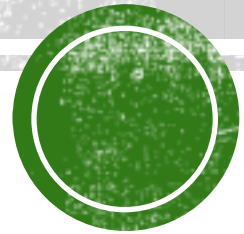
EATING DISORDERS CONSULTATION TEAM at DARTMOUTH COLLEGE

Experience, Challenges, Policies and Pearls

New England College Health Association Annual Conference 2016

November 2, 2016



Introductions

Claudia Zegans, MD

Co-Chair, Eating Disorders Consultation Team at Dartmouth

Staff Physician, Dartmouth College Health Service

Claudette Peck, LCMHC, RD, CSSD, LD

Nutritionist and Mental Health Counselor, Private Practice

Former Co-Chair, Eating Disorders Consultation Team at Dartmouth

Nicole Hill, PsyD

Counselor, University of Connecticut at Hartford Health Service

Former Co-Chair, Eating Disorders Consultation Team at Dartmouth

Elizabeth Larsen, PA

Member, Eating Disorders Consultation Team at Dartmouth

Staff Provider, Dartmouth College Health Service

Why are we here today?

Objective #1:

a. Define the extent and significance of eating disorders among college and university students
b. Identify and discuss treatment modalities for students with eating disorders

Objective #2:

a. Describe the Dartmouth College Eating Disorder Consultation Team: function, composition, logistics, integration with larger campus departments and mission
b. Define the ED Team policies and procedures for medical leave and return from medical leave

Objective #3:

a. Review case studies of students with eating disorders
b. Apply principles of multidisciplinary consultation in discussion with other learners to better understand potential applications in your specific college health care setting

Why focus on the multidisciplinary team?

- Represents standard of care for ED at all levels of treatment
- Facilitates comprehensive assessment and treatment of ED in the college environment
- Supports the needs of the individual student within the institution
- Supports the institution in its challenges to create a “least restrictive environment” for students with eating disorders

Housekeeping

- Handouts
- Access to Slides
- Evaluations and CME
- Future Contact Info for Presenters and ED Team Members
- Questions

Session Overview

1. Brief overview of the current status of eating disorders, both in the college environment and in the larger population
2. Review of the Dartmouth College ED Team
   a) Composition and Mission
   b) Policies and Procedures
   c) How does it work: demo of inner workings of the team
3. Case Based Learning Workshop
4. Review and Panel Discussion

What's new?

- DSM V with revised diagnostic criteria
- BED is "official" diagnosis now
- OSFED
- ARFID
- Recognition of wider range of "disordered eating"
- REDs

General Statistics on Eating Disorders

- Eating Disorders have the highest mortality rate of any mental illness.
- Eating disorders are a daily struggle for 10 million females and 1 million males in the United States.
- Four out of ten individuals have either personally experienced an eating disorder or know someone who has.
- Up to 80% of patients who seek and receive treatment will recover or go into remission.
- Over a lifetime, the following percentages of women and men will experience an eating disorder:

Female Eating Disorder Prevalence Rates

- .9% of women will struggle with anorexia in their lifetime
- 1.5% of women will struggle with bulimia in their lifetime
- 3.5% of women will struggle with binge eating

Male Eating Disorder Statistics

- .3% of men will struggle with anorexia
- .5% of men will struggle with bulimia
- 2% of men will struggle with binge eating disorder

National Stats on AN

- Anorexia Nervosa is the third most chronic illness among adolescents after asthma and obesity.

Anorexia Prevalence

- It is estimated that 1.0% to 4.2% of women have suffered from anorexia in their lifetime.

Anorexia Mortality Rates

- Anorexia has the highest fatality rate of any mental illness.
- It is estimated that 4% of anorexic individuals die from complications of the disease

Access to Anorexia Treatment

- Only one third of individuals struggling with anorexia nervosa in the United States obtain treatment.

National Stats on BN

Bulimia Prevalence

- It is estimated that up to 4% of females in the United States will have bulimia during their lifetime.

Bulimia Mortality Rates

- 3.9% of these bulimic individuals will die.

Access to Bulimia Treatment

- Of those practicing bulimia, only 6% obtain treatment.
- 25% of college-aged women engage in bingeing and purging as a method of managing their weight.

National Stats on BED

Binge Eating Prevalence

- 2.8 % of American adults will struggle with BED during their lifetime. Close to 43% of individuals suffering from Binge Eating Disorder will obtain treatment.

Binge Eating Disorder Mortality Rates

- 5.2% of individuals suffering from eating disorders not otherwise specified, the former diagnosis that BED, among other forms of disordered eating) was included in under the DSM-IV) die from health complications.

Access to Binge Eating Treatment

- Close to 43% of individuals suffering from Binge Eating Disorder will obtain treatment.

College Stats

General

NEDA

4.4 – 5.9 % of teens enter college with preexisting untreated ED

Avg age of onset of AN = 19, of BN = 20, of BED = 25

Longitudinal Study*

AN < 1%

BN range (women) 3.4 – 4.2 %

BED range (women) 2.1 – 5.6 %

EDNOS (women) increased from 14.4 – 26%

Total ED (women) increased from 23.4 to 32.6

Dartmouth

55 freshman?

18 – 22 women with anorexia

81 women with bulimia

103 women with BED

436 women with EDNOS

701 women with some ED

*Disordered Eating and the Use of Unhealthy Weight Control Methods in College Students: 1995, 2002, and 2008
S White, J Reynolds-Malear, E Cordero. *Eating Disorders*, 19:323-334, 2011

What's really going on: Beyond stats and diagnosis

Importance of Team Based Assessments:

- We use a 3-pronged approach (Medical/Psychological/Nutritional)
- More information is gathered and assessed by utilizing multiple disciplines
- Clients form individual relationships with each team member increasing opportunities for therapeutic alliances
- Important that all treatment team members communicate to prevent the potential of splitting
- Explore world of student and how ED is impacting them, identify barriers, triggers, etc.
  - family, academic, athletic, social, extracurriculars

Eating Disorders Consultation Team at Dartmouth

1. History
2. Composition
3. Mission
4. Institutional Structure
5. How We Function
6. Resources
7. Process
8. “Tool Kit”
9. Medical Leave Policy
10. Case Based Example

History

- Formed in 1988
- “Probably” the first college based ED Team in the country
- Has been in continuous existence
- Unique Dartmouth elements as stimulus
- Roles consistent
- Membership varies
- Institutional support

Who's on the team?

Formal Team Members:

Psychotherapy

- Bryant Ford, PhD
- Kristen Hambidge, PsyD

Nutrition

- Shira Evans, MS, RD, CSSD, LD
- KC Wright, MS, RDN, LD

Medical Personnel

- Claudia Zegans, MD
- Elizabeth Larsen, PA

Athletic Trainer

- Meredith Cockerell, MS, ATC

Team Extenders:

- Undergraduate Dean's Office
- DCHS Nursing Staff
- Psychiatry at DCHS
- Community psychotherapists, nutritionists, psychiatrists
- Parents
- Coaches and Athletic Department Administration
- Office of General Counsel
- Office of Residential Life
- Dartmouth Dining Services
- Wellness Center

Mission of the ED Consultation Team

“To motivate students with eating disorders to seek treatment, and to provide consistent and interdisciplinary quality care to students at risk for serious health complications.”

Mission (Functional)

- Direct clinical care for students with formal eating disorder diagnoses, disordered eating, assessment of unexplained weight change, REDs, etc.
- Consultation to both DCHS and community providers
- Case management and coordination of care
- Management of medical leaves
- Support the institutional mandate (community concern reports, advise DOSA groups as well as other Dartmouth departments)
- Education

Collaboration Across Campus

- ED team receives referrals and concerns from many areas of the College, including: Undergraduate Dean's Office, Athletics, Fitness Center, Dining Services, Residential Life, and individual community members
- ED team responds in a variety of ways to these concerns
  - Direct concerns to provider who may be seeing student
  - Send ED services resource letter to student of concern
  - Provide coaching strategies to individuals on how to intervene with student of concern
  - Recommend source of information speak to student's Dean

How do we do it?

- Communication
- Communication
- Communication

- Oh, and documentation too!

- Oh, and humor is okay . . .

- Oh, and it's okay to eat good (and even "fun") foods at an ED Team meeting . . .

How do we do it?

DCHS Factors

- Integrated health service model
- Electronic medical record
- “Protected” vs open information
- Infirmary
- Size of staff
- Expanded PCPM role in mental health care
- “Team” approach
- Alignment in mission

ED Team Factors

- Experience and expertise valued
- Support
- Well-defined roles
- Caseload definition and management
- Bi-weekly meetings
- Resources

Available treatment for enrolled students

- Nutrition counseling (in-house) up to 1x per week
- Nutrition counseling (community) 1-3xs per week $$
- Mental Health counseling (in-house) Maximum of once per week, depending on therapist's availability.
- Mental Health counseling (community) 1-2xs per week $$
- Medical monitoring (in-house) up to 1x per week
- Group support (in-house), if group is running and not closed
- Group support (community) $$
- Supportive eating opportunities (Inpatient Department, Dick's House) during F, W, S terms, not available in summer or interim periods.

- While this is an extensive list of options, it is still an OUTPATIENT LEVEL OF CARE and may not be enough to support the extent of needs of a student struggling with ED behaviors.

What's the process?

- ED Team referral
- Information gathering
- Assessment phase
- Diagnosis?
- Goal setting
- Treatment plan development
- Implementation of plan (scheduling, coordination, compliance, etc)
- Status update
- Cycle of on-going management

What is in our “Tool Kit”?

- Our People!!!! Expertise, and evidence based practice (where possible)

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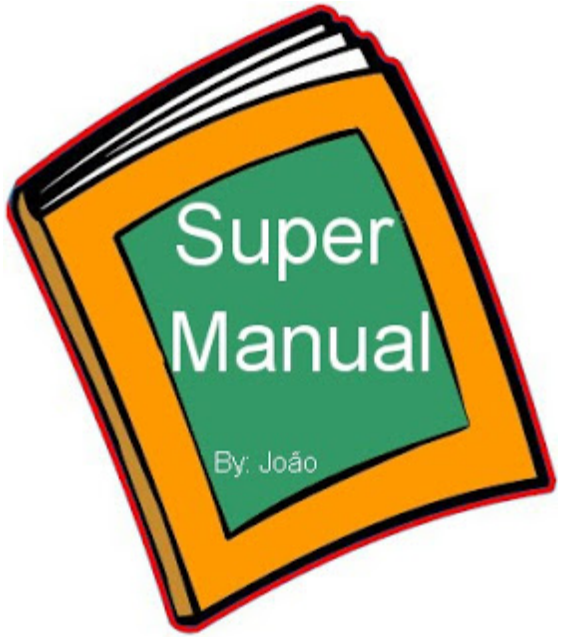

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- **Documentation standards**

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- **Clinical tools (limit setting, treatment contracts, etc)**

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- **Medical leave**

Medical Leave Policy

1. Unique criteria based on risk and medical complications for each diagnosis
2. Assessment of level of severity and risk
3. Level of engagement and compliance
4. Need for higher level of care (beyond what is available at Dartmouth and the Upper Valley)
5. Voluntary vs Involuntary
6. One term treatment trial period
7. Detailed and specific requirements for clearance for return from medical leave

Return from medical leave

Requirements

- Weight goals
- What is “medical stability”
- 3 months minimum prior to applying
- Treatment requirements
- Documentation requirements
- Work/school requirements
- Meet behavior targets and how to confirm?

Process

- Student driven
- Dean’s office
- Submit ALL documentation
- ED Team review
- Treatment provider direct contact
- Preliminary decision rendered
- Readmission interview with student
- Final decision rendered and communicated

Workshop

Workshop Process

- Divide into “teams” by tables
- Dartmouth ED Team mediator at each table
- Presentation of “snippet” of case history
- Team discussion of information and development of strategy and/or action items
- Group discussion of each stage using input from teams
- Move to next “snippet” and repeat process

Workshop Process

Case "Snippet" Processing

- How would your discipline/health service/institution address this?
- Additional information needed?
- How to get additional info? What tools/procedures would you use?
- Risk assessment: how healthy/safe is this student?
- Identify stakeholders

Strategies and Action

- How are decisions for next steps made (consensus vs individual)
- What tools are options at each stage?
- How do you choose which tools to use?
- What specific next steps would your team take?
- What institutional elements need to be involved?
- Document decisions, plans, actions
- What does implementation look like?

NECHA 2016 ED TEAM PRESENTATION

HANDOUTS

TABLE OF CONTENTS

September 20, 2016

ACTION LIST: currently needs active monitoring/changes to treatment plan/further assessment

NAME YR	DX & ISSUES	1ST BMI	PRESENT BMI	CARE TEAM	UPDATE	ACTION
'18 2/11/16	BN	2/16/16 5'5" 120.6 lbs. BMI: 20.1	8/30/16 124.6 lbs. BMI: 20.7	E. Larsen S. Chung KC Wright	Med: Appt with EL on 8/30. Overall improved, min b/p. f/u visit and labs due late September. No appt made yet. Nut: last visit 9/14 B/P end of summer term, working on balance. Psy: Binged two days and purged once. Attributes it to stress. Feels like she has managed her ED well overall. Plan is to follow up Fall 2016. Other: Transfer student. Multiple reports of vomiting from Topliff custodians in Fall 2015 and Winter 2016 terms. CD Darby Wiggins met w/ student, Sarah McKinney of case mgt involved. Treatment contract in effect dated 5/12/16.	Contract will be revised to reflect monthly visits with PCP and weekly with CHD and Nut.
'19 9/20/16	AN-R Osteopenia	9/13/16 5'7" 119 lbs BMI: 18.6 Goal: 125-130 lbs		S. Evans C. Zegans	Med: No appts yet. Nut: wt restoring, vitamin D + Ca supps, eliminating exercise, awareness to challenges of wt restoration at this LOC Psy:, weekly F/U	Supposed to schedule w/ Dr. Zegans, Confirm therapist in the community, need ROI Records from OP ROI for parents, dean?
'18 7/8/16	Anorexia, restrictive	7/8/2016 5'3" 92.8 lbs BMI: 16.4	9/15/16 96.8 lbs BMI: 17.1	V. Brack KC Wright S. Chung	Med: visits with VB on 9/15, has f/u sched for 9/22. h/o intermittent orthostasis, hypotension, ketosis and academia, elevated amylase, etc.	Medical leave recommended to student on 8/18 prompted by wt

			9/6/16 95.6 lbs (at home) 8/29/16 93.6 lbs BMI: 16.6 8/26/16 94.8 lbs BMI: 16.8 8/18/16 91.8 lbs BMI: 16.3 8/3/2016 95.2 lbs BMI: 16.9 7/21/2016 5'3" 94 lbs BMI: 16.6		Initially non-compliant with exercise restrictions, but then no exercise for 3 weeks at end of Summer Term. Treatment contract introduced on 8/12, terms reviewed verbally in phone call on 8/15. Student lost weight by 8/17 despite contract terms. Nut: Recent appt. 8/24. Reviewed hx of restriction. Presented crude food records. Believes wt loss at Dartmouth College is attributed to poor food choices and quality. Psy: Session focused on student's confusion about contract vs. medical leave. Informed her therapist that she wants to gain wt. Conflict is over how that happens. Other: Dean Kelly McConnell involved, ROI in place. Student non compliant with Dean. ROI for parents signed. Email communication with mother on 8/14; response received 8/26. Student and parents deny diagnosis of anorexia.	loss to lowest level. Refused by student. Treatment contract presented verbally on 8/12 and 15. Student received written contract 8/23. Has declined to sign contract. Minimum weight 94 pounds for on-campus status. Exercise restrictions? Reinforce terms of treatment contract in place. No nutrition or CHD appts for Fall term. Goal weight 102 (was prematriculation weight) 102 = BMI of 18.1 110 = BMI of 19.5 IBW = 115 102 = 88% of IBW

PRECONTEMPLATION/CONTEMPLATION: suboptimal treatment; monitor for opportunities or new concerns

A

NAME YR	DX & ISSUES	1ST BMI	PRESENT BMI	CARE TEAM	UPDATE	ACTION

MAINTENANCE: engaged in appropriate level of care and has reached stability; maintain on this list for 1 year at most

NAME YR	DX & ISSUES	1ST BMI	PRESENT BMI	CARE TEAM	UPDATE	ACTION
'17 4/17/15	AN? ARFID Rumination Depression Anxiety	5/7/15 5'8" 94.2 lbs. BMI: 14.3	8/2/16 126.8 lbs BMI: 19.3 5/19/16 5'8" 132 lbs. BMI: 20.1 3/9/16 138 lbs (CP)	C. Zegans C. Peck G. Frankel Dr. Sims	Med: saw CZ on 8/2, labs ordered, no appt made for blood draw. Rumination continues, several times daily, only vomiting once a week. Binges once a week. Denies restriction. GI consult in June. Nut: No visits with CP this summer. Psy: No visits with GF this summer. Depression and anxiety meds by Dr. Sims at home (phone visits every 6 weeks or so) Other: medical leave effective Spring 2015, return from leave for Winter 2016.	Need GI records Stud entto schedule with GF student to get labs drawn Send reminder for f/u appt with CZ Treatment recommendations going forward?

OFF-CAMPUS: on off-term, away term or medical leave

NAME YR	DX & ISSUES	LAST BMI	CARE TEAM	UPDATE	ACTION	DATE OF RETURN
'18 7/7/16	Anorexia with purge Acute food refusal	7/7/16 5'6.25" 130.6 lbs BMI: 20.9	S. Chung C. Zegans	MLOA effective 7/8/16. Admitted to Walden Behavioral health after stabilization at DHMC inpatient. Signed med leave letter completed and scanned into PNC chart. Dean McConnell received copy.		??
'18 5/24/16	Bulimia Depression Anxiety	5/19/2016 5'9.25" 152.4 lbs BMI: 22.3	G. Frankel M. Hiatt		MLOA effective Spring 2016 term.	??
'18 9/4/14	AN	3/12/15 5'5.75" 98.4 lbs. BMI: 16.0	C. Zegans V. Brack C. Peck	MLOA effective Spring 2015 term. Dean Clemens denied student readmission for Fall 2015 term. Denied medical clearance for Winter 2016, Summer 2016, Fall 2016 due to lack of progress toward weight goals/stability. 8/18/16: conference call between , her mother, K. Clemens, B. Ford and CZ. Med leave policy confirmed, requirements for readmission	K. Clemens advised that recent email from mother was copied to lawyer; referred to K. O'Leary in OGC. Recent email to B. Ford on 8/8 to request meeting. Left message for therapist to call B. Ford on 8/26. No response to date.	??

SAMPLE RESOURCE LETTER

Date

Dear Student's Name,

Your name recently came to the attention of the Eating Disorder Consultation Team here at Dartmouth College. We are a multi-disciplinary team of health professionals who specialize in the treatment of eating disorders. Dick's House providers frequently consult with us to determine the best treatment recommendations for students who are struggling with eating concerns. We are concerned that, if you decide not to pursue treatment, your health and your Dartmouth experience may be negatively impacted. As such, we want to inform you of resources available to you both on and off campus. Difficulties with eating begin for a variety of reasons, but intervention and professional guidance has been found to be very effective. We hope you take advantage of the services and support available to you.

At Dick's House, we have a team of psychologists, psychiatrists, nurse practitioners, physician assistants, athletic trainers, an endocrinologist, and two nutritionists to provide education, treatment, support, and evaluation. In addition to individual appointments, therapy groups are available for students with problems related to eating concerns. All visits are confidential. To make an appointment with the nutritionist or an individual counselor, call (603) 646-9442. To make an appointment with a medical provider, call (603) 646-9401. If you have met with a provider, but did not believe it was a "good fit," please consider meeting with a different provider.

If you prefer to find help in the larger community, you can call Dartmouth-Hitchcock Medical Center at (603) 650-5000 to access care through their facilities. There are also many skilled private practitioners in this area. If you prefer to seek help off-campus, we can help you with a referral.

Please feel free to contact me if you have questions or concerns.

Sincerely,

Co-chair Eating Disorder Team Co-chair Eating Disorder Team

SAMPLE INCOMING STUDENT LETTER

Hello Students, Parents, and Providers,

Thank you for contacting the Eating Disorder Consultation Team at Dartmouth College. Our mission is to motivate students with eating disorders to seek and/or continue treatment, and to provide consistent and interdisciplinary quality care to students at risk for serious health complications. Our team meets twice a month to review clinical cases. The team frequently receives feedback and concerns about students from parents, treatment providers, and various members of the campus community, including roommates, teammates, coaches, athletic trainers, professors, Dining Services, Safety & Security, and the Undergraduate Dean's Office. Based on the level of concern for the student, the ED Consultation Team, in conjunction with the student's treatment team, will make recommendations regarding the student's treatment, as well as his/her participation in academic, social, and/or athletic activities. Furthermore, when warranted, recommendations and support for medical withdrawal from the college are offered.

At this time, our goal is to facilitate the transition of care from your home treatment team to ours as effectively as possible for the upcoming Fall term. To this end, we request the following information:

- Documentation of height, weight, and BMI's over the last year
- Documentation of highest and lowest weights, as well as an ideal weight range
- Documentation of recent labwork/blood tests
- Documentation of recent vitals (heart rate, blood pressure, body temperature)
- Documentation of any current medications
- Documentation of menstruation history
- Documentation of any DEXA scans

In addition to this medical data, we would appreciate a treatment summary from your dietician (if applicable) and from your psychologist/therapist. Therapists-please include the length and frequency of treatment, the treatment modality, and any ongoing treatment recommendations for the Fall term. Also, please indicate whether or not this student has been hospitalized or if she has engaged in residential/inpatient treatment. Lastly, please discuss your team's plans, if any, for your involvement in the ongoing care of this student. For example, please indicate if any providers from your home treatment team will continue to have phone/Skype appointments, or if you plan to fully turnover all aspects of treatment to providers in the Dartmouth College Health Service.
Please ensure that all necessary releases of information have been signed by the student and/or parents to allow for open and ongoing communication between your treatment providers and the ED Consultation Team. All documentation can be mailed or faxed to the health service at:

Dartmouth College Health Service
Dick Hall's House
7 Rope Ferry Road
Hanover, NH 03755
Phone: 603-646-9442
Fax: 603-646-9410

Once our team has reviewed all of these materials, we will contact you to discuss treatment recommendations and plans, including the implementation of any treatment contracts. Please feel free to contact XXX with additional questions or concerns throughout this process. Thank you upfront for your cooperation and support.

Sincerely,

Co-Chair Eating Disorder Consultation Team

Dartmouth College Health Service
7 Rope Ferry Road
Hanover, NH 03755
Phone 603/646-9400 – Fax 603/646-9410

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

General Information Regarding This Authorization

This Authorization permits the Dartmouth College Health Service (the "Health Service") to use or disclosure your Protected Health Information for purposes other than your treatment, payment to the Health Service or the health care operations of the Health Service. You have the right to revoke this Authorization by providing the Health Service with written notice of revocation. The revocation will be effective upon receipt by the Health Service except with respect to uses or disclosures made prior to receipt and in reliance upon this Authorization.

The Health Service cannot require you to sign this authorization as a condition to the provisions of services.

Once the requested information is disclosed pursuant to this Authorization, the Health Service will no longer have control over the information and there is a potential for it to be re-disclosed by the recipient and will no longer be protected by the privacy rules under the Health Insurance Portability and Accountability Act.

Authorization – All sections of this form must be filled out completely or it will not be accepted.

1. I hereby authorize the Health Service or any of its staff to use or to disclose, by US mail or fax, my Protected Health Information (which may include information concerning treatment for **drug/alcohol abuse, mental health, HIV status, or genetic testing records**, if applicable) as noted below:

   [] Lab results **only** dated: _____ **[]** HIV results **only** dated: _____

   [] X-ray results **only** dated: _____ **[]** Immunization Records

   [] Outpatient treatment dated: _____
   (*Unless otherwise specified, disclosure includes nursing and provider notes, DHMC ER/Referral notes, x-ray and lab results, patient forms, secure message communications and all medical history presented to the Health Service.)*

   [] Inpatient treatment dated: _____
   (*Unless otherwise specified, disclosure includes nursing and provider notes, DHMC ER/Referral notes, x-ray and lab results, patient forms, secure message communications and all medical history presented to the Health Service.)*

   Other: _____

2. To the following persons or class of persons.

   _____
   Name Street Address City

   _____
   State Zip code Phone Fax

3. The Purpose of this requested use or disclosure is: _____

- I understand that there is processing and copy fee of $15 for my medical records (copies of immunization records are provided at no cost).
- I understand that this authorization will expire one year from the date of this authorization unless I otherwise specify (exp. on __/__/____)

_____
Signature of Patient or Legal Representative Date Signed

_____
Print Patient Name Date of Birth Graduation Year

_____
Print Name of Legal Representative (if applicable) Relationship to Patient

Dartmouth College HANOVER • NEW HAMPSHIRE • 03755
Health Service • Dick Hall's House • TELEPHONE: (603) 646-9442

Dear,

The Eating Disorder Consultation Team is very concerned that your low body weight may be affecting your health. We would like to take this time to provide you with some specific guidelines that we are recommending in order for you to move forward in achieving optimal health, recovery from your eating disorder, as well as resumption of your menstrual cycle[insert other health concerns or behaviors here]. We reviewed your height and weight recordings, and found that on [Insert date] your height was [X], and your weight was [X] pounds, which corresponds with a BMI of [X], and a weight percentage of [X]% of your ideal body weight (IBW).]

The Eating Disorder Team has found that when students engage in aggressive intervention, they have greater success in obtaining optimal health. Additionally, research supports that the closer a client can get back to their ideal body weight, the less likely they are to relapse. Therefore, the Eating Disorder Team is recommending some short-term and long-term goals.

1. The Team has set [x] pounds, a BMI of [X], or ~90%IBW, as a short term goal for you to achieve by the beginning of [insert date]. Long-term weight goals for relapse prevention would indicate a goal weight of greater than 95%IBW or >[X] pounds.
2. We expect that you will be able to gain this weight progressively, and be able to maintain this weight during the term. If you lose weight, or are unable to gain weight, we will recommend that you may need to further intensify your treatment.
3. We recommend that you meet with providers regularly. We recommend that you continue meeting with [x] with frequency to be determined. We also recommend you being counseling and nutrition therapy to help support your recovery.
4. We recommend that you [**weigh in every other week]**. These weigh-ins can occur with either[x], or with one of our nurses in the inpatient department at Dick's House.

If you lose weight, or are unable to gain weight progressively throughout the term, then this may indicate that your eating issues require more intensive treatment than what you are currently getting. If this is determined to be true, the Eating Disorder Team may recommend you consider taking a medical leave. This recommendation would be made to your Dean if:

- you are unable to gain weight to meet the minimum goal
- your body weight drops below the minimum weight for two consecutive weekly weigh-ins
- you do not show for weigh-ins, and your appointments.
- you do not follow medical advice, particularly as outlined above

We are hopeful that these guidelines will provide the structure you need to successfully move forward in your recovery process.

Please feel free to contact us with any questions or concerns.

Sincerely,

Co-chair, Eating Disorder Team Co Chair, Eating Disorder Team

I am signing that I have read and acknowledge what treatment recommendations are being made regarding my care.

Student Signature_____
Date_____

Dartmouth College HANOVER • NEW HAMPSHIRE • 03755
Counseling & Human Development • Health Service • Dick Hall's House •
(603) 646-9442

DearXX,

The Heath Service's Eating Disorders Team is very concerned that your eating disorder is seriously affecting your health based on your low body weight, amenorrhea, and abnormal lab values. The Eating Disorders Team has reviewed your medical records, and has outlined the following recommendations for you.

1. We recommend interdisciplinary treatment, including nutrition counseling, psychotherapy, and medical monitoring,

2. Medical monitoring may include any of the following: bone density scans, blood pressure, glucose monitoring, temperature checks, hepatic, renal and cardiac status, metabolic function, hormone studies, and electrolyte function. We recommend medical monitoring visits with Dr. XX every 2 weeks, or otherwise indicated by Dr. XX

3. If your lab results, cardiac status, electrolyte stability, or other indicators of health reveal that your status is declining, then the team may recommend limiting your participation in athletics as well as recommending a more intensive approach to treatment.

4. We recommend nutritional counseling every 2 weeks with XX to support nutritional improvement and assist you toward your goal of weight restoration for menstruation.

5. We recommend psychotherapy weekly. Once you have established a relationship with a therapist, you will need to sign a release of information allowing your Dartmouth college treatment team to have communication with your therapist.

   We believe these recommendations will be a helpful guide to

Please feel free to contact either one of us with any questions or concerns.

Sincerely,

Dartmouth College HANOVER • NEW HAMPSHIRE • 03755
Health Service • Dick Hall's House • TELEPHONE: (603) 646-9442

Eating Disorder Consultation Team
Treatment Contract

The Eating Disorder Consultation Team is very concerned that your low body weight, as identified by yourself and your medical providers here at the Dartmouth College Health Service, is negatively affecting your health and making it difficult for you to maintain stability while you are enrolled here at Dartmouth College. Your extreme low weight was first identified in late October of 2014 during a visit with Elizabeth Larsen, PA. Ms. Larsen recommended a nutrition evaluation to help address your underweight condition, but you did not follow through with this recommendation. One year later, Ms. Larsen noted your very low weight again during a travel consult for your trip to Nicaragua. Your weight was a potential barrier to your being able to travel in a safe manner, but your medical evaluation showed only a couple of minor abnormalities (low estrogen and low white blood cell count), so you were given medical clearance to complete the trip.

As you disclosed to Ms. Larsen during your most recent visit to Dick's House on 3/28/16, you did indeed lose weight on that trip, and continued to struggle with maintaining your weight while engaged in an internship this past Winter term. Thus, you reportedly sought care from a physician and nutritionist at home at the insistence of your parents. Your estrogen continues to be low, and you have remained amenorrheic for the past 4 years. Your nutritionist from home recommended an initial intake increase to 2000 – 2500 calories per day. It is unclear from your report how successful you have been at meeting this target.

Upon your return to Dartmouth this Spring 2016 term, you have taken the initiative to meet with both Elizabeth Larsen in PCPM and KC Wright in nutrition. You have expressed an understanding that your extreme low weight is not healthy, and a desire to achieve a healthier weight range. Your reported intake is inadequate for weight restoration or maintenance. You acknowledge that eating and self-care is not a priority for you, as you report being very busy with academic demands and extracurricular activities. While it is encouraging that you were able to regain some weight over the Winter term (approximately 8 pounds by your estimate), you also report experiencing many challenges with weight restoration (abdominal discomfort, stress regarding eating and certain food choices, and negative thoughts and feelings).

Your providers here at Dick's House and the ED Team have significant concerns about your ability to maintain the increased intake required for weight restoration

while living and studying independently here at Dartmouth. You have recognized the importance of gaining weight, achieving normalization of labs and vitals, and resuming your menses, and have expressed a desire to achieve these goals. Thus, the ED Team is recommending this treatment contract as a higher-level intervention to help you reach a healthy and stable state.

The Eating Disorder Team has found that when students engage in aggressive intervention, with clear goals and guidelines, they have greater success in obtaining optimal health. Additionally, research supports that the closer a client can get back to their ideal body weight, the less likely they are to relapse. Therefore, the Eating Disorder Team is recommending the following treatment goals:

- The team has set a preliminary goal weight of 115 pounds, a BMI of 19.7, or approximately 93% of ideal body weight (IBW). We expect you to gain a minimum of 1 pound per week toward this goal. If you miss your weight gain target for one week, you will have one week to show weight gain, and should meet the 2 week target of a two pound gain. Not showing for appointments is considered not gaining weight for that week. Two consecutive weeks of not gaining weight would indicate to us that you need more support than we can provide for you, and we may recommend referral to a higher level of care.
- We require that your bloodwork and other medical testing return to the normal range by the end of Spring Term 2016.
- We require your vital signs continue to be within normal range, and that you show no orthostatic changes by the end of Spring Term 2016.

We recommend the following treatment plan to help you achieve these goals:

1. Weekly meetings with Elizabeth Larsen, PA, or other medical provider if she is unavailable, to monitor weight, vitals, and other related assessments. You are expected to comply with any medical recommendations made during these visits.
2. Schedule a counseling intake evaluation with Nicole Hill, Psy.D., or another Dick's House counselor if Dr. Hill is not available. You are expected to follow the treatment recommendations made during this evaluation, including the frequency of therapy sessions. We recognize that you have a strong preference to not engage in counseling at this time. Evidence shows that treatment with a multidisciplinary team including a medical provider, a nutritionist, and a psychotherapist is most effective, particularly in the outpatient environment; the ED team emphasizes that we recommend you initiate and engage in counseling. However, we will waive this as a requirement for treatment for you at this time, as long as you are able to comply with the other terms of this contract (weight gain, attendance at visits, etc).

3. Weekly meetings with KC Wright, RD, or other designated nutritionist, to seek support in meal planning and increased accountability of intake.
4. Non-compliance with recommended provider visits, lab work or other recommended testing will be considered a cause for significant concern. Repeated non-compliance (more than 2 instances) may lead to a recommendation for medical leave to obtain more intensive treatment.
5. Open communication among you and all your providers is essential for coordination of care, and to best support you in your goals. Your providers at the Dartmouth College Health Service will share information about your progress and make collective recommendations to you for treatment. The ED Team will continue to monitor your progress and consult with your clinical care team as needed. If you decide to utilize providers outside of the DCHS, we require that you have active Release of Medical Information documents for all of these providers on file at Dick's House.
6. These goals and treatment plans will be evaluated on an ongoing basis, with input from you, your providers, and the ED Team. Recommended adjustments in weight goals, visit frequency, and/or provider designation may be implemented during the course of this contract. The contract may be formally amended/updated at the end of the term in which changes were made.

We are hopeful that these guidelines will provide the clarity, structure and level of support you need to successfully move forward in your recovery process, achieve your Dartmouth goals, and sustain lasting positive health outcomes.

Please feel free to contact us with any questions or concerns.

Sincerely,

Claudia Zegans, MD
Co-chair, Eating Disorder Team

Nicole Hill, Psy.D.
Co-chair, Eating Disorder Team

By signing below I acknowledge that I have read and understand this agreement.

Student Signature: _____ Date:_____

Since the Fall 2015 term, you have been struggling with excessive exercising, restrictive eating, and purging, for which you began receiving aggressive support from the Dartmouth College Health Service, as well as the athletic department, starting this Winter 2016 term. Over the course of the year, your weight has continued to decline. As a result, you were restricted from participation in your sport this Spring 2016. Despite these intensive interventions, you continue to struggle with both your eating disorder and your mood. In collaboration with your treatment team, the Eating Disorder Consultation Team is recommending that you engage in more intensive treatment this summer so you can return to Dartmouth in a physically and mentally healthier state. We are concerned that, without additional treatment, your athletic participation and your enrollment at Dartmouth during the Fall 2016 term might be compromised.

We recommend the following goals and specific treatment plan for Summer, 2016:

<u>Goals:</u>

1. Weight restoration:
   We recommend that you achieve weight restoration to a minimum of 160 pounds: the weight at which you matriculated at Dartmouth. This goal weight may be modified based on the recommendations of your treatment team, as you progress through the summer.
2. Vital sign results:
   Your vital signs need to be within the normal range, including orthostatic vital signs.
3. Medical Testing:
   Blood testing (including CBC, metabolic profile, magnesium, phosphorus, and amylase) should be within normal limits. An EKG should be performed, and should be normal.
4. Exercise/Athletic Training:
   Until you begin your treatment program, we recommend you continue to limit your athletic participation. We recommend that you exercise no more than 3 times a week for no more than 45 minutes at a time.

<u>Treatment Plan:</u>

1. Level of Care:
   To achieve these goals rapidly and provide the opportunity for clinical stabilization, we recommend you enter a treatment program at the partial hospitalization program (PHP) level, or equivalent available to you in the UK.
2. Outpatient Care:
   After completion of the PHP program, we recommend that you step-down into an appropriate level of care as determined by your treatment team. At a minimum, we recommend you maintain an outpatient treatment program, which should include regular meetings with a medical provider, nutrition counseling, and psychotherapy. The

frequency of these visits should be determined by your treatment team in accordance with your health status on completion of the PHP.

3. Transition:
   The Eating Disorder Consultation Team, your direct clinical providers at the DCHS, and your athletic trainers will remain available to you and your treatment team during the summer if questions or concerns arise. We would like to hear from you by mid-August regarding your progress and your ongoing treatment needs so we can create a supportive treatment team and plan to support your return to campus for the Fall 2016 term. We encourage you to sign a release of information with your health care providers so we can exchange information with them to assist in a smooth transition back to Dartmouth.

We hope these recommendations prove useful to you in planning for this coming summer, and we wish you luck in your recovery.

Sincerely,

Claudia Zegans, MD

Co-Chair, Eating Disorders Consultation Team

Dartmouth College Health Service

Dartmouth College HANOVER • NEW HAMPSHIRE • 03755
Counseling & Human Development • Health Service • Dick Hall's House •
• (603) 646-9442

Counseling and Human Development
Dartmouth College

Eating Disorders Consultation Team
Medical Leave Letter

I am writing to outline the circumstances that led to our recommending a medical withdrawal to obtain a higher level of care to address your severe anorexia. This letter will also review the steps for you to take in order to receive medical clearance to return to Dartmouth College. **The vast majority of students who take medical leaves, return to Dartmouth and successfully complete their degrees**.

The Eating Disorder Consultation Team has been very concerned that your low body weight, as identified by yourself and your medical providers here at the Dartmouth College Health Service, is negatively affecting your health and making it difficult for you to maintain stability while you are enrolled here at Dartmouth College. Your extreme low weight was first identified in late October of 2014 during a visit with Elizabeth Larsen, PA. Ms. Larsen recommended a nutrition evaluation to help address your underweight condition, but you did not follow through with this recommendation. One year later, Ms. Larsen noted your very low weight again during a travel consult for your trip to Nicaragua. Your weight was a potential barrier to your being able to travel in a safe manner, but your medical evaluation showed only a couple of minor abnormalities (low estrogen and low white blood cell count), so you were given medical clearance to complete the trip.

As you disclosed to Ms. Larsen during a visit to Dick's House on 3/28/16, you did indeed lose weight on that trip, and continued to struggle with maintaining your weight while engaged in an internship during Winter Term 2016. Thus, you reportedly sought care from a physician and nutritionist at home at the insistence of your parents. Your estrogen continued to be low, and you have remained amenorrheic for the past 4 years.

Upon your return to Dartmouth in Spring Term 2016, you took the initiative to meet with both Elizabeth Larsen in PCPM and KC Wright, RD, in nutrition. You expressed an understanding that your extreme low weight is not healthy, and a desire to achieve a healthier weight range. Your reported intake was noted to be inadequate for weight restoration or maintenance. You acknowledged that eating and self-care is not a priority for you, as you report being very busy with academic demands and extracurricular activities. While you were able to regain some weight over the Winter term (approximately 8 pounds by your estimate), you also reported experiencing many challenges with weight restoration (abdominal discomfort, stress regarding eating and certain food choices, and negative thoughts and feelings).

You were offered intensive outpatient support through the Dartmouth College Health Service in the form of medical, nutrition and psychological services for Spring Term 2016. Due to your history of high risk weight loss, and minor lab abnormalities, the ED Team

provided additional support to you in the form of a treatment contract. You chose not to engage in counseling services, but you did engage in medical and nutrition services. However, you were not able to comply fully with the terms of the treatment contract, struggling to find time for the required provider visits, and unable to sustain the required weight gain.

Due to your inability to enter recovery from your anorexia with the maximal support available here at Dartmouth, the ED Team recommended that you alter your summer plan and enter treatment. The ED Team drafted and presented to you a set of expectations and required outcomes for you to meet during the summer. You acknowledged and agreed to the detailed requirements for return to Dartmouth for Fall Term 2016, including a minimum weight of 110 pounds, normal vital signs, normal laboratory and EKG results, and a comprehensive medical exam and assessment to determine medical clearance to return to Dartmouth. You chose to attend your planned program in Thailand, and stated confidence that with access to Asian food there your intake would improve and you would comply with these requirements.

We received no communication from you over the summer, or in the weeks leading up to the start of Fall Term 2016. E. Larsen reached out to you to request the required documentation on September 1, 2016. You had completed bloodwork and an EKG on 8/29/16, which were ordered by a doctor at home, but you did not have sufficient time to complete a face to face visit with your doctor. Your bloodwork from 8/29/16 showed low blood sugar and an elevated amylase. Your EKG showed a prolonged QT interval, which is a potentially dangerous abnormality, and one that can be caused by extreme low weight. You were being weighed by your parents at home prior to your return to Dartmouth; despite your parents recognizing that you were well below your required minimum weight, and despite the fact that you did not comply with the required physician evaluation, you made the choice to return to Dartmouth.

You were seen by E. Larsen on 9/12/16. Your weight at that time was well below the required minimum weight, and represents a BMI of 16.2, the same very low and extremely concerning BMI you presented with in Fall of 2015. Your vital signs and EKG here were normal, and your labs showed acidemia and an elevated amylase. However, your parents state that you had been actively gaining weight in the days prior to your return, at their strong insistence, implying that your weight at home in the short time after your return from Thailand was significantly lower that your weight on 9/12.

Given the severity of your anorexia and inability to meaningfully engage in treatment at the intensive outpatient level the DCHS can offer, and your history of high risk weight loss behaviors under stress, the ED Team is recommending that you take a medical withdrawal from Dartmouth to engage in a higher level of care. Additionally, your recent abnormal EKG and ongoing evasive behaviors place you at high risk for an adverse medical event, such as a cardiac arrhythmia, hypoglycemia, or other metabolic disarray. Hence, this recommendation for medical leave is based also on our high level of concern for your health and safety.

It is important that during your medical withdrawal you get involved in treatment as quickly as possible in order to bring yourself to a healthier and more stable state. The ED Team is recommending a minimum of a RESIDENTIAL level of care for your initial treatment. We can assist you in identifying programs in your area and provide information as needed during the intake process. Ultimate acceptance into an eating disorders treatment program is up to the program and will be impacted by your insurance coverage as well.

With this in mind the following are steps for you to take in order to ensure your return to Dartmouth:

- Before returning to Dartmouth College, you will be required to increase your Body Mass Index to at least 19.5, which corresponds to a minimum weight of 115 pounds. You need to be able to maintain this weight for at least a three-month period of time *prior to applying for readmission*. Once you have achieved the body weight agreed upon by your treatment team, you will need to demonstrate stability of this weight while working in an out-patient setting. Other medical symptoms associated with anorexia must also be evaluated for medical clearance prior to your return. Determination for medical clearance is under the discretion of Dartmouth College medical personnel.

- Medical Parameters: your vital signs (including orthostatic vital sign measurements), laboratory values, and EKG must be within the normal range and stable for at least a three-month period of time prior to applying for readmission.

- We recommend that you seek treatment at a minimum of residential level of care at a facility that is equipped with medical, nutritional, and psychological professionals to assist in the refeeding process and provide adequate monitoring and support during your weight restoration.

- Upon completion of your residential treatment program, we recommend you step-down into a Partial Hospitalization Program (PHP), followed by an Intensive Outpatient Program (IOP), consisting of illness-specific treatment for at least four hours per day, at least three days per week for at least two consecutive weeks until symptoms are stable or in remission.

- Once your treatment team has transitioned you into an outpatient level of care, you need to obtain outpatient psychotherapy on an intensive basis, meaning that the sessions should occur at least weekly and should continue until you and your therapist are convinced that your symptoms will no longer interfere with your academic progress or ability to function at Dartmouth. Counseling should be obtained from a qualified psychiatrist, psychologist, licensed clinical mental health counselor, or licensed clinical social worker with expertise in your area of difficulties. This professional should not be a relative or friend of the family.

- We recommend that you seek a Psychiatric Medication Evaluation by a psychiatrist and follow-up as recommended to address your significant anxiety and distress. The psychiatrist should not be a friend of the family.

- Continuation of psychiatric medications. Monitoring and adjustments of medications should occur through regular office visits with a qualified psychiatrist, psychiatric physician assistant, psychiatric nurse practitioner, internist, or family physician.

• During your outpatient phase of treatment, you should also engage in nutrition counseling. The frequency of this counseling will be determined by your local team, but we recommend it to occur at least twice monthly.

• You must remain under the care of a medical provider during your outpatient treatment phase. You must comply with any recommendations for medical testing and evaluation, as well as any treatments deemed necessary for your health and medical recovery.

• In addition, once you reach an outpatient level of care during your time away, you should take an academic course or get a job.

- If you choose to take a course at a local college or university this does not constitute permission for taking courses for credit. Students must receive prior permission from the Registrar and the relevant academic department in order to receive credit for courses taken while away from Dartmouth. First year students are not eligible to transfer credits.

- If you choose to get a job/volunteer position while you are away it should be for at least 2 months and at a minimum of 15 hours per week. This will help you with issues around time management, attendance, follow-though, and working with others.

Please have your treatment providers contact us as soon as you begin treatment so that we can assist in the transition of care and answer any questions they may have about how medical leaves work.

When medical withdrawals are granted by the Undergraduate Dean's Office, they are granted for an indefinite time period. In other words, you can be on a medical withdrawal for any length of time. **In general, we recommend that students are feeling better for at least a few months before beginning the process of returning to Dartmouth.**

If you have questions or need help with referrals to providers, please let us know. Should you and your treatment provider(s) feel that different or additional treatment approaches would be more appropriate, please call us to discuss them.

Whenever our office recommends a medical withdrawal, the Undergraduate Dean's Office requires us to issue a medical clearance before a student can be considered for re-enrollment at Dartmouth. The final decision regarding readmission rests with the Dean of the College's Office. When you feel you are ready to come back, you will need to undertake the following steps in order to initiate the clearance process:

• Contact the Dean of the College's Office and obtain the appropriate forms.

• Have your treatment provider(s) send us detailed letters documenting the difficulties that you initially presented, the frequency of your meetings, the course of your treatment, your progress on the issues, copies of all testing done and observations on whether s/he feels you are ready to return to the academic and social environment of Dartmouth College. Please advise your treatment provider(s) that brief letters are generally not sufficient for our purposes and that we will need to have detailed information.

- Have your treatment provider(s) send us documentation that your weight, vitals, and bloodwork have been stable over a period of at least three months.

- If you take a class, please have a transcript sent from the college where you have taken courses during your time off. Also, please arrange for one of your professors to send a letter regarding your classroom and academic performance during your time away.

- Please arrange for your work or volunteer supervisor to send a letter regarding your performance and quality of work during your time away. The letter should be on company stationery.

Please call our office manager after you have made these arrangements to make sure that we have received these materials. You will need to check back with us again after we have received all of the above information so that you can arrange to come to Hanover to have a personal interview, or a phone interview if you live a distance away. At that time, either I or another member of our staff will visit with you to assess in person your readiness to benefit fully from a residential college experience. *Please note that in light of housing and administrative issues, it may take several weeks to process your readmission. Therefore, gathering and supplying information as soon as available is most helpful.* ***We would advise that you initiate this process several months in advance of your intended return date.***

During the readmission interview we may also discuss treatment planning for your return to campus. Please know that our Eating Disorder Consultation team will continue to monitor your transition back to school by providing direct service or communicating with your community treatment providers for at least your first term back. We ask that you meet with members of your Dartmouth/Hanover treatment team within the first two weeks of your return to campus.

This plan may sound complicated right now, but it is really designed to ensure that you obtain the help that you need. We tailor these recommendations to meet the specific treatment needs of each individual student. However, if during your time away, you feel that alternatives other than those outlined in this letter will be helpful to you, please call me to discuss your plans.

I wish you the best of luck in your time away from school. Please feel free to contact me if you have any questions or if you would like to update me on your progress.

Sincerely,

Claudia Zegans, MD
Co-Chair, Eating Disorders Consultation Team

I have discussed with my counselor the recommendations that should be met prior to applying for re-admission from my medical leave. I both understand and agree with these requirements. Additionally, I understand that if during my time away, I or my treatment team feel that alternatives other than those outlined above will be helpful to me, I am encouraged to call CHD to discuss my plans. I understand that recommendation to the Dean's office will be delayed 24 hours so that I can have this time to consider the Medical Leave implications. If I have any questions I can also talk with the Affirmative Action Coordinator at IDE (646-3197) and the ADA Coordinator at the ASC (646-2014).

Student Signature_____
Date_____

MEDICAL LEAVE CRITERIA

From Dartmouth College ED Team Manual, 2012

General:

If a student has a history of an eating disorder, and four of the six following symptoms listed below, then the Eating Disorder Team makes a clinical judgement about the appropriateness of a medical leave.

1. Chronic physiological signs, or a combination of some of the following:
    a. HR < 40
    b. BP < 90/60
    c. Glucose < 60
    d. Potassium < 3
    e. Electrolyte imbalance
    f. Temperature < 97
    g. Dehydration
    h. Hepatic/renal/cardiovascular organ compromise requiring acute treatment
2. Abnormal EKG findings
3. Inability to maintain minimum body weight
4. Inability to "break the cycle" of chronic eating disordered behavior
5. Inability to engage in effective outpatient therapy while enrolled
6. Dual mental health diagnosis

Additional Criteria for Specific ED Diagnoses:

1. Anorexia
    a. Weight < 80% IBW
2. Bulimia
    a. BMI < 18.5
    b. Other lab abnormalities
    c. h/o bulimia with treatment failure