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:


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.

Dialectical 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

<table>
<thead>
<tr>
<th>Psychologists and Licensed Professional Counselors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Teena Bryson</strong>, MA, LPC, NCC</td>
</tr>
<tr>
<td>6467 Farmdale Rd.</td>
</tr>
<tr>
<td>Barboursville, WV 25504</td>
</tr>
<tr>
<td>Phone: 304-617-5014</td>
</tr>
<tr>
<td>E-mail: <strong><a href="mailto:aaromansmom@gmail.com">aaromansmom@gmail.com</a></strong></td>
</tr>
<tr>
<td>Website:</td>
</tr>
<tr>
<td><a href="http://www.facebook.com/TeenaMBrysonLpcNccLsw">www.facebook.com/TeenaMBrysonLpcNccLsw</a></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Lya Burgess</strong></td>
</tr>
<tr>
<td>200 North ST. Suite 101</td>
</tr>
<tr>
<td>New Martinsville, WV 26155</td>
</tr>
<tr>
<td>Phone: 304-771-8837</td>
</tr>
<tr>
<td>E-mail: <strong><a href="mailto:lyaburgess25@gmail.com">lyaburgess25@gmail.com</a></strong></td>
</tr>
<tr>
<td><strong>Dawn Dillon</strong>, M.Ed, LPC, NCC</td>
</tr>
<tr>
<td>1063 Maple Drive, Suite 4B</td>
</tr>
<tr>
<td>Morgantown, WV 26505</td>
</tr>
<tr>
<td>Phone: 817-613-6803</td>
</tr>
<tr>
<td>E-mail: <strong><a href="mailto:dadillon65@gmail.com">dadillon65@gmail.com</a></strong></td>
</tr>
<tr>
<td><strong>Barbara H. Romfo</strong>, Ph.D, L.P.</td>
</tr>
<tr>
<td>Laurel Ridge Psychological Assoc.</td>
</tr>
<tr>
<td>211 Hunter Park</td>
</tr>
<tr>
<td>Princeton, WV 24740</td>
</tr>
<tr>
<td>Phone: 304-487-6121</td>
</tr>
<tr>
<td>E-mail: <strong><a href="mailto:cathy.yura@mail.wvu.edu">cathy.yura@mail.wvu.edu</a></strong></td>
</tr>
<tr>
<td>Physicians</td>
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<tr>
<td>------------</td>
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</tbody>
</table>
| **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/ |
## Dietitians

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
<th>Address</th>
<th>Phone</th>
<th>E-mail</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sara Kuykendall, MBA, RD, LD</td>
<td>Valley Health Wellness &amp; Fitness Services</td>
<td>401 Campus Boulevard</td>
<td>540-536-3041</td>
<td><a href="mailto:Skuykend@valleyhealthlink.com">Skuykend@valleyhealthlink.com</a></td>
<td><a href="http://www.valleyhealthlink.com/wellness-fitness">www.valleyhealthlink.com/wellness-fitness</a></td>
</tr>
<tr>
<td>Helenia Sedoski, MS, RD, LD</td>
<td>West Virginia University Hospital</td>
<td>1 Medical Center Drive</td>
<td>304-598-4105 ext 78103</td>
<td><a href="mailto:sedoskihe@wvuhealthcare.com">sedoskihe@wvuhealthcare.com</a></td>
<td></td>
</tr>
<tr>
<td>Camilla McMillen, RD, LD</td>
<td>West Virginia University Dining Services</td>
<td>PO Box 6430 G-104 Bennett Tower</td>
<td>304-293-4053</td>
<td><a href="mailto:ccmcmillen@mail.wvu.edu">ccmcmillen@mail.wvu.edu</a></td>
<td></td>
</tr>
<tr>
<td>Jessica Runyon, MS, RD, CSSD, LD</td>
<td>Huntington Hospital</td>
<td>1340 Hal Greer Blvd</td>
<td>304-526-2000 ext 3438</td>
<td><a href="mailto:Jessica.Runyon@chhi.org">Jessica.Runyon@chhi.org</a></td>
<td></td>
</tr>
<tr>
<td>** Only available to West Virginia University students</td>
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</tr>
<tr>
<td>Brandi Sentz, RD, CDE</td>
<td>Disordered Eating Clinic of Charleston</td>
<td>3200 MacCorkle Ave, SE</td>
<td>304-388-1505</td>
<td><a href="mailto:besentz@hsc.wvu.edu">besentz@hsc.wvu.edu</a></td>
<td><a href="http://charleston.hsc.wvu.edu/DECC/">http://charleston.hsc.wvu.edu/DECC/</a></td>
</tr>
<tr>
<td>Vicki Sallie, RD, LD</td>
<td>St. Mary’s Medical Center</td>
<td>2900 1st Avenue</td>
<td>304-526-1129</td>
<td><a href="mailto:Vicki.Sallie@st-marys.org">Vicki.Sallie@st-marys.org</a></td>
<td></td>
</tr>
</tbody>
</table>
1. What age groups do you serve? (check all that apply)
   ___ children, age range: __________
   _x__ adolescents, age range: ___12 and up________
   ___x_ adults, age range: ___18 and up________

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? _x__yes    ___ no

4. What types of treatment to you offer? (check all that apply)
   _x__ cognitive behavior therapy
   _x__ dialectical behavior therapy
   _x__ acceptance and commitment therapy
   _____ family-based therapy (Maudsley)
   _x__ traditional family therapy
   _x__ supportive therapy
   _____ nutritional support (dietetics)
   _____ medical evaluation/treatment
   ___x_ other, please describe: dual mindset and solution focused therapy approach

5. Do you offer group therapy for individuals with eating disorders? ___ yes   ___x__ no
6. Do you run support groups for individuals with eating disorders? ___ yes  ____ no
   If yes, please describe:

7. Do you include loved ones in treatment?  ____ 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? ______ yes  ____x_ 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:
    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.
1. What age groups do you serve? (check all that apply)
   - ___X__ children, age range: 10 - 13 years
   - ___ children, age range: 14 years and up
   - ___ 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
   - ___ other specified/unspecified feeding or eating disorder

3. Do you serve men/boys with eating disorders? ___X__yes ___ no

4. What types of treatment do you offer? (check all that apply)
   - ___X__ cognitive behavior therapy
   - ___X__ dialectical behavior therapy
   - ___X__ acceptance and commitment therapy
   - ___ family-based therapy (Maudsley)
   - ___ traditional family therapy
   - ___ supportive therapy
   - ___ 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:

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:
1. What age groups do you serve? (check all that apply)
   ___ children, age range: ____________
   ___ adolescents, age range: ____________
   ___x_ adults, age range: __18 and up____________

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?  _x__yes    ___ no

4. What types of treatment do you offer? (check all that apply)
   ___x__ cognitive behavior therapy
   ___ dialectical behavior therapy
   ___x__ acceptance and commitment therapy
   ___ family-based therapy (Maudsley)
   ___x_ traditional family therapy
   ___x_ supportive therapy
   ___ nutritional support (dietetics)
   ___ medical evaluation/treatment
   ___x_ other, please describe: couples/relationship therapy for adult eating disorder clients and their partner
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: Included to the level and extent that the adult client chooses and that is productive.

8. Do your services have a religious focus? ___ yes   ___x__ no
   If yes, please specify type of religion:

9. Do you bill insurance? _____ yes   ___x__ no

10. Do you take Medicaid and CHIP? ______ yes   ___x__ 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: www.valleyhealthlink.com/wellness-fitness

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/unspecifed 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? ___ yes  ___ no
   If yes, please describe:

6. Do you run support groups for individuals with eating disorders? ___ yes  ___ no
   If yes, please describe:

7. Do you include loved ones in treatment? ____ 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  ___ no
   If yes, please specify type of religion:

9. Do you bill insurance? ___ yes  ___ no

10. Do you take Medicaid and CHIP? ___ yes  ____ no
    (I’m not sure about CHIP).

11. Do you take private pay? ___ yes  ___ no
     If yes, do you have a sliding scale for fees? ___ yes  ___ 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.
1. What age groups do you serve? (check all that apply)
   - _X__ children, age range: 2-10 years
   - _X__ adolescents, age range: 10-20 years
   - ___ adults, age range: 20-70 years

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? _X__yes ___ no

4. What types of treatment do you offer? (check all that apply)
   - _X__ cognitive behavior therapy
   - _X___ dialectical behavior therapy
   - ___ acceptance and commitment therapy
   - _X__ family-based therapy (Maudsley)
   - ___ traditional family therapy
   - _X__ supportive therapy
   - _X__ nutritional support (dietetics)
   - _X__ medical evaluation/treatment
   - ___ other, please 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? ___ yes    __X__ 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? ___ 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

11. Do you take private pay? _X__ yes    ____ no
    If yes, do you have a sliding scale for fees? ___ yes   __X__ 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.
Business name: WVU Dining Services
Provider name: Cami McMillen, RD/LD
Address: PO Box 6430 G-104 Bennett Tower
City: Morgantown  State: WV  Zip: 26506
Phone: 304-293-4053
E-mail: ccmcmillen@mail.wvu.edu
Website: 

1. What age groups do you serve? (check all that apply)
   ___ children, age range: ______________
   ___ adolescents, age range: ____________
   ___ adults, age range: _______18 + available to all WVU students________

2. Which types of eating disorders do you treat? (check all that apply)
   _x__ anorexia nervosa
   __ bulimia nervosa
   __ 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
   ____ 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? _____ 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? _____ yes  _x___ no

10. Do you take Medicaid and CHIP? _____ yes  _x___ 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:  
    I am a free service available to all WVU students.
<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
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<tbody>
<tr>
<td>1. What age groups do you serve? (check all that apply)</td>
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<td>___ children, age range: ____________</td>
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<tr>
<td>___ adolescents, age range: <em>12-18</em>_______</td>
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<td><strong><em>X</em> adults, age range: <strong>18 +</strong></strong>_____</td>
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<tr>
<td>2. Which types of eating disorders do you treat? (check all that apply)</td>
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<tr>
<td>__<em>X</em> anorexia nervosa</td>
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<tr>
<td>__<em>X</em> bulimia nervosa</td>
<td></td>
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<tr>
<td>__<em>X</em> binge eating disorder</td>
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<tr>
<td>__<em>X</em> other specified/unspe cified feeding or eating disorder</td>
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<tr>
<td>3. Do you serve men/boys with eating disorders?</td>
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<td>___ yes</td>
<td>___ no</td>
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<td>4. What types of treatment to you offer? (check all that apply)</td>
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<tr>
<td>_<strong>X</strong> cognitive behavior therapy</td>
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<td>_<strong>X</strong> dialectical behavior therapy</td>
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<td>_<strong>X</strong> acceptance and commitment therapy</td>
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<td>____ family-based therapy (Maudsley)</td>
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<td>____ supportive therapy</td>
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<td>____ nutritional support (dietetics)</td>
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<td>____ medical evaluation/treatment</td>
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<td>____ other, please describe: ______________________________________________________</td>
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<tr>
<td>5. Do you offer group therapy for individuals with eating disorders?</td>
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<tr>
<td>___ yes</td>
<td>___ no</td>
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<tr>
<td>If yes, please describe:</td>
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</tbody>
</table>
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:

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

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:
Business name: WVU School of Medicine, Department of Pediatrics, Adolescent and Young Adult Medicine

Provider name: Pamela Murray, M.D.

Address: PO Box 9214, 1 Medical Center Dr.

City: Morgantown          State: WV          Zip: 26506

Phone: 304-598-4835

E-mail: pmurray@hsc.wvu.edu

Website: http://directory.hsc.wvu.edu/UserDetails/34264

1. What age groups do you serve? (check all that apply)
   ___ children, age range: ____________
   ___ adolescents, age range: 10-26 years
   ___ adults, age range: ____________

2. Which types of eating disorders do you treat? (check all that apply)
   ___ anorexia nervosa
   ___ bulimia nervosa
   ___ binge eating disorder
   ___ other specified/unspecific feeding or eating disorder

3. Do you serve men/boys with eating disorders?  ___ yes  ___ no

4. What types of treatment do 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
   ___ nutritional support (dietetics)
   ___ 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? ____ 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: Patients are usually (but not necessarily) accompanied by parents or other family members.

8. Do your services have a religious focus? ____x_ yes ____ 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 ____x_ no

12. Additional information:
Business name: West Virginia University Carruth Center for Psychological and Psychiatric Services

Provider name: Amanda Quinby

Address: 390 Birch Street

City: Morgantown  State: WV  Zip: 26506

Phone: 304-293-2847

E-mail: algumble@mail.wvu.edu

Website:

1. What age groups do you serve? (check all that apply)
   ____ children, age range: ___________
   ____ adolescents, age range: __________
   ___ adults, age range: _18 and older____

2. Which types of eating disorders do you treat? (check all that apply)
   ___ anorexia nervosa
   ___ bulimia nervosa
   ___ binge eating disorder
   ___ other specified/unspecified feeding or eating disorder

3. Do you serve men/boys with eating disorders? ___ yes  ___ no

4. What types of treatment do 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
   ___ 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:

   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? 
   ___ yes    __X__ 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?  _____ yes  __X__ no

10. Do you take Medicaid and CHIP?  ______ yes   __X___ 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. What age groups do you serve? (check all that apply)
   ___ children, age range: ________________
   ___ adolescents, age range: ___12-18________
   ___ adults, age range: ___18 and up__________

2. Which types of eating disorders do you treat? (check all that apply)
   ___ anorexia nervosa
   ___ bulimia nervosa
   ___ binge eating disorder
   ___ other specified/unspecified feeding or eating disorder

3. Do you serve men/boys with eating disorders?  ___ yes  ___ no

4. What types of treatment do 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
   ___ nutritional support (dietetics)
   ___ medical evaluation/treatment
   ___ other, please describe: _______________________________________________________

5. Do you offer group therapy for individuals with eating disorders?  ___ yes  ___ no
   If yes, please describe:

6. Do you run support groups for individuals with eating disorders?  ___ yes  ___ no
   If yes, please describe:
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:
Business name: Cabell Huntington Hospital (Note: Services only available upon referral from a Marshall Medical Center or Cabell Huntington Hospital physician.)

Provider name: Jessica Runyon MS, RD, CSSD, LD

Address: 1340 Hal Greer Blvd

City: Huntington    State: WV    Zip :25701

Phone: 304-526-2000 ext 3438

E-mail: Jessica.runyon@chhi.org

Website:

1. What age groups do you serve? (check all that apply)
   _X__ children, age range: ____________
   _X_ adolescents, age range: __________
   _X__ 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
   ___ 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? ___ yes ___ 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 ___ no
   If yes, please describe:

7. Do you include loved ones in treatment? ___ 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? ___ yes ___ 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. Additional information: Services only available upon referral from a Marshall Medical Center or Cabell Huntington Hospital physician.
1. What age groups do you serve? (check all that apply)
   ____ children, age range: ____________
   ____ adolescents, age range: 13-18 years
   ____ adults, age range: 18 years and up

2. Which types of eating disorders do you treat? (check all that apply)
   ____ anorexia nervosa
   ____ bulimia nervosa
   ____ binge eating disorder
   ____ other specified/unspecified feeding or eating disorder

3. Do you serve men/boys with eating disorders?  ____ yes    ____ no

4. What types of treatment do 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
   ____ 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: I try to empower families first.

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
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:
1. What age groups do you serve? (check all that apply)
   _X_ children, age range: ____________
   __ X_ adolescents, age range: ____________
   __X__ adults, age range: _ (Not commonly but I have) __

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?  __X__ yes  ___ no

4. What types of treatment do 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 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:
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? ___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? ___ 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:  Support individuals (family or friends) may be present during Medical Nutrition Therapy.

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  (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.
1. What age groups do you serve? (check all that apply)
   - ___ children, age range: __________
   - ___ adolescents, age range: __________
   - ___X__ adults, age range: 18-40___________

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 do you offer? (check all that apply)
   - ___X__ cognitive behavior therapy
   - ___X__ dialectical behavior therapy
   - ___ acceptance and commitment therapy
   - ___ family-based therapy (Maudsley)
   - ___X__ traditional family therapy
   - ___X__ supportive therapy
   - ___ 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:

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? ______ yes  ___X___ no

11. Do you take private pay?  _X___ yes  _____ no
    If yes, do you have a sliding scale for fees?  ___ yes  ___X__ 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.