
GUIDE



The Regional Centre for the Treatment of Eating Disorders

***Day Hospital and Outpatient
Programs-VIRTUAL CARE***



**The Ottawa | L'Hôpital
Hospital | d'Ottawa**



Disclaimer

This is general information developed by the Eating Disorders Program at The Ottawa Hospital. It is not intended to replace the advice of a qualified health-care provider. Please consult your health-care provider who will be able to determine the appropriateness of the information for your specific situation.

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Welcome to the Regional Centre for the Treatment of Eating Disorders

At the Regional Centre for the Treatment of Eating Disorders we provide assessment services for individuals ages 18 and over who have disordered eating. We also provide group-based treatment for people with anorexia nervosa, bulimia nervosa, atypical anorexia nervosa and purging disorder in outpatient (low-intensity), day hospital (intensive) and inpatient (intensive) formats. We do not provide specific services for *binge-eating disorder*.

Treatment Philosophy

Our program is committed to providing evidence-based treatment to help our patients recover from their eating disorder (ED). We respect that each patient's journey towards restored health is unique. Therefore, we are committed to meeting patients where they are in terms of management of ED symptoms. We strive to help patients identify ways in which their symptoms interfere with their lives and future goals and help patients to address these through normalization of eating, weight restoration (if applicable), and reduction/elimination of ED symptoms. We also help patients address problems underlying the eating disorder and aid them in establishing or returning to a healthy and productive lifestyle.

Our Values

We value:

- **Compassion, Kindness and Empathy:** for you, ourselves and each other. We care about your well-being and we strive to create a safe, supportive environment to help you achieve your goals.
- **A Commitment to Quality:** We use evidence-based treatments and evaluate your progress and your feedback while in our program.
- **Engagement and Working Together:** We value creating connections with our patients and their loved ones. Our inter-professional team will work with you to help define and achieve your goals. We participate in the process of treatment with you while respecting your autonomy.

Recovery is Possible!

Recovery from an eating disorder is hard work and it will take a great deal of time and effort. We strongly believe that there are many benefits to working toward recovery and we feel privileged to help you achieve this goal. The process of recovery typically continues after you have left our program (see "Phases of Recovery", Appendix 6). You may require support after leaving our program to continue working towards wellness. Therefore, from the start of treatment, we will work with you to plan for your discharge.

We value:

- Respect: for patients, ourselves and each other. We value and respect diversity.
- Persistence: We recognize that eating disorders are complex and difficult to treat. We will continue to work with our patients even when they feel that their struggles are too great to overcome. We recognize that in working towards health, there will be obstacles, but we will face them with you when they occur.
- Integrity: We value being honest, transparent and responsible in our provision of services. We aim to live our values.

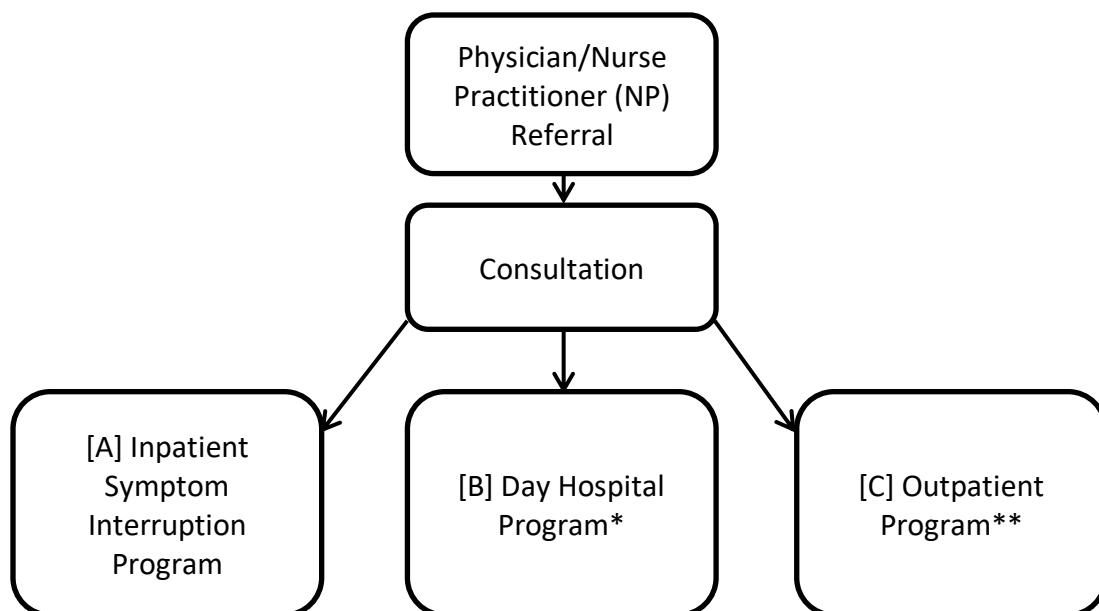
Is the Eating Disorder Program Right for You?

To be assessed for admission to the Eating Disorder Program you must be referred by a physician or a nurse practitioner (NP). You will be offered a consultation appointment, which is a focused assessment by an eating disorders specialist(s). The severity and nature of your eating disorder will determine the treatment program that will be offered [if any]. Following the consultation, you are free to choose whether to accept or reject the treatment recommendation; if you accept, your name will be placed on a waitlist. When a spot becomes available [which may take up to several months], you will receive a call with your start date.

Below is a visual representation of our treatment program. The first program is the intensive inpatient branch known as the “Symptom Interruption Program” or SIP. The second branch is the intensive “Day Hospital Program” or DHP. The third branch is the low intensity “Outpatient Program” (availability of groups varies). Please note that the Outpatient Program is not currently being offered on a virtual basis.** Treatment for your eating disorder may involve completing more than one branch of the program.

The remainder of this guide focuses on the Day Hospital Program. For information on the Symptom Interruption Program, please see the separate guide.

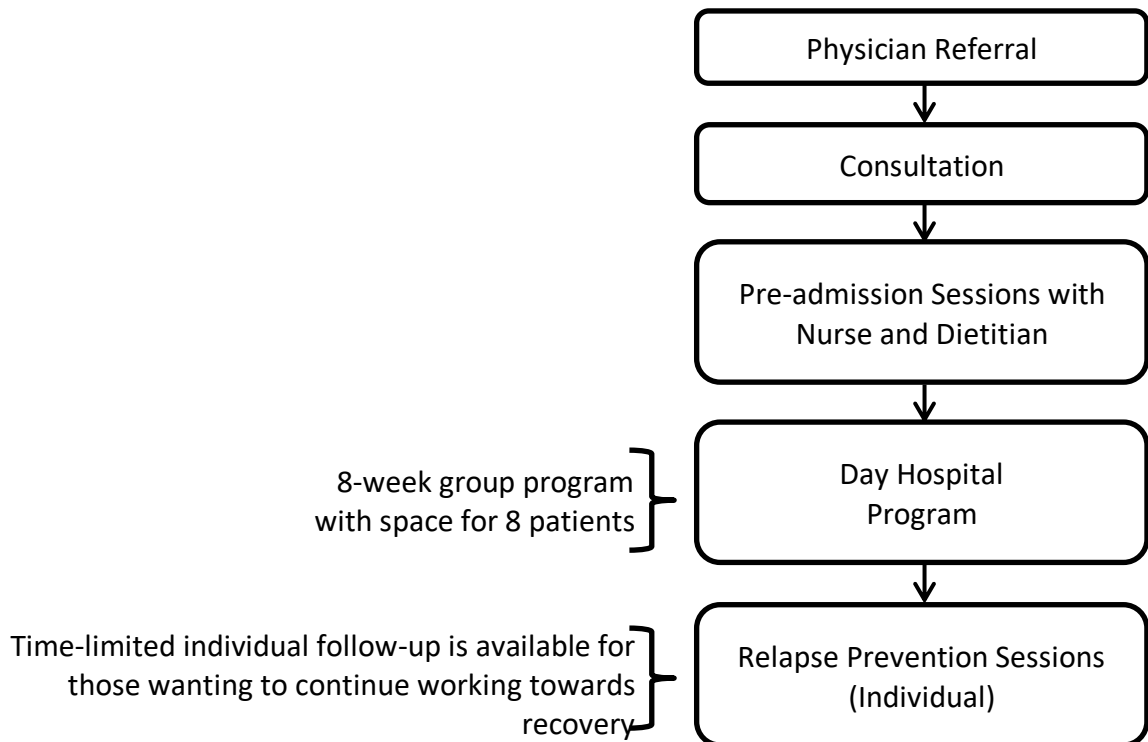
The Three Branches of our Program



[B] The Day Hospital Program (DHP)-Virtual Care

The DHP [see diagram above; this is the program labeled “B”] is an intensive treatment program offered to patients with moderate to severe eating disorders who do not need hospitalization for medical stabilization. The DHP provides nutritional education, meal support, psycho-education and psychotherapy in a group format from Monday to Friday. Please see the DHP schedule on page 6. Currently, there are eight spots available in this 8-week program; attendance is from 9 AM to 5 PM. Patients should note that the length of the DHP program and daily schedule are subject to change.

Before beginning the DHP, patients will be contacted by the Program Nurse and Dietitian to orient them to the Program. Patients can learn about what to expect in treatment and ask any questions they may have. Following successful completion of the DHP, patients have the opportunity for time-limited follow-up (individual relapse prevention sessions as available) designed to help patients continue in their recovery. Because this service is provided for patients who are committed to continuing their recovery, patients may be discharged if they continue to engage in therapy-interfering behaviours.



SAMPLE VIRTUAL PATIENT SCHEDULE (DHP)

*Please note: The Day Hospital Program (DHP) has been fully virtual since March 2020. All groups/individual sessions are subject to change with minimal notice. Meal support is still offered virtually for lunch twice weekly.

Patients receive a personalized schedule when they start Program detailing the time of individual appointments as well as group sessions. Individual sessions usually range from 10 to 30 minutes in length and may be by phone, Microsoft Teams, or Zoom (My Chart). Please see Addendum for virtual care (Appendix 8) for more information. Group sessions are 60 minutes and are via Zoom (My Chart). All sessions except those marked as optional, are mandatory. Patients will need to set aside several hours a day, Monday through Friday, to fully engage in virtual treatment which usually means taking time off work/school. Patients will also need to set time aside each day to complete the homework that is assigned in treatment. Below is a sample patient schedule:

Monday

9:30-10am Nutrition check-in with Dietitian (Telephone)

1:30-2:30pm GROUP Interpersonal Effectiveness with Psychologist (Zoom/My Chart)

Tuesday

10:10-10:30am Medical review with Psychiatrist (Telephone)

12-12:45pm GROUP Meal support (Zoom/My Chart)

1-2pm GROUP CBT with Psychologist (Zoom/My Chart)

Wednesday

9:30-10am Nutrition check-in with Dietitian (Telephone)

Thursday

9:00-10:00 am GROUP DBT with Psychologist (Zoom/My Chart)

11-11:30am Discharge Planning with Social Worker (Telephone)

12-12:45pm GROUP Meal support (Zoom/My Chart)

1-2pm Check-in with Nurse Practitioner (Telephone)

2:30-3pm BCA/Smart Goal with Registered Nurse (Zoom/My Chart)

Friday

9-10am GROUP Nutrition Education with Dietitian (Zoom/My Chart)

1-2pm *optional* GROUP: Self-Image with Psychologist (Zoom/My Chart)

- You are not required to participate in this group, but if you choose to participate you must attend every week.

What to Expect in Virtual Day Hospital Treatment

We offer treatment in five major areas: nutrition, group therapy, medical management, meal support and discharge planning.

Nutrition groups: We offer individualized sessions and groups that allow you to work on food-related concerns. Individual sessions are provided at least twice weekly to address your personal nutrition goals and concerns and to help you normalize your eating. Groups include nutrition education, and group meal support. One of our goals is to help you [re]develop a positive relationship with food.

Psychological therapy: You will participate in psychological treatment in a small-group therapy format. These groups are intended to help you achieve awareness and understanding of eating disorders so that you may learn and apply new coping strategies. The groups are primarily skills-based and include interpersonal, dialectical/cognitive behavioural, and psychoeducational approaches. Psychological groups help you to build skills in many areas including: emotional awareness and insight, coping, healthy relationships and self-esteem. Groups will also help you explore your personal values. As groups are skills-based, there will typically be homework assigned at each group.

Preparing to Join an Intensive Program

This may be the first time you are pursuing treatment for an eating disorder, or you may have participated in treatment before.

Treatment is a significant undertaking and there are good reasons to feel proud of your willingness to take on this challenge.

Patients entering the DHP typically need to put some other responsibilities (e.g., school, work) temporarily on hold because the program is like a full-time job. Treating eating disorders can be very complicated. Our social worker can help you with this.

Patients often find that painful emotions arise when tackling their ED symptoms. This is often because they have used their ED to cope with and cover up painful feelings and/or memories. For some, this process can be scary, especially if they are experiencing certain feelings for the first time. We encourage patients to talk about their feelings in group to get support. Should our patients require more specialized services that are beyond our expertise or resources as a program (e.g., focused trauma treatment, treatment for addiction), we will make every effort to refer patients to appropriate services.

For those with a trauma history, we use a trauma-informed approach. However, our program is not set up to provide in-depth trauma treatment and patients are not expected to talk about the specifics of any trauma they may have experienced. Patients may be asked about how traumatic

life events may have directly or indirectly contributed to the development of their ED and the team will support them.

Medical management: We will review your medical needs weekly and order appropriate medications and investigations as needed.

Meals & Snacks: In virtual care, you are responsible for planning meals and snacks according to your individualized meal plan, completing grocery shopping, preparing and eating your meals and snacks. The dietitian will support you with this during your individual nutrition sessions, and group meal support is offered twice weekly at lunch, with further support available upon request.

All patients will be encouraged challenge a wide variety of foods from all food groups. If you consider yourself vegetarian or vegan, you will be asked to reflect on that choice to determine if it is part of an eating disorder. If it is, we will encourage you challenge your dietary restriction. If you do not ask this question of yourself, then we risk supporting and maintaining your symptoms, making recovery more difficult.

Working Toward Wellness

Accepting treatment in our intensive Day Hospital Program is a first step towards better health.

This step will consist of eliminating your eating disorder symptoms. For those who are underweight, treatment will involve weight restoration.

Recovery does not stop there, but these first steps are essential in order to explore the deeper psychological issues that triggered your illness and keep it going.

We will help you to build coping skills to take the place of symptoms. You will also be encouraged to explore relationship patterns that keep the disorder going.

When participating in virtual care, you will plan for meals and snacks that follow your meal plan, which is individualized by the dietitian. You will be encouraged to challenge foods that you would usually avoid or eat only when having symptoms. Your meal plan on admission will be 1650 kcal per day unless otherwise specified by the dietitian.

Weight change requirements: For those who require weight restoration (i.e., BMI < 20), your meal plan will be adjusted weekly to help you gain 1 to 2 kilograms per week until you reach a healthy minimum weight. Once you reach that goal, the dietitian will reassess your meal plan as appropriate. Please see Appendix 1 for further information.

For individuals who do not require weight restoration (i.e., BMI > 20), the meal plan will be adjusted to a maintenance level to help you reach your set point (natural weight). The focus will then be on

remaining symptom-free to allow your body to find its comfort zone.

Discharge Planning: Discharge planning begins when you start the program. The team will work with you to identify your post-discharge needs and to help you connect with the right supports in the community. The goal of discharge planning is to help you maintain (or continue) your recovery when you have completed your intensive program. Feeling anxious about what will happen after you finish your treatment is normal. Discharge planning is designed to help you work with the anxiety by actively discussing it and planning for it.

Examples of discharge planning activities may include helping you to find a family health provider, community therapist or other health care professionals. Discharge planning can also include discussion about school and work plans, housing and social assistance. You will be coached throughout your stay in the program to reflect on your short and long-term goals for recovery and to share your relapse prevention plan with other group members; this will help you to develop independence.

Patients are welcome to continue seeing their outside individual therapists while in the DHP as long as these appointments can be scheduled outside of group programming. As part of discharge planning, we can help patients who do not yet have a therapist to locate one.

Day Hospital Program Rules

To help patients in their treatment goals, a number of program rules have been developed (see “Patient Commitments”, Appendix 4). At the beginning of treatment, it is normal to feel overwhelmed by all of the program rules and to have questions. It is important to recognize that our rules have been created to help a wide variety of people with eating disorders. For that reason, not all the rules will seem applicable to you right away, but they may be important for someone else. We urge you to consider the possibility that some of your behaviors may be part of your eating disorder even though you haven’t made that connection yet. Please ask us questions! The rules in the DHP may make you feel like the program is trying to control you and that you have no choice. Remember that **our programs are voluntary**. Our goal is to partner with you to help you drive your own recovery. As you make progress in treatment, you will be encouraged to be more flexible about meals and activity levels.

Our program is not for everyone. Readiness for treatment can be a matter of timing. Also, the approach taken in our program does not suit everyone. If you feel that this treatment is not right for you *at this time*, it may make sense to withdraw after discussion with the team. You are **always welcome to reapply to our program after 6 months**. We can also suggest different treatment providers in the community that may better suit your needs.

Our Role as the Team

We are a team of physicians, psychologists, dietitians, nurses, a social worker, a nurse practitioner and healthcare learners. We will all be involved in your care while you are in our intensive programs. We are committed to helping you achieve your recovery goals.

We understand that the decision to enter treatment is not an easy one and our most important goal is to support and encourage you in your recovery. We will empower you by teaching skills and sharing information. We see our relationship with you as a 50-50 partnership: We provide you with the structure, support and guidance (our 50%) and you do the work (your 50%).

Your Role in Treatment

Your role in treatment includes:

- Being an active member of the group. This means opening-up about yourself and being honest about your struggles.
- Helping to support your fellow group members. Being in group-based treatment involves both focusing on your own recovery and supporting others in your groups through active listening and providing feedback in a respectful manner.
- Collaborating with the members of your treatment team. As mentioned above, we provide you with the structure, support and guidance (our 50%) and you do the work (your 50%).
- Setting treatment goals and following through. We will help you set personal goals early in treatment.

Active Participation in Groups: Participating actively in group therapy is not exactly the same as participating in other types of groups, such as social groups or class discussions. Here are some tips on how to get the most out of group therapy through active participation.

- Even when you are not speaking, stay focused on what is going on in group and also on what is going on with your own thoughts and feelings.
- Learn to express your feelings in group, not just your thoughts. Focus your attention on how you feel about what is going on in group and share this with the group.
- Learn to give feedback. This is a skill you can develop with practice. You are not expected to know exactly what to say; respond honestly to what you hear and see.
- Learn to receive feedback from others. Receiving feedback can be just as difficult as giving it. You can learn how to receive feedback and ask for feedback from others.

Attendance: Patients are expected to attend all groups. Patients who need to be absent or late for one of their scheduled groups/appointments, should call the Program receptionist at 613-737-8010 or let a team member know (by e-mail) the reason for their absence or lateness. It is each patient's responsibility to schedule other appointments outside of program time. Some exceptions may apply if discussed with the team in advance.

How to Get the Most Out of Treatment

- You may get the most out of treatment if you try to view it as an opportunity to reflect on your life and focus on making some changes. Currently, your everyday life is arranged to make room for the eating disorder and other behaviours that may not be useful anymore.
- Early in treatment your challenge is to plan each day so that it supports your recovery. This often involves changing how you spend your time.
- Having mixed feelings (i.e., ambivalence) is a normal part of changing. Especially early in treatment, but also at other times, patients commonly feel like returning to their eating disorders and they may consider discharging themselves prematurely. This is often because the process of change is scary, whereas the eating disorder is familiar, symptoms are routine, and serve an emotional purpose. Patients are always encouraged to discuss and work through their ambivalence in groups.
- Commitment to in-group participation and homework: Group treatment requires your participation. Homework is often assigned. You will get the most out of your treatment if you make every effort to actively contribute to group discussions and prioritize completion of your homework each week.
- Try to keep an open mind about what changes you are willing to make. In addition to a focus on managing symptoms and normalizing eating, you will be encouraged to talk about other factors that keep your eating disorder going (i.e., relationships, school/work, etc.).
- We encourage you to be open to receiving feedback from fellow patients and the team. This is not always an easy process, but it is meant to help your recovery.



Other Important Bits of Information

TOH is a Teaching Hospital

The Ottawa Hospital is a teaching centre affiliated with the University of Ottawa. The Regional Center for the Treatment of Eating Disorders is committed to teaching and research. The teaching component involves training students in psychology, social work, nursing, medicine, and dietetics. Patients will be notified when staff or students are observing a virtual group or individual session and will be asked for their consent.

Program Evaluation and Research

We monitor quality of care on an ongoing basis. In addition, we conduct research to improve the understanding of eating disorders and their treatment. All patients are given questionnaires at the consultation, as well as before, during, and after treatment. Patients will be asked to decide if they consent to having their questionnaires included in research.

For further information about services at The Ottawa Hospital, visit: www.ottawahospital.on.ca.

EDP Survival Guide: The Appendices

Appendix 1 – Meal Plan Guidelines

Appendix 2—Self-monitoring form

Appendix 3 – The Distress Tolerance Kit

Appendix 4– Patient Commitments [Program “non-negotiables”]

Appendix 5– Other Resources

Appendix 6 – Phases of Recovery

Appendix 7 – Confidentiality Agreement

Appendix 8 – Addendum for Virtual Care

Appendix 1 – Meal Plan Guidelines

In virtual care, you are responsible for planning meals and snacks according to your individualized meal plan, completing grocery shopping, preparing and eating your meals and snacks. The dietitian will support you with this during your individual nutrition sessions, which are offered at least twice weekly. Group meal support is offered twice weekly at lunch, with further support available upon request.

The admission Meal Plan will start at 1650 kcal/day unless otherwise specified by the dietitian, and as you progress in DHP your meal plan will be individualized by the dietitian. For those who require weight restoration, the Meal Plan will be adjusted weekly to help you gain 1.0 -2.0 kg/week until you reach your target weight. The focus will then be on remaining symptom-free to allow your body to find its comfort zone.

Please note that although we have listed calories here as a point of reference, our program actively discourages calorie-counting. Instead, we monitor your consumption in the form of “exchanges”, or units of food. Similarly, the treatment team will monitor your weight restoration on a weekly basis in terms of Body Mass Index, which is a height-to-weight ratio. You will be asked to weigh yourself once per week under the supervision of the dietitian, but you are discouraged from weighing yourself outside of these weigh-ins (i.e. more than once per week).

All patients will be encouraged challenge a wide variety of foods from all food groups, to include foods that you would usually avoid or those that you use only when having symptoms. If you consider yourself vegetarian or vegan, you will be asked to reflect on that choice to determine if it is part of an eating disorder. If it is, we will encourage you challenge your dietary restriction. If you do not ask this question of yourself, then we risk supporting and maintaining your symptoms, making recovery more difficult.

Upon admission to the DHP, patients will receive a self-monitoring form which is to be used to document all food and beverage intake, as well as all eating disorder symptoms. You are also encouraged to practice identifying emotions and triggers using the self-monitoring form. You will be required to submit this form to the dietitian every day, for review during your individual nutrition sessions.

Patients will also be asked to refer to the Normalized Eating Guidelines at meal times, which will be provided to you at admission to DHP.

Appendix 2--Self-monitoring form

Self-Monitoring Form

Date:

Basic emotions to consider when identifying your emotions:

Loving Happy Guilty Angry Sad Fearful

Time	Food & Liquid Intake	Location	* (Binge)	V/L	Situation/Thoughts/Emotions
<i>Document the time of your food intake, or your symptoms</i>	<i>Document all food and beverage intake, including binges</i>	<i>Where did the meal, snack or symptom take place?</i>	<i>Use * to indicate if your food intake was a binge</i>	<i>Use V to indicate if you vomited Use L to indicate if you used laxatives</i>	<i>Use this space to document what was going on during the food intake or during your symptom. What were you doing? What were your thoughts? What were your emotions?</i>

Exercise (time and type)
*If no exercise today, indicate "None"

Appendix 3 – The “Distress Tolerance Kit”

What is Distress Tolerance?

The intensive branches of the Eating Disorders Program are abstinence-based, which means that the goal is to help you get rid of **all** of your symptoms. The team understands that this is very difficult to do because your eating disorder symptoms are there for important reasons [e.g., helping you cope with emotions; behavioral manifestation of the over-evaluation of weight & shape]. We will help you accomplish abstinence by teaching you skills that you can use instead of turning to symptoms.

It takes a long time to learn all the skills in the program. If you are willing, one thing you can start using right away is called *Distress Tolerance [DT]*. This skill is used when you are at immediate risk for having symptoms or doing something that you might regret, which would make things worse overall. Using DT is like clinging to a life raft in the middle of choppy, shark-infested waters until a storm passes. You will be taught DT in “DBT Skills Group”, but *when* it is taught during your treatment depends on where the group is at when you start the program. Because this is an important set of skills that is meant to keep you safe, we recommend that you start to use it right away by following the instructions below.

In order to use DT, you will need to create a “DT Kit”, which is a physical collection of about 10 items that you carry with you **at all times**. If you don’t have it with you, you cannot use it when you really need it; you will rarely know in advance when you will need it!

What to Put in Your DT Kit

There are three main skills that you will learn about in “DBT Skills Group” that will help you to build your kit. Basically, they are skills that help you to “Self-Soothe”, “Distract”, and “Relax”. There are many ideas you might consider adding to your DT Kit that will be discussed in “DBT Skills Group”, but you can think about the following things right away.

1. Find objects that are soothing to the senses [**NOTE**: avoid taste for now because it can be triggering]. For example, Sight: pictures of family/friends, nature videos. Hearing: soothing music, a voicemail from someone important. Touch: a heating pad, a favorite blanket. Smell: package of coffee/tea, favourite soap/lotion.
2. Find things to distract you. For example, use a coloring book, play a game [e.g., crossword puzzle, Sudoku], knit/crochet, write someone a kind note, watch a funny YouTube video, listen to loud music.
3. Find relaxing activities. For example, imagine a “safe place”, use deep breathing/muscle relaxation, find encouraging statements that you can read when you need them.

4. Use cold! Carry a cold pack or ice with you; when distressed or upset, put it on the back of your neck and sit quietly, if possible. If it isn't strong enough, you could consider holding your breath and putting your face in a sink or tub of cold water, or even taking a very cold shower.
5. Reach out. Carry a list of phone numbers of group members and other important people to whom you can reach out when you're distressed or upset.
6. Connect with your goals and your values. Make a list of your non-eating disorder goals in life; list your values that have nothing to do with shape or weight. Look at the list when distressed or upset and ask yourself if using eating disorder symptoms will get you closer to those goals and values.

How to Build Your DT Kit

First, you need to consider what form of kit you would be *willing* to take with you everywhere. What will the container or bag look like? Is it something you would feel ok taking out in public? Second, you need to think about what to put in your DT Kit. Building a proper kit takes a lot of trial and error, so you'll need to be willing to try something out and see what happens. You can get rid of the things that don't work for you. Be creative! Use technology if you're comfortable with it, like a smartphone, an .mp3 player or a tablet. You can also download a DBT app for your device that will remind you to use DT Skills. What works for one person may not work for someone else, which means that your kit needs to be very personal and meaningful.

Remember: you need to build a kit that you can **carry with you everywhere!** Out of the 6 types of things listed above, choose the ones that you think will work best for you and find a way to take them with you. Your kit shouldn't be more than 10 items or you may be overwhelmed by it. If you need help building your kit, you can ask any of the members of the treatment team for help. This isn't an easy job. It's hard to replace behaviours that have been around for a long time. The most important thing is to avoid making the situation worse [i.e., using symptoms to deal with emotions].

Appendix 4 – Patient Commitments [Program “Non-Negotiables”]

**We are committed to providing a safe and confidential environment
of respect and integrity for each patient.**

Patient Commitment	Solutions and Supports	Consequences
I will respect and maintain absolute confidentiality of all personal information shared by both current and past group members [see confidentiality agreement, Appendix 5].	You <i>may</i> share <i>your personal</i> experience of being in the Program but are not permitted to discuss the experience of other group members or their identifying information.	If you breach confidentiality about other patients you will be discharged from the Program.
I will discuss any regular use of drugs (taken for recreational or medical purposes) or alcohol during the course of my treatment.	Staff will encourage you to discuss if alcohol and/or substance use are creating difficulties for you and will help you to problem solve.	If substance use continues to impact your work in group, or if you come to the program intoxicated/high, you will be discharged.
I will use my medication as directed. This means I will take medication at prescribed doses and times. I will not share any medication (prescription or other) with other patients.	If you are using any of your medications inappropriately (taking a different dose than prescribed or sharing medications), meet with staff to identify triggers, consequences and to problem-solve.	If these behaviours continue, you will likely be discharged.
I will discuss any self-harm behaviours that I engage in with program staff. To manage these, I will work on using coping skills that I will learn in the program.	If you are unable to stop self-harm behaviours, meet with staff to identify triggers, supports available, and to problem-solve.	If self-harm behaviours continue, you may be discharged.

We are committed to providing consistent quality of care and to ensuring that all patients have a chance to get the most out of their treatment.

Patient Commitment	Solutions and Supports	Consequences
I will arrive on time and stay for the whole group. I will book external appointments outside of program hours.	If you are often late, meet with staff to identify triggers, consequences and to problem-solve.	If you continue to be late or leave early, you will likely be discharged.
I will actively participate in all groups. This includes completing homework, sharing personal experiences, being attentive and giving and receiving feedback.	Group members will be assessed weekly on participation, motivation and readiness to openly discuss emotional issues. If you choose not to actively participate in groups, meet with staff to identify triggers, consequences and to problem-solve.	You will be consistently encouraged to work on increasing your participation throughout treatment.
Social contact among group members.	We encourage patients to maintain healthy, supportive relationships with other group members. At the same time, we discourage relationships that may get in the way of your recovery and group functioning, such as when relationships become overly close, intense or result in blurred boundaries. Your recovery should be your main focus. Social contacts between group members outside Program hours should be shared the next day with co-patients and staff in group.	
I will turn off and put away my cell phone and other devices during groups and meals.	To avoid distracting yourself and other group members, you must turn off and put away your cell phones and all other devices during groups and meals. Taking photos is also not permitted unless you have permission of the person involved.	
I will plan my use of the bathroom in order to avoid the temptation to have symptoms and/or minimize group disruption.	Bathroom use is expected to take place before meals and snacks in order to avoid the temptation to have symptoms during or immediately after meals. During the rest of the day, bathroom use should take place between groups to avoid group disruption.	

**We are committed to fostering healthy attitudes
toward food, eating and body image.**

Patient Commitment	Solutions and Supports	Consequences
I will allow my weight to be taken each week and as needed.	If you have difficulty with having your weight monitored, meet with staff to discuss concerns and to problem-solve.	If you refuse appropriate weight monitoring, you will be discharged.
I will complete all meals and snacks.	You will be strongly encouraged to complete your meals at the onset of treatment.	If you are unwilling to complete meals, you will be discharged.
I will complete meals within the required time limits (i.e., 20-25 minutes for main course & 10 minutes for dessert).	If you have difficulties achieving this expectation, the staff will coach you and help you to problem-solve. You are strongly encouraged to discuss your concerns in groups.	You will be consistently encouraged to work on the length of time you take to complete your meal throughout your treatment.
I will follow the program Meal Guidelines during my meals (see appendix). This means, for example, that I will not hide food, use excessive condiments, cut food excessively, take very small bites, or drink too much water, etc.	If you have difficulty with any of these behaviours, discuss this in groups or individually with staff to explore solutions and consequences.	If you continue to be unable to follow the Meal Guidelines, you will not experience the full benefit of your treatment and may be discharged.

Appendix 5 – Other Resources

Specialist Treatment for Eating Disorders

Please see EDP team members for an up-to-date list of professionals you can see in the community after your treatment with us. Note: most offer fee-for-service treatment; many accept private health insurance.

Peer Support Groups

Hopewell

Volunteer-led peer support groups for individuals with eating disorders and their families.

Address: Heartwood House, 404 McArthur Avenue, Ottawa, Ontario, K1K 1G8

Phone: 613-241-3428

Email: hopewell@hopewell.ca.

Website: www.hopewell.ca

Lower cost services

Centre for Psychological Services and Research at the University of Ottawa

Psychotherapy provided by psychology graduate students under the supervision of registered psychologists. Flexible fees. **Note: will not see people with active eating disorders.**

Address: 136 Jean-Jacques Lussier (4031), Ottawa, Ontario

Phone: 613-562-5289

Website: www.socialsciences.uottawa.ca/psy/cpsr

Counselling and Psychotherapy Centre at Saint Paul University

Bilingual counselling provided by interns under the supervision of counsellors, psychotherapists, and /or psychologists. Flexible fees. **Note: will not see people with active eating disorders.**

Address: 223 Main Street, Ottawa, Ontario, K1S 1C4

Phone: 613-782-3022

Website: www.ustpaul.ca/en/centre-for-counselling-home_360_697.htm

Counseling Services and Groups

Catholic Family Services

Address: 310 Olmstead, Ottawa, Ontario

Phone: 613-233-8478

Website: www.cfsottawa.ca

Family Services Ottawa

Address: 312 Parkdale Avenue, Ottawa, Ontario

Phone: 613-725-3601

Website: www.familyservicesottawa.org

Jewish Family Services

Address: 300-2255 Carling Ave, Ottawa, Ontario

Phone: 613-722-2225

Website: www.jfsottawa.com

The Walk-in Counselling Clinic

Free counselling services in English, French, and other languages. Clinic hours are available at different locations each day of the week, including evenings and weekends.

Website: www.walkincounselling.com

Readings and Self-Help

We suggest that you look up these books on an internet site such as Amazon, where you can browse the contents. That will help you find something to suit your specific needs. Most can be purchased online through Indigo, Amazon, etc.

Books

Overcoming Binge Eating, Second Edition by Christopher G. Fairburn

The Body Image Workbook by Dr. Thomas Cash

50 Ways to Soothe Yourself Without Food by Dr. Susan Albers

Eating Mindfully by Dr. Susan Albers

Surviving an Eating Disorder: Perspectives and Strategies for Family and Friends by Dr. Michelle Siegel, Dr. Judith Brisman & Dr. Margot Weinshal

The Overcoming Bulimia Workbook by Dr. Randi McCabe, Dr. Tracy McFarlane & Dr. Marion Olmstead

The Food and Feelings Workbook by Karen Koenig

Websites

Douglas Hospital Eating Disorders Program, Montreal

www.douglas.qc.ca/page/eating-disorders-program

Gurze Books

www.bulimia.com specializes in professional and self-help books on eating disorders

National Eating Disorders Information Centre

www.nedic.ca includes its own list of books

Ottawa Community Resources

www.cominfo-ottawa.org

The Regional Centre for the Treatment of Eating Disorders at The Ottawa Hospital

www.ottawahospital.on.ca/wps/portal/Base/TheHospital/ClinicalServices/DeptPgrmCS/Programs/RegionalCenterForTheTreatmentOfEatingDisorders

Appendix 6 – Phases of Recovery from an Eating Disorder

Getting Ready

- Exploring the pros & cons of having an eating disorder
- Understanding where you are in terms of readiness for change
- Seeking care in the community (e.g., from family physician, therapist, etc.)

Medical Stabilization

- Weight restoration
- Medication management as required
- Blood work
- Clinical tests as necessary

Normalized Eating & Behavioural Changes

- Introducing normal eating patterns
- Reducing problematic eating behaviours (e.g., binge-eating, vomiting, exercising, food restriction)
- Facing feared foods, meal outings

Cognitive, Emotional, & Further Behavioural Changes

- Challenging unhelpful thinking & values
- Learning to identify & work with your emotions
- Practicing interpersonal challenges
- Tolerating urges by using skills

Finding Purpose

- Discovering what matters to you
- Exploring hobbies
- Reconnecting socially
- Building healthy relationships
- Exploring academic/career goals

A Brief Note on the “Phases of Recovery from an Eating Disorder”

In the diagram above, you can see a model of how patients might move through treatment. Near the beginning, treatment is focused on determining someone’s readiness and willingness to make change with respect to their eating disorder. Once someone has identified that there is a potential problem [even if they remain ambivalent], the task becomes one of medical stabilization. From there, the focus shifts to normalizing eating, gradually moving towards changing the amount, type and timing of food en route to weight restoration. The psychological work would ideally take centre stage at that point, challenging thoughts, working with emotions, developing interpersonal skills, examining values and dealing with urges. Formal treatment would conclude by focusing on re-integration into the environment by getting back into relationships, school/work, and finding purpose. It should be noted that many of the tasks in the above stages overlap with each other. Sometimes people slip into previous phases and tasks from earlier stages may take longer than anticipated.

Appendix 7 – Confidentiality Agreement

[Patient Copy]

Group Member Statement of Confidentiality

General Statement:

Confidentiality, a trust of privacy or secrecy of communication and information, is the shared responsibility of all group members and their clinician(s). Although a group facilitator will not disclose patient communications or information except as provided by law, there is no law covering what members of a therapy group say to people outside of the group about what goes on in group. Because of that, this agreement is an attempt to provide you and your fellow group members with as much confidentiality protection as possible.

Agreement:

As a member of the Day Hospital branch of the Eating Disorders Program at The Ottawa Hospital, I will not reveal any confidential information that comes to me through any of the group-based activities. In order to participate in the Day Hospital, I will therefore agree to the following terms:

- I will not discuss any information pertaining to any **current or former** group member [incl. patients in other branches of the EDP, such as the inpatients] with family, friends, roommates, significant others or any other person(s) who are not patients in the Day Hospital Program.
- I will not discuss any information pertaining to any group member in any place where it can be *overheard* by anyone not directly involved with the group. This would include avoiding identifying another group member as being a patient in the hospital and/or within the EDP.
- I will not contact any individual or agency outside of The Ottawa Hospital to get personal information about any group member.
- I will not release any information, in writing or orally, regarding any group member to any person(s) or agencies. I understand that in extreme circumstances, such as medical emergencies, it may be necessary to release information to a health care provider without the group member's consent.
- I understand that using any form of social media [e.g., Facebook, Snapchat, Instagram, Twitter, SMS/MMS, e-mail, Skype/Facetime, WhatsApp, etc.] is insecure and therefore public regardless of security options employed. I will not include any information/disclosures by other group members on *any* of my social media platforms. Similarly, I will not take photos while at the hospital because there may be people in them [even in the background] whose confidentiality may be violated inadvertently.
- I understand that violation of these confidentiality principals could result in my discharge from the Day Hospital Program.

By my signature below, I indicate that I have read carefully and understand this agreement and that I will adhere to its terms and conditions.

Signature of Patient _____ Date _____

Signature of Clinician _____ Date _____

Appendix 7 – Confidentiality Agreement

[Clinician Copy]

Group Member Statement of Confidentiality

General Statement:

Confidentiality, a trust of privacy or secrecy of communication and information, is the shared responsibility of all group members and their clinician(s). Although a group facilitator will not disclose patient communications or information except as provided by law, there is no law covering what members of a therapy group say to people outside of the group about what goes on in group. Because of that, this agreement is an attempt to provide you and your fellow group members with as much confidentiality protection as possible.

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By my signature below, I indicate that I have read carefully and understand this agreement and that I will adhere to its terms and conditions.

Signature of Patient _____ Date _____

Signature of Clinician _____ Date _____

Appendix 8-- Addendum for Virtual Care

General conduct while in virtual care:

We understand that it is quite unique to receive therapy in the comfort of your own home. While attending virtual care, we ask the following:

1. Please minimize ANY distractions in your surroundings. Please attend your virtual sessions from a quiet, private location. If there is background noise, please consider using a headset. Please mute yourself when not speaking in group.
2. Please ensure that you are alone when participating in group virtual care. This is absolutely necessary to ensure the privacy of the group and confidentiality for everyone involved.
3. To facilitate better attention and engagement in the group, please consider choosing a location with a desk or table and use a comfortable chair. Have note taking supplies available.
4. While attending your virtual session, please do not engage in other behaviours such as household chores, or other hobbies, e.g., knitting, searching the internet, etc. While it is tempting to multitask, this will inevitably take away from the effectiveness of your treatment.

Social contact among group members while attending virtual care:

We strongly discourage people from socializing outside of group/session times while they are attending virtual care in the Eating Disorders Program. Doing therapy with a friend is very difficult and can get in the way of your own progress. In some cases, socializing with peers who are also receiving help for their eating disorders can be triggering and/or led to symptomatic behaviours on both of your parts. If by chance or design you happen to meet in person or via social media, we ask you to talk about it during the next session.

Phone and texting:

We understand that the urge to use mobile devices may be great while attending virtual care, as you are in the comfort of your own homes. However, these types of distractions interfere with the process of therapy and may be distracting for peers and facilitators. Please reserve your use of all devices (not being directly used for your therapy session) to between sessions.

Use of E-mail to contact EDP team members:

Some team members provide you with their e-mail address for more efficient contact and sharing of documents during your treatment. Please be aware that under no circumstances should you use e-mail to communicate urgent clinical matters or distress. E-mails will not be

responded to immediately and are not monitored outside of regular business hours or on weekends. **For any emergency, please call either the Ottawa Distress Centre (Distress 613-238-3311; Crisis 613-722-6914 or 1-866-996-0991) or 9-1-1; or present to the nearest Emergency room.**