

# Treatment models to support safety-related concerns within higher levels of care for pediatric eating disorders: a narrative review

Bain, T. \*, Hammond, D. \*, Coelho, J. S.

Provincial Specialized Eating Disorder Program, BC Children's Hospital; Department of Psychiatry, University of British Columbia

## BACKGROUND AND OBJECTIVES

The treatment of youth with eating disorders in higher levels of care, whereby they receive specialized care in an inpatient or day program hospital setting, can be particularly complex when they present with concurrent **non-suicidal self-harm** or **aggressive behaviours**. This highlights the need for trauma-informed care and strategies to maintain patient safety.

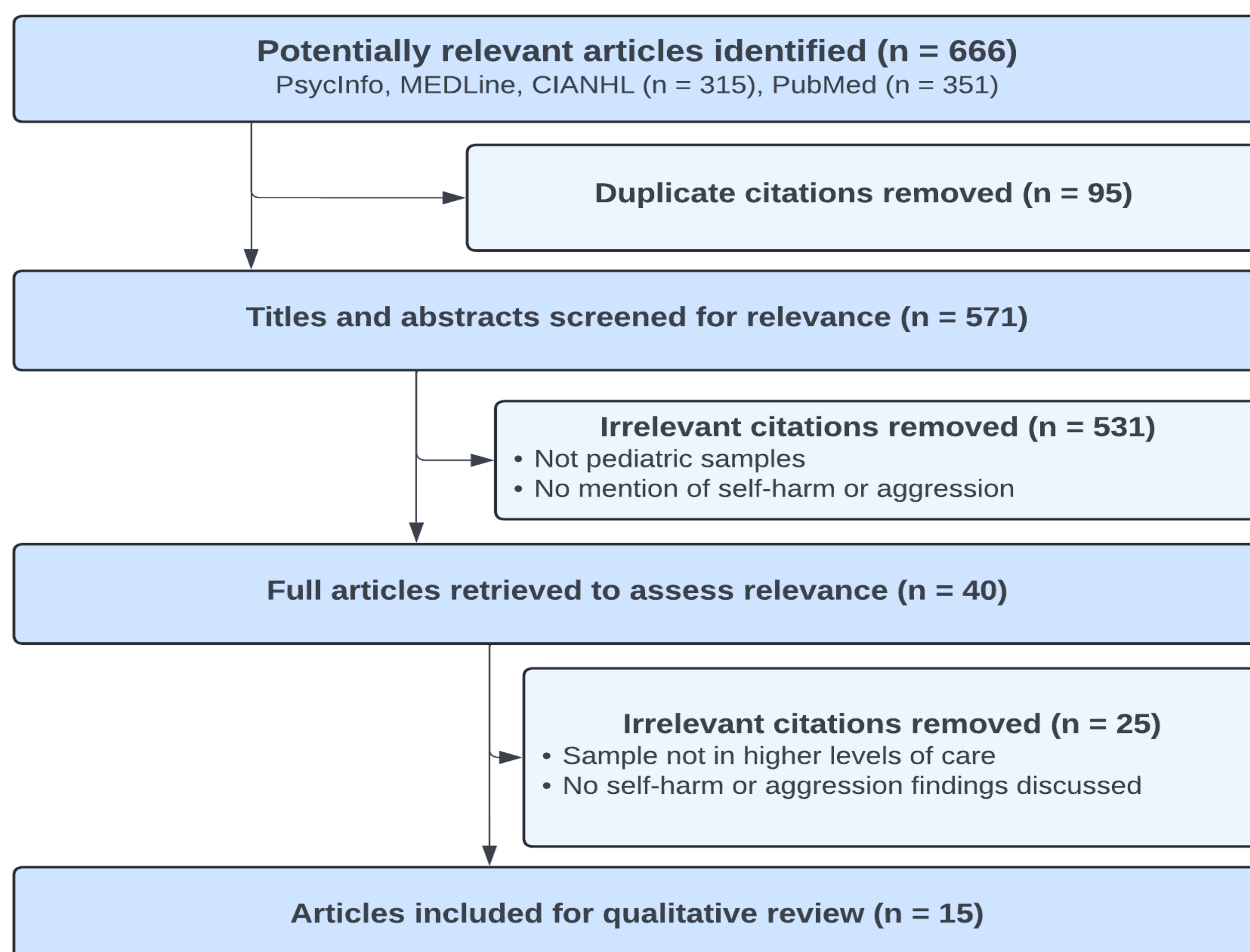
In the context of the redevelopment of the inpatient service model for a provincial pediatric eating disorders program, our team set out to **review the literature on interventions for youth presenting safety-related behaviors** (i.e., aggression or self-harm) **within higher levels of eating disorder care**.

## METHODS

We employed a search term strategy relating to relating to five key concepts: (1) **eating disorders**, (2) **self-harm**, (3) **aggressive behaviours**, (4) **higher levels of care**, (5) **pediatric samples**. We then retrieved relevant articles within the following electronic databases:

- PsycInfo
- CINAHL
- MEDLINE
- PubMed

Figure 1: Review Process



Titles and abstracts were reviewed to assess relevance, followed by a review of the full paper. Screening was conducted by two independent reviewers (TB and DH).

A total of 15 articles were included for narrative review.

Pertinent literature was used to identify treatment approaches and relevant considerations.

## RESULTS

The following themes were identified from the literature:

### Flexible and Multimodal Treatment

- Utilize both psychotherapy<sup>1,2,3</sup> and pharmacotherapy<sup>4</sup>
  - Psychotherapy modalities include Dialectical Behaviour<sup>5,6,7</sup> Therapy, Cognitive Behavioral Therapy<sup>1,2,8</sup>, Family-Based Therapy<sup>5</sup>, Milieu Therapy<sup>7</sup>
- Tailor treatment based on co-occurring diagnoses and presentations.<sup>6</sup>

### Stabilizing Affective States

- Admission can focus on stabilizing affective states over reducing negative affect.<sup>9</sup>
- Provide patients with adaptive skills to effectively regulate affective states.<sup>2</sup>

### Maintaining Mechanisms

- Interventions targeting perfectionistic traits and self-critical schema, and development of a compassionate self-image can be helpful.<sup>10,11,12</sup>
- Address interpersonal processes that are strengthened by self-criticism.<sup>10</sup>

### Collaborative Care

- Offer choice and collaboration in treatment where possible.
- Interventions should prioritize the least intensive necessary treatment.<sup>13</sup>
- Treatment should balance nutritional rehabilitation with helping patients to develop feelings of competency.<sup>13</sup>
- Engaging patients in activities they are interested in may enhance program engagement and social connection, and reduce aggressive behaviours.<sup>14,15</sup>

## DISCUSSION

This review highlights the importance of flexible, multifaceted, and individualized treatment practices in higher levels of care for patients who present with eating disorders and concurrent non-suicidal self-harm or aggressive behaviours.

The Canadian Practice Guidelines<sup>16</sup> highlight the need to develop treatments for severe eating disorders with complex co-morbidity. Overall, the literature suggests prioritizing affect stabilization, self-compassion, and collaborative care during admissions to higher levels of care in the context of safety-related concerns.

## IDENTIFIED PAPERS & REFERENCES

\*These authors contributed equally to this work

