Name: ___________________ Date: __________ Time: __________

Previous treatment stage ______

Last week’s goals:

______________________________________________________________________________
______________________________________________________________________________

Current Treatment stage: ______

Treatment stage goals:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Additional goal(s):

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Skills you can use to achieve your goals:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Stage 1 Goals
- Complete initial appointments
- Arrange schedules to be present at family days, meals & appointments
- Use the program resources (groups & staff) & obtain program books

Stage 2 Goals
- Attend and actively participate in all parts of program
- Started reading books
- Self-assess what you are doing well and what requires further practice
- Increase empathy & warmth

Stage 3 Goals
- Stay firm with limits (despite more “fatigue” or increased challenges)
- Align w/ program and work together to create home-based plan
- Apply changes to home

Stage 4 Goals
- Demonstrate skill mastery
- Understand “do’s and don'ts”
- View struggles as opportunities – gain confidence

Stage 5 Goals
- Active in groups -synthesizing knowledge
- Cope with more challenges
- Demonstrate improved conflict management and effective communication

(Please turn over)
Challenges from the past week:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Progress to goal(s):

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Your current stage of change: ____________________________

Questions for treatment team:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Name: __________________ Date: ______________ Time: ____________

Previous treatment stage ________

Last week’s goals:

______________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Current Treatment stage: ________

Treatment stage goals (please choose from the following list):

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Additional goal(s) (do not need to be from the list):

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Skills you can use to achieve your goals:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Stage 1 Goals
- Learn program structure and rules
- Adjust to Parent Supported Nutrition (PSN)
- Improve medical condition

Stage 2 Goals
- Improve FAB’s
- Participate in groups
- Working with parents on communication and meal support

Stage 3 Goals
- Follow meal plan and structure at home
- Use coping skills to manage eating disorder

Stage 4 Goals
- Coping well with more time out of program
- Improve flexibility
- Improve communication with family

Stage 5 Goals
- Return to school, family life, friends and activities
- Able to adhere to PSN
- Use coping skills
- Communicate well with family

(Please turn over)
Challenges from the past week:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Progress to goal(s):

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Your current motivation level/stage of change: ________________________________

| - Precontemplation + | There is no problem; and/or I don’t want to change |
| - Contemplation + | There is a problem, but I’m not sure I’m ready to do anything about it |
| - Planning/Preparation + | I am working on a plan or making small steps to make changes |
| - Action + | I am making a conscious effort to make changes and may need support/supervision |
| - Maintenance + | I am maintaining the changes on my own (whether or not I am being supervised/monitored) |

Questions for treatment team:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

9_2015