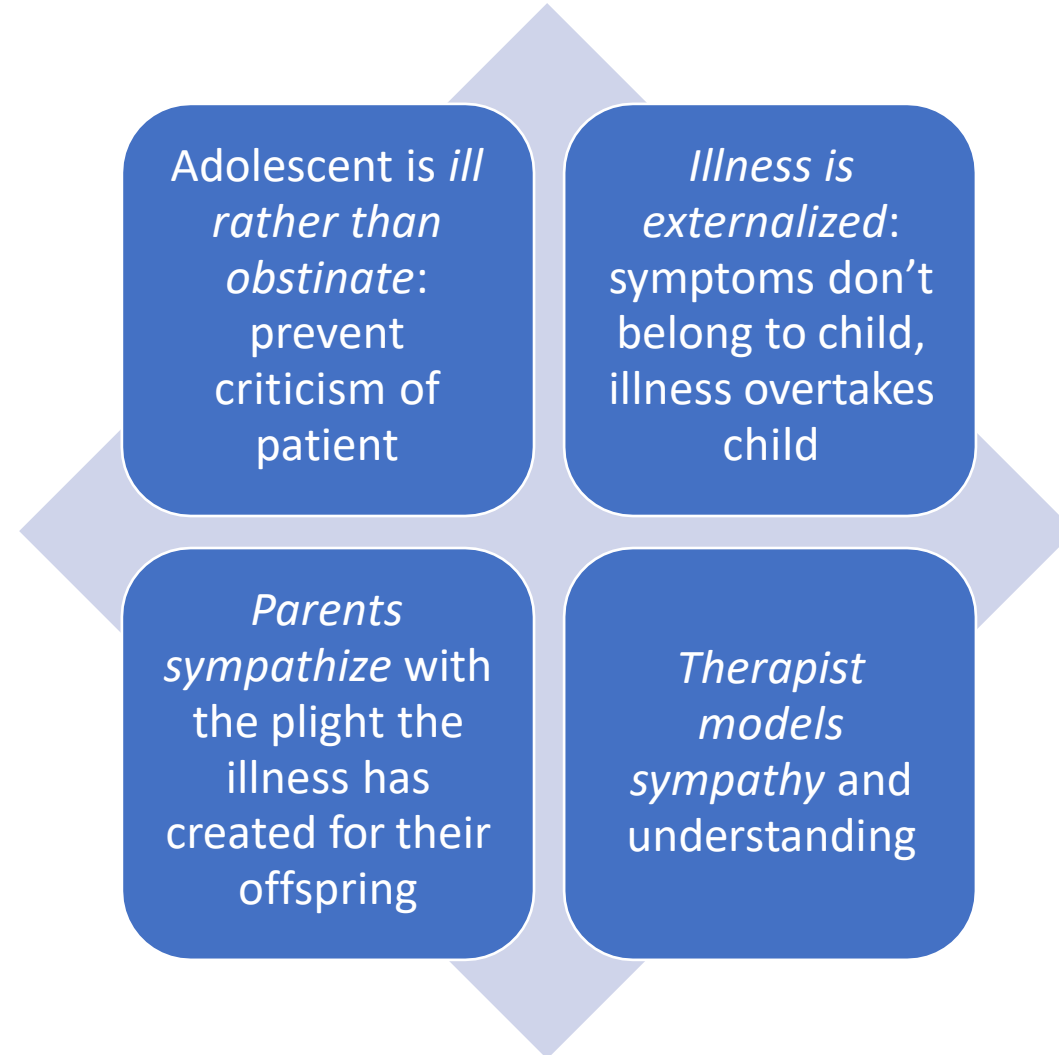
JENNI SCHAEFER

BESTSELLING AUTHOR OF *GOODBYE ED, HELLO ME*

Chair of the Ambassadors Council,
National Eating Disorders Association

with Thom Rutledge, LCSW

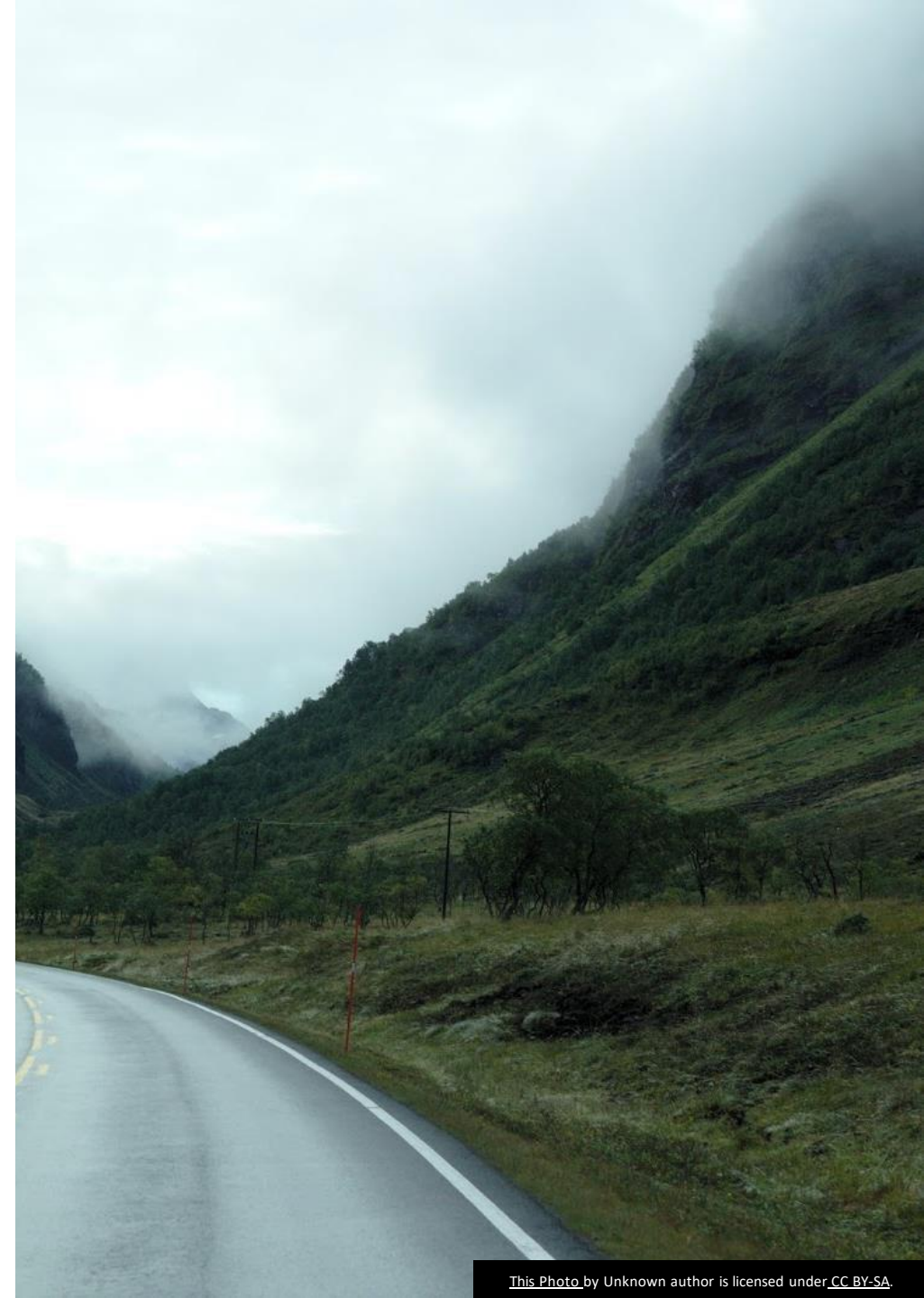
Separate illness from child



“the person is not the problem, the problem is the problem”

Adolescent is *ill rather than obstinate*:
prevent criticism of
patient

- Willingness
- Willfulness
- Unable





There is no blame in EDs

- Do you get angry with an individual because she has diabetes? Cancer?
- Why do we blame people who are anorexic?

Illness is externalized:
symptoms don't
belong to child, illness
overtakes child

- Tree Spider
- Brain is hijacked
- Held hostage by alien/ monster





*Parents sympathize
with the plight the
illness has created for
their offspring*

- Ansel Keys Study- effects of malnourishment on body, thoughts and bx
- What Its like on way to recovery- tx feels worse
- Get into child's ED head/ heart NOW
- Abusive relationship
- ED is helping, not hurting
- ED keeps anxiety in check; addictive drug
- Tx is like jumping off a bridge
- COMPASSION

Why externalize?

- Perhaps one of the more challenging parts of treating an ED
- One of the first steps in treating an ED
 - HELP child UNDERSTAND THEIR RELATIONSHIP TO ED
 - Help parents recognize child is not in control of illness
 - RECOGNIZE THE PAIN AND SUFFERED ED CAUSES. KNOWLEDGE OF ED IS POWER
- TARGETS AMBIVALNCE



Who are you without the ED?



AN



Patient



ADVANCING INTEGRATED HEALTHCARE

Restrictive Eating Disorders ECHO[®]

Case Presentation

Presenter(s): Heather Pelletier, PhD

Date: 1/18/2024

Contact Info: hpelletieregp@outlook.com

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Reasons for Selecting this Case

Do Not Include PHI

Why did you choose this case?	Patient and their family had been stuck for years
What questions do you have for the group?	<ol style="list-style-type: none">1) How important is it to mobilize the family first before beginning Phase I?2) How to best address recommendations for activity restriction when parents will not support or follow through?3) What is an effective strategy for answering parent questions about expected body weight?

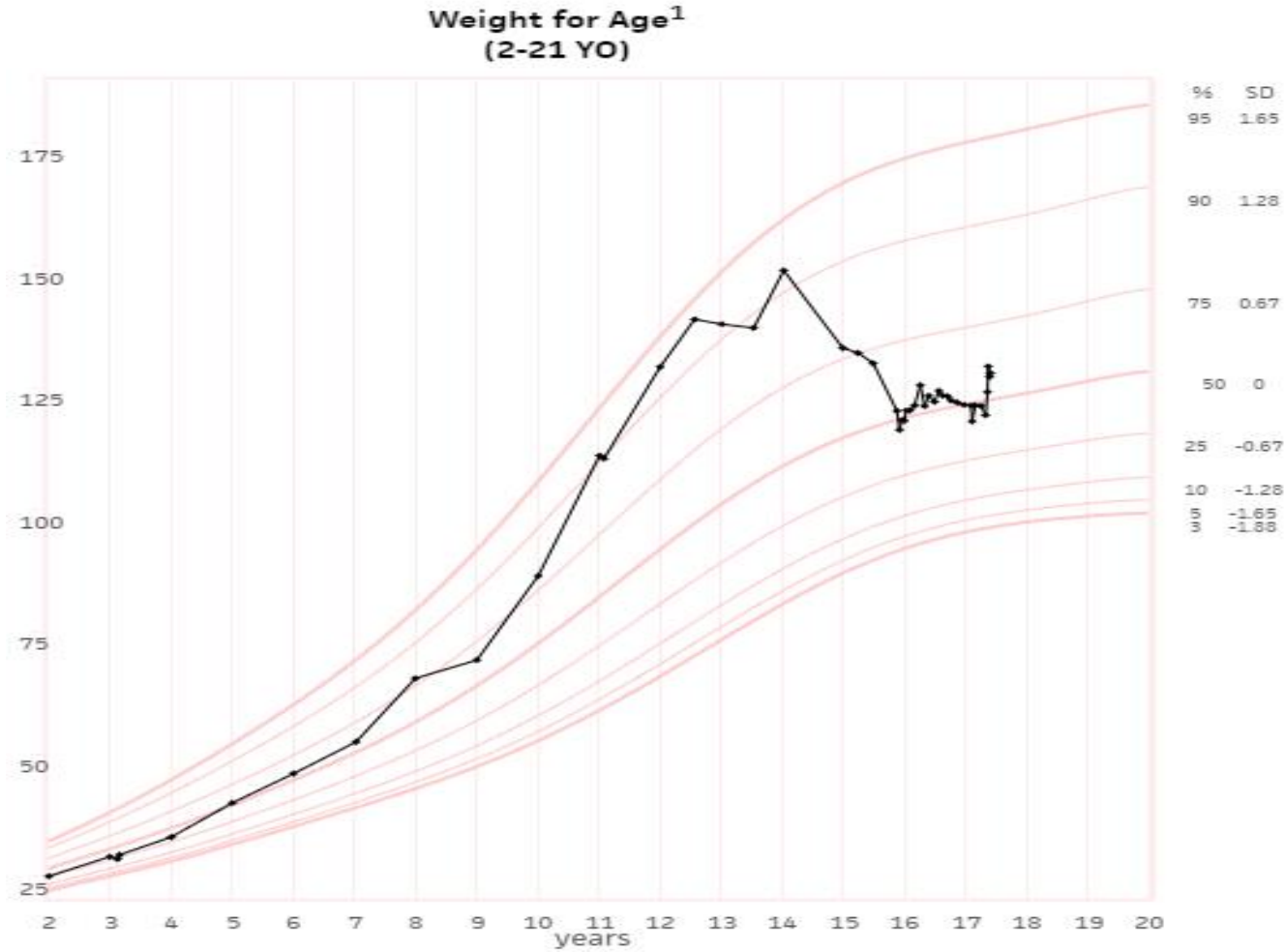
Basic Patient Information

Do Not Include PHI

Age	17 years old
Gender Identity	Female
Race/Ethnicity	Caucasian
Current Weight and Height	Weight: 128 lbs. Height: 64.5 in
	BMI 21.9; expected weight 140 lbs. (per dietician)
BMI percentile and expected body weight How long has the patient had concerning growth trends?	Since July 2020
How long has this individual been in your care?	5/25/2023- 9/21/2023 (Father only, 5 sessions) 9/21/2023 -12/1/2023 (Parents, 8 sessions) 12/1/2023 (First meeting with Patient) 12/22/2023 (First meeting with sister joining)
Insurance type (Commercial, Medicaid, Uninsured, Other)	BCBS-RI

Growth Curve

Do Not Include PHI



Does the Patient/Family have treatment goals? Please describe.

Do Not Include PHI

- Increase independent nutrition
- Weight restoration before college transition
- Increase overall distress tolerance
- Increase general sense of self-efficacy and autonomy
- Decrease reliance on mother and sister for academic support

Relevant Background

Do Not Include PHI

Relevant medical and/or behavioral comorbidities	Anxiety Dysmenorrhea, tree nut allergy
Relevant medications	N/A
Relevant lab results	None
Relevant BH Screening results	PHQ-9 never elevated, but fatigue and feeling sleepy were noted several days/week
Relevant SDOH Screening results	None reported
Family History of other psychiatric concerns	Depression and anxiety

Relevant Social History

Do Not Include PHI

Family history of disorder eating?	Maternal family history of obesity
Family/patient history of trauma?	Father had cancer in 2019 (in remission) Paternal aunt died of cancer at age 15yo
School related concerns?	Parents refusing supervised lunch and snack at school Academic procrastination Concentration problems/cognitive fatigue
Other social history concerns?	Twin

Eating Disorder Treatment History

Do Not Include PHI

<p>What interventions have been tried (e.g., re-feeding, meal supervision, exercise restriction)</p>	<p>The pediatrician threatened exercise restriction a few times over the course of 2.5 years</p>
<p>What treatment barriers have the family identified?</p>	<p>Mother’s mental health, poor distress tolerance, high need for control Parent work schedules Over-concern with outside judgment Father’s difficulty tolerating the possibility of daughter being upset with him</p>
<p>What levels of care have been used for treatment?</p>	<p>Outpatient individual therapy Nutrition counseling</p>
<p>What is the most recent course of treatment?</p>	<p>FBT with modifications for IBH</p>
<p>Other concerns with nutrition/eating (such as cultural considerations)?</p>	<p>None</p>

Physical Activity

<p>Does the patient engage in regular physical activity? (yes/no) Please describe</p>	<p>Yes Hockey games and practices 1.5-3 hours in duration 3-4x/week Softball training-off season Softball games and practices 1.5-3 hours in duration 5-6x/week</p>
<p>Other concerns with physical activity/exercise (such as physical restrictions, access, environmental safety)?</p>	<p>N/A</p>
<p>What interventions have been tried?</p>	<p>Daily allowance for participation in sports is based on 100% completion of presented nutrition</p>

Patient /Family Successes and Strengths?

Do Not Include PHI

- Patient is motivated by hockey and softball participation
- Patient is future-oriented and forward-thinking
- Parents were able to mobilize after 1 year+ of disconnect with treatment recs
- Parents found a way to balance work, family and treatment responsibilities
- Twin sister is supportive

Summary & Clarifying Questions



CME Credits

(applied for MDs, PAs, Rx, RNs, NPs, PhD)

- BH clinicians can submit their certification to their accrediting agency for credit equivalency
- CME Credits – Please request session credits when filling out the evaluation at the end of the meeting.
- Evaluation/Credit Request Form: <https://www.surveymonkey.com/r/RSKN6W9>
- Evaluations must be completed to receive credit
- Certificates will be mailed ~ 1 month after event



Thank you!

Next Meeting:

Thursday February 15th, 2024 - 7:30 – 8:30 AM
Family Meal/ Meal Coaching

Evaluation/Credit Request Form: <https://www.surveymonkey.com/r/RSKN6W9>