

**Report to  
The Vermont Legislature**

# **Working Group on Services for Individuals with Eating Disorders Report**

**In Accordance with Act 114, Section 13**

**Submitted to:** House Committees on Health Care and Human Services  
Senate Committee on Health and Welfare

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**Report Date:** February 1, 2023



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## Legislative Language

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*\* \* \* Working Group on Services for Individuals with Eating Disorders \* \* \**

*Sec. 13. WORKING GROUP ON SERVICES FOR INDIVIDUALS WITH EATING DISORDERS; REPORT*

- (a) Creation. There is created the Working Group on Services for Individuals with Eating Disorders to assess those services available to individuals with an eating disorder in Vermont and make recommendations to the General Assembly as to how access for services might be improved.*
- (b) (e) Report. On or before February 1, 2023, the Working Group shall submit a written report to the House Committees on Health Care and on Human Services and to the Senate Committee on Health and Welfare with its findings and any recommendations for legislative action.*

## Executive Summary

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The Eating Disorder Work Group was tasked with creating an inventory of available services for those affected by eating disorders across all levels of programming, and recommending a set of strategies to address gaps in these findings.

Eating disorders are complex multifactorial illnesses that require specialized multidisciplinary care. Optimal eating disorder care requires a skilled team of multidisciplinary providers that can provide psychological support, nutrition recommendations, medical management and care coordination. While a primary care provider and family may be able to coordinate outpatient multidisciplinary care in the home setting for an individual with mild illness, higher levels of care (HLOC) are often needed for individuals with moderate to severe illness. These HLOC include intensive outpatient programs (IOP), partial hospitalization programs (PHP), residential treatment programs, and inpatient treatment programs. The work group identified the stark reality that none of these HLOC programs exist in Vermont at this time, for any age group.

Vermont has a small pool of exceptional multidisciplinary outpatient providers specializing in eating disorder treatment, including registered dietitians, mental health providers, and several physicians. However, available resources do not come close to meeting the need for individuals in Vermont. A review of Vermont's insurance utilization revealed that insurance currently funds more days of HLOC than IOP and PHP, due to the fact that no IOP or PHP exists in Vermont, and it is very difficult for families to temporarily relocate out of state to areas where these programs do exist. Unfortunately, this lack of IOP/PHP programming in the state, combined with reticence to send individuals out of state for residential or inpatient care, often leads to worsening severity of illness being managed in the outpatient care setting. The impact of this treatment gap on individuals and their families cannot be overstated, particularly when considering that eating disorders often present in early adolescence, and evidence-based, effective treatment requires intensive family work and support in the home community. Additionally, these gaps in the eating disorder system of care extend into resources and education for primary care providers (PCP), who, with minimal training or support, find themselves struggling to care for very ill individuals with few places to send those in need of support.

Recommendations to solve these issues include the following strategies:

1. Establish IOP and PHP offerings in Vermont.
2. Create opportunities for more eating disorder training (courses, seminars, webinars, conferences) for all of health care professionals, especially those caring for youth.
3. Encourage routine screening for eating disorders in the primary care setting through the use of standardized tools and growth curves.
4. Establish a continuing medical education requirement for health care professionals on eating disorders, especially for pediatricians, family physicians, and psychiatrists.
5. Provide annual multidisciplinary and free of cost training to PCPs, mental health care providers, social workers, registered dietitians, and schools to increase awareness of informed approaches to detecting and supporting those in need of eating disorder treatment.
6. Provide education to school staff, including health educators, physical education teachers, coaches, school nurses, counseling staff and administrators about prevention, the impact of language, and identification of eating disorders in young people.
7. Create public health messaging for individuals, families, school staff, and the general public about eating disorders: how to prevent, identify, and seek help early.

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## Introduction

Eating disorders are pervasive in the state of Vermont and nationwide. The Academy for Eating Disorders estimates that roughly one in 10 Vermonters, or 55,132 individuals, will have an eating disorder in their lifetime. Eating disorders affect all levels of the population, with the most severe cases primarily impacting young women and adolescents. Recent data shows troubling increases; according to Vermont hospital admissions data from 2016-2019, female patients ages 15 to 24 that required inpatient treatment for an eating disorder increased by 75%. In a 2021 letter sent to Sen. Bernie Sanders, the executive director of the Massachusetts-based Multi-Service Eating Disorder Association (MEDA), reported the total number of clients they serve rose 700% since March 2020. Historically over the last twenty years, 20-25 percent of their patients originate from Vermont.

Eating disorders are highly complex and can present with a multitude of comorbidities, including mental and physical health conditions. Unfortunately, the morbidity and mortality of eating disorders is very high. An average of 10% of those with eating disorders will eventually die from their disorder and 26% will attempt suicide. Despite the dire impact that eating disorders have on our community, there exist limited eating disorder-specific resources to adequately serve these individuals and their families in Vermont. Currently, only outpatient multidisciplinary treatment – the lowest level of care – is available, and the need for treatment far exceeds those resources that do exist. For those whose eating disorder is too severe for outpatient, their only option is to receive care out of the state.

Optimal eating disorder treatment involves a continuum of care that allows individuals to move both up and down between treatment levels. Care typically begins with a trial of eating disorder specific IOP but can advance to more intensive PHP or residential treatment if required. As individuals recover in higher levels of care, they can then step back down to specialized outpatient treatment. As high-level services are only available out of state, individuals in recovery and their families are faced with unique challenges. Many individuals experience significant burden and trauma associated with relocation for care, and then again with re-integration and ongoing care once returning home to their community. Challenges with relocation often include loss of innate social supports, financial burden, and both social and academic disruptions. As there are often significant financial challenges for individuals or families who require relocation, this treatment is more widely available for affluent, well-resourced, and health literate families with private insurance. Given these disparities, Vermont has an opportunity and a duty to increase equitable treatment of Vermonters who are suffering and in need.

Eating disorders often act as silent illnesses, driven on a societal level by limited understanding and by biases regarding the people they affect. As highlighted by the majority of stakeholders involved in the work group process, misinformation and lack of knowledge prevent individuals, families and providers from having clear direction on when, how and where to seek help. Of note, the advocacy, courage and compassion of individuals with lived experience served as the primary catalysts for the work of this group. Their perspectives, gathered via public comment sessions and intentional outreach, have been invaluable in crafting the recommendations. The work group is grateful for their participation and vulnerability in sharing their painful lived reality to ensure that the proposed strategies speak to the true needs of the Vermont community.

## **Programs and Providers**

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Eating disorder treatment comprises a range of treatment levels, from outpatient multidisciplinary care and IOP programs aimed at those with less acute needs, to PHP, residential, and inpatient levels of care for those who are more medically compromised. IOP consists of treatment 3 days per week, whereas PHP provides treatment 5-7 days per week. IOP and PHP programs do not include 24/7 supervision, whereas residential and inpatient level of care do. Vermont has a small pool of exceptional outpatient multidisciplinary providers specializing in eating disorder treatment, including registered dietitians, mental health providers, and a few physicians. However, available resources do not come close to meeting the need for those with eating disorders in Vermont. Primary care providers, with minimal training or support, often find themselves struggling to care for very ill individuals, whether or not they have been able to piece together formal or informal teams of multidisciplinary providers with eating disorder experience. Long waitlists for all levels of care are the norm, and those suffering with eating disorders often flounder in the community, often forced to utilize resources like emergency departments to manage medical sequelae including dehydration and malnourishment.

A review of Vermont's insurance utilization revealed that insurance currently funds more days of high level (out of state residential and inpatient) care than IOP and PHP. This demonstrates that Vermont's response is effectively upside down, functioning in a reactive rather than proactive way. Due to a paucity of outpatient level services, Vermonters often end up accessing HLOC late in their disease progression, thus placing their overall health and well-being at risk. By prioritizing prevention and early intervention at the outpatient level, we should be able to significantly reduce the need for more intensive and costly out of state eating disorder treatment. IOPs and PHPs allow individuals and their families to participate in intensive, highly organized daily treatment and monitoring, while remaining in their home community. Again, the structures of IOPs and PHPs also allow individuals to step down from higher levels of care, successfully re-integrate into their home communities, and continue care following out-of-state treatment.

As captured in the inventory (Appendix 1), the work group identified the somber reality that there are currently no specialized IOP, PHP, residential nor inpatient eating disorder treatment programs in the state of Vermont, for any age level. In early 2023, a Chittenden County-based eating disorder IOP is expected to open for age 16 and up, but no programs are currently in development for children and younger adolescents. The impact of this gap on individuals and their families cannot be overstated, particularly when considering that eating disorders often present in early adolescence, and evidence-based, effective treatment requires intensive family work and support in the home community and outcomes are improved with earlier intervention before the disorder progresses.

## **Education & Prevention**

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Education specific to eating disorders is surprisingly sparse throughout the medical education system, and within the education curriculum. There are no national or regional educational requirements regarding eating disorders for primary, intermediate, or secondary school employees, within colleges, in the medical college, through the Accreditation Council for Graduate Medical Education for medical residencies, or in continuing medical education for licensed physicians. There is a clear opportunity for increased educational opportunities and programs throughout Vermont, trainings which would ideally span from preventative measures, recognition and early identification, through treatment. Early identification of eating disorders is vital for successful treatment, and educational programs that span a variety of settings are essential to spreading awareness.

In primary, intermediate, and secondary schools specifically, this would include training of school nurses, health educators, physical education teachers, coaches, school guidance counselors, and school food staff. Training within

schools would ideally focus on awareness of eating disorders, prevention, language used throughout the school and after school setting in relation to food, nutrition, and bodies, and encouragement of discussion around cultural contributors relating to both food and movement. In the healthcare setting there is an opportunity for more training of healthcare professionals, especially pediatricians and family physicians. This training would ideally include subject matters such as language used to discuss weight and nutrition in the healthcare setting, early identification/warning signs of possible eating disorders, initial approaches to management of disordered eating, eating disorders, and medically based protocols for treatment of eating disorders. There is currently no continuing medical education requirement in the realm of eating disorders. Adding this to licensing requirements for certain specialties and subspecialties, such as pediatrics, family medicine, and psychiatry, would expand the number of providers with enhanced ability to provide care for individuals with eating disorders. Please see Appendix 2 for regionally and nationally available trainings, and further commentary regarding the necessity of education.

Prevention efforts for eating disorders include raising awareness of eating disorders, improving early identification, and reducing stigma through positive body messaging and language. Awareness should be raised both in schools and through general public service messaging. In the healthcare setting there is an opportunity to standardize and therefore expand primary care screening for eating disorders using standardized screening tools (see Appendix 3 for an example).

## **Data**

Increased public health surveillance of eating disorders, both nationally and in Vermont, is necessary as we monitor the level of need and optimize intervention points. In particular, data is needed on the prevalence of relevant eating disorder behaviors (e.g., dietary restriction/fasting, purging, binge eating) stratified by various demographic categories, including age, gender, sexual orientation, race/ethnicity, and socioeconomic status.

## **Access**

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There are several changes underway within Vermont Medicaid, which remove barriers and provide more timely access to care. These changes should also be considered in private insurance as well, for parity.

- a. Removal of prior authorization requirements for admission to eating disorder inpatient and residential levels of care. (Implementing 01/01/2023)
- b. Removal of prior authorization for partial hospital program (PHP) and intensive outpatient program (IOP) levels of care specific to eating disorder treatment. (Implementing 01/01/2023)

A current barrier to residential treatment is that Medicaid coverage is age-dependent, excluding those over the age of 20. Removal of the age limit for residential level of care specific to eating disorder treatment would expand care to those patients over the age of 20 who require residential care.

Navigation of resources and care for eating disorders is complex. The complexity of this is compounded in Vermont by the minimal number of providers and the common need to seek care out of state. Care managers in all insurance companies that hold expertise in eating disorders would help both individuals and families navigate this challenging process.

## **Navigation and Support**

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The workgroup heard resoundingly from Vermonters with lived experience that the system of eating disorder care, as limited as it may be, is challenging to understand and access. Individuals and families also requested more

opportunities to connect with, learn from and support those with shared experiences. The creation of a centralized source of information, resources, navigation tools, and opportunities for support is outlined in Recommendations, Section 4.

## **Implementation & Sustainability**

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As detailed above there is a great deal of work to be completed in order to ensure adequate awareness, education, and access to care for Vermonters at risk of and with eating disorders. Implementation of the recommendations must be well resourced in order to secure sustainability. Resources will include funding, but also investment of interest and time for those organizing and executing novel practices and programs. The workgroup strongly recommends an ongoing workgroup to determine what specific resources will be required, through which departments and programs the work will occur, and to maintain momentum and accountability once programs begin.

## **Recommendations**

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### **1. Programs and Providers**

- a.** Establish IOP and PHP offerings in Vermont for individuals of all ages and support existing efforts to implement this level of programming.
    - 1.** There is currently an existing effort to open an IOP and PHP program in northern Vermont. Efforts should be made to minimize barriers and expedite their ability to begin serving Vermonters.
    - 2.** Create new or expand existing efforts for in-state IOPs and/or PHPs for children and adolescents under the age of 16
  - ii.** Evaluate continuously the extent to which the forthcoming IOP/PHP for adolescents 16 years of age and older meets the needs of the target population and expand programming accordingly.
  - iii.** Contract with existing telehealth providers of nationally available eating disorder IOPs and PHPs that can meet the needs of some, but not all, individuals and their families.
  - iv.** Coordinate with the Agency of Education to ensure youth's educational needs are met while in treatment, and to foster cohesive and supportive transitions back to school.
  - v.** Remove systemic barriers that slow or prevent the creation of new programs in favor of a system that fosters such development.
  - vi.** Support funding for planning and implementation of IOP and PHP programs statewide
- b.** Increase the eating disorder treatment workforce in Vermont by providing incentives such as state-funded trainings for individual and family therapists, physicians (primary care, psychiatry, emergency, adolescent medicine), nutritionists, public health professionals, and medical students. To include mental health providers training in Family Based Treatment.
  - c.** At University of Vermont Medical Center:
    - i.** Support the development of a devoted, multidisciplinary, eating disorder program that can serve children, adolescents and adults with moderate illness.
    - ii.** Create dedicated combined medical—psychiatric beds in UVM Children's Hospital such that inpatient multidisciplinary pediatric teams can better care for children and youth requiring medical stabilization.
  - d.** Create a consultation service similar to the recently established Vermont Child Psychiatry Access Program (VT CPAP), that offers guidance and support for primary care providers managing individuals



with eating disorders.

- e. Create programs that support communication between healthcare providers and schools.

## **2. Education and prevention**

- a. In primary, intermediate, and secondary schools and after school programs of school nurses and other school personnel, such as health educators, physical education teachers, school guidance counselors, athletic coaches, and school food staff.
  - i. Educational focus around awareness of eating disorders, prevention of eating disorders, language used throughout the school setting in regard to food, nutrition, and positive body messaging, and encouragement of discussion around cultural contributors relating to both food and movement.
- b. In medical education and continuing medical education:
  - i. Add continuing medical education requirements for licensure for certain specialties and subspecialties (for example: pediatrics, family medicine, psychiatry, and child psychiatry)
  - ii. Educational focus on language used to discuss healthy weight and nutrition in the healthcare setting, early identification/warning signs of possible eating disorders, initial approaches to management of disordered eating, eating disorders, and medically based protocols for treatment of eating disorders.
- c. Fund annual multidisciplinary and free of cost training to physicians, mental health providers, registered dietitians, and school educators and staff to increase awareness of informed approaches to detecting and supporting those in need of eating disorder treatment.
  - i. Educational focus on early identification and management for all ages, including medically and evidenced based protocols to improve cohesive and consistent care
  - ii. Educational component to include information about eating disorders in adults, to ensure that this population is not missed
- d. Encourage and incentivize primary care screening for eating disorders using standardized screening tools.
- e. Ensure effective public health messaging for the general public, families, and school staff about eating disorders; how to prevent, identify, and seek help early.
  - i. Awareness messaging should not just be through schools, but through public service messaging as well to ensure that vulnerable patients are not missed.

## **3. Data**

- a. Include eating disorder-related measures in representative population-level health surveys, consistent with those used in other states, such as Vermont's Youth Risk Behavior Survey (YRBS), the Behavioral Risk Factor Surveillance System (BRFSS), and all-payer claims data.

## **4. Access**

- a. There are several changes coming to Vermont Medicaid, which remove barriers and provide more timely access to care. For parity, these changes should be considered by private insurance as well.
  - i. Removal of prior authorization requirements for admission to eating disorder inpatient and residential levels of care (Implementing 01/01/2023)
  - ii. Removal of prior authorization for partial hospital program (PHP) and intensive outpatient program (IOP) levels of care specific to eating disorder treatment. (Implementing 01/01/2023)
- b. Remove the age limit for benefits from all insurance sources for residential level of care for eating disorders, as current Medicaid benefits exclude those over the age of 20.
- c. In all insurance companies, provide care managers with expertise in eating disorder resources to assist individuals and families in navigating the complex system of care.

## **5. Navigation and Support**

- a. Create a centralized online Vermont-specific clearinghouse, ideally cross-linked between Vermont Department of Health and the Department of Mental Health, that helps individuals, families and care teams to learn about eating disorders and to navigate the system by providing:
  - i. basic eating disorder information, including warning signs to support early identification and intervention
  - ii. a roadmap to eating disorder care in Vermont that will help individuals and families know where to begin and how to proceed
  - iii. updated lists of qualified and available local multidisciplinary providers with eating disorder experience and training
  - iv. connections to active community resources and support groups
  - v. links to higher level resources, such as the National Eating Disorders Association (NEDA)
  - vi. a calendar of relevant public events and potential for coordination of public forums
  - vii. links to online learning and educational opportunities

## **6. Implementation and Sustainability**

- a. Create an ongoing workgroup dedicated to determining necessary funding and staffing for implementation of programs novel to Vermont, that will then shift to track needs through population-level data to continue to evaluate if the system is meeting current need.

## Appendix 1: Links to Additional Resources

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- a. News interview coverage of Eating Disorder Workgroup: [Working group wants Vermonters to weigh in on eating disorder treatment \(wcax.com\)](#)
- b. Eating Disorder Workgroup Meeting Minutes: [Eating Disorders Workgroup | Department of Mental Health \(vermont.gov\)](#)
- c. Best practices & highlighted research:
  - 1. VCHIP: <https://statics.teams.cdn.office.net/evergreen-assets/safelinks/1/atp-safelinks.html>
  - 2. MEDA: [Home - MEDA - Multi-Service Eating Disorders Association \(medainc.org\)](#)
  - 3. CPAP: <https://statics.teams.cdn.office.net/evergreen-assets/safelinks/1/atp-safelinks.html>

## Appendix 2: List of Educational Resources

### INVENTORY OF TRAININGS AND EDUCATIONAL OPPORTUNITIES IN VERMONT ON DISORDERED EATING AND OTHER RECOMMENDED RESOURCES

#### 2017 through 2022~ Erica Gibson MD UVMCH Adolescent Medicine

Date	Topic	Instructors	Audience
Sept 2022	Eating Disorders in the School Setting Column for VT School Nurse Newsletter	Erica Gibson MD	VT School Nurses Bulletin statewide distribution. Part 2 upcoming winter 2022
Aug 24, 2022	Eating Disorders and Weight Stigma	Britt Richardson RD Adolescent EDCC	VT School Nurses Association #100+
July-Aug 2022 (to be repeated every summer) Live and recorded	Inpatient Medical Stabilization of Malnutrition 3-part series	UVMCH: EDCC, CAPPCON, Hospitalists	Pediatric Residents Medical Students on B5 Fam Med Residents on B5 Psychology Interns Psychiatry fellows/residents
May 23, 2022	Eating Disorders: Multidisciplinary Care	Large Multidisciplinary Team	Multidisciplinary Providers VT #400
March 18, 2022	Eating Disorder Risks and Warning Signs	Britt Richardson RD Adolescent EDCC	Burlington School District Nurses #? (Kaitlyn Kodzis at VDH will know)
March 24, 2022	Eating Disorders: General and In Schools	Britt Richardson RD Adolescent EDCC Erica Gibson MD Adolescent EDCC	VT SHAPE Conference #20
April 2021	Eating Disorders: Multidisciplinary Training	Boston Children's Eating Disorder outpatient care team	Vermont Psychological Association #? (VPA should know)
Feb 2021	Outpatient Management of Adolescent Eating Disorders	Erica Gibson, MD Aubrey Carpenter PhD Abby Wadsworth RD	Pediatric Grand Rounds #150
October 2020	Eating Disorders in Adolescent Athletes	Erica Gibson MD Aubrey Carpenter PhD Abby Wadsworth RD	VT SHAPE Conference #30
June 2019	Inpatient Malnutrition	Erica Gibson MD Valerie Riss MD	UVMCH Pediatric Professor Rounds

	Pathway	Courtney Fleisher PhD	#20
Sept 2017	Restrictive Type Anorexia Nervosa in the Adolescent Patient	Erica Gibson MD Marlene Maron PhD Laura Biron RD	Family Medicine Grand Rounds #75
March 2017	Restrictive Type Anorexia Nervosa in the Adolescent Patient	Erica Gibson MD Marlene Maron PhD Laura Biron RD	Psychiatry Grand Rounds #75
April 2017	Eating Disorders	Laura Biron RD Anita Johnson PhD	Vermont Psychological Association

### OTHER VERMONT RESOURCES AND SUGGESTED NATIONAL RESOURCES:

- **Kathy Mariani, MD**, *Addressing the Current State of Eating Disorder Medical Education at LCOM* (poster presentation, summer 2022)

**Abstract:** Eating disorders are one of the most common mental health disorders, and they are often difficult to diagnose and treat. The Vermont department of mental health recently surveyed the state’s mental health providers and found that many of them felt unprepared to treat clients with eating disorders. Improving eating disorder care and education in Vermont is particularly relevant due to lack of resource accessibility with a common need to travel out of state for care. It is important to identify and treat eating disorders early because they are associated with adverse comorbid conditions and higher mortality<sup>1,2</sup>. However, medical providers often feel ill-prepared to effectively address eating disorders<sup>3</sup>. Physicians and residents have noted that their comfort level with screening, diagnosing, and treating eating disorders could be improved with additional training<sup>4,5</sup>. Patients have noted that the social stigma of eating disorders and language regarding the subject cause them to delay seeking care contributing to the “treatment gap”<sup>6</sup>. The current medical curriculum does not include adequate eating disorder training and has not been expanded to meet the growing need for care<sup>7</sup>. This project aims to assess the current state of eating disorder medical education at UVM by surveying current 3<sup>rd</sup> and 4<sup>th</sup> year medical students to improve the quality of medical education.

- **From Elaina Efird, RDN, the Kahm Clinic:**

There are none that I know of specific to the state of Vermont. Out of state there are various professional development opportunities. Many of these are not recurring and have a wide range of topics offered throughout the year so it's hard to give one summary of what the training would look like. Here's a list of national programs that offer training.

- **International Association of Eating Disorders Professionals (IAEDP)**
  - o Annual Conference
  - o Pre-recorded Webinars available year-round for \$15 per webinar, worth 1 CEU
- **Alsana:** free webinars available sporadically throughout the year, all topics are different but all focused on different ED topics

- **Eating Recovery Center (ERC) + Pathlight Academy:** free webinars available throughout the year
- **The Renfrew Center:**
  - o Annual conference
  - o Live webinars scheduled throughout the year
- **Monte Nido:** free live webinars scheduled throughout the year
- **From Annie Valentine, University of Vermont Center for Health and Wellbeing:**
  - The Body Project <https://www.nationaleatingdisorders.org/get-involved/the-body-project>
  - The Body Positive: <https://thebodypositive.org/>.
- **From Katy Culpo, Department of Health, Human Movement, & Sport, Coordinator Health Education Program, Castleton University**

Nothing specific in State College system. Some courses in the psychological sciences include content on EDs:

- Introductory level in undergraduate developmental courses (lifespan and child and adolescent development), but the coverage of the topic is minimal (Megan Blossom)
- Course on developmental psychopathology may include content (Shannon Newell)
- Consider exploring what campus wellness centers offer for programming.

Other resources that may serve as good options for Vermont practitioners (These need further review and vetting):

### 1. **The Eating Disorders Certificate program at Lewis & Clark**

[https://graduate.lclark.edu/programs/continuing\\_education/certificates/eating\\_disorders/](https://graduate.lclark.edu/programs/continuing_education/certificates/eating_disorders/)

The Eating Disorders Certificate program at Lewis & Clark is one of the only graduate programs in the country devoted to the topic, and the only program in the Pacific Northwest. Additionally, the ED certificate program at Lewis and Clark takes an inclusive, weight-neutral, Health At Every Size approach that challenges harmful systemic bias directed at larger bodies.

Given lifetime prevalence rates of eating disorders, disordered eating, and associated co-occurring disorders, it is inevitable that professional mental health practitioners across a wide array of settings will be faced with clients presenting with these problems.

**Semester hours: 8**

**Courses offered: Fully online**

The Eating Disorders Certificate program is an 8-credit course of study that provides the comprehensive knowledge base required to work professionally with clients experiencing disordered eating. Participants join with practitioner faculty in small classes for discussion, study, and field experience. This program is appropriate for graduate students completing master's degrees in counseling or therapy, as well as mental health and addictions practitioners, nutritionists, or medical personnel working in the field.

**The certificate is only issued for students who have taken either (1) all courses for degree-applicable credit or (2) all courses for graduate-level continuing education credit.** In other words, the certificate cannot be issued if some courses were taken for degree-applicable credit and some were taken for graduate-level continuing education credit; they must all be taken for the same kind of credit-no mixing of credit levels. **If you are interested in pursuing the certificate at either form of credit, please contact the admissions office at [gseadmit@lclark.edu](mailto:gseadmit@lclark.edu).**

## **2. Eating Disorder Core Skills: eLearning for GPs from the National Eating Disorders Collaboration, Australia**

<https://nedc.com.au/professional-development/elearning/eating-disorder-core-skills-elearning-for-gps/>

**Eating Disorder Core Skills: eLearning for GPs** is a comprehensive foundational eating disorder training developed specifically for GPs. The training provides GPs with the key information needed to provide best practice care for patients with eating disorders.

The training will equip GPs with the knowledge and skills needed to understand, identify and assess eating disorders, provide medical treatment, lead the multidisciplinary team, manage MBS items and provide ongoing recovery support.

This four-hour, self-paced and interactive online training includes practical real-life scenarios and activities, videos from leaders in the field and people with a lived experience of an eating disorder, up to date resources and a formal assessment.

While the training has been developed for GPs, it is also applicable to other medical and health professionals. The training includes comprehensive foundational information on eating disorders and will support medical and health professionals to effectively identify and respond to eating disorders. It also covers the eating disorder MBS items, the importance of and roles within the multidisciplinary care team and understanding the stepped system of care for eating disorders. The training is particularly relevant to medical and health professionals working in general practice as well as community-based services.

## **3. International Association of Eating Disorders Professional IAEDP Foundation**

<http://www.iaedp.com/certification-overview/>

iaedp's certification program supports our mission to promote a high level of professionalism among practitioners who treat those suffering from eating disorders by promoting ethical and professional standards.

The Certification Team works to support those pursuing this esteemed designation – The Certified Eating Disorder Specialist. The CEDS serves as the single designation for all providers of eating disorders care (medical, mental health, nutrition, and other allied health).

## **4. Eating Disorders Training Certificate – Telehealth Certification Institute**

<https://www.telementalhealthtraining.com/eating-disorders-certificate-program>

This training program offers a bundle of four courses and the Eating Disorders Training Certificate (EDTC). The courses of the EDTC program offer clinicians comprehensive knowledge on the etiology, assessment

and treatment of eating disorders. Exploration of risk factors for the development of eating disorders, including the ongoing impact of sociocultural influences will be discussed in this training. Instruction on how to assess for eating disorder symptomatology and severity, including differential diagnosis will be provided. This training will provide an overview of current research in the field with an emphasis on evidence-based treatment approaches for various eating disorders and populations. This training empowers clinicians with the knowledge and interventions to confidently treat clients with eating disorders, as well as resources for complex cases that require additional support.

#### **5. STRIPED- Strategic Training Initiative for the Prevention of Eating Disorders at Harvard School of Public Health**

<https://www.hsph.harvard.edu/striped/>

A public health incubator, designed to cultivate novel insights and strategies for prevention. We introduce trainees to a rich array of disciplinary perspectives, methodologies, and theories and provide them with opportunities to join crosscutting collaborative teams. The six training components of our initiative are:

- [Research Projects](#)
- [Practicum Fieldwork](#)
- [Independent Study Course](#)
- [Academic Seminars](#)
- [Case-Based Curriculum](#)
- [Policy Translation](#)

#### **6. NEDA COACH & ATHLETIC TRAINER TOOLKIT**

<https://www.nationaleatingdisorders.org/learn/help/coaches-trainers>

The benefits of sport are well recognized: organized athletics builds self-esteem, promotes physical conditioning, enhances skills, teaches the value of teamwork, and sets a foundation for lifelong physical activity. Athletic competition, however, can also cause severe psychological and physical stress that is amplified in individuals struggling with anxiety, depression, and perfectionism. When the pressures of sport competition are added to cultural ideals that emphasize a certain body type, the risks increase for athletes to develop disordered eating (irregularities in eating patterns and behaviors that may or may not develop into an eating disorder). Be mindful of your messaging, your athletes' behaviors, and keep the following tips in mind.

The Coach & Athletic Trainer Toolkit is a resource for staff who work in gyms, school settings, outside athletic groups, dance studios, etc. who would like to know how to support athletes who may be affected by eating disorders. We've included frequently asked questions and common myths about eating disorders, strategies for assisting athletes and much more!

[Download Coach & Trainer Toolkit](#)



## Appendix 3: SCOFF Questionnaire



THE VICTORIAN  
CENTRE OF  
EXCELLENCE IN  
EATING  
DISORDERS

### SCOFF QUESTIONNAIRE

A screening tool for eating disorders

The **SCOFF** Questionnaire is a five-question screening tool designed to clarify suspicion that an eating disorder might exist rather than to make a diagnosis. The questions can be delivered either verbally or in written form.

- S** • Do you make yourself **Sick** because you feel uncomfortably full?
- C** • Do you worry you have lost **Control** over how much you eat?
- O** • Have you recently lost more than **One stone** (6.35 kg) in a three-month period?
- F** • Do you believe yourself to be **Fat** when others say you are too thin?
- F** • Would you say **Food** dominates your life?

An answer of 'yes' to two or more questions warrants further questioning and more comprehensive assessment. A further two questions have been shown to indicate a high sensitivity and specificity for bulimia nervosa. These questions indicate a need for further questioning and discussion.

- 1.** • Are you satisfied with your eating patterns?
- 2.** • Do you ever eat in secret?

Luck, A.J., Morgan, J.F., Reid, F., O'Brien, A., Brunton, J., Price, C., Perry, L., Lacey, J.H. (2002), 'The SCOFF questionnaire and clinical interview for eating disorders in general practice: comparative study', *British Medical Journal*, 325,7367, 755 - 756.

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## Appendix 4: Press Release

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**For Immediate Release**

**Media Contact:** DMH Communications at [AHS.DMHCommunications@vermont.gov](mailto:AHS.DMHCommunications@vermont.gov)

**The Department of Mental Health Seeks Public Input on Eating Disorder Treatment in Vermont**

**Waterbury** – Are you struggling with an eating disorder? Have you or someone you care about struggled to find care for an eating disorder? The Eating Disorders Workgroup, chaired by the Department of Mental Health, wants to hear from you.

Please join us for a virtual meeting on Monday, November 28th at 10 AM to share your experiences with seeking and receiving care for you or a loved one. We also welcome your suggestions for improving treatment options in Vermont. Your input will be shared with Vermont's health care providers, lawmakers, and school systems. Help Vermont build a better system of care!

For a link to the meeting invite or more information, visit [The Eating Disorder Workgroup webpage](#).

There you will find:

- Information about the workgroup and its charge
- A calendar of future meetings, links to join the sessions, and upcoming agendas
- Past meeting minutes, including a list of recommendations created by the workgroup so far.

If you cannot join us on November 28th, you can share your thoughts with the Department at [AHS.DMHCommunications@vermont.gov](mailto:AHS.DMHCommunications@vermont.gov). All communications will remain confidential unless you provide permission to use your name.

Appendix 5: Inventory of Eating Disorder Providers and Resources

<u>Level of Care Program/Provider Name</u>	<u>Location (State)</u>	<u>Location (general)</u>	<u>Target Population</u>	<u>Gender-specific?</u>	<u>Medicaid (mark with X)</u>	<u>BCBS (mark with X)</u>	<u>Other Commercial?</u>	<u>Website</u>
<b>Inpatient</b>								
Walden	MA	Border State	All Ages	All	X	X		
Eating Recovery Center								
Center for Change	UT		All Ages		X			
<b>Residential</b>								
Center for Discovery	Multiple		All Ages	All		X	Has a limited scholarship fund	<a href="http://clementineprograms.com/">http://clementineprograms.com/</a>
Clementine (Part of Monte Nido group)	Multiple		Adolescent -only	Female	X	X		<a href="http://clementineprograms.com/">http://clementineprograms.com/</a>
Walden	Multiple		All Ages	All	X			<a href="https://www.waldeneatingdisorders.com/">https://www.waldeneatingdisorders.com/</a>
Cambridge Eating Disorder Center	MA		All Ages	All	X			<a href="#">Comprehensive Eating Disorder Services - Cambridge Eating Disorder Center   Treatment Programs for Individuals and Training for Professionals</a>
The Renfrew Center	Multiple		Adolescent -only	Female				<a href="#">Expert Eating Disorder Treatment - The Renfrew Center</a>
McLean Hospital – Klarmen Program	MA	Border State	Adolescent s-only	Female		X		<a href="#">Klarman Eating Disorders Center for Young Women (Ages 18-28) at McLean (mcleanhospital.org)</a>
Princeton Eating Disorder Center (Penn Med) – Inpatient	NJ	Out-of-Region	Adolescent -only	All				<a href="#">Princeton Center for Eating Disorders (princetonhcs.org)</a>
Cumberland	VA	Out-of-Region	Adolescent -only	All	X			<a href="#">Eating Disorders Treatment   Cumberland Hospital   New Kent, VA</a>
Sheppard Pratt (affiliated with Johns Hopkins) -	MD	Out-of-Region	All Ages	All				<a href="#">The Center for Eating Disorders at Sheppard Pratt   Care Finder   Sheppard Pratt</a>

inpatient								
Rogers Memorial Hospital	WI	Out-of-Region	All Ages	All				<a href="http://rogersbh.org">Eating Disorder Treatment – Rogers Behavioral Health (rogersbh.org)</a>
Alsana	AL	Out-of-Region	Adult-only	All				<a href="http://alsana.com">Residential eating disorder treatment programs   Alsana®</a>
Center for Change	UT	Out-of-Region	All Ages	Female				<a href="http://centerforchange.com/">https://centerforchange.com/</a>
Veritas	Multiple	Out-of-Region	Adolescent-only	All				<a href="http://veritascollaborative.com/">https://veritascollaborative.com/</a>
Timberline Knolls	IL	Out-of-Region	All Ages	Female				<a href="http://www.timberlineknolls.com/">https://www.timberlineknolls.com/</a>
Eating Recovery Center	Multiple	Out-of-Region	Adolescent s-only	All		X		<a href="http://www.eatingrecoverycenter.com/">https://www.eatingrecoverycenter.com/</a>
Oliver Pyatt Center	FL	Out-of-Region	Adult-only	Female				<a href="http://www.oliverpyattcenters.com/professionals/">http://www.oliverpyattcenters.com/professionals/</a>
McCallum Place	MO	Out-of-Region	All Ages	All				<a href="http://www.mccallumplace.com/">https://www.mccallumplace.com/</a>
Carolina House	NC	Out-of-Region	All Ages	All		X		<a href="http://www.carolinaeatingdisorders.com/">https://www.carolinaeatingdisorders.com/</a>
Avalon Hills	UT	Out-of-Region	All Ages	Female				<a href="http://www.avalonhills.org/">http://www.avalonhills.org/</a>
Laureate Eating Disorders Program	OK	Out-of-Region	Adolescent-only	Female		X		<a href="http://www.saintfrancis.com">Why Laureate? (saintfrancis.com)</a>
Montecatini	CA	Out-of-Region	All Ages	All				<a href="http://www.montecatinieatingdisorder.com/">https://www.montecatinieatingdisorder.com/</a>
Mirasol	AZ	Out-of-Region	Adolescent-only	All				<a href="http://www.mirasol.net/index.php">https://www.mirasol.net/index.php</a>
Selah House	IN	Out-of-Region	Adolescent-only	Female				<a href="http://www.selahhouse.com/">https://www.selahhouse.com/</a> Christian Eating Disorder Program
The Emily Program	Multiple	Out-of-Region	All Ages	All		X		<a href="http://emilyprogram.com/">https://emilyprogram.com/</a>
The Meadows Ranch	AZ	Out-of-Region	Adolescent-only	Female				<a href="http://www.meadowsranch.com/">https://www.meadowsranch.com/</a>
Rosewood Ranch (part	AZ	Out-of-	Adolescent	All				<a href="http://www.rosewoodranch.co">https://www.rosewoodranch.co</a>

of Monte Nido)		Region	-only					<a href="#">m/</a>
Toledo Center for Eating Disorders	OH	Out-of-Region	Adolescent -only	All			X	<a href="https://toledocenter.com/">https://toledocenter.com/</a>
<b><u>Partial Hospitalization Program (PHP)</u></b>								
Walden Behavioral Care	MA/Virtual	Border State	All Ages	All		X	X	<a href="https://www.waldeneatingdisorders.com/locations/massachusetts-locations/amherst/?utm_source=local&amp;utm_medium=organic&amp;utm_campaign=undefined">https://www.waldeneatingdisorders.com/locations/massachusetts-locations/amherst/?utm_source=local&amp;utm_medium=organic&amp;utm_campaign=undefined</a>
Reflections Eating Disorder Treatment Center at Parkland Medical Center	NH	Border State	All Ages	All				<a href="https://parklandmedicalcenter.com/specialties/eating-disorders/">https://parklandmedicalcenter.com/specialties/eating-disorders/</a>
WithinHealth	Virtual		All Ages	All				<a href="http://www.withinhealth.com">www.withinhealth.com</a>
Equip	Virtual		All Ages	All				<a href="http://www.equip.health">www.equip.health</a>
Cambridge Eating Disorder Center	MA		All Ages	All		X		
Monte Nido of Massachusettes	MA		All Ages	all		X		
<b><u>Intensive Outpatient Program (IOP)</u></b>								
Walden Behavioral Care	MA/Virtual	Border State	All Ages	All		X	X	<a href="https://www.waldeneatingdisorders.com/locations/massachusetts-locations/amherst/?utm_source=local&amp;utm_medium=organic&amp;utm_campaign=undefined">https://www.waldeneatingdisorders.com/locations/massachusetts-locations/amherst/?utm_source=local&amp;utm_medium=organic&amp;utm_campaign=undefined</a>
Reflections Eating Disorder Treatment Center at Parkland Medical Center	NH	Border State	All Ages	All				<a href="https://parklandmedicalcenter.com/specialties/eating-disorders/">https://parklandmedicalcenter.com/specialties/eating-disorders/</a>
Center for Eating Disorder Management	NH	Border State	All Ages	All			X	<a href="https://cedm-inc.com/program-overview/">https://cedm-inc.com/program-overview/</a>
Cambridge Eating	NH	Border State	Adolescent			X		<a href="https://www.eatingdisordercent">https://www.eatingdisordercent</a>

Disorder Center			-only				<a href="http://er.org/new-hampshire-treatment-program/">er.org/new-hampshire-treatment-program/</a>
HPA Live Well	NY	Border State	All Ages	All			<a href="https://hpalivewell.com/teen-eating-disorder-treatment/">https://hpalivewell.com/teen-eating-disorder-treatment/</a>
WithinHealth	Virtual		All Ages	All			<a href="http://www.withinhealth.com">www.withinhealth.com</a>
Equip	Virtual		All Ages	All			<a href="http://www.equip.health">www.equip.health</a>
<b>Outpatient</b>							
<b>Registered Dietitians</b>							
Marcia Herrin	NH	Border State	Adolescent -only				<a href="https://marciaherrin.com/">https://marciaherrin.com/</a>
Whole Health Nutrition	VT	In-State	Adolescent s-only				<a href="https://www.wholehealthnutritionvt.com/">https://www.wholehealthnutritionvt.com/</a>
Laura Biron	VT	In-State	Adolescent -only				<a href="http://www.livingbetternutrition.com/">http://www.livingbetternutrition.com/</a>
Molly Parker	VT	In-State	Adolescent -only				<a href="http://www.theadamscenter.com/">http://www.theadamscenter.com/</a>
The Kahm Clinic	VT	In-State	Adolescent -only				<a href="https://www.thekahmclinic.com/">https://www.thekahmclinic.com/</a>
Kimberly Evans	VT	In-State	Adolescent -only				<a href="https://www.nourishradiance.com/">https://www.nourishradiance.com/</a>
Additional Notes:							
Always check Office of Professional Regulation for current license list							<a href="http://www.vermont.gov">Find a Professional (vermont.gov)</a>
Check VT Medicaid provider look up							<a href="http://vtmedicaid.com">Vermont Medicaid Portal (vtmedicaid.com)</a>
<b>Mental Health Professional</b>							
National Eating Disorders Association							<a href="http://www.nationaleatingdisorders.org/find-treatment">http://www.nationaleatingdisorders.org/find-treatment</a>
Academy for Eating Disorders							<a href="http://aedweb.org">http://aedweb.org</a>
Local chapters of IAEDP professionals							<a href="http://www.iaedp.com/overview%2017%20Chapters.htm">http://www.iaedp.com/overview%2017%20Chapters.htm</a>
Certified Family-Based Treatment providers							<a href="http://train2treat4ed.com/">http://train2treat4ed.com/</a>

ED Referral.com

<http://www.edreferral.com>