



Consumer's Guide to Eating Disorders

What You Need to Know About Treatment

A Publication of Dr. Gregg Jantz, Ph.D., Certified Eating Disorder Specialist, founder of The Center known as "APlaceofHope.com," and best-selling author of *Hope, Help & Healing for Eating Disorders*

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Foreword

In the 28 years that I have been helping people overcome their eating disorders through The Center, I have met countless men, women and adolescents for whom mine is not their first treatment program. In fact, many have been in and out of treatment facilities for years! Considering how long most people hide their eating disorders - waiting *years* before they even seek help - the last thing they need is years more of trial-and-error, hoping and praying the *next* program will surely be the one to make the difference.

Though any number of things can contribute to a treatment program, what's most troubling is when those who are suffering blame themselves for a program's ineffectiveness. What they need to realize is that an eating disorder is not a conscious choice. In fact, the only choice you have when it comes to anorexia, bulimia or compulsive overeating is when you choose to get help – a choice that leads to an equally important decision:

With so many options across the country and around the world, how do you choose the right one? That, my friend, is the million-dollar question. Or in this case, a priceless one as the right answer could finally bring you the peace your eating disorder never could. It is from my unique vantage point of witnessing what works and what doesn't that I bring you this *Consumer's Guide to Eating Disorders: What You Need to Know About Treatment*. In it you'll find everything you need to know about choosing a treatment program that can help you change your life for good!

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The 4 Misbeliefs of Eating Disorder Recovery

MISBELIEF #1

“I’ll have to struggle with this eating disorder for the rest of my life.”

Why would you go to a doctor or healthcare provider who didn’t believe you could get well? If they don’t have faith in your full, permanent recovery – or their ability to help – how can you?

Yet every day, thousands of men, women and adolescents suffering with eating disorders invest time and money in programs led by doctors and healthcare providers who support a flawed belief system – that recovery from an eating disorder is impossible.

With a misbelief like this so prevalent within the eating disorder treatment community itself, is it any wonder people spend *years* in and out of treatment facilities? If a treatment program is based on this flawed belief, the program will naturally exclude solutions that support genuine eating disorder recovery.

THE TRUTH

You absolutely *can* fully and permanently recover from an eating disorder – not just for a few weeks, months or years, but for a lifetime! There is a purpose for you!

That is not to say recovery from an eating disorder is going to be easy, or that you won’t have setbacks. In many instances,

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yes – it is like taking two steps forward and one step back.

However, through a whole-person approach to treatment, every aspect of your being is ultimately moving you toward the same goal, as your body, mind and spirit are equally engaged in the recovery process.

MISBELIEF #2

“All eating disorders come from sexual abuse.”

Physical or sexual abuse is often at the heart of an eating disorder, but not always, or even most of the time. In fact, many treatment programs focus solely on uncovering “hidden memories” to identify and address the underlying cause.

While this approach may turn up instances of physical or sexual abuse, an exploration of the past will more likely turn up patterns of *emotional* abuse. As explained in *Healing the Scars of Emotional Abuse* by Dr. Gregory Jantz, the effects of emotional abuse can be wide-ranging and subtle. And, in some cases, the impact is manifested in the form of an eating disorder.

THE TRUTH

It may not be possible to trace the source of an eating disorder. The key is simply for treatment doctors and counselors to be open to possibilities other than abuse.

Any number of things can trigger anorexia, bulimia and compulsive overeating, such as:

- Respected authority figures making negative comments about weight or appearance. This may come from anyone who assumes an authority position over you, such as a parent, a spouse, or even an employer. If you respect their opinion, and they negatively judge your weight, body shape or eating habits, the natural

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inclination is to not only believe them, but also to change it.

- Stressful events, ranging from the loss of a loved one to a new demanding job. When one or more areas of your life feel undesirable and out of control, there's relief that comes from finding an area which you alone are capable of making changes - the way you choose to eat and look is among them.
- A dysfunctional family unit. Dysfunctional behaviors often stem from dysfunctional relationships, the majority of which lie within the family. Family dysfunction that may contribute to disordered eating includes rigid rules; rigid roles; family secrets; isolation from "outsiders;" serious, somber tone; no personal boundaries; and resistance to change.
- The distorted depiction of body image perpetuated by the media. Nobody is perfect, but you'd never know it from the people we idolize in magazines, on billboards, in movies and on TV. Of course, we're well aware of the transformative magic of make-up, wardrobe, air-brushing and "trick" photography. But our daily lives are so saturated by these distorted images that they serve as a constant reminder of our imperfections.

In tracing an eating disorder back to its inception, it is then possible to identify the subsequent factors that enabled it to take predominance over every other aspect of your life.

MISBELIEF #3

“I may get over the eating disorder but I’ll never be happy with how I look.”

Rigid, “all-or-nothing” thinking is common for those suffering with an eating disorder. Inner perceptions and beliefs are distorted, creating a false perception of perfectionism hard to change and impossible to achieve.

As a result of these distorted perceptions, fear of weight gain is among the greatest challenges for those in recovery – both during and after treatment. Even when the behavior subsides, that mental prison of fear is difficult to overcome. If not effectively addressed and managed, distorted body image and the subsequent fear of weight gain increases the chances of a relapse.

THE TRUTH

Not only is perfection an unhealthy pursuit, but it's an impossible one. Of course, the challenge for someone with an eating disorder is actually *believing* this to be true. The key is treatment that incorporates a paradigm of renewed thinking and restored normalcy. This renewed way of looking at yourself and those around you is typically achieved only through an intensive, long-term treatment program that includes a continuation of care component ranging from six months to one year.

When approached from the whole-person perspective, eating disorder treatment can be especially effective, as it not only addresses medical, psychological and emotional aspects, but

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nutritional and fitness needs as well.

MISBELIEF #4

“If I’m anorexic, the only way I can be complete is to eat a large amount of calories.”

For restricting anorexics, any level of nutritional consumption is considered “large.” Sadly, that’s why those suffering with anorexia so often:

- Feel like a failure when they eat
- See themselves as “disgusting” when they eat
- Dread meals with family and friends
- Fight their way through a fast
- Obsessively over-exercise to burn calories

So it is no wonder that anorexics have such fear of entering a treatment program and being forced to eat three balanced meals a day.

THE TRUTH

Instead of forcing anorexics to immediately consume the recommended daily calorie intake for their height, age and gender, nutritional intake can be ramped up slowly to allow their bodies time to adjust from starvation levels.

Long-Term Recovery & Hope vs. Short-Term Results

Addressing Core Issues vs. Simply Reducing Symptoms

Focused solely on reducing symptoms, many residential and hospital programs use “forced eating” models and pharmaceutical interventions, such as anti-depressants.

This type of environment can be highly institutional, creating a coercive atmosphere for those suffering with an eating disorder. What’s worse though is that these solutions are only temporary, resulting in short-term *treatment*, as opposed to long-term *recovery*. As with any addiction, recovery is dependent on the individual's decision to change destructive behaviors. Making that choice for someone is disempowering, an approach that defeats the purpose of helping someone whose eating disorder stems from a desperate desire for control.

While treatment programs should most certainly address symptom reduction, long-term recovery is dependent on addressing the underlying issues of the disease.

In the generalist of terms, the eating disorder cycle looks like this:

1. Feelings of unease and dissatisfaction
2. Desire to cover over those feelings
3. Use of food (abstention or consumption) as chosen method
4. Feelings of guilt, shame, self-hate, and hopelessness after disorder behavior
5. Renewed self-hatred over weakness

6. Emotionally predisposed to repeat the behavior

Certainly, reducing symptoms of an eating disorder means dealing with the “how.” But addressing core issues means dealing with the “why.” Only when the deeper how and the why of an eating disorder are addressed *together* will you see long-term recovery results.

One-on-One Therapy vs. All (or Mostly) Group Sessions

Most treatment programs rely on group settings to accomplish therapeutic goals. Often, however, those with eating disorders use the information shared in the group to fine-tune, modify or adopt new eating disorder behaviors.

At times, they learn from each other and use that knowledge to further their destructive behaviors.

Through individual, one-on-one sessions, a therapist can focus full attention on one person. This provides for the time and energy to effectively identify, explore and flesh out issues unique to the individual. This is an important distinction from group sessions, in which it's easier for participants to "hide," particularly for those hesitant to share their deepest, darkest thoughts and secrets in a group dynamic.

Of course, group therapy is an important part of any treatment program. Yet it should not be an opportunity for participants to merely revel in sickness. It's the job of a professionally-trained facilitator to keep the focus on healing and actively engaging in recovery.

Biochemical & Biosocial Assessment vs. Not Whole Body

Many physical conditions affect, or are affected by, eating disorders, such as:

- Nutritional deficiencies
- Hormonal imbalances
- Gastrointestinal issues
- Amino acid depletion
- Metabolic imbalances
- Relationship struggles
- Brain imbalance

Yet many treatment programs either fail to assess these conditions or address them inadequately, overlooking the vital mind-body connection - a gross disservice considering the consequences.

Specific physical problems brought on by eating disorders include:

Gastrointestinal

External problems: Constipation, hemorrhoids

Internal problems: Insufficient material and fluid

Cause: Failure to take in or retain sufficient food and fluid

External problems: Swelling and puffiness, especially in the ankles and feet

Internal problems: Electrolyte imbalance, general system problems

Cause: Malnutrition, frequent vomiting, excessing laxative or

diuretic use

External problems: Swelling over stomach or abdominal area

Internal problems: General system problems

Cause: Long periods of starvation, excessive vomiting, excessive laxative or diuretic use

Sexual

External problem: No menstrual period

Internal problem: Inability to produce hormones

Cause: Lack of body fat, rigorous exercise, emotional distress, bingeing and purging

Salivary Glands

External problems: Swelling, pain, tenderness

Internal problem: Possible infection

Cause: Frequent vomiting

Skin

External problems: Dryness, fine rash, pimples

Internal problem: Dehydration

Cause: Reduced fluid intake, excessive fluid elimination, frequent vomiting, laxative abuse

Teeth

External problems: Frequent cavities

Internal problems: Erosion of tooth enamel

Cause: Inadequate diet, frequent vomiting, high intake of

carbohydrates/sugars

In other words, it is essential that a person's physical health and biochemical state be factored into any eating disorder treatment program. It's a long-term, multi-faceted approach that links emotional well-being to physical wellness on the road to recovery.

Whole-Person Treatment vs. Collection of Treatment Providers

From the medical doctor, to the mental health counselor, to the dietician or nutritionist, healthcare professionals specializing in different areas is essential to long-term recovery. But there's a big difference between a team of professionals and "collection."

Simply picking and choosing one specialist here, and another one there, you run the risk of bringing in providers who not only may have trouble communicating with another, but also may disagree on the right treatment approach. A successful program is one that's already built a team of specialists for you – treatment providers who respect one another and share the same vision of long-term recovery for you.

In this manner, your treatment team can communicate daily, sharing detailed information, planning and modifying for best results.

Whole-Person Approach vs. Single Focus Treatment

Some eating disorder treatment models have a single focus. Rather than considering all of the roads that could lead to

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recovery, they follow the path of just one, which they have identified as a blanket solution for all disordered eating behaviors.

For some it's a pharmaceutical or medication emphasis. For others it's a particular clinical model, like cognitive-behavioral therapy or dialectic behavioral therapy.

Yet, these one-size-fits-all answers cannot possibly address the complex, individualized nature of an eating disorder. So why do so many providers fail to personalize their treatment programs? Plain and simple, it takes more time and effort to coordinate an effective whole-person approach.

Whole-person treatment takes a pronged approach to long-term recovery, focusing on *all* aspects of a person's life:

- Medical, past and present
- Physical fitness
- Psychological state
- Emotional wellness
- Nutritional health
- Relational status
- Spiritual beliefs

So instead of focusing the entirety of treatment on one aspect of a person's life – at the expense of all the others – the whole-person approach seeks to address a person's *every* need. This is the only way to prevent core issues from getting missed, allowed to fester and grow under the surface of things, and forever preventing genuine recovery.

Real, Sustainable Success vs. Temporary, Fear-Based Eating

Some eating disorder programs are so focused on treating *symptoms* that what they, in turn, judge as "success" is nothing more than a facade masking core issues that will continue to feed destructive behavior.

For example, one symptom of an eating disorder is unhealthy body weight. So if a treatment provider is focused only on bringing that weight to a healthy level, doing so may be considered a success. But when that weight is produced through coercive, artificial means, it is rarely duplicated once the individual returns to a normal, everyday routine, beyond treatment. Unfortunately, the individual typically interprets this subsequent "failure" as their own, which only serves to compound feelings of inadequacy and imperfection.

An anorexic who is force-fed solids and liquids will achieve a level of "success." But the price paid for that success is often increased rebelliousness and anger. Instead of leaving the program motivated to nourish herself in a healthy manner, she is more determined than ever to reassert her control and fall back on her eating disorder.

A bulimic may "successfully" reduce bingeing and purging behavior, but still have an obsession with food, weight and body image.

True success is measured in freedom – not only from the eating disorder, but also from a dysfunctional relationship with self, others and food.

Of course, true recovery does not happen overnight, but is built over time. Quick recovery doesn't work anymore than quick weight loss diets do. Nutritional intervention and specialized individual therapies can be ramped up slowly, so as to carefully incorporate vitamins essential to proper digestion and physiological functioning, particularly:

- Vitamin A
- Thiamine (Vitamin B1)
- Choline, Inositol and B6
- Riboflavin (Vitamin B2)
- Cyanocobalamin (Vitamin B12)
- Biotin (Vitamin H)
- Folic Acid
- Niacin
- Pantothenic Acid
- Ascorbic Acid (Vitamin C)
- Vitamin D

Working through the whole-person approach requires time, patience and perseverance, but it yields the long-term healing that should be the definition of success.

Whole-Person Recovery vs. Institutional Dependency & Depression

Some men, women and adolescents with eating disorders develop institutional dependency. That's because instead of engaging them in an intensive, whole-person treatment program that addresses every core issue, some facilities foster repeated inpatient stays that typically reflect single- and symptom-focused treatment (i.e., temporary results).

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Unfortunately, repeated stays in institutional treatment facilities can fuel dependence on them. Highly monitored, most institutional settings are artificial environments that appear “safe” to someone with an eating disorder, but ultimately do more harm than good. Instead of engaging in treatment that helps them learn to trust *themselves* with their recovery, participants' repeated stays in institutions promote dependency on them. This often leads to depression stemming from the false belief that they do not have the power to control their own behavior.

In fact, the more effective treatment program is one that may feel “insecure” to someone with an eating disorder.

Though led by a team of treatment professionals, the program includes opportunities for personal choice and control.

Instead of ceding control of themselves to a third party during a short-term inpatient stay, those engaged in a whole-person, long-term program learn to embody their own recovery – during treatment and beyond.

7 Keys to Long-Term Recovery

1) Flexible, Whole-Person, Hope-Based Treatment.

Instead of micro-managing your treatment to meet the needs of “the program,” any successful long-term recovery is dependent on flexible objectives. The needs of the individual must come first, not the needs of the provider to fit you into a “one-size-fits all” approach. And though forcing new behaviors onto those with eating disorders may alleviate symptoms, it does little good when treatment is over. It should be the job of the treatment provider to help those with eating disorders develop their own inner power to change for good.

2) Treatment of Co-Existing Addictions.

It is not uncommon for those with eating disorders to develop addictions to drugs or alcohol – not only as a weight loss or purging mechanism, but also to mask their pain. An addictive behavior like this can take on a life of its own, so it must be identified, acknowledged and treated alongside the eating disorder.

3) Individual Therapy Sessions.

Though group therapy is a vital way of providing insight and support through others in treatment, many programs let it take precedence over individual therapy sessions. In fact, individual therapy should represent a significant portion of treatment, as it is the most effective avenue for focused, in-depth recovery work.

4) Therapeutic Treatment Team.

We all respond in different ways to different people, simply dependent on our different personalities. The relationships formed in treatment are no exception. Representing a variety of backgrounds, skills and presentation styles, a *team* of treatment professionals is always better than one. It's the surest way to reach everyone in the program, as any individual who does not connect with one team member will more than likely connect with another.

5) Whole-Person Approach.

Eating disorders do not discriminate. More than just physical or mental conditions, anorexia, bulimia and compulsive overeating affect *every* aspect of your being, including emotionally, relationally and spiritually. So the greatest opportunity for long-term recovery is a program that integrates treatment for all aspects of the individual into one whole-person plan.

6) Concentration on Core Issues.

Though addressing surface symptoms of eating disorders is essential to restoration of physical health, treatment cannot stop there. For long-term recovery, those suffering with eating disorders must get to the root of the core issues from which their eating disorders stem.

7) Philosophy of Hope.

One of the most valuable tools you need on the road to recovery is a return of hope, and the optimism and joy that

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goes along with it. That's why it is so imperative that you choose a treatment provider who truly believes you can get better – a foundational belief that should be integrated into every aspect of the program.

Finding a Certified Eating Disorder Specialist

There's no governing body that certifies groups, programs, hospitals or residential facilities for eating disorder treatment. And just because someone has a degree in counseling or psychology does not mean he has the expertise necessary to treat anorexia, bulimia or compulsive overeating.

In fact, many counseling and psychology degree programs include very little education specifically on the treatment of eating disorders.

With so much to question about the qualifications of a treatment provider, it is critical that you base your decision on one thing you can know with certainty.

The International Association of Eating Disorder Providers certifies *individual* counselors in the area of eating disorders – a certification process based on:

- Education
- Experience
- Examination results

The highest level of this certification is **Certified Eating Disorder Specialist (CEDS)**, so that's the designation you should be looking for when choosing a treatment provider.

Beyond that, you may defer to the same qualifications that medical professionals take into account when looking to refer patients with eating disorders to facilities specializing in eating disorder treatment:

- Reputation

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- Clinical strength
 - o Level of medical expertise
 - o Level of psychiatric expertise
- Aftercare options
- Specialization in co-morbidities (i.e., multiple addictions, such as drugs and alcohol)

Financing Your Treatment

When considering different treatment providers, many people make the mistake of assuming the least-expensive program is the smartest choice for their money. What they often fail to do, however, is weigh the cost of treatment against the quality.

The bottom line is that all treatment providers are not created equal. If theirs is the cheapest program you can find, chances are it's *not* the most effective.

Ideally, you should choose a program based on the 7 Keys to Long-Term Recovery. Though most insurance policies cover eating disorder treatment, if yours doesn't, or you do not have insurance, then be flexible and creative in covering the cost:

- Consider short-term loans from equity, retirement or life insurance policies
- Apply for a line of credit through a medical finance company
- Take out a low-interest credit card to use exclusively for your treatment
- Ask family, friends or your church for help

Yes, treatment can be expensive, but when determining your price range remember, life-long recovery is priceless.

Treatment Evaluation Checklist

√ **You feel special from the very first phone call.**

When you contact a treatment provider, does the person on the other end of the phone make you feel like a person and not a problem?

Does she take the time to listen to what *you* have to say or does she interrupt to rush through the same script she uses for everyone?

If she answers questions, are they personalized to your unique situation or do they sound like nothing more than canned responses?

These are the kind of questions to ask yourself upon your first contact with a treatment provider. Every program has a “personality” or “culture,” and chances are good it’s always reflected in the first impression they give you.

If you’re treated abruptly, rudely or dispassionately by a treatment provider from the start, beware. Theirs is probably a program designed to treat problems that they simply want to go away instead of people who they want to welcome and embrace.

On the other hand, if you’re treated respectfully, patiently and compassionately, rejoice! Chances are good that’s just the kind of caring treatment you can expect to receive throughout the course of the program.

✓ **They're open and honest about program price and insurance coverage.**

If a treatment provider talks around your questions about financing for the program, or gives you vague answers about insurance coverage, take a step back. Even providers who offer the most expensive of programs should be willing and able to go over these points in detail.

Like it or not, finances must factor into your decision about treatment, and only when you have all the information can you make an *informed* decision. Getting there means exploring all of your options, which a treatment provider should be prepared to help you do by being open and honest about financing and insurance – not because the answers are necessarily what you want to hear, but because it's the truth.

✓ **You have evidence of the program's success.**

Though no treatment provider can (or should) make any guarantees about your eating disorder recovery, it helps to know how successful they've been with others in the past. That said, be wary of any treatment providers that boast a certain "rate" of success. There are numerous variables in eating disorder treatment that make defining and measuring success a near impossibility. For instance, someone who has suffered from anorexia for 20 years will have a much different "rate" of success than a 16-year-old with the same problem.

In fact, the only proof of a program's success is that which comes straight from those who have experienced it.

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Look for real-life testimonials and if you don't see any, ask for them – especially stories of long-term recovery. Any quality treatment provider should be happy to make arrangements for you to speak directly with people who can tell you with certainty how the program impacted their lives.

√ **Your unique situation determines the duration of your treatment.**

The most successful recovery programs are those that span a six-month to one-year time period, however there is no one-size-fits-all length that works well for everyone.

Any treatment provider that insists on you completing their standard length of stay is not considering what might work best for your individual needs. Only through a consultation with an eating disorder specialist can a treatment provider estimate the ideal duration of your stay and corresponding level of care.

Every treatment plan should include time-linked goals. To monitor the progress, the treatment team should meet once a week for regularly scheduled conferences specific to the individual.

√ **They focus on a wide range of eating disorders.**

Bulimics may stop purging but continue as compulsive overeaters or binge eaters. Anorexics may stop restricting but become bulimic. Some may swing back and forth between bulimia and anorexia.

The point is this. You may develop one eating disorder only to

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modify it into another. That's why it is so essential that you find a program that treats a wide range of eating disorders – from anorexia and bulimia, to compulsive overeating and night binge eating.

This variety of treatment options ensures that the provider can address all the complexities of your eating disorder. It also gives you an opportunity to learn from people in various stages of the disease, and the more diverse the age-range, the better.

Men should be especially particular when choosing a treatment provider. Most programs and large hospital or residential settings cater exclusively to women. The reason is simple, as the vast majority of those who suffer with an eating disorder are female.

Unfortunately though, recovery can be made more difficult for a man when he's the only male in the group. That's why men should look for a program in which the majority of therapy is individual one-on-one as opposed to primarily group settings. After all, the demographics of a treatment program should in no way present an additional barrier to recovery.

✓ **They can make a dual diagnosis and offer chemical dependency treatment.**

To numb the anguish of eating disorders, people often turn to alcohol and drugs. Though the person suffering may fail to see their self-medication as a secondary addiction, in far too many cases this behavior does develop into chemical dependency.

For those suffering with an eating disorder and addiction to alcohol or drugs, a program should be able to provide a dual

diagnosis and the corresponding treatment for both issues *simultaneously*.

√ **Your treatment team is onsite.**

The whole-person approach to the treatment of eating disorders is essential. That's why a recovery program should include a treatment team that can address your physical, mental, emotional and nutritional needs.

Look for a provider with onsite medical care, as well as a full-time staff of resident doctors, psychiatrists, counselors, nutritionists and registered dieticians.

√ **They're committed to you as a person.**

There is a person inside you, apart from your disorder.

Quality treatment providers seek to know and understand that person, and help you rediscover that person inside yourself.

From the initial phone call, to the one-on-one consultation with an eating disorder specialist, look for clues that they are committed to you – like questions about your hopes and dreams, not just your medical condition.

√ **They offer aftercare support.**

A survey of medical professionals seeking referrals for their patients with eating disorders finds that many facilities specializing in treatment do not offer aftercare support. While recovery from an eating disorder is possible, that implies an understanding of what

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recovery means – a long-term commitment, not only on the part of the patient, but also the medical community assuming responsibility for treatment.

Program Comparison Contact Sheet

With so much invested in your choice of a treatment program, choose wisely. Contact multiple providers and ask the same questions of them all. If they won't give you a straight answer, or they seem annoyed at having to answer your questions at all, make note and factor that into your decision accordingly. To help you keep track, print out the Program Comparison Contact Sheet below.

Provider	The Center
Date	
Contact Phone #	8-771-5166
Location	Seattle, WA

Program Components

1) Is the program flexible enough to be modified to individual needs?	YES
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2) Is the program small enough to give you intensely personalized, one-on-one care?	YES
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3) Is the majority of treatment individual one-on-one sessions?

YES

4) Is the program whole-person based – addressing the medical, physical, emotional, intellectual, nutritional, relational and spiritual components to long-term recovery?

YES

5) Does the provider treat a wide range of eating disorders?

YES

6) Is therapy centered around core issues and not just symptom

YES

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reduction?

7) Is the program able to address additional issues that surface during treatment? YES

8) Can the program address both mental health and chemical dependency issues, if present? YES

9) Is there a physical, nutritional component to recovery? YES

10) Does the program include a biochemical assessment? YES

11) Can they treat a dual diagnosis? YES

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12) Do they
have on staff a
Certified YES
Eating
Disorder
Specialist?

13) Is the
medical team YES
onsite?

14) Do
individual
sessions with
the treatment YES
team cater to
different
styles and
personalities?

15) Are
family
members YES
encouraged to
participate in
treatment?

16) Are you
able to have
phone YES
sessions with
the treatment
team before
arrival?

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17) Are they forthcoming about the cost of the program and financing options? YES

18) Are there testimonials from those who have completed the program? YES

19) Do they listen and respond to your questions and concerns with patience and respect? YES

20) Do they believe you truly can recover? YES

20) Do they offer after care support? YES

Afterword

You saw numerous mentions throughout this guide of the “whole-person” approach – treatment defined as:

Comprehensive attention to the medical, physical, psychological, emotional, nutritional and spiritual aspects of a person’s life in order to facilitate long-term recovery.

If you would like to explore recovery options that include this whole-person approach, please contact:

Toll Free: 888-771-5166

www.APlaceOfHope.com

As the founder of The Center, I personally can tell you we have a world-class team. And I can assure you they all share in my belief that you *can* fully recover from an eating disorder – not simply because we want to believe it, but because we’ve seen it happen time and time again.

You are not your addiction. The whole-person approach to treatment can change your life for good. What you need is a provider who believes it ... so that you can believe it too.

Dr. Gregg Jantz, Ph.D., CEDS
Certified Eating Disorder Specialist