

MONTE NIDO *& affiliates*



Eating Disorder Treatment for All Genders

Monte Nido[®]


clementine
A MONTE NIDO AFFILIATE for adolescents


Oliver-Pyatt
CENTERS



MONTE NIDO & affiliates specializes in the treatment of eating disorders for all genders and includes three distinct clinical programs: Monte Nido, Clementine, and Oliver-Pyatt Centers. For over two decades, our tenured and expert staff—which includes recovered professionals—has delivered treatment that leads to full recovery.

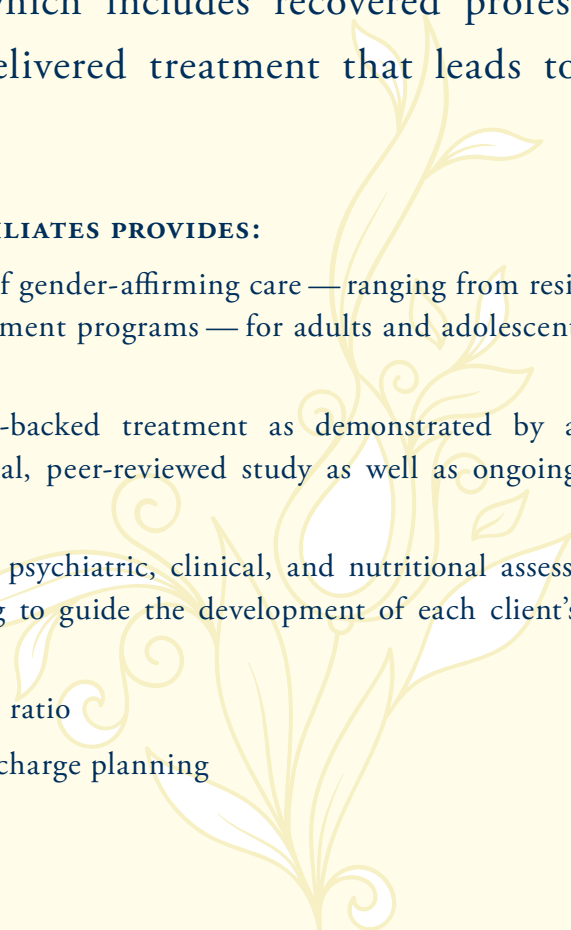
MONTE NIDO & AFFILIATES PROVIDES:

- * A full continuum of gender-affirming care — ranging from residential to day treatment programs — for adults and adolescent girls
- * Effective, outcome-backed treatment as demonstrated by a 10-year, longitudinal, peer-reviewed study as well as ongoing research
- * Thorough medical, psychiatric, clinical, and nutritional assessment and screening to guide the development of each client's treatment plan
- * High staff-to-client ratio
- * Comprehensive discharge planning

TREATMENT PROGRAMS AT MONTE NIDO, CLEMENTINE, AND OLIVER-PYATT CENTERS focus on stabilizing the eating disorder and co-occurring presentations, reducing urges, enhancing motivation, developing alternative coping capacities, and changing the way clients think about themselves and their world. Though the programs have some nuanced philosophical differences, they share a deep commitment to helping clients regain a healthy relationship with food and their bodies.

TREATMENT COMPONENTS INCLUDE:

- * High levels of medical and psychiatric care with 24-hour nursing in the comfort of a home at all of our residential programs
- * Skills development through evidence-based treatments such as Dialectical Behavioral Therapy (DBT) and Cognitive Behavioral Therapy (CBT), plus therapies to address co-occurring presentations as indicated
- * Group therapies that focus on transdiagnostic etiological and maintaining factors
- * Therapeutic opportunities, assignments, journaling, challenges, self-monitoring, and treatment exposures
- * Nutritional programming that meets differing needs
- * Treatment contracts with personalized goals and objectives
- * Specialized mindfulness training
- * Exploration of spirituality, personal values, and personal meaning to help build and sustain motivation
- * Family involvement as active partners: multi-family groups, family education, and family therapy as needed



co-occurring presentations

Co-occurring presentations such as substance use disorder and trauma reactions such as PTSD share common causal and maintaining factors with eating disorders that influence treatment and recovery. At many of our locations, we integrate specialized programming to address these factors. We use the concept of “healthy self” and “disordered self” dialogues as a model for building symptom control, self-awareness, and perspective.

CORE INTERVENTIONS CAN INCLUDE:

- * Motivational Enhancement Therapy (MET), CBT, and interpersonal therapy to address substance use and support behavior change
- * 12-step meetings to enrich social support and decrease risk of relapse
- * Cognitive Processing Therapy (CPT), an evidence-based model for addressing PTSD, that helps clients identify and process traumatic experiences and the post-trauma reactions and adaptations that may be contributing to their eating disorder

nutrition

Nutrition programming across all of our programs works from the same core foundations of health, freedom from eating disordered behaviors, and developmentally appropriate progression toward self-trust and internally directed eating. With this solid foundation, our clients move through the early stages of food relationship repair to the later stages of growth and expansion in a recovered life.

OUR INFORMED NUTRITIONAL CARE REFLECTS:

- * Recognition that healthy, recovered people come in all shapes and sizes
- * Recognition that all bodies deserve to be nourished and experience satiety
- * Behavior-focused, rather than weight-focused, philosophies
- * Belief that weight loss attempts and focus are contraindicated for recovery from all eating disorder diagnoses
- * Kitchens that are open and accessible as in a homelike setting; at any time throughout the day, individuals can request and be provided with more food for satiety

for high school and college students

We understand the decision to leave academic life for treatment is a difficult one for students and their families. We believe that when effective treatment is provided, our clients can return to high school, college, or graduate school in a healthier and stronger place. When they are ready to return, we work closely with each client, their family, outpatient team, and academic institution to develop an aftercare plan that wraps around their specific needs.

AFTERCARE PLANS FOR STUDENTS MAY INCLUDE:

- * Setting up outpatient treatment team and school counseling
- * Setting reasonable academic and recovery goals; schedule planning
- * Finding local or student support groups
- * Planning of recovery-oriented adjunctive activities
- * Support with the application or readmission process
- * Arrangement of appropriate housing if needed

MONTE NIDO & AFFILIATES CONDUCTS ONGOING COMPREHENSIVE RESEARCH—approved by an institutional review board—to assess treatment outcomes in our programs. Clients who consent to participate complete a series of validated questionnaires upon admission, upon transferring to a new level of care, at discharge, and at 6 and 12 months post-discharge. This research represents our commitment to guiding clinical teams in developing a shared language for each client’s experience, building engagement, and designing more effective and personalized treatment plans. Its findings will also serve to advance the field of eating disorders. **The research began in January 2018 and over 1500 clients have been enrolled over the past two years.**

state-trait anxiety inventory (STAI)

ADULTS ONLY

The STAI is a 40-item self-report measure of anxiety. It assesses the temporary state of feeling anxious and anxiety as a long-standing quality.

SCORES INDICATE:

- * Monte Nido and Oliver-Pyatt Centers residential and PHP clients demonstrated **statistically significant reductions in state and trait anxiety** from admission to discharge.

screen for child anxiety related disorders (SCARED)

ADOLESCENTS ONLY

The SCARED is a 41-item, validated self-report measure of anxiety. It generates a total score and 5 factor scores:

panic disorder or significant somatic symptoms | generalized anxiety disorder | separation anxiety | social anxiety disorder | significant school avoidance

SCORES INDICATE:

- * Clementine clients demonstrated **statistically significant reductions in overall anxiety** from admission to discharge (as measured by total scores) and on factors of generalized anxiety and separation anxiety.

eating disorder examination questionnaire (EDE-Q)

The EDE-Q assesses the core features of eating disorder psychopathology. It captures the complexity and uniqueness of each individual’s eating disorder by measuring a range of symptoms:

fear of weight gain | self-induced vomiting | loss of control with food

RESULTS INDICATE:

- * Monte Nido and Oliver-Pyatt Centers clients at residential, PHP, and IOP levels of care experienced **clinically and statistically significant reductions in symptoms on nearly all scales.**
- * Clementine clients experienced **clinically and statistically significant reductions in symptoms** from residential admission to discharge.

eating disorder inventory-2 (EDI-2)

The EDI-2 is a self-report measure of symptoms that provides information regarding the psychological and behavioral dimensions of eating disorders. It has subscales of:

drive for thinness | bulimia | body dissatisfaction | ineffectiveness | perfectionism | interpersonal distrust | interoceptive awareness | maturity fears | asceticism | impulse regulation | social insecurity

RESULTS INDICATE:

- * Monte Nido and Oliver-Pyatt Centers residential clients demonstrated **statistically significant improvements on 10 of the 11 subscales.** PHP and IOP clients demonstrated statistically significant improvements on most subscales.
- * Clementine clients demonstrated **statistically significant improvements on 9 of the 11 subscales.**

patient health questionnaire-9 (PHQ-9)

The PHQ-9 is a tool used for screening and measuring the severity of depression.

RESULTS INDICATE:

- * On average, Monte Nido residential clients reported “**moderately severe**” depression upon admission, which improved to “**moderate**” depression at discharge.
- * On average, Oliver-Pyatt Centers residential clients reported “**moderately severe**” depression upon admission, which improved to “**mild**” depression at discharge.
- * On average, Monte Nido and Oliver-Pyatt Centers PHP clients reported “**moderate**” depression upon admission and “**mild**” depression at discharge.
- * Clementine clients reported **clinically and statistically significant reductions of depression symptoms.**