FAMILY-FOCUSED

Eating Disorder Intensive Outpatient Program
(ED-IOP)

Copyright 2015 Regents of the University of Colorado. All Rights Reserved.
Created by Dr. Mindy Solomon.
Welcome to the Family-Focused Eating Disorders Intensive Outpatient Program (ED-IOP) at Children’s Hospital Colorado!

In order to help your family get the most out of this therapeutic experience, we have prepared an introductory packet that explains our program. Please review this packet (completing all forms) and we welcome any questions your family may have regarding this information.

We look forward to working with your family!

~ IOP Staff

ediop@childrenscolorado.org
ED-IOP MISSION

EMPOWER FAMILIES TO WORK TOGETHER TO EXPLORE, ACHIEVE AND MAINTAIN SUCCESS IN EATING DISORDER RECOVERY

Most IOP programs treat individual patients with minimal, if any, family involvement. Families can feel “left out” of treatment resulting in limited skills and resources necessary to support their loved one with an eating disorder. The core tenant of Family-Focused ED-IOP is full family collaboration. ED-IOP groups are designed to treat families, rather than individuals, thus providing the necessary bridge between higher and lower levels of care. The program aims to facilitate healthy transitions, strengthen communication skills and develop heightened awareness of self and relationships. Family emersion in treatment offers a collaborative environment optimal for increasing the likelihood of successful long-term recovery.
Family Focused

Eating Disorders - Intensive Outpatient Program

What is ED-IOP? An intensive outpatient program (ED-IOP) is an intermediate level of mental health treatment designed to meet the needs of those who are balancing recovery from an illness with integrating into their regular lives. Successful ED-IOP outcome will help reduce the need for a more intensive level of treatment.

The intensive outpatient program for eating disorders at Children's Hospital Colorado provides group therapy three days per week for children and adolescents as well as their families. Each session has a different area of focus and incorporates a variety of treatment modalities. Program specifics are outlined in the following pages. The ED-IOP is designed as both a "step-down" transition from a higher level of care, or a "step-up" in level of care when weekly outpatient therapy is not sufficient.

Length of stay for ED-IOP is 5 weeks. We will monitor progress through weekly feedback forms as well as consultation sessions with the therapy team scheduled as needed.

The primary ED-IOP treatment team consists of licensed clinical psychologists, licensed social workers, postdoctoral psychology fellows, psychology interns, social work interns and mental health counselors.

Participation by psychiatrists, physicians, psychiatry fellows and dieticians will also be welcomed on an "as needed" basis.
Description of Program

ED-IOP is held every **Monday, Tuesday and Thursday from 2:30 PM – 5:00 PM** for a total of 5 weeks (major holidays excluded). Although a diversity of topics will be addressed in ED-IOP, the general weekly themes are as follows:

**Week 1:** Motivation Enhancement

**Week 2:** Collaborative Problem-Solving/Effective Communication

**Week 3:** Body Image

**Week 4:** Triggers

**Week 5:** Relapse Prevention

Therapeutic groups for the week are designed around these topics, but group suggestions will always be welcomed!

Please see the schedule at the end of this packet for more detailed information regarding group times and topics.
Types of Group Therapy

- **Skills**: Skills groups are focused on the acquisition and utilization of coping strategies managing life-demands. The groups integrate concepts from Dialectical Behavioral, Cognitive Behavioral and Motivation Enhancement therapies.
  - Collaborative Problem Solving
  - Tools to understand and work with motivation
  - Assertiveness/Communication
  - Cognitive Distortions
  - Body Image
  - Mood Regulation
  - Meal Support/Coping
  - Anxiety Management
  - Relapse Prevention Planning
  - Goal Setting
  - Behavior Chain Analysis

- **Experiential Multi-Family**: Experiential groups are designed to explore the role of eating disorders within the family relationships. These groups typically involved the family engaging in an experiential activity followed by therapeutic processing of that activity. Examples of such activities include.
  - Family Sculpt
  - Food/Feelings
  - Body Interviews
  - Painting
  - Reverse Role Play
  - Book Group

- **Exposure Group**: Exposure groups ("Exposure Tuesday") provide an opportunity to challenge and conquer fears related to trigger foods and/or meal-time situations within a supportive environment. Some components of Exposure groups include:
  - Peer-based meal coaching/support
  - Response Prevention (i.e. no supplementing)
  - Practice toward normalizing eating
  - In-depth process of thoughts/beliefs
  - Separating food-related anxiety from "life" anxiety
  - In-vivo practice of adaptive coping skills
  - In-vivo practice of parent meal support
Process: Process groups use an experiential activity to evoke discussion and self-reflection related to each weekly theme. Group participation includes feedback and can include processing of core issues and interpersonal relationship issues that exist within and outside of the group. Some examples of process group activities are:

- Narratives
- Family Games
- Exploration of Triggers
- Video Clips

Support: Support groups provide an opportunity for parents and children/adolescents to meet together with their respective peer group to explore topics that are relevant to the individual experience. Group members are charged with the task of providing the topics they want to discuss amongst their peers. Some examples of support group topics are:

Peer support:
- Re-integration into school
- Establishing trust
- Talking to friends/managing interpersonal relationships
- Managing triggering situations

Parent support:
- Nutrition consultation
- Weaning off meal-plans
- Establishing trust
- Setting appropriate limits

Therapeutic Meals: A coached snack will take place every Monday and Thursday during ED-IOP. Each family is responsible for bringing their own snack. A trained support staff will be present during this group.

- Coached meal support
- Mindfulness activity
- Practicing normalized eating
- Eating within a time frame
**Additional Information**

- **Outpatient Therapy**
  - Individual and family therapy sessions are not included as part of ED-IOP; however, it is strongly recommended you continue with these sessions concurrent with your participation in ED-IOP.
  - Continuing outpatient therapy with your current provider will allow the ED-IOP team to collaborate easily with your individual/family therapist. Please check with your program therapist to see if outpatient appointments are available:
    - **Mindy Solomon, PhD** 720.777.6208
    - **Angela Ward, LCSW** 720.777.1918
  - If outpatient services are unavailable with your current therapist, you may call your insurance company to obtain a list of in-network providers. A list of community providers is also included in this packet.
  - In all cases, please check with case management and/or your insurance company to understand your benefits and potential conflicts with scheduling therapy appointments on the same day as ED-IOP.

- **Nutrition Counseling**
  - Nutrition counseling is not included as part of ED-IOP. Parents need to plan separate nutrition follow-up appointments at this stage of program.
  - Appointments may be made through Adolescent Medicine (720) 777-6131 or by contacting your dietitian.
  - Contact your insurance company to determine if “medical nutrition therapy” is covered by your plan and ask for authorization for several visits.
  - Find out in advance both the medical and psychiatric diagnoses to give your insurance company. You can obtain these from your medical physician and psychiatrist. It might be helpful to have 2 or more diagnoses (for example protein calorie malnutrition 263.9 and anorexia nervosa 307.1; or hypokalemia 276.8 and bulimia nervosa 307.51).
  - Know your referring providers (your adolescent medicine doctor and psychiatrist name).
- If insurance will not provide coverage and nutrition counseling is warranted, please speak with your dietitian about private pay rates.

  Pat Kokora, RD 720.777.3317
  Krstina Krstic, RD 720.777.5604

**Medical / Medication Monitoring**

- Weights will be taken in ED-IOP on a weekly basis.

- Additional medical/medication monitoring should occur regularly throughout this program. At a minimum, patients should meet with their Primary Care Physician on a monthly basis. Please adhere to all individual medical and medication recommendations.
Using Skills

Don’t be afraid of the word SKILLS! It’s just another way of describing strategies we already use to try to deal with our problems. The “million dollar” question is: IS IT WORKING FOR YOU?

Here are some examples of both adaptive and maladaptive skills you might already be using:

Adaptive Coping Skills
- Radical Acceptance
- Challenging Negative Beliefs
- Self-Care / Self-Soothe
- Relaxation
- Opposite to Emotion Action
- Coping Thoughts
- Non-judgmental Stance
- Mindfulness
- Examining Cognitive Distortions
- Finding the Middle Path
- Using “I Statements”
- Reflective Listening
- Taking “Space”
- Focus on Solution
- DEAR Man
- Weighing the Pros and Cons
- 5 Ds for Problem-Solving
- Assertiveness Formula

Maladaptive Coping Skills
- Restricting/Bingeing/Purging
- Denial
- Making Insulting / Invalidating Comments
- Unhelpful Stress Levels
- Internalizing Feelings
- Catastrophizing
- Self-Criticism
- “Numbing Out”
- Black & White / All-or-Nothing Thinking
- Rigid/Obsessive Thinking
- Blaming
- Hostility
- Avoiding Problems / Storming Away
- Focus on Problem
- Withdrawing / Isolating / Shutting Down
- Maintaining Rigid Stance
- Fighting / Arguing
- Aggression
ED-IOP Family Participation Contract

Participation

A condition of enrollment in the Eating Disorders IOP is that at least one parent (or legal guardian) must attend all sessions with the child/adolescent. Upon request, the ED-IOP treatment team is happy to provide documentation to employers and/or schools regarding absences.

Expectations

Attendance

ED-IOP is held every Monday, Tuesday and Thursday from 2:30 PM – 5:00 PM for a total of 5 weeks (major holidays excluded). The ED-IOP meets on the 5th floor of the Gary Pavilion at Children's Hospital Colorado. To ensure we are able to provide appropriate and consistent services for all families enrolled in ED-IOP, it is respectfully requested that each child/adolescent and his/her parent(s) attend every session for all five weeks.

No Show/Cancellation Policy

Although it is expected that your family will attend all ED-IOP sessions, we realize that emergency situations may arise. If you are unable to attend due to circumstances beyond your control, please call the Eating Disorders Unit at 720-777-6289 to notify the group facilitators. Please make every effort to provide at least 24 hours notice of cancellation. If a no call/no show occurs three times during ED-IOP admission, we will need to discuss a discharge from the program.

Billing

Our case management team will call to check your insurance benefits prior to your family’s admission to the ED-IOP. It is strongly recommended that families also call to verify benefits, as some aspects of insurance plans are confidential to the subscriber. Upon checking benefits, the case manager will also provide clinical justification in order to authorize the ED-IOP level of care. Most insurance companies require concurrent reviews be conducted periodically. If at any time you are unsure about your status or have billing related questions, please contact case management at 720-777-6038.

I have read and agree to the conditions for participation in the Eating Disorder Intensive Outpatient Program:

_________________________________   __________________________
Child/Adolescent Signature          Date

_________________________________   __________________________
Parent/Guardian Signature          Date

_________________________________
Parent/Guardian Signature

Date
We want you to get the most out of your treatment by achieving your goals while in ED-IOP. Research has found that if you are able to clarify what your goals are, you are more likely to reach them. Therefore, we want you to think about the issues and behaviors your family has been struggling with that led up to your enrollment in ED-IOP and to identify **3 S.M.A.R.T. Goals** that your family wants to actively work on while in treatment.

- **S** = SPECIFIC
- **M** = MEASUREABLE
- **A** = ATTAINABLE
- **R** = REALISTIC
- **T** = TIMELY

**Example of a Good Goal:**

**Improve family communication.**

**Example of a S.M.A.R.T Goal:**

**Over the next five weeks (T)**, we will decrease arguments by half (M), use effective communication and problem-solving skills (S) in order to improve family communication (A, R).

**OUR FAMILY ED-IOP S.M.A.R.T. GOALS ARE:**

Goal 1. ____________________________________________________________

Goal 2. ____________________________________________________________

Goal 3. ____________________________________________________________

**WE WANT TO KNOW YOUR GOALS SO WE CAN HELP YOU ATTAIN THEM**
**My Exposure List**

Sometimes we avoid certain foods and/or situations due to the anxiety-provoking thoughts and feelings that are associated with them.

There is an overwhelming body of research to support the idea that repeated exposure to anxiety-provoking stimuli (e.g. "fear foods") eventually leads to **LESS** anxiety surrounding that stimuli (fear foods become less scary and more enjoyable!)

To help your ED-IOP treatment team plan for and support you during meals, please make a list of your current fear foods / situations (in order of least to most challenging).

<table>
<thead>
<tr>
<th>HARD</th>
<th>MORE CHALLENGING</th>
<th>MOST DIFFICULT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Remember, a true exposure should evoke a certain amount of anxiety. We use a **SUDS** (Subjective Units of Distress) rating to measure the level of challenge. Aim to select exposure foods and/or situations that are likely to put you in the "yellow" to "red" zone! Please refer to the following page when thinking about your list.
10 = Feels unbearably bad, beside yourself, out of control, overwhelmed, at the end of your rope. You may feel so upset that you don't want to talk because you can't imagine how anyone could possibly understand your agitation.

9 = Feeling desperate. What most people call a 10 is actually a 9. Feeling extremely upset to the point that it almost feels unbearable and you are getting scared of what you might do. Feeling very, very bad, losing control of your emotions.

8 = Freaking out. The beginning of alienation.

7 = Starting to freak out, on the edge of some definitely bad feelings. You can maintain control with difficulty.

6 = Feeling bad to the point that you begin to think something ought to be done about the way you feel.

5 = Moderately upset, uncomfortable. Unpleasant feelings are still manageable with some effort.

4 = Somewhat upset to the point that you cannot easily ignore an unpleasant thought. You can handle it OK but don't feel good.

3 = Mildly upset. Worried, bothered to the point that you notice it.

2 = A little bit upset, but not noticeable unless you took care to pay attention to your feelings and then realize, "yes" there is something bothering me.

1 = No acute distress and feeling basically good. If you took special effort you might feel something unpleasant but not much.

0 = Peace, serenity, total relief. No more anxiety of any kind about any particular issue.
For any questions, comments or concerns, please do not hesitate to contact Dr. Mindy Solomon (720-777-4683) or any of the ED-IOP staff (720-777-6289)

We look forward to working with you during this important transition in your family’s recovery!
### Week 1: Motivation Enhancement

**Monday**

**Agenda:**
- Orientation
- Weight
- Snack
- Mindfulness Activity
- Learn and practice the new skill: Stages of Change
- Goal setting and Exposure planning

**Important Notes:**

---

**Tuesday**

**Agenda:**
- Pre-exposure and life SUDS score
- Exposure snack
- Post-exposure SUDS score
- Post-exposure process group
- Check out/relaxation
- Peer support group and family support group

**Important Notes:**

---

**Thursday**

**Agenda:**
- Snack
- Mindfulness activity
- Experiential activity and process group
- Skills review/review homework
- Weekly reflections & revised goals

**Important Notes:**

---

**Exposure:**

---

**Homework:**
- Stages of Change worksheets 1 & 2 (Due on Thursday skills review)
- Behavior Chain and Diary Card (Due on Tuesday)

**Circle One**

Presenting Providing Feedback

---

**Week 1 Reflections:**

---

---
Stages of Change

Precontemplation
no intention to change behavior in the near future unaware/underaware of the problem

Contemplation
awareness that the problem exists and serious thoughts about changing it no commitment to take action

Preparation
true intention of taking action very soon

Action
combines intention and behavioral action modifying behavior/experiences/environment to overcome problem overt behavior changes; takes a lot of time and energy

Action +
relapse prevention; consolidate gains during action stage
<table>
<thead>
<tr>
<th>IOP - Readiness for Change - Parent Version</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I feel overwhelmed by the amount of involvement required of me in my child's treatment</strong></td>
</tr>
<tr>
<td>I don't like all the groups and I am not sure if they will help me but I will participate in the ones I like</td>
</tr>
<tr>
<td>I can see the need for increased flexibility in what my child will eat, but there are some foods I feel he/she doesn't need</td>
</tr>
<tr>
<td>I help my child balance all kinds of foods in any given situation</td>
</tr>
<tr>
<td><strong>It's hard for me to be as involved in treatment but I see the benefit</strong></td>
</tr>
<tr>
<td>I can see the benefit of groups and I am working on figuring out what makes it hard to participate sometimes</td>
</tr>
<tr>
<td>I know my child needs to increase flexibility with food and I need to challenge him/her more to do so</td>
</tr>
<tr>
<td>I can make any group relevant to me by being open to new ideas and participating</td>
</tr>
<tr>
<td><strong>I'm adjusting to my role and am accepting the importance of being involved with my child's treatment</strong></td>
</tr>
<tr>
<td>I make an effort to participate in groups even if I don't like it or if I don't see the relevance to me</td>
</tr>
<tr>
<td>I am working with my child actively to increase food variety and kinds of foods he/she is eating regularly</td>
</tr>
<tr>
<td>I feel confident in my role and have mastered navigating the appropriate level of involvement as needs change</td>
</tr>
<tr>
<td><strong>I am actively working to incorporate managing my child's recovery with the other aspects of our lives</strong></td>
</tr>
<tr>
<td><strong>Groups don't help me</strong></td>
</tr>
<tr>
<td><strong>There are foods I think my child should never eat</strong></td>
</tr>
</tbody>
</table>
# IOP - Readiness for Change

<table>
<thead>
<tr>
<th>I resent my parents and family's involvement in treatment</th>
<th>It's hard for me to have my family involved but it's probably good for me</th>
<th>I'm adjusting to parents involvement and regularly make my own efforts to include them</th>
<th>I've come to realize how important it is to have them involved and I'm letting them help me</th>
<th>I seek out my family's support and guidance, telling them when I need increased structure</th>
</tr>
</thead>
<tbody>
<tr>
<td>I don't think my thoughts about food or weight are harmful to me</td>
<td>I have some awareness of my harmful thoughts and behaviors but I usually keep my thoughts and behaviors a secret</td>
<td>I am usually aware of my thoughts and behaviors and I am thinking about how to avoid using those behaviors</td>
<td>If I have eating disordered thoughts/urges, or engage in behaviors I will &quot;tell&quot; on the eating disorder</td>
<td>I have less eating disordered thoughts and fewer and fewer urges. If I do engage in my behaviors, I will tell someone right away</td>
</tr>
<tr>
<td>Groups don't help me</td>
<td>I don't like all the groups and I am not sure if they will help me but I will participate in the ones I like</td>
<td>I can see the benefit of groups and I am working on figuring out what makes it hard to participate sometimes</td>
<td>I make an effort to participate in groups even if I don't like it or if I don't see the relevance to me</td>
<td>I can make any group relevant to me by being open to new ideas and participating</td>
</tr>
<tr>
<td>There are foods that I will always refuse to eat</td>
<td>I feel some foods might be bad for me and I try to avoid them, but I might willing to try them at some point</td>
<td>I know I need to challenge myself with food and I agree to try some challenges this week</td>
<td>I am actively accepting new food challenges and using skills to manage them</td>
<td>My list of fear foods has gotten much smaller and I know that all food is ok</td>
</tr>
<tr>
<td>I don't see the point of telling my parents when I'm having a hard time at home</td>
<td>I do okay with my parents in program but there is a lot of fighting at home</td>
<td>I'm working on practicing skills in program to manage my emotions when with my parents</td>
<td>I routinely use skills to manage feelings that come up at home and to communicate with my family</td>
<td>I've mastered skills to communicate at home</td>
</tr>
</tbody>
</table>
Stages of Change Worksheet 1

**Example Behaviors**
- Group Attendance
- Therapy Attendance
- Gaining Weight
- Eating Feared Foods
- Exposure
- Diary Cards
- Binging
- Purging
- Asking for Help
- Behavior Chains
- Following Meal Plans
- Restricting
- Excessive exercising
- Overall eating disorder

Other: __________________________

Other: __________________________

Other: __________________________

Contemplation

Preparation
**STAGES OF CHANGE WORKSHEET 2**

**ED Behavior You're Contemplating Changing:**

<table>
<thead>
<tr>
<th>Continuing with Behavior</th>
<th>Changing Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Benefits</strong></td>
<td><strong>Benefits</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Costs</strong></td>
</tr>
<tr>
<td>1.</td>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
<td>3.</td>
</tr>
<tr>
<td>4.</td>
<td>4.</td>
</tr>
<tr>
<td><strong>Benefits</strong></td>
<td><strong>Costs</strong></td>
</tr>
<tr>
<td>1.</td>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
<td>3.</td>
</tr>
<tr>
<td>4.</td>
<td>4.</td>
</tr>
</tbody>
</table>
ED-IOP Exposure Tracker

Date: ______________

Week: ______

This week my Exposure is: ____________________________

<table>
<thead>
<tr>
<th>Pre- SUDS</th>
<th>Mid-Point SUDS</th>
<th>Post-Exposure SUDS</th>
<th>Post-Relaxation SUDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Remember, the purpose of Exposures is to become less avoidant and to TRY AGAIN! Please comment on this Exposure experience and think about when you might be willing to try this again outside of ED-IOP – what support you would need, what would need to be different (if anything), etc.

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
BEHAVIOR CHAIN ANALYSIS (BCA)

TARGET BEHAVIOR

I was vulnerable because of...

Unbalanced Eating
Physical Illness
Unbalanced Sleeping
Stressful Environmental Events
(good and bad)
Old Behaviors or Memories

Links Can Include:
Actions
Body Sensations
Thoughts
Feelings
Event

What will you do differently next time?

__________________________

__________________________
Weekly Diary Card

Self-monitoring is very important to reaching your goals!
Please use this diary card to record your target behaviors during the week. Mark (*) if you engaged in a behavior and rate (0-5) if you had an urge, but did not engage in a behavior. Please remember - a BCA should accompany any (*) listed on this form!

<table>
<thead>
<tr>
<th></th>
<th>Restrict</th>
<th>Binge</th>
<th>Purge</th>
<th>Exercise</th>
<th>Pills</th>
<th>FABs</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saturday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes from the Week:

Skills Used this Week:
FRIEND

Please write a letter to your eating disorder as if it were a friend.
Please write a letter to your eating disorder as if it were an enemy.
**Week 2: Collaborative Problem Solving**

**Goal(s):**

- 
- 
- 
- 
- 
- 

**Exposure:**

- 
- 
- 
- 

**Homework:**

- Use the 5 Ds at least once and reflect on your experience using this skill (Due on Thursday - skills review)
- Behavior Chain and Diary Card (Due on Tuesday)

  Circle One

  Presenting  Providing Feedback

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Thursday</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Agenda:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Weight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Snack</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Mindfulness Activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Learn and practice the new skill: 5 Ds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Goal setting and Exposure planning</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Important Notes:</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **Agenda:** |
| - Pre-exposure and life SUDS score |
| - Exposure snack |
| - Post-exposure SUDs score |
| - Post-exposure process group |
| - Check out/relaxation |
| - Peer support group and family support group |
| **Important Notes:** |

| **Agenda:** |
| - Snack |
| - Mindfulness activity |
| - Experiential activity and process group |
| - Skills review/revew homework |
| - Weekly reflections & revised goals |
| **Important Notes:** |

**Week 2 Reflections:**

- 
- 
- 
- 

Page | 3
PROBLEM-SOLVING

JUST REMEMBER YOUR 5 Ds...

D: Diffuse the situation (calm, empathy, reflect)

D: Define the problem (from all perspectives!)

D: a' Party! Invite both parties to join!

D: Decide on a solution.

D: Do it!!!
ED-IOP Exposure Tracker

Date: _______________

Week: ______

This week my Exposure is: ____________________________

<table>
<thead>
<tr>
<th>Pre- SUDS</th>
<th>Mid-Point SUDS</th>
<th>Post-Exposure SUDS</th>
<th>Post-Relaxation SUDS</th>
</tr>
</thead>
</table>

Remember, the purpose of Exposures is to become less avoidant and to TRY AGAIN! Please comment on this Exposure experience and think about when you might be willing to try this again outside of ED-IOP – what support you would need, what would need to be different (if anything), etc.
BEHAVIOR CHAIN ANALYSIS (BCA)

TARGET BEHAVIOR

Links Can Include:
Actions
Body Sensations
Thoughts
Feelings
Event

I was vulnerable because of...
Unbalanced Eating
Physical Illness
Unbalanced Sleeping
Stressful Environmental Events
(good and bad)
Old Behaviors or Memories

What will you do differently next time?

_____________________________

_____________________________
Weekly Diary Card

Self-monitoring is very important to reaching your goals!
Please use this diary card to record your target behaviors during the week. Mark (*) if you engaged in a behavior and rate (0-5) if you had an urge, but did not engage in a behavior. Please remember - a BCA should accompany any (*) listed on this form!

<table>
<thead>
<tr>
<th></th>
<th>Restrict</th>
<th>Binge</th>
<th>Purge</th>
<th>Exercise</th>
<th>Pills</th>
<th>FABs</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saturday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes from the Week:

Skills Used this Week:
### Week 3: Communication

**Goal(s):**

<table>
<thead>
<tr>
<th>Agenda:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Weight</td>
</tr>
<tr>
<td>- Snack</td>
</tr>
<tr>
<td>- Mindfulness Activity</td>
</tr>
<tr>
<td>- Skills review/review homework</td>
</tr>
<tr>
<td>- Learn and practice the new skill: DEARMAN, GIVE, FAST, Assertiveness Formula and Broken Record</td>
</tr>
<tr>
<td>- Goal setting and Exposure planning</td>
</tr>
</tbody>
</table>

**Monday Important Notes:**

**Tuesday Agenda:**

| - Pre-exposure and life SUDS score |
| - Exposure snack |
| - Post-exposure SUDS score |
| - Post-exposure process group |
| - Check out/relaxation |
| - Peer support group and family support group |

**Tuesday Important Notes:**

**Thursday Agenda:**

| - Snack |
| - Mindfulness activity |
| - Experiential activity and process group |
| - Skills review/review homework |
| - Weekly reflections & revised goals |

**Thursday Important Notes:**

#### Exposure:

<table>
<thead>
<tr>
<th>Homework:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Use the Assertiveness Formula at least once and use Broken Record at least once and reflect on your experience. Use DEARMAN, GIVE, or FAST at least once and reflect on your experience using this skill (Due on Thursday skills review)</td>
</tr>
<tr>
<td>- Behavior Chain and Diary Card (Due on Tuesday)</td>
</tr>
</tbody>
</table>

Circle One

- Presenting
- Providing Feedback

---

**Week 3 Reflections:**

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
Goals of Interpersonal Effectiveness

OBJECTIVES EFFECTIVENESS:
Getting the "thing" I want
- When it's your legitimate right.
- Getting another to do something for you.
- Refusing an unwanted or unreasonable request.
- Resolving an interpersonal conflict.
- Getting your opinion or point of view taken seriously.

QUESTIONS
1. What is the "thing" that I want from this interaction?
2. What do I have to do to get the results? What will work?

RELATIONSHIP EFFECTIVENESS:
Getting and Keeping a Good Relationship
- Acting in such a way that the other person keeps liking and respecting you.
- Balancing immediate goals with the good of the long-term relationship.
- Remembering why the relationship is important to you now and in the future.

QUESTIONS
1. How do I want the other person to feel about me after the interaction?
2. What do I have to do to get (keep) this relationship?

SELF-RESPECT EFFECTIVENESS:
Keeping or Improving Self-Respect and Liking for Yourself
- Respecting your own values and beliefs: acting in a way that makes you feel moral.
- Acting in a way that makes you feel capable and effective.

QUESTIONS
1. How do I want to feel about myself after the interaction is over?
2. What do I have to do to feel that way about myself? What will work?
Guidelines for Objectives Effectiveness:

Getting What You Want

A way to remember these skills is to remember the term “DEARMAN”

**DE**SCRIBE

**EX**PRESS

**AS**ERT

**RE**INFORCE

**MINDFUL**

**APPEAR CONFIDENT**

**NEGOTIATE**

Describe  Describe the current situation (if necessary).
Tell the person exactly what you are reacting to. Stick to the facts.

Express  Express your feelings and opinions about the situation.
Assume that your feelings and opinions are not self-evident. Give a brief rationale. Use phrases such as “I want,” “I don’t want,” instead of “I need,” “you should,” or “I can’t.”

Assert  Assert yourself by asking for what you want or saying no clearly. Assume that others will not figure it out or do what you want unless you ask. Assume that others cannot read your mind. Don’t expect others to know how hard it is for you to ask directly for what you want.

Reinforce  Reinforce or reward the person ahead of time by explaining the consequences.
Tell the person the positive effects of getting what you want or need. Tell him or her (if necessary) the negative effects of your not getting it. Help the person feel good ahead of time for doing or accepting what you want. Reward him or her afterwards.

(Continued)
OBJECTIVES EFFECTIVENESS (Cont.)

* (stay) Mindful

Keep you focus ON YOUR OBJECTIVES.

Maintain your position. Don’t be distracted.

* “Broken Record”

Keep asking, saying no, or expressing your opinion over and over and over. Keep your voice calm and even while doing this.

* Ignore

If another person attacks, threatens, or tries to change the subject, Ignore the threats, comments, or attempts to divert you. Don’t respond to attacks. Ignore distractions. Just keep making your point.

* Appear Confident

Appear EFFECTIVE and competent.

Use a confident voice tonen and physical manner; make good eye contact. No stammering, whispering, staring at the floor, retreating, saying “I’m not sure;” etc.

* Negotiate

Be willing to GIVE to GET. Offer and ask for alternative solutions to the problem. Reduce your request. Maintain no, but offer to do something else or to solve the problem another way. Focus on what will work.

* Turn the tables

Turn the problem over to the other person. Ask for alternative solutions:

“What do you think we should do?” “I’m not able to say yes, and you seem to really want me to. What can we do here?” “How can we solve this problem?”
Guidelines for Relationship Effectiveness
Keeping the Relationship

A way to remember these skills is to remember the word "GIVE" (DEAR MAN, GIVE):

(Be) **Gentle**

(Act) **Interested**

(Use an) **Validate**

(Use an) **Easy Manner**

*(Be) Gentle*

Be courteous and temperate in your approach.

*No attacks*  
No verbal or physical attacks. No hitting, clenching fists. Express anger directly.

*No threats*  
No "manipulating" statements, no hidden threats. No "I'll kill myself in you..." Tolerate a no to requests. Stay in the discussion even if it gets painful. Exit gracefully.

*No judging*  
No moralizing. No "if you were a good person, you would..." No "you should...", "You shouldn't..."

*(Act) Interested*  
LISTEN and be interested in the other person.

Listen to the other person's point of view, opinion, reasons for saying no, or reasons for making a request of you. Don't interrupt, talk over, etc. Be sensitive to the other person's desire to have the discussion at a later time. Be patient.

*Validate*  
Validate or ACKNOWLEDGE the other person's feelings, wants, difficulties, and opinions about the situation. Be nonjudgmental out loud: "I can understand how you feel, but...", "I see that you are busy, and..."

*(Use an) Easy manner*  
Use a little humor. SMILE. Ease the person along. Be light-hearted. Wheedle. Use a "soft sell" over a "hard sell." Be political.
Guidelines for Self-Respect Effectiveness:
Keeping Your Respect for Yourself

A way to remember this is the word "FAST" (DEAR MAN, GIVE FAST):

**Be Fair**
Be fair to YOURSELF and to the OTHER person.

**No Apologies**
No OVERLY apologetic behavior. No apologizing for being alive, for making a request at all. No apologizing for having an opinion, for disagreeing.

**Stick to values**
Stick to YOUR OWN values.

**be Truthful**
DON'T LIE, ACT HELPLESS when you are not, or EXAGGERATE. Don't make up excuses.
EXAMPLE:

For homework, please write out an example of a situation when you used the ASSERTIVENESS FORMULA and BROKEN RECORD this week!
**Assertiveness Formula**

Step 1: I feel

Step 2: When you

Step 3: Because

Step 4: I would like

Step 5: In return

(Positive Consequences for BOTH of you)

(Make a Request)

Help other person to understand your viewpoint

(Point out the behaviour without insulting or attacking)

("I" Statement, Identify and Explain Your Feelings)
DEAR MAN

A DBT Skill to Enhance Interpersonal Effectiveness- Asking for what I want or refusing a request

For homework, please write out an example of a situation when you used DEAR MAN this week!

DESCRIBE the current situation. Tell the person exactly what you are reacting to. Stick to the facts.

__________________________________________________________________________________

EXPRESS your feeling and opinions about the situation. Assume that others cannot read your mind. Don’t expect others to know how hard it is for you to ask directly for what you want.

__________________________________________________________________________________

ASSERT yourself by asking for what you want or saying no clearly. Assume that others cannot read your mind. Don’t expect others to know how hard it is for you to ask directly for what you want.

__________________________________________________________________________________

REINFORCE the reward to the person ahead of time. Tell the person the positive effects of getting what you want or need. Help the person feel good ahead of time for doing what you want.

__________________________________________________________________________________

MINDFULLY keep your focus on your objectives. Maintain your position. Don’t be distracted.

__________________________________________________________________________________

APPEAR CONFIDENT use a confidant voice tone and physical manner; make good eye contact. No stammering, whispering, staring at the floor, retreating, saying “I’m not sure,” etc.

__________________________________________________________________________________

NEGOTIATE by being willing to give to get. Offer and ask for alternative solutions to the problem. What am I willing to “settle for” or “give up” in order to gain what I want?
ED-IOP Exposure Tracker

Date: ______________

Week: _____

This week my Exposure is: ____________________________

<table>
<thead>
<tr>
<th>Pre- SUDS</th>
<th>Mid-Point SUDS</th>
<th>Post-Exposure SUDS</th>
<th>Post-Relaxation SUDS</th>
</tr>
</thead>
</table>

Remember, the purpose of Exposures is to become less avoidant and to TRY AGAIN! Please comment on this Exposure experience and think about when you might be willing to try this again outside of ED-IOP – what support you would need, what would need to be different (if anything), etc.
BEHAVIOR CHAIN ANALYSIS (BCA)

TARGET BEHAVIOR

Links Can Include:
Actions
Body Sensations
Thoughts
Feelings
Event

What will you do differently next time?

I was vulnerable because of...
Unbalanced Eating
Physical Illness
Unbalanced Sleeping
Stressful Environmental Events
(good and bad)
Old Behaviors or Memories
**Weekly Diary Card**

*Self-monitoring is very important to reaching your goals!*  
Please use this diary card to record your target behaviors during the week. Mark (*) if you engaged in a behavior and rate (0-5) if you had an urge, but did not engage in a behavior. Please remember - a BCA should accompany any (*) listed on this form!

<table>
<thead>
<tr>
<th></th>
<th>Restrict</th>
<th>Binge</th>
<th>Purge</th>
<th>Exercise</th>
<th>Pills</th>
<th>FABs</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saturday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes from the Week:

Skills Used this Week:
<table>
<thead>
<tr>
<th><strong>Week 4: Body Image</strong></th>
<th><strong>Monday</strong></th>
<th><strong>Tuesday</strong></th>
<th><strong>Thursday</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal(s):</strong></td>
<td><strong>Agenda:</strong></td>
<td><strong>Agenda:</strong></td>
<td><strong>Agenda:</strong></td>
</tr>
<tr>
<td></td>
<td>- Weight</td>
<td>- Pre-exposure and life</td>
<td>- Snack</td>
</tr>
<tr>
<td></td>
<td>- Snack</td>
<td>SUDS score</td>
<td>- Mindfulness activity</td>
</tr>
<tr>
<td></td>
<td>- Mindfulness Activity</td>
<td>Exposure snack</td>
<td>- Experiential activity</td>
</tr>
<tr>
<td></td>
<td>- Learn and practice</td>
<td>Post-exposure SUDs</td>
<td>and process group</td>
</tr>
<tr>
<td>the new skill:</td>
<td>score</td>
<td></td>
<td>- Skills review/review</td>
</tr>
<tr>
<td>Phases/stages of</td>
<td>Post-exposure process group</td>
<td>homework</td>
<td></td>
</tr>
<tr>
<td>body image and</td>
<td>Check</td>
<td>- Weekly reflections &amp;</td>
<td></td>
</tr>
<tr>
<td>values</td>
<td>out/relaxation</td>
<td>revised goals</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Peer support group</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>and family support</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>group</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Important Notes:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Exposure:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Homework:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Select 1 body image skill and try it (Due</td>
<td></td>
<td>- Snack</td>
<td></td>
</tr>
<tr>
<td>on Thursday skills review)</td>
<td></td>
<td>- Mindfulness activity</td>
<td></td>
</tr>
<tr>
<td>- Behavior Chain and Diary Card (Due on</td>
<td></td>
<td>- Experiential activity</td>
<td></td>
</tr>
<tr>
<td>Tuesday)</td>
<td></td>
<td>and process group</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Circle One</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Presenting</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Providing Feedback</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Week 4 Reflections:**

| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
**Body Dissatisfaction**
- Focus on happiness related to body size/shape
- Distorted body image
- Quick fix – body size = happiness/success
- Cognitive distortions
- Overvalue of weight/shape
- Desire to change/energy and change body

**Empowerment/Self-love/Body-love: (maintenance)**
- Feeling good in your body
- Positive self-talk as a 1st response (limited effort required)
- Less distinction between body-image and self-esteem (incorporated/integrated)
- Listen, respond, and trust body cues
- “Triggers” do not inspire a desire to change self
- Not comparing from a viewpoint of inferiority
- FLEXIBILITY-Change is based on self-love, self-improvement as opposed to discomfort with the way things are
- Change in body/eating are not related to self-esteem

**Acceptance (Action)**
- Investing in feeling better
- Realistic about goals
- Accepting that your body is based on genetics and environment
- Expecting/tolerating changes in weight & shape
- Self-acceptance/self-forgiveness being gentle with yourself
- Chose to appreciate your body vs. criticize

**Tolerating (preparation)**
- Awareness of body distortion – desire to change feelings about body/challenge distortions
- Using skills/strategies such as distress tolerance, shifting your focus from body (distract)

**Incomplete sentences:**
- Activity
- History activity
- Body image message
- What are the costs/benefits pros/cons?

**Define body image:**
- What would a positive body image look like?
- Awareness – How is this working for me?

**Affirmations:**
- Challenge cognitive distortions
- Self-image – who else am I/what else do I have to offer
- ABC triggers

**Compliment:**
- Journal or jar
- Write a letter to your body
- Identify values/shift to focusing on behavior
- Values puzzle
- Positive self talk triangle worksheet
- Shift in body focus – what else is your body besides looks/shape

**Gratitude work:**
- Questioning motivation & self-evaluation of actions (i.e. why are you exercising & how would your letter to self introducing new self advocacy
- Manage comparisons Self-affirmations
Connections

Actual Physical

Attractiveness

Body

Strong Connection

Self

Image

Esteem
VALUES PIE CHART
VALUES PIE CHART
Daily Body Image Diary Sheet

Rate your morning body image acceptance:

1 2 3 4 5
Very Poor Exceptional

What negative body image messages/thoughts did you experience today?

What were the triggers for these thoughts?

What was your initial response to these thoughts? Was it healthy or eating disordered?

What positive body image messages/thoughts did you experience toady?

Did these positive experiences help change your overall daily self-acceptance rating? How so?

Rate your evening body image acceptance:

1 2 3 4 5
Very Poor Exceptional

Date: ____________

Revised 1/16/08
Imagining a Realistic Body Image

You have just gone through the process of thinking about how past experiences have influenced the creation on a negative body image. Now your task is to think about a future time in which you've managed to create a realistic body image. There may still be things that you don't like about your body but you listen to and take care of it.

- Describe some of the overall changes you would imagine in the future with a realistic body image.

- What are some of the changes you would imagine in how you think and feel about your body?

- Think of some of the small day to day changes you would be making if you were making progress toward a more realistic body image and list them below.
Instructions: For each period describe your physical appearance and the important events or experiences that influence your body image (body image is the mental picture you have of your body, including what you see and what you think about what you see).

I. Early Childhood (up to age 7)
II. Later Childhood (up to age 9)

III. Early Adolescence (up to age 14)

IV. Currently
Body Image "Message" History

- How old were you when you first remember focusing on your body image?

- What are the earliest body image messages you remember hearing from your:
  Father:
  Mother:
  Siblings:
  Grandparents:
  Extended family:

- What were the worst body image messages you ever received from your family?

- Who are your body image role models (positive and negative)?
Directions: Finish each sentence with a feeling and any ideas that come to mind.

When I feel hungry, I feel ________________________________.

When I feel full, I feel ________________________________.

When I think of food I ________________________________.

When I think about myself, I feel ________________________________.

I am afraid of getting/feeling ________________________________.

My eating disorder makes my parents feel ________________________________ and that makes me ________________________________.

I ________________________________ that I could die from my eating disorder.

If I give up my eating disorder, I will lose feeling ________________________________.

If I give up my eating disorder, I will gain feeling ________________________________.

Fat = ________________________________.

Skinny = ________________________________.

Growing up = ________________________________.

Being Independent = ________________________________.

Adulthood = ________________________________.

Taking responsibility = ________________________________.

Being in treatment = ________________________________.

I fear food because ________________________________.

If I recover, I gain ________________________________.

If I recover, I lose ________________________________.

Recovery = ________________________________.

Revised 1/16/08
Developing a “Healthy” Body Image

Here are a few suggestions to help you improve your body image:

1. Listen to your body. Eat when you are hungry.

2. Be realistic about the size you are likely to be based on your genetic and environmental history.

3. Expect normal weekly and monthly changes in weight and shape.

4. Work towards self acceptance and self forgiveness – be GENTLE with yourself.

5. Ask for support and encouragement from friends and family when life is stressful.

6. Decide how you wish to spend your energy - pursuing the “perfect body image” or enjoying family, friends, school and most importantly, life.

7. List a few of your own ideas to help you improve your body image here:
Compliment Journal

Every day, write down three compliments to yourself and describe what it felt like to compliment yourself.

Date:
1.
2.
3.

Date:
1.
2.
3.

Date:
1.
2.
3.

Date:
1.
2.
3.

Revised 1/16/08
1. Identify the nine most important aspects/characteristics that make up your identity.

2. Make an * by the pieces that are or have been impacted by your eating disorder.

3. Circle the ones that you would like to change as you become an adult and write which characteristics you want to replace them with.
ED-IOP Exposure Tracker

Date: ____________

Week: ______

This week my Exposure is: ____________________________

<table>
<thead>
<tr>
<th>Pre- SUDS</th>
<th>Mid-Point SUDS</th>
<th>Post-Exposure SUDS</th>
<th>Post-Relaxation SUDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Remember, the purpose of Exposures is to become less avoidant and to TRY AGAIN! Please comment on this Exposure experience and think about when you might be willing to try this again outside of ED-IOP – what support you would need, what would need to be different (if anything), etc.

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
**Weekly Diary Card**

*Self-monitoring is very important to reaching your goals!*

Please use this diary card to record your target behaviors during the week. Mark (*) if you engaged in a behavior and rate (0-5) if you had an urge, but did not engage in a behavior. Please remember - a BCA should accompany any (*) listed on this form!

<table>
<thead>
<tr>
<th></th>
<th>Restrict</th>
<th>Binge</th>
<th>Purge</th>
<th>Exercise</th>
<th>Pills</th>
<th>FABs</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saturday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes from the Week:

Skills Used this Week:
Cognitive Errors Concerning Appearance

COGNITIVE ERROR #1: "THE UNREAL IDEAL"

Definition:

Example:

COGNITIVE ERROR #2: "UNFAIR TO COMPARE"

Definition:

Example:

COGNITIVE ERROR #3: "THE BLIND MIND"

Definition:

Example:

COGNITIVE ERROR #4: "THE BLAME GAME"

Definition:

Example:

COGNITIVE ERROR #5: "PROJECTION"

Definition:

Example:

COGNITIVE ERROR #6: "BEAUTY OR BEAST"

Definition:

Example:
HOMEWORK

ANTECEDENT EVENT
1. ____________________________
2. ____________________________
3. ____________________________

BELIEFS/COGNITION
1. ____________________________
2. ____________________________
3. ____________________________

CONSEQUENCES
1. ____________________________
2. ____________________________
3. ____________________________

WHAT COGNITIVE ERROR COULD YOU IDENTIFY WITH EACH EVENT & HOW DID YOU DISPUTE IT?
1. ____________________________
2. ____________________________
3. ____________________________
THE MEDIA & BODY IMAGE

In group today, we will be watching six short media clips related to body image. These clips are likely to provoke strong emotion—both positive and negative feelings. As we watch these clips, please jot down your thoughts, feelings, and responses. **Don’t try to censor or monitor yourself!** The best discussion will come from complete honesty. We will process our journaling as a group after watching the clips. Here are a few things to think about when watching the clips to help get you going:

1. Do you agree/disagree with the message in the clip?
2. Have you ever had similar thoughts?
3. What are your own biases?
4. What about the clip produced an emotional reaction?
5. How does this message help and/or hurt body image?
6. What would you do if you were in the clip?
7. How can you change as a result of this clip?
Clip #1: Little Miss Sunshine (3:34)

Clip #2: Child Beauty Pageants (3:29)

Clip #3: Nothing to Lose (1:34)

Clip #4: Dove Evolution Commercial (1:14)

Clip #5: Men & Body Image (0:53)

Clip #6: Dove Campaign Commercial (0:46)
<table>
<thead>
<tr>
<th>Week 5: Triggers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal(s):</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Agenda:</strong></td>
</tr>
<tr>
<td>- Weight</td>
</tr>
<tr>
<td>- Snack</td>
</tr>
<tr>
<td>- Mindfulness Activity</td>
</tr>
<tr>
<td>- Learn and practice the new skill: “Trigger Zones” &amp; ABC</td>
</tr>
<tr>
<td>- Goal setting and Exposure planning</td>
</tr>
<tr>
<td><strong>Important Notes:</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Exposure:</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Homework:</strong></td>
</tr>
<tr>
<td>- ABC worksheet (Due on Thursday skills review)</td>
</tr>
<tr>
<td>- Behavior Chain and Diary Card (Due on Tuesday)</td>
</tr>
<tr>
<td>Circle One</td>
</tr>
<tr>
<td>Presenting</td>
</tr>
<tr>
<td>Providing Feedback</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Monday</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Tuesday</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Thursday</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Important Notes:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Week 5 Reflections:**

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
Trigger Zones

Coping with Triggers
(Going out spontaneously)
- More independent
- Readiness for change
- Higher level skills
- Values

Change Relationship with Triggers
(Thrive)
- Looking forward to going out
- Enjoyment

Exposure & Limited Triggers
(Going out knowing the menu)
- Motivation
- Using skills
- Distress Tolerance
- Structure
- Support

Trigger - Free Zone
(Survival Mode)
HOMEWORK

ANTECEDENT EVENT
1. 
2. 
3. 

BELIEFS/COGNITION
1. 
2. 
3. 

CONSEQUENCES
1. 
2. 
3. 

WHAT COGNITIVE ERROR COULD YOU IDENTIFY WITH EACH EVENT & HOW DID YOU DISPUTE IT?
1. 
2. 
3.
Stinkin' Thinkin'
Top Ten*

1. ALL OR NOTHING THINKING: If you're not perfect, you're a total loser. If you don't get everything you want, it feels like you got nothing. If you're having a good day, the whole rest of your life is perfect and you don't need therapy anymore.

2. OVERGENERALIZATION: One thing goes wrong and your whole life suddenly becomes one lousy thing after another.

3. MENTAL FILTER: You develop selective hearing and only hear the one tiny negative thing surrounded by all the HUGE POSITIVE STUFF.

4. DISQUALIFYING THE POSITIVE: The good stuff doesn't count because the rest of your life is a miserable pile of doo-doo.

5. JUMPING TO CONCLUSIONS: You suddenly become a psychic mind reader. You know without even asking that people have it in for you and that everything you try is going to turn out miserably.

6. MAGNIFICATION OR MINIMIZATION: The screw-ups or losses are HUGE and the good stuff or your positive qualities are teeny-weeny.

7. EMOTIONAL REASONING: You start thinking your emotions are fact. "I feel, therefore it is." "I feel like she hates me, therefore she does."

8. SHOULD STATEMENTS: You should on yourself. You start beating yourself up with all the "shoulds." "I should be able to deal with this better." "I should be able to handle this." "I should have said this/done that."

9. LABELING AND MISLABELING: Overgeneralization taken a step further. You use extreme language to describe things. "I spilled my milk. I am SUCH A LOSER!" "My therapist didn't call me right back; she is the most uncaring, heartless therapist ever!"

10. PERSONALIZATION: You see yourself as the cause for things you have absolutely no control over or the target of stuff that may have absolutely nothing to do with you. "It's all about me"—but not in a good way.

*Stinkin' Thinkin'. Adapted from Ray and Hammer, 2003
Adapted from David D. Burns, MD: Feeling Good. The New Mood Therapy

Questions to Ask to Elicit Coping Thoughts

1. Do I know for sure this is going to happen?
2. What else could happen, other than what I first thought?
3. What has happened when I have been in this situation before?
4. How many times has this anxious thought actually happened?
5. What are the odds of it happening now?
6. Have I gathered all the evidence? What else do I need to know?
7. What is the worst that could happen?
8. What would be so bad if “the worst” did happen? And then... what would be so bad about that?
9. What would you say to your friend if s/he was in this situation?
10. __________________________________________

Examples of Coping Thoughts

1. I'll just give it a try and see what happens, maybe it won't be as bad as I think.
2. What's the big deal, something like this happens to everyone once in a while.
3. So I'm not perfect. I don't know anyone who is.
4. I've been in that situation before and survived - I can do it again.
5. Since I can't predict the future, I should wait and see what happens before jumping to conclusions.
6. __________________________________________
7. __________________________________________
8. __________________________________________
9. __________________________________________
10. __________________________________________
ED-IOP Exposure Tracker

Date: _________________

Week: ______

This week my Exposure is: ____________________________

<table>
<thead>
<tr>
<th>Pre- SUDS</th>
<th>Mid-Point SUDS</th>
<th>Post-Exposure SUDS</th>
<th>Post-Relaxation SUDS</th>
</tr>
</thead>
</table>

Remember, the purpose of Exposures is to become less avoidant and to TRY AGAIN! Please comment on this Exposure experience and think about when you might be willing to try this again outside of ED-IOP – what support you would need, what would need to be different (if anything), etc.
**Weekly Diary Card**

*Self-monitoring is very important to reaching your goals!*

Please use this diary card to record your target behaviors during the week. Mark (*) if you engaged in a behavior and rate (0-5) if you had an urge, but did not engage in a behavior. Please remember - a BCA should accompany any (*) listed on this form!

<table>
<thead>
<tr>
<th></th>
<th>Restrict</th>
<th>Binge</th>
<th>Purge</th>
<th>Exercise</th>
<th>Pills</th>
<th>FABs</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saturday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes from the Week:**

**Skills Used this Week:**
### Week 6: Relapse Prevention

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Thursday</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Agenda:</strong></td>
<td><strong>Agenda:</strong></td>
<td><strong>Agenda:</strong></td>
</tr>
<tr>
<td>- Weight</td>
<td>- Pre-exposure and life SUDS score</td>
<td>- Snack</td>
</tr>
<tr>
<td>- Snack</td>
<td>- Exposure snack</td>
<td>- Mindfulness activity</td>
</tr>
<tr>
<td>- Mindfulness Activity</td>
<td>- Post-exposure SUDs score</td>
<td>- Experiential activity and process group</td>
</tr>
<tr>
<td>- Learn and practice the new skill: Relapse Prevention Planning</td>
<td>- Post-exposure process group</td>
<td>- Skills review/revision homework</td>
</tr>
<tr>
<td>- Goal setting and Exposure planning</td>
<td>- Check out/relaxation</td>
<td>- Weekly reflections &amp; revised goals</td>
</tr>
<tr>
<td><strong>Important Notes:</strong></td>
<td><strong>Important Notes:</strong></td>
<td><strong>Important Notes:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Graduation!!!!</td>
</tr>
</tbody>
</table>

**Exposure:**

**Homework:**
- Complete your Relapse Prevention Plan (Due on Thursday – for Graduation)
- Behavior Chain and Diary Card (Due on Tuesday)

**Circle One**

| Presenting | Providing Feedback |

**Week 6 Reflections:**

---
Relapse Prevention Plan

This relapse prevention plan belongs to:
Relapse vs. Slip

Please write a paragraph on what you perceive to be the difference between a “slip” versus a “relapse” and how you might manage each.

Patient:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Parent:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Support Plan

Please list 5 motivators for ongoing recovery:

1. 
2. 
3. 
4. 
5. 

Please list 5 reasons why you DESERVE recovery:

1. 
2. 
3. 
4. 
5. 

Please list 5 triggers for ED behavior:

1. 
2. 
3. 
4. 
5.
Please list 5 skills to help manage triggers:

1. 
2. 
3. 
4. 
5. 

Please list 5 people (with telephone #s) you can call for support

1. 
2. 
3. 
4. 
5.
Please list “red flags” that indicate you might be struggling and outline a family plan of action for managing that red flag:

<table>
<thead>
<tr>
<th>RED FLAG</th>
<th>PLAN OF ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
OUTPATIENT FOLLOW-UP PLAN

Family Therapy
Name: __________________________
Phone: (   ) ____________________
Fax: (   ) _____________________
Appointment: ___ / ___ / ___
   __ : ___ am/pm

Individual Therapy
Name: __________________________
Phone: (   ) ____________________
Fax: (   ) _____________________
Appointment: ___ / ___ / ___
   __ : ___ am/pm

Group Therapy
Name: __________________________
Phone: (   ) ____________________
Fax: (   ) _____________________
Appointment: ___ / ___ / ___
   __ : ___ am/pm

Nutrition
Name: __________________________
Phone: (   ) ____________________
Fax: (   ) _____________________
Appointment: ___ / ___ / ___
   __ : ___ am/pm

Psychiatry
Name: __________________________
Phone: (   ) ____________________
Fax: (   ) _____________________
Appointment: ___ / ___ / ___
   __ : ___ am/pm

Medicine
Name: __________________________
Phone: (   ) ____________________
Fax: (   ) _____________________
Appointment: ___ / ___ / ___
   __ : ___ am/pm
My Declaration of Independence

When in the course of human events, it becomes necessary for one person, myself, to dissolve the bonds which have connected me to __________, and to assume, among the powers of the earth to which the laws of nature entitle me, and require that I should declare the causes which impel me to the separation.

We hold these truths to be self-evident, that all mankind are endowed by their Creator with certain unalienable rights that among these are LIFE, LIBERTY, and the PURSUIT OF HAPPINESS.

Whenever __________, becomes destructive of these ends, it is right to abolish __________, and to institute Recovery, laying its foundation on such principles as freedom and happiness.

After a long train of abuses that have reduced me to my weakest position, it is my right, it is my duty, to throw off __________, and to provide recovery for my future security. The history of __________, is a history of repeated injuries, all having established an absolute tyranny over me. To prove this, let facts be submitted: (please list all injuries that could be attributed to your eating disorder)

- 
- 
- 
- 
- 
- 
- 
-
I have petitioned for rectification in the most direct terms. My repeated petitions have been answered only by repeated injury. I must therefore accept the necessity to denounce my separation and hold __________, as the enemy.

I, therefore, solemnly publish and declare that I am FREE and INDEPENDENT; that I am absolved from all allegiance to __________, that all connection between __________, and I ought to be totally dissolved, and that as a free and independent person, I have the full power to eat, live in peace, and do all other acts and things which independent people do.

And for the support of my Declaration of Independence, with a firm reliance on the protection of my treatment team and my family, I mutually pledge to myself and all of those who have aided me in my recovery, my life, fortune, and sacred honor.

_____________________

My Signature

Signatures from others agreeing to support this pledge:
ED-IOP Exposure Tracker

Date: ______________

Week: _____

This week my Exposure is: ____________________________

<table>
<thead>
<tr>
<th>Pre-SUDS</th>
<th>Mid-Point SUDS</th>
<th>Post-Exposure SUDS</th>
<th>Post-Relaxation SUDS</th>
</tr>
</thead>
</table>

Remember, the purpose of Exposures is to become less avoidant and to TRY AGAIN! Please comment on this Exposure experience and think about when you might be willing to try this again outside of ED-IOP – what support you would need, what would need to be different (if anything), etc.
Name: ___________________________  Date: ___________________________

# Weekly Diary Card

*Self-monitoring is very important to reaching your goals!*

Please use this diary card to record your target behaviors during the week. Mark (*) if you engaged in a behavior and rate (0-5) if you had an urge, but did not engage in a behavior. Please remember - a BCA should accompany any (*) listed on this form!

<table>
<thead>
<tr>
<th></th>
<th>Restrict</th>
<th>Binge</th>
<th>Purge</th>
<th>Exercise</th>
<th>Pills</th>
<th>FABs</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saturday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes from the Week:

Skills Used this Week:
ED-IOP Exit Survey

Congratulations to you and your family for completing ED-IOP at Children's Hospital Colorado! Please take a moment to complete this very brief exit survey. We really value your opinion regarding our program. Thank you and best of luck!

1. Did ED-IOP deal with challenges your family faces when managing an eating disorder?
   
   Not at All  
   Somewhat  
   A Great Deal

2. Did ED-IOP provide useful information or strategies that can help your family manage an eating disorder?
   
   Not at All  
   Somewhat  
   A Great Deal

3. Do you feel the session materials were presented in a useful and understandable way?
   
   Not at All  
   Somewhat  
   A Great Deal

4. Did you feel the discussion was useful in ED-IOP?
   
   Not at All  
   Somewhat  
   A Great Deal

5. Did you find the homework assignments helpful?
   
   Not at All  
   Somewhat  
   A Great Deal
What do you consider to be the **STRENGTHS** of ED-IOP?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What do you consider to be the **WEAKNESSES** of ED-IOP?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please Circle One

**I AM A:**  MOTHER      FATHER      CHILD      OTHER

Thank you for your feedback!