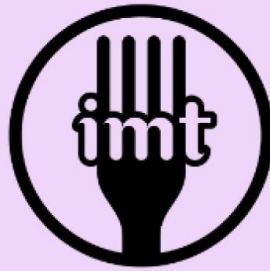


INTEGRATIVE MODALITIES THERAPY
(IMT)
FOR EATING DISORDERS



[THE BOOKS!](#) [ABOUT](#) [MISSION](#) [AUTHORS](#) [ARTICLES](#) [TRAINING VIDEOS](#) [RESOURCES](#) [CONTACT](#)



**Training
Video 1:**

BACKGROUND & MISSION

INTEGRATIVE MODALITIES THERAPY
(IMT)
FOR EATING DISORDERS



[THE BOOKS!](#) [ABOUT](#) [MISSION](#) [AUTHORS](#) [ARTICLES](#) [TRAINING VIDEOS](#) [RESOURCES](#) [CONTACT](#)

AN INTERVIEW WITH IMT FOR EATING
DISORDERS AUTHOR, TARA DELIBERTO
PHD

July 29, 2019

In preparation for pub day on 8/1, I did this interview with my lovely agent, Carrie!

-Tara Deliberto, PhD

PUB DAY INTERVIEW!

Tell us a bit about you and what you do.

Sure! I'm a psychologist with a job that looks different than what most people might imagine. I work at NewYork-Presbyterian Hospital with people diagnosed with eating disorders who currently need what is referred to as a "higher level of care" (e.g. inpatient hospitalization). Rather than attending therapy once per week, the patients with whom I work need care every day at a hospital from a specialized multi-disciplinary team to foster both physical and psychological recovery from eating disorders. Several years ago, I opened and directed a "partial hospitalization program" or PHP where adult patients come in for treatment from 8:00am-3:00pm, Monday through Friday. This program offers patients an opportunity to either step down from inpatient care or prevent hospitalization.

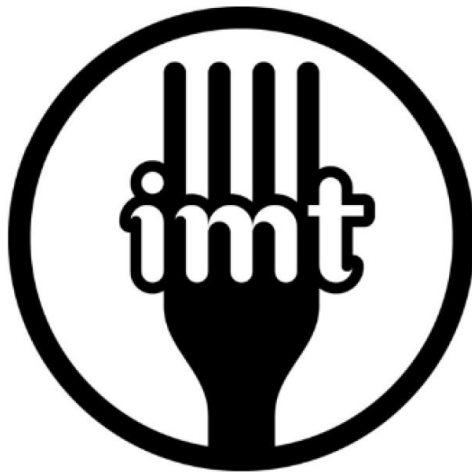
Currently, I am an assistant professor at Weill Cornell Medicine, the medical college of Cornell University, working in the program at NewYork-Presbyterian that I created, training advanced doctoral students as well as post-doctoral fellows. In this role, I teach an eating disorders seminar at the hospital that all staff members and students at the hospital are welcome to attend. While carrying out my roles as a hospital psychologist, administrator, and teacher, I worked on creating a new treatment approach called Integrative Modalities Therapy (IMT) for eating disorders along with my colleague, Dina Hirsch, PhD.

INTEGRATIVE MODALITIES THERAPY
(IMT)
FOR EATING DISORDERS



[THE BOOKS!](#) [ABOUT](#) [MISSION](#) [AUTHORS](#) [ARTICLES](#) [TRAINING VIDEOS](#) [RESOURCES](#) [CONTACT](#)

[← BACK TO IMT BULLYING QUESTIONNAIRE \(IMT-BQ\)](#)



IMT BULLYING QUESTIONNAIRE (IMT-BQ)

\$5.00

The IMT Bullying Questionnaire (IMT-BQ) can be used at intake and throughout treatment to assess for both bullying behavior and victimization. A one time purchase allows the buyer to use the IMT-BQ as many times as they wish. The IMT-BQ document, however, may not be shared with others for use. Thank you!

ADD TO CART

Share

The IMT Bullying Questionnaire (IMT-BQ) can be used at intake and throughout treatment to assess for both bullying behavior and victimization. A one time purchase allows the buyer to use the IMT-BQ as many times as they wish. The IMT-BQ document, however, may not be shared with others for use. Thank you!

INTEGRATIVE MODALITIES THERAPY
(IMT)
FOR EATING DISORDERS



AN INTERVIEW WITH IMT FOR EATING DISORDERS
AUTHOR, TARA DELIBERTO PHD

July 29, 2019 [HowAHealthyEaterThinks](#)

-Tara Deliberto, PhD

PUB DAY INTERVIEW!

Tell us a bit about you and what you do.

Sure! I'm a psychologist with a job that looks different than what most people might imagine. I work at NewYork-Presbyterian Hospital with people diagnosed with eating disorders who currently need what is referred to as a "higher level of care" (e.g. inpatient hospitalization). Rather than attending therapy once per week, the patients with whom I work need care every day at a hospital from a specialized multi-disciplinary team to foster both physical and psychological recovery from eating disorders. Several years ago, I opened and directed a "partial hospitalization program" or PHP where adult patients come in for treatment

from 8:00am-3:00pm, Monday through Friday. This program offers patients an opportunity to either step down from inpatient care or prevent hospitalization.

Currently, I am an assistant professor at Weill Cornell Medicine, the medical college of Cornell University, working in the program at NewYork-Presbyterian that I created, training advanced doctoral students as well as post-doctoral fellows. In this role, I teach an eating disorders seminar at the hospital that all staff members and students at the hospital are welcome to attend. While carrying out my roles as a hospital psychologist, administrator, and teacher, I worked on creating a new treatment approach called Integrative Modalities Therapy (IMT) for eating disorders along with my colleague, Dina Hirsch, PhD.

How did you put together the research for this book and what made you realize that you should write it?

Ironically, I spent my first four years of training with the thought "I want to treat everything but eating disorders because they're just too difficult." I know a lot of clinicians think the same. But when I saw the state of things, I felt entirely differently. In fact, the treatment landscape for people with eating disorders – the deadliest of mental illnesses - was so bleak that I felt compelled to devote my career to improving the quality of care. I knew that clinicians used to think, "I want to treat everything but borderline personality disorder because it's just too difficult" until Marsha Linehan, PhD, created Dialectical Behavior Therapy (DBT). Then, clinicians started enthusiastically treating borderline personality disorder because they loved learning DBT. It was clear that someone needed to do the same for eating disorders.

The journey of creating IMT started years ago when Dina Hirsch, PhD, was my supervisor at a partial hospitalization program for adolescents with eating disorders at NorthWell Health. I was fairly new to the treatment of eating disorders at the time and was shocked to find that there was simply no evidence-based treatment material written for use with adolescents with eating disorders. The modus operandi at the time was to use repurposed material for adults with other disorders such as anxiety or borderline personality disorder. I remember saying to Dina: "we have to do better than this!" She agreed. Later that day, we were in a required meeting and I passed her a note with the sketched out plan for IMT I had been mulling over since the prior year. Unlike anyone else I told about this idea in the past, Dina immediately encouraged me to follow through with it.

Right away, we started creating group material rooted in either previously published evidence-based treatment manuals or one-off interventions described in research papers. We also started writing similar material for use with parents/carers in our family

meetings as well as with patients in our individual therapy sessions. Over time, the collection of interventions – what we now called Integrative Modalities Therapy (IMT) - amassed into three separate works for use in groups, family sessions, and individual therapy.

Others in the field started to express interest in using our materials. Some clinicians even started translating them into other languages for use with their patients. This type of feedback quickly signaled to us that we had been creating a flexible and scalable treatment for eating disorders in adolescents that others perceived as rather easy to administer in both hospital and outpatient settings. It also became apparent that IMT could be used as a tool to train clinicians in geographical regions where eating disorder specialists were sorely lacking. I then started to think that maybe this could be the treatment that interested clinicians in eating disorders. Understanding the potential for IMT to help, we set out on a mission to see it published and disseminated, hoping to contribute to the efforts made by those in our field to improve care.

What makes the type of treatment outlined in your book different from what is already out there?

IMT is rather different than what is out there for several reasons, some of which are likely surprising. As mentioned above, IMT is chiefly different than what exists in that it includes handouts/worksheets steeped in evidence-based treatments for adolescents. To our knowledge, nothing like this existed before IMT. It is also different from any other type of manualized treatment we know of in that there are interventions designed for three separate types of therapy settings: individual, group, and family therapy. Lastly, unlike other treatment protocols, IMT is designed to be used very flexibly. Each handout contains an intervention for a specific issue a patient may or may not face. As such, each patient gets a different set of treatment materials depending on what they need.

Relatedly, IMT is different in that the material can be used flexibly in inpatient settings.

Yes! Absolutely. Specifically, IMT is rather different in that it was created for use in inpatient, residential, and day treatment settings, as well as in outpatient settings. Most treatment manuals seem to be written specifically for use in outpatient settings. Due to factors such as the medical precariousness of our patients, however, many people with eating disorders are treated at higher levels of care (e.g. hospitals, residential programs, etc.). Considering that 1) other manuals are written for use in

outpatient, and 2) a large and important portion of eating disorder treatment is delivered at higher levels of care, there was a big disconnect between what was available and what is needed. For instance, when an adolescent with anorexia nervosa is healthy enough to be in outpatient care, family therapy is absolutely essential. The outpatient manual, therefore, prioritizes interventions with the parents/carers. At higher levels of care, however, the patient is attending treatment groups all day with peers. Patients, therefore, need standardized evidence-based materials to be administered during those times.

Are eating disorders diseases that easily are ignored or dismissed by their sufferers or their families?

Both people with eating disorders and their families are often completely unaware of the illness. Eating disorders are different than most other types of mental illnesses in that they are considered to be “egosyntonic.” Generally, this means that a patient does not present as wanting to recover from the illness. Food restriction, for instance, may be viewed by patients and/or their families as “healthy,” rather than as part of a life-threatening mental illness. As such, people with eating disorders may present as being unmotivated or unwilling to change behaviors they perceive as healthy. Similarly, family members may also present as unwilling to aid a person with an eating disorder in recovery if the perils are not fully understood.

Other patients and family members, however, *do* recognize eating disorder behaviors as problematic, but do not feel equipped to address it for variety of reasons. For instance, when confronted about the illness (e.g. a family member prompts more food to be eaten at a meal), a person with an eating disorder may have an explosive reaction, resulting in the family member drawing the conclusion that “it is not helpful to interfere.” In IMT, a behavior that is aimed at / results in others withdrawing support (e.g. having an explosive reaction), is referred to as an “eating disorder protective behavior (EDPBs).” Despite knowing that a problem exists, family members can become conditioned to ignore the eating disorder when people engage in EDPBs. Without having the skills to address the problem nor knowledge of how to access resources, many family members simply abandon efforts to intervene, feeling helpless.

Especially considering the variety of factors preventing people with eating disorders and their families from recognizing and/or addressing the illness, it is up to clinicians to know that eating disorders are life-threatening illnesses that require immediate psychological, psychiatric, and medical treatment. Of note, eating disorders are much more common than even ten years ago. In fact, a recent study showed that the number of eating disorders cases has doubled in recent years (Galmiche, et al., 2019).

Research is also showing that people of all genders, ethnic backgrounds, ages, and socio-economic statuses have eating disorders. In short, because eating disorders are 1) ego-syntonic, 2) life-threatening, 3) have a rapidly increasing incidence, and 4) impact people from all backgrounds, we strongly recommend that all people presenting for therapy should be screened for eating disorders.

Can you tell us a bit about IMT and its mission?

With IMT - a curated collection of evidence-based interventions – we aim to help patients develop skills, support families, and provide a way for clinicians in the trenches to communicate core treatment concepts. We also hope to attract new clinicians willing to treat eating disorders, so that more treatment options are available to patients. In short, our mission is to help close the treatment gap.

INTEGRATIVE MODALITIES THERAPY (IMT) FOR EATING DISORDERS

INTEGRATIVE MODALITIES THERAPY FOR EATING DISORDERS

July 17, 2019 [HowAHealthyEaterThinks](#)

Back in March of this year, the approach that Dina Hirsch, PhD, and I created for the treatment of eating disorders was renamed Integrative Modalities Therapy (IMT)! Here I'll explain the reason for the change as well as the meaning of the new name.

When we started out, our aim was to create a comprehensive collection of evidence-based interventions for patients and families with eating disorders. For the original plan, we knew that we needed to have an approachable patient-and-family-facing name. We decided to call the first version of our book "BITE," or Behavioral Interventions, Tips, and Evaluations. At the time, this name was fitting since the acronym represented the smallest behavioral step a person can take towards recovery (i.e. taking a bite of food) and the fully spelled-out name descriptively explained what was included in the book. It was a go!

Over the years, however, our singular book that brought together interventions, tips, and assessments grew into something much larger: an evidence-based practice treatment approach. We soon needed to write a treatment manual for clinicians to use alongside the original book for patients and families. Our unpublished manuscript became a resource for clinicians in the trenches who needed a summary of all of the varied evidence-based interventions in one easy place. Some have called our approach "evidence-based practice in a box." Recognizing the potential of this type of resource, our goal became to provide clinicians with a comprehensive, practical, flexible, and scalable resource to help navigate the treatment of eating disorders.

Considering these advancements, prior to both books being published by New Harbinger, it was time for a new clinician-facing name! We chose to rename our approach Integrative Modalities Therapy (IMT) because it integrates a wide array of evidence-based interventions from gold-standard treatments into the three modalities of individual, group, and family therapy. In short, the approach is both integrative and can be administered modularly across the three treatment modalities. As a clinician-facing

evidence-based practice approach, we now have the big, hairy, audacious goal of contributing to the efforts of our colleagues by helping to close the eating disorder treatment gap together.

INTEGRATIVE MODALITIES THERAPY
(IMT)
FOR EATING DISORDERS



[THE BOOKS!](#) [ABOUT](#) [MISSION](#) [AUTHORS](#) [ARTICLES](#) [TRAINING VIDEOS](#) [RESOURCES](#) [CONTACT](#)

WHAT IS PURGING DISORDER AND HOW IS IT TREATED?

July 12, 2017



By Tara Deliberto

Purging disorder is characterized by the presence of purging behaviors (e.g. vomiting, laxative use, etc.) aimed at influencing body size/shape/weight in the **absence** of binge eating and purging cycles. In other words, the purging exists separate from binge eating. Technically, purging disorder falls under the "Other Specified Feeding and Eating Disorder" - or OSFED - category in the DSM-5.

Relatedly, no treatments currently exist specifically for the treatment of purging disorder in adolescents, to our knowledge. After we received inquiries about whether or not Integrative Modalities Therapy (IMT) can specifically address this disorder, we were inspired to write about it!
