

HOME-CARE PROGRAM
FOR RECOVERY FROM BULIMIA NERVOSA

by Frank D. Young Ph.D. R. Psych.1[1]

Bulimia Nervosa is an emotional and behavioral disorder that involves fasting and other distorted eating patterns, purging through excessive exercise and/or self-induced vomiting, rigid and rulebound thinking patterns, and other emotional disturbances.

This home-care program is an attempt to provide the structure of a hospital-based monitoring program except, that the people involved are family and friends of the identified patient (IP). The intent is to assist the IP in regulating her nutritional intake to have balanced and adequate meals and snacks to reduce the physiological need for bingeing, and to curtail the habit of purging. It is designed to be brief and intensive, involving tapering of close monitoring and support as soon as advisable.

1. **REGULAR EATING OF BALANCED MEALS.** We use the Canada Food guide as our guideline in presenting 3 meals and 1 or 2 snacks a day. Each meal should have a representative of the 4 main food groups (meat/fish, veggies/fruits, potato/rice/grains, and milk/cheese/yogurt). Whenever possible, these should be consumed at regular intervals each day, with no gaps longer than 4 hours. The IP should eat what is prepared. Although she can be involved with menu planning and/or food prep, the family should not cater to her needs or food fussiness. On most days there should be at least one attempt to break through food fussiness by eating a despised food.

2. **DIRECT VISUAL SUPERVISION NEEDS TO ENSUE FOR 3 HOURS AFTER EVERY EATING OCCASION TO PREVENT VOMITTING.** At the beginning of the program this means virtually constant visual supervision. Visits to the bathroom require

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that the door remain open, with only the slightest visual screening for modesty re elimination functions. The sink tap is not allowed to be turned on until the monitoring person comes into the bathroom. This still could let the IP vomit quietly into the toilet, which the IP is on an honor system to refrain from doing. If we find that a violation has happened then the IP loses her right to visual privacy for all bathroom functions (Sorry, but it's necessary).

3. AFTER DAY 1 OR 2, with no violations of the program, THE IP NEGOTIATES WITH THE TREATMENT TEAM TO SHORTEN THE MONITORING PERIOD. THIS SHORTENING (by half-hour increments) DOES NOT PROCEED UNLESS EVERYONE IS IN AGREEMENT. In the event of disputes or deadlocks, the Therapist can be consulted by telephone. If unavailable, full monitoring remains in place until successfully renegotiated.
4. AFTER A SUCCESSFUL FIRST WEEK, monitoring can be further reduced down to a half-hour after each eating occasion. If the IP and her team are confident, there may even be some times when there is no monitoring at all.
5. DURING THE COURSE OF THE PROGRAM THE IP WILL ATTEND TWICE-WEEKLY THERAPY SESSIONS. At least one of those sessions will involve a team member giving a report and progress update.
6. THIS PROGRAM IS VOLUNTARY BY THE IP, AND IS PROVIDED AS A SUPPORT TO HER. She needs to agree to act in good faith to accept the terms of the program, even though at times her privacy will be compromised and she will occasionally be eating foods she dislikes. The best way to ensure cooperation is to have the IP and all the support team sign and date this outline as if it were a contract.
7. ANY VIOLATIONS OF THIS CONTRACT ARE INVITATIONS TO GET BACK ON TRACK IMMEDIATELY and tighten up whatever laxity allowed for a slip to occur. Repeated or persistent violations can lead to the termination of the program, and a discussion about other options and general readiness for change.

