



UNIVERSITY HEALTH SERVICES

MARY B. COBURN HEALTH & WELLNESS CENTER *at* FSU

ACKNOWLEDGEMENT OF UNDERSTANDING OF DISORDERED EATING CARE AT FSU

Dear Student,

You are receiving this letter because you are currently receiving care with the Eating Disorder Treatment Team (EDT Team) at FSU University Health Services (UHS). Please read it entirely to be advised about what to expect as a part of your care with the EDT Team, the importance of following the recommendations provided by your clinicians, and your expectations as you receive care at UHS.

1. YOUR CARE AT FSU

- Your participation with the EDT Team is voluntary and recommended based on an assessment by your health care provider or clinician.
- Only outpatient level of care is available at UHS for eating disorders/disordered eating behaviors. Outpatient care for disordered eating behaviors involves seeing your clinicians on a regular basis and is designed for individuals who are medically stable and motivated to recover from their disordered eating behaviors.
- Individuals with disordered eating behaviors who are medically unstable, or who require additional support beyond once-weekly visits to make progress in their recovery, may be advised to enter a higher level of care with a community treatment facility or program until they're ready to return to outpatient care.
- Please be advised that dietitians do not diagnose eating disorders, although they may identify disordered eating behaviors as part of a nutritional assessment. Eating disorders must be diagnosed by medical providers or therapists. However, disordered eating behaviors and dieting are among the most common risk factors for developing an eating disorder.
- Optimal care for disordered eating behaviors includes medical, psychological, nutritional, and for some patients, psychopharmacologic interventions, which means a multidisciplinary team approach is essential for the best chances of full physical and emotional recovery.



UNIVERSITY HEALTH SERVICES

MARY B. COBURN HEALTH & WELLNESS CENTER *at* FSU

2. WHAT IS THE EDT TEAM AT UHS?

- The EDT Team at UHS is a multidisciplinary team that helps improve the health and well-being of FSU students who are experiencing disordered eating behaviors. The primary goal of the EDT Team is to provide high quality, interdisciplinary care to help students achieve complete mental and physical recovery from their disordered eating behaviors. Our goal is to help you thrive at FSU so that you may continue your pursuit of academic, professional, and personal growth.
- Members of the EDT Team include medical providers, registered dietitians, and mental health clinicians.
- As part of your care, you will meet individually with your clinicians and other health care providers as needed. Your medical provider will assess and monitor your physical health, your dietitian will provide nutritional guidance and meal planning support, and your therapist will work with you on optimizing your mental health. Interdisciplinary care is a gold standard in managing eating disorders and receiving care from all members of the EDT Team and other clinicians as indicated gives you the best chance of full recovery from your disordered eating behaviors.
- The EDT Team will also meet regularly as a group to discuss your care and make sure all clinicians are on the same page regarding your unique needs, progress, and treatment goals.

3. THE IMPORTANCE OF SEEING ALL OF YOUR CLINICIANS REGULARLY

- Whether you were referred to treatment by your dietitian, medical provider, or therapist, patients are expected to meet regularly with all of their clinicians. The frequency of visits will be determined based on the level of support you need and may be adjusted as needed.



UNIVERSITY HEALTH SERVICES

MARY B. COBURN HEALTH & WELLNESS CENTER *at* FSU

- If you are only seeing a dietitian and are actively or recently exhibiting disordered eating behaviors including (but not limited to) the following:
 - Any purging (for example self-induced vomiting, laxatives, diet pills, excessive exercise)
 - Restriction
 - Binge eating
 - Significant and/or ongoing weight loss
 - Any co-morbid psychiatric or medical condition (for example: diabetes, obsessive compulsive disorder, suicidal ideation, depression, anxiety, post-traumatic stress disorder, self-harm behaviors, and substance use concerns)
 - Excessive preoccupation with food, weight/shape, and/or body
 - Additional considerations based on ongoing screening/assessment

then it is **highly recommended that you see a medical provider and a therapist** as you require frequent monitoring for your own safety and best possible chance of physical and emotional recovery.

4. THE ROLE OF YOUR MEDICAL PROVIDER IN DISORDERED EATING BEHAVIORS TREATMENT AND POTENTIAL MEDICAL CONSEQUENCES OF DISORDERED EATING BEHAVIORS

- When you have active or recent disordered eating behaviors, seeing a medical provider is strongly encouraged for your own safety and optimal wellbeing. A medical provider will assess your medical stability through monitoring of your vitals, lab work, and other psychiatric and medical indicators.
- Disordered eating behaviors can affect every organ system in the body and regular medical monitoring is essential. The earlier you seek medical support, the greater the likelihood of physical and emotional recovery. Some of the potential health consequences of eating disorders include but are not limited to:



UNIVERSITY HEALTH SERVICES

MARY B. COBURN HEALTH & WELLNESS CENTER *at* FSU

- **Cardiovascular system:** changes in heart rate and blood pressure resulting from starvation; purging can lead to potential electrolyte imbalances that can lead to irregular heartbeats, and potentially heart failure and death.
- **Gastrointestinal system:** slowed digestion can result from both restriction and/or purging and lead to stomach pain/bloating, blocked intestines from undigested food, feelings of fullness after eating a small amount of food; constipation can result from restriction and laxative misuse.
- **Neurological system:** problems can result from restriction and include obsession/preoccupation about food and trouble concentrating, extreme hunger or fullness at bedtime, seizures and muscle cramps from dehydration and electrolyte imbalances.
- **Endocrine system:** Lower levels of sex hormones resulting from restriction can cause menstruation to stop or become irregular, significantly increase bone loss, and/or diminish sex drive and function. The risk of insulin resistance (linked to the development of diabetes) and other metabolic abnormalities can be increased with repeated binge eating episodes.
- **Other health consequences:** dry skin, brittle and breaking hair leading to hair loss, anemia, increased risk of illness due to a decrease in infection fighting white blood cells. Purging by vomiting can cause teeth erosion. Increased risk of death associated with all eating disorders.

5. THE ROLE OF YOUR THERAPIST IN DISORDERED EATING TREATMENT

Working with a therapist is another essential part of treating your disordered eating. Disordered eating is psychological in nature and most people benefit from therapy to help make meaningful progress toward recovery. Your therapist will work with you to help you:



UNIVERSITY HEALTH SERVICES

MARY B. COBURN HEALTH & WELLNESS CENTER *at* FSU

- Normalize your eating patterns and reduce disordered eating behaviors
- Understand your triggers and history related to your disordered eating behaviors and body image concerns
- Develop new coping skills to handle stressful situations and difficult emotions
- Manage any other mental health, substance use, or interpersonal concerns impacting your eating or body image

6. THE ROLE OF YOUR DIETITIAN IN DISORDERED EATING TREATMENT

Working with a dietitian is also an essential part of your disordered eating recovery. Your dietitian will help you:

- Optimize your intake of food, fluid, vitamins, and minerals to support your overall health and well-being and nutritional needs
- Learn to think critically about and challenge incorrect/harmful messages you may have received about food, nutrition, weight, and/or body image and help you develop a healthier relationship with food and body
- Monitor your nutrition-related labs and nutrition-related medical test results, and provide you with individualized and evidenced based recommendations to optimize your well-being
- Help you plan satisfying and balanced meals and snacks in an individualized and collaborative way to support your disordered eating recovery process
- Learn accurate and science-based information about what to expect as you recover from your disordered eating and about other relevant topics such as nutrition, metabolism, and weight



UNIVERSITY HEALTH SERVICES
MARY B. COBURN HEALTH & WELLNESS CENTER *at* FSU

7. YOUR EXPECTATIONS AS A PATIENT BEING SEEN BY THE EDT TEAM

- Patients are expected to attend appointments with individual providers as scheduled (registered dietitian, therapist, medical provider, and other providers as recommended).
- Patients are expected to communicate ahead of time when they need to cancel or reschedule an appointment.
- Patients are expected to follow recommendations outlined by the team including but not limited to: getting lab work done and following the meal plan developed in collaboration with you and your dietitian.
- Patients are expected to follow through with referrals for further evaluation or treatment as indicated.

8. EXPECTATIONS OF “REASONABLE PROGRESS” TOWARD DISORDERED EATING RECOVERY

If you are not making reasonable progress at an outpatient level of care as defined by the EDT team, **then treatment at a higher level of care may be recommended.** Resources and options will be discussed with you, and we will work with you to find an acceptable way forward. Reasonable progress toward recovery may include the following:

1. Significant reduction in disordered eating (e.g. reduced frequency over time and eventual cessation of purging, restriction, and/or bingeing).
2. Weight stability and/or weight gain if indicated to a biologically appropriate body weight.
3. Attending appointments as scheduled (unless the need to reschedule has been communicated prior to the appointment) with your individual clinicians.
4. Following through with recommendations discussed with your clinicians (e.g. getting lab work as ordered, adhering to your meal plan)



UNIVERSITY HEALTH SERVICES
MARY B. COBURN HEALTH & WELLNESS CENTER *at* FSU

5. Ongoing motivation and engagement in treatment
6. Following through with referrals for further evaluation or treatment as indicated.

9. WHAT TO EXPECT IF YOU ARE NOT MAKING REASONABLE PROGRESS TOWARD RECOVERY

If you are not making progress toward recovery in an outpatient setting as outlined above, we will need to follow the following process.

1. We will start by discussing our concerns with you regarding a lack of progress toward recovery. We aim to be transparent and honest and will bring up our concerns with you **first** to hopefully arrive at a collaborative decision about next steps to help you get the support you need for recovery from your disordered eating behaviors. This might include initiating the process of seeking a higher level of care so that you have optimal support for recovering from your disordered eating and/or reassessing whether a different frequency of visits might be needed with the registered dietitian or other clinicians. We will communicate regularly with the EDT Team about your progress, potential concerns/challenges, and your treatment plan.
2. With your consent, we may need to involve your family in helping you make decisions about treatment.
3. If the above steps do not result in a reasonable resolution, clinicians may need to escalate concerns to the director and/or medical director of UHS. We may ask for a release of information to consult with the Department of Student Support and Transitions to provide you with as much support as you might need as a student.

By signing below, you acknowledge that you have read, understand, and agree to all the information outlined above. You will receive a copy of this letter and a copy will be uploaded to your medical record.

Patient Name (please print): _____ Date _____

Patient Signature: _____ Date of Birth _____