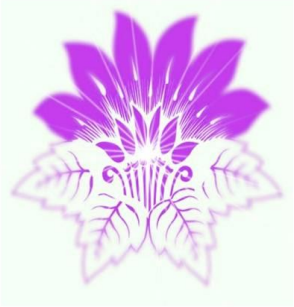
BRAVE Immersion Program

Our Eating Disorder Program Focuses on 5 Pillars



B uilding Rapport

R estoration

A ssessments

V alue

E ducation

The facts about Eating Disorders

- The National Eating Disorders Association indicates that nearly 10 million woman suffer from an Eating Disorder

- 10-15% of all Americans suffer from an Eating Disorder

- 10-15% of Americans with Anorexia or Bulimia are males

- A study by the National Association of Anorexia Nervosa and Associated Disorders (ANAD) reports that

    - Eating Disorders have the **HIGHEST MORTALITY RATE** of any mental illness
    - 5-10% of anorexics die within 10 years after contracting the disease
    - 18-20% of anorexics will die after 20 years
    - Anorexia Nervosa has the **highest death rate** of any psychiatric illness (including major depression)
    - The mortality rate associated with Anorexia Nervosa is 12 times higher than the death rate of ALL causes of death for females 15-24 years old.
    - Without treatment up to 20% of people with eating disorders die. **WITH TREATMENT THE MORTALITY RATE FALLS TO 2-3%**

- Only 1 in 10 people with eating disorders receive treatment. According to eating disorder statistics, only about 80% of girls/women who have accessed care for their eating disorders do not get the intensity of treatment they need to stay in recovery (they are often sent home weeks earlier than the recommended stay)

- Treatment of an eating disorder in the US ranges from $500-$2,800 per day. The average cost for a month of inpatient treatment is $30,000

We specialize in helping you and your family move towards recovery

Amy Goldsmith RD, LDN, a dietitian for 18 years, specializes in assessment and treatment of Disordered Eating to include Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder, Orthorexia, Avoidant Restrictive Food Intake Disorder, and Emotional Eating. Amy developed the BRAVE program due to the high need in the Western Maryland community. She has worked with thousands of individuals and families who are moving towards or are in recovery.

Becca Ridenour RD, LDN, a dietitian for 6 years joined Kindred Nutrition in 2017 to collaborate and round out our BRAVE Program. Becca has experience working with a broad age range in both clinical and outpatient settings. Becca is passionate about helping our eating disorder clients develop a healthy relationship with food and eating for a healthy lifestyle. Becca's strong clinical knowledge allows her to fuel individuals appropriately while teaching them to trust their intuitive nature as they move into recovery.

Amy and Becca collaborate with a team of therapists, Physicians, and Psychiatrists to ensure all clients are receiving the collaborative care they need. A true outpatient program must include all providers to monitor clinical safety and cognitive behavior modification. In addition to our outpatient program we collaborate with Intensive Outpatient Programs, Partial Hospitalization Programs, Inpatient and Residential Programs nationwide.

Since Eating Disorder Care is not often linear, there may be times a higher acuity level of care is recommended. Sheppard Pratt, Remuda Ranch, The Center for Discovery, Renfrew, and Reflections are just a few of the centers Kindred Nutrition works closely with to ensure there is a smooth transition of care.

The Dietitian is an integral part of the Eating Disorder Team. Amy and Becca focus on Clinical Assessments to include weight/height, growth rate, malnutrition, vitamin and mineral deficiencies, bone health, cardiac health, and normal and abnormal menses. Once clinical safety is established and maintained we focus on appropriate nutrition, variety, food challenges, flexibility, and modification. At all times, Amy and Becca assess exercise and appropriateness/safety.

In addition to the five pillars that make up our BRAVE program there are 4 Stages of treatment

1. *Weight Restoration*

The focus of this stage is to hold the individual accountable to nourish their body appropriately. Once the body is nourished, the individual will be able to fuel the central nervous system to assist with managing mood as well as repleting macronutrient, vitamin, and mineral stores. This will also protect and heal the cardiac, endocrine, and bone systems which may suffer from long standing malnutrition. We will collaborate often with a Primary Care Physician during Stage 1 of Treatment. This cost is included in your monthly investment.

Time Investment: Meetings are once a week (45 minutes) or twice a week (30 minutes each) until the client is clinically stable.

2. *Psychoeducation and Meal Plans*

Once the individual restores weight we will focus heavily on psychoeducation to reframe the brain from Eating Disorder lies. We will also focus on meal plans, exchanges, flexibility, variety, and modification instead of restriction. Hunger and Satiety will be addressed as well as potential body image struggles due to weight restoration. We will collaborate often with the therapist in Stage 2 of Treatment. This cost is included in your monthly investment.

Time Investment: Meetings are once a week for 30-45 minutes dependent on what your dietitian prescribes. We will monitor weight and meal plan compliance. In addition to once a week meetings we may prescribe up to 3 additional hours a month such as BRAVE BODIES (yoga), BRAVE ED Class (Support Class), BRAVE Grocery Tours or BRAVE Dining (Meal Challenge Group) to get the individual to their goals.

Stages of treatment (cont.)

3. Road to Recovery

In this stage individuals are gaining confidence with meal plans and consistently maintaining weight and although they may have some Eating Disorder thoughts, they are not acting on them. Individuals are using the coping tools their therapists provide them to work through obstacles and are ready to continue to challenge themselves, fuel appropriately, and move towards intuitive eating. At this stage we will continue with every other week visits and extend visits out more with additional support such as our BRAVE ED Class, BRAVE BODIES (yoga), BRAVE Grocery Tours, and BRAVE dining (Meal Challenge Group).

Time Investment: Meetings are every other week for 30 minutes with 3 additional hours a month of support classes (see above)

4. Maintenance Care

Once individuals feel confident with their recovery we move them to as needed individual appointments. We have an open door policy and will always get an individual in when they need it. It is completely normal that events come up to cause question, anxiety, or doubt. This is a great time to schedule a check in appointment with our dietitians. It is very common for individuals to continue with the BRAVE ED Class and BRAVE BODIES at this point.

Time Investment: Time in groups/classes or as needed as well as check ins with dietitian

Contracts and Invoices

At the conclusion of your initial assessment your dietitian will discuss your stage of treatment and financial investment. We will then schedule next appointments and obtain a credit card which will be kept in a secure and encrypted file. You will be charged $200.00 for the initial assessment and at the next appointment we will collect the remaining monthly invoice. In the months following you can choose to split payments into bimonthly. If you have health insurance we will bill your insurance accordingly however we will keep a credit card in a secure and encrypted file so that we can bill the individual's copays or classes that may not be covered.

Average time of treatment

On average individuals work with us for a year. Please be mindful that this is an average. Some work with us shorter and some longer. Outpatient care is individualized and relies solely on clinical safety, compliance, and consistency. If the client requires a higher acuity of care at any time we will not hesitate to collaborate with a higher level of care. We will assist to make this transition as smooth as possible and can pick up on outpatient treatment once discharged.

We understand that individuals suffering from an Eating Disorder may have a love/hate relationship with a dietitian. Dietitians who specialize in Eating Disorders ask their clients to do very hard things. In addition, we hold the individual accountable and attempt to get the individual comfortable to discuss their biggest vulnerability. Please encourage your daughter or son's work with the dietitian. If you have any questions or concerns about treatment it is appropriate to schedule a meeting which will be an A La Carte service. Voicing doubt in front of your child could be detrimental to their recovery as it reinforces negative Eating Disorder thoughts.

A great article that describes an individual's relationship with a dietitian:

WHY YOU SHOULD SEEK OUT A DIETICIAN TO HELP YOU HEAL (A THERAPIST EXPLAINS)

BY TESS SAFTY | HEALTHY LIFE JULY 12, 2017

I've never been in a long term relationship with weight restoration. The phrase itself ***"weight restoration"*** was new to me when I entered eating disorder treatment for the first time. Ultimately it means how many calories must I consume daily to be at a healthy weight.
The brains behind this? My dietician. And what a sweet soul she was, and certainly still is for battling my eating disorder along side of me when **the battle was anything but peaceful.**

Have you ever seen a child have a meltdown in the middle of a grocery store? The tears and rosy cheeks, the inconsolable screaming that seemed to last well, forever? That was me in my dietician's office in the depths of my eating disorder.

My relationship with my dietician has been the longest standing love-hate relationship I've ever been in. The part of me that **craves recovery and freedom** loves her support, her suggestions, and her ability to manipulate my meal plan to keep me on track.

My eating disorder? It hates her 100% of the time. I think it makes a lot of sense. My anorexia and bulimia feel threatened by her suggestions and **wary of her genuine concern** and grace she extends me every single session.

Fear of losing control

I think it has less to do with what she is requesting of me to eat and everything to do with my eating's disorder's **fear of losing control.** And that fear is so legitimate and so **emotionally driven** that it looks a whole lot like walking out of her office mid-session. Or trying to be deceptive in disclosing my meals for the week. And even cancelling appointments when the very place I need to be is in her presence.

The only person I can think of who was ever more in the trenches than myself in battling this terrible disorder is *her,* my dietician.

Nowadays, striving to have more days in recovery than in relapse, **I find myself drawing on everything she has taught me.** I carry her with me nearly every time I go out to eat at a restaurant. I hear her words of reason every time I find myself beginning to cut corners.

Recovering without a dietician was not an option for me. I had such a **dysfunctional relationship with food** that I needed my only task to be to eat the food.

I believe so strongly in the role of a dietician in healing from an eating disorder that I simply cannot take credit for where I am at today without including her in my narrative.

Face the fear

It can be terrifying to invite a professional into your space. Particularly one who is most likely going to challenge every rule you're eating disorder has written as law. **Do it anyway.** My dietician not only helped me weight restore, and weight maintain, but also heal from years of distorted food rules and food preoccupation.

I feel remarkably less terrified of foods that used to be off limits. Why? Because my dietician sat and ate them right next to me and she still remained a beautiful human being.

She took years of restriction and binging and created the one thing I had been most desperate for all along – balance**.**

I'm grateful for the meltdowns in her office, her consistency in my most erratic times, and her willingness to help me recreate a relationship with food that is sustainable and dare I say, **enjoyable.** I have **endless gratitude** for the professionals who battle alongside me, and help so many other woman and men reclaim their lives.

So, if you have people like this in your life, **resist the urge to push them away**. And if you don't, seek them out.

It will be scary, but you are stronger than you think, warrior.

When the individual cannot prepare or eat foods independently

There are times when we may determine that the individual cannot fuel their body alone. In this case we may recommend the Maudsley Method. This is a method that intensely involves the parents. We encourage you to attend meetings or schedule meetings yourself to understand the process. See below for more information.

Maudsley Method

The Maudsley approach can mostly be construed as an intensive outpatient treatment where parents play an active and positive role in order to: Help restore their child's weight to normal levels expected given their adolescent's age and height; hand the control over eating back to the adolescent, and; encourage normal adolescent development through an in-depth discussion of these crucial developmental issues as they pertain to their child.

More 'traditional' treatment of AN suggests that the clinician's efforts should be individually based. Strict adherents to the perspective of *only* individual treatment will insist that the participation of parents, whatever the format, is at best unnecessary, but worse still interference in the recovery process. In fact, many proponents of this approach would consider 'family problems' as part of the etiology of the AN. No doubt, this view might contribute to parents feeling themselves to blame for their child's illness. The Maudsley Approach opposes the notion that families are pathological or should be blamed for the development of AN. On the contrary, the Maudsley Approach considers the parents as a resource and essential in successful treatment for AN.

Phase I: Weight restoration

The Maudsley Approach proceeds through three clearly defined phases, and is usually conducted within 15-20 treatment sessions over a period of about 12 months. In Phase I, also referred to as the *weight restoration phase*, the therapist focuses on the dangers of severe malnutrition associated with AN, such as hypothermia, growth hormone changes, cardiac dysfunction, and cognitive and emotional changes to name but a few, assessing the family's typical interaction pattern and eating habits, and assisting parents in re-feeding their daughter or son. The therapist will make every effort to help the parents in their joint attempt to restore their adolescent's weight. At the same time, the therapist will endeavor to align the patient with her/his siblings. A family meal is typically conducted during this phase, which serves at least two functions: It allows the therapist to observe the family's typical interaction patterns around eating, and it provides the therapist with an opportunity to assist the parents in their endeavor to encourage their adolescent to eat a little more than she was prepared to.

The way in which the parents go about this difficult but delicate task does *not* differ much in terms of the key principles and steps that a competent inpatient nursing team would follow. That is, an expression of sympathy and understanding by the parents with their adolescent's predicament of being ambivalent about this debilitating eating disorder, while at the same time being verbally persistent in their expectation that starvation is not an option. Most of this first phase of treatment is taken up by coaching the parents toward success in the weight restoration of their offspring, expressing support and empathy toward the adolescent given her dire predicament of entanglement with the illness, and realigning her with her siblings and peers. Realignment with one's siblings or peers means helping the adolescent to form stronger and more age appropriate relationships as opposed to being 'taken up' into a parental relationship.

Throughout, the role of the therapist is to model to the parents an uncritical stance toward the adolescent – the Maudsley Approach adheres to the tenet that the adolescent is not to blame for the challenging eating disorder behaviors, but rather that these symptoms are mostly outside of the adolescent's control (externalizing the illness). At no point should this phase of treatment be interpreted as a 'green light' for parents to be critical of their child. Quite the contrary, the therapist will work hard to address any parental criticism or hostility toward the adolescent.

Phase II: Returning control over eating to the adolescent

The patient's acceptance of parental demand for increased food intake, steady weight gain, as well as a change in the mood of the family (i.e., relief at having taken charge of the eating disorder), all signal the start of Phase II of treatment.

This phase of treatment focuses on encouraging the parents to *help their child to take more control over eating* once again. The therapist advises the parents to accept that the main task here is the return of their child to physical health, and that this now happens mostly in a way that is in keeping with their child's age and their parenting style. Although symptoms remain central in the discussions between the therapist and the family, weight gain with minimum tension is encouraged. In addition, all other general family relationship issues or difficulties in terms of day-to-day adolescent or parenting concerns that the family has had to

postpone can now be brought forward for review. This, however, occurs only in relationship to the effect these issues have on the parents in their task of assuring steady weight gain. For example, the patient may want to go out with her friends to have dinner and a movie. However, while the parents are still unsure whether their child would eat entirely on her own accord, she might be required to have dinner with her parents and then be allowed to join friends for a movie.

Phase III: Establishing healthy adolescent identity

Phase III is initiated when the adolescent is able to maintain weight above 95% of ideal weight on her/his own and self-starvation has abated.

Treatment focus starts to shift to the impact AN has had on the individual *establishing a healthy adolescent identity*. This entails a review of central issues of adolescence and includes supporting increased personal autonomy for the adolescent, the development of appropriate parental boundaries, as well as the need for the parents to reorganize their life together after their children's prospective departure.

For more information please see www.maudsleyparents.org

Recommend reading resources

Derived from Renfrew and other Professionals

Children and Teens Afraid to Eat: Helping Youth in Today's Weight-Obsessed World
Frances Berg, MS, LN

Brave Girl Eating: A Family's Struggle with Anorexia
Harriet Brown

Eating with Your Anorexic: How My Child Recovered Through Family-Based Treatment and Yours Can Too
Laura Collins

Your Dieting Daughter: Is She Dying for Attention?
Carolyn Costin, MA, Med, MFCC

The Parent's Guide to Childhood Eating Disorders
Marcia Herrin, EdD, MPH, RD & Nancy Matsumoto

Dad & Daughters: How to Inspire, Understand, and Support Your Daughter
Joe Kelly, BS

Father Hunger: Fathers, Daughters, and the Pursuit of Thinness
Margo Maine, PhD

Perfect Girls, Starving Daughters
Courtney E. Martin

Why She Feels Fat: Understanding Your Loved One's Eating Disorder and How You Can Help
Johanna Marie McShane, PhD & Tony Paulson, PhD

"I'm, Like, SO, Fat!" Helping Your Teen Make Healthy Choices About Eating and Exercise in a Weight-Obsessed World
Dianne Neumark-Sztainer, PhD, MPH, RD

The Good Enough Teen: Raising Adolescents with Love and Acceptance (Despite how Impossible They Can Be)
Brad E. Sachs, PhD

Surviving an Eating Disorder: Strategies for Families and Friends
Michelle Siegel, PhD, Judith Brisman, PhD & Margot Weinshel, MSW

Just a Little Too Thin: How to Pull Your Child Back from the Brink of an Eating Disorder
Michael Strober, PhD & Meg Schneider, MA, LMSW

Recommend therapists and MDs

Therapist Name	Number	Insurance	Ages accepted

Casey Marshall, Linganore Wellness and Counseling Center	301-865-2226	in network for: BCBS, Tricare, Medicaid, Cigna, out of network for all others	any
Krissi Boehmer, Linganore Wellness and Counseling Center	301-865-2226	same as above	any
Dr. Nicole Albertson, Independent Private Practice	301-663-3350	In network with BCBS, UHC, out of network for others	adults only, over 17
Jennifer Rollins, Independent Private Practice	301-653-7380	Out of network	any
Charlanne Wolf, Vital Sources	301-620-8700		9 and older
Physician/PA	**Number**	**Insurance**	**Ages Accepted**
Rebecca Early Lee	301-682-5500	All	Any
Dr. Hundemer	301-694-7600	All	Adults
Dr. Chaitovitz or Dr. Ebert	301-662-0133	all	pediatrics (The pediatric center)
Psychiatrists (meds)	**Phone**	**Insurances**	**Age**
Julie Dagenhart	240-575-9688	Aetna, BCBS, Cigna, Magellan, UHC	
Lynda Artusio	301-982-3437		
Angela Dumitrache	240-217-5942	Out of network	13 and older
Treatment Facility	**Number**	**Insurance?**	**Age**
Sheppard Pratt	410-938-5252	Most	11 and up both sexes
Renfrew	1-800 -Renfrew	Most	17 and up women only all levels of care, except outpatient
Center For Discovery	866.482.3876	Most	adult and adolescent women only, residential only
The Body Image Therapy Center	(877) 674-2843	Most	both sexes
Reflections	703) 538-2886	Most	Both sexes, 11 and up

Our contact information

You can email Becca or Amy directly with questions at any time. We will answer within 24 hours:

Amy Goldsmith RD, LDN agoldsmith@kindrednutrition.com

Becca Ridenour RD, LDN reridenour@kindrednutrition.com

You can also call 301-580-0008 and ask to speak to either of us. If we are with clients our administrator, Vicki, will schedule a time to talk. In order to ensure that we spend our time with clients, we are able to commit to 15 minutes on the phone. If more time is needed we may recommend that you schedule an appointment.

Insurance information

Kindred Nutrition is In Network with

Aetna, First Health, CoreSource, Coventry, Medicare

We are Out of Network with all other insurances

We will submit out of network claims for United Health Care and provide Superbills for all other insurances for you to submit for reimbursement.

Single Case Agreements

It is important that an individual suffering from an Eating Disorder sees a dietitian that specializes in Eating Disorders. A dietitian that does not specialize in Eating Disorders can be detrimental to treatment. Often times your insurance representative may not understand this or have the resources you need. We encourage our clients to request a case manager and attempt for Single Case Agreements. If your insurance agrees to this they will then call and speak to Amy Goldsmith RD, LDN (owner) to come to an agreement.

Another reference for insurance complication is the Maryland Consumer Page
http://insurance.maryland.gov/Consumer/Pages/FileAComplaint.aspx