

Center for the Treatment of Eating Disorders
Changing the Standard of Care

EATING DISORDERS



**20M FEMALES
and 10M MALES**

suffer from a clinically significant eating disorder¹, making it more common than breast cancer or Alzheimer's

ANOREXIA

is the **third most common*** chronic illness among adolescents²

95%

are between the ages of **12 and 25**³



ONE IN 10 PEOPLE

with an eating disorder ever actually get treatment⁵



EVERY HOUR

someone in the U.S. dies as a result of an eating disorder⁴



EATING DISORDERS

are brain disorders, not a choice or a sign of poor parenting



The number of boys who have eating disorders is

INCREASING⁶

1. Wade, Keski-Rahkonen, & Hudson (2011) 2. Public Health Service's Office in Women's Health (2000) 3. Substance Abuse and Mental Health Services Administration, The Center for Mental Health Services, offices of the U.S. Department of Health and Human Services 4. The Eating Disorders Coalition (2014) 5. Noordenbox, International Journal of Eating Disorders (2002) 6. The National Eating Disorders Collaboration (2012)

OUR PROGRAM

Evidence-based, family-centric therapies. One of the only programs in the country offering both Family-Based Therapy (FBT) and Cognitive Behavioral Therapy-Enhanced (CBT-E) for eating disorders, which mobilizes the patient and family as the agent of change.

Mix of inpatient and outpatient options designed specifically for children and adolescents. Blended model tailored for individual patients and their families focused on outpatient care with intensive counseling therapy, motivation training and active family involvement, plus specialized inpatient hospitalization when medically necessary.

Minimally disruptive to normal life. Unlike residential treatment programs that can last up to six months, patients in Children's Minnesota outpatient program continue to live at home, attend school, and engage in familiar activities, including social life and normal dining routines. If inpatient stay is needed for medically unstable patients, the average length of hospitalization is 12 days.

International leader in treatment of Avoidant Restrictive Food Intake Disorder (ARFID). Children's Minnesota experts lead development of treatment protocols for ARFID, a newly recognized eating disorder that prevents consumption of foods causing failure to thrive and weight loss, NOT associated with body image issues or weight gain. ARFID symptoms typically show up in infancy or childhood and can include difficulty digesting certain foods, avoiding colors or textures, having no appetite, and being afraid to eat after a choking or vomiting episode.

Access to a range of renowned medical specialists. Collaboration with Children's Minnesota specialty physicians, integrative medicine, dietitians, child life, and others who can identify and treat coexisting problems, in addition to ongoing partnerships with treatment developers at Stanford University and the University of Oxford.

Improving outcomes through research. As a children's hospital with high patient volumes, we are committed to investing in research aimed at refining treatments and protocols, tracking standardized outcomes and publishing transparent results in partnership with pioneering institutions. As a result, we are helping more kids in our region and around the world achieve full recovery, faster.

Equipping families with the Multi-Family Partial Hospital approach – Coming Soon. Children's Minnesota will soon offer a multi-family therapy – one of the few programs in the world that fills the gap between inpatient hospitalization and outpatient therapy. Patients, parents and siblings work together with other families in an intensive and condensed time frame to better understand the illness and acquire the skills needed to help support and sustain success at home.

LOCATION

Inpatient Unit:
St. Paul Hospital

Outpatient Clinic:
Minneapolis, Minn.
612-813-7179

Physician access line:
612-343-2121

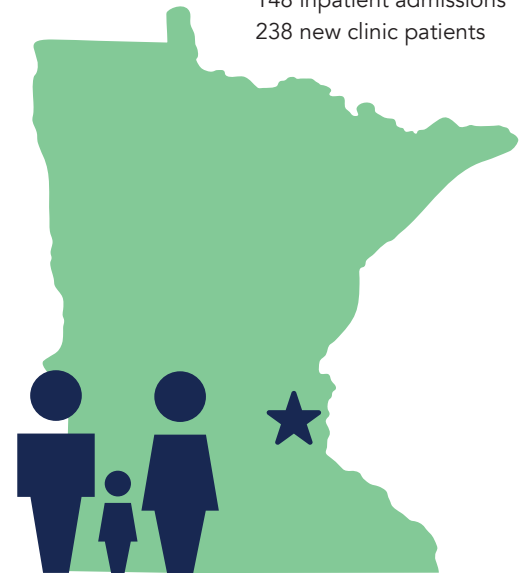
**Multi-Family
Partial Hospital:**
Coming Soon

OUR STAFF (2016)

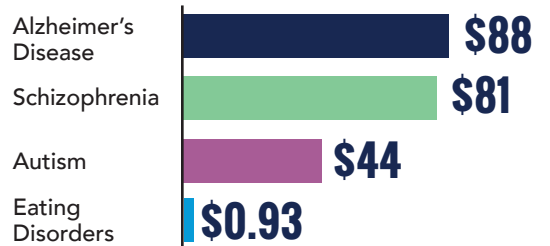
Psychiatrists
Psychologists
Social Workers
Hospitalists
Medical Specialists
Nurses
Dietitians
Child life specialists
Physical therapists
Integrative medicine

OUR PATIENTS (2015)

5,900 clinic visits
148 inpatient admissions
238 new clinic patients



U.S. Research Dollars Spent Per Affected Individual



National Institutes of Health, 2011

THE ROAD TO RECOVERY – RESULTS:

Effective, lifelong results. Children's Minnesota has a 70% short-term recovery rate goal following FBT and CBT-E. At the five-year mark 75-90% FBT patients are fully recovered (Le Grange, World Psychiatry, 2005). Even severely ill patients can be treated quite successfully as outpatients, provided parents participate in treatment. Early diagnosis and intervention greatly improves the chance for long-term recovery.

YOUR PHILANTHROPIC SUPPORT NEEDED:

Infrastructure: To create a space for a multi-family treatment program; complete with dining rooms and kitchens for meal preparation; and launch a telemedicine program for out-state patients.

Research and Development: To continue development of a protocol for ARFID; train more staff; spearhead research to produce better outcomes; and complete an economic analysis to demonstrate cost savings using the outpatient approach.

childrensMN.org/eating-disorders



EVIDENCE-BASED TREATMENT OPTIONS CUSTOMIZED FOR INDIVIDUAL PATIENTS AND FAMILIES

Treatment Type	Inpatient Care	Family-Based Therapy (FBT)	Cognitive Behavioral Therapy-Enhanced (CBT-E)	Unified Protocol (UP)	Multi-Family Partial Hospital (coming soon)
Location	St. Paul Hospital	Minneapolis Outpatient Clinic	Minneapolis Outpatient Clinic	Minneapolis Outpatient Clinic	TBD
Overview	For immediate medical and nutritional stabilization; patients receive around-the-clock care from a full team of specialists	Leading therapy for children and adolescents (also known as the Maudsley Approach)	Most recommended treatment for adults, adapted for use with adolescents	Developed to treat emotional disturbances and adapted to treat feeding problems caused by anxiety, textures, mood disorders, etc.	Fills the gap for children and adolescents between hospitalization and outpatient treatment, offering patients, parents and siblings intensive skills training tools to use at home
Best for	Young patients up to college age who are experiencing medical complications of eating disorders or are in need of nutritional stabilization related to problems with oral intake	Children and adolescents with anorexia nervosa, bulimia nervosa, unspecified eating disorders and Avoidant Restrictive Food Intake Disorder (ARFID)	Adolescents/teens with all types of eating disorders	Children and adolescents with ARFID or other feeding problems that cause failure to thrive and weight loss but aren't associated with body image issues or fear of weight gain	Children and adolescents with all types of eating disorders
Approach	Help the patient return to health as quickly as possible so they can move on to an appropriate outpatient treatment	Parents and families play an active role in first helping to restore weight, then transitioning control of eating back to the patient and encouraging healthy identity and development	Parents are still involved but treatment engages the patient more independently; designed to identify what's keeping the problem going and produce changes in thinking	Personalized therapy applying cognitive behavioral approaches as well as mindfulness, encouraging patients to be "emotion detectives"	Families learn from each other while developing skills and techniques, such as coping strategies, parent training, meal coaching, and more to help their loved ones recover
Frequency	Average length of stay is 12-14 days	10-20 family sessions for 1hr each over about 6 months	More intensive, 20-40 one-to-one 1hr sessions	16-20 individual and family sessions	1-3-week sessions
Evidence-Based Results	Outcomes of our inpatient refeeding program are tracked and show success with significant improvements in medical and nutritional status	2/3 of adolescents with eating disorders are recovered at the end of FBT	2/3 full recovery rates at the end of treatment, sustained at 1-year follow-up	Research results pending	Emerging data shows 80-90% of patients recover. Note: Children's Minnesota will be one of the few programs in the world to offer this type of hands-on family therapy.
Why it Works	<ul style="list-style-type: none"> • All patient care plans incorporate individualized evidence-based treatments designed specifically for children and adolescents • Families choose the treatment, or combination of treatments, tailored to their need • Improvements continue because families and patients have the tools to succeed • Children's Minnesota continues to track recovery rates and progress after main treatment sessions 				