



Developed by UCSD Eating Disorder Treatment and Research Center

### Clients's Contract

**Objective:** To restore Client's health, prevent further higher level of care and prevent weight loss. Help Client to be free from eating disorder and enjoy a healthy, active life.

#### Rewards:

##### **Long, Long Term Rewards (*Treatment Team determines timeline*)**

- Client is allowed to pick and portion meals and snacks
- Client is allowed to start PE/sports at school
- Client has no restrictions on independent time

##### **Long Term Rewards (*100% compliance to contract for 40 consecutive days*)**

- Client is allowed to go to amusement park with her friends for 1 day, no parental supervision
- Client is allowed to go to concert with her friends, no parental supervision
- Client is allowed to have social media on her electronics, no restrictions from parents
  - Parents are still allowed to monitor account
- Client has internet access on her electronics without restrictions
- Client is allowed to prepare and plate, only 1 meal on a given date, for that month, by herself
  - Parents will provide feedback to ensure compliance to meal plan
  - Parents will be present while Client completes meal
  - As Client progresses, parents feedback will attenuate

##### **Weekly Rewards (*100% compliance to contract for 7 consecutive days*)**

- Client will be allowed to perform 1 hour of activity on the weekends
- Client will be allowed to do physical activity for 20 minutes on Tuesdays and Thursdays
- Client will be allowed to go out with her friends, no parent supervision, between meals and snacks
  - Parents are still in charge of plating and presenting meal plan

##### **Daily Rewards**

- \_\_\_\_\_ for NOT negotiating any aspect of the contract
- \_\_\_\_\_ for completing all parent requested chores





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- Other Daily Rewards are captured in the body of the contract

### Meals and Snacks

1. Client must eat 100% of her prescribed meal plan. Client's parents or another trusted adult will be present for all meals. This includes all food on the plate and scraping either bowl or plate to parent or another trusted adult satisfaction.
2. All meals and snacks will be chosen and prepared and plated by Client's parents or a person picked by parent. All condiments (butter, salad dressings, bars, etc.) will be put on the food by parents or person picked by parent.
3. Parents will space out "challenge" foods so that they are not all in 1 meal at once. The list of challenge foods as of the day of this contract are listed at the end of the contract.
4. Client will finish all meals within 30 minutes.
5. Client will not negotiate or change the meals or snacks presented by parent or adult picked by parent, but may ask 1 question or make 1 statement about meal or snack.
6. Client will be supervised for 10 minutes following the meal.
7. Lunch at school will be supervised by parent or another trusted adult.

### Consequences due to not adhering to the above:

- If Client refuses to complete her meal a supplement of Boost Plus will be presented to her per dietitian prescribed amount. She will have 5 minutes to complete and if it is NOT completed it will be rolled over to the next meal or snack and loose daily activity until Boost Plus is consumed.

### Privileges earned for adhering to the above:

Client will be able to earn the following privileges/activities if she is able to complete her meal plan in its entirety,

- **Daily walking privilege** - 10 minutes of light walking, 10 minutes per day...NO LONGER
- **Weekly privilege** - easy hiking, going to the beach, playing at the park, volunteering with the horses or another parent approved activity for 1 hour, if medically approved. Additions to the meal plan for the day MAY need to be made, to be determined by parents.





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- **Monthly privilege** - day at amusement park, or other parent approved request. Additions will need to be made to the meal plan based on parents recommendations for the day.

### **Weight**

1. Client will reach the ideal body weight determined by her treatment team.
2. Client will maintain her ideal body weight after reaching it.
3. If Client drops from her ideal body weight by 4%, parents will modify meal plan accordingly.
4. If Client increases above her ideal body weight by 4%, parents will modify meal plan accordingly.
5. The treatment team will determine Client's weighing schedule.
6. If Client drops by more than 10% from her ideal body weight, Client will be transitioned to a higher level of care.

### **Compulsive Exercise/Moving**

1. Kaite will only do the amount of exercise that her Treatment Team says is safe and healthy for her to do. There will be no rigorous activity unless specifically approved by parents and the treatment team.
  - a. Examples of rigorous activity include: running in place, jumping jacks, crunches, soccer, running, biking, exercise in bedroom, exercise in bathroom, standing for prolonged periods of times, holding yoga poses for long periods of time.
  - b. What is a long period of time in 1.a - 10 minutes
2. Yoga/TRX will be approved by the treatment team and parents.
3. When in the bathroom or in the bedroom, parents can come in at any time, announcing or knocking ahead of time is not required.
4. Parents only need REASONABLE suspicion of secretive exercise for consequences to be applicable.
  - a. Examples of reasonable suspicion: parents observe quickly shifting shadows, voices come from places inconsistent with activity, there is physical evidence consistent with exercise (sweating, flushed cheeks, shortness of breath, etc.)





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### Consequence due to not adhering to the above:

- Bathroom privilege reduction - 20 minute privilege will be reduced to 10 minutes
- Shower privilege reduction - 15 minute privilege will be reduced to 5 minutes
- Bathroom privilege further reduction - 10 minutes of bathroom time, bathroom door opened
- Bedroom privilege reduction - 15 minute privilege getting ready will be reduced to 5 minutes
- Bedroom privilege further reduction - 5 minutes bedroom time, bedroom door opened

### Eating Disorder Behaviors

1. In addition to restoring and maintaining weight, Kaite 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. These foods are also called “challenge” foods, see Meal and Snacks, bullet 3.
  - 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, see Meals and Snacks bullet 1
  - 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

### Negotiations, Respect, & Aggressive Behavior





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 Client will be given 1 opportunity or warning to state or make a request (this is negotiating). If parents agree that conversation requires more than 1 statement, as part of a broader discussion, Client is allowed to have the conversation with her parents in a respectful, calm, and constructive way. If the conversation is emotionally charged, the topic will be further discussed in therapy.

Client will speak and act respectfully to others and self.

**Example:** Client will not talk back, yell, curse, or say offensive things (like name calling or that their actions are...@#%#@#% [expletive]). Client will give appropriate touch to herself and others.

Disrespect Examples:

- Talking back -
- Client refusing to do what is being asked
- Talking down to parents or treatment team members
- Calling Names
- Placing blame

**Consequence due to not adhering to the above:**

Negotiation:

Client will lose her choice of picking from 2 snack options.

Disrespect:

Client loses electronics for day per occurrence.

Yelling or Cursing:

Client loses outing or entertainment for the day.

Any attempt for inappropriate physical contact (lunging toward someone with intent to harm, banging, hitting, etc.): Parent or other will call for PERT or 911.

**Privileges earned for adhering to the above:**

Client will be able to earn the following privileges/activities if she is able to maintain positive behavior:





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 Negotiating privilege after 3 days of not negotiating - Client can earn the right to choose a snack from pre-approved list from dietitian and parents, list of add-ons can be provided if needed on the weekend.

**Daily entertainment privilege** - Netflix, games, App games

**Weekly privilege** - Pick new books, Threading, iTunes gift card, manicure, or other parent approved item

**Monthly privilege** - Drive mom's car, driving test, or other parent approved item

### Behavior

1. Isolation will not be tolerated. Client's bedroom door must remain opened at all times except, during sleep hours and/or while getting ready.
  - a. Sleep hours are defined as: 9PM to 6:30AM on weekdays
  - b. Sleep hours are defined as: 9PM to 8AM on weekends
  - c. Getting ready privileges are defined as: 2 times per day, NO longer than 15 minutes each
  - d. These are all subject to reduction or elimination as a consequence to improper behavior
2. Violent behavior, destruction of property and tantrums will not be tolerated. Any item broken or destroyed by Kaite that does not belong to her will be replaced and paid for by Client from her savings or future allowances.
3. Self-injury/Injury to others/destruction of property will not be tolerated.
4. 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.
5. 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.
6. 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. Kaite 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.





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### **Client's Establishment of a Daily Routine:**

#### Estimated Weekday Schedule – when school is in session:

7:00 AM - out of bed/dressed  
 7:10 AM - breakfast  
 12:15 PM - lunch + snack  
 3:30 PM - afternoon snack  
 6:00 PM - dinner  
 8:30 PM - snack  
 9:00 PM – get ready for bed  
 9:45 PM – lights out

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

8:00 AM - out of bed  
 8:30 AM - breakfast  
 11:00 AM - snack  
 1:00 PM - lunch  
 4:00 PM - snack  
 6:30PM - dinner  
 8:30PM - snack  
 10:30 PM – Lights out

### **Communication:**

1. We will encourage Client to be knowledgeable about the reasons behind her treatment plan. Client should ask questions that help her understand these reasons and our path forward.
2. Client may not negotiate to try to change her treatment plan. Conversations about recovery/treatment or parents rules are limited to 1 question, unless parents concur to extend the conversation, see Negotiations, Respect, and Aggressive Behavior.
3. Client's parents will coordinate with her treatment team on Client's recovery progress and will adjust the treatment plan as necessary.
4. Conversations will be stopped if communications skills learned (DEARMAN, active listening, validation) are not being used.





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**5. See Negotiations, Respect, and Aggressive Behavior.**

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

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Client's Signature \_\_\_\_\_

Date \_\_\_\_\_

