

iaedp[™]

The International Association of Eating Disorders Professionals Foundation

**Medical
Management
Professionals
in
Eating
Disorders Care**

Medical Management Professionals in Eating Disorder Care

iaedp™ Nutrition/Health Management Committee

Introduction:

The iaedp™ Foundation provides a wide scope of educational opportunities for professionals to acquire the knowledge, skills, and confidence to recognize and treat eating disorders. Eating disorders are complex biopsychosocial disorders that require specialized treatment by a multidisciplinary team. The team is ethically bound to treat within a scope of competence and each treating clinician must understand their role to support the team and provide their expertise effectively.

Disclaimer:

This document, created by the Association of Eating Disorder Professionals' Nutrition Health Management Committee, is intended as a resource to promote recognition of the medical healthcare professional contributions to the eating disorder treatment team. It is not a comprehensive clinical guide for treatment. Every attempt was made to include current evidenced-based references and clinical practice standards.

Accordingly, the Committee has relied on peer-reviewed sources and clinical expertise that reflects evidenced-based approaches from a variety of eating disorder professionals and research conducted within the United States and Internationally. Thus, the content of this document reflects current knowledge and standards of

eating disorders management. However, credentials as well as the specific roles of professionals outside of the United States may differ according to local standards, practices, and healthcare delivery.

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Multidisciplinary Team Approach: ED Team Models

Eating disorders (ED) are one of the most difficult illnesses to treat since these disorders include mental health aspects as well as medical and nutritional complications. While multidisciplinary team treatment is considered best practice, considerable variation exists in team composition depending on treatment setting and stage of illness. The ED team is comprised of a diverse selection of licensed health professionals such as physicians and nurse practitioners, who are certified to practice medicine (i.e. diagnosing a medical condition, prescribing drugs, ordering laboratory tests), as well as clinical care experts like registered nurses, registered dietitians and psychotherapists who collaborate as a team to address a variety of medical and behavioral issues of the patient.

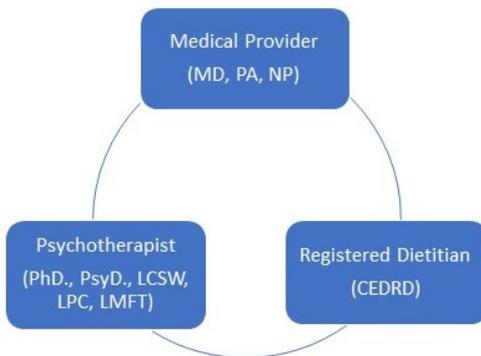
The scope of practice for each licensed healthcare professional is clearly defined in state and federal medical board guidelines and should be included in all standards of care documents within the organization. It is important to identify roles and responsibilities, within each multidisciplinary team as skills and knowledge will often have overlapping competencies.

The team may also utilize “consultants” who provide expertise when required but may not act as a permanent part of the multidisciplinary team. Understanding each health professional’s contribution to the ED team is essential and will require leadership decisions to best utilize various skill sets of team members. In treating patients with eating disorders, the psychiatrist may

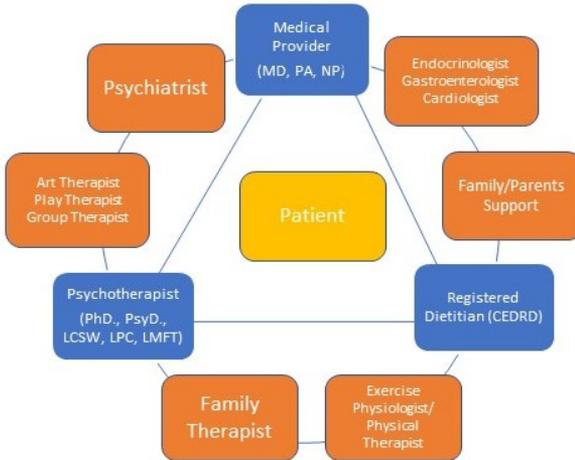
assume the leadership role within a program or team that includes other physicians, psychologists, registered dietitians and psychotherapists, or may work collaboratively on a team led by others.

The American Psychiatric Association (APA) has established the most recognized practice guideline for the treatment of eating disorders but other guidelines such as the National Institute for Health and Care (NICE) guidelines for eating disorders treatment are also helpful. Additional guidelines from other licensing or credentialing agencies such as Joint Commission for Accreditation of Hospital Organizations (JCAHO), Agency for Health Care Administration (AHCA), etc. dictate standards of compliance such as the credentials of the provider and the minimum requirements of medical intervention required to treat the various levels of care within the population. Two examples of an ED team are depicted in the following diagrams: Core and Comprehensive.

Core Members of an Eating Disorders Treatment Team



Possible Members of a Comprehensive Eating Disorders Treatment Team



Medical Professional Credentials: What Do They Mean?

Understanding the credentials and scope of practice of the various medical professionals that may participate on the ED treatment team is necessary to meet the specific needs of your facility and /or establish a team of highly skilled professionals capable of serving the needs of your community.

When organizing the ED care team, the medical needs of the patient may be managed by one or several medical professionals. A primary medical provider should be established for each patient to ensure a clear line of medical leadership is understood within the ED team. This is also dependent on the availability of trained

professionals within an environment or region. Details regarding education and scope of practice for these professionals can be found in Appendix 1 of this booklet. Note that only those professionals with a minimum of a four-year degree are listed and can obtain iaedp™ certification.

Doctor of Medicine (MD)
Doctor of Osteopathic Medicine (DO)
Physician Assistant (PA)
Doctor of Philosophy in Nursing (PhD)
Doctor of Nursing Practice (DNP)
Master of Science in Nursing (MSN)
Nurse Practitioner (NP)
Registered Nurse (RN)
Bachelor of Science in Nursing (BSN, BN)

Certified Eating Disorders Specialist (CEDs), Certified Eating Disorders Registered Dietitian (CEDRD), Certified Eating Disorders Registered Nurse (CEDRN), Certified Eating Disorders Creative Arts Therapist (CEDCAT) and iaedp™:

In 2002 the iaedp™ leadership and its members forecasted that the rate of individuals diagnosed with eating disorders would surpass the number of qualified healthcare professionals available to deliver the required care. To help address this potential critical shortage of qualified, knowledgeable treatment providers iaedp™ began offering an advanced Certification Program to promote standards of excellence within the field of eating disorders. Since inception iaedp™ has been continually committed to

strengthening and updating evidenced-based treatment standards to maintain its strong reputation as a leader of clinical practice in the mental health field. It is iaedp's mission to promote excellence in competency assessment for professionals in the eating disorders field through offering a rigorous set of criteria for the evaluation of education, training, knowledge and experience.

Registered dietitians, registered nurses, nurse specialists, physicians, physician assistants, creative arts therapists, and psychotherapists with iaedp™ certification are experienced clinicians who have met extensive educational and skill requirements, have accumulated a minimum number of hours of qualifying work experience, have made a commitment to stay abreast of current developments in the field through Continuing Education, and have agreed to comply with the Association's Ethical Principles. Certification is evidence that both the healthcare professional and iaedp™ are diligent in seeking advancement in training, education, research and competency in addressing the complexities involved in the treatment of eating disorders. In addition, both are united in their commitment to the advancement of mental health parity and advocacy for individuals struggling with an eating disorder.

Team Reimbursement

Reimbursement for services provided by the medical professional is based on the level of care where the provision of services is administered; for example, whether the treatment occurs in an outpatient setting or within an acute care facility. For ED facilities, medical professionals providing the treatment may be employed by facility and act as part of the medical staff or they could be contracted to provide services and bill the client or organization. While the medical coverage rate is variable, typically the medical professional can successfully bill for care provided.

The ED medical professional may be functioning within a private practice setting as a member of an ED outpatient team for various patients. In such cases reimbursement is conducted with the standard billing practices of that office.

At the outpatient level of care, dietitians and therapists operate either as a fee for service or submit charges with insurance companies on behalf of the patient. When a clinician uses a fee for service model, patients may be provided with receipts that can be used to apply for reimbursement from insurance companies or under their flex spending or health savings accounts. Medical diagnosis codes provided by the medical professional to all the team members assist with the billing process and enhance the opportunity for patient reimbursement.

Outpatient dietitian services fall under medical benefits and may require a prescriptive referral for Medical Nutrition therapy. Providing the dietitian with the

patient's diagnosed conditions, labs, and diagnosis code is critical to the billing process.

Psychotherapy services will be billed under mental health or behavioral health benefits of insurance plans.

In all cases, it is imperative that the patient understands the fee for service structure (i.e. major medical and mental health treatment team billing, what services may not be reimbursed), the financial obligations of services provided and the role of each team member. The bottom line is that communication is critical for the team, patient, and family.

Medical Care Provider Role & Responsibilities

For this educational document, the term “certified medical provider” will be used to reference any team member providing direct medical care to the patient and serving as the medical entity of the ED care team. The certified medical provider has been approved by the organization and meets all regulatory guidelines pertinent to the organization providing the service.

The certified medical provider may be the first point of contact for a patient seeking help for an ED; therefore, this professional often becomes responsible for establishing the treatment team and orienting the patient to the care providers. It is important for an organization to be knowledgeable of the trained professionals within their community who are able to join the multidisciplinary team and provide the most effective treatment. The certified medical provider may also share responsibilities of medical management with

the primary care physician or medical director of a facility. Within the course of treatment, a shift in the prioritization of therapeutic intervention often occurs and may require a concurrent shift in the designated “team leader”. For instance, if the need for medical stabilization is determined to be the number one care priority, the certified medical provider would be responsible for initiating treatment modalities and directing the team as to how and when to initiate their therapeutic treatment. At other times, the medical aspect may not be as critical and another healthcare professional such as a therapist can direct the treatment plan. This underscores the need for all practitioners involved in the treatment plan to communicate relevant findings to drive the most effective health outcome.

Medical Care Provider Summary of Contributions and Therapeutic Interventions

In summary, the medical care provider provides the following contributions and therapeutic interventions:

- Provides a strong therapeutic relationship with the patient
- Conducts a medical assessment to include a history and physical examination with attention to pertinent eating disorder history (predictive of specific medical complications), history of comorbid illnesses, vital signs, and physical assessment of cardiovascular and peripheral vascular function, gastrointestinal evaluation and even dermatological manifestations of the eating disorder, including evidence of self-injurious behaviors

- Monitors and interprets growth charts, laboratory data, bone density screening and electrocardiogram
- Works in collaboration with the team members on refeeding options (oral, enteral or parenteral), restoration of weight/nutrition, behavioral and psychosocial changes
- Identifies the medical complications of the eating disorder
- Understands pharmacotherapy pertinent to the individual's treatment
- Works in collaboration with other team members to discuss all medical issues and establish a care plan including appropriate level of care

The treatment care plan includes an assessment of the following:

- Medical/nutritional status
- Co-occurring medical and psychiatric diagnoses
- Level of supervision required
- Availability of specialized programs within and outside of a geographical area
- An understanding of underlying components of recovery including:
 - The stages of grief
 - The stages of change and readiness for change
 - The indicators of recovery
- Assists with peer reviews, insurance appeals and in the provision of information on medical status as appropriate for reimbursement challenges

- Consults with or refers patients to other physicians, dentists or medical specialists as indicated
- Communicates information regarding medical status as related to the ED with other attending physicians or medical specialists involved with the care of the patient
- Provides ED medical education to the staff, patient and family
- Collaborates with the patient's family and establishes a supportive environment to promote weight/nutritional restoration within the family dynamics

Level of Care Practice Considerations

Continuity of Care

Continuity of care is imperative when a patient shifts from one level of care to another to avoid back tracking or splitting behaviors. From the patient or clients' perspective, a less restrictive treatment plan can be interpreted as having fully recovered or vastly improved. The reality is that a change in level of care is required for continuing treatment due to financial constraints. Regardless of the reason for the change, it is imperative that treatment staff maintain a high quality of care and make the transition as seamless as possible for the client, to assist in the individual's recovery.

Care Environment Levels

At all levels of care, the certified medical provider is expected to carry out responsibilities according to the organization's standards of practice and ethics and in accordance with their credentialing agency or licensing

guidelines. It is important to note that each of the following healthcare environments require specific considerations for medical professional treatment and possible reimbursement and that the intent of the following information is to provide a general outline of the role of the certified medical provider at each level of care. It is also noteworthy to expect that the organization or practice delivering the care must practice fiduciary responsibility and be held accountable for administering the appropriate medical services to clients/patients across and within the healthcare spectrum. The list below provides a summary of suggested treatment interventions and objectives provided by the medical care provider in each level of care.

Acute Care

The patient is hospitalized based on medical, psychiatric and behavioral factors, including but not limited to a rapid or persistent decline in oral intake and/or weight and medical/nutritional instability. The goal of this level of care is to ensure the safety of the patient and provide medical stabilization. At this stage, the patient may be in denial of the need for care and resistant to participate in his or her own care. Treatment interventions and objectives at this level of care should include the following:

- Confirm that the symptoms exhibited are attributable to an ED based etiology and not another illness or condition.
- Initiate lab tests and other medical procedures or therapeutic interventions according to an established plan of care relevant to the diagnosis(s)

- Follow established communication procedures to ensure all team members are aware of the treatment plan and their roles.
- Assess the educational needs of the patient/caretaker and provide the information required to meet the needs of both.
- Communicate with all team members the medical/nutritional status of the patient and impact of initial hydration and feeding demands.
- Work collaboratively with the team regarding the feeding protocol in the decision making regarding the source of nutrition and method of delivery that may be oral, tube, or in rare cases, total parenteral nutrition (TPN).
- Work collaboratively with therapy team and family regarding emotional status, stages of change, and support systems (i.e. OT, PT etc.).
- Monitor medical/nutritional status and comorbid illnesses and collaborate with therapy team regarding progression and/or alterations of all aspects of care plan.
- Participate in discharge planning and communicate directly with primary medical provider at the next level of care.

Residential Care

The patient at this level of care is in moderate to high level of malnutrition. There is usually less patient resistance when involved in his/her own self-care, and the certified medical provider is working closely with the patient as determined by the care plan. There is a wide scope of service within the "residential" level of treatment. If the facility provides a certified medical

provider and regular medical monitoring, this professional will have greater opportunity to continue aggressive medical and nutritional support and follow-up. If medical intervention is conducted off site, the certified medical provider will work with the team members to monitor the medical stability in regards to nutrition, weight, and any other complications.

Treatment interventions and objectives at this level of care should include the following:

- Communication with previous ED care team
- Close collaboration with current ED team
- Establishment of care plan within the residential level of care
- Assessment/monitoring of labs, medical stability, symptoms, weight and comorbid medical illnesses
- Working with staff to ensure environmental compliance and prevention of eating disorders behaviors
- Frequent interaction with the team and family to ensure progress is being monitored, any change of level of care is identified and a follow-up plan
- A thorough discharge plan

Partial Hospitalization Program (PHP) Care

This level of care currently represents the widest range of options covering from 20 hours per week to full days of care of variable hours with patients residing outside of the facility. Patients are just beginning treatment or may be stepping down from a higher level of care. The certified medical provider may be the same individual that was treating the patient at the higher level of care or may be a new provider. Treatment interventions and

objectives at this level of care should include the following:

- Communication with previous ED care team and medical provider, if indicated
- Close collaboration with current ED team
- Establishment of care plan within PHP level of care
- Assessment/monitoring of labs, medical stability, symptoms, and weight according to PHP program, length of stay or established by the certified medical provider
- Close communication and work with the treatment team and family regarding patient progress and with establishing medical follow up upon change of level of care.
- Participation in discharge planning

Intensive Outpatient (IOP) Care

This level of care serves patients that are just beginning treatment or may be stepping down from a higher level of care. This level of care has variable levels of involvement for the certified medical provider. Some programs have a certified medical provider on staff while other programs require the patient to establish their own medical care provider. At this stage there is usually less inclusion of medical care and communication modes shift to the ED team to manage. If this is the first point of contact for the patient with a certified medical provider, the clinician will need to provide more ED education to the patient and family as well as assistance with establishing the care team with referrals to other ED care providers.

Treatment interventions and objectives at this level of care should include the following:

- Communication with previous ED care team if patient was coming from a higher level of care
- Close collaboration with current ED team
- Care plan established within IOP level of care
- Assessment/monitoring of labs, medical stability, symptoms, and weight status
- Close communication and work with the treatment team and family regarding patient progress and with establishing medical follow up upon change of level of care for recovery
- Continuous assessment for appropriateness of environment for patient's medical stability
- Education on potential vulnerabilities presented within a less controlled environment and plans for relapse prevention if patient has been stepped down
- Thorough discharge plan

Outpatient Care

When a patient is managed by an interdisciplinary team in an outpatient setting, communication among the professionals is essential to monitoring the patient's progress, making necessary adjustments to the treatment plan, and delineating the specific roles and tasks of each team member.

This level of care varies for how the certified medical provider is involved, depending on patient progress, exhibited behaviors, motivation and finances. Outpatient care serves patients that are just beginning treatment or those stepping down from higher level of care. The

outpatient certified medical provider may be the first point of contact with the patient and therefore becomes responsible for helping the patient establish the treatment team. Knowing trained professionals within the local community who can join the multidisciplinary team and provide the most effective treatment is important for referrals. Credentialed practitioners with iaedp™ have expertise in eating disorders and will be a great resource to utilize. When a patient moves from more intense levels of treatment, the certified medical provider is responsible for setting up the appropriate schedule of appointments with the patient and/or family as well as the schedule for laboratory and other diagnostics. As the patient improves, the frequency of the sessions will vary.

If this outpatient care phase is the initial point of contact and the ED has been identified through a routine office visit (medical history or exam); proceed as follows:

- Rule out organic disease as cause for weight loss or other symptoms
- Identify any complications stemming from the eating disorder
- Identify safety concerns during initiation of treatment
- Assemble an outpatient treatment team
- Schedule consult time to outline care plan and for additional education
- Review treatment modalities
- Establish criteria for continued engagement in school, work, physical activity

- Order all necessary labs, tests, diagnostics, and referrals with other care providers
- Assist in recognizing potential vulnerabilities presented to the patient within this environment and plan for relapse prevention
- Establish a communication system for how information is disseminated among the team members via regular conference calls, direct contact via protected emails, faxed documents or individual calls
- Communicate with the family (as appropriate) to prevent splitting of the team and maintain an effective support system

Family Based Treatment for Children and Adolescents (FBT) Care

The major difference in the role of the certified medical care provider within FBT is not what *is required* in their role, but rather what *is not required*. The role of the medical care provider is to be a consultant to the parents or caretaker and primary therapist, offering medical assessment and treatment and providing guidance and feedback. The following is a summary of duties in this role:

General Intervention

- Serve as a consultant to parents and FBT clinician
- Provide comprehensive medical assessment and ongoing monitoring
- Explain medical consequences of the eating disorder
- Make clear to parents or caretaker that their adolescent's eating disorder is not their fault
- Avoid being directive

- Empower parents in decision making
- Differentiate the eating disorder from the adolescent
- Support full weight restoration and full remission

Role Specifics

- Undertake a comprehensive medical assessment
- Involve parents at each visit
- Assess and emphasize parental and patient strengths
- Set weight goals that are adequate for health and consistent with growth before the eating disorder onset
- Prepare patient and parents that weight goals will change with growth and development
- Assess weight, linear height, and vital signs at each visit and share with parents
- Assess safety at every visit and hospitalize if necessary
- Decrease the frequency of medical visits as soon as it is safe to do so
- Support parent and therapist to make common-sense decisions around nutrition and activity
- Create a back-up plan with team for how to handle food refusal if it occurs
- Allow parents to have a learning curve by being less directive in your visits and normalizing stumbles when they occur

High Risk Populations & Treatment Interventions

At risk populations may have a greater propensity to develop an eating disorder as either a comorbid diagnosis that exists alongside an existing illness or may exhibit specific characteristics or rituals unique to the specific population itself. The role of the certified medical provider is to treat the ED and any co-occurring risks using (or recommending) other specialists as deemed appropriate. Below is a table outlining the high-risk populations, treatment interventions to consider when working with each population, and population specific co-occurring medical risks. Please note the medical risks indicated are identified as more common in the corresponding high-risk population; however, medical risks are not limited to only those listed.

High Risk Population	Treatment Intervention Considerations	Co-occurring Medical Risks
Adolescents	The majority of eating disorders emerge between the ages of 12 and 25	Changes in growth trajectory In females, amenorrhea or primary amenorrhea
Athletes	Any sport or position that emphasizes body type ideals or classes/divisions based on body weight (e.g. lean ideals for runners, bulking up for football, weight control for wrestling and subjectively judged sports or competitions (e.g. equestrian, figure skating, diving, etc.) may increase risk of eating disorders Performance enhancement supplements should not be used	Cardiovascular health Hydration status Musculoskeletal or bone density status

High Risk Population	Treatment Intervention Considerations	Co-occurring Medical Risks
Autism Spectrum Disorders	Feeding issues including mechanical, sensory, and preferences impact nutritional intake	Nutrition deficiencies Insufficient growth patterns or failure to thrive
Celiac Disease	Dietary restrictions impact relationship with food	Nutrition deficiencies Gastrointestinal health monitoring
Complicated Dieting History	Culmination of dieting history influences beliefs about food	Weight fluctuations with co-occurring morbidities Nutrition deficiencies
Diabetes Mellitus (DM) - Type 1 and 2	Insulin use may be modified to compensate for eating behaviors Monitoring for medical complications of diabetes including vision, cardiovascular, renal and neurologic complications	Blood glucose monitoring Medication adjustment
Food Allergies	Education on the difference between a true allergy, sensitivity, intolerance or dislike Substantiating food allergies with medical verification and appropriate testing including food intolerance vs. allergic reactions including anaphylaxis May require a referral to registered dietitian with expertise in eating disorders	Nutrition deficiencies
Model/Actress	Increased screening and education for high risk supplements Industry specific pressures influencing body composition goals	Hydration monitoring Cardiovascular monitoring

High Risk Population	Treatment Intervention Considerations	Co-occurring Medical Risks
Orthodox Jewish Population	<p>Cultural influences on body shape and size</p> <p>Eating issues may be stigmatized and therefore underreported</p>	Weight monitoring
Polycystic Ovary Syndrome (PCOS)	Symptoms of PCOS may influence body image and impact eating behaviors	<p>Hydration monitoring</p> <p>Cardiovascular monitoring</p> <p>Medication adjustment</p> <p>Monitor for metabolic syndrome</p>
Bariatric Surgery Patient	<p>Assessment to rule out eating disorder behaviors for patients <i>prior</i> to surgery</p> <p>Address eating behaviors in the context of post-surgical weight loss</p> <p>Distinguish between the complex physical and psychological manifestations resulting from surgery alone or in combination with eating behaviors</p>	<p>Dumping syndrome</p> <p>Prevention of stomach stenosis and other GI complications</p>
Pregnancy and Eating Disorders	<p>Therapeutic intervention and education specific to the eating disorder and risk to mother and fetus</p> <p>Knowledge of sensitive nature of weight gain</p>	<p>Weight monitoring</p> <p>Monitor fetal growth</p>

High Risk Population	Treatment Intervention Considerations	Co-occurring Medical Risks
LGBTQ and Eating Disorders	<p>Determination of weight goals based on hormone/muscle mass changes for transgender clients, adjusting calculations for sex change depending on type and duration of hormone therapy</p> <p>Therapeutic intervention and education specific to Intersection between gender and body image concerns</p> <p>Focus on socialization of groups and social pressures</p>	Weight monitoring

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Appendix 1

Doctor of Medicine (M.D.)

Doctor of Medicine (M.D.) is a professional doctoral degree for physicians and/or surgeons obtained by a medical school required to practice medicine within the United States. The Doctor of Medicine degree includes a degree and completion of a three-part exam called the United States Medical Licensing Exam (USMLE). MDs complete their schooling and step one and two of the USMLE before entering an internship and completing step three of the USMLE. After all these steps are complete an MD is licensed to practice.

Doctor of Osteopathic Medicine (D.O.)

Doctor of Osteopathic Medicine (D.O.) is a professional doctoral degree for physicians and surgeons obtained by a medical school to become a licensed osteopathic physician. The primary difference between an M.D. and a D.O. is that a D.O. receives focused training in musculoskeletal osteopathic manipulative treatment. To achieve a D.O. individuals must complete four parts of the Comprehensive Osteopathic Medical Licensure Examination. The first two steps are complete in medical school while the final two are completed in a residency program. D.O. may also choose to take the USMLE but are not required as a part of their licensing.

Physician Assistant (PA)

A healthcare professional who works on healthcare teams, collaborating with a physician and other providers. Physician assistants are nationally certified and licensed in the United States. Scope of Practice is determined by state regulations, collaborating

physicians and level of education. Education includes attendance at an accredited PA program, the Physician Assistant National Certifying Exam (PANCE) administered by the National Commission on Certification of Physician Assistants (NCCPA) to obtain the Physician Assistant-Certified or PA-C and licensure within the state or practice.

Bachelor of Science in Nursing (BSN, BN)

Nurses obtain a Bachelor of Nursing (BN) or Bachelor of Science (BS) with a Major in Nursing. Typically, a four-year program at a college or university preparing nurses for professional roles or graduate studies in nursing. To obtain a license as a registered nurse, students must sit for the NCLEX-RN examination. Each state's practice act and regulations govern nursing practice.

Registered Nurse (RN)

Nurses graduate from a nursing program and meet requirements set by state, country or similar licensing body. Local legislation and scope of practice is usually regulated by a professional council. Registration is maintained usually by meeting a minimum practice hours requirement and continuing education.

Doctor of Philosophy in Nursing (PhD)

Nurses with a PhD have training in advanced science or practice and conducting research. Program credit requirements vary by state and program and take three to five years to complete and do not have clinical practice hour requirements. PhD prepared nurses conduct research, evaluate programs, hold academic and leadership positions, write books, and lead health care organizations.

Doctor of Nursing Practice (DNP)

Nurses obtain a doctorate in nursing along with passing a certification exam corresponding with the specialty. Program requirements vary by state and program. Scope of practice includes assessing, diagnosing, prescribing, consulting, screening, educating, initiating referrals and the coordination of patient care.

Master of Science in Nursing (MSN)

Nurses with an advanced degree that allows for more specialized roles, with certification exams dependent upon the role being pursued. Examples of nurses certified at this level include: certified nurse practitioner (CNP), certified nurse anesthetist (CRNA), clinical nurse specialist (CNS) or certified nurse midwife(CNM). Masters level nurses are trained in advanced assessment and counseling of patients, leadership, management, education and research. Scope of practice may vary by state.

Nurse Practitioners (NP)

Nurses at an expert level with advanced training and an expert level of knowledge, skills and clinical competency in health promotion and maintenance of the diagnosis and treatment of acute and chronic illness conditions. According to the International Council of Nurses, "A Nurse Practitioner/Advanced Practice Nurse is a registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context and/or country in which she/he is credentialed to practice."



The International Association of Eating Disorders Professionals Foundation (iaedp™) established the certification process to promote standards of excellence within the field of eating disorders. Professionals who demonstrate clinical expertise through education, experience and a rigorous examination are eligible for the Traditional Certification as a Certified Eating Disorders Specialist (CEDs) for therapists and physicians, Certified Eating Disorders Registered Dietitian (CEDRD) for registered dietitians, Certified Eating Disorders Creative Arts Therapist (CEDCAT) for art, music, recreation and dance/movement therapists, or Certified Eating Disorders Registered Nurse (CEDRN) for registered nurses.

Individuals with iaedp™ Certification designations (CEDs, CEDRD, CEDCAT, or CEDRN) are health care professionals who have met rigorous educational and skill requirements, have accumulated a minimum number of hours of qualifying work experience, have made a commitment to stay abreast of current developments in the field through continuing education, and have agreed to comply with the Association's ethical principles.

iaedp™ Mission

To promote a high level of professionalism among practitioners who treat those suffering from eating disorders by promoting ethical and professional standards, offering education and training in the field, certifying those who have met prescribed requirements, promoting public and professional awareness of eating disorders and assisting in prevention efforts.

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