

# EATING DISORDER PATIENT ADVOCACY

Helping Case Managers Understand Client Care Needs



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ROSEWOOD®  
CENTERS FOR EATING DISORDERS

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**D**ear Patient Advocate,

As a family member, therapist, or person struggling with anorexia, bulimia, or binge-eating, you may find yourself in the position of seeking

insurance approval for medically necessary eating disorder treatment. This guide, which consists of interviews with Utilization Review experts from

**Rosewood Centers for Eating Disorders**, is designed to empower and inform you about helpful ways to approach this process when working with insurance case managers (CMs).



**Our Goal is to Help You:**

- >> Understand the insurance review process
- >> Identify and understand services covered by your insurance plan
- >> Provide tools you can use to clearly document medical necessity
- >> Help you understand how you can help CMs accurately assess care needs

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We encourage you to copy, print, or link to this guide via bulletin boards, emails, discussion forums, at meetings, or in your practice.

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**ROSEWOODTEMPE.COM/PATIENT-ADVOCACY-FORM**

# PATIENT ADVOCACY

“As a center of excellence, Rosewood Centers for Eating Disorders puts client care first. This guide, which helps clients and advocates understand the insurance coverage process, is part of our ongoing commitment to helping people get the care they need. - Ethan Lefever

**ABOUT THIS ADVOCACY GUIDE:** We asked three UR experts from Rosewood Centers for Eating Disorders to share the knowledge they have gained in their roles as client care advocates and liaisons with insurance case managers (CMs). Each UR expert offers a slightly different, yet valuable perspective. On the following pages you can read helpful advice from each of our UR team members. You will also find a ‘quick tip’ sheet, and additional information about Rosewood.

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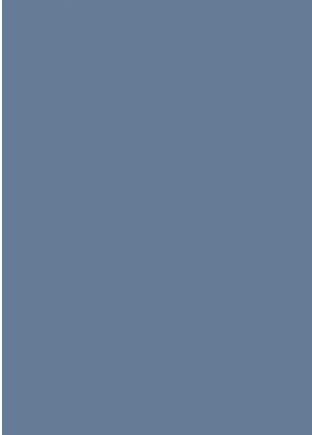
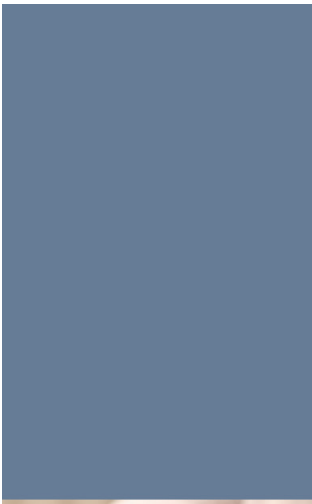
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# PATIENT ADVOCACY

## SECTION ONE

INTERVIEW WITH *UTILIZATION  
REVIEW SPECIALIST*

*JOYCE CULP*





# PATIENT ADVOCACY



## Interview w/Joyce Culp Rosewood UR Specialist

*"At any level of care, family involvement is paramount to the insurance case manager. They will always inquire about this part of the patient's treatment." - Joyce*

When your Utilization Review (UR) Coordinator prepares a concurrent review, there are many details they must consider with respect to the insurance company's medical necessity criteria. In this interview, Rosewood UR expert, Joyce Culp, suggests specific questions to ask and activities to document in order to help insurance Case Managers (CMs) get a clear picture of medical necessity. The URC is expected to provide the insurance CM/Reviewer, with the Severity of Illness (SI) and Intensity of Service (IS) that falls within their written guidelines of 'Medical Necessity.'

**MONIQUE:** What is the purpose of a UR report, what type of information does it contain, and who prepares it?

**JOYCE:** The UR review process is used by claims administrators to review medical and/or behavioral health treatment requested for a patient, and to determine if the proposed treatment is medically necessary at the level of care requested by the treating facility. As part of the process, the CM generally does a live review with the treating facility's URC to determine length of stay. At Rosewood Centers for Eating Disorders, we have a multi-person UR team whose primary purpose is to prepare timely, accurate, and detailed reports that facilitate the UR review process.

In preparation for the pre-authorization of a pending or scheduled admission, or a concurrent review of a patient who has already been admitted, details outlining the Severity of Illness (SI) and Intensity of Service (IS) are included. To help with the pre-authorization and intake process, it is beneficial to get a letter from the patient's primary care provider (PCP) indicating the patient's need for admission. The letter should outline any medical complications observed and the PCP's impending risks or concerns.

# PATIENT ADVOCACY

## Interview w/Joyce Culp Rosewood UR Specialist

**MONIQUE:** What does the URC look for within the chart that will positively influence a determination that medical necessity has been met in order to achieve authorization for a continued stay?

**JOYCE:** It is generally a “given” that the CM will ask for the obvious; current weight, body mass index (BMI), percentage of ideal body weight (IDBW), and current meal plan calories. The CM will also inquire about mental status and behaviors. While they may be interested in what happened last week, CMs really want a detailed report about what has happened within the past 24 to 48 hours.

The insurance CM’s role is to ensure that the patient continues to meet all basic elements of medical necessity. In addition, they want to establish that the individual (and often the family) has participated in the development of an individualized treatment plan, including short-term, achievable, measurable goals. These goals should have a target timeline, with periodic reports that demonstrate evidence of progress.

**MONIQUE:** How do CMs gauge the recommended level of care (LOC)?

**JOYCE:** What CMs look for are reports demonstrating that, though incremental progress is being made, there is not enough improvement in the patient’s condition for the individual to sustain the improvement at a lower level of care. They also look for evidence that the patient is ready to transition to a lower level of care.

### HEALTH INSURANCE ACRONYMS

UR - Utilization Review

CM - Case Managers

SI - Severity of Illness

LOC - Level of Care

PCP - Primary Care Provider

IS - Intensity of Service

# PATIENT ADVOCACY

## Interview w/Joyce Culp Rosewood UR Specialist

With this in mind, if the patient continues to display signs, symptoms, and behaviors that brought them to seek treatment at the current level of care, or new behaviors and symptoms have developed, these things should be well documented and charted, not just passed on in an informal email or by word-of-mouth.

**MONIQUE:** You talk a lot about the importance of detailed, accurate documentation. What should one document in the data-assessment-plan (DAP)?

**JOYCE:** Before I answer your question let's break that phrase down, data-assessment-plan; Data: a factual description of the session, including observations, thoughts, quotes, what is observed such as affect, mood, appearance. Assessment: the therapist/professional's understanding of the problem or situation, responses to treatment, etc. Plan: objectives, goals, what is going to happen next, next session date, etc.

Within the DAP-note, the 'plan' will only indicate what the therapist/provider plans to do in terms of ongoing treatment of the individual. However, in addition to indicating what the providers recommend for ongoing treatment, it is also important that the plan clearly indicates what the patient is going to do next to support his/her treatment plan. In addition, it is important to report 'Step Work' to the insurance CM; what step is the patient currently working on? What are the assignments, and what progress is the patient making in completing these assignments?

*It is important to report 'Step Work' to the insurance CM; what step is the patient currently working on? What are the assignments, and what progress is the patient making.*

*- Joyce*

# PATIENT ADVOCACY

## Interview w/Joyce Culp Rosewood UR Specialist

**MONIQUE:** What do CM's want to determine medical necessity of patients who have been admitted to an Inpatient Program (IP)?

**JOYCE:** Patients are admitted to an IP/acute-care setting when their ED behavior has been therapeutically unresponsive in a less intensive setting, and they are not likely to respond to interventions without a higher level of care. An acute-care setting is indicated to avoid serious medical and co-morbid conditions. It is important to address both the medical and psychiatric needs of patients in a timely, consistent manner. At this LOC the insurance CM will likely expect to receive information indicating that the patient has seen the medical provider consistently to address medical concerns. They will also want to see evidence that the patient has been seen by the psychiatric provider daily in an acute-care setting. If this does not occur, you will need to provide an explanation about the situation.

**MONIQUE:** What types of things should be documented during the intake process?

**JOYCE:** There are multiple things to consider when a new patient admits into a program. It is helpful to record the patient's highest and lowest weight, and try to find out if the patient has had weight loss of at least 15% in one month. Another important factor to examine is whether or not the patient is at or near a weight that caused them to be hospitalized in the past.

Once the patient is admitted, it is also helpful to include an individual session note in the chart as soon as possible. CMs also want to know about the patient's level of commitment or investment in treatment. They also want to know about any cognition impairment the patient may be experiencing as early as possible in the patient's treatment.

**MONIQUE:** What types of things should one document when treating a medically compromised patient at the IP LOC?



# PATIENT ADVOCACY

## Interview w/Joyce Culp Rosewood UR Specialist

**JOYCE:** When a patient is admitted with an abnormal electrocardiogram (EKG), such as a prolonged QTc interval, follow-up EKGs should be scheduled at consistent intervals throughout the patient's stay. The same is true for abnormal labs, especially in the case of critical lab values such as low sodium, magnesium, calcium, liver enzymes, elevated amylase, lipase, etc.

Take orthostatic vital signs on patients who display very low BMI, Protein-Calorie Malnutrition (PCM), or are otherwise medically compromised/deteriorating for a minimum of 1-2 weeks after they begin to show signs of improvement. Patients with diabetes or diabulimia should also be closely monitored with continued orthostatic vital signs and timely lab follow-up.

**MONIQUE:** What should one document about a patient that presents with specific maladaptive behaviors?

**JOYCE:** CMs will not only want to know the duration and specifics of a patient's maladaptive behavior, they will want to know what the consequences for the maladaptive behaviors will be. In other words, what has the team determined as a consequence to aide in disrupting/interrupting the behavior pattern? How will the team use these consequences to turn the patient's behavior around? How will the team help the patient incorporate more appropriate coping mechanisms? CMs will often ask, "So, what are you doing about that? This patient has been doing this behavior for days/weeks now, what are you going to do differently?"

### HEALTH INSURANCE ACRONYMS

DAP - Data Assessment Plan    BI - Body Image

IDBW - Ideal Body Weight    PCM - Protein-Calorie Malnutrition

BMI - Body Mass Index    EKG - Electrocardiogram

# PATIENT ADVOCACY

## Interview w/Joyce Culp Rosewood UR Specialist

How are you going to make a difference when treatment has failed in other treatment milieus?"

**MONIQUE:** What role does the family play in treatment and how important is their involvement in the UR process?

**JOYCE:** At any level of care, family involvement is paramount to the insurance reviewer/CM, as there are often core issues related to family and family of origin that have contributed to the patient's disorder(s). In reviewing family involvement, the CM will want to know when the last family session occurred, who was present during the family session (in person or on the phone), what was discussed, and what the outcome of the session was. They will also likely ask the date of the next family session. It is always best practice to have an initial family session occur within the first week of treatment. It is important to document all efforts to involve family members in patient care. If the patient is an adult and refuses family involvement, this refusal should be clearly documented. If the family is reluctant to get involved, postpones sessions, or fails to return the provider's call, this should also be noted.

**MONIQUE:** What types of things does the UR Coordinator look for in the intake assessment in regards to family involvement and family history?

**JOYCE:** The family history should identify any unhealthy attitudes toward food that may contribute to the development of an eating disorder in individuals with a genetic predisposition. For this reason, it is important for the Intake Coordinator to take a complete family history, including gathering information about any history of addiction, mental disorders, unhealthy dieting, or over emphasis on 'healthy' eating in the family of origin.

**MONIQUE:** In addition to attitudes toward food, I understand that it is important to address Body Image (BI) issues. How should one document BI issues?

# PATIENT ADVOCACY

## Interview w/Joyce Culp Rosewood UR Specialist

**JOYCE:** It is important to address BI issues with specific observations and patient statements, rather than vague comments. What does the patient see when he/she looks at their image in the mirror? Do they check their reflection in the window as they are walking to and from program? Do they cover themselves up with a blanket? Do they pinch their skin to check for weight gain/increase in size? Is this a true Body Dysmorphic Disorder?

**MONIQUE:** What about patients who are really active or into working out? Should this be documented?

**JOYCE:** Often times, care providers fail to provide detailed documentation of excessive movement, especially with patients who are athletes and/or highly competitive. This is very beneficial information.

If you have any questions about the insurance process for yourself, a family member or a patient, we are here to help.

I had spent months trying to find a treatment place that would accept me where I was medically and that my insurance would pay for fully. I was near death and needed help right away. When I heard about Rosewood, I was drawn to it right away. After calling and speaking with someone who genuinely cared about me and my treatment, I was even more sure that this was the place for me. Not only was my intake person nice, but he called to check on me several times. I had never been treated this way from a treatment facility. I made the decision that Rosewood was the place for me and I flew out there within the week.

- Michelle T, Rosewood Alumni

# PATIENT ADVOCACY

## SECTION ONE

INTERVIEW WITH *UTILIZATION  
REVIEW SPECIALIST*

*JEREMY HANES*





# PATIENT ADVOCACY



## Interview w/Jeremy Hanes Rosewood UR Specialist

*"If the patient is denied coverage completely or denied coverage for the full term of the recommended treatment program, do not take that first no for a final answer." - Jeremy*

**MONIQUE:** Can you tell me a little bit about your role at Rosewood Centers for Eating Disorders? Why is your job important?

**JEREMY:** In Utilization Review we are the ones who call the insurance to do the reviews and get continued stay with the patients here at Rosewood. Things happen during the course of treatment and patients may need support in the fight for more treatment. Our job is to make sure that each patient gets the time they need and deserve to help them in their recovery. We are always asked by family, friends and professionals "What can I do to help?" So, one of my roles is to also educate the patient's support network about what they can do help ensure that the patient receives medically necessary treatment.

**MONIQUE:** What tips do you have for families, friends and professionals?

**JEREMY:** First and foremost, be supportive of your family member, loved one or patient while they are going through a very emotionally draining and frightening experience. Be a part of their treatment by educating yourself on what they are going through. Be a part of family therapy, outreach and aftercare. They not only need you now, they will also need your support upon leaving and for their recovery process. The more you know, the more you can be there for them.

**MONIQUE:** Is there anything else that families, friends and professionals can do to support the patient?

**JEREMY:** For many patients, a big part of the recovery process is getting their insurance company to pay for medically necessary treatment. So, it is absolutely crucial to

# PATIENT ADVOCACY

## Interview w/Jeremy Hanes Rosewood UR Specialist

educate yourself about the patient's insurance policy. You can often find the insurance company's criteria for medical necessity online. It is a good idea to read this information, and print it out as a reference. Ask questions of anyone you can, search out the answers you need. If your family member, loved one or patient is in a facility, call and talk to the Utilization Review Coordinator. If your family member or patient is not yet in a facility, call and talk to the UR coordinator at which the patient is seeking care.

**MONIQUE:** What if the patient is denied coverage? What should family, friends or care providers do?

**JEREMY:** A lot of times our patients are not at a place to fight for themselves and need the support of anyone they can to fight for their recovery for them. So, if the patient is denied coverage completely or denied coverage for the full term of the recommended treatment program, do not take no for an answer. Now is the time to be a real advocate by appealing the decision and seeking help from those who can help.

The first thing you can do is to call the number on the insurance card and ask for customer service. Once you get a customer service agent on the phone, calmly and carefully explain the reason for your call and let them know you want to advocate for a member. Prior to making such a call you will need to fax a signed Release of Information (ROI) to the company, indicating that you are authorized to call the insurance company on the patient's behalf.

*You can often find the insurance company's criteria for medical necessity online. It is a good idea to read this information, and print it out as a reference.*

*- Jeremy*

# PATIENT ADVOCACY

## Interview w/Jeremy Hanes Rosewood UR Specialist

You can also go to your Human Resources Department (if it is an Employer Policy) and let them know the details of your case. The HR department has a vested interest in employee well-being. Also, they are often more knowledgeable about dealing with insurance companies than employees. For this reason, asking the HR department to intervene on the patient's behalf can be beneficial once other avenues have been exhausted.

Your local state representative can also be helpful in advocating for the patient. You can call the office of the local representative and explain what is going on with your case. They may be able to tell you what steps you can take to advocate for coverage, and in some instances, they may talk to the insurance companies. I would recommend you use this as a last resort.

### SEEK SUPPORT

The road to helping a loved one get into treatment can be long and draining. You are not alone. Seek support from Rosewood and others who can help you.

### THINGS TO SAY TO YOUR LOVED ONE

- >> We are encouraged and support your commitment to recovery.
- >> Keep being open and honest and take one day at a time.
- >> Treatment is difficult and you can get through it.
- >> We will support you in anything toward healing.
- >> You are brave for taking the risks to enter treatment.

# PATIENT ADVOCACY

## SECTION ONE

INTERVIEW WITH *UTILIZATION  
REVIEW SPECIALIST*

*YOLANDA GONZALEZ*





# PATIENT ADVOCACY



## Interview w/Yolanda Gonzalez Rosewood UR Specialist

*"At any level of care, family involvement is paramount to the insurance case manager. They will always inquire about this part of the patient's treatment." - Joyce*



**MONIQUE:** What do you recommend to someone who is facing a possible denial of treatment for needed eating disorder treatment?

**YOLANDA:** It is important for the patient and their family members to become educated about their rights, and to know who to look to for advocacy and support.



Speaking to one's human resources (HR) department can significantly help persuade an insurance case manager (CM) to take a second look at their stance regarding authorization and denials.



Also, working with a UR Coordinator at the treatment center at which you seek care is highly beneficial. As a UR Coordinator at **Rosewood Centers for Eating Disorders**, my job is to help patients through the insurance maze... to help them understand their rights... and to help them connect all the dots in order to draw an accurate picture of medical necessity for the insurance CM.



**MONIQUE:** What types of things do you do to help patients draw this picture?

**YOLANDA:** It is important to have the most up-to-date information from the patient's home treatment team. So, the first thing that I do, is get the patient to sign releases of information so that I may contact past care providers. Then, I gather letters and recommendations from the patients' primary care providers, as well as records from any past facilities, at which the patient received inpatient or partial hospitalization treatment. The more information supporting the reason someone needs treatment the better.

# PATIENT ADVOCACY

## Interview w/Yolanda Gonzalez Rosewood UR Specialist

Outpatient (OP) medical and psychiatric providers are often busy with their daily practice, so I try to request records from them as early as possible, preferably before the patient has been admitted. At Rosewood, we feel that the OP providers are important members of the patient's treatment team, and are truly appreciative of those providers who share vital information in a timely and consistent manner. Their responsiveness to our requests can literally be the difference between a patient getting to enter or remain in treatment, and the patient being denied coverage by their insurance company.

**MONIQUE:** What other tips do you have for family members who are trying to get help for a loved one?

**YOLANDA:** It's important for families to research and understand their mental health and substance abuse benefits. If the family has a choice between various insurance policies, it is best to do this research ahead of time, before committing to a policy.

There is definitely a lack of information when employer groups or even brokers are selling insurance to companies and individuals. Often they do not specifically outline what the mental health and substance abuse benefits look like, and instead, focus primarily on the medical side of the policy. Families need to be proactive in seeking this information. Whether they need mental health help now or not, families should require their employer to clearly explain mental health benefits for future reference.

An OP provider's responsiveness to our requests for information can literally be the difference between a patient getting to enter or remain in treatment, and the patient being denied coverage by their insurance company.

- Yolanda

# PATIENT ADVOCACY

## Interview w/Yolanda Gonzalez Rosewood UR Specialist

It is also important that families are supportive of the treatment facility's recommendations for their loved one's care. This includes setting boundaries, communicating expectations that the patient will complete treatment, and specifically communicating to the patient what the family will do (or not do) if the patient fails to complete treatment. By committing to drawing boundaries, the family helps the patient help commit to treatment, and increases the patient's chance for long term success.

Patients and families should also understand parity and how that may affect one's benefits and costs.

**MONIQUE:** What is mental health parity and how can people learn more about it?

**YOLANDA:** To answer this question I will defer to an excerpt found on the American Psychological Association (APA) website, "The Mental Health Parity and Addiction Equity Act, or MHPAEA, requires private health insurance plans to provide equal coverage for mental and physical health services. Congress passed MHPAEA so adults and children suffering from mental health disorders, such as anxiety and depression, and substance use disorders, such as those related to alcohol use, would have better access to the treatment they need."

By committing to drawing boundaries the family helps the patient help commit to treatment, and increases the patient's chance for long term success.

- Yolanda

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# PATIENT ADVOCACY

## SECTION TWO

SIX THINGS YOU CAN DO  
TO HELP INSURANCE  
CASE MANAGERS  
UNDERSTAND THE CARE  
YOUR PATIENT NEEDS





# PATIENT ADVOCACY

## Six Things You Can Do To Help Insurance Case Managers Understand the Care Your Patient Needs

*Rosewood Centers for Eating Disorders' staff includes a highly experienced 'Utilization Review' (UR) team whose primary purpose is to make it easy for Insurance Case Managers to understand patient care needs, and accurately assess the necessary level of care. In this article, Rosewood UR experts highlight six things that every provider and patient advocate can do to help CMs assess medical necessity and patient care needs.*

### **ONE: Document... Document... Document**

In addition to documenting height, weight, and BMI, try to document percentage of ideal body weight, current meal-plan calories, observed medical complications, and impending risks or concerns.

### **TWO: Stay Current**

If/when your patient needs a higher level of care, the CM will want to know about what happened within the last 24 to 48 hours. Document accordingly.

### **THREE: Demonstrate Progress**

Create a treatment plan that outlines short-term, achievable goals, and hold the patient accountable to achieving these goals according to a defined timeline. Document patient success.

### **FOUR: Demonstrate Lack of Progress**

For patients who need a higher level of care, in addition to documenting patients' progress in regard to the aforementioned treatment plan, it is important to also document evidence demonstrating that the patient is not making enough progress to sustain improvement at a lower level of care.

I am so thankful to the entire staff at Rosewood; from therapists, techs, nurses, insurance, billing, marketing...  
EVERYONE who had a hand in the recovery of my son.

- Alumni Mom

# PATIENT ADVOCACY

## Six Things You Can Do To Help Insurance Case Managers Understand the Care Your Patient Needs

### **FIVE: Knowledge is Power**

Carefully read the insurance policy of your loved one or patient. A lot of the insurance companies' policies can be found online. Reading through the insurance policy can help you better understand the insurance process, covered services, and the specific guidelines by which your insurance company determines 'medical necessity.'

### **SIX: Seek Help from HR**

A patient's Human Resources department has a vested interest in employee well-being. Also, they are often more knowledgeable about dealing with insurance companies than employees. For this reason, if a patient is denied care, we recommend that the patient ask the HR department to intervene on his/her behalf.

As a Utilization Review Coordinator at Rosewood Centers for Eating Disorders, my job is to help patients through the insurance maze... to help them understand their rights... and to help them connect all the dots in order to draw an accurate picture of medical necessity for the insurance CM.

- Yolanda

A lot of the insurance companies' policies can be found online. Reading through the insurance policy can help you better understand the insurance process.

# PATIENT ADVOCACY

## SECTION THREE

ABOUT ROSEWOOD  
AND OUR SISTER COMPANIES



# SPECIALIZED COMPASSIONATE CARE FOR OVER A DECADE



MEN



WOMEN



ADOLESCENTS

**EATING DISORDER TREATMENT:** Rosewood Centers for Eating Disorders provides comprehensive care for men, women and adolescents, 12 years of age and older. We understand the intricate medical, emotional, and psychological complications associated with someone with an eating disorder. Our well-established model of care, experienced multi-disciplinary staff, and intimate warm setting make Rosewood uniquely qualified to effectively treat those suffering from the complexities of an eating disorder. Get more information and sign up for our informative newsletter at [RosewoodRanch.com](http://RosewoodRanch.com).

## OUR COMMITMENT TO YOU INCLUDES:

Honoring your physical, emotional, and spiritual well-being.

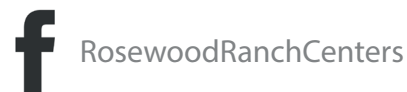
Helping you deal with life's pressures, influences and hardships.

Helping you experience the freedom of being yourself.

Providing you with the knowledge and skills you need to live a healthy lifestyle.



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ROSEWOOD CENTERS FOR EATING DISORDERS

# EATING DISORDER TREATMENT

ANOREXIA | BULIMIA | BINGE EATING

**WHO WE ARE:** We are a group of trained professionals who have come together for a common cause – to help people enjoy an improved quality of life through recovery. Our multidisciplinary team provides counseling, nutrition, and psychiatric services in a safe, respectful outpatient environment, conveniently located near ASU.

**WHAT WE DO:** We offer one-on-one therapy, group counseling, and experiential therapy to help clients recover from depression, anxiety, trauma, addictions, relationship conflicts, eating disorders, and co-occurring mental disorders. A client's treatment program may involve traditional therapy as well as yoga, meditation, music therapy, art therapy, psychodrama, or other experiential modalities. The treatment programs we create are as unique and varied as each of our clients.

**COMMUNITY SUPPORT GROUPS:** Community groups at Rosewood Tempe offer support, insight, and coping tools for clients in recovery, as well as for their loved ones and care providers. In a supportive, interactive group environment, clients learn that they are not alone, and are encouraged to help one another through the healing process under the guidance of an experienced clinician or trained group facilitator.

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# EATING DISORDER TRAINING & EDUCATION

**ABOUT THE ROSEWOOD INSTITUTE:** The Rosewood Institute is a premier provider of continuing education for Psychologists, Counselors, Addictions Counselors, Dietitians, Psychiatrists, Primary Care Providers, and any professional in the field of behavioral health, mental health, or addiction treatment.

As many as 10 million females and one million males are battling an eating disorder such as anorexia, bulimia, or binge eating. Because of the secretiveness and shame associated with eating disorders, many cases are not properly diagnosed. With over a decade of experience treating complex eating disorders, Rosewood Ranch Centers hopes that its education arm (The Rosewood Institute) will help professionals more readily identify and work with clients who suffer from undiagnosed or untreated eating disorders. Because we believe in treating the whole person, we also provide continuing education on the treatment of addictions, anxiety, and co-occurring mental disorders.

Our dynamic curriculum is designed to provide healthcare professionals with practical hands on experience, take away tools, and knowledge essential to treating eating disorder clients. The Rosewood Institute teaches best practice treatment modalities for eating disorders and familiarizes professionals with the medical, nutritional, and emotional aspects of eating disorders, as well as individual, group, and family treatments for eating disorders.

**W** [RosewoodInstitute.org](http://RosewoodInstitute.org)

## ROSEWOOD CENTERS FOR EATING DISORDERS:

Rosewood Centers for Eating Disorders provides comprehensive care for men, women, and adolescents 12 years of age or older. We understand the intricate medical, emotional, and psychological complications associated with eating disorders. Our well-established model of care, experienced multi-disciplinary staff, and home-like setting make Rosewood uniquely qualified to effectively treat those suffering from the complexities of an eating disorder. More Information at [RosewoodRanch.com](http://RosewoodRanch.com).



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Discover recovery at A New Journey (ANJ) center for eating disorder treatment in Santa Monica, CA. Individualized partial day treatment, 11 hour extended day treatment, intensive outpatient and transitional living for men, women and adolescents recovering from anorexia, bulimia, binge eating disorder, and co-occurring mental illnesses.

Immerse yourself in a healthy, supportive, therapeutic setting that encourages emotional growth, healing, and balanced living. Our sophisticated model delivers psychotherapy, nutritional restoration, and psychiatric oversight within a respectful and compassionate environment that honors every clients' dignity. For clients with scheduling challenges we offer flexible programming. We also work closely with clinicians and care providers to ensure continuity of care.

**24/7 Intake at 800.634.1733 | [ANewJourney.net](http://ANewJourney.net)**



**[Facebook.com/ANJSantaMonica](https://www.facebook.com/ANJSantaMonica)**

## // EATING DISORDER PROGRAMS

Leaders in the addiction treatment field, The Palm Beach Institute now offers Eating Disorder Treatment for adults. Created by Eating Disorder Experts from Rosewood Centers, EDR of Palm Beach Institute provides counseling, dietary and psychiatric services designed to meet the individualized needs of women and men struggling with anorexia, bulimia and binge eating disorder. We treat the whole person and address the root cause of the eating disorder, as well as co-occurring issues such as addictions, depression, anxiety, trauma, behavioral problems, and family or relationship conflicts.

### // INTENSIVE OUTPATIENT (IOP)

Intensive therapeutic and dietary services for adult men and women who have an eating disorder diagnosis, but do not meet the criteria for a higher level of care. IOP meets for four hours on three evenings of the week and provides therapeutic groups and meal support. EDR of Palm Beach Institute can serve as a step-up in support for individuals for whom weekly therapy and dietary sessions are not enough. With the extra support of the Transitional Living Housing, this level of care is also appropriate for a step-down from Partial Hospitalization or Residential Treatment Programs.

### // PARTIAL HOSPITALIZATION (PHP)

A program that meets the needs of adults requiring more support than that which is available through IOP or outpatient therapy. The PHP program provides transitional support for those stepping down from a residential or inpatient level of care and for individuals for whom IOP is not enough structure to contain eating disorder symptoms. PBI's Partial Hospitalization Program provides more structure, meeting for 6-8 hours a day, up to 6 days per week. During PHP program hours, meal support is provided for two meals and two snacks.

### // TRANSITIONAL LIVING

Transitional Living Housing supports adults attending EDR's PHP or IOP that require additional support after regular program hours, who do not live locally, who benefit from the structure and/or 24-hour supervision that this housing option offers, or who have been discharged from a higher level of care and will benefit from transitioning back to their home life slowly.

### // THERAPEUTIC MODALITIES

- Individual and Group Psychotherapy (clients may choose to remain working with their outside Therapist during IOP)
- Dialectical Behavioral Therapy (DBT)
- Cognitive Behavioral Therapy (CBT)
- Body Image Groups
- Relapse Prevention
- Process Groups
- EDA 12 Step Meetings
- Experiential Therapies; Psychodrama, Mind-Body Yoga, Movement Therapies, Art and Music Therapies
- Family Education and Family Sessions available
- Psychiatric Monitoring

## EATING DISORDER RECOVERY AT PBI



CALL 24/7 800.433.5098

[www.EDRecoveryPBI.com](http://www.EDRecoveryPBI.com)





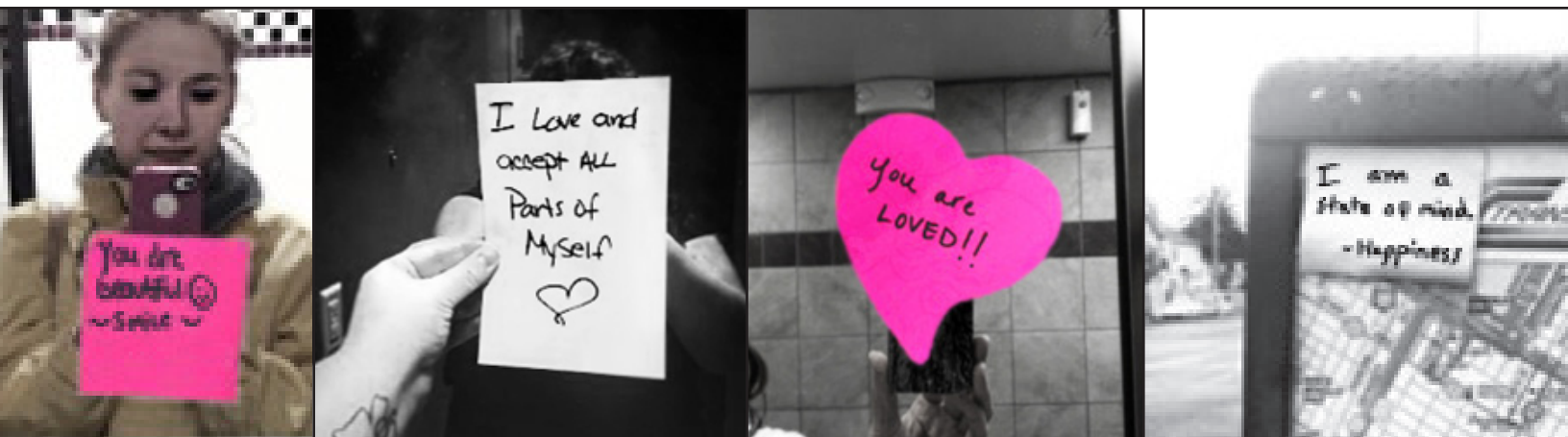
## EATING DISORDER AWARENESS

**OPERATION RECOVERED:** O.R. started as a 'guerrilla post-it' movement that involved posting kind and considerate words in random places. We've expanded to include speaking at schools and participating in awareness raising events.



**WHAT WE DO:** Operation RecoverED was started by Shannon H. and the Alumni of Rosewood. The mission of O.R. is to provide alumni an opportunity to give back to the community by raising awareness about anorexia, bulimia, and binge eating disorders at schools and events across the nation.

**CONNECT WITH US:** When you join Operation RecoverED you become part of a community of supporters who know what it's like to struggle with anorexia, bulimia, and binge eating disorder. We are dedicated to raising awareness and to supporting others in their recovery from eating disorders. To receive inspirational emails from O.R., visit our website, follow us on Facebook, and tweet with us.







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