

EduClips: Bite-Sized Learning Moments

Levels of Care in Eating Disorder Treatment

Jessica Barth Nesbitt, MA, RD, LD, CD, CEDS-C

Learning Objectives

- **Levels of Care Breakdown**
- **Factors that determine Level of Care**
- **Role of RD within Levels of Care**

Jessica Barth
Nesbitt, MA,
RD, LD, CD,
CEDS-C

Eating Recovery Center

Pathlight Mood & Anxiety

Centers

Regional Director of Nutrition

Mountain/West Region



Level of Care Breakdown

Inpatient
(IP)

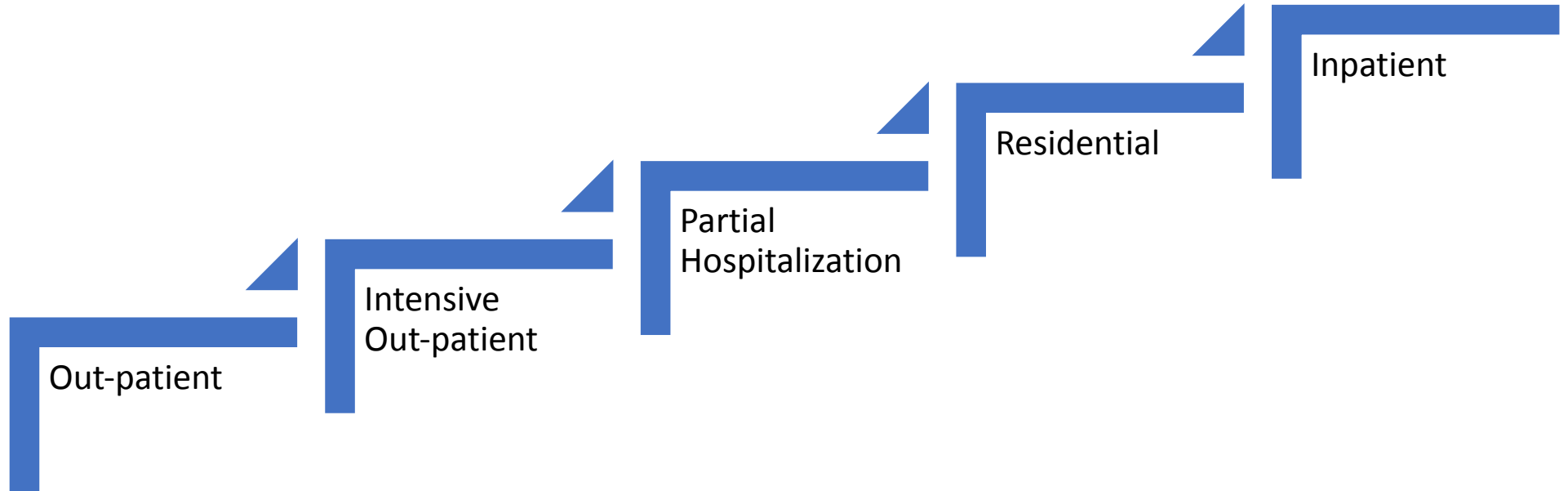
Residential
(RES)

Partial
Hospitalization
(PHP)

Intensive
Out-Patient
(IOP)

Out-Patient
(OP)

It's a Continuum



Factors that Influence Level of Care

Medical
Complications

Safety

Structure

Motivation

Social Support

Level of Care Criteria

Inpatient

- Engaging in food refusal and weight decline
- Medical instability requiring increased monitoring
 - Labs, EKG
 - Daily psychiatry contact
- Safety concerns
- Limited motivation
- Supervision required during all eating periods
- Continuous monitoring required after all eating periods
- Requires 1:1 bathrooms and showers to interrupt engagement in eating disorder behaviors
- EN may be required

Residential

- Medically stable to the extent that daily lab work and EKGs are not necessary
- Motivation fair to poor
- Cooperative in a highly structured environment
- Preoccupied intrusive and repetitive thoughts
- <4-6 hours per day
- Needs supervision during and/or after all eating periods
- Utilization of support from others or utilize skills to help with behavior interruption

Level of Care Criteria

Partial Hospitalization

- Medically stable without the need for extensive medical monitoring
- Partial motivation
- Preoccupied with intrusive, repetitive thoughts
 - > 3 hours per day
- Needs eating support and structure
- Ability to interrupt behaviors in unstructured setting
- Outside social support and structure available in limited capacity

Level of Care Criteria

Intensive Outpatient

- Medically stable without the need for extensive medical monitoring
- Fair motivation
- Self-sufficient
- Adequate outside social support and structure available

Outpatient

- Medically stable without the need for extensive medical monitoring
- Fair to good motivation
- Self-sufficient
- Adequate outside social support and structure available

Nutrition Interventions

- Meal coaching
- Involve family
- Nutrition rehabilitation
- Meal support & monitoring
- Behavior interruption
- Navigation of food rules
- Portioning
- Incorporation of fear and challenging foods



Ozier, A. D., & Henry, B. W. (2011). Position of the American Dietetic Association: nutrition intervention in the treatment of eating disorders. *Journal of the American Dietetic Association*, 111(8), 1236-1241.

Patterson, J., Myers, J. L., Gallagher, E., Hartman, G. R., Lewis, J. B., Royster, C., Easton, E., O'Melia, A. & Rienecke, R. D. (2022). Family-Empowered Treatment in Higher Levels of Care for Adolescent Eating Disorders: The Role of the Registered Dietitian Nutritionist. *Journal of the Academy of Nutrition and Dietetics*.

Role of RD

IP/RES LOC

- Monitors weight trends, vitals, labs related to medical stability
- Develops nutrition rehabilitation and weight recovery plan
- Works with medical team to navigate any secondary medical diagnoses
- Monitors patients' meal plans, menus & overall nutrition progress
- Provides nutrition education groups to patients and caregivers
- Recommendations and adjustments EN when indicated
- Coordinates & Collaborates with multidisciplinary team
- Communicates with out-patient RD

Role of RD

PHP

- Monitor weights, labs, and vital at reduced frequency
- Creates or maintains nutrition rehabilitation and weight recovery plan
- Develops support plan for meal and snack completion outside of program hours
- Provide nutrition counseling and education for patients and caregivers
- Leads nutrition education groups for both adult, C&A patients and Caregivers
- Supports with development and planning of nutrition experientials to practice real world experiences
- Ongoing collaboration with Out-patient RD

Role of RD

IOP

- Serves as a “check-in” person for maintenance of nutrition rehabilitation plan
- Supports with progression and develop of ways to navigate daily environment challenges
- Provides support with advanced nutrition experientials
- Leads nutrition education for patients and caregivers on advanced topics
- Coordination with OP team, may see Pts. opposite weeks from OP team

Role of RD

Out-patient

- Supports with developing a recognizing connections between food intake, emotions & behavioral patterns
 - ED diagnosis
 - Recommendation for higher levels of care
 - Support with further expansion of food flexibility and eating patterns
 - Thinking critically about messages related to food & body image
 - Employing various coping skills to manage urges
 - Further education and support around normalization of eating habits
 - Support with further expansion of food flexibility and eating patterns

Thank You