

Eating Disorders Outpatient Contract

An Eating Disorder treatment approach includes a multidisciplinary treatment team with a dietitian, physician, psychiatrist, and psychologists (or doctoral-level psychology intern). These professionals provide treatment options of assessment, nutritional counseling, medical evaluation, psychotropic medication, individual and group therapy as well as referrals to more intensive outpatient and inpatient programs. Although we strive to provide high-quality service, there are times that the above mentioned resources are not adequate for a particular client's needs on an out-patient basis. In this instance, your treatment provider will refer you to an outside service provider, and monitor the referral transfer.

**Initial All That Apply*

_____ 1. Limits of Services

Out-patient services typically consist of a once-weekly appointment by a therapist.

_____ 2. Approach Towards Recovery-making appointments

A multidisciplinary team approach is used in treating eating disorders. This means participating in treatment for an eating disorder involves attending therapy sessions (group and individual) as well as nutritional and medical appointments. I agree to make these appointments. I also realize that being pro-active in scheduling these appointments is critical in guaranteeing I will be seen. I also agree to make recovery from an eating disorder one of my top priorities, understanding that at times I may have to make sacrifices and/or try new things that may be unfamiliar. I also understand that it may be necessary to sign consent forms allowing my various treatment providers to consult one another to assure the best care possible.

_____ 3. Specific Criteria for Eligibility

I understand that there are certain requirements to meet in order to be treated on an out-patient basis. These include, but are not limited to, the following:

- a. High level of "self-motivation" to work toward reducing eating disordered behavior is present. This includes a willingness to sign informed consent, appropriate release of information forms, and a treatment contract.
- b. Not at a precariously low body weight. BMI (Body Mass Index) consistently ≥ 17.5 . Body weight guidelines may fluctuate depending on athlete status and metabolic changes.

- c. Not currently abusing drugs or alcohol (note: check history for drinking and drug use that may be episodic in nature). If substance abuse is suspected, client must do a more extensive substance abuse screening.
- d. Assessment of electrolyte battery from a medical doctor does not indicate that client requires inpatient treatment for metabolic abnormalities (such as persistently low potassium that has been unresponsive to outpatient treatment). Also, there is no evidence of cardiac compromise.
- e. Not currently using medication to induce vomiting.
- f. Not consistently vomiting more than four times daily.
- g. Not currently using laxatives in quantities over the prescribed amount. If laxatives are being used, client must agree to discontinue use of them as directed by the physician.
- h. Not over exercising. This will be determined on an individual basis by the treatment team. For athletes, this is defined as exercising above and beyond practice and conditioning times.
- i. Clients who have a mood disturbance that co-exists with the eating disorder and/or predates the eating disorder must address the mood disturbance in treatment and may be referred for medication.

4. Nutritional Counseling

Participating in nutritional counseling is a necessary part for treatment. If possible, I agree to attend an initial nutritional counseling session and have follow-up as suggested by the nutritionist and therapist.

5. Commitment to Stay Alive

By participating in this outpatient care, I make an agreement to stay alive. I agree that I will not engage in self-harm behaviors by acting on suicidal thoughts or self-injurious behaviors. If at anytime I feel unable to keep myself from harm, I will go to the nearest emergency room, or call 911.

6. Psycho-educational Information

As part of recovering from an eating disorder, I understand that it is important for me to know some information about eating disorders such as medical complications, body image concerns, and dietary information. I agree to read the psycho-educational packet and information about treatment rationale provided to me by my therapist. I also have read and understand the informed consent form, agree to provide appropriate release of information forms.

7. Between Session Goals

As part of treatment, my therapist and I will set realistic, weekly goals to work on between group or individual sessions. I also agree to put forth an effort to reach these goals.

____ 8. Group Attendance

Attending an eating disorder group may benefit my efforts in recovering from an eating disorder. If suggested by my therapist and if my schedule permits, I will try to attend an eating disorder group in the community (if available). If I have never attended a group before I realize this may be difficult, but I agree to attend at least twice.

____ 9. Contract Agreements

If I am unable to adhere to the initialed parts of this contract, I understand that I may require more intensive treatment. I am willing to seek more intensive treatment elsewhere and to involve significant others (i.e. family) to help in obtaining these alternative services. My treatment provider will assist me by providing crisis management services and by locating outside agencies/referrals that may help me get the appropriate level of care for my eating disorder. However, it is ultimately **my responsibility to obtain treatment.**

____ 10. Additional Agreements

I understand all of these requirements and agree to follow them.

Clients Signature

Date

Therapist Signature

Date