

## 4NW

# Eating Disorders Inpatient Unit

## *Agreements For Being on the Unit*

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## **Why do we have guidelines for being a patient on the unit?**

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The staff on this inpatient unit are committed to helping you get well. We are partners in your care. When you come to stay with us, you are committing to take an active part in your care. As part of this commitment, some aspects of your care here are required. These requirements are designed to support your recovery and to be fair to all our patients. They cannot be changed or negotiated. We call these ‘the non-negotiables’. We have created this document to explain these requirements.

These non-negotiables exist so that we have clear communication, consistency and fairness in treatment. They provide the opportunity for patients to make choices about their treatment. These non-negotiables allow both staff and patients to be clear and open about what is expected and what happens if these expectations are not met.

Patients, families and care providers all took part in developing these non-negotiables. We based them on current medical and scientific research. The non-negotiables are aimed at giving patients more control over their treatment. They also help us provide the highest possible quality of care.

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\* Throughout this book, the term ‘team’ is used. We define ‘team’ as 2 or more clinical staff members.

# Passes

## Purpose

Passes are part of treatment on 4NW. A pass is time away from the unit. A doctor's order is needed for a pass. We want our patients to work on therapy-related goals while they are away from the unit. Passes give patients a way to practice their ability to handle stress away from the structure of the unit.

## Goal behaviour

Patients will use passes to work on therapy-related goals. These guidelines apply to all our patients. They are non-negotiable.

## Requirements for passes

- A doctor's order is required before we can give a pass.
- Phase 1 patients are eligible for passes after completing 2 weeks of the program. Passes are for fresh air and/or a snack.
- Phase 2 patients are eligible for passes after completing 1 week of the program.
- Patients must be medically and psychiatrically stable to be eligible for passes. A doctor will decide this.
- Passes will be held if a patient engages in self injurious behaviours or voices suicidal urges, plans, or intent. This means a patient will not be allowed to leave the unit. This is to keep patients safe.
- If there is a change in a patient's level of thoughts about suicide or self-harm, passes will be held until the patient can be re-evaluated by the team. This is to keep patients safe.
- Completion of 100% of meal plan and/or replacing as needed is required. Replacement to be completed by evening snack. Refer to the section called "Follow the 'promoting health' meal plan".
- If a patient is below a BMI of 20, and it is medically appropriate, they need to gain at least 1 to 2 kg per week. Refer to the section called "Follow the 'promoting health' meal plan."
- If a new patient has not been on the unit for a full week before the weekly weigh day and they do not make the 1-2 kg weekly weight gain requirement, they may be re-weighed at 1 week after admission to see if their weight gain is appropriate.
- After the first week, all weights will be taken on Mondays only and a weight gain of 1 to 2 kg each week is required for a pass.

## When we hold passes

We may hold passes under certain circumstances. This means a patient is not allowed to leave the unit.

- If a patient engages in eating disorder behaviours.
- If a patient is unable to attend groups or leaves during a group.
- If a patient misuses substances.
- If the team decides that it is necessary.

# “Explore and Plan” Worksheet

## Purpose

In difficult situations you may experience distressing thoughts, feelings and beliefs that can affect you and how you behave. Sometimes they can even impact how you approach treatment or the way you live your life. In these situations it may be easiest to try and avoid your distressing feelings and beliefs or to “act out” in response to them. This may not be a healthy way to cope.

The team will ask you to use this worksheet to reflect on behaviours which are interfering with your therapy. Examples of these behaviours include but are not limited to, leaving group without staff direction, refusing meal plan completion, and engaging in eating disorder behaviours.

This worksheet will help you reflect on your distressing thoughts, feelings and beliefs and create a plan to cope with them in a healthier and more effective manner.

**Nutrition**     **Group attendance**     **Safety**     **ED Behaviours/action**

**Other:** \_\_\_\_\_

**What was the behaviour or action?**

**What were the possible triggers or events that led up to it?** \_\_\_\_\_

**How did I feel before the behaviour or action?** \_\_\_\_\_

**What were the thoughts I was having before the behaviour or action?**

**What did I gain from the behaviour?** \_\_\_\_\_

**What were the negative outcomes for me?** \_\_\_\_\_

**For others?** \_\_\_\_\_

**What can I do in the future when I feel this way? (*before* the behaviour or action)**

**What I will do next:**

**Patient Name:**

**Patient Signature:**

**Date:**

**Staff Persons Initials:**

## Setting SMART Goals

### Purpose

Goals are important to help give direction and encourage growth in exploring recovery. Treatment is often overwhelming. This can make it difficult to narrow down, realistically, what the most important treatment goals are. Setting SMART goals and working towards them is non-negotiable.

### Goal behaviour

There are four areas within recovery that patients will set goals around and work towards during their stay on the unit. Patients will develop one SMART goal from each category listed below.

- Nutritional
- Psychological
- Self-care/leisure
- Interpersonal

These are called SMART goals to remind you that each goal needs to be:

- S**pecific
- M**easurable
- A**ttainable
- R**ealistic
- T**imeable
- Consider: WHAT, WHERE, WHEN and HOW

## **Setting SMART goals, *continued***

Patients will use the Patient Participation Rounds to discuss how they are achieving their SMART goals. SMART goals are reviewed every Tuesday during patient participation rounds. Patients will have an opportunity to work on their SMART goals during the weekly “Goals and Victories” group. Patients who apply for phase 2 of the program will also write their SMART goals on their application. We will review SMART goals on an individual basis as needed.

### **Outcomes for not working towards goals**

Should a patient choose not to set or work towards their SMART goals, they can expect the following to occur:

- SMART goals will be discussed one-to-one to identify areas of strength, challenge and motivation.
- Passes off the unit may be held. This means the patient will not be allowed to leave the unit. This time will be used to help the patient re-evaluate their goals.
- If the patient continues leaving goal-related challenges incomplete, we will look at a plan for discharge with recommendations for appropriate supports.

## **Attending Group**

### **Purpose**

Group attendance and participation is an important part of treatment on 4NW. Patients and staff have worked together to develop participation guidelines that ensure groups are safe, supportive and therapeutic. Patients are expected to attend all groups and stay until the group finishes. Patients coming and going can be distracting and disruptive. Group attendance and participation is required. It is non-negotiable.

### **Goal behaviour**

Patients will attend and stay in all scheduled groups unless otherwise directed by a team member.

### **Outcomes for not attending group or leaving during a group**

Should a patient choose to leave or not attend groups, they can expect the following to occur:

- Patients will not attend the remainder of the group they left. Patients will stay in their room during future groups, until the team can re-assess the appropriateness for returning to groups.
- Patients will complete an “Explore and Plan” worksheet. A team member will review this worksheet with them. Patients will return to groups once the “Explore and Plan” is complete and the team has agreed group attendance is appropriate.



- Passes will be held. This means patients will not be allowed to leave the unit until re-assessed by the team.
- The team will talk to the patient about either continuing to attend groups or about following an individualized treatment plan.
- If patients are continuously unable to attend group or consistently leave during a group, we will look at a plan for discharge with recommendations for appropriate supports.

*\* If you have left a group to use the washroom, please refer to the 4NW Washroom Guideline below.*

## **Washroom Use on 4NW**

4NW is a supportive environment that enables patients to interrupt eating disorder behaviours and focus on exploring new ways of coping. Guidelines have been set on washroom usage to support patients who struggle with urges to purge or dispose of hidden food items during and following meal times. To discourage these eating disorder behaviours, the washrooms on 4NW are closed during all meals and snacks on the unit and for one hour afterwards.

### **What if I have to use the washroom when the washroom is locked?**

We understand that there are some situations when some patients are unable to manage two hours without using the toilet (particularly if they are receiving extra fluids or bowel medications). While we want patients to be comfortable enough to focus and engage in groups, having them leave to use the washroom is disruptive and does not fit within the program's group guidelines.

In order to maintain support around washroom use, patients may ask for washroom support directly after meals. This will involve a nurse standing in the doorway of the washroom and patients allowing the nurse to flush the toilet. If a patient consistently flushes the toilet before a nurse is able to observe the contents or there is concern that a patient may be purging, that patient will require direct supervision while using the toilet.

### **What if I need to use the washroom during a group?**

Patients always have the choice to leave a group to use the washroom. Please be aware that if you do leave a group, you will be unable to rejoin for the duration of that session. You may still attend the next group unless there is a pattern of leaving group to use the washroom. It is not appropriate for patients to use washroom breaks to avoid difficult or challenging group topics or conversations. If a pattern arises, the team will discuss each individual case, and assess when it is appropriate for an individual to resume groups.

## Shower usage

To ensure meal times remain on schedule, there are certain times when the shower will not be available. For this reason, the shower is not available 15 minutes prior to all meals and snacks. Just like the washroom, the shower is closed for one hour after meals and snacks. In an effort to make the unit a safe place for patients, the shower is also closed during evening shift change at around 7:00 pm. This closure is because there can be less staff available during this time.

Patients are welcome to shower in the morning, after groups or in the evening.

## Attending Meals

### Purpose

Meal and snack time is an important part of treatment on 4NW. We ask that patients attend all meals and snacks. We ask that patients stay at the table until the meal is finished for everyone. Patients may leave snack once they have completed their snack and receive permission from the meal support person. Meal table engagement/conversation is encouraged. Patients coming and going can be distracting to others and disruptive to the meal environment. Meal table and snack attendance is required.

### Goal behaviour

Patients will attend all meals and snacks. Patients will stay at the meal table until staff directs them to leave. This is non-negotiable.

### Outcomes for not attending meals or snacks

If patients choose not to attend a meal or snack, or leave the meal table without direction from staff, they can expect the following to occur:

- Patient will take a nutritional supplement (in exchange for unfinished items on their tray). The floor nurse will support the patient in doing this.
- Patient will be asked to remain in their room during meal times and complete their meals independently with nursing support until re-assessed by the team.
- Patients will not attend groups until re-assessed by the team.
- Passes will be held until re-assessed by the team. This means the patient will not be allowed to leave the unit.
- Patient will complete an “Explore and Plan” worksheet which they will review with a member of the team.
- Patient will return to full program after they review the “Explore and Plan” with a team member and the team has re-assessed whether it is appropriate for a patient to return to the meal table.
- The team will discuss with the patient the recommendation to either to resume attending meals and snacks at the table, or follow an individualized treatment plan.
- If a patient is continuously unable to attend meals or snacks, or consistently leaves during meals or snacks, we will look at a plan for discharge with recommendations for appropriate supports.

# Follow the “Promoting Health” Meal Plan

## Purpose

Nutrition therapy provides patients with an opportunity to learn how to feed their bodies and become healthy.

## Goal behaviour

Patients will complete 100% of their meal plan (MP) and/or nutrition supplement replacement. This is non-negotiable.

## Outcomes for not completing or replacing 100% of meal plan

If a patient does not eat their full meal plan or chooses not to drink the nutritional supplement to replace for their unfinished meal, they can expect the following to occur:

- We will ask the patient to complete an “Explore and Plan” worksheet and review it with a team member.
- Passes will be held until the replacement drink is taken. This means the patient will stay on the unit.
- Patients are given until evening snack to complete the replacement drink.
  - If a patient chooses not to complete their replacement drink by this time, they can expect the following “subsequent time outcomes” to occur.

## Outcomes for subsequent times of not completing or replacing 100%.

If a patient chooses more than once not to eat their full meal plan or drink the nutritional supplement to replace for their unfinished meal, they can expect the following to occur:

- We will ask the patient to complete an “Explore and Plan” worksheet and review it with a team member.
- Passes will be held until their replacement drink is taken. This means the patient will stay on the unit.
- The patient will not attend groups until their replacement drink is taken.
- Patients are given until evening snack to complete their replacement drink.
- If the behaviour continues we will look at a plan for discharge with recommendations for appropriate supports.

## Increasing Body Mass Index (BMI)

### Purpose

Part of becoming healthy is working towards a healthy BMI.

### Goal behaviour

If the patient has a BMI below 20, the goal is to gain 1 to 2 kg each week. This is non-negotiable.

### Outcomes for not achieving weight gains

If the patient does not gain the appropriate amount of weight in a week or is medically unstable (for example low blood sugars), they can expect the following to occur:

- The patient will meet with the dietitian to discuss their meal plan to address their increased nutritional needs.
- Passes will be held for one week. The patient will not be allowed to leave the unit during this time.
- If patient is unable to meet weight gain requirements repeatedly, we will look at a plan for discharge with recommendations for appropriate supports.

## Self-Injury and Suicidal Intent

### Purpose

It is very important that we keep our patients safe. We take self-injury and suicidal intent very seriously. At the same time, we want to encourage our patients to take personal responsibility for their own behaviour. We want to encourage patients to learn from their behaviour and develop new coping strategies. Part of this process is completing a “4NW Safety Explore and Plan”.

We want to ask our patients what they need and give them opportunities to practice different ways to cope. We will help patients learn to express and tolerate their uncomfortable feelings. We will provide activities that will help reduce ineffective ways of coping. Patients will be asked to engage in these activities. This is non-negotiable.

### Goal behaviour

Patients will approach staff to express and explore their negative thoughts, feelings and beliefs instead of engaging in self-injurious behavior or suicidal intent to communicate their distress.

## **Outcomes for engaging in self-injurious behaviour or suicidal intent**

The first time a patient chooses to engage in self-injurious behavior or suicidal intent, they can expect the following to occur:

- We will search the patient's room to make sure they are safe. We will take out any belongings that may be a safety risk.
- We will take out all sharp objects. The patient will not have any access to anything sharp. This is to ensure patient safety.
- We will continue to frequently monitor the patient to see how they are doing. If needed a patient may have one-to-one care with hospital staff. This is to ensure patient safety.
- The patient will stay in their room for debriefing and re-evaluation by the team.
- The patient will have all meals and snacks in their room until re-evaluation by the team is completed.
- Passes will be held. This means the patient will not be allowed to leave the unit. The team will continue to evaluate the patient. The team will determine when it is safe for the patient to resume passes.
- The patient will not attend groups and will remain in their room during group time. This is done to give patients time with team members and an opportunity to complete the "4NW Safety Explore and Plan" worksheet.
- We will ask the patient to complete a "4NW Safety Explore and Plan" worksheet. The patient will review this worksheet with a team member.
- The patient will go back to full program once their "4NW Safety Explore and Plan" has been completed and reviewed with a team member.
- The patient will also need to show that they can manage their dangerous behavior and/or suicidal intent before they go back to the full program. The team will determine when the timing is appropriate and discuss this with the patient.

## **Subsequent outcomes for engaging in self-injurious behaviour or suicidal intent**

If a patient chooses to engage in self-injurious behavior or suicidal intent more than once, they can expect the following to occur:

- Repeat all first time outcomes.
- If self-injury behaviour or suicidal intent cannot be managed on the unit, the patient may be moved to another unit where they can be safe and they can be psychiatrically stabilized.
- If self-injurious behaviour or suicidal intent continues and the patient is medically and psychiatrically stable, we will look at a plan for discharge with recommendations for appropriate supports.

## 4NW "Safety Explore and Plan"

**What was the unsafe thought or behaviour?**

**What were the possible triggers, events or thoughts that led up to it? \_\_\_\_\_**

**How did I feel before the unsafe thought or behaviour? \_\_\_\_\_**

**What did I gain from engaging in the unsafe thought or behaviour? \_\_\_\_\_**

**What were the negative outcomes for me?**

**For others?**

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**What can you do in the future when unsafe thoughts or behaviours come up?**

Please research new ways to cope and write about how you can use healthy coping mechanisms rather than engaging in unsafe behaviors or thoughts.

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**Patient Name:**

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**Patient Signature:**

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**Date:**

**Staff Persons Initials:**

# Suicidal Thinking

## Purpose

Suicidal thinking (also known as “suicidal ideation” or expressing the thought of wanting to die or kill oneself) may arise as an unhealthy coping strategy used to avoid negative thoughts, feelings and beliefs. Even if there is no intent to act on the suicidal thoughts they still represent a state of increased distress. Patients who experience new suicidal thinking or an increase in suicidal thoughts will be expected to inform the care team and explore different ways of coping beyond the suicidal thoughts themselves.

## Goal behaviour

Patients will approach staff to express and explore their negative thoughts, feelings and beliefs instead of using suicidal thinking as a way to communicate their distress.

## What happens if there is a change in a patient’s level of suicidal thoughts

If we find a change in a patient’s level of suicidal thoughts, the following outcomes will occur:

- Passes will be held until the patient can be re-evaluated by the team. This usually happens during rounds on the next business day. This means the patient will not be allowed to leave the unit. This is for their safety.
- The patient will be asked to complete an “Explore and Plan” worksheet. They will review this worksheet with a team member.
- The patient will complete thought records worksheets (see next page) to review with the team.
- The patient can attend group as usual.
- The rest of treatment will go on as usual.



## Thought Record

<p><b>Situation</b> Who were you with? What were you doing? When was it? Where were you?</p>	
<p><b>Moods</b> Describe each mood in one word. Rate intensity of mood 0 to 10.</p>	
<p><b>Automatic response</b> What was going through my mind before I started to feel this way? What does this say about me? What does this mean about me? My life? What am I afraid might happen and is it true? What does this mean about how others think about me? What memories do I have of this situation?</p>	
<p><b>Evidence that supports the thought</b> Circle thought in previous column for which you are looking for evidence to support this conclusion. Avoid mind reading and interpretation of facts.</p>	
<p><b>Evidence that does not support the thought</b> Think of evidence that does not support this thought.</p>	
<p><b>Alternative/balanced thoughts</b> Write alternative or balanced thoughts. Rate how much you believe in each alternative or balanced thought 0 to 10.</p>	
<p><b>Rate moods now</b> Copy the Moods from row two. Re-rate the intensity of each feeling from 0 to 10, as well as any new records</p>	

# Misusing Substances

## Purpose

As patients work towards recovery they will experience a range of thoughts and emotions. Some of these will leave patients feeling vulnerable and distressed. Before treatment some patients may have turned to substances to cope with this distress.

Drugs and alcohol interfere with treatment and can interact with prescribed medications.

We expect that patients will not use any substances while they stay with us. This applies to everyone whether they have used substances before or not. It applies when patients are on the unit and when they are off the unit on a pass. This is non-negotiable.

## Definition of substance misuse

We define substance misuse as intentional ingestion of a non-prescribed substance.

“Substance” includes alcohol, recreational drugs, non-approved medication (prescription or over-the-counter) or non-approved supplements. This is independent of the effect the substance has on patient’s state of mind or behaviour. The policy includes laxatives and artificial sweeteners. It does not include caffeinated beverages and nicotine.

## Outcomes for misusing substances

If a patient chooses to misuse substances, they can expect the following to occur. These outcomes apply if we suspect misuse or confirm it.

- We will ask the patient to go to their room. The patient will not attend groups or go to the meal table. This keeps other patients safe and gives us a chance to talk with the patient about what they have done and why.
- We will remind the patient about this non-negotiable.
- We will help the patient engage in alternate distress tolerance skills, and explore new ways to cope.
- We will order lab tests, to confirm the use or non-use of a substance and to ensure that proper medical treatment is given.
- If we see alcohol withdrawal, substance-induced psychosis, suicidal thoughts or medical complications caused by substances, we will advise the attending psychiatrist or the on-call psychiatrist.
- We will search the patient’s room and remove anything that is not allowed on the unit. This is to keep the patient and others safe.
- We will ask the patient to complete an “Explore and Plan” worksheet that will be reviewed with a team member.
- The patient will stay in their room until they have reviewed their “Explore and Plan” with a team member.
- Patient will complete meals and snacks in their room and will not attend group until the “Explore and Plan” is reviewed.

- Passes will be held. This means the patient will not leave the unit until they have been re-assessed by the team. The purpose of this meeting will be to go over the incident and re-evaluate the treatment plan. Please note that passes may not be re-instated.
- If repeated substance use is occurring, we will look at a plan for discharge with recommendations for appropriate supports. These might include a 12-step program, SMART recovery program, drug and alcohol counseling, detox program, residential treatment program, or medications.

## **Violence and Aggression**

### **Purpose**

Patients who are working towards recovery are often vulnerable. Patients need to feel physically safe to fully engage in the program. Staff members will support patients through the range of emotions they may face during treatment. However, the team cannot provide a safe environment if anyone is being threatened or experiencing violence on the unit. This applies to patients, staff, visitors and the physical environment.

Aggression or threats do not help with treatment. They make the environment unsafe for staff and patients. We will help patients find other ways of dealing with their feelings and managing interpersonal conflict.

### **Goal behaviour**

Patients will not use verbal aggression or make threats towards anyone on the unit. This includes other patients, staff, and visitors. This is non-negotiable.

Patients will not use physical violence or aggression towards anyone. This includes other patients, staff, visitors and the physical environment. For example: patients will not hit, kick, punch or spit or make threats about doing any of these things. This is non-negotiable.

### **Outcomes for verbal aggression and threats**

If a patient chooses to threaten physical violence or use verbal aggression towards anyone, they can expect the following to occur. These are non-negotiable.

- We will ask the patient to go to their room. This will help them calm down and keep others safe. We will help the patient calm themselves and remind them about this rule.
- We will remind the patient that we will call security if they continue their behaviour.
- We may offer medication if it is appropriate. We will help the patient work on positive things to do when they are upset. We will go over the patient's "safety plan" with them. This is a plan for when they are feeling agitated or aggressive.
- We will ask the patient to complete an "Explore and Plan" worksheet and review it with a team member. Once it has been reviewed with a team member, the patient may come back to the full program.

**Outcomes for verbal aggression and threats,**

*continued on next page*

- Passes will be held. This means the patient will not leave the unit until they have been re-assessed by the team. This usually happens in rounds on the next business day. The purpose of this meeting will be to go over the incident and re-evaluate the treatment plan.
- If the behaviour occurs again we will repeat the steps above.
  - In addition to repeating the above steps, patient will remain in their room for all meals/snacks and groups. This treatment plan will remain in place until the team can meet to discuss the situation and re-evaluate the treatment plan.
  - We will look at a plan for discharge with recommendations for appropriate supports. Appropriate support might include Dialectical Behaviour Therapy (DBT) and anger management.

### **Outcomes for physical violence**

If a patient chooses to use physical violence towards anyone or their environment, on or off the unit, they can expect the following to occur. These are non-negotiable.

- A Code White will be called. The security team will come.
- Code White policy will be followed, which is the policy for dealing with physical violence. If a Code White is called, security will come to the unit to support the staff in helping the patient calm down.
- Staff may transfer the patient to a quiet room on another unit if it is needed. This is called the urgent transfer policy.
- The psychiatrist or psychiatrist-on-call will be notified.
- The patient may be discharged if they are medically and psychiatrically stable.
- If the patient is able to calm themselves and agree that there will be no more violence, they may be allowed to stay in their room until the team can meet at the next scheduled rounds.
- The outcomes outlined above for verbal aggression may also be applied.

# Refrain from Engaging in Eating Disorder Behaviours

## Purpose

4NW provides patients with an opportunity to feed their bodies and promote health while not using their eating disorder to cope with distress. Engaging in eating disorder behaviours on and off the unit can interfere with recovery goals, lead to increased distress, and negatively impact the milieu of the unit.

To help support you in your recovery process, the following may be implemented if you engage in eating disorder behaviours.

## **Bingeing/purging/exercising/calorie counting**

- Patients will be asked to complete an “Explore and Plan” worksheet to help understand the triggers for engaging in these behaviours, and to find new ways to cope with distress. The patient will have the opportunity to review this with a team member. Meal and snack passes will be held until re-evaluated by the team.
- A specialized care plan will be created to help support you to not engage in your eating disorder behaviours. This may include a room search, bathroom support, supervised showers, prescribed bed rest, no computer privileges, increased supervision/visibility protocol, or replacement of missed or purged meals with oral nutrition supplements. Please refer to the “Follow the ‘Promoting Health’ Meal Plan” Non-Negotiable for further details.

## **Hiding food (including tube feed or food manipulation)/water restricting/water loading/bringing contraband onto the unit**

- Patients will be asked to complete an “Explore and Plan” worksheet to help understand the triggers for engaging in these behaviours, and to find new ways to cope with distress. The patient will have the opportunity to review this with a team member. Meal and snack passes will be held until re-evaluated by the team.
- A specialized care plan will be created to help support you to not engage in your eating disorder behaviours. This specialized care plan may include a room search, disallowing clothing with pockets or hoods at the table, removing napkins at the table, having staff to prepare meal trays, removing patients from the meal table, replacing for missing or purged items with oral nutrition supplements, providing bathroom and/or shower support, prescribing water at meals and snacks, prescribing a fluid bolus, removing plants, containers and/or cups from rooms and common areas, limiting number of belongings allowed in room, limiting what visitors can bring into the unit and evaluating the need for a constant care staff member.

### **Not following table guidelines**

- A patient will be given three warnings for any inappropriate behavior(s) observed during a meal or snack. If a third warning is given, the patient will be asked to leave the table and replace for all remaining items with the oral nutrition supplement. The floor nurse will support the patient in this time. Patients will be asked to complete an “Explore and Plan” worksheet to help understand the triggers for engaging in these behaviours, and to find new ways to cope with distress. The patient will have their next meal or snack in their room to practice normalized eating behaviours.
- If the “Explore and Plan” has been completed and reviewed with a team member the patient may then return to the table after their one meal or snack in their room. The patient will have a ‘clean slate’ for warnings and attempt to take their next meal as per guidelines.
- A specialized care plan will be created to help support patients if a pattern develops where they are consistently observed engaging in inappropriate behaviours at the table. This specialized care plan may include patient being asked to have all meals and snacks in their room, having staff to order and/or prepare meal trays, prohibiting patients from switching food items before a meal, meeting with staff prior to each meal to review strategies for appropriate meal behaviours, and setting limitations around ordering problematic food choices.
- Patients are to be aware that any verbal redirection from the meal support person counts as a warning.
- Please note that if a patient is repeatedly unable to follow these guidelines, a plan for discharge with recommendations for appropriate supports will be considered.

# 4NW Group Participation Guideline

## Purpose

4NW is a group based program. Group therapy provides an opportunity for patients to interact with others with eating disorders and explore the challenges they face both on the unit and outside of hospital. To maximize benefit from this program, patients are asked to actively participate in groups. Additionally, participating fully in a group increases the safety of a group environment and demonstrates an understanding of the material being discussed.

- 1) Patients are expected to participate fully in groups by paying attention and engaging. This includes giving attention to the speaker, staying awake, making eye contact, giving personal examples, answering or asking questions and giving feedback to others.
  - The facilitator will ask the patient to engage if they find the patient is not paying attention or engaging in material.
  - If patient continues to struggle with engagement they may be asked if there is something that can be done to support them to engage. In some cases the facilitator may ask the patient to leave group. Please see “Group Attendance Non-Negotiable” for further details. Patient may be asked to complete an “Explore and Plan” worksheet that will be reviewed with a team member to help understand what is preventing the patient from actively participating in group.
- 2) Patients are expected to use the bathroom before meals and after groups.
- 3) Patients are expected to stay in the group room for the duration of the group. Please refer to the “Group Attendance Non-Negotiable” for further details.
  - Please ask the group facilitator before the group starts if you need to obtain an item from your room.
  - In order to not disrupt the group process, if you have to leave for any reason, you will be asked to remain outside of the group room for the duration of group.
- 4) Patients are expected to be respectful of others. This includes being attentive, refraining from engaging in other activities while someone else is speaking and giving appropriate feedback.
  - If a patient is displaying disrespectful or aggressive behaviour, the facilitator will stop the group to give feedback and redirect behavior.
  - If this happens a second time, the patient will be asked to leave group and will remain out of groups until re-evaluated by the team.
  - Patient may be asked to complete an “Explore and Plan” worksheet that will be reviewed with a team member to help understand new ways to communicate without using violence or aggression. Please refer to the “Violence and Aggression Non Negotiable” for further details.

## 4NW Pass Guidelines

- Medical and psychiatric assessment and stabilization are priority when patients are admitted to 4NW. Therapeutic passes will not be granted for at least the first week of admission.
- Application for a pass does not guarantee a pass. To be suitable for passes patients must be medically and psychiatrically stable and following all agreements for being on this unit. For example, if your BMI is less than 20, a 1-2kg of weight gain is expected.
- Patients who stay in Phase 1 for the duration of their admission may apply for passes after completing two weeks of admission. Phase 1 patients are to take passes outside of meal time. Passes are for fresh air +/- a snack.
- Patients who choose to apply for a Phase 2 admission may apply for passes after 1 week of admission.
- Patients are asked to complete their pass request the evening prior to requested pass and submit them to nursing before bed. The physician may not order the patient a pass for the day or weekend if their pass requests are not handed in on time.
- Patients are asked to complete their pass requests for the entire weekend (Friday, Saturday and Sunday passes) on Thursday evening and submit them to nursing before bed. Doctors are not available to order passes on Saturday or Sunday.
- Patients are encouraged not to take passes with other patients in the program.
- Patients must complete their entire pass form before a doctor will order a pass.
- If a patient returns from pass late, future passes may be held.
- Patients may continue to attend 12 step programs and spiritual services in hospital if they are not eligible for other therapeutic passes. For patients to attend these programs or services a specific order must be written by the doctor. Please note that patients must be medically and psychiatrically stable to take these passes.
- Patients may attend urgent medical appointments outside of the hospital even if they are not yet eligible for passes. For patients to attend these appointments a specific order must be written by the doctor. Please note that patients must be medically and psychiatrically stable to take these passes. Patients may continue to attend program treatment groups (Readiness, Connections, LEAP, Grocery Shopping) if approved by the treatment team even if they are not yet eligible for passes. Please note that patients must be medically and psychiatrically stable to take these passes.

### Once eligible for passes

- Passes are intended to support individualized treatment goals and may vary based on patient needs.
- Passes typically begin with 15- 30 minutes fresh air, outside meal and snack times. As patients progress in their treatment, they are encouraged to take a snack off the unit and then to take a tray to the cafeteria and/or plan meal off the unit.



- From Monday-Friday passes begin no earlier than 3:00 pm. Passes may be taken between 3:00-5:50 pm or 7:30-10:00pm.
- From Saturday-Sunday Sunday passes begin no earlier than 10:00 am. Exceptions may be made for spiritual services.
- From Sunday to Thursday patients must be back from their passes by 5:50 to participate in post-dinner group. On Fridays, Saturdays and holidays patients may be off the unit for post meal groups.
- Discussing your passes with the treatment team is an important part of recovery. Please be prepared to share your plans for your pass, how your pass went, your challenges and successes, and the strategies you used while off the unit.
- Please be sure to return on time from your passes, as returning late may result in your next pass being held. If you know you are going to be late due to unforeseen circumstances (ie: transit failure) please call the unit to let staff know.
- Please plan to be out for the entirety of your allotted pass time, as your pass has been ordered with therapeutic goals in mind, which includes coping with time outside of the unit. If you return early, you may be asked to wait outside until your designated return time.
  - Please note that if you are distressed and require immediate nursing assistance, you may call the unit or return early from your pass. Please ask your nurse or doctor if you require further clarification.
- Belongings will be checked upon return from passes.
- Alcohol blood level/urine drug screen may be requested at the discretion of the team.

### **Tips for passes**

- Generally, we recommend taking items for snack from the unit for your first snack pass.
- If you bring a tray to the cafeteria, you will pick up your tray from the unit and bring it to the cafeteria.
- Have a clear plan of what you are going to do on your pass. Know where you are going to go, what you will do (ie: journal, read a book, do a crossword, meet with a friend) and how long you will be.
- Have a backup plan if your original plan does not work. For example if you are going out to get a snack/meal, have a second option, in case your first option does not work (ie: the restaurant is closed or they do not have the item you wanted).
- Discuss your pass first with your nurse or a staff member; they can help you plan it.
- Be honest with how your pass went. It helps the team to support you by finding other strategies to help you have more successful passes in the future.
- Reflect upon your passes after you come back. Think about what worked and what didn't work so that you can use these strategies for when you are home.





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