

EATING DISORDERS SERVICE: *Inpatient Care*

THE FIRST STEP TOWARD RECOVERY

Inpatient care is the most intensive level of care we provide, but even for patients at this advanced stage, the focus is on a planned, step-by-step process of recovery.

Our first priority is to stabilize the patient. Eating disorders can result in severe medical complications. They can damage a person's brain, liver, kidneys, heart, GI tract, bones, teeth, skin and hair. They can result in osteoporosis, retarded growth, kidney problems and heart disease. Given these life-threatening conditions, it's no wonder that the National Institute of Mental Health found that 15- to 24-year-old females diagnosed with anorexia are 12 times more likely to die than those without anorexia.

During the stabilization process, vital signs are monitored frequently and 24-hour nursing supervision is provided. Occasionally, intravenous fluid or nasogastric tube feeding is needed to prevent further deterioration of the patient's condition. This type of treatment should be provided only in an acute inpatient setting. Walden Behavioral Care has the only inpatient program in New England that is dedicated to treating eating disorders.

WHO IS SERVED:

The Alcott Center serves patients 13 or older with advanced anorexia, bulimia, binge-eating disorder or other eating disorders. Inpatient care is for patients who cannot be treated successfully in a less intense setting or who have not responded to treatment at a lower level of care.

GOALS:

- Medical and behavioral stabilization
- Acceptance of need to change disordered behaviors
- Introduction to psychotherapy
- Discharge planning

PROGRAM HOURS: 24-hour supervision is provided; the program day begins at 6:15 a.m. and ends at 11 p.m.

DURATION: Medical stabilization is typically achieved in one to two weeks before the patient is ready to advance to a less intensive level of care.

TREATMENT:

Treatment includes case management, medical evaluation and management, nutrition counseling, and individual, family and group therapy. Meals, snacks and, when indicated, bathroom use are supervised. Case managers conduct individual and family therapy, and establish and coordinate care with an outpatient team. Patients earn increasingly more freedom and privileges as they stabilize and move toward recovery. Intensive inpatient medical care is appropriate only for individuals who are medically and behaviorally unstable, and cannot be treated successfully in a less intensive level of care.

A TYPICAL DAY:

6:15 a.m.	Wake Up
6-7 a.m.	Weigh-in/Check Vital Signs
6:30-8:30 a.m.	Shower/Take Medication
8:30-9 a.m.	Breakfast
9:15-10 a.m.	Daily Setting of Goals
10-10:25 a.m.	Fresh Air/Bench
10:30-11 a.m.	Snack/Menu Planning
11:15-Noon	Education Group
12:30-1 p.m.	Lunch
1:15-2 p.m.	Skills Group or In-Depth Study (Process Group)
2-2:45 p.m.	Leisure
2:45-3:15 p.m.	Snack
3:15-4 p.m.	Mind-Body Therapy (Yoga, Stretching, Walks, Meditation)
4-4:30 p.m.	Fresh Air Break
4:30-5:30 p.m.	Arts and Crafts/Journal Writing
5:30-6 p.m.	Dinner/Mood Monitors
6:15-7 p.m.	Intentions/Goals Reviewed
7-8:15 p.m.	Visiting Hours/Leisure Time
8:30-9 p.m.	Snack
9-9:30 p.m.	Wrap-Up Group
9:30-11 p.m.	Leisure Time
11 p.m.	Lights Out