



Papers by Yellowbrick Leadership

Yellowbrick Eating Disorders Service

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Founder and Executive Medical Director

Yellowbrick’s mission is to provide exceptional and valuable mental health services—general and specialty—to late adolescents, young adults and their families. Integrity, excellence within innovation and a commitment to life-enhancing outcomes are the values that drive the organization. The clinical philosophy emphasizes a respectful partnership with those whom we serve, the uniqueness and dignity of the individual, personal responsibility, and the necessity for honest communication and collaboration. Treatment recommendations derive from comprehensive professional assessment and are offered in an integrated model, which includes neuro-biological, cognitive-behavioral, interpersonal, psychodynamic, executive life skills and community approaches. Services are provided in individual, family, or group formats as indicated at a prescribed level of care.

Assessment

Medical & Nutritional Stabilization

Stabilization of Behavioral Problems

Psychological Treatment & Support

Eating Disorders Group Program

Summary of Eating Disorders Services

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Yellowbrick Eating Disorders Service

Yellowbrick provides an Intensive Outpatient Eating Disorders Program for late adolescents and young adults suffering from Anorexia Nervosa, Bulimia Nervosa, and atypical eating disorder syndromes including some cases of Binge Eating Disorder. Yellowbrick is not a primary weight loss or obesity treatment center though we are skilled at managing weight loss and/or obesity as it presents with other psychiatric conditions. As the Eating Disorders Service is embedded in a psychiatric practice, co-morbid psychiatric disorders and substance abuse in addition to the eating disorder can be addressed and treated within Yellowbrick.

All members of the Yellowbrick team are trained in assessment and treatment of sexual and physical trauma and abuse. Jesse Viner, MD, and Laura Humphrey, PhD, are recognized national experts in eating disorders. Drs. Viner and Humphrey, and senior staff nurse/social worker Pam Tansey, RN, LCSW, each has over 25 years clinical experience with eating disorder patients. Craig Johnson, PhD, Director of Laureate Hospital Eating Disorder program and an international expert on eating disorders, is on the Yellowbrick Board of Advisors.

There are four levels to the Eating Disorders Treatment Service:

- Level 1: The Assessment
- Level 2: Medical and Nutritional Stabilization
- Level 3: Stabilization of Behavioral Problems
- Level 4: Psychological Treatment and Support

Assessment

Patients seeking entrance to the Eating Disorders Service are seen in consultation by a team of senior clinicians in addition to Drs. Viner and Humphrey. For all adolescents and young adults, and occasionally spouses, a collateral family evaluation is conducted by Yellowbrick staff. A baseline nutritional assessment is established by a Registered Dietician. Consultation with the patient's family physician and previous therapist is included. Previous testing and medical records are reviewed as available and psychological testing is performed

as indicated. Patients are required to participate in written assessments evaluating their eating disorder, psychiatric and substance abuse difficulties. Daily journal logs of nutrition, activity and emotional experiences are integrated into the evaluation.

Dr. Viner reviews and integrates the assessments and arrives at a diagnosis and treatment recommendations. These are discussed in a conference involving senior Yellowbrick staff, expert consultants as needed, the patient, and parents/spouse as indicated. Eating disorder, psychiatric and substance abuse diagnoses are presented along with an individualized treatment plan often combining multiple services.

Patients persistently unable to sustain supported meals for which family support is either not available or not indicated are referred to Evanston Northwestern Healthcare's Eating Disorders Day Program. Patients who are medically at risk, in severe denial, chaotically dysregulated, addicted to laxatives or without adequate social/family support are referred to residential treatment centers with follow up by Yellowbrick upon discharge.

Medical & Nutritional Stabilization

Dr. Viner and Dan McDonnell, Yellowbrick Advanced Nurse Practitioner and Coordinator of Health Services, will assume certain aspects of medical evaluation and treatment, while collaborating with the patient's personal physician. Yellowbrick also has a contractual relationship with Cynthia Bartholow, MD, an internist who served as Director of the Evanston Northwestern Healthcare Women's Health Initiative. An initial evaluation includes a physical exam, complete blood count and chemistries/electrolytes, thyroid profile, hormone levels, lipid profile, urine analysis, toxicology screen and bone density scan. Patients who have ceased menstruating and/or demonstrate bone density loss are encouraged to begin calcium and hormone replacement. Patients who have reported vomiting blood are referred for endoscopy. Patients who vomit regularly are referred for dental evaluation.

Recovery is most often enhanced when patients journal their nutrition, activity and emotions. This assists the internalization of mindful connectedness and centering. These are reviewed individually within consultations with the dietitian, and with peers in the Goals and Strategies Dinner Group. Patients are weighed weekly. Weight restoration is defined as 95% of individually determined maintenance weight, as this also is associated with greater enduring recovery as well as improved fertility. Weight restoration is achieved by

collaboratively creating a stable structure for eating, broadening choices for comprehensive constituent nutrients and increasing calories in a challenging but not traumatic experience which builds confidence. Activity plans are formulated and strategies for tolerating disruptive experiences are developed.

Dr. Viner, staff and the patient will determine both goals and the pace to reach them, and minimum weight thresholds. Inability to meet goals and/or trespassing thresholds will trigger a conference within which alternative treatment strategies including referral will be considered. Weight restoration is considered a required yet insufficient component of an enduring recovery. Since lowered weight and nutrition impairs brain function and stimulates anxiety, insomnia and mood instability, weight restoration is required as an active early goal in treatment.

Stabilization of Behavioral Problems

Persistence of behaviors such as restricting nutrition, food avoidance, feeding others, bingeing, vomiting, compulsive exercise, use of laxatives, diuretics and stimulants, social isolation and deception all contribute to sustaining the eating disorder illness. Research demonstrates continuation of these behaviors is correlated with poorer prognosis. Behavioral analysis attempts to identify which behaviors are central to the life of the eating disorder, with the subsequent negotiation of evolving different modes of adaptation which includes modifying existing patterns as well as introducing new strategies that compensate for the functions and satisfactions lost as the eating disorder behaviors are minimized.

Psychological Treatment & Support

Eating disorders represent a maladaptive effort to cope with a troubled emotional life. Each individual's troubles have roots and evolve from their unique genetic, biological, familial and personal contributions. Individual, family and group psychotherapies offer a safe, secure and affirming environment within which there is opportunity for personal reflection, exploration, struggle, and growth. Due to the entrenched, often chronic, presentation of an eating disorder, it is frequently necessary to provide intensive psychotherapy several times a week in multiple formats. Identification of core struggles and the assistance Yellowbrick

enables patients to live through and beyond their struggles, and the deepest assurance of recovery, relapse prevention and the fulfillment of authentic personal ambitions and desires.

Family treatment is often necessary and helpful to prevent complications to the family of the eating disorder patient, support recovery and prevent relapse through addressing troubled family relationships, which interferes with facilitating emerging adult development.

Eating Disorders Group Program

Research has clearly established the powerful value of group therapy for eating disorders. Due to anxiety, shame, the loss of perceived uniqueness and the threat of recovery, many patients struggle with the recommendation for group therapy. Once begun, however, patients come to appreciate the unique support that only peers with similar experience can offer. This often allows for a more honest and deep personal reflection. Patients visualize their eating disorder in action and how it affects relationships and other commitments. Groups offer the opportunity to witness others who have progressed in recovery, thus offering encouragement and hope.

The Eating Disorders Group Program requires a four-month commitment and insists upon absolute confidentiality. Patients may enroll in the Eating Disorders Group Program while receiving treatment services from other professionals in the community.

The Eating Disorders Group Program meets Thursdays in the late afternoon from 3:00-6:00 pm with the following format:

1. Experiential Therapy

Art Therapy and Mind-Body Integration Exercise alternate in sequence every two weeks. These therapies emphasize the importance of accessing emotions through non-verbal experiences and emotionally arousing techniques which focus on the relationship of the body, self and the eating disorder.

2. Peer-Supported Meal

The group eats together with the Registered Dietician. The goal is to have an enjoyable and successful meal experience; socializing, receiving/ offering support as indicated and attempting to enact one's individual food plan goals. Goals from the previous week and the experience of efforts to achieve them are discussed and strategies reviewed.

3. Group Walk / Staff Rounds

4. Interpersonal Group Therapy

This group explores the experiences within oneself and those relationships that contribute to the origin and sustenance of the eating disorder. Patients discuss their relationships both within and outside the group and their feelings about their struggles in treatment.

Parents as Partners Weekend (once per month)

1. Family University

This consists of a presentation and an experiential session with families designed to increase understanding of clinical and developmental issues, roles and relationships, and how to build basic skills of emotional recognition, regulation and expression through enhanced self-awareness and communication skills.

2. Lunch

Socialization and Q & A with Yellowbrick Professional Staff

3. Multiple Parent Group Discussion

This group attempts to utilize the skills focused upon in the earlier Dialectical Behavioral Therapy (DBT) section to discuss family experiences related to the eating disorder within family life.

4. Individual Parent Couple or Family Consultation

5. Snacks with Q & A

6. Sunday Brunch Hosted by Yellowbrick Residents

Summary of Eating Disorders Services

1. Eating Disorder(s) Assessment
2. Medical and Laboratory Assessment
3. Psychiatric and Dual Diagnosis Assessment
4. Psychopharmacology Treatment as Indicated
5. Registered Dietician Assessment and Management
6. 3 ½ hour Group Program: experiential, cognitive-behavioral, interpersonal therapy

7. Individual Psychotherapy
8. Parents as Partners Weekend
9. Parent and/or Family Psychotherapy as Indicated
10. Weight Monitoring
11. Staff Supported Meals
12. Staff Supported Community Activities: grocery shopping, cooking, restaurant dining
13. Activity and Exercise Consultation, Treatment Plan and Coaching

Fees

Yellowbrick has a detailed comprehensive fee policy, available upon request, for your reference. Payment is due in full prior to the initiation of the first four weeks of service. The Eating Disorders Group Program is billed as a per-four-week bundled fee and is due on the first of the next month of service. Individual, family psychiatric and other professional fees are billed at the end of the month based on actual utilization. Yellowbrick requires a credit card be maintained on file that will be utilized if you choose not to pay by check by the first of the month. The Yellowbrick statements are issued monthly and supply all information required by insurers who will reimburse based on the terms of your policy.

The Yellowbrick staff looks forward to the privilege of working with you.

Jesse Viner, MD

Founder & Executive Medical Director