



## The background

In September 2007 the Board of Directors of NEDA officially approved the organization's new strategic priorities, listing educational toolkits as a new NEDA priority fitting the new mission *"To support those affected by eating disorders and be a catalyst for prevention, cures, and access to quality care."* Educational Toolkits were created to strengthen existing materials and provide vital information to targeted audiences. A list of audiences was prioritized by the board and acts as a reference for ongoing materials and toolkit development.

## The toolkit concept

The initial concept of the toolkits was to tie together existing information along with the development of new materials to create complete packages that would help targeted audiences during critical moments in their search for help, hope and healing. They are intended for guidance, not for standards of care and would be based on information available at the time of development. Creation of the toolkits took thoughtful consideration. We identified several key questions as we began working on this project. First: "What is a NEDA Educational Toolkit?" led us to ask ourselves these questions:

1. Who is the audience we are trying to reach?
2. How many different toolkits will we develop?
3. What should a toolkit contain?
4. How do we include our stakeholders in the development of the toolkits?
5. How does our audience want to receive the toolkit once it's developed?
6. How do we market the toolkits?
7. What is the plan to revise and enhance the toolkits over time?

## Parents and Educators...the starting point

Using the core questions we decided the Parent and Educators Toolkits would be created first. Additional target audiences will include Coaches and Trainers, Health Care Providers, and Individual Patients. We then hired ECRI Institute, a recognized expert in providing publications, information and consulting services internationally for healthcare assessments. Their ability to translate work on behalf of the eating disorders community into useful, real world tools established an excellent partnership for creating the content of the toolkits.

## Parents and Educators...the process

ECRI initially created two separate toolsets with a consistent tone. We brought together two focus groups to guide us in the types of

information to be included for each of the audiences – parents and educators. ECRI conducted additional interviews with interested elementary and high school teachers and families. Next, ECRI researched and revised existing NEDA educational materials and handouts (as needed) and created new materials as appropriate for each kit. The result was a draft set of "tools" for each toolkit. Some basic information is common to each; other tools are unique to each toolkit. As with all our materials, we want to increase the outreach and support to our constituents while providing reliable information to the general public about the unique and complex nature of eating disorders.

All focus groups agreed that an electronic toolkit, accessible via the NEDA website, would be the easiest, most up-to-date way to make the toolkits available. NEDA researched and reviewed several online toolkits, looking for the best elements of each that could be used to inform the design concept. The final design plan for the organization of each kit was created by designer, David Owens Hastings. ECRI then produced the final documents that are the body of each of the first toolkits. The focus groups reviewed materials one more time and made suggestions for revisions. Their excellent edits and useful comments were integrated into the drafts. Joel Yager, MD, Chair of NEDA's Clinical and Scientific Advisory Council was a final reviewer on all documents. ECRI then submitted the Toolkit documents to NEDA.

## Beyond parent and educators toolkits

We fully recognize that not all the information within each toolkit will be able to address the diversity and the nuances of each person's and/or families unique circumstances. Our intent is to provide a one-stop place for a comprehensive overview relating to eating disorders for each audience. We have included resources for further information and will be going deeper as funding permits with each audience. We are imagining at this point in the project Parent and Educator toolkits version 1.0, then version 2.0 and so on. The lifecycle of the toolkits is an important aspect in managing this strategic priority for the organization. Our goal is to maintain the usefulness of the toolkits by reviewing and revising each at two-year intervals and including the most up-to-date research and information. NEDA's Clinical and Scientific Advisory Council members will be primary reviewers, along with others invited by NEDA, including members of professional organizations that will be disseminating the toolkits. There will be a termination date for each to be determined by the CSAC.

We are currently seeking funding for the ongoing development of toolkits, as well as distribution and marketing. If you or anyone you know may be interested in contributing to, sponsoring or providing a grant to support these efforts, please be sure to contact our Development Office at 212-575-6200, ext. 307; [development@myneda.org](mailto:development@myneda.org).

We hope you'll find these toolkits useful and will share this resource with others.





# Eating disorder information for a school setting



## Glossary

*This eating disorders glossary defines terms you may encounter when seeking information and talking with care providers about diagnosis and treatment of all types of eating disorders. It also contains some slang terms that may be used by individuals with an eating disorder.*

**Alternative Therapy** In the context of treatment for eating disorders, a treatment that does not use drugs or bring unconscious mental material into full consciousness. For example yoga, guided imagery, expressive therapy, and massage therapy are considered alternative therapies.

**Amenorrhea** The absence of at least three consecutive menstrual cycles.

**Ana** Slang for anorexia or anorexic.

**ANAD (National Association of Anorexia Nervosa and Associated Disorders)** A nonprofit corporation that seeks to alleviate the problems of eating disorders, especially anorexia nervosa and bulimia nervosa.

**Anorexia Nervosa** A disorder in which an individual refuses to maintain minimally normal body weight, intensely fears gaining weight, and exhibits a significant disturbance in his/her perception of the shape or size of his/her body.

**Anorexia Athletica** The use of excessive exercise to lose weight.

**Anticonvulsants** Drugs used to prevent or treat convulsions.

**Antiemetics** Drugs used to prevent or treat nausea and vomiting.

**Anxiety** A persistent feeling of dread, apprehension, and impending disaster. There are several types of anxiety disorders, including: panic disorder, agoraphobia, obsessive-compulsive disorder, social and specific phobias, and posttraumatic stress disorder. Anxiety is a type of mood disorder. (See Mood Disorders.)

**Arrhythmia** An alteration in the normal rhythm of the heartbeat.

**Art Therapy** A form of expressive therapy that uses visual art to encourage the patient's growth of self awareness and self esteem to make attitudinal and behavioral changes.

**Atypical Antipsychotics** A new group of medications used to treat psychiatric conditions. These drugs may have fewer side effects than older classes of drugs used to treat the same psychiatric conditions.

**B&P** An abbreviation used for binge eating and purging in the context of bulimic behavior.

**Behavior Therapy (BT)** A type of psychotherapy that uses principles of learning to increase the frequency of desired behaviors and/or decrease the frequency of problem behaviors. When used to treat an eating disorder, the focus is on modifying the behavioral abnormalities of the disorder by teaching relaxation techniques and coping strategies that affected individuals can use instead of not eating, or binge eating and purging. Subtypes of BT include dialectical behavior therapy (DBT), exposure and response prevention (ERP), and hypnotherapeutic therapy.

**Binge Eating (also Bingeing)** Consuming an amount of food that is considered much larger than the amount that most individuals would eat under similar circumstances within a discrete period of time. Also referred to as "binge eating."

**Beneficiary** The recipient of benefits from an insurance policy.

**Biofeedback** A technique that measures bodily functions, like breathing, heart rate, blood pressure, skin temperature, and muscle tension. Biofeedback is used to teach people how to alter bodily functions through relaxation or imagery. Typically, a practitioner describes stressful situations and guides a person through using relaxation techniques. The person can see how their heart rate and blood pressure change in response to being stressed or relaxed. This is a type of non-drug, non-psychotherapy.

**Body Dysmorphic Disorder or Dysmorphophobia** A mental condition defined in the DSM-IV in which the patient is preoccupied with a real or perceived defect in his/her appearance. (See DSM-IV.)

**Body Image** The subjective opinion about one's physical appearance based on self perception of body size and shape and the reactions of others.

**Body Mass Index (BMI)** A formula used to calculate the ratio of a person's weight to height. BMI is expressed as a number that is used to determine whether an individual's weight is within normal ranges for age and sex on a standardized BMI chart. The U.S. Centers for Disease Control and Prevention Web site offers BMI calculators and standardized BMI charts.

**Bulimia Nervosa** A disorder defined in the DSM-IV-R in which a patient binges on food an average of twice weekly in a three-month time period, followed by compensatory behavior aimed at preventing weight gain. This behavior may include excessive exercise, vomiting, or the misuse of laxatives, diuretics, other medications, and enemas.

**Bulimarexia** A term used to describe individuals who engage alternately in bulimic behavior and anorexic behavior.

**Case Management** An approach to patient care in which a case manager mobilizes people to organize appropriate services and supports for a patient's treatment. A case manager coordinates mental health, social work, educational, health, vocational, transportation, advocacy, respite care, and recreational services, as needed. The case manager ensures that the changing needs of the patient and family members supporting that patient are met.



**COBRA** A federal act in 1985 that included provisions to protect health insurance benefits coverage for workers and their families who lose their jobs. The landmark Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) health benefit provisions became law in 1986. The law amends the Employee Retirement Income Security Act (ERISA), the Internal Revenue Code, and the Public Health Service Act to provide continuation of employer-sponsored group health coverage that otherwise might be terminated. The U.S. Centers for Medicare & Medicaid Services has advisory jurisdiction for the COBRA law as it applies to state and local government (public sector) employers and their group health plans.

**Cognitive Therapy (CT)** A type of psychotherapeutic treatment that attempts to change a patient's feelings and behaviors by changing the way the patient thinks about or perceives his/her significant life experiences. Subtypes include cognitive analytic therapy and cognitive orientation therapy.

**Cognitive Analytic Therapy (CAT)** A type of cognitive therapy that focuses its attention on discovering how a patient's problems have evolved and how the procedures the patient has devised to cope with them may be ineffective or even harmful. CAT is designed to enable people to gain an understanding of how the difficulties they experience may be made worse by their habitual coping mechanisms. Problems are understood in the light of a person's personal history and life experiences. The focus is on recognizing how these coping procedures originated and how they can be adapted.

**Cognitive Behavior Therapy (CBT)** A treatment that involves three overlapping phases when used to treat an eating disorder. For example, with bulimia, the first phase focuses on helping people to resist the urge to binge eat and purge by educating them about the dangers of their behavior. The second phase introduces procedures to reduce dietary restraint and increase the regularity of eating. The last phase involves teaching people relapse-prevention strategies to help them prepare for possible setbacks. A course of individual CBT for bulimia nervosa usually involves 16- to 20-hour-long sessions over a period of 4 to 5 months. It is offered on an individual, group, or self-managed basis. The goals of CBT are designed to interrupt the proposed bulimic cycle that is perpetuated by low self-esteem, extreme concerns about shape and weight, and extreme means of weight control.

**Cognitive Orientation Therapy (COT)** A type of cognitive therapy that uses a systematic procedure to understand the meaning of a patient's behavior by exploring certain themes such as aggression and avoidance. The procedure for modifying behavior then focuses on systematically changing the patient's beliefs related to the themes and not directly to eating behavior.

**Comorbid Conditions** Multiple physical and/or mental conditions existing in a person at the same time. (See **Dual Diagnosis**.)

**Crisis Residential Treatment Services** Short-term, round-the-clock help provided in a nonhospital setting during a crisis. The purposes of this care are to avoid inpatient hospitalization, help stabilize the individual in crisis, and determine the next appropriate step.

**Cure** The treated condition or disorder is permanently gone, never to return in the individual who received treatment. Not to be confused with "remission." (See **Remission**.)

**Dental Caries** Tooth cavities. The teeth of people with bulimia who using vomiting as a purging method may be especially vulnerable to developing cavities because of the exposure of teeth to the high acid content of vomit.

**Depression (also called Major Depressive Disorder)** A condition that is characterized by one or more major depressive episodes consisting of two or more weeks during which a person experiences a depressed mood or loss of interest or pleasure in nearly all activities. It is one of the mood disorders listed in the DSM-IV-R. (See **Mood Disorders**.)

**Diabetic Omission of Insulin** A nonpurging method of compensating for excess calorie intake that may be used by a person with diabetes and bulimia.

**Dialectical Behavior Therapy (DBT)** A type of behavioral therapy that views emotional deregulation as the core problem in bulimia nervosa. It involves teaching people with bulimia nervosa new skills to regulate negative emotions and replace dysfunctional behavior. A typical course of treatment is 20 group sessions lasting 2 hours once a week. (See **Behavioral Therapy**.)

**Disordered Eating** Term used to describe any atypical eating behavior.

**Drunkorexia** Behaviors that include any or all of the following: replacing food consumption with excessive alcohol consumption; consuming food along with sufficient amounts of alcohol to induce vomiting as a method of purging and numbing feelings.

**DSM-IV** The fourth (and most current as of 2006) edition of the *Diagnostic and Statistical Manual for Mental Disorders IV* published by the American Psychiatric Association (APA). This manual lists mental diseases, conditions, and disorders, and also lists the criteria established by APA to diagnose them. Several different eating disorders are listed in the manual, including bulimia nervosa.



**DSM-IV Diagnostic Criteria** A list of symptoms in the *Diagnostic and Statistical Manual for Mental Disorders IV* published by APA. The criteria describe the features of the mental diseases and disorders listed in the manual. For a particular mental disorder to be diagnosed in an individual, the individual must exhibit the symptoms listed in the criteria for that disorder. Many health plans require that a DSM-IV diagnosis be made by a qualified clinician before approving benefits for a patient seeking treatment for a mental disorder such as anorexia or bulimia.

**DSM-IV-R Diagnostic Criteria** Criteria in the revised edition of the DSM-IV used to diagnose mental disorders.

**Dual Diagnosis** Two mental health disorders in a patient at the same time, as diagnosed by a clinician. For example, a patient may be given a diagnosis of both bulimia nervosa and obsessive-compulsive disorder or anorexia and major depressive disorder.

**Eating Disorders Anonymous (EDA)** A fellowship of individuals who share their experiences with each other to try to solve common problems and help each other recover from their eating disorders.

**Eating Disorders Not Otherwise Specified (ED-NOS)** Any disorder of eating that does not meet the criteria for anorexia nervosa or bulimic nervosa.

**Eating Disorder Inventory (EDI)** A self-report test that clinicians use with patients to diagnose specific eating disorders and determine the severity of a patient's condition.

**Eating Disorder Inventory-2 (EDI-2)** Second edition of the EDI.

**Ed** *Slang* Eating disorder.

**ED** Acronym for eating disorder.

**Electrolyte Imbalance** A physical condition that occurs when ionized salt concentrations (commonly sodium and potassium) are at abnormal levels in the body. This condition can occur as a side effect of some bulimic compensatory behaviors, such as vomiting.

**Emetic** A class of drugs that induces vomiting. Emetics may be used as part of a bulimic compensatory behavior to induce vomiting after a binge eating episode.

**Enema** The injection of fluid into the rectum for the purpose of cleansing the bowel. Enemas may be used as a bulimic compensatory behavior to purge after a binge eating episode.

**Equine/Animal-assisted Therapy** A treatment program in which people interact with horses and become aware of their own emotional states through the reactions of the horse to their behavior.

**Exercise Therapy** An individualized exercise plan that is written by a doctor or rehabilitation specialist, such as a clinical exercise physiologist, physical therapist, or nurse. The plan takes into account an individual's current medical condition and provides advice for what type of exercise to perform, how hard to exercise, how long, and how many times per week.

**Exposure and Response Prevention (ERP)** A type of behavior therapy strategy that is based on the theory that purging serves to decrease the anxiety associated with eating. Purging is therefore negatively reinforced via anxiety reduction. The goal of ERP is to modify the association between anxiety and purging by preventing purging following eating until the anxiety associated with eating subsides. (See Behavioral Therapy.)

**Expressive Therapy** A nondrug, nonpsychotherapy form of treatment that uses the performing and/or visual arts to help people express their thoughts and emotions. Whether through dance, movement, art, drama, drawing, painting, etc., expressive therapy provides an opportunity for communication that might otherwise remain repressed.

**Eye Movement Desensitization and Reprocessing (EMDR)** A nondrug and nonpsychotherapy form of treatment in which a therapist waves his/her fingers back and forth in front of the patient's eyes, and the patient tracks the movements while also focusing on a traumatic event. It is thought that the act of tracking while concentrating allows a different level of processing to occur in the brain so that the patient can review the event more calmly or more completely than before.

**Family Therapy** A form of psychotherapy that involves members of a nuclear or extended family. Some forms of family therapy are based on behavioral or psychodynamic principles; the most common form is based on family systems theory. This approach regards the family as the unit of treatment and emphasizes factors such as relationships and communication patterns. With eating disorders, the focus is on the eating disorder and how the disorder affects family relationships. Family therapy tends to be short-term, usually lasting only a few months, although it can last longer depending on the family circumstances.

**Guided Imagery** A technique in which the patient is directed by a person (either in person or by using a tape recording) to relax and imagine certain images and scenes to promote relaxation, promote changes in attitude or behavior, and encourage physical healing. Guided imagery is sometimes called visualization. Sometimes music is used as background noise during the imagery session. (See **Alternative Therapy**.)



**Health Insurance Portability and Accountability Act**

**(HIPAA)** A federal law enacted in 1996 with a number of provisions intended to ensure certain consumer health insurance protections for working Americans and their families and standards for electronic health information and protect privacy of individuals' health information. HIPAA applies to three types of health insurance coverage: group health plans, individual health insurance, and comparable coverage through a high-risk pool. HIPAA may lower a person's chance of losing existing coverage, ease the ability to switch health plans, and/or help a person buy coverage on his/her own if a person loses employer coverage and has no other coverage available.

**Health Insurance Reform for Consumers** Federal law has provided to consumers some valuable—though limited—protections when obtaining, changing, or continuing health insurance. Understanding these protections, as well as laws in the state in which one resides, can help with making more informed choices when work situations change or when changing health coverage or accessing care. Three important federal laws that can affect coverage and access to care for people with eating disorders are listed below. More information is available at: [http://www.cms.hhs.gov/HealthInsReformforConsumers/01\\_Overview.asp#TopOfPage](http://www.cms.hhs.gov/HealthInsReformforConsumers/01_Overview.asp#TopOfPage)

- Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA)
- Health Insurance Portability and Accountability Act of 1996 (HIPAA);
- Mental Health Parity Act of 1996 (MHPA).

**Health Maintenance Organization (HMO)** A health plan that employs or contracts with primary care physicians to write referrals for all care that covered patients obtain from specialists in a network of healthcare providers with whom the HMO contracts. The patient's choice of treatment providers is usually limited.

**Hematemesis** The vomiting of blood.

**Hypno-behavioral Therapy** A type of behavioral therapy that uses a combination of behavioral techniques such as self-monitoring to change maladaptive eating disorders and hypnotic techniques intended to reinforce and encourage behavior change.

**Hypoglycemia** An abnormally low concentration of glucose in the blood.

**In-network benefits** Health insurance benefits that a beneficiary is entitled to receive from a designated group (network) of healthcare providers. The "network" is established by the health insurer that contracts with certain providers to provide care for beneficiaries within that network.

**Indemnity Insurance** A health insurance plan that reimburses the member or healthcare provider on a fee-for-service basis, usually at a rate lower than the actual charges for services rendered, and often after a deductible has been satisfied by the insured.

**Independent Living Services** Services for a person with a medical or mental health-related problem who is living on his/her own. Services include therapeutic group homes, supervised apartment living, monitoring the person's compliance with prescribed mental and medical treatment plans, and job placement.

**Intake Screening** An interview conducted by health service providers when a patient is admitted to a hospital or treatment program.

**International Classification of Diseases (ICD-10)** The World Health Organization lists international standards used to diagnose and classify diseases. The listing is used by the healthcare system so clinicians can assign an ICD code to submit claims to insurers for reimbursement for services for treating various medical and mental health conditions in patients. The code is periodically updated to reflect changes in classifications of disease or to add new disorders.

**Interpersonal Therapy (IPT)** IPT (also called interpersonal psychotherapy) is designed to help people identify and address their interpersonal problems, specifically those involving grief, interpersonal role conflicts, role transitions, and interpersonal deficits. In this therapy, no emphasis is placed directly on modifying eating habits. Instead, the expectation is that the therapy will enable people to change as their interpersonal functioning improves. IPT usually involves 16 to 20 hour-long, one-on-one treatment sessions over a period of 4 to 5 months.

**Ketosis** A condition characterized by an abnormally elevated concentration of ketones in the body tissues and fluids, which can be caused by starvation. It is a complication of diabetes, starvation, and alcoholism.

**Level of Care** The care setting and intensity of care that a patient is receiving (e.g., inpatient hospital, outpatient hospital, outpatient residential, intensive outpatient, residential). Health plans and insurance companies correlate their payment structures to the level of care being provided and also map a patient's eligibility for a particular level of care to the patient's medical/psychological status.

**Major Depression** See Major Depressive Disorder.

**Major Depressive Disorder** A condition that is characterized by one or more major depressive episodes that consist of periods of two or more weeks during which a patient has either a depressed mood or loss of interest or pleasure in nearly all activities. (See Depression)



**Mallory-Weiss Tear** One or more slit-like tears in the mucosa at the lower end of the esophagus as a result of severe vomiting.

**Mandometer Therapy** Treatment program for eating disorders based on the idea that psychiatric symptoms of people with eating disorders emerge as a result of poor nutrition and are not a cause of the eating disorder. A Mandometer is a computer that measures food intake and is used to determine a course of therapy.

**Mandates** See State Mandates.

**Massage Therapy** A generic term for any of a number of various types of therapeutic touch in which the practitioner massages, applies pressure to, or manipulates muscles, certain points on the body, or other soft tissues to improve health and well-being. Massage therapy is thought to relieve anxiety and depression in patients with an eating disorder.

**Maudsley Method** A family-centered treatment program with three distinct phases. The first phase for a patient who is severely underweight is to regain control of eating habits and break the cycle of starvation or binge eating and purging. The second phase begins once the patient's eating is under control with a goal of returning independent eating to the patient. The goal of the third and final phase is to address the broader concerns of the patient's development.

**Mealtime Support Therapy** Treatment program developed to help patients with eating disorders eat healthfully and with less emotional upset.

**Mental Health Parity Laws** Federal and State laws that require health insurers to provide the same level of healthcare benefits for mental disorders and conditions as they do for medical disorders and conditions. For example, the federal Mental Health Parity Act of 1996 (MHPA) may prevent a group health plan from placing annual or lifetime dollar limits on mental health benefits that are lower, or less favorable, than annual or lifetime dollar limits for medical and surgical benefits offered under the plan.

**Mia** *Slang.* For bulimia or bulimic.

**Modified Cyclic Antidepressants** A class of medications used to treat depression.

**Monoamine Oxidase Inhibitors** A class of medications used to treat depression.

**Mood Disorders** Mental disorders characterized by periods of depression, sometimes alternating with periods of elevated mood. People with mood disorders suffer from severe or prolonged mood states that disrupt daily functioning. Among the general mood disorders classified in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* are major depressive disorder, bipolar disorder, and dysthymia. (See Anxiety and Major Depressive Disorder)

**Motivational Enhancement Therapy (MET)** A treatment is based on a model of change, with focus on the stages of change. Stages of change represent constellations of intentions and behaviors through which individuals pass as they move from having a problem to doing something to resolve it. The stages of change move from "pre-contemplation," in which individuals show no intention of changing, to the "action" stage, in which they are actively engaged in overcoming their problem. Transition from one stage to the next is sequential, but not linear. The aim of MET is to help individuals move from earlier stages into the action stage using cognitive and emotional strategies.

**Movement/Dance Therapy** The psychotherapeutic use of movement as a process that furthers the emotional, cognitive, social, and physical integration of the individual, according to the American Dance Therapy Association.

**Nonpurging** Any of a number of behaviors engaged in by a person with bulimia nervosa to offset potential weight gain from excessive calorie intake from binge eating. Nonpurging can take the form of excessive exercise, misuse of insulin by people with diabetes, or long periods of fasting.

**Nutritional Therapy** Therapy that provides patients with information on the effects of their eating disorder. For example, therapy often includes, as appropriate, techniques to avoid binge eating and refeed, and advice about making meals and eating. The goals of nutrition therapy for individuals with anorexia and bulimia nervosa differ according to the disorder. With bulimia, for example, goals are to stabilize blood sugar levels, help individuals maintain a diet that provides them with enough nutrients, and help restore gastrointestinal health.

**Obsessive-compulsive Disorder (OCD)** Mental disorder in which recurrent thoughts, impulses, or images cause inappropriate anxiety and distress, followed by acts that the sufferer feels compelled to perform to alleviate this anxiety. Criteria for mood disorder diagnoses can be found in the DSM-IV.

**Orthorexia Nervosa** An eating disorder in which a person obsesses about eating only "pure" and healthy food to such an extent that it interferes with the person's life. This disorder is not a diagnosis listed in the DSM-IV.

**Opioid Antagonists** A type of drug therapy that interferes with the brain's opioid receptors and is sometimes used to treat eating disorders.

**Osteoporosis** A condition characterized by a decrease in bone mass with decreased density and enlargement of bone spaces, thus producing porosity and brittleness. This can sometimes be a complication of an eating disorder, including bulimia nervosa and anorexia nervosa.



**Out-of-network benefits** Healthcare obtained by a beneficiary from providers (hospitals, clinicians, etc.) that are outside the network that the insurance company has assigned to that beneficiary. Benefits obtained outside the designated network are usually reimbursed at a lower rate. In other words, beneficiaries share more of the cost of care when obtaining that care “out of network” unless the insurance company has given the beneficiary special written authorization to go out of network.

**Parity** Equality (see **Mental Health Parity Laws**).

**Partial Hospitalization (Intensive Outpatient)** For a patient with an eating disorder, partial hospitalization is a time-limited, structured program of psychotherapy and other therapeutic services provided through an outpatient hospital or community mental health center. The goal is to resolve or stabilize an acute episode of mental/behavioral illness.

**Peptic Esophagitis** Inflammation of the esophagus caused by reflux of stomach contents and acid.

**Psychopharmacotherapy** Use of drugs for treatment of a mental or emotional disorder.

**Pharmacotherapy** Treatment of a disease or condition using clinician-prescribed drugs.

**Phenethylamine Monoamine Reuptake Inhibitors** A class of drugs used to treat depression.

**Pre-existing Condition** A health problem that existed or was treated before the effective date of one’s health insurance policy.

**Provider** A healthcare facility (e.g., hospital, residential treatment center), doctor, nurse, therapist, social worker, or other professional who provides care to a patient.

**Psychoanalysis** An intensive, nondirective form of psychodynamic therapy in which the focus of treatment is exploration of a person’s mind and habitual thought patterns. It is insight-oriented, meaning that the goal of treatment is for the patient to increase understanding of the sources of his/her inner conflicts and emotional problems.

**Psychodrama** A method of psychotherapy in which patients enact the relevant events in their lives instead of simply talking about them.

**Psychodynamic Therapy** Psychodynamic theory views the human personality as developing from interactions between conscious and unconscious mental processes. The purpose of all forms of psychodynamic treatment is to bring unconscious mental material and processes into full consciousness so that the patient can gain more control over his/her life.

**Psychodynamic Group Therapy** Psychodynamic groups are based on the same principles as individual psychodynamic therapy and aim to help people with past difficulties, relationships, and trauma, as well as current problems. The groups are typically composed of eight members plus one or two therapists.

**Psychotherapy** The treatment of mental and emotional disorders through the use of psychologic techniques (some of which are described below) designed to encourage communication of conflicts and insight into problems, with the goal being relief of symptoms, changes in behavior leading to improved social and vocational functioning, and personality growth.

**Psychoeducational Therapy** A treatment intended to teach people about their problem, how to treat it, and how to recognize signs of relapse so that they can get necessary treatment before their difficulty worsens or recurs. Family psychoeducation includes teaching coping strategies and problem-solving skills to families, friends, and/or caregivers to help them deal more effectively with the individual.

**Psychopathological Rating Scale Self-Rating Scale for Affective Syndromes (CPRS-SA)** A test used to estimate the severity of depression, anxiety, and obsession in an individual

**Purging** To evacuate the contents of the stomach or bowels by any of several means. In bulimia, purging is used to compensate for excessive food intake. Methods of purging include vomiting, enemas, and excessive exercise.

**Recovery Retreat** See **Residential Treatment Center**.

**Relaxation Training** A technique involving tightly contracting and releasing muscles with the intent to release or reduce stress.

**Remission** A period in which the symptoms of a disease are absent. Remission differs from the concept of “cure” in that the disease can return. The term “cure” signifies that the treated condition or disorder is permanently gone, never to return in the individual who received treatment.

**Residential Services** Services delivered in a structured residence other than the hospital or a client’s home.

**Residential Treatment Center** A 24-hour residential environment outside the home that includes 24-hour provision or access to support personnel capable of meeting the client’s needs.

**Selective Serotonin Reuptake Inhibitors (SSRI)** A class of antidepressants used to treat depression, anxiety disorders, and some personality disorders. These drugs are designed to elevate the level of the neurotransmitter serotonin. A low level of serotonin is currently seen as one of several neurochemical symptoms of depression. Low levels of serotonin in turn can be caused by an anxiety disorder, because serotonin is needed to metabolize stress hormones.



**Self-directedness** A personality trait that comprises self-confidence, reliability, responsibility, resourcefulness, and goal-orientation.

**Self-guided Cognitive Behavior Therapy** A modified form of cognitive behavior therapy in which a treatment manual is provided for people to proceed with treatment on their own, or with support from a nonprofessional. Guided self-help usually implies that the support person may or may not have some professional training, but is usually not a specialist in eating disorders. The important characteristics of the self-help approach are the use of a highly structured and detailed manual-based CBT, with guidance as to the appropriateness of self-help, and advice on where to seek additional help.

**Self-report Measures** An itemized written test in which a person rates his/her feeling towards each question; the test is designed to categorize the personality or behavior of the person.

**Self Psychology** A type of psychoanalysis that views anorexia and bulimia as specific cases of pathology of the self. According to this viewpoint, for example, people with bulimia nervosa cannot rely on human beings to fulfill their self-object needs (e.g., regulation of self-esteem, calming, soothing, vitalizing). Instead, they rely on food (its consumption or avoidance) to fulfill these needs. Self psychological therapy involves helping people with bulimia give up their pathological preference for food as a self-object and begin to rely on human beings as self-objects, beginning with their therapist.

**State Mandate** A proclamation, order, or law from a state legislature that issues specific instructions or regulations. Many states have issued mandates pertaining to coverage of mental health benefits and specific disorders the state requires insurers to cover.

**Substance Abuse** Use of a mood or behavior-altering substance in a maladaptive pattern resulting in significant impairment or distress of the user.

**Substance Use Disorders** The fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* defines a substance use disorder as a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period: (1) Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home; (2) Recurrent substance use in situations in which it is physically hazardous; and (3) Recurrent substance-related legal, social, and/or interpersonal problems.

**Subthreshold Eating Disorder** Condition in which a person exhibits disordered eating but not to the extent that it fulfills all the criteria for diagnosis of an eating disorder.

**Supportive Residential Services** See Residential Treatment Center.

**Supportive Therapy** Psychotherapy that focuses on the management and resolution of current difficulties and life decisions using the patient's strengths and available resources.

**Telephone Therapy** A type of psychotherapy provided over the telephone by a trained professional.

**Tetracyclics** A class of drugs used to treat depression.

**Therapeutic Foster Care** A foster care program in which youths who cannot live at home are placed in homes with foster parents who have been trained to provide a structured environment that supports the child's learning, social, and emotional skills.

**Thinspiration** *Slang* Photographs, poems, or any other stimulus that influences a person to strive to lose weight.

**Third-party Payer** An organization that provides health insurance benefits and reimburses for care for beneficiaries.

**Treatment Plan** A multidisciplinary care plan for each beneficiary in active case management. It includes specific services to be delivered, the frequency of services, expected duration, community resources, all funding options, treatment goals, and assessment of the beneficiary environment. The plan is updated monthly and modified when appropriate.

**Tricyclic Antidepressants** A class of drugs used to treat depression.

**Trigger** A stimulus that causes an involuntary reflex behavior. A trigger may cause a recovering person with bulimia to engage in bulimic behavior again.

**Thyroid Medication Abuse** Excessive use or misuse of drugs used to treat thyroid conditions; a side effect of these drugs is weight loss.

**Usual and Customary Fee** An insurance term that indicates the amount the insurance company will reimburse for a particular service or procedure. This amount is often less than the amount charged by the service provider.

**Vocational Services** Programs that teach skills needed for self-sufficiency.

**Yoga** A system of physical postures, breathing techniques, and meditation practices to promote bodily or mental control and well-being.