CARE TRANSFORMATION COLLABORATIVE RHODE ISLAND

pcmh kids patient-centered medical home

Project ECHO®

ADVANCING INTEGRATED HEALTHCARE

Restrictive Eating Disorders ECHO®

Session 8: Collaborative Weighing

Date: April 18th, 2024

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

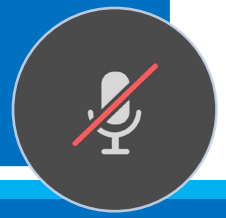
- This session will be recorded for educational and quality improvement purposes
- Please do not provide any protected health information (PHI) during any ECHO session

Introduce Yourself

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

Microphones

- Please mute your microphone when not speaking



Agenda

Time	Topic	Presenter
7:30 – 7:35 AM	**Welcome, Updates, & Case Presentation Schedule**	Liz Cantor, PhD
7:35 AM – 8:00 AM	**Collaborative Weighing**	Christina Tortolani, PhD Amanda Veltri, NP
8:00 – 8:10 AM	**Case Presentation**	Erin Dalton, PA Ann Sullivan, LICSW
8:10-8:25 AM	**Discussion**	
8:25 AM – 8:30 AM	**Wrap Up, Next Meeting**	Christina Tortolani, PhD Liz Cantor, PhD

Case Presentation Schedule

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Session Title	Date	Presenter	Case Due
Session 9: One Team, One Message	May 16th, 2024	Laura Dawson Maureen McKenna, Coastal Medical Toll Gate	May 1st
Session 10: Harnessing Parental Anxiety	June 20th, 2024	Colleen Vitale Atlantic Pediatrics & Laura Beaudry Bald Hill Pediatrics	June 3rd
Session 11: Navigating Challenging Family Dynamics	July 18th, 2024	Michelle Beller, Barrington Pediatric Associates	July 1st
Session 12: Brain Recovery – Success Stories	August 15th, 2024	Heather Pelletier & Brittany Vose	

FAMILY BASED TREATMENT: COLLABORATIVE WEIGHING

CHRISTINA TORTOLANI, PHD

LEARNING OBJECTIVES

1

Describe rationale for collaborative weighing in FBT

2

Identify 1 barrier to collaborative weighing intervention

3

Identify 1 tip to collaborative weighing intervention

THINK DATA POINTS

- Rationale
- Patients with eating disorders are unusual in their frequency of weighing
- FREQUENT weighing encourages concern about inconsequential changes in weight, and thereby maintains dieting
- AVOIDANCE of weighing is as problematic
- Knowledge of weight is a necessary part of treatment
- Explore relationship between eating and weight
- Facilitates change in eating habits
- Necessary for addressing any associated weight problem
- One aspect of the addressing of the over-evaluation of weight

POTENTIAL BARRIERS

Potential barriers to weighing (patient)
“I already know my weight”
“I just ate/am not wearing same clothes/it’s not the same time of day as last time”
“I won’t be able to cope with the number and will binge/restrict/kill myself”
Potential barriers to weighing (therapist)
“It will make the patient angry and ruin our therapeutic alliance”
“We can do it next time”

WHAT IT LOOKS LIKE

- Meet with patient 1:1 at beginning of session
- Ask them to void and take off shoes
- Matter-of-fact tone “get on the scale please”
- Chart weight with a visual to share with family
- “Anything you need help bringing up in session today?”

COLLAB WEIGHING IN ACTION!

AMANDA at East Greenwich Pediatrics

- Journey to becoming an FBT aligned clinician in primary care
- My process/ procedures around collaborative weighing at EG peds (15 min slots)
- My role in providing FBT alongside Heather - compassionate AND firm care
  - Lots of psychoed! “What is an ED; what happens to the body; week to week”

PROS/ CONS

- What's working:
  - Identified clinician
  - Consistent in approach
  - Education - helps both patient and parent understand WHY
  - Shifting to 30 min slots
  - Building trust
  - Empowering parents "you know how to feed your child"
  - Focus on ED first (depression/ anxiety can derail the session); focus on one thing at a time

PROS/ CONS

- What gets in the way?
  - ”It’s not about the number”
  - ”Is this unhealthy for them (all this food)?”
  - Supervised meals at school (worry about social implications)
  - Activity (not following teams recommendations) - VERY CHALLENGING!
  - Overweight prior to onset of ED
  - “Looking good” vs “Being healthy”
  - Time constraint in a busy practice

WORDS OF WISDOM

- You can do it!
- Being confident in yourself- you know what to do!
- Lean on your team!
- Its ok if your patient is distressed AND we can feel distressed, too!
- Acknowledge the distress together

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Project ECHO®

ADVANCING INTEGRATED HEALTHCARE

Restrictive Eating Disorders ECHO®
Case Presentation

Presenter(s): Erin Dalton, PA and Ann Sullivan, LICSW

Date: 4/18/24

Contact Info:

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Care Transformation Collaborative of RI

Reasons for Selecting this Case

Do Not Include PHI

Why did you choose this case?	• Recent diagnosis of ED • Need to bridge treatment • Her age and hx of Reactive Attachment Disorder and Disruptive Mood Dysregulation Disorder diagnoses present unique challenges, as does her parental loss/estrangement
What questions do you have for the group?	• We are hoping for suggestions about how best to initiate and/or bridge treatment while looking for an appropriate outpatient therapist. • Suggestions for referral: Be Collaborative doesn't take the patient's insurance; she has been referred to Hasbro ED Clinic.

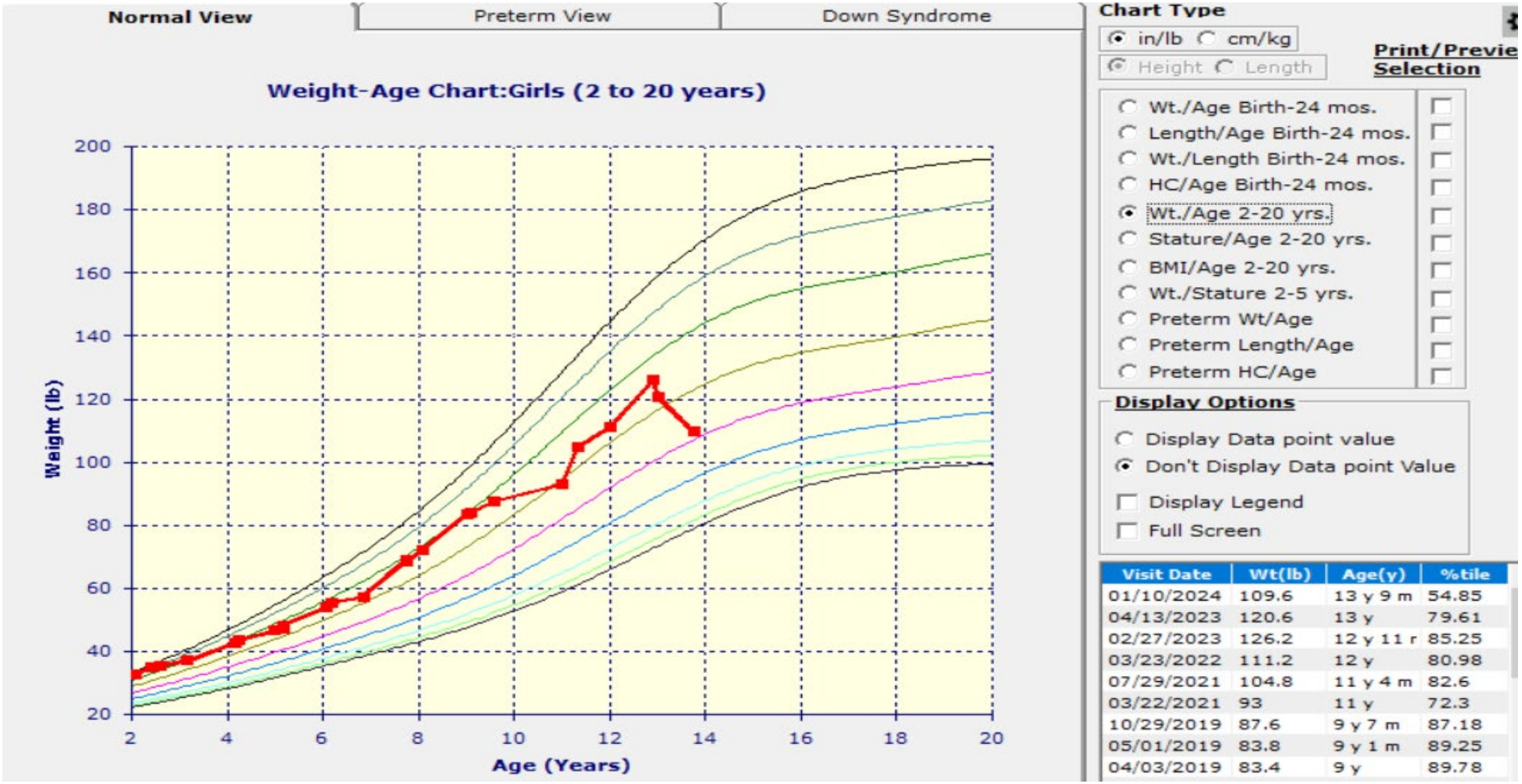
Basic Patient Information

Do Not Include PHI

Age	13
Gender Identity	Female
Race/Ethnicity	Native American/ Declined to Specify
Current Weight and Height	Weight: 104 Height: 62.5in (in April 2023)
BMI percentile and expected body weight	18.7
How long has the patient had concerning growth trends?	In **Feb 2023 pt had lost 6 lbs** since her last annual but it was attributed to her stimulant medication. However, **since then she has lost another 20 lbs.**
How long has this individual been in your care?	Patient has been with the practice since birth. Sick visit 3/28 due to grandmother's concern of drastic weight loss
Insurance type (Commercial, Medicaid, Uninsured, Other)	Neighborhood Health - Ritecare

Growth Curve

Do Not Include PHI



Visit Date	Wt(lb)	Age(y)	%tile
01/10/2024	109.6	13 y 9 m	54.85
04/13/2023	120.6	13 y	79.61
02/27/2023	126.2	12 y 11 r	85.25
03/23/2022	111.2	12 y	80.98
07/29/2021	104.8	11 y 4 m	82.6
03/22/2021	93	11 y	72.3
10/29/2019	87.6	9 y 7 m	87.18
05/01/2019	83.8	9 y 1 m	89.25
04/03/2019	83.4	9 y	89.78

* Last weight was 104 lbs on 4/11

Patient/Family Strengths and treatment goals?

Do Not Include PHI

- Patient has been asking to see a counselor and shows inner motivation for change. She has past history of seeing a counselor, and symptoms of RAD and PMDD appear to have been reducing successfully since age 11
- Grandmother/guardian is concerned about the weight loss, motivated to help patient, wants to learn what will help her reduce restricting, but may have limited resources and time to engage in FBT model

Relevant Background

Do Not Include PHI

Relevant medical and/or behavioral comorbidities	**Reactive Attachment Disorder** diagnosis at approximately age 11 **Disruptive Mood Dysregulation Disorder**, also noted at age 11. **STRONG indication of **germ phobic type OCD** happening right now, 3 baths a day, overuse of liquid soap. Also has **fear of closing doors**
Relevant medications	Sertraline 75 mg daily Guanfacine 2mg daily Lisdexamfetamine dimesylate (Vyvanse) 30mg daily
Relevant lab results	Labs ordered on 3/29: Urine preg, Vitamin D, TSH, PT INR, CMP, CBC, EKG **Reports 10/10 afraid of blood draw d/t fear of blood leaving her body.** Does well with immunizations
Relevant BH Screening results	April 2023, scored 5 on PHQ9, Mild depressive symptoms.
Relevant SDOH Screening results	Denies SDOH use
Family History of other psychiatric concerns	Father ETOH (deceased); Bipolar disorder in family members including mother and paternal aunt

Relevant Social History

Do Not Include PHI

Family history of disorder eating?	Unknown, but none reported.
Family/patient history of trauma?	Yes, multiple losses, **lost father due to drunk driving accident in 2018**. **Sees mother intermittently** and is raised by her grandparents. Mother has a 12mo who she is caring for Grandmother is guardian and primary caregiver
School related concerns?	Unknown
Other social history concerns?	Father had **multiple incarcerations** prior to death.

Eating Disorder Treatment History

Do Not Include PHI

What interventions have been tried (e.g. re-feeding, meal supervision, exercise restriction)	Meal supervision, advised 3 meals 2 snacks daily, exercise restriction
What treatment barriers have the family identified?	Multiple SDOH stressors and losses in the past, but currently family is open to treatment; however **NHP/Ritecare insurance poses significant barriers**.
What levels of care have been used for treatment?	**None** that have targeted this current eating disorder. Pt has had multiple interventions with behavioral health as a younger child with RAD, and DMDD that was diagnosed in 2019
What is the most recent course of treatment?	Currently **will be seeing Ann Sullivan** for bridge treatment until she is connected with a specialist or specialty program.
Other concerns with nutrition/eating (such as cultural considerations)?	Patient is Native American/ Undisclosed race so this may be a factor but this remains unclear Custody is split between grandmother's- consistency has been difficult

Physical Activity

Do Not Include PHI

Does the patient engage in regular physical activity? (yes/no) Please describe	**She plays softball. New season starting- Restricted** Daily walks, gym at school- Restricted Denies other forms of exercise such as at home workouts
Other concerns with physical activity/exercise (such as physical restrictions, access, environmental safety)?	None currently
What interventions have been tried?	Supervised meals, activity restriction Close follow up in office

Summary & Clarifying Questions

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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 May 16th, 2024 - 7:30 – 8:30 AM

One Team, One Message

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