

## To Our Partnering Providers

### Weight-Related Treatment Objectives: A Shift in Treatment & Culture

Walden Behavioral Care is committed to evidence-based practice and delivering care that does not perpetuate weight stigma or reinforce weight bias. To meet this goal, we created a Weight Inclusivity Task Force to assess, improve and advance Walden's clinical programming and treatment planning with guidance from the research literature. This interdisciplinary team of experts spent the past 18 months clarifying, codifying, educating, and training our staff on Walden's philosophy and the clinical protocol around weight and weight-related treatment objectives. We are excited to share our newly articulated approach with you since our collaboration is of the utmost importance to the health of the individuals we serve.

- Ranges rather than exact numbers: Walden has moved away from referencing weight goals using a single number; rather, we specify a range within which weight is expected to settle as treatment progresses. We no longer use the qualifier IBW (Ideal Body Weight). Instead, we will utilize a **Target Treatment Weight** range (TTW) for adult clients and **Expected Body Weight range** (EBW) for adolescent clients.
- Walden does not emphasize Body Mass Index (BMI) as the most reliable reference in the determination of an individual's weight range goals, and BMI will not be used as the primary measure informing these objectives. Instead, weight suppression, weight history, family history, graphic data (complete growth charts), and current eating disorder symptoms will collectively inform these ranges and revisions as needed.
- Individuals who are not working to restore weight in treatment will have **weight-neutral** treatment goals. We will refrain from using the phrases 'weight maintenance,' 'stabilization,' or 'normalization' when articulating goals.
- **Walden team members will continue to work closely and collaboratively with outpatient providers throughout the treatment process.** Weight range objectives, and changes to those objectives, will be decided in consultation with the outpatient team.

### Open Weighing: Disclosing Weight & Weight-Related Treatment Objectives

The two most rigorously researched approaches for the treatment of eating disorders (Family-Based Treatment (FBT) and Cognitive Behavioral Therapy (CBT-E)) include **open weighing** (or **viewed weights**) as a standard treatment protocol.

- In line with evidence-based care, Walden recommends that individuals be aware of their weight throughout treatment as well as weight-related treatment objectives.
- Walden recommends open weighing as the default practice for adult and adolescent individuals at all levels of care within our treatment continuum. If clients or families are hesitant to follow this plan, we will work in a supportive way to identify appropriate compromises and find a middle ground.
- Open weighing is consistent with a medical-model practice where an individual's basic health information is shared with them transparently, supporting clear and direct discussions of health concerns (in this case, weight). Additionally, this information can inform the urgency of treatment interventions, resolve ambiguity and confusion specific to treatment recommendations, and allow individuals and their families to track progress accurately.

Lastly, we are diligently supervising our staff to increase awareness of their own implicit weight biases and the potential impact on clinical decision-making. Please inquire further if you have any questions about this approach. We welcome continued collaboration and dialogue on these topics!

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