



Contract

Objective: To ensure your safety, prevent inpatient hospitalization and prevent weight loss. Help Client to be free from an eating disorder and enjoy a healthy, active life.

Meals and Snacks

1. Client must eat 100% of meals and snacks as recommended by her doctor at each stage of her treatment. Client's parents or another trusted adult will be present for all meals.
2. All meals and snacks will be chosen, prepared and plated by Client's parents or a person picked by parent.
3. Client will not observe the preparation of any of her meals or snacks, unless the adult preparing the meal or snack says it is okay.
4. Client will finish all meals within 30 minutes. All snacks will be finished within 15 minutes.
5. Client will not negotiate or change the meals or snacks after they have been plated by the parent.
6. Meals include caloric drinks such as milk, Gatorade, juice.
7. Client must have 4 cups of fluid everyday.
8. Lunch at school will be supervised by parent or another trusted adult.
9. Client will start eating within 5 minutes. During this time Client may use distraction, take break, self sooth but then must get back to meal.
10. Each week, Client will have 15 minutes to write down foods/meals that she would like her parents to incorporate into her weekly meal plans.
11. Client will be supervised for 60 min following the meal.
12. When dining out, Client's parents will tell her what exchanges she is working to meet and Bella can pick a meal and see if it meets parent approval or her parents will pick two meal choices and offer them to Bella. This will all be done BEFORE we arrive at the restaurant. If a choice cannot be agreed upon before the outing, they will not go.
- 13.
14. SUPPLEMENTING:
 - a. If Client eats more than 50% but less than 100%, she will drink 1 Boost.



- b. If Client eats less than 50%, she will drink 2 Boosts.

Outcomes for Meals

- If Client does not achieve meal goals above, Client will (insert contingency) until after the next meal is fully eaten.
- In addition to needing to restore weight, Client must also demonstrate that she can complete planned meals at home to continue with the privilege of recovery at home. If Client misses/does not finish/refuses three meals/snacks she will be moved to a higher level of care.

Weight

1. Client will aim to reach/maintain a healthy weight range gaining at least 1-2 pounds each week, based on the treatment team's recommendation.
2. If Client does not gain/maintain weight as predicted by dietary plan and historic pattern or loses any weight, parents will increase the amount of nutrition/food given. If Client gains more than the recommended amounts of weight per week, parents will decrease the amount of nutrition/food given.
3. The treatment team will weigh Client one to two times per week. If the team is unable/unavailable, parents will weigh Client.
4. If Client fails to gain weight for two consecutive weeks, she will be moved to a higher level of care such as day treatment, residential or inpatient.

Activity

1. Client will only do the amount of exercise that her doctor says is safe and healthy for her to do. There will be no rigorous activity unless specifically approved by parents and the treatment team. Examples of rigorous activity includes soccer, running, biking, and exercise in room.
2. Client will not be allowed to participate in _____ if she does not eat a full day of meals and snacks in the day before the activity. Client must also be gaining the recommended





- weight in order to continue to participate in _____.
3. Additional exercise will be approved by the treatment team and parents.

Compulsive Exercise/Moving

Client needs to participate in activities that are NOT related to food, exercise, body image and the like. These other activities are essential to Client feeling good about herself and being happy. She should participate in these activities in a calm way, without fidgeting and without excessive movement. This includes controlling movement and sitting during activities in which sitting is usual.

Suggested activities after meals include:

1. Reading
2. Using electronic devices including TV, iPod/iPad, computer
3. Homework
4. Drawing
5. Etc.

Eating Disorder Behaviors

1. In addition to needing to restore weight, Client must also demonstrate that she can reduce, and ultimately eliminate, eating disorder behaviors such as:
 - I. Not eating certain foods/food groups that were enjoyed prior to eating disorder, such as steak, hamburgers, potatoes, etc. These foods will be introduced at the discretion of parents.
 - II. Counting calories
 - III. Restricting food groups
 - IV. Microbiting
 - V. Picking at food
 - VI. Hiding/spilling/smearing food
 - VII. Negotiating meals,
 - VIII. Refusing food,
 - IX. Over exercising,



- X. Preparing/cooking her food unless her parents agree
- XI. Baking foods she will not eat
- XII. Asking other family members to eat foods they did not request
- XIII. Checking food sites and menus unless asked by parents for a specific purpose
- XIV. Body checking.

Behavior

1. Self-injury/Injury to others/destruction of property will not be tolerated.
2. Isolation will not be tolerated. If Client is in a room by herself, the door must always be unlocked and must be opened immediately upon request by parent or responsible adult.
3. Violent behavior, destruction of property and tantrums will not be tolerated. Any item broken or destroyed by Client that does not belong to her will be replaced and paid for by Client from her savings or future allowances.
4. Screaming, name-calling, disrespectful language will not be tolerated.
5. If threat of self-harm/injury to others/destruction of property, or parent feels at risk for self-harm/injury to others/destruction of property, then the level of home monitoring will increase to appropriate level. This will include losing privacy, losing alone time, or not being allowed to participate in activity that parents feel is too risky.
6. Not responding to parents, sleeping beyond the allowed time, and refusing to talk are considered treatment-interfering behaviors. To parents, these behaviors increase the risk of self-harm/injury to others/destruction of property and may result in higher level of home care.
7. Client will have no home alone privileges until parents feel comfortable and Client has proven she is not a risk for self-harm/injury to others/destruction of property.
8. If parents feel self-harm, injury to others, or destruction of property will happen, or is happening, police will be called for a safety check. Client will be warned beforehand. Once the police are called, they will conduct a safety check, and if Client is deemed unsafe, she will be taken by the police to the hospital or the psychiatric unit where she will be admitted for 72 hours. Once the police arrive, parents do not have control over what is





decided by the police.

Client's Establishment of a Daily Routine:

Estimated Weekday Schedule – when school is in session:

7:00 AM - out of bed/dressed
7:20 AM - breakfast
12:30 PM - lunch plus snack
3:30 PM to 5:30 PM - 2 snacks
6:30 PM - dinner
7:00 PM - shower or homework or free time
8:00 PM - snack
9:00 PM – get ready for bed (10pm on Friday night)
9:15 PM – be in bed. Can read until 9:30. Lights out at 9:30.

Estimated Weekend or Weekday Schedule when school is NOT in session:

Wake up time
20 minutes after wake up – breakfast
11:30 AM - snack
1:00 PM - lunch
3:30 PM to 5:30 PM - 2 snacks
6:30PM - dinner
7:00PM – shower or homework or free time
8:00PM - snack
10:00 PM - bedtime (9pm on school nights)
10:15 PM – be in bed. Can read until 10:30. Lights out at 10:30.

Communication:



1. We will encourage Katie to be knowledgeable about the reasons behind her treatment plan. Katie should ask questions that help her understand these reasons and our path forward.
2. Katie may not negotiate to try to change her treatment plan. Conversations about recovery/treatment or parents rules will be limited to 5 minutes.
3. Her parents will coordinate with her treatment team on Katie's recovery progress and will adjust the treatment plan as necessary.
4. If she has concerns about any aspect of her treatment plan, she should express those concerns to her parents in a calm and mindful manner. Her parents will then clarify the reasons. If her parents need to explain those reasons more than twice, they will remind her that the terms of her treatment are not negotiable, and if Katie persists in asking the same question a third time she will lose her daily reward.
5. Conversations will be stopped if DEARMAN and GIVEFAST communications skills are not being used.

Daily Reward

For each day that Client meets all of her goals:

- Electronic privileges will be maintained
- Occasionally, little cute stuff/knick knacks, choice of family activity, may be rewarded
- \$1 towards a gift card of her choice. She may accumulate her daily \$1 reward toward the balance of this gift card and can redeem the gift card from her parents at any time of her choosing

Weekly Reward

For each week that Client meets all of her goals she will receive one of the following:



- go to a movie with friends or family
- choice of family activity
- get a mani-pedi
- New nail polish
- Coloring/drawing supplies
- Trip to Mall (with Budget)
- Activity Just with Mom or Dad
- Tay Merch
- Bath & Body Works/Lush stuff (with budget)
- Gift cards: i-tunes, bath & body works, etc.)
- Books
- Choice of family activity
- Jewelry

Long Term Reward:

When Client _____ (Ex.'s reaches weight restoration goal, reaches weight restoration goal and maintain for XX months, has followed the above stated contract for XX months)

- New Phone
- Trip Somewhere
- Broadway Show in San Diego
- Decorate Room
- Trip to amusement park



Daily Consequences:

If Client violates any of the rules above, or fails to meet daily goals, he/she will lose the following privileges:

- XX
- XX

Long Term Consequence

If Client is in violation of the contract for 3 consecutive weeks, and/or fails to meet weekly goals for 2 consecutive weeks, then:

- Client will consider increasing treatment or a higher level of care.

Contact will be revisited after 2-4 weeks and modified as needed. Parents reserve the right to modify contract if loopholes are found.

Dad's Signature _____

Date _____

Mom's Signature _____

Date _____

Client's Signature _____

Date _____

