

# URMC Inpatient Child & Adolescent Eating Disorder Program: Needs Assessment for Psychological Services

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## Background

- Inpatient medical stabilization protocols for eating disorders are often brief (around 10 days) and strictly focused on patients' physical needs
- One of the most common needs raised by patients and parents during such an inpatient stay was a desire for consistent mental health services<sup>1</sup>
- Another common needs among parents was resources on how to care for the patient after discharge<sup>1</sup>

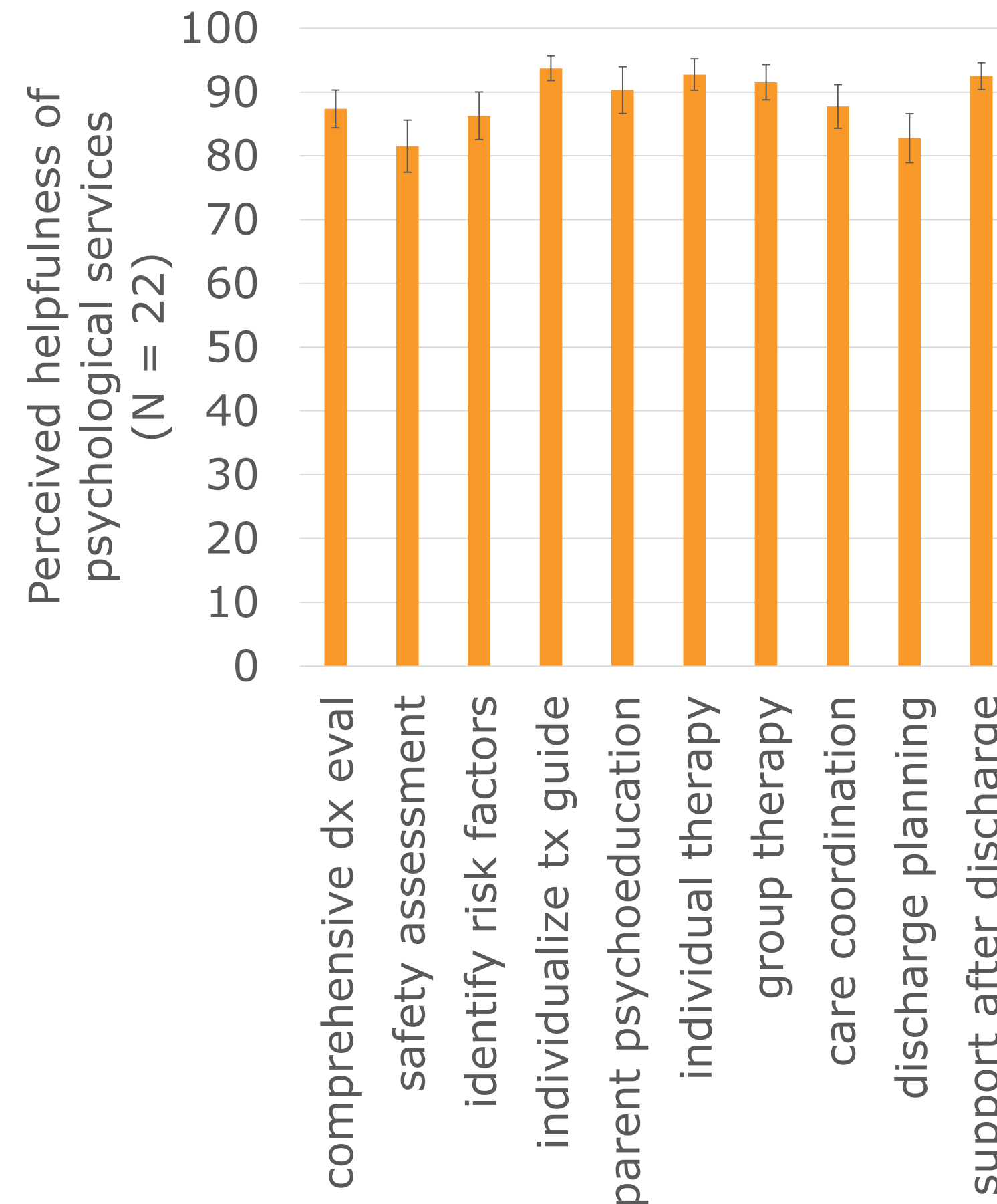
## Methods

Data was gathered via:

- Observation of the milieu
- Patient rounds on Golisano Children's Hospital unit 8-South (with RNs & MDs)
- Adolescent medicine rounds (with all team members, including social worker, music therapist, etc.)
- Bedside RN & psych tech during supported meals
- Parent education and skills group
- Individual conversations with leadership and staff
- Literature review
- A staff survey

## Quantitative Results

Staff rated it as **extremely necessary** to have a psychologist on inpatient CAEDP (**Mean = 94**)



We would like to thank the CAEDP leadership and staff for participating in the assessment, especially Dr. Taylor Starr, and Department of Psychiatry Education Committee.

<sup>1</sup>reference available upon request.

## Qualitative Results

Common themes in open-ended feedback:

### 1. Patient care

"The psychologist will have an integral role in providing a comprehensive evaluation and recommendations while considering the individualistic needs each patient has."

### 2. Team support

"We try to bridge the psychological gap as best as we can as medical providers, but are acutely aware of our limitations."

### 3. Parent support

"We are often given feedback by parents that they wish we had more therapeutic interventions and psychological support for our patients."

## Recommendations

We recommend having a psychologist embedded within the CAEDP inpatient program to provide the following services:

- **Individual and group therapy services** to help patients learn coping skills for stress related to eating, being on a medical unit, as well as addressing their other emotional and psychiatric needs
- **Diagnostic evaluation**
- **Develop an individualized and multi-faceted treatment plan** for each individual based on a comprehensive evaluation
- **Ongoing psychological support after discharge** from inpatient CAEDP, as there is often a long wait (up to months) between discharge and admission to the next level of care
- **Psychoeducation and support to parents** as the CAEDP admission is often the first time that they realize the severity (or even existence) of their children's eating disorder
- **Psychoeducation and support to staff**, especially in the areas of teaching skills for patient care, providing supervision for complicated cases, and collaborating on group sessions
- **Assess the effectiveness** of the current inpatient CAEDP treatment guide and the ongoing impact of psychological services, and make any necessary adjustments