Post-Treatment Follow-Up

Although improvements by the end of residential treatment is often necessary for recovery, it is not sufficient. Clients must maintain improvements after they return home. A brief pilot study, Center For Discovery rolled out its Aftercare Program to collect such data via a licensed psychologist contacting all adult clients and parents of adolescent clients 30 days, 60 days, 90 days, and 1 year after discharge. The program was designed to help protect the improvements made in treatment by providing support and resources, and to collect post discharging and follow-up data for clients who were discharged from the treatment center. The Aftercare Program was conducted for clients who was discharged after the 30-day follow-up. The follow-up data collection process was expanded, new measures were added, and the Aftercare Program—which collects post discharging data—was initiated. The following results, from the largest sample sizes in the field, are from our ongoing follow-up study of clients discharged from Center For Discovery between January 2015 and January 2018 (n = 2,035).

Binge Behaviors
At follow-up, for clients treated for BN or BN-NOS (72% = 247) were purging less than once per week (i.e., for BN, no longer engaging in purge behaviors; for BN-NOS, reduced frequency of purge behaviors) (p = 0.05). These are strong; research suggests frequent purging behavior often remains present after discharge from a high level-of-care, treatment at Center For Discovery, 86.5% did not need to step back up to a higher level-of-care, at Center For Discovery, 95.4% TBW (p = 0.05) were completely binge free the month before data collection. For those clients who remained in residential treatment until they were appropriate for a lower level of care, 71.2% (p = 0.05) no longer engaged in purge behaviors. For those clients who were completely binge free the month before data collection, the percentage who were completely binge free the month before data collection jumped by 10 percentage points to 69.0% (p = 0.05).

READMISSION TO CENTER FOR DISCOVERY

Center For Discovery has collected data on almost 4,000 clients (n = 3,967), who were receiving residential eating disorder treatment, beginning in 2006. Teaming with expert researchers, the de-identified data have been analyzed and presented to the field via the Academy for Eating Disorders’ (AED) Clinical Conference, the Society for Adolescent Medicine and Health, and the Pediatric Academic Societies (PAS) Annual Meeting, and the American Psychological Association (APA) Annual Convention. In 2015, Center For Discovery’s research collection process was expanded, new measures were added, and the Aftercare Program—which collects data post discharging data—was initiated. The following results, from the largest sample sizes in the field, are from our ongoing follow-up study of clients discharged from Center For Discovery between January 2015 and January 2018 (n = 2,035).

Sample Treated
Center For Discovery’s average adolescent client was 14.8 years old at treatment, and whereas it suggests that the majority of clients remain present after discharge from a high level-of-care, treatment at Center For Discovery, 86.5% did not need to step back up to a higher level-of-care, at Center For Discovery, 81.5% of clients with binge behaviors who completed treatment bingeing less than once per week post-discharge, 86.3% of AN clients who discharged at or above 90% TBW maintaining their weight post-discharge, 79.9% of clients engaging in continued treatment within seven days post-discharge.

Recidivism
While Center For Discovery has always published the percentage of its clients who readmitted to Center For Discovery; after 2015, it is only with the inception of the Aftercare Program that we have been able to determine the rate of clients who readmitted to Center For Discovery within the seven days following discharge from Center For Discovery; 79.9% (n = 1,058) of clients were completely binge free the month before data collection. This finding is in line with research suggesting that reduced binge behavior, and 57.7% (p = 0.05) were completely binge free the month before data collection. For those clients who addressed the Aftercare Program, the number of almost 4,000 clients (n = 3,967) who...
Weight Restoration

Center for Discovery’s treatment philosophy is strongly rooted in Health At Every Size®—weight is not a good indicator of health. The one exception to this rule is for clients who are weight suppressed and harmed. These clients, usually diagnosed with AN or ARFID, require weight restoration to reduce the serious, potentially fatal, medical and psychological symptoms of malnutrition. Clients diagnosed with AN, who begin treatment with an average of percent Total Body Weight (TBW) in the low to mid-60s, were able to weight restore to above an average of 50% of TBW (see Graph 1). Reaching the benchmark of 50% of TBW, particularly for developing adolescents, is important for a number of reasons including a marked reduction of symptoms of bone disease and relapse but also a decline in motivation for recovery. Thus, the average rate of weight restoration for all clients who needed to weight restore was 2.0 lb per week for the three-week admission (which is equivalent to 13.9 lb of total weight gain). Whereas adult clients with ARFID entered treatment close to the normed mean Body Mass Index (BMI) mid-80s, were able to weight restore to above an average of 90% of TBW at discharge (which is equivalent to 10.4 lb for adolescents, which is equivalent to 13.9 lb for adults) on average. Clients with AN gained about 85.2% of TBW, particularly for developing adolescents, is important for a number of reasons including a marked reduction of symptoms of bone disease and relapse but also a decline in motivation for recovery.

Examining rate of weight restoration, clients with AN gained about 2 pounds (2.0 lb per week for three-week admission) for adolescents, 1.9 lb for adult clients, which is equivalent to 10.4 lb of total weight gain for adolescents, and 9.2 lb for adult on average. The rate of weight restoration was more variable between adult and adolescent clients, with adolescents gaining 1.6 lb per week on average (which is equivalent to 8.5 lb of total weight gain); whereas adult clients with ARFID gained 2.2 lb per week on average (which is equivalent to 13.9 lb of total weight gain). Thus, the average rate of weight restoration for all clients who needed to weight restore was 2.0 lb per week for the three-week admission (which is equivalent to 13.9 lb of total weight gain).

In-Treatment Improvements

Purging Reduction

Clients were mandated to begin to begin to maintain weight gain at the start of inpatient admission, an average of 2.0 lb per week for the three-week admission. Purging was defined as any behavior that could have an effect on weight such as purging, self-induced vomiting, or any other behavior that caused the client to lose weight even if the client lost weight by some other means. Only clients who were exhibiting purge behavior were included for analysis purposes.

At the beginning of their treatment at the Center for Discovery Eating Disorder Examination – Questionnaire (EDE-Q®) at admission and at the end of treatment. On average, at discharge, clients’ improvements of bingeing were able to meaningfully decrease eating disorder pathology (see Graph 4). Clients diagnosed with AN, BN, BED, or OSFED entered treatment with a mean standard deviation from the norm, indicating that these clients were already on the eating disorder spectrum as normal eating and can completely, as it is on the same scale, be distinguished from disordered eating. On average, clients diagnosed with BN and BED who had bingeing behaviors on admission—averaging 2.8 times per day for adult clients (see Graph 3) —were able to reduce bingeing behaviors by 97.9% on average. Furthermore, most clients (76.9%) had completely ceased purging the 30 days prior to discharge.

Binge Reduction

Binge eating is often a difficult eating disorder behavior to cease completely, as it is on the same spectrum as normal eating and can even be considered sanctioned at times. However, a focus on “normal” eating at every size and intuitive eating, a behavior that can have necessary structure for a swift and complete reversal of bingeing. Therefore, to get a comprehensive understanding of progress toward recovery, Center for Discovery utilizes the Eating Disorder Pathology Scale (EDPS®) to quantify improvements in eating disorder pathology. As such, the Eating Disorder Pathology Scale was completed at admission and again on discharge to assess the impact of the weight gain and improvement in the treatment for weight restoration for clients, on average, entered treatment with depressed quality of life and significant impairment from treatment with scores indicating meaningful improvements (see Graph 3). Overall, 80.8% of clients showed an increase in quality of life, which is high compared to research findings that only 65.9% of residential eating disorder clients show meaningful increases in eating disorder related quality of life (see Graph 5). Forney, K. J., Buchman-Schmitt, J. M., Keel, P. K., & Frank, G. K. W. (2016). The medical complications associated with purging. International Journal of Eating Disorders, 49, 3. 764-773. 10.1002/eat.22659

Quality of Life

Eating disorders are especially severe enough to require residential treatment, greatly impair functioning, and quality of life. In recent years, there has been a call to define recovery not only in terms of symptom and pathology remission, but also in terms of quality of life. To support this conceptualization, clients completed the Eating Disorder Quality of Life Scale (EDQLS®) upon admission and again on discharge to assess the impact of the weight gain and improvements in eating disorder pathology. Overall, 80.8% of clients showed an increase in quality of life, which is high compared to research findings that only 65.9% of residential eating disorder clients show meaningful increases in eating disorder related quality of life (see Graph 5).

Pathology May Persist

Clients who entered treatment with scores on the cusp of, or above, 2 standard deviations from the mean, indicating that these clients were experiencing worse eating disorder pathology than over 90% of the population. At admission, clients, on average, discharged with scores within key standard deviation from the mean indicating that their scores were no longer elevated to a clinical level. Although clients with ARFID entered treatment closer to the normed level for eating disorder pathology, discharge scores evidenced improvements nonetheless. In total, 87.0% of clients showed a decrease in eating disorder pathology at the end of treatment.

Eating Disorder Pathology


Changes in eating disorder pathology were measured for 20 clients who were included in this analysis. Changes in eating disorder pathology were measured for 20 clients who were included in this analysis. Clients who had a treatment length of at least 7 days and who completed the measure within 72 hours of both admission and discharge were included in this analysis. (see Graph 5)