Residential Care …
Its unique place in overall treatment
For eating disorders

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Carolyncostin.com
The Carolyn Costin Institute

Training and Certification for Coaches and Mentors
Continuing Education (live and online) for clinicians
Specialized trainings - Supervision

Monte Nido 1996
Filling a gap
The first licensed residential tx center

In 1996 I already had 15 years of experience
in outpatient and had developed and run
3 hospital eating disorder units.
Although some patients needed 24 hour care,
many did not need a hospital setting.

Plus too many patients relapsed because we were unable to teach them daily living skills needed for recovery
I knew patients would do better in a home setting where they would have to learn how to be fun the world with their eating disorder

When is Residential Appropriate?
Early on I was asked to be on a work group creating levels of care

APA Guidelines. Level of Care

Residential:
Medically stable (no nasogastric tube necessary)
Multi daily labs not needed
Weight below 85% for AN

Poor to fair motivation
Intensive e.d. thoughts 4 to 6 hours
Can Co operate with structured treatment
Co morbid condition
Supervision needed at meals
External structure needed to prevent behaviors … eg compulsive bingeing, purging or exercise

Can ask for and use support from others..
Can use CBT skills to inhibit purging

Severe family conflict
Unable to receive structured treatment in home

Why Not A Hospital?
Be careful not to recreate hospital atmosphere calling it residential

Home Setting

Grocery shopping
Portion their own food
Cook
Meal planning
Eat at the table, family style
Go out to restaurants
Clothes shop
Exercise appropriately
Success

Monte Nido saw long term e.d. clients graduating from our program with incredible recovery and we thought we were doing a good job... but as many of my research colleagues pointed out....

“You can’t say it, unless you have the data to back it up”

I had begun collecting data pre, interim and several post treatment surveys

But I was not a researcher.

I needed help from the ED research community

Contacted my AED Colleagues to Help Design a Study

Defining “Recovered” (no consensus but used Gerald Russell info)
Inclusion and exclusion criteria... (had to be in pgm 30 days)
How much data (pre, mid, post, 1,3,6,12,18 mos, 2yrs, yearly)

Who would do all the follow up?
therapists would call to encourage participation
client self report using anonymous ID’s
report directly from RD or physician (weight mailed to 3rd party )

Cost...... 260K ......My pocket

Who to evaluate the data????
Dr. Tim Brewerton, Pres. of EDRS (Eating Disorder Research Society)

• Treatment Results of Anorexia Nervosa and Bulimia Nervosa in a Residential Treatment Program.
    Brewerton TD, Costin C:

• Long-term Outcome of Residential Treatment for Anorexia Nervosa and Bulimia Nervosa.
    Brewerton TD, Costin C:

Methods

• Results were analyzed from a survey of respondents who had completed ≥30 days of treatment at Monte Nido Residential Treatment Program in Malibu, CA over a 10 year period.

• Of 231 potential respondents, 75% (172) participated “enough”
  -only those with AN (N=85) or BN (N=71) were included

• a) a comparison of admit v. discharge
  * (DC) assessment variables (paired t-tests, for each Dx).

• b) a comparison of admit v. post-graduate
  * (PG) assessment variables (paired t-tests, for each Dx).

• At each assessment, participants completed:
  * 1. the Eating Disorders Inventory-2 (EDI-2)
  * 2. the Beck Depression Inventory (BDI)
  * 3. a structured eating disorder assessment questionnaire developed for outcome assessment of eating disorder behaviors
  * 4. Weight verified from outside doctor or dietitian (mail or call)
  * * We later added the Anxiety Inventory

  Data Collected:
  Admit, mid treatment, discharge, post discharge and then.....
  1mo, 3mo, 6mo, 1year, 1.5 yrs, 2yrs, 3yrs and EVERY YEAR for 10 years (kept Connection) ?????? still ongoing
• Only those who had responses at least one year post discharge were included in the post-graduate (PG) analyses.

• For all PG analyses only the most recent PG variable was used to obtain the longest Follow Up period possible.

Monte Nido 1-10 yr study ....(Dr. T Brewerton) ED Jrnl Tx & Prevention

Ages treated ....14 to 58.....average age 26

Average length of stay 96 days

e.d. duration = several mo. to 20 + yrs

......previous hospitalizations...3.5

<table>
<thead>
<tr>
<th>YEARS</th>
<th>Good Recovered</th>
<th>Good or Intermediate Partial or fully Recovered</th>
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</thead>
<tbody>
<tr>
<td>AN av. Time pg 4.5</td>
<td>41%</td>
<td>87%</td>
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<tr>
<td>BN av time pg 4.1</td>
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About weight and weighing

learning not to weigh themselves was important
(We never told a client their weight or what it should be but did discuss weight gain goals weekly … small steps)

• weight restoration should be paced to match psychological change. (It should be individualized, not set as a standard)

there should be a period of weight maintenance before discharge to support the persons in accommodating their weight gain. (Can’t just know how to lose or gain weight level system accomplishes this)

What can we learn from consumer studies and qualitative research in the treatment of eating disorders? Journal: Eating and weight disorders, vol 8 issue 3 2002, Bell, L
Monte Nido 1-10 yr study ....(Dr. T Brewerton) ED Jnl Tx & Prevention

Ages treated ...14 to 58.....Average Age 30.9
BN Average length of stay 79 days
e.d. duration = several mo. to 20 + yrs
......average previous hospitalizations...3.5

<table>
<thead>
<tr>
<th>YEARS</th>
<th>Good 100% cessation Recovered %</th>
<th>Intermediate 50% less Good / intermediate Part / Recovered%</th>
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<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td>BN av.time pg 4.1</td>
<td>62%</td>
<td>81%</td>
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Mean BMI of BN Clients

Beck Depression Inventory Scores in BN Clients

Key Ingredients

- Healing Environment...Nature, Home setting
- Evidenced based therapies....CBT, DBT, IPT modified FBT
- Individualized tx, including sessions 3 x week
- Integration of ed self/healthy self... Strengthening Healthy Self
- Can be recovered
- RECOVERED staff (Role models, Therapist eating meals w clients)
  Person first , patient second, reducing hierarchy (vegetarian)
- Family tx ... individual family sessions, multifamily group
- Dealing with temperament.. reduce anxiety, perfectionism, impulsivity

Meaning / purpose , motivation to become and stay recovered (Soul)

Key Ingredients cont.

- Collaboration, joint goal setting, weekly contracts, decided by whole team
- Level system... earn increased responsibility /freedom as healthy self gets in control
- Grace, 1. Meals brought to table, 2. Portioning 3. Talking meals. 4. Independent
- Blind weights, weekly weight goals contracted, gain, maintain or repair metabolism
- Exercise added incrementally by level system if weight goal met etc, (eating, no purging)
- Staff meeting 9am to 2pm - 1 x week.....then all staff and all clients meet
  Also serves as supervision and community building and
- Logical consequences, use level system not punishment e.g.,:
  outings not denied, maybe exercise, and not moving up levels or responsibilities
- Alternative therapies w evidence  Meditation, mindfulness, yoga

Meaning / purpose , motivation to become and stay recovered (Soul)
EDL-2 Subscale Scores in Individuals with AN @ Admission, Discharge & Post-graduate Follow-up

Frequency of Eating Disordered Behaviors in Individuals with AN @ Admission, Discharge & Follow-up

Self-reported Improvement of AN Clients

More Follow Up Data
Bulimia Nervosa
**CONCLUSIONS**

- The great majority of clients showed significant improvement at long-term F/U after intensive residential care.
- Many had been “treatment refractory” and had failed prior outpatient, inpatient and/or residential programs.

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**A COMPARISON OF RECOVERY RATES IN STUDIES OF ADULT AN**

<table>
<thead>
<tr>
<th>STUDY</th>
<th>RECOVERY</th>
<th>FU</th>
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<tbody>
<tr>
<td>Fichten et al, 2006</td>
<td>27.5% Good</td>
<td>12 yrs</td>
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<tr>
<td></td>
<td>25.3% Inter</td>
<td></td>
</tr>
<tr>
<td></td>
<td>39.6% Poor</td>
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<tr>
<td></td>
<td>7.7% Dead</td>
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</tr>
<tr>
<td>Brewerton et al, 2007</td>
<td>41% Good</td>
<td>4.5 yrs</td>
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<tr>
<td></td>
<td>47% Inter</td>
<td></td>
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<tr>
<td></td>
<td>12% Poor</td>
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<tr>
<td></td>
<td>1% Dead</td>
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ME ... after the 1st 10 year results were finally in.....
The “S” Word

Psyche (soul) Therapy (care for)

CARE of THE SOUL

Finding deeper meaning and purpose in my life was crucial to my recovery.

When I went to Monte Nido, there was much emphasis on what you are recovering to.

It’s about going further than eradicating behaviors to finding something that gives you a reason to recover and stay recovered. You might take this to mean having an interesting job, or working with animals, which are good reasons, but there is a different, more powerful level of meaning and purpose, which is about .... reconnecting you with the ......

Essence of Your Being -

Your Spiritual and Soul self, beyond your body and mind.

(Wise Mind)

Mindfulness, Meditation, and Yoga ... Are you crazy

Mental training with an historical Spiritual origin

Teach a different way to pay attention

Help our ability to Respond vs React — amygdala

Awareness / Acceptance of the Present Moment

Distinguish between Chattering Mind (EGO) and witnessing presence Wise Mind (SOUL)

Meditation/ Mindfulness training

“Taking the time to connect with my soul self made me realize that it was only my ego that was concerned with numbers and scales and fat grams.

Sitting quietly for a few minutes day after day, I was slowly able to sense a different part of me that felt no pull toward those things.

I realized I was not those thoughts. I was the one who could watch them come and go. I was surprised that sitting with my eyes closed, paying attention to my breath for a few minutes every day, connected me to a deeper part of me, my soul.

Once I had the connection to the essential self, lots of other things I used to get caught up in began to take on less importance and eventually my whole view of things and thus my behaviors toward them changed.”

Body and Soul Group

Teach clients to Shift their Attention FROM thinking about the external form of their body .... (EGO)

TO

Awareness and Acceptance of their body as the “Earth Suit” .... of their essential being SOUL

Can’t fight ego with ego

Instead of cursing the darkness ....

Bring in the light

A COMPARISON OF RECOVERY RATES IN STUDIES OF ADULT BN

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<th>STUDY</th>
<th>RECOVERY</th>
<th>FU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fichter et al, 2004</td>
<td>70%</td>
<td>12 yrs</td>
</tr>
<tr>
<td>Brewerton et al, 2007</td>
<td>62%</td>
<td>4.1 yrs</td>
</tr>
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</table>
During treatment I was reminded that we are so much more than our mind and bodies. I gained a new understanding of the soul. I learned about the importance of my body as a dwelling place for my soul. I learned that taking care of my body was vital for my soul to complete its earthly mission.

An important part of my recovery was building a new value system and new healthy rituals that enriched my life rather than harmed me.

Each week we would have new flowers in our room, take trips into nature, read soulful quotes, sing, and pick out ANGEL CARDS. These rituals imbued our days with deeper meaning, getting us out of our own narrow experience.

I hereby agree, from this day forward, to live fully and completely, outside the box of anorexia. I will not longer hide my fears of life behind fears of food. I will no longer resort to literally shrinking away from the world when disappointments bombard me or choices overwhelm me. I will no longer reduce my existence to controlling my body.

I am more than my body – I am a beautiful spirit, deserving broadened horizons and freedom from self-hate and restraint.

My body is wise and forgiving; unconditionally loyal to the soul it harbors.

As such, I will feed it unconditionally - in times of joy, pain, chaos, and doubt. For I can only address my hungers for life when I address my most basic hunger.

I have a need for emotional nourishment – love, creativity, voice, peace- whose fulfillment is based on satisfying my need for physical nourishment. I have passions and dreams that shall no longer be overshadowed by internal civil war, excitement and energy that shall no longer be drained in the name of self – destruction.

I am liberated, free to embrace life with all its beauty and all its fear, blessed with a new foundation of confidence in my ability to take care of myself, be compassionate with my needs, and acknowledge the desires of my whole self......body and soul.

Thank You