

Contract Form for a Home-Care Behavioral Weight-Gain

Program for Anorexia Nervosa

This program can be offered to a voluntary client with the help of friends and family. It usually needs the assistance of an available and firmly supportive experienced therapist to consult to the team and offer individual therapy to the client.

Weight Gain Home Care Program

Client Name: _____

1. Team Captain or Designated Parent _____

does weekly weigh-in of the client on bathroom scales, in the morning before breakfast and after voiding. Client should be dressed lightly in the same attire for each weigh-in. The captain may need to check for hidden weights.

2. If there is a gain of 0-2 lbs. (0-1 kg. if metric), then

there are no restrictions on activity except usual household rules (e.g., curfews, schedules, etc.).

3. If client gains 0-2 lbs., then she is confined to house and

yard for the next week, except for designated time attending school or work.

4. If there is a loss of weight, then the client is confined to her room for a week. The family is to arrange for constant supervision, especially around bathroom use (e.g., bathroom door open to prevent vomiting, bedroom searched thoroughly for laxative stash, etc.).

5. When minimal healthy weight range of _____ lbs. has been reached , then client may choose to stabilize at that weight if desired.

6. Weekly weigh-ins will then ensure that the minimal healthy weight is maintained.

7. If the client drops below that weight range, (s)he will go back to house confinement (see point 3) for the following week, and will remain on the program as outlined until the minimum healthy weight range is achieved.

We, the undersigned, agree to adhere to these conditions to help _____ escape the starvation cycle and recover from her disorder.

Client: _____

Designated Team Captain: _____

Other Family or Friends: _____

Therapist: _____

Dated: _____

WEIGHT GAIN HOME-CARE PROGRAM: SOME ADDITIONAL NOTES

Team Captain Responsibilities:

1. The designated team captain of the home care program must be someone other than the client herself.
2. The team captain or co-captains will arrange meetings of the team and schedules and tentative standby schedules in anticipation of all possible outcomes based on the weekly weight-in, including back-up staff in case the primary helper is unable to do his shift.

3. In the event of dispute or disagreements about the interpretation of the program, the captain may consult the psychologist for guidelines. The psychologist will do everything reasonable to be available for consultation.

Team Member Responsibilities:

1. Arrive promptly at the scheduled shift time and come prepared with reading materials and other things that you can do easily that will not disrupt the client household.
2. Ensure that client stays within house and yard and does not do more than minimal household duties, including cooking. Strongly discourage work or exercise, if necessary calling the team captain if client is defiant.
3. Team member is to keep talking and socializing to a bare minimum. **This is not a social visit.** Socializing and entertaining consume energy. Go back to your reading and advise the client to stay quiet and conserve her energy.
4. Do not attempt to be a therapist or advisor to client, or you will likely become entangled in unproductive conversations.
5. Do not tell the client to eat; that is her job. No begging, threatening, bargaining, pleading, coaching, coercing etc. Merely make sure that food is available for her to consume.
6. While listening to client's complaints regarding her misery, gently redirect her to her job: gaining calories while conserving energy.
7. At the end of your shift, let the team captain know of any irregularities in client behavior (especially excessive talking or attempts to exercise) on your shift.

When client is confined to her room:

1. Client is relieved of all household duties.

2. Phone calls are screened with callback limited to no more than 20 minutes per day in total. Talking and thinking consumes energy.
3. Ensure that moderate to high calorie food is available at frequent intervals for client's consumption. Do not try to cater to her tastes and wishes in the greater hope that she will eat.

This program has been used successfully in over 20 cases seen by the author. While much less expensive than hospitalization, it has the advantage of an "intervention" involving key people in the client's intimate circle, so it is much more likely to 'stick' as an enduring change, more resistant to relapse. However, it is emotionally strenuous for all involved, especially as the client herself tests the limits of the structured system with her friends and family members.