



ADVANCING INTEGRATED HEALTHCARE

Restrictive Eating Disorders ECHO[®]

Session 10: Harnessing Parents As Your Best Tool In Recovery

Date: June 6th, 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

- 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 – 8:00 AM	One Team, One Message	Christina Tortolani, PhD
8:00 – 8:10 AM	Case Presentation	Laura Dawson, MD Maureen McKenna, MD
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

Session Title	Date	Presenter	Case Due
Session 11: Navigating Challenging Family Dynamics	July 18 th , 2024	Laura Beaudry Bald Hill Pediatrics & Michelle Beller, Barrington Pediatric Associates	July 1 st
Session 12: Brain Recovery – Success Stories	August 15 th , 2024	Heather Pelletier & Brittany Vose	

CHRISTINA TORTOLANI, PHD

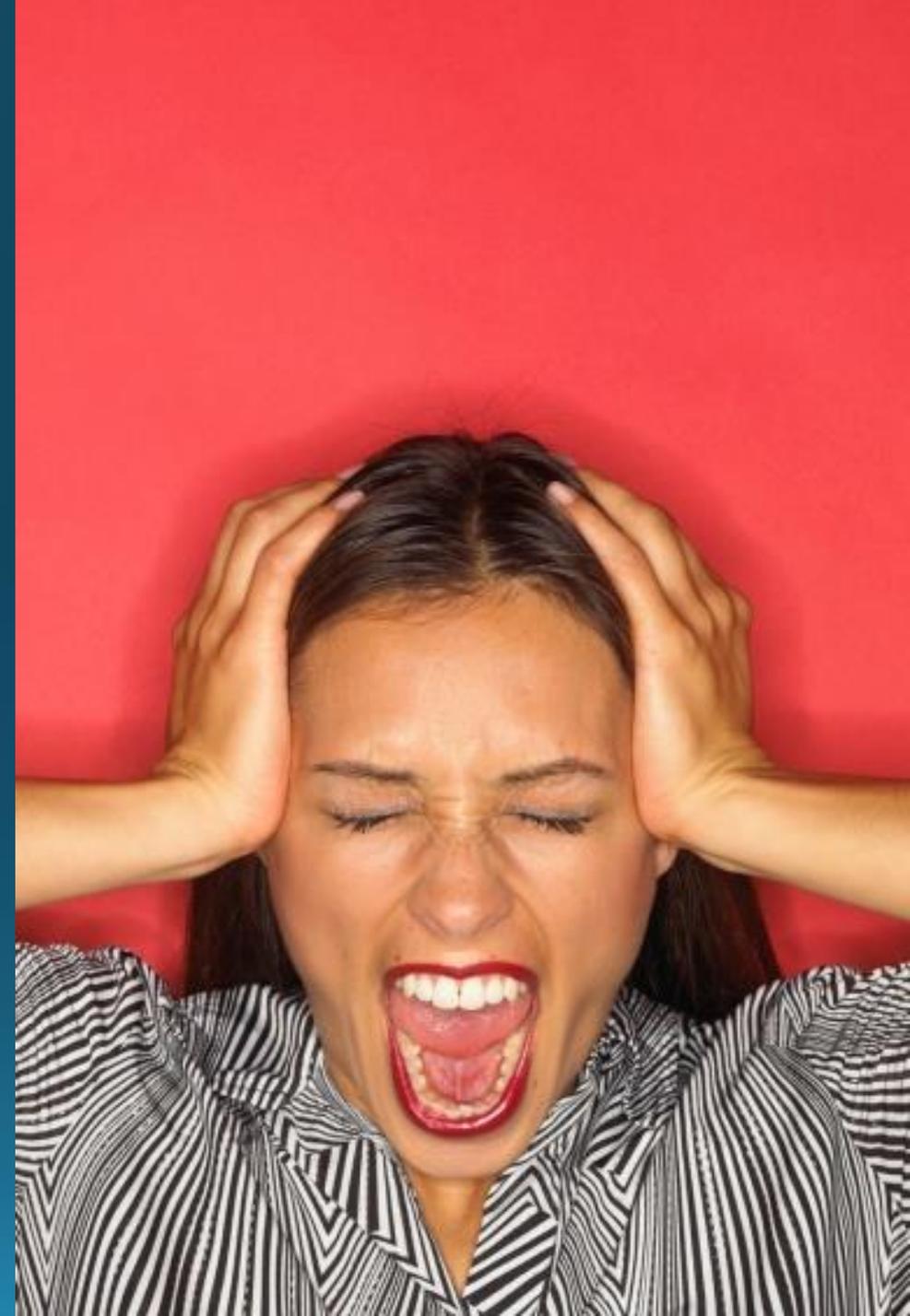
Harnessing parents as your best tool in recovery

Learning Objectives

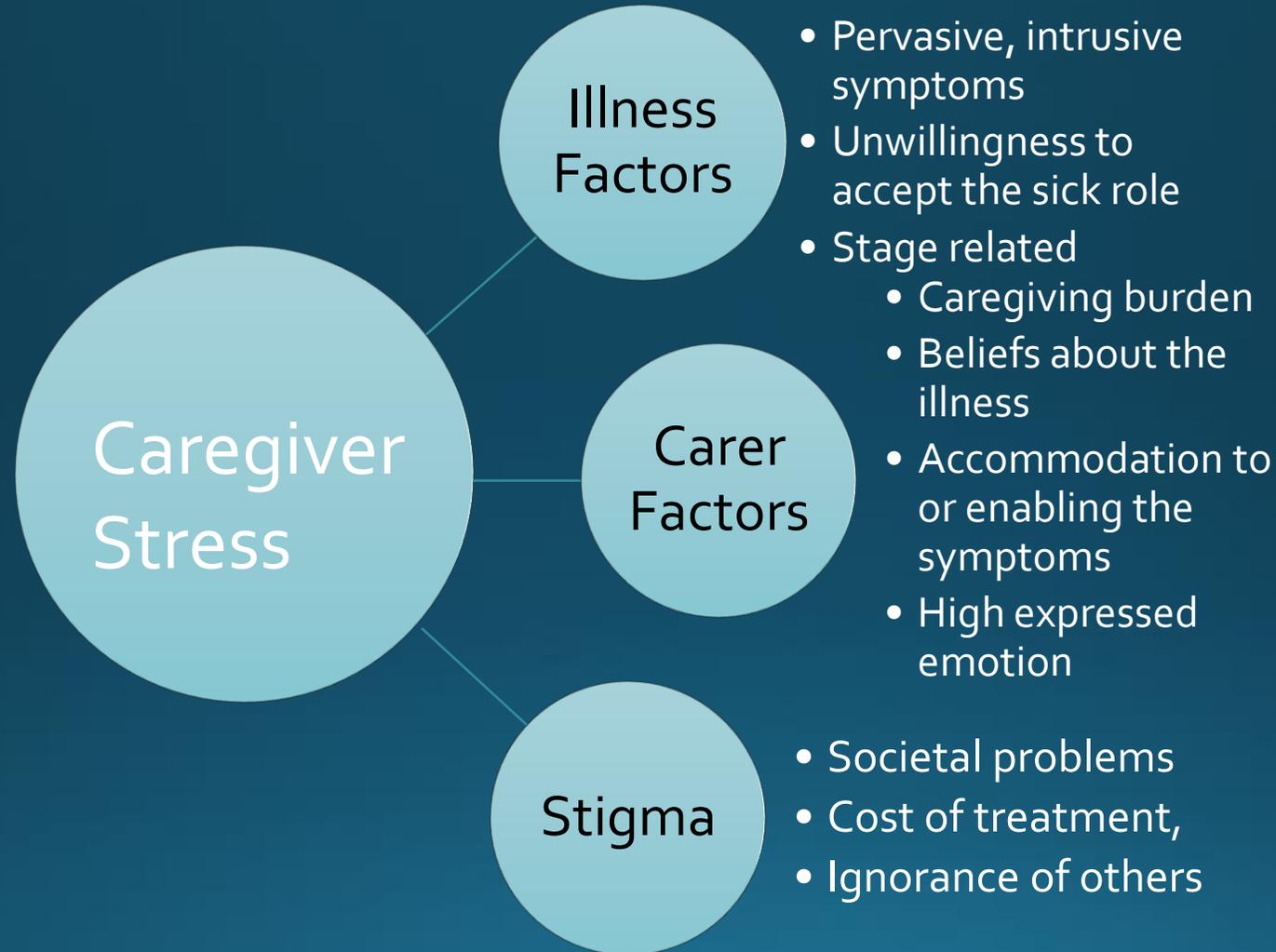
- Describe importance of parental support in FBT
- Describe mobilizing levels of emotion and control
- Identify 1 “divide and conquer” scenario

FAMILY are front line...

- Parents are the front line in treatment, and this can take a toll...
- Emotional Responses:
 - Guilt
 - Shame/Embarrassment
 - Fear
 - Shock
 - Anger
 - Grief
 - Anxiety
 - Confusion
 - Frustration
 - Exhaustion



Carer Coping



What kind of carer are you?

Walking the tightrope: finding the right balance for your family

Balance of emotion



JELLYFISH

Too much emotion
Emotional response
Too transparent

ST BERNARD

Warmth & calmness
Providing warmth and
nurture until change
occurs

OSTRICH

Too little emotion
Ignoring the problem
Avoidant emotional
response

What kind of carer are you?

Walking the tightrope: finding the right balance for your family

Balance of direction



RHINO

Too much control
and direction
Threats, aggression
and bullying

DOLPHIN

Just enough subtle
direction
Staying close until
person reaches
safety

KANGAROO

Too much sympathy
and micro-
management
A “pouch” of care
Supercarer

Typical divide and conquer scenarios

- Only 1 of the child's parents is convinced that this is the time for action and that they ought to be involved in treatment
- One parent's denial is actively colluding with the ED
- Each parent thinks the other one is not doing enough or doing the right thing to make sure the ED is addressed.

Typical divide and conquer scenarios

- One parent blames the other for being too critical of the child with ED
- One parent addresses the ED with relative harshness whereas the other constantly tries to soften the verbal blows by the first parent
- After some progress, one parent gets nervous about the child's weight gain and begins to criticize the other parents efforts

Typical divide and conquer scenarios

- Divorce and other circumstances have created a parental triangle that makes staying on the same page almost impossible
- One parent is effective while the other feels defeated
- Parents take turns in siding with the adolescent (ED) against the other parent
- Others?

Get Into Your Child's Head: *Know the ED*

- Its killing her, but your daughter feels good about refusing to eat b/c its something she does well.
- Your child's behavior demonstrates that she's out of control but she sees it as a way to stay in charge and express her independence
 - "I can take care of this myself"

Get Into Your Child's Head:

Know the ED

- To you, this is a deadly disease; to your child with anorexia, its “just a perfectly healthy diet”
- You're the enemy even though you're trying to save your son's life, because you're “forcing” him to do the one thing he is trying to avoid: eat.
 - “I don't want to eat that! You are killing me. Can't you see how unhappy you are making me?” or “I hate you! I want nothing to do with you.”

Get Into Your Child's Head: *Know the ED*

- “Not eating” is not just the most important thing in the life of your daughter with AN: it's the *only* thing
 - ED's rules and regulations
 - Starvation- becomes easier and easier to not eat.
 - Ansel Keyes study

First30Days
Equip



ADVANCING INTEGRATED HEALTHCARE

Restrictive Eating Disorders ECHO[®] Case Presentation

Presenter(s): Colleen Vitale MD

Date: June 6, 2024

Contact Info: Atlantic Pediatrics

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Care Transformation Collaborative of RI

Reasons for Selecting this Case

Do Not Include PHI

<p>Why did you choose this case?</p>	<p>New, unexpected issue (weight loss) in time slot for well visit “I don’t feel hungry” “I don’t remember to eat” “I didn’t like the food available” Not wanting to lose weight, didn’t feel it was an issue, concern was hair loss *I am concerned as to why parent, friend, boyfriend or patient herself was not concerned about the weight loss prior to this visit.</p>
<p>What questions do you have for the group?</p>	<ol style="list-style-type: none"> 1. When does stress/anxiety-related decrease in appetite meet actual Eating Disorder criteria? 2. What role can parents play in supporting children near or already 18+ ? 3. Do I need to get a nutritionist involved? 4. Is there a risk of SSRI making her appetite worse? 5. Is there a role for appetite stimulators – such as cyproheptadine?

Basic Patient Information

Do Not Include PHI

Age	18
Gender Identity/Race/Ethnicity	Female White
Current Weight and Height	Weight: 99 lb Height: 5 ft 5 in BMI: 16.5
How long has the patient had concerning growth trends?	Current: 6 months Down 8 in sept, now 13 more <i>June 2023 120lb Sept 112 lb (after summer lifeguarding job)</i> (Did discuss concern about wt loss during COVID, not as sudden)
Medical signs/ symptoms	+ hair loss and occasional dizziness with standing; normal energy, menses, sleep
Insurance type (Commercial, Medicaid, Uninsured, Other)	BCBS

Female, 18 y.o. 10 m.o.,
7/25/2005
MRN: 2025510
Code: Not on file (no ACP docs)
Phone: 401-744-5847 (Home Phone) 401-340-7680 (Mobile)
E-mail: None

Search (Ctrl+Space)

Isolation: None
PCP: Me
Coverage: Blue Cross/Blue ...
Allergies: No Known Allergies

ACO Integra Patient: Yes
ACO Risk Status: Low Risk

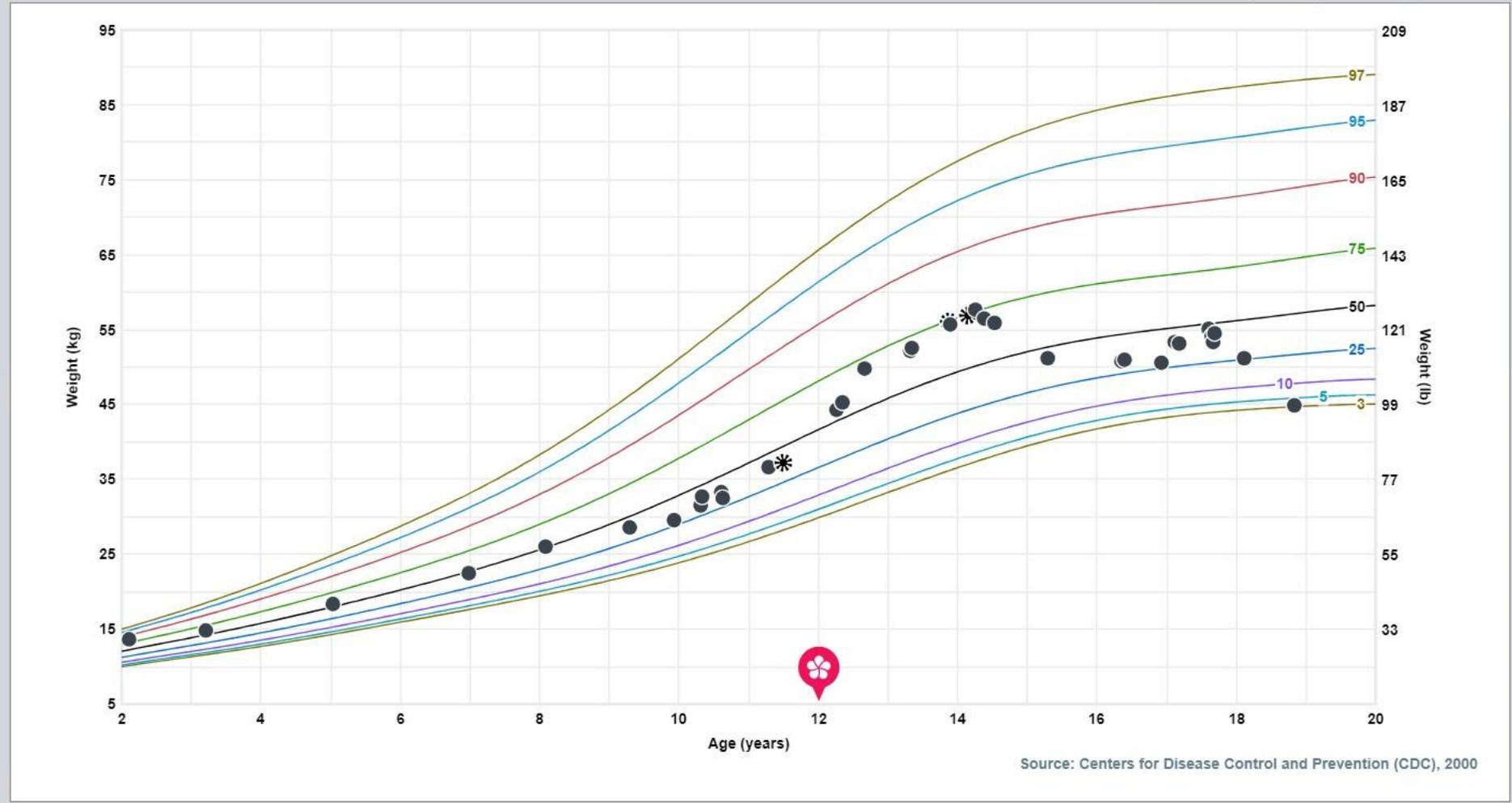
BP: 120/78 >1 day
Heart Rate: 77 >1 day
Temp: 98 °F (36.7 °C) >1 day
Height: 5' 5" (1.651 m) (61%)
Weight: 44.9 kg (99 lb) (3%)
BMI: 16.47 kg/m² ! (<1%)

SINCE YOUR LAST VISIT
No visits
Lab (8)

CARE GAPS
Hepatitis C screening

Weight-for-age Percentiles (Girls, 2 to 20 years)

100 % 100% Zoom In Zoom Out



Reference Datasets
CDC GIRLS (2-20 YE...
 Apply patient filter
 Show relevant events
 Show outside organization data points

Legend
97th percentile
95th percentile
90th percentile
75th percentile
50th percentile
25th percentile
10th percentile
5th percentile
3rd percentile
* Outside data points
Menarche

Relevant Background

Relevant medical and/or behavioral comorbidities	Adjustment/ anxiety concerns 2020-21 – Covid remote school grade 9-10 Is an only child of mom and dad, has much older ½ siblings Has always been involved in sports/ summer jobs/has good friends (In RI) and RI Boyfriend
Relevant medications	None, had been on OCP – but quit in Sept due to feeling weird on it.
Relevant lab results	Baseline CMP, CBC, Thyroid labs normal 5/2024
Relevant BH Screening results	PHQ and GAD – written answers much lower than when having open discussion on stressors/ anxieties/ adjustments. No SI
Relevant appetite/eating hx	Appetite/eating habits heavily influenced by availability of foods she likes – isn't overly picky/restrictive, but lunch rooms “gross her out” No improvement since returned home – “really busy”
Family History of other psychiatric concerns	None

Relevant Social History

Family history of disorder eating?	No
Family/patient history of trauma?	Denies – I asked in a few ways (in light of freshman year risks)
School related concerns?	YES – moved to UNH dorms August 2023; says she made some friends but not clear in answer Changed her major after first semester – from nursing to business Transferring to URI, will commute
Other social history concerns?	Boyfriend and family supports in RI, came home most weekends since Winter 2023 Working two jobs, beach lifeguard, waitress

Physical Activity

Does the patient engage in regular physical activity? (yes/no) Please describe	YES – job related
Other concerns with physical activity/exercise (such as physical restrictions, access, environmental safety)?	NO

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 July 18th, 2024 - 7:30 – 8:30 AM

Navigating Challenging Family Dynamics

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