West Virginia Eating Disorder Provider Network Resource Directory

Introduction to the Directory

The West Virginia Eating Disorder Network (WVEDN) is a registry of providers across West Virginia who are interested in treating patients with eating disorders. One of the group's goals is to increase knowledge and use of evidence-based practices in the treatment of eating disorders. To meet this goal, the WVEDN hosts an annual conference, disseminates information on research and trainings in the field, and gathers information from providers for potential referral sources around the state. If you are a provider, and you are interested in joining the WVEDN or would like more information about the network, please email Dr. Jessica Luzier at jluzier@hsc.wvu.edu.

The WVEDN Provider Directory was developed as an easy reference for those seeking services for eating disorders. The WVEDN does not endorse or recommend any particular provider. Each patient and/or their loved ones should discuss services with individual providers to determine if the provider is a good fit for their individual situation. Guidelines for choosing a treatment team can be found on the following websites:

http://feast-ed.org/Clinics.aspx

https://feast-ed.site-ym.com/donations/fund.asp?id=8621

Updated: September 3, 2014

A Guide to Psychological Treatment Approaches for Caregivers

*Adapted from www.feast-ed.org glossary

Acceptance and commitment therapy (ACT): A behavioral treatment that is based on the idea that painful or uncomfortable feelings are normal and cannot be avoided. This approach helps people be open to their inner experiences focusing on living a meaningful life -- a life that is consistent with a person's values and goals- and trying not to escape or avoid painful feelings. ACT has received some support within the research literature especially for individuals with binge eating disorder.

Cognitive behavior therapy or Cognitive behavior therapy- extended (CBT or CBT-E): A relatively short-term, symptom-oriented therapy focusing on the beliefs, values, and cognitive processes that maintain the eating disorder behavior. It aims to modify distorted beliefs and attitudes about the meaning of weight, shape and appearance which are correlated to the development and maintenance of the eating disorder. CBT has strong support in the research literature as an effective treatment for bulimia nervosa.

Dialetical behavior therapy (DBT): Modified from CBT, DBT is a behavioral treatment which assumes the most effective place to begin treatment is with changing behaviors. Treatment focuses on developing skills to replace maladaptive eating disorder behaviors. The skills addressed include: core mindfulness skills, interpersonal effectiveness skills, emotion regulation skills, and distress tolerance. Research suggests DBT can be used to effectively treat a variety of mental illnesses, including binge eating disorder and bulimia nervosa.

Family-based therapy or Maudsley (FBT): A home-based treatment approach that remains the only treatment proven effective in controlled trials for anorexia nervosa in adolescents. FBT takes an agnostic view of cause of the eating disorder but instead places initial focus on refeeding and full weight restoration to promote recovery. All family members are considered an essential part of treatment which consists of three phases: Phase I: caregivers assist their adolescent to re-establish healthy eating, restore weight and interrupt compensatory behaviors; Phase II: control over eating is transferred back to the adolescent; Phase III: adolescent developmental issues, put on hold because of the eating disorder, are now addressed. FBT has been successfully adapted and utilized with adults of all ages and is showing promise in treating bulimia nervosa. FBT does not focus on psychological therapies, though traditional family therapy and individual therapies may be employed after full weight restoration is achieved.

Traditional family therapy: A therapeutic approach that views change in terms of the interaction between family members. It emphasizes family relationships as an important factor in psychological health. Therapy usually focus on relationship patterns.

Supportive therapy: A therapeutic approach which involves attentive and sympathetic listening, encouragement and reassurance. The therapist also provides psychoeducation about the patient's condition and how to adjust and live with the condition.

Treatment Providers

At-a-Glance

Psychologists and Licensed Professional Counselors

Teena Bryson, MA, LPC, NCC

6467 Farmdale Rd.

Barboursville, WV 25504

Phone: 304-617-5014

E-mail: <u>aaaromansmom@gmail.com</u>

Website:

www.facebook.com/TeenaMBrysonLpcN

ccLsw

Jessica Luzier, Ph.D.

Disordered Eating Clinic of Charleston

3200 MacCorkle Ave, SE Charleston, WV 25304 Phone: 304-388-1029

E-mail: jluzier@hsc.wvu.edu

Website:

http://charleston.hsc.wvu.edu/DECC/

Lya Burgess

200 North ST. Suite 101

New Martinsville, WV 26155

Phone: 304-771-8837

E-mail: <u>lyaburgess25@gmail.com</u>

Heather Milam

930 Chestnut Ridge Road Morgantown, WV 26506 Phone: (304) 598- 4214 E-mail: hbragg@hsc.wvu.edu

Dawn Dillon, M.Ed, LPC, NCC 1063 Maple Drive, Suite 4B Morgantown, WV 26505

Phone: 817-613-6803

E-mail: dadillon65@gmail.com

Amanda Quinby, Ph.D.

West Virginia University Carruth Center for Psychological and Psychiatric

Services

390 Birch Street

Morgantown, WV 26506 Phone: 304-293-4431

E-mail: algumble@mail.wvu.edu
** Only available to West Virginia

University students

Barbara H. Romfo , Ph.D, L.P. Laurel Ridge Psychological Assoc.

211 Hunter Park Princeton, WV 24740

Phone: 304-487-6121

Catherine Yura Ed.D. 1062 Maple Dr. Ste. 1 Morgantown, WV 26505

Phone: 304-599-5751

E-mail: cathy.yura@mail.wvu.edu

Physic	cians
Pam Murray, MD WVU School of Medicine Department of Pediatrics Adolescent and Young Adult Medicine PO Box 9214, 1 Medical Center Dr Morgantown, WV 26506 Phone: 304-598-4835 E-mail: pmurray@hsc.wvu.edu Website: http://directory.hsc.wvu.edu/UserDetails/34264	Stephen B Sondike, Ph.D. Disordered Eating Clinic of Charleston 3200 MacCorkle Ave, SE Charleston, WV 25304 Phone: 304-388-2934 E-mail: ssondike@hsc.wvu.edu Website: http://charleston.hsc.wvu.edu/DECC/

Die	etitians
Sara Kuykendall, MBA, RD, LD Valley Health Wellness & Fitness Services 401 Campus Boulevard Winchester, VA 22601 Phone: 540-536-3041 E-mail: Skuykend@valleyhealthlink.com Website:	Helenia Sedoski, MS, RD, LD West Virginia University Hospital 1 Medical Center Drive Morgantown, WV 26505 Phone: 304-598-4105 ext 78103 E-mail: sedoskihe@wvuhealthcare.com
www.valleyhealthlink.com/wellness- fitness Camilla McMillen, RD, LD West Virginia University Dining Services PO Box 6430 G-104 Bennett Tower Morgantown, WV 26506 Phone: 304-293-4053 E-mail: ccmcmillen@mail.wvu.edu ** Only available to West Virginia University students	Elizabeth Semmens, RD, LD, CDE Diabetes Learning Center, Monongalia General Health Systems Morgantown, WV Phone: 304-598-1403 E-mail: semmensE@monhealthsys.org Website: http://mongeneral.com/Main/DiabetesLe
Jessica Runyon, MS, RD, CSSD, LD Huntington Hospital 1340 Hal Greer Blvd Huntington, WV 25701 Phone: 304-526-2000 ext 3438 E-mail: Jessica.Runyon@chhi.org **Services only available upon referral from a Marshall Medical Center or Cabell Huntington Hospital physician	arningCenter.aspx Brandi Sentz, RD, CDE Disordered Eating Clinic of Charleston 3200 MacCorkle Ave, SE Charleston, WV 25304 Phone: 304-388-1505 E-mail: besentz@hsc.wvu.edu Website: http://charleston.hsc.wvu.edu/DECC/
Vicki Sallie, RD, LD St. Mary's Medical Center 2900 1 st Avenue Huntington, WV 25702 Phone: 304-526-1129 E-mail: Vicki.Sallie@st-marys.org	

	ess name: Teena M Bryson	* * * * * * * * * * * * * * * * * * *		· · · · · · · · · · · · · · · · · · ·
Provid	der name : Teena M Bryson			
Addre	ess: 6467 Farmdale Road			
City:	Barboursville	State:	WV	Zip: 25504
Phone	e : 304-617-5014			
E-mai	l:aaaromansmom@gmail.com			
Webs	ite: /www.facebook.com/Teen	aMBrysonLpcN	ccLsw	
	********	, ,		********
1.	What age groups do you serv	ve? (check all th	at apply)	
	children, age range:	·	11 //	
	_x adolescents, age range:			
	x_ adults, age range:			
2.				at annly)
۷.	_x anorexia nervosa	crs do you treu	t. (circox air tire	и аррту)
	x_ bulimia nervosa			
	x_ binge eating disorder			
	x_ other specified/unspec	ified feeding or	eating disorder	-
3.	Do you serve men/boys with	eating disorder	rs? _xyes	no
4.	What types of treatment to	you offer? (che	ck all that apply	/)
	_x cognitive behavior the			
	x dialectical behavior th			
	x acceptance and comm		,	
	family-based therapy (I	• • •		
	_x traditional family ther x supportive therapy	ару		
	x supportive therapy nutritional support (die	otetics)		
	medical evaluation/trea			
	x_ other, please describe		and solution fo	cused therapy approach
_				
5.	Do you offer group therapy f	or individuals w	rith eating disor	rders? yesx no

	If yes, please describe:
6.	Do you run support groups for individuals with eating disorders? yesx no If yes, please describe:
7.	Do you include loved ones in treatment?x_ yes no If yes, please describe:
8.	Do your services have a religious focus? _x_ yes no If yes, please specify type of religion: Baptist in faith but sensitive to all faiths.
9.	Do you bill insurance? yes _x no
10.	. Do you take Medicaid and CHIP? yesx_ no
11.	Do you take private pay?xyes no If yes, do you have a sliding scale for fees?x_yes no
12.	Additional information: I do not bill insurance directly but will assist the client in billing their insurance company if that is what they choose. My initial session is at no cost to determine what the client desires and the best services available. I may be contacted 7 days a week, 8am- 10pm, and it may be necessary to leave a message, because I do not have a secretary.

*****	********	******	*****	*****	**********	*
Busine	ss name: Lya Burgess					
Provide	er name: Lya Burgess					
Addres	s: 200 North ST. Suite 101					
City:	New Martinsville	State:	WV		Zip: 26155	
Phone:	304-771-8837					
E-mail:	lyaburgess25@gmail.com					
Websit	e:					
*****	*********	******	******	*****	*********	*
1.	What age groups do you s	serve? (check	all that app	oly)		
	X_ children, age range	: 10 -13 years				
	X_ adolescents, age rar	ige: 13 years a	and up			
	adults, age range:		·			
2.	Which types of eating disc		- treat? (ch	eck all that ar	oply)	
	_X anorexia nervosa	,	(0			
	_X bulimia nervosa					
	_X binge eating disorde					
	other specified/uns	pecified feed	ding or eat	ting disordei	r	
3.	Do you serve men/boys w	vith eating dis	orders? _>	(yes	no	
4.	What types of treatmentX cognitive behaviorX dialectical behaviorX acceptance and co family-based therap traditional family the supportive therapy nutritional support (medical evaluation/ other, please descril	therapy or therapy mmitment the y (Maudsley) erapy dietetics) treatment		that apply)		

5.	Do you offer group therapy for individuals with eating disorders? yesX no If yes, please describe:
6.	Do you run support groups for individuals with eating disorders? yesX no If yes, please describe:
7.	Do you include loved ones in treatment? _X yes no If yes, please describe:
8.	Do your services have a religious focus?X_ yes no If yes, please specify type of religion: I do offer Christian aspect to therapy when requested by client
9.	Do you bill insurance? yes no
10.	Do you take Medicaid and CHIP? yes no
11.	Do you take private pay? yes no If yes, do you have a sliding scale for fees? yes no
12.	Please provide us with any additional information you would like to share about your services:

	**************************************		*******	********
Provid	er name: Dawn Dillon			
Addres	ss: 1063 Maple Drive, Suite 4B (office	location	, not mailing address)	
City: N	Morgantown	State:	WV	Zip: 26505
Phone	: 817-613-6803			
E-mail:	dadillon65@gmail.com			
Websit	-			
	**********	******	·***************	******
1.	What age groups do you serve? (che	ck all th	at apply)	
	children, age range:			
	adolescents, age range:			
	x_ adults, age range: _18 and up)		
2.	Which types of eating disorders do y	ou treat	? (check all that apply)
	x_ anorexia nervosa			
	x_ bulimia nervosa			
	x_ binge eating disorder			
	x_ other specified/unspecified fee	eding or	eating disorder	
3.	Do you serve men/boys with eating	disorder	rs? _xyes no)
4.	What types of treatment to you offe	er? (che	ck all that apply)	
	x cognitive behavior therapy			
	dialectical behavior therapy	.1		
	x acceptance and commitment family-based therapy (Maudsle			
	x_ traditional family therapy	: y)		
	x_ traditional raining therapy			
	nutritional support (dietetics)			
	medical evaluation/treatment			
	x_ other, please describe: couple	es/relati	onship therapy for adu	ult eating disorder
	clients and their partner			

5.	Do you offer group therapy for individuals with eating disorders? yesx_ no
	If yes, please describe:
6.	Do you run support groups for individuals with eating disorders? yesx no
	If yes, please describe:
7.	Do you include loved ones in treatment?x yes no
	If yes, please describe: Included to the level and extent that the adult client chooses and that is productive.
8.	Do your services have a religious focus? yesx_ no
	If yes, please specify type of religion:
9.	Do you bill insurance? yesx no
10.	Do you take Medicaid and CHIP? yesx_ no
11.	Do you take private pay?x yes no If yes, do you have a sliding scale for fees? yes no *Fair Share Fee Program is used (variable rate within a set range)
12.	Additional information:

*************************	***
Business name: Valley Health Wellness & Fitness Services	
Provider name: Sara Kuykendall, MBA, RD, LD	
Address: 401 Campus Boulevard	
City: Winchester State: VA Zip: 22601	
, 'Phone: 540-536-3041 FAX: 540-536-3045	
E-mail: skuykend@valleyhealthlink.com	
Website: <u>www.valleyhealthlink.com/wellness-fitness</u>	
*************************	***
1. What age groups do you serve? (check all that apply)	
x_ children, age range:9 yrs. +	
_x adolescents, age range:12 yrs.+	
_ x adults, age range:18 yrs.+	
2. Which types of eating disorders do you treat? (check all that apply)	
_x anorexia nervosa	
_x bulimia nervosa	
_x binge eating disorder	
_x other specified/unspecified feeding or eating disorder	
3. Do you serve men/boys with eating disorders? _xyes no	
4. What types of treatment to you offer? (check all that apply)	
cognitive behavior therapy	
dialectical behavior therapy	
acceptance and commitment therapy	
family-based therapy (Maudsley)	
traditional family therapy	
supportive therapy	
_x nutritional support (dietetics)	
medical evaluation/treatment	
other, please describe:	

5.	Do you offer group therapy for individuals with eating disorders? yes _x no If yes, please describe:
6.	Do you run support groups for individuals with eating disorders? yes _x no If yes, please describe:
7.	Do you include loved ones in treatment?x_ yes no If yes, please describe:
	Parents, caregiver, spouse, family member can be included, as appropriate, for the individual patient.
8.	Do your services have a religious focus? yes _x no If yes, please specify type of religion:
9.	Do you bill insurance?x yes no
10.	Do you take Medicaid and CHIP?x yes no (I'm not sure about CHIP).
	Do you take private pay?x yes no If yes, do you have a sliding scale for fees? yes _x no (We can offer a "scholarship" if patient completes financial paperwork and is eligible).
12.	Additional information: I provide medical nutrition therapy services (CPT codes 97802 and 97803). In addition to outpatient's demographics, I require MD written order with diagnosis, recent history/physical/lab information, and insurance information prior to scheduling an initial appointment.

	ess name: WVU De eston (DECC)	partment of	Behavioral Medicine	e, WVU Disordered Eating Center of
Provid	der name: Jessica L	uzier, Ph.D.;	Stephen Sondike, M	D; Brandi Sentz, RD, CDE
Addre	ess: 3200 MacCorkl	e Ave SE		
City:	Charleston	State:	WV	Zip: 25304
Phone	e: 304-388-1029			
E-mail	l: jluzier@hsc.wvu.	edu		
Websi	ite: http://charlesto	on.hsc.wvu.e	edu/DECC/	
****	·***********	******	*******	**********
1.	What age groups	do you serv	e? (check all that ap	ply)
	_X children, ag	ge range: 2-	10 years	
	X adolescents	s, age range:	10-20 years	
	X adults, age			
2.		_	ers do you treat? (ch	eck all that apply)
	_X anorexia ne	_	,	11 //
	X bulimia nerv			
	X binge eating			
			ad faciling or cating	disorder
		·	ed feeding or eating	
3.	Do you serve me	n/boys with	eating disorders? _>	<yes no<="" td=""></yes>
4.		•	ou offer? (check all	that apply)
	X cognitive k			
	X dialectica acceptance		• •	
	X family-bas		' '	
	traditional f	. , ,	• •	
	X supportive		- /	
	nutritiona		etetics)	
	X medical ev	/aluation/tre	eatment	
	other, pleas	se describe:		

5.	Do you offer group therapy for individuals with eating disorders? _X yes no If yes, please describe:
	Dr. Luzier runs a group for young women (ages 13 to 23) with eating disorders on Wednesdays from 4 to 5:00 pm. All women must be in weekly individual therapy. The
	group takes an ACT-based, goal-setting, problem-solving approach.
6.	Do you run support groups for individuals with eating disorders? yesX no If yes, please describe:
	Though we do not run a formal support group, the DECC program has a parent advocate available to provide support to families on a regular basis.
7.	Do you include loved ones in treatment?X_ yes no If yes, please describe: Families are very involved in family-based therapy. Families are encouraged to be involved with all patients.
8.	Do your services have a religious focus? yesX no If yes, please specify type of religion:
9.	Do you bill insurance?X yes no
10.	Do you take Medicaid and CHIP?X yes no
11.	Do you take private pay?X yes no If yes, do you have a sliding scale for fees? yesX no
12.	Additional information: DECC is a multidisciplinary outpatient treatment program that provides services for youth and adults with disordered eating, including clinical eating disorders. Team members include psychologists, social workers, a dietician, and physicians specializing in adolescent medicine, psychiatry, and internal medicine. All team members have received extensive training in assessment and intervention with

disordered eating patients.

			******	*****	*********
Busine	ess name: WVU Dining Serv	ices			
Provid	er name: Cami McMillen, R	d/LD			
Addre:	ss: PO Box 6430 G-104 Ber	nnett Towe	er		
City:	Morgantown	State:	WV		Zip: 26506
Phone	: 304-293-4053				
E-mail	: ccmcmillen@mail.wvu.ed	u			
Websi	te:				
****	*******	******	******	******	*********
1.	What age groups do you s	erve? (che	ck all that	apply)	
	children, age range:				
	adolescents, age range				
	adults, age range:	18 + 6	available t	o all WVU st	udents
2.	Which types of eating disorders do you treat? (check all that apply)				
	_x anorexia nervosa				
	x_ bulimia nervosa				
	x_ binge eating disorder				
	x_ other specified/unsp	ecified fee	ding or ea	ting disorde	-
3.	Do you serve men/boys w	ith eating o	disorders?	_xyes	no
4.	What types of treatment	to vou offe	ar? (check	all that annly	v)
7.	cognitive behavior th		ir (cricck	an that apply	y)
	dialectical behavior	therapy			
	acceptance and com	mitment th	herapy		
	family-based therapy	/ (Maudsle	y)		
	traditional family the	erapy			
	supportive therapy				
	x nutritional support	•			
	medical evaluation/t				
	other, please describ	e:			

5.	Do you offer group therapy for individuals with eating disorders? yesx_ no If yes, please describe:
6.	Do you run support groups for individuals with eating disorders? yesx no If yes, please describe:
7.	Do you include loved ones in treatment? yes _x no If yes, please describe:
8.	Do your services have a religious focus? yesx no If yes, please specify type of religion:
9.	Do you bill insurance? yes _x no
10.	Do you take Medicaid and CHIP? yesx_ no
11.	Do you take private pay? yesx_ no If yes, do you have a sliding scale for fees? yes no
12.	Additional information: I am a free service available to all WVU students.

*****	********	*******	·************	*********
Busines	ss name: Chestnut Ridge	e Center		
Provide	er name: Heather Milam	1		
Addres	s: 930 Chestnut Ridge Ro	oad		
City: M	lorgantown	State: WV	Zip: 26506	
Phone:	(304) 598- 4214			
E-mail:	hbragg@hsc.wvu.edu			
Websit				
		*******	*******	********
	What age groups do yo			
1.		·	арріу)	
	children, age range	e:		
	X_ adolescents, age i	range:12- 18	_	
	X_ adults, age range	e:18 +		
2.	Which types of eating of	lisorders do you treat?	(check all that app	ly)
	X_ anorexia nervosa			
	X_ bulimia nervosa			
	X_ binge eating disor	der		
	x_ other specified/	unspecified feeding o	r eating disorder	
3.	Do you serve men/boys	s with eating disorders?	X_yes	no
4.	X cognitive behaviX dialectical behaviX acceptance and family-based ther traditional family supportive therap nutritional supportional supportional evaluatio	vior therapy commitment therapy apy (Maudsley) therapy by rt (dietetics)		
5.	Do you offer group the If yes, please describe:	rapy for individuals with	n eating disorders?	yesX no

6.	Do you run support groups for individuals with eating disorders? yesX no If yes, please describe:
7.	Do you include loved ones in treatment?X yes no If yes, please describe:
8.	Do your services have a religious focus? yesX no If yes, please specify type of religion:
9.	Do you bill insurance?X yes no
10.	Do you take Medicaid and CHIP?X yes no
11.	Do you take private pay?X yes no If yes, do you have a sliding scale for fees? yes no
12.	Please provide us with any additional information you would like to share about your services:

****	**************************					
Busine Medici	ess name: WVU School of Medicine, Department of Pediatrics, Adolescent and Young Adult ine					
Provide	er name: Pamela Murray, M.D.					
Addres	ss: PO Box 9214, 1 Medical Center Dr.					
City:	Morgantown State: WV Zip: 26506					
Phone:	: 304-598-4835					
E-mail:	: pmurray@hsc.wvu.edu					
Websit	te: http://directory.hsc.wvu.edu/UserDetails/34264					
	· · · · · · · · · · · · · · · · · · ·					
1	What age groups do you serve? (check all that apply)					
1.	children, age range:					
	_X adolescents, age range: 10-26 years					
	adults, age range:					
2.	Which types of eating disorders do you treat? (check all that apply)					
	x_ anorexia nervosa					
	x bulimia nervosa					
	x_ binge eating disorder					
	x_ other specified/unspecified feeding or eating disorder					
3.	Do you serve men/boys with eating disorders? _xyes no					
4.	What types of treatment to you offer? (check all that apply)					
	cognitive behavior therapy					
	dialectical behavior therapy					
	acceptance and commitment therapy					
	family-based therapy (Maudsley) traditional family therapy					
	supportive therapy					
	x nutritional support (dietetics)					
	x medical evaluation/treatment					

	X other, please describe:I collaborate with therapists providing medical management and work with/alongside a dietician, Helenia Sedoski, for several of my clinics each week.
5.	Do you offer group therapy for individuals with eating disorders? yesx_ no If yes, please describe:
6.	Do you run support groups for individuals with eating disorders? yesx_ no If yes, please describe:
7.	Do you include loved ones in treatment?x_yes no If yes, please describe: Patients are usually (but not necessarily) accompanied by parents or other family members.
8.	Do your services have a religious focus? yesx_ no If yes, please specify type of religion:
9.	Do you bill insurance?x yes no
10.	Do you take Medicaid and CHIP?x_ yes no
11.	Do you take private pay?x yes no If yes, do you have a sliding scale for fees? yesx_ no
12.	Additional information:

	********	********	**********
Busine Service	· ·	ersity Carruth Center fo	r Psychological and Psychiatric
Provid	er name: Amanda Quinby		
Addres	ss: 390 Birch Street		
City:	Morgantown	State: WV	Zip: 26506
Phone	: 304-293-2847		
E-mail:	: algumble@mail.wvu.edu		
Websit	te:		
****	********	********	***********
1.	What age groups do you se	rve? (check all that appl	y)
	children, age range: _		
	adolescents, age range	:	
	_X adults, age range: _:	18 and older	
2.	Which types of eating disor	ders do you treat? (chec	ck all that apply)
	_X anorexia nervosa		
	_X bulimia nervosa		
	_X binge eating disorder		
	_X other specified/unspe	ecified feeding or eating	disorder
3.	Do you serve men/boys wit	h eating disorders? _X_	_yes no
4.	What types of treatment to _X cognitive behavior the dialectical behavior the acceptance and come family-based therapy traditional family there X supportive therapy nutritional support (dialectical evaluation/tree other, please described)	nerapy herapy mitment therapy (Maudsley) rapy ietetics)	at apply)

5. Do you offer group therapy for individuals with eating disorders? yesX If yes, please describe:			
	I do not run any groups for individuals with eating disorders, but I do provide psychoeducational workshops for individuals with body image difficulties.		
6.	Do you run support groups for individuals with eating disorders? yesX no If yes, please describe:		
7.	Do you include loved ones in treatment? yes _X no If yes, please describe:		
8.	Do your services have a religious focus? yes _X no If yes, please specify type of religion:		
9.	Do you bill insurance? yesX no		
10.	Do you take Medicaid and CHIP? yesX no		
11.	Do you take private pay? yes _X no If yes, do you have a sliding scale for fees? yes no		
12.	Additional information:		
	Because I work at WVU, I can only see individuals enrolled as students at WVU. Services at the Carruth Center are free for students.		

		1. 1. 1. 1. 1. 1. 1. 1.	4. 4. 4. 4. 4. 4. 4. 4. 4.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	Business name: Laurel Ridge Psychologica Provider name: Barbara Romfo, Ph.D., L Address: 211 Hunter Park City: Princeton Phone: 304 487 6121 E-mail: Website:	.P.		Zip: 24740
			• • • • • • • • • •	
1.	What age groups do you serve? (check a children, age range: 12-18 X_ adolescents, age range:18 and up			
2.	Which types of eating disorders do youX_ anorexia nervosaX_ bulimia nervosaX_ binge eating disorder _X_ other specified/unspecified feeding			at apply)
3.	Do you serve men/boys with eating disc	orders?	_Xyes	no
4.	What types of treatment to you offer? _X cognitive behavior therapy _X_ dialectical behavior therapy _acceptance and commitment therap family-based therapy (Maudsley) _X traditional family therapy _X supportive therapy _nutritional support (dietetics) medical evaluation/treatment other, please describe:	ру		
5.	Do you offer group therapy for individual of yes, please describe:			
6.	Do you run support groups for individual If yes, please describe:	als with e	eating disor	ders? yesX no

7.	Do you include loved ones in treatment?X_ yes no
	If yes, please describe:
	Whenever clients wish to have their loved ones involved in their treatment, I encourage them to be part of sessions and learn about the tools the client is using in recovery.
8.	Do your services have a religious focus? _X yes no (Yes, if clients desire it)
	If yes, please specify type of religion:
	Clients are encouraged to share their religious views and to rely on their faith resources during the course of treatment. My religious background is Christian, but I typically do not introduce this perspective into treatment unless the client wishes to do so.
10.	. Do you take Medicaid and CHIP? _X yes no
11.	. Do you take private pay?X yes no If yes, do you have a sliding scale for fees?X_ yes no
12.	. Additional information:

****	*********	**** **********	k****************************
	ess name: Cabell Huntington all Medical Center or Cabell	•	ces only available upon referral from a physician.)
Provid	ler name: Jessica Runyon MS	S, RD, CSSD, LD	
Addre	ss: 1340 Hal Greer Blvd		
City:	Huntington	State: WV	Zip :25701
Phone	:: 304-526-2000 ext 3438		
E-mail	: Jessica.runyon@chhi.org		
Websi	te:		
****	********	********	***********
1.	What age groups do you se	erve? (check all that a	pply)
	_X children, age range:		
	X_ adolescents, age rang	ge:	
	X adults, age range: _		
2.	Which types of eating diso	rders do you treat? (c	check all that apply)
	_X anorexia nervosa		
	X bulimia nervosa		
	X binge eating disorder		
	other specified/unspec	ified feeding or eating	g disorder
3.	Do you serve men/boys wi	th eating disorders?	_Xyes no
4.	What types of treatment t	o you offer? (check a	ll that apply)
	cognitive behavior th	• •	
	dialectical behavior t		
	acceptance and com	, ,	
	family-based therapy traditional family the	` ''	
	supportive therapy	гару	
	X nutritional support ((dietetics)	
	medical evaluation/tr	•	
	other, please describ	e:	

5.	Do you offer group therapy for individuals with eating disorders? yesx no
	If yes, please describe: We do offer patient plus parent if it is a child/adolescent
6.	Do you run support groups for individuals with eating disorders? yes _x no
	If yes, please describe:
7.	Do you include loved ones in treatment?x_ yes no
	If yes, please describe: Parents of minors. Family or friend of adult patients who will be involved with recovery process.
8.	Do your services have a religious focus? yesx no
	If yes, please specify type of religion:
9.	Do you bill insurance? yesx no
10.	Do you take Medicaid and CHIP? yes no
11.	Do you take private pay? yes no If yes, do you have a sliding scale for fees? yes no
	Additional information: Services only available upon referral from a Marshall Medical Center or Cabell Huntington Hospital physician.

*****	*******************************	* *
	ss name: St. Mary's Medical Center	•
Provide	er name: Vicki Sallie, RD, LD	
Addres	s: 2900 1 st Avenue	
City:	Huntington State: WV Zip: 25702	
Phone:	304-526-1129	
E-mail:	Vicki.Sallie@st-marys.org	
Websit	e:	
*****	*****************************	**
1.	What age groups do you serve? (check all that apply)	
	children, age range:	
	X_ adolescents, age range: 13-18 years	
	X adults, age range: 18 yeas and up	
2	Which types of eating disorders do you treat? (check all that apply)	
۷.		
	_X anorexia nervosa	
	_X bulimia nervosa	
	_X binge eating disorder	
	_X other specified/unspecified feeding or eating disorder	
3.	Do you serve men/boys with eating disorders?X_yes no	
4.	What types of treatment to you offer? (check all that apply) cognitive behavior therapy dialectical behavior therapy acceptance and commitment therapy family-based therapy (Maudsley)	
	traditional family therapy	
	supportive therapy _X nutritional support (dietetics) medical evaluation/treatment other, please describe:	

5.	Do you offer group therapy for individuals with eating disorders? yesX no If yes, please describe:
6.	Do you run support groups for individuals with eating disorders? yesX no If yes, please describe:
7.	Do you include loved ones in treatment?X yes no If yes, please describe: I try to empower families first.
8.	Do your services have a religious focus? yesX no If yes, please specify type of religion:
9.	Do you bill insurance? yes no
10.	Do you take Medicaid and CHIP? yes no
11.	Do you take private pay? yes no If yes, do you have a sliding scale for fees? yes no
12.	Please provide us with any additional information you would like to share about your services:

******	**********	******	******	************	
Business	name: West \	Virginia Unive	rsity Hospital		
Provider	name: Heleni	ia Sedoski, MS	S, RD, LD		
Address:	1 Medical Ce	nter Drive			
City: Mo	organtown	State:	WV	Zip: 26505	
Phone: 3	04-598-4105	ext 78103			
E-mail: s	edoskihe@wv	/uhealthcare.d	com		
Website:	:				
*****	******	********	·*********	***********	
1. V	Vhat age grou	ıps do vou ser	ve? (check all t	hat apply)	
			2:		
			Not commonly	hut I hava)	
				·	
	2. Which types of eating disorders do you treat? (check all that apply)				
_	X anorexia	nervosa			
_	X bulimia n	iervosa			
_	X binge eat	ting disorder			
_	X other spe	ecified/unspec	cified feeding o	r eating disorder	
3. D	o you serve n	nen/boys with	n eating disorde	ers?X_yes no	
	, , , , , , , , , , , , , , , , , , , ,				
_	cognitive dialectica	behavior the	• •		
			itment therapy		
_		sed therapy (
_	traditiona	al family thera	ару		
	supportiv				
_	X nutrition		•		
_		evaluation/tre			
_	$_{}$ other, ple	ease describe	•		

5.	Do you offer group therapy for individuals with eating disorders? yesX no If yes, please describe:
6.	Do you run support groups for individuals with eating disorders? yesX no If yes, please describe:
7.	Do you include loved ones in treatment? _X yes no If yes, please describe: Parents or others involved are always welcome, if approved by the teens to be involved in the education process. I also speak to many loved ones separately.
8.	Do your services have a religious focus? yes _X no If yes, please specify type of religion:
9.	Do you bill insurance? yes no (I personally do not bill but the physician I work under does)
10.	Do you take Medicaid and CHIP? yes no
11.	Do you take private pay? yes no If yes, do you have a sliding scale for fees? yes no
12.	Additional information:

Business name: Diabetes Learning Center, Mon General Hospital
Provider name: Elizabeth L. Semmens RDN, LD, CDE
Address:
City: Morgantown State: WV Zip: 26505
Phone: 304-598-1403
E-mail: semmense@monhealthsys.org
Website: http://mongeneral.com/Main/DiabetesLearningCenter.aspx

1. What age groups do you serve? (check all that apply)
children, age range:
adolescents, age range:
x_ adults, age range:all ages
2. Which types of eating disorders do you treat? (check all that apply)
x_ anorexia nervosa
_x bulimia nervosa
x_ binge eating disorder
other specified/unspecified feeding or eating disorder
3. Do you serve men/boys with eating disorders?x_yes no
4. What types of treatment to you offer? (check all that apply)
cognitive behavior therapy
dialectical behavior therapy acceptance and commitment therapy
acceptance and commitment therapy family-based therapy (Maudsley)
traditional family therapy
supportive therapy
x nutritional support (dietetics)
medical evaluation/treatment
other, please describe:

5.	Do you offer group therapy for individuals with eating disorders? yes _x no If yes, please describe:
6.	Do you run support groups for individuals with eating disorders? yesx no If yes, please describe:
7.	Do you include loved ones in treatment?x_ yes no If yes, please describe: Support individuals (family or friends) may be present during Medical Nutrition Therapy.
8.	Do your services have a religious focus? yesx_ no If yes, please specify type of religion:
9.	Do you bill insurance? _x yes no
10.	Do you take Medicaid and CHIP?x yes no (but Medicaid will not pay for MNT with this diagnosis)
11.	Do you take private pay?x yes no If yes, do you have a sliding scale for fees? yes no
12.	Please provide us with any additional information you would like to share about your services: Medical Nutrition Therapy services are based on medical doctor referral versus a self-referral.

******Business name: Morga	antown Pastoral Counseling Center	
Provider name: Catherine Yura	Ed.D.	
Address: 1062 Maple Dr. Ste. 1		
City: Morgantown	State: West Virginia	Zip: 26505
Phone: 304-599-5751		
E-mail: cathy.yura@mail.wvu.ed	du	
Website:		
******** *****	*************	*******
1. What age groups do you	serve? (check all that apply)	
children, age range	;	
adolescents, age rar	nge:	
X adults, age range	: 18-40	
2. Which types of eating di	isorders do you treat? (check all that apply)
X_ anorexia nervosa		
X_ bulimia nervosa		
_X binge eating disord	der	
other specified/uns	pecified feeding or eating disorder	
3. Do you serve men/boys	with eating disorders? _Xyes no)
• •	nt to you offer? (check all that apply)	
X cognitive behavio X dialectical behav	• •	
acceptance and co		
family-based thera	• •	
X traditional family	therapy	
X supportive therap	ру	
nutritional support	•	
medical evaluation		
other, please desci	ribe:	

5.	Do you offer group therapy for individuals with eating disorders? yesX no If yes, please describe:
6.	Do you run support groups for individuals with eating disorders? yesX no If yes, please describe:
7.	Do you include loved ones in treatment?X yes no If yes, please describe:
8.	Do your services have a religious focus?X_ yes no If yes, please specify type of religion: Christian
9.	Do you bill insurance?X yes no
10.	Do you take Medicaid and CHIP? yesX no
11.	Do you take private pay? _X yes no If yes, do you have a sliding scale for fees? yesX no
12.	Please provide us with any additional information you would like to share about your services: I work part-time at Morgantown Pastoral Counseling Center but during the day I work as the Assistant Vice President of WELLWVU: The Students' Center of Health and as a psychologist at the WVU Carruth Center for Psychological and Psychiatric Services. I see students at the Carruth Center who have eating disorders.