



ADOLESCENT EATING DISORDERS PROGRAM

Welcome!

The inpatient UCLA Adolescent Eating Disorders Program is located on 4-West, a unit serving children and adolescents who require inpatient treatment for a variety of psychiatric disorders, including eating disorders, mood disorders, and anxiety disorders. The length of stay varies from several days to a month or more, depending on the goals of hospitalization. Hospitalization goals include crisis intervention, evaluation and diagnosis, medication stabilization, and/or inpatient psychotherapeutic treatment.

Although entering the hospital may be a difficult and unfamiliar experience for you and your family members, we have found that patients usually adjust within a few days. The inpatient eating disorders program has been organized to create a therapeutic milieu that provides a well-structured, protective, nurturing, and stimulating environment. After an initial period of adjustment on the unit, patients will participate in school and other activities, socialize with other patients, and generally experience life in a community of their peers. Each patient will also be involved in individual therapy sessions with an assigned therapist and in therapeutic group activities with other patients and staff on the unit.

Patient and family education is an important part of your hospitalization. Throughout your hospitalization you and your family members will receive education regarding your diagnosis, treatment, medications (if applicable), symptom management, and aftercare recommendations. The purpose of this ongoing education is to provide you with the knowledge and skills needed to maintain an optimal level of wellness outside the hospital. Discharge planning begins at the time of admission to the hospital, and discharge goals are established together by the interdisciplinary treatment team, the patient, and his or her family.

A Note for Parents or Caregivers

To make the adjustment to the program easier, it is important that you explain to your child or teenager as clearly as you can what the hospitalization will be like and why you believe it is important. Reviewing this packet together may help in the explanation.

A Parent Support Group is held on the unit weekly. This group includes only parents and does not give out any personal information regarding individual patients.

Our Treatment Program

Mission:

The mission of the UCLA Eating Disorders Program is to provide outstanding treatment services tailored to the individual's needs, for children, adolescents, and adults with eating disorders. The program includes two tracks, one for children and teenagers and one for adults. The eating disorders program strives to simultaneously restore physical well-being by facilitating adaptive eating behaviors and enhance emotional well-being by targeting dysfunctional beliefs and self-perceptions and addressing psychosocial issues. Our multidisciplinary team provides specialized treatment across a continuum of care, ranging from comprehensive, full-time, hospital-based treatment (first inpatient care, then partial hospitalization), to outpatient groups and outpatient pharmacologic management.

Inpatient Treatment:

The inpatient program is organized to create a highly structured, intense therapeutic milieu, designed to curtail patients' maladaptive eating behaviors, begin the weight restoration process, and begin identifying and exploring psychosocial issues. Individuals admitted to the inpatient eating disorders program exhibit a variety of difficulties in the areas of specific eating and weight-altering behaviors, which may result in significant medical instability. Patients admitted to the inpatient program must be medically evaluated prior to admission.

Program components include the eating program, individual and group psychotherapy, family therapy, activity groups, and pharmacotherapy as needed. Each patient receives multidisciplinary assessments and interventions. An individualized treatment plan is developed for each patient, and each patient's treatment is overseen by a case coordinator who also provides the patient's individual psychotherapy. The comprehensiveness and intensity of the program requires a high staff to patient ratio. The staff meets regularly regarding clinical and administrative issues, in order to assure an integrated and consistent program. Staff members from each discipline have expertise in the treatment of eating disorders and are knowledgeable regarding the goals and interventions for each patient.

Partial Hospitalization

Decisions to "step down" inpatients in the eating disorders program to less intense intervention are made by the interdisciplinary treatment team. The partial hospitalization program provides services seven days a week, from 8:00 a.m. to 6:00 p.m. Participants in the program are initially expected to attend the program on a daily basis, and then may decrease their attendance as determined by the treatment team. The partial hospitalization therapeutic milieu is designed to help patients continue the work started during the inpatient stay, with an increased emphasis on strengthening and practicing relapse-prevention skills and strategies.

Inpatient and Partial Hospitalization Eating Program:

A structured, individualized eating program is begun for each patient during inpatient hospitalization and then continued during partial hospitalization. Meals and snacks are prescribed by the team dietician in collaboration with the Clinical Nurse Specialist to ensure adequate nourishment and facilitate weight restoration as needed. Following a comprehensive physical exam, each patient is assigned a target weight range. This range is determined by the treatment team to be the minimally acceptable weight range that the patient must maintain for healthy physical and cognitive functioning.

Meal and snack content is initially determined by the dietician. Patients then progress to completing their own menus. Meals and snacks are monitored by the program staff. During partial hospitalization, patients gradually take on greater responsibility for self-regulation of eating. This includes practicing snacks and meals off the unit-initially supervised by the dietician or other program staff, and later with

family members. Patients in partial hospitalization also participate in a weekly cooking group, which includes planning, shopping for, preparing, and eating nutritionally balanced meals, and learning tools for decreasing the anxiety that may be associated with each of these activities.

In addition to individual meetings with the dietician, patients meet with the dietician as a group. This group format provides an arena for discussion and education regarding various aspects of management of eating behaviors. The dietician also meets with parents prior to discharge to discuss meal planning at home.

Inpatient and Partial Hospitalization Therapeutic Program:

A multimodal therapeutic program is started during the inpatient stay and continued during partial hospitalization. Therapeutic modalities include individual psychotherapy, group therapy (both psychotherapy process groups and eating disorder therapy groups), family therapy, cognitive assertion group, body image group, occupational therapy, recreation therapy, and pharmacotherapy as needed.

Outpatient Eating Disorder Services:

Outpatient services are available to patients who have completed the inpatient and partial hospitalization programs as well as to individuals living in the Los Angeles area who have not been previously treated at UCLA. These services include a weekly adolescent eating disorder psychotherapy group, and medication management for patients with eating disorders.

Inpatient Accommodations

The inpatient unit includes a day room (which has a dining area and areas for watching television, playing table games, and other activities), conference room, bedrooms, bathrooms, a staff office, laundry room, and storage space. There are private and semi-private bedrooms; bedroom assignments are made by the staff and take into consideration each patient's needs. Each patient is responsible for keeping his or her room orderly and maintaining the general neatness of the unit, and for laundering his or her own clothes. Towels and linens are provided and laundered by the hospital. Other hospital areas used by the inpatient program include the school classrooms, recreation decks, and occupational therapy clinic. The outside community, the university campus, and Westwood Village are often used for therapeutic recreational and social activities as well as meal and snack outings.

Meal and Snack Schedule

Breakfast: 8:00 a.m.
Lunch: 12:00 p.m.
Dinner: 5:30 p.m.

Snacks: 3:00 p.m. and 8:45 p.m.

Additional Groups and Activities

The multi-disciplinary treatment team determines which activities the patient will participate in and the extent of participation.

School

With parents' permission, patients are enrolled in a hospital-based school, which is provided by the Los Angeles Unified School District. Academic assessment and remedial services are available. The school staff are available to facilitate placement in an appropriate academic setting upon discharge from the hospital. When indicated, families are provided information regarding the special education needs of their child or teenager and regarding the process of obtaining special education services.

Speech and Language

Services include speech and language screening, as well as comprehensive evaluation when indicated by screening results.

Relaxation Group

Relaxation group utilizes a variety of techniques including gentle stretching, awareness of breath, and listening to quiet music to teach patients how to effectively alleviate symptoms of stress.

Medication Group

Medication group teaches patients about the nature of their disorders and the activities necessary to achieve and maintain a positive level of health. This includes understanding symptoms and the nature and use of medication. Medication compliance is emphasized.

Visiting Hours

Monday – Friday: 7:30 p.m. – 8:30 p.m.

Saturdays, Sundays, & Holidays: 1:00 p.m. – 2:30 p.m. & 7:30 p.m. – 8:30 p.m.

Special arrangements for alternative visiting times can be made when necessary.

Mailing Address

4-West
Resnick Neuropsychiatric Hospital at UCLA
150 Medical Plaza
Los Angeles, CA 90095

Patient Pay Telephone Number

310-208-5862

Unit Rules and Guidelines

Telephone calls

Telephone calls are limited to 10 minutes each, so that everyone has a chance to use the phone. The phone will not be answered during scheduled activities. Patients may make and receive calls during free time and unscheduled times. No incoming or outgoing calls after 10:00 p.m. If someone needs to contact you after 10:00 p.m., he or she should contact the nurses' station.

Bedtime

Bedtime for adolescents is 10:00 p.m., with lights out by 10:30 p.m. Bedtime for children age 12 and under is 9:00 p.m., with lights out by 9:30 p.m. Late bedtime is available on Fridays, Saturdays, and holidays. Staff are available to assist patients in preparation for bed.

Smoking

UCLA is a non-smoking hospital. Minors may not smoke while hospitalized at UCLA.

Social Behaviors

Physical aggression, verbal aggression, threatening physical or verbal gestures, and profanity are not acceptable social behaviors and will not be tolerated in the program. Respect personal boundaries and the space of others; hand-holding and touching in a sexual manner is not allowed. Borrowing or lending of personal property (including clothing) is not allowed.

Personal Property

All belongings brought to the inpatient unit should be labeled with your name. Belongings are checked at the greeter's desk on admission and upon returning from visits off the unit; clothing, pockets, handbags, etc, must be checked.

Dress Code

- You must be fully and properly dressed when out of your room
- Shoes or slippers are required; no bare feet allowed
- Closed-toe shoes are required for off-unit activities
- Athletic shoes with socks are required for any deck activities
- Tube tops, tank tops, camisoles, half-shirts, or see-through clothes are not allowed
- Bikini bathing suits may be worn at the pool if covered by a tee shirt
- Mid-thigh shorts are acceptable; no short-shorts or mini-skirts
- All clothing must be free of any controversial messages, slogans, or pictures (e.g. obscenities, or themes involving sex, violence, drugs, alcohol, tobacco, etc.)
- Sunglasses may be worn only outside during daylight hours
- Some jewelry, such as long, dangling earrings, safety pins, stick pins, items with metal studs, etc., present a safety hazard in the hospital setting and the use of these items may be limited
- Night clothing (pajamas, nightgowns, robes, etc.) is to be worn only in your bedroom or respective hallway

What to Bring to the Hospital

Clothing

We recommend bringing washable, easy-care clothing, clearly marked with one's name, enough for 7-10 days. Laundry facilities are on the unit; laundry detergent will be supplied for you.

- Athletic shoes
- Socks
- Bathing suit (two-piece suits are allowed but must be covered by a tee shirt)
- Mid-thigh shorts
- Jeans, sweatpants, or capris
- Pajamas, bathrobe, and slippers
- Blouses or tee shirts (including some with long sleeves)
- Sweater and/or light jacket
- Jewelry that is not long and dangling and that does not present a safety hazard is permitted
- Sunglasses are permitted but may be worn only outside during daylight hours
- Hats/caps are permitted but may be worn only outside during daylight hours

Toiletries

Please pack toilet articles in plastic, non-breakable containers; no glass items permitted. Please label all toiletries with your name.

- Brush and comb
- Toothbrush and toothpaste
- Mouthwash (alcohol free)
- Deodorant
- Shampoo and conditioner
- Lotions

Appliances

Small clocks, radios, blow dryers, hair straighteners, curling irons, and electric shavers are permitted. These items must be in perfect working condition and not have frayed cords. Electrical appliances will be checked by the hospital electrician before you can use them. Electrical appliances will be kept locked in a cabinet and provided for patient use upon request. Battery operated appliances are recommended. Please label all appliances with your name.

Other Items

You are welcome to bring other items that may help you feel more comfortable during your stay, such as your own comforter, pillows, stuffed animals, pictures (but no glass frames), posters, books, CD player, or iPod.

What Not to Bring to the Hospital

To ensure patients' privacy, cameras, watches with cameras, laptop computers, cell phones, and tape recorders are not allowed on the inpatient unit. Personal televisions, expensive clothing items or jewelry, computer games, or other difficult-to-replace items should not be brought to the hospital. We regret that pets are not allowed.

The following items are prohibited in the hospital:

- Firearms

- Knives/daggers
- Tasers
- Any other type of weapon
- Metal-toed boots
- Lighters/matches
- Alcohol
- Illegal drugs
- Over-the-counter drugs
- Prescription drugs
- Wire coat hangers
- Clothing with controversial messages, slogans, or pictures involving sex, drugs, violence, alcohol, tobacco, etc.
- Long dangling jewelry
- Safety pins
- Items with metal studs
- Glass items, including all glass bottles
- Plastic bags
- Beepers
- Cellular phones
- Cameras
- Tape recorders
- Watches with cameras
- Laptop computers
- Any devices that connect directly to the internet

The Treatment Team

Members of the treatment team include psychiatrists, psychologists, nurses, social workers, and recreation and occupational therapists. These staff members collaborate throughout each patient's hospital stay by reviewing the patient's progress, exchanging information, then formulating and carrying out a defined treatment plan. Members of the treatment team are as follows:

Attending Psychiatrist (M.D.):

It is the responsibility of the attending psychiatrist to plan, direct, and coordinate each individual patient's treatment program. The attending psychiatrist meets with patients individually for an assessment and conducts "Rounds" three days a week to review each patient's progress.

Case Coordinator/Individual Therapist:

An attending psychologist (Ph.D.), a physician in psychiatric training, or a psychologist in training is assigned to work directly with the attending psychiatrist in the assessment of the patient's needs and the planning and coordination of the patient's care. The case coordinator also provides individual and family therapy throughout the inpatient stay and partial hospitalization.

Psychiatry Resident/Fellow :

For patients who have an attending psychologist, or a psychologist in training, as case coordinator, a psychiatry resident or fellow (psychiatrist in training) will also be assigned to work directly with the attending psychiatrist in addressing medical issues and providing medication management as needed.

Clinical Social Worker (L.C.S.W.):

It is the responsibility of this clinician to meet with the patients and family to assess needs during hospitalization. The social worker may also provide family therapy in conjunction with the case coordinator. The social worker also assists in planning for discharge.

Primary Nurse (R.N.):

The primary nurse provides direct individual care and education to patients and their families. This nurse develops a comprehensive nursing care plan for each assigned patient and works closely with the nursing staff in the delivery of this care. The primary nurse works closely with all members of the interdisciplinary treatment team. Emphasis is placed on teaching patients to develop problem-solving skills, coping skills, and manage symptoms.

Assigned Nursing Staff:

There is a nursing staff member assigned to each patient for each 8-hour shift. This staff member administers medications and treatments, provides one-to-one counseling as needed, provides and maintains a safe environment, and communicates relevant information to the primary nurse and other team members as needed.

Shift Coordinator/ "Team Leader"(R.N.):

This nurse oversees and coordinates the care of all patients and staff during a designated 8-hour shift. The shift coordinator works closely with each primary nurse to ensure that patients are assigned to groups and activities that maximize the hospital experience.

Nurse Manager (R.N.):

This nurse provides administrative and clinical support to facilitate the maintenance of a safe and therapeutic hospital and unit environment. The nurse manager works with the nursing staff and with the interdisciplinary team to ensure appropriate nursing care for every patient in the program.

Occupational Therapist (O.T.R.):

The occupational therapist identifies patients' skills, interests, capabilities, perceptual-motor abilities, and general developmental level, and areas of strengths and deficiencies. The occupational therapist also assists in improving patients' skills that pertain to activities of daily living, and play or leisure situations.

Recreation Therapist:

The recreation therapist is responsible for assessing each patient's leisure and social needs. Recreation therapy (RT) activities are held both on the unit and off the unit, and involve patients in a range of leisure-time activities. The focus is on finding a balance between work and play as part of a healthy lifestyle. Patients must be at an adequate weight, as determined by the treatment team, in order to participate in physically strenuous RT activities.

Dietician (R.D.):

The dietician provides nutrition assessments for all patients and, in collaboration with the treatment team, develops a structured meal program for each patient. The dietician also provides nutrition education and provides guidance and supervision in menu planning and, later on in treatment, eating away from the hospital.

Pharmacist (Pharm.D.):

The pharmacist is a specialist in psychiatric medications who provides consultation and education to clinical staff.

Chaplain:

The chaplain provides pastoral care services to address the spiritual and religious needs of patients. Chaplains are trained to work on an interfaith basis. Patients may also make a request for a specific clergy.

The Administrative Team

The Program Director oversees all aspects of the eating disorders program including preadmission assessment, psychiatric evaluation, treatment planning, and disposition planning in collaboration with other members of the team. The Program Director is responsible for integrating the overall philosophy of the program with each patient's treatment goals, as well as seeing that the program complies with quality management requirements.

The Clinical Nurse Specialist, in collaboration with the Program Director, oversees nearly all aspects of the inpatient and partial hospitalization eating disorders program including the admission process, psychiatric evaluation, treatment planning, disposition planning, and regular assessment of patient progress. The Clinical Nurse Specialist ensures the maintenance of the program structure and helps provide a smooth transition from the inpatient program to partial hospitalization.

The Medical Director, in collaboration with the Program Director, ensures appropriateness of patients for admission to the program. The Medical Director also provides supervision to the treatment team including overseeing the clinical care and medical management of patients in the program.

The team members involved in your care include the following:

TEAM MEMBERS

TELEPHONE NUMBERS

1. _____
ATTENDING PSYCHIATRIST
2. _____
CASE COORDINATOR / INDIVIDUAL THERAPIST
3. _____
PSYCHIATRY RESIDENT / FELLOW
4. _____
SOCIAL WORKER
5. _____
PRIMARY NURSE
6. Scott Grosz, RN
NURSE MANAGER 310-267-9176
7. Roberta Freeman, RN, MSN, CS
CLINICAL NURSE SPECIALIST 310-267-9140
8. Michael Strober, Ph.D.
EATING DISORDERS PROGRAM DIRECTOR 310-825-5730
9. Mark DeAntonio, M.D.
MEDICAL DIRECTOR 310-825-0561