

# WANDI NERIDA

— gather together to blossom —



## Introduction:

Welcome to Wandi Nerida. We are so glad you found your way to our door. The first thing we want you to know is that you are safe here. This space was created with you in mind. It was intended to provide a comfortable place in which you can heal and connect with people who believe you can recover. We know that making the decision to come to treatment can involve mixed feelings including emotions like relief, fear, anxiety, happiness and even anger. We welcome all these feelings. We also know that there will be lots of questions. We hope to answer most of them in this handbook. **If you can't find an answer you're looking for, please ask** as we are always available to you.

Our program philosophy draws from current evidence-based approaches to eating disorders treatment, including Cognitive Behaviour Therapy (CBT), Dialectical Behaviour Therapy (DBT), Acceptance & Commitment Therapy (ACT), mindfulness, schema therapy, family therapy models, and the works of Carolyn Costin and Gwen Grabb **as described in their book "8 Keys to Recovery from an Eating Disorder"**.

We believe that everyone who walks in our door was born with a healthy core self and overtime, for a variety of reasons has developed what we call an eating disorder self. Our philosophy is that we **strengthen each client's healthy self so it can get back in control, putting the eating disorder self out of a job**. When your eating disorder self and healthy self are integrated, you are recovered.

One of the foundational parts of our program is our belief that you can be fully recovered from an eating disorder. We understand the journey towards being recovered will look different for each person and we acknowledge that this will be one of the hardest journeys you will likely embark upon in your life. Working towards being recovered will take a lot of hard work, commitment, patience and support and we want to assure you that we are here to support you in this process. Though challenging, we know that being recovered is possible because thousands like you have accomplished this journey and here, at Wandi Nerida you will work directly with others who have gone before you and are living recovered lives.

It is important for us to have a common understanding of the term "being recovered" **and** we want you to reflect for a moment on Carolyn Costin's words:

*"Being recovered is when a person can accept his or her natural body size and shape and no longer has a self-destructive relationship with food or exercise. When you are recovered, food and weight*

*take a proper perspective in your life, and what you weigh is not more important than who you are; in fact, actual numbers are of little or no importance at all. When recovered, you will not compromise your health or betray your soul to look a certain way, wear a certain size, or reach a certain number on aBei scale. When you are recovered you do not use eating disorder behaviours to deal with, distract from, or cope with other problems.”*

Here at Wandí Nerida, we have extended on Carolyn Costin’s words to think of being recovered as...

*rediscovering your authentic self* with an attitude of self-acceptance, self-compassion, and loving kindness to gain purpose and perspective in life.

*embracing health* through a constructive relationship with food and exercise, celebrating the function your body fulfills, and cultivating a sense of gratitude for everything your body allows you to achieve.

*allowing yourself to have positive life experiences* and empowering yourself to **deal with life’s** challenges confidently using adaptive skills and strong interpersonal relationships.

## Phase System

Our program is structured around a phase system that involves natural consequences and natural privileges. It is not a bonus/penalty system which is typically how the eating disorder is oriented. We want to help you untangle from that way of thinking and instead use the natural consequences and privileges of a healthy relationship with food to help motivate you.

The phases are intended to be self-directed and based on both external and internal motivation. You will reflect on your progress and challenges each week and apply for the next phase as is appropriate. We, as a treatment team, will review each participant’s **phase every** week and make changes as necessary.

### Welcome Phase

When you first enter treatment, you will spend one week on the Welcome Phase. This phase is intended to orient you to treatment and enables your treatment team to gather the necessary assessments to create an individualised treatment plan. The first week of treatment will include introductory sessions with the multi-disciplinary treatment team including the therapist, dietitian, psychiatrist and general practitioner. On *Welcome Phase*, for the **first three days** as you settle in, you will have flexibility with your meals unless your medical condition necessitates otherwise. This means that you will be able to select choices from the menu and will be served meals. You will be encouraged to do the best you can in terms of meal completion until you meet with the dietitian. Your individualised meal plan will be set by the dietitian with complete transparency and your involvement. There are no tricks here as we are here to walk this journey with you. In some instances where medical concerns and complications exist, a very specific menu plan may start on day one but

please be assured that should this be the case, we will discuss this with you ahead of admission so that you know what to expect on Day 1. During the Welcome Phase, you will be observed by a staff member for 1.5 hours after meals and 1 hour after snacks. You will not be able to go on leave during this phase.

After the first week, you will automatically move to *Phase 1*.

### Phase 1

In Phase 1, you will likely be struggling with eating disorder behaviours and may or may not be ready for change. Even if you are motivated, bear in mind that the eating disorder may not be ready to let go and hence this phase is likely to be a hard one. In this phase, we acknowledge that the ED can be very loud at mealtimes and we are committed to providing you with extra support before, during, and after mealtimes. Completion of assignments are a crucial part of *Phase 1* as they create a solid foundation for the rest of treatment.

During Phase 1, we will:

- Provide you with a high level of support while encouraging you to challenge the eating disorder by abstaining from eating disorder behaviours such as bingeing, purging, restricting, or compulsive exercise (including exercising in your room).
- Work with you to initiate appropriate challenges and provide you with a high level of support at every step.
- Provide you with extra support before, during, and after mealtimes.
- Provide gentle encouragement and support to help you overcome ED behaviours at the table.
- Encourage you to complete all meals and snacks but understand that this is likely to be very challenging.
- Work with you to set and review your *Phase 1* assignments and due dates.

During Phase 1, you will:

- Continue with full observations until the treatment team agrees that a decrease is appropriate or indicated.
- Be able to self-select breakfasts and snacks.
- Work with your primary therapist to understand your level of motivation and the barriers that this might present for you.
- Work with your primary therapist to identify your specific eating disorder thoughts and behaviors and ways to challenge them.
- Work closely with the dietitian to understand the level of choice you will have in relation to lunch and dinner menus.
- Be able to supplement meals and snacks as per your individualised meal plan.
- Work closely with the exercise physiologist and medical staff to understand the level of exercise that may be suitable for you based on medical stability. Depending on this, you may be able to do some short walks in nature.

- Be able to participate in all aspects of the program, including outings with the milieu and guided Movement Therapy groups.
- Complete written and reflective assignments which will be reviewed by your therapist.
- Be able to have supervised daily contact with approved support persons via phone/video call using your own device.

During Phase 1, you will not be able to:

- Portion your own food.
- Get involved in kitchen duties and meal preparation.
- Have leave.
- Access your personal device for anything other than phone/video call to your nominated support persons.

Towards the completion of Phase 1, you will be able to:

- Complete >50% of meals and snacks without supplements.
- Demonstrate an ability to seek help at the table when ED behaviours are present.
- Cease ED behaviours at the table so that you can move to Phase 2.
- Challenge ED beliefs and thoughts in relation to exercise and movement.
- Attend all aspects of the treatment program and be an active participant in group therapy.
- Engage actively in the therapy process by completing assignments in a proactive and timely manner.

Note that once you can achieve the above, you will discuss your readiness to move to Phase 2 with your treatment team and set appropriate goals that you would like to achieve in Phase 2.

## Phase 2

In Phase 2, you will likely still be struggling with eating disorder behaviours and thoughts but this is the phase when we expect that your readiness and ability to embrace change begins to shift. In Phase 2, you may demonstrate more signs of motivation as well as a decrease in supplementing meals/snacks and ED behaviours at the table. In this phase, we acknowledge that the ED can continue to be loud at mealtimes, but you may now have some skills to be able to manage these better. During this phase, we will continue to provide you with support before, during, and after mealtimes. As in Phase 1, completion of assignments is a crucial part of *Phase 2* as they create a solid foundation for the rest of treatment.

During Phase 2, we will:

- Provide you with support at the meal table as you practice skills to challenge the eating disorder.
- Remind you of skills that can help you abstain from eating disorder behaviours such as bingeing, purging, restricting, or compulsive exercise.
- Provide you with support before, during, and after mealtimes.
- Provide gentle encouragement and support to help you overcome ED behaviours at the table.

- Help you to complete all meals and snacks while acknowledging that this can still be quite challenging.
- Work with you to help you become more self-paced and responsible for completing all *Phase 2* assignments with minimal guidance around due dates.

During Phase 2, you will:

- Be able to self-select all food choices.
- Begin portioning some of your food such as snacks or breakfast.
- Be able to have decreased observations after meals and snacks.
- Be able to be allocated some kitchen duties e.g. dishes/tidying up.
- Continue to have some post-meal observations in place as discussed with your treatment team.
- Take a more active role in treatment and in your treatment planning.
- Reach out to others for help and support rather than reaching out to eating disorder behaviours.
- Be able to discuss your readiness to go on leave outside of meal/snack times with approved members of your support network.
- Work closely with the exercise physiologist and medical staff to understand the level of exercise that may be suitable for you based on both medical and clinical stability. You may be able to participate in nature walks and weight training.
- Be able to participate in guided Movement Therapy groups.
- Be able to have supervised daily contact with approved support persons via phone/video call using your own device.
- Complete written and reflective assignments which will be reviewed by your therapist.

During Phase 2, you will not:

- Be able to do meal preparation.
- Be able to access your personal device for anything other than phone/video call to your nominated support persons.

Towards the completion of Phase 2, you will be able to:

- Complete > 75% of meals and snacks without supplements.
- Demonstrate an ability to challenge ED behaviours at the table.
- Challenge ED beliefs and thoughts in relation to exercise and movement.
- Demonstrate increased levels of motivation for recovery.
- Have increased confidence and ability to self-manage post-meals with minimal observations.
- Attend all aspects of the treatment program and be an active participant in group therapy.
- Engage actively in the therapy process by completing assignments in a proactive and timely manner.

Note that once you can achieve the above, you will discuss your readiness to move to Phase 3 with your treatment team and set appropriate goals that you would like to achieve in Phase 3.

*Phase 3*

During Phase 3, you will experience increased mastery of the tasks and challenges you completed in the previous stages. This means that you will be participating actively in groups, modelling healthy eating behaviours at the table, including engaging in recovery-oriented conversations at the table and in the milieu. At this time, you may notice that you are better equipped to challenge ED and challenge yourself in terms of food and exercise. You may also feel ready to take on bigger challenges in relation to ED. During this phase, some things may still feel daunting, and we encourage you to reach out to the team when obstacles come up for you.

During Phase 3, we will:

- Work with you to find a level of independence that feels comfortable and manageable for you while keeping you safe.
- Provide you with support at the meal table as needed.
- Remind you of skills that have worked well for you and help you master others that need more practice.
- Help you identify ways in which you can contribute more actively to the House and other residents.
- Encourage you to take ownership for completing all *Phase 3* assignments with minimal guidance around due dates.

During Phase 3, you will:

- Take on a more active role in your treatment and recovery by collaborating more closely with your treating team, especially in thinking about discharge planning.
- Be accomplishing contracted weight goals.
- Be able to self-select all food from the menus and portion all meals and snacks with little to no redirection.
- Manage post-meals without observations and reach out to staff proactively if you need support.
- Be able to get involved in cooking groups, kitchen activities, and supervised meal preparation for yourself and others.
- Be able to attend all WN outings with staff.
- Be ready to discuss having day leave (that may/may not include a meal) with family and friends.
- Notice that there are no ED behaviours occurring at the table and throughout the day.
- Demonstrate an ability to consistently reach out for support actively.
- Start to feel comfortable offering support to peers.
- Continue to work closely with the exercise physiologist and medical staff to ensure that you remain medically and clinically safe to participate in all scheduled exercise and movement therapies as part of the program.
- Be able to have unsupervised daily contact with approved support persons via phone/video call using your own device.
- Complete written and reflective assignments which will be reviewed by your therapist.

During Phase 3, you **will not**:

- Have any nutritional supplementation (unless it is a medically indicated).
- Require any post-meal observations.
- Be ready to be considered for overnight leave.
- Be able to use your personal device to access social media.

Towards the completion of Phase 3, you will be able to:

- Complete **all** meals and snacks without supplements.
- Participate in all activities without needing any redirection around behaviours or conversations.
- Demonstrate your ability to take on some role modelling and be a leader to other participants.
- Accomplish and maintain your healthy weight range if weight restoration was needed.

#### Phase 4

During Phase 4, you will have demonstrated mastery of all tasks and challenges you completed in the previous stages and will likely have internalised your motivation for recovery. You might be feeling increasingly confident about your ability to continue to practice the skills you have learned when you return home. At this point, it is understandable that you may at times doubt your ability to manage back in your home environment. Such uncertainty is normal and expected when any big change is in the horizon. By this phase, you will be able to reach out to your personal and professional support systems to identify helpful and adaptive ways of problem solving, managing uncertainty and stress.

During Phase 4, we will:

- Work with you to develop a suitable discharge plan, including working closely with your support persons at home and community-based treating team.
- Continue to support you to overcome any doubts and fears you might have about discharge and work with you to put strategies in place to manage your worries.
- Acknowledge and honour your growing autonomy and independence in relation to food, exercise, and treatment planning.
- Continue to support you as needed and be led by you to state your needs.
- Work with you to explore opportunities for leadership in the house.

During Phase 4, you will:

- Be encouraged to be a role model and a **“recovery leader” in the house**. This includes participation in all groups, modelling healthy food behaviours at the table and recovery - oriented conversations at the table and in the milieu (group environment).
- Be a leader in the home and will be recovery-focused in your actions and conversations.
- Have full responsibility for your food including portioning all meals and snacks.
- Manage post-meals without observations and reach out to staff proactively if you need support.
- Be able to prepare meals on your own as discussed with dietitian and chef.

- Be able to work with the dietitian to buy and prepare foods that are not on the menu.
- Be able to challenge yourself if eating only a proportion of your meal plan.
- Discuss the option of engaging in independent exercise with the treating team.
- Have the opportunity to contract out of some groups to enable you to engage in activities that mirror life post-discharge. The decision around what groups/activities you can opt out of and what substitute activities you will engage in will need to be discussed and agreed upon with your treating team each week.
- Have day or overnight leave with nominated support people.
- Have unrestricted access to your personal device during set times of the day (usually in the evening).

During Phase 4, you **will not**:

Towards the completion of Phase 4, you will be able to:

- Demonstrate your ability to challenge all ED thoughts such that you do not engage in any ED behaviours.
- Complete **all** meals and snacks independently and confidently.
- Be a leader in the house by gently and compassionately encouraging others to redirect ED behaviours or conversations.

## Discharge Phase

We understand that because recovery can be a difficult and long process, not everyone will complete all the phases. If, for any reason, you are unable to move to Phase 4 prior to setting a discharge date, you will be placed on Discharge Phase in addition to the phase you are on, for example, Phase 3/Discharge. This indicates that though you are on Phase 3, you will be given some discharge goals to best prepare you for stepping down to a lower level of care with your community-based treatment team. During this phase, we will support you to face certain situations such as preparing meals which you will be confronted with upon discharge. You will be able to identify and discuss your Discharge Phase goals with the WN treatment team based on your individual needs and where you are in the recovery process.

## The Treatment Team

During your time with us you will interact with many different people from many different disciplines, all who are trained in our unique eating disorder care philosophy. Our team includes a psychiatrist, a GP, psychologists, dietitian, nurse manager, nurses, group therapists, coaches, program manager, chef, yoga instructor, exercise physiologist, cleaners, and grounds keepers. Treatment will involve a combination of individual and group therapy as well as working with this multi-disciplinary treatment team. During your stay at Wandí Nerida, in addition to your individual therapy and dietetic sessions, you will have weekly meetings with the psychiatrist, medical doctor, dietitian and nurse manager.

We have an all-hands-on-**deck**, **we're-all-on-the-same-team** philosophy meaning that each person is an important part of the treatment team and can be considered a support person. It also means that



we respect every staff member's decision, and a no from one person will not turn into a yes from another person or vice versa. It is very important for you to respect the decision of any staff member.

## Group Therapy

We believe that there is tremendous power in group work. Because of this, you will attend group therapy daily. Group therapy helps to increase vulnerability and courage and combat shame which often surrounds eating disorders. You will be exposed to a variety of groups. Some will be open process groups in which you can talk about any feelings, thoughts and behaviours you are struggling with or dealing with at that time. Some will be topic-specific and involve a directed group discussion. Other groups will be experiential in which you will participate in an activity and then process that experience afterwards. All groups are designed to foster insight and increase awareness. Every group will be led by staff. To ensure the most productive and mutually beneficial group process, we ask that every person shows up to group willing to be present, open, vulnerable and respectful. Group therapy is not the time to be working on assignments, journaling or sleeping. Group therapy is also not the place to process traumatic experiences as this is safer to explore during your individual therapy sessions.

Our group therapy offerings include:

### 1. Core Process

In this group, you will have the opportunity to share assignments, reflect on what is coming up for you in the recovery process and provide feedback and support to your peers.

### 2. Food Reflection

This group offers an opportunity to process your feelings and thoughts specifically about food. The goal is to help you challenge your specific distorted thoughts related to food and mealtimes. These groups may be **run as a "talking" group or through the use of expressive therapies.**

### 3. Expressive Therapies

The creative process can be a powerful and transformative one. In this group, you will be exposed to different mediums through which you can express your emotions, your authenticity and your vulnerability.

### 4. ED/Healthy Self Dialogue

The concept of eating disorder self and healthy self is core to our philosophy. This weekly group helps participant practice, with each other and out loud, the ED/Healthy Self dialogue to strengthen the Healthy Self. Therapists might run this group in different ways including breaking the group up in smaller groups or having one participant play the eating disorder voice and the other participants talk back to it from the healthy voice.

### 5. Mindfulness

There is strong research supporting the benefits of mindfulness on mental wellbeing including helping with anxiety, stress, depression and eating disorders. We believe that implementing a daily

mindfulness practice helps with recovery and can be a protective mental shield in your life. Our mindfulness practice happens daily and will teach different types of mindfulness and breathing techniques that you can then utilise on your own.

#### 6. Nutrition

Our dietitian will provide psychoeducation based on current research about nutrition-related topics and. Bring your dietary questions and receive information that will help challenge eating disordered beliefs about food and nutrition.

#### 7. Cognitive Behaviour Therapy (CBT)

CBT is an evidence-based therapy for eating disorders and is a fundamental part of our treatment philosophy. The concept of ED self/Healthy self-dialogue is a form of CBT as it involves challenging eating disordered thoughts and this is a crucial part of recovery. You will be exposed to CBT concepts and worksheets in this weekly group.

#### 8. Dialectical Behaviour Therapy (DBT)

DBT is another evidence-based therapy for eating disorders and can teaches participants skills to tolerate and regulate high levels of emotional distress. This group will focus on practicing various DBT skills and we will provide you with worksheets that you can keep.

#### 9. Body Acceptance groups

As an antidote to body shaming, diet culture and bullying, this group aims to instil body acceptance and promote inclusive messages about all bodies. The goal is finding gratitude for what your body is capable of and helping you to focus on the function of your body rather than its physical form.

#### 10. Intention Setting and Commitment Review

In this group, you will share your intention and specific goals for the coming week including assignments, challenges, and special considerations. You will also share your accomplishments from the previous week and peers will provide feedback and suggestions to one another. While the idea of sharing this in the group may be scary, the purpose is to help keep you on track and allows all participants to provide support and accountability to each other.

### **Individual Therapy**

You will be assigned a psychologist who will be your principal therapist throughout your time in treatment. This person will see you for individual sessions each week and will also review your assessments, be involved in your treatment planning, communicate with your community team, facilitate family therapy and connect you with adjunctive resources as needed. Your individual therapy sessions are the space where you can take a deeper dive into your specific issues and do more individualised work such as trauma and family work. Psychologists are also involved in co-facilitating groups, eating meals and snacks with participants and helping with observations and kitchen portioning.

### **NUTRITION**

At Wandí Nerida, we aim to help participants restore their relationship with food and their bodies. This involves the ability to **attune to one's hunger and fullness cues and to utilise** a combination of intuition, education and awareness to feed oneself appropriately.

During your stay at Wandí Nerida, we will help you establish what Carolyn Costin calls "**Conscious Eating**". We know that the eating disorder disrupts your ability to intuitively know what and how much to eat. Through practicing the Conscious Eating model, you will first learn to consciously follow a meal plan. During the nutrition groups and in your individual sessions with the dietitian, you will learn about the different models of eating with a focus on **Carolyn Costin's Conscious Eating (CE)** model. The tenants of this model are listed below:

1. Be conscious of your hunger. Eat when **moderately hungry; don't wait until you are famished.**
2. **Eat regularly. Do not skip meals, and if possible, don't go over four hours without eating.**
3. Allow yourself to eat all foods (unless you are allergic or have some other serious health issue).
4. Eat what you want, while also being conscious of how foods make you feel, what you have already eaten and relevant health concerns. (For example: confectionary may not be a good **conscious choice if you have diabetes or if you haven't eaten any protein all day**).
5. All calories are equivalent when it comes to weight (that is, a calorie is a calorie).
6. For meals, eat a balance of protein, fat and carbohydrates. Your body needs all of these to function properly and efficiently. Deprivation of foods or nutrients leads to physical and psychological problems and can actually trigger eating disorder behaviors.
7. Stay conscious of your fullness and your satisfaction. You can eat a lot and not be satisfied. Texture and taste of food is important so your body registers the experience of being comfortably full. The goal is to feel full and satisfied but not physically uncomfortable in any way.
8. If you overeat (which is normal to do sometimes), reassure yourself that your body can handle the excess food if you simply get back on track. It is OK to wait until you are hungry **before you eat again, but don't wait too long.**
9. Enjoy food and the pleasure of eating. At times, enhance your eating to dining using candles, nice dishes and flowers on the table.
10. Make conscious choices to avoid foods that make you feel physically bad after eating them.

Dietary and individual sessions, group therapy, supervised meals and snacks and post-meal/snack observations will help you to put these tenants in to practice. You will also be given assignment and individualised challenges to help address your specific food rules and behaviours.

If this feels daunting now, please be assured that the entire team is here to support you to implement these tenants during your time at Wandí Nerida. And remember that if you are ever feeling stuck or overwhelmed, reach out to anyone on the team.

## Menus

Our menus have been carefully crafted by our dietary team and prepared with great care by our experienced chef. The menus are a balance of taste, nutritional needs, portion sizes and appropriate challenges. The menus are on a 28-day rotation. While there is a set meal, you will have the ability to self-select certain items. We always provide a vegetarian option. Outside of vegetarianism and allergies, other dietary accommodations must be discussed with the dietitian and will be made on a case-by-case basis. You will be able to identify three food exclusions based on preference. These exclusions will not change during your time in treatment meaning you may not replace or add but you may remove an exclusion. If your exclusions are fear based rather than preference based, we will support you to challenge and overcome these in the initial phases of residential care. The ultimate goal is for you to try these feared foods to help you overcome the eating disorder.

When you meet with the dietitian, you will work out your specific plan and select lunch and dinners. Depending of the phase of treatment you are on and your specific goals, you will be able to choose breakfast and snacks the night before.

We believe in fresh food whenever possible but also believe that recovery from an eating disorder involves an ability and willingness to eat all kinds of food. We will endeavour to always have specific food groups available and may not have specific items in that food group available. For example, we will always provide fruit as an option but cannot guarantee that your favourite fruit will be available. If we run out of a specific item, we will restock when appropriate and not on individual demand. This is intended to help you challenge your attachment to certain foods and rigidity around eating the same foods all the time.

All meals are plated in the kitchen either by staff or you, depending on the Phase you are on and your challenges/goals for that week. The goal is modelling what a normal amount of food looks like on a plate. All snacks are plated in the kitchen and eaten at the table unless there is a specific snack challenge for a participant.

## Meal & Snack Times

**Healing one's relationship with food requires re-establishing normal eating patterns.** This means that we will provide three meals and three snacks every day at set meal and snack times. Depending on the phase you are on, you are contracted to eat a specific amount of your food, such as 80 to 100%. You will find staff doing the same. In Phase 4, you might set yourself a challenge to eat as much as you feel appropriate to see how you do on your own.

There are also specific end times for each meal and snack. This is intended to help participants eat at a normal pace. Breakfast, lunch and dinner will be allocated 30 minutes each, and you will have 15 minutes for each snack. We know that mealtimes can sometimes be the hardest part of the day and hence we will provide support with plating and choosing meals/snacks and will provide support after each meal and snack.

Staff and participants in Phase 4 will be responsible for reminding everyone of meal and snack times. You are expected to come to the table on time or earlier if you are portioning or preparing the meal. If you are experiencing challenges bringing yourself to the table, we will support you to be able to come to the table in a timely manner. Lateness will lead to difficulties in completing the meal/snack within the allocated time and the team will help you manage any recurring difficulties you have with this.

Please make sure you have what you need (e.g. the proper utensils, cup, napkin, tea bag, etc) prior to being seated. To avoid disruption at the table, please remain seated for the duration of the meal/snack time. Once you are seated at the table, if you need something from the kitchen or have forgotten something, please ask staff, and if possible or appropriate, they will get it for you. If staff assisting at the table are not able to get the item from the kitchen for you, you will need to go through the meal without that item.

Staff will give you gentle reminders throughout the meal so that you can keep an appropriate pace and let you know when the allotted time is coming to an end. At the end of the meal, all staff and participants will transition to the next activity together. Sometimes you might feel the urge to get up from the table before others are ready and we ask that you wait for staff direction before you get up. When you are on Phase 4, you may work with the team to identify times when you can leave the table early. Such agreements must be made during the weekly meeting and you will need to be **aware of when you can and can't do this**. Leaving the table early when it has not been agreed to in the team meeting may indicate an ED behaviour and your principal therapist will meet with you to understand this better and support you to challenge this behaviour.

## Kitchen Etiquette

For safety, cleanliness and infection control, all participants and staff must wear closed toed shoes and a hat or hair net while in the kitchen. You can make this fun by choosing different kinds of hats, such as a baseball hat, or cowboy hat, as long as your hair is tucked underneath. If you are cooking for others, you will need to remove all jewelry in accordance with the Food Handling requirements.

Starting in *Phase 2*, you will be rotating chores with other participants and may be given the task of doing dishes post meals and snacks. You will need to **follow appropriate rules when on "dish duty."** Knives and other sharps are always kept in a locked drawer and a staff member will be able to get them out and put them away for you. Only participants in Phase 4 have access to the kitchen without staff supervision.

## Portioning/Food Preparation

Portioning your food is a necessary and important skill to be learned in residential care. This goal is set for participants starting on *Phase 2*. If you are demonstrating a decrease in eating disorder table behaviours and an ability to be appropriate with food, you will be given the opportunity to practice portioning. While you are on Phases 2 and 3, staff will provide you with support when you are portioning meals and snacks. In the beginning, you will use measuring cups and utensils so that you

can learn what the proper portion is. Staff will help you to correct both under- and over portioning unless you have been given a specific challenge around this. In Phases 3 and 4, you may be given the challenge of eyeball portioning, instead of measuring, to help you move away from dependence on measuring devices.

On *Phase 4* (and sometimes on Phase 3), you may have an opportunity to prepare a meal on your own. You will review the meal, its ingredients and how to prepare it with the dietitian.

## Other Kitchen/Food Opportunities

### ✓ Cooking with the chef

To help you feel more comfortable and capable in the kitchen, once you are on Phase 3, you will have the opportunity to cook with the chef to learn basic cooking skills or improve upon the skills you may already have.

### ✓ Spontaneous Snack Choice

This allows you to choose your snack in the moment to help you practice a more intuitive way of eating. You will work with the dietitian to help you identify a time when you are ready for this challenge.

### ✓ Independent Food Challenge

In Phases 3 and 4, participants will have the opportunity to discuss and plan for appropriate food challenges with the dietitian, psychologist, and broader treatment team. The goal of these challenges is to help you gain mastery in facing unexpected food challenges that arise in daily life (e.g. having **cake because it is someone's birthday at work/uni**). You will work with your team to identify appropriate and achievable challenges that you will develop based on your readiness.

### ✓ Surprise Snack

Once a month the dietitian will bring in a surprise snack for everyone. This is intended to mimic real world situations in which you will not be able to pre-determine what you are eating for snack.

### ✓ Personal Snack Choices

On Phases 3 and 4 you may be able to purchase your own snacks and have them at the facility. On Saturdays, your family and friends may also bring in snacks for you to eat with them when you are on these Phases and it has been agreed to in the team meeting.

## Fluids Policy

Hydration is an important part of physical well-being. But liquid consumption whether too much or too little can be a component of eating disorder symptomology. To ensure the proper amount of hydration, we monitor all water and fluid intake. Unless otherwise indicated by the medical team, you will be allowed up to 2 cups of fluid at each meal and snack. At breakfast and snack time, you can have 1 cup of decaffeinated tea as part of the allowance. At lunch and dinner, you will only be able to consume water as your fluid unless the dietitian has included another beverage as part of

your meal plan. On phases 1 and 2, staff will portion your water and tea. On phases 3, 4, and discharge, you will be allowed to portion your own beverages.

As caffeine is sometimes used as an appetite suppressant, may increase anxiety, and may interfere with certain medications, at Wandí Nerida, we do not provide caffeinated beverages.

## Observations

To ensure safety and support, you will be on observations after meals and snacks. This means that for a certain period of time following meals and snacks you are required to be in eyesight of staff and have staff accompany you to the bathroom. When using the bathroom while on observations, staff will stand outside and may require you to count, talk or sing while using the bathroom. On observations, you are not allowed to flush the toilet yourself and must allow staff to enter when you are through and inspect the bathroom/toilet bowl before you flush.

On Welcome phase you will be on comprehensive observations which are 2 hours after meals and 1.5 hours after snacks. Typically, on Phase 1 you will remain on comprehensive observations but may have a slight decrease if the treatment team feels it is appropriate. On Phase 2 you will have demonstrated appropriateness for a decrease in observations but will still have some observations in place. One of the requirements to move to Phases 3 and 4 is that you no longer demonstrate a need for observations. The decision about observations on Discharge Phase will be made on a case-by-case basis.

It is important to note that the function of observations is not just to prevent compensatory food behaviours such as purging. We know that meal and snack times often create heightened anxiety and a desire to withdraw, self-harm or isolate. Observations are intended to provide you with staff access and accountability after food experiences to help increase your ability to reach out for support.

## MEDICAL

### Doctors

Upon admission, you **may** be required meet with a GP at Wandí Nerida for a thorough physical assessment if needed. This assessment, in conjunction with assessments from the other disciplines, will be used to create your meal and activity plans. During your admission at Wandí Nerida, you will meet with our GP weekly as needed. There is also a Nurse Manager who you will meet with weekly to discuss your overall physical wellbeing and any ongoing medical needs. The Nurse Manager will also facilitate the timing of your regular blood tests and relay relevant information to the medical physician who can then make recommendations and referrals. The doctor will also communicate with your community-based medical providers as necessary. We will involve your external treating team when needed.

You will also meet weekly with the staff psychiatrist who will be responsible for reviewing your medication based on both your feedback and feedback from the clinical team. The psychiatrist will

also communicate with your community-based psychiatrist and/or GP to ensure a collaborative care plan.

## Medications

Medications will be administered by the nursing team. All medications will be kept locked at the nurses station **and require a doctor's order**. Nurses will verify each participant's **identity by verbal confirmation** and photo identification each time they administer medication. You have the right to refuse any medication, and this will be discussed with the treating team to ensure safety and well-being.

The nurse might require a mouth check to make sure that you have swallowed your medication. **"Cheeking" medication and then holding on to the medication, storing or disposing of it yourself is never allowed** and can propose a high risk to both you and other participants. This behaviour will not be tolerated and may result in discharge.

You are not allowed to have any type of medication in your possession. This includes any topical medications. As noted above, these will all be kept locked at the nurses station.

## Vitals

Nurses or nursing assistants will perform vital sign checks for all participants every morning upon waking. You should be sitting in bed for at least 10 minutes before you have your vitals taken. Some participants will need vitals taken after meals as well and potentially at other times in the day. The nurse will let you know if you need vitals taken in addition to the morning vitals. If you are on post-meal vitals, please remain seated after the meal is finished and wait for the nurse or nursing assistant to take your vitals before you get up.

## Body Checks

If you have a history of self-harm or we have reason to believe you may be self-harming, we will perform body checks either scheduled or spontaneously. Body checks will be performed by a nurse or doctor in private. You may not refuse body checks.

## OUTINGS

### Social Outings

While treatment can feel like a safe cocoon, it is important to practice being in recovery out in the world. To help support you as you apply healthy coping skills in real-world scenarios such as going to the movies, getting coffee and snack, visiting museums, etc. Staff always accompany participants during these exposures.

### Restaurant Outings

Going out for a meal with family and friends is a common social challenge that you will be faced with once you are home. While you are at Wandí Nerida, these outings allow you to incorporate



flexibility and variety in eating choices in a supported and social manner. The restaurant choice will not be known beforehand to prevent participants from ruminating and trying to pre-plan. Where possible, a dietitian will attend these outings to help with understanding appropriate menu selection and portion sizes. Where a dietitian is unable to attend, they will provide an overview of appropriate choices for each participant to the staff who will accompany on the outing. Staff may challenge participants to order an entree or dessert as part of the exposure in line with the challenges set for the week.

### **Milieu Exposures**

Each week, the milieu (participant group) will decide together on an appropriate weekend activity to participate in together. Each participant will pay for this activity on their own. We will be sensitive to any financial issues so that cost does not prevent anyone from fully participating. There is a therapeutic intention in having participant's **pay for their own experience as we want to challenge** financial restriction and help participants practice budgeting for social connection. Most of these activities will be primarily sedentary in nature to ensure that everyone can participate and so that the focus can be on connection rather than movement. Depending on the milieu, there may at times be outings with more activity involved.

### **Visiting Hours and Leave**

Once you are on Phase 2, you may have the opportunity to go on pre-planned and pre-approved leave with nominated people in your support network. At the beginning, your leave will not include food and instead is intended to help you connect with your loved ones without a focus on food. On Phases 3 and 4 your leave can include a meal/snack. In phase 4, you may be able to go on day or overnight leave to best prepare you for stepping down to a lower level of care.

If you would like to go on leave, raise this during the weekly team meeting. If this is approved, the nursing staff will help you complete relevant paperwork.

In order to ensure that you are able to fully participate in all aspects of the program during the week, visits from members of your support network and leave will be limited to Saturdays. Nominated family members will be able to visit you on Saturdays and participate in family therapy sessions. Day leave will be planned on Saturday afternoons after all groups have ended and may or may not include snack/dinner. If you are ready for overnight leave, this will be on Saturday nights provided that you are in the company of a nominated support person. You will need to return by Lunchtime on Sunday unless prior approval from your treating team has been granted.

## **GENERAL HOUSE INFORMATION**

### **House Telephone and Computer Use**

We want you to be able to focus on treatment and recovery during your time with us while also maintaining healthy connections with your loved ones. We will allow you to bring your mobile phone and or laptop/tablet. However, the use of this will be restricted and you will not have access to these

devices for the better part of the day. These will need to be handed in at admission and signed in and out with staff during allocated free time. We expect that participants do not use mobiles or electronic devices for more than 30 minutes/day. The activities that you can use your phone/device for will be based on the Phase of treatment as indicated in the **"Phase System"** section of this handbook. Even though we encourage connection with significant others, we see your admission as a brief opportunity to do things differently and to become fully connected to others in the milieu and the environment at Wandí Nerida. Given that you have taken the brave and courageous step to be at Wandí Nerida, we ask that you take this time to focus on yourself and abide by these rules to minimise distractions.

While devices can help us stay connected and engage with others, they can also sometimes be used to access information that is unhelpful to recovery or engage in social media that can be damaging. We reserve the right to regularly check the computer history to make sure that the computer is not being used to research or look up eating disorder information or for things like counting calories that **could be detrimental to your and others' recovery**. If it is determined that the computer has been used in inappropriate ways, the team may discuss your ability to engage safely with media with you and develop a plan around this.

We want to respect each participant's **privacy** and hence if you are on video calls/conferencing, the camera should always be pointed at yourself. You may at times be invited to sit in a private location within the house to ensure that you can have a confidential conversation.

We know that you will sometimes want to do work or schoolwork on your laptop while you are with us. We strongly urge you to withdraw from classes and/or take a leave from work to focus on the important task of recovery. If this is not possible, we can discuss special arrangements with you but please bear in mind that it is our recommendation that you allow yourself the time and space to focus solely on treatment while you are with us.

## Participant Chores

Because the house is a shared environment with everyone living together and sharing a space as "house-mates", each participant on Phase 2 and above will contribute to keeping the house clean, neat and tidy. There will be weekly tasks to sign up for. These chores include:

- ✓ **Dishes:** typically, there will be two participants assigned to this task. You have to be on Phase 2 or above to be given this task. If there are not enough participants on Phase 2 to take on the Dishes task, staff will help.
- ✓ **Setting the Table:** get the appropriate tableware, cutlery, condiments etc necessary for the meal and make sure that the table is ready for the meal.
- ✓ **Table Clean Up:** make sure that the table is organised and clean after all meals and snacks
- ✓ **Rubbish/Recycling:** take out the rubbish and recycling as needed.
- ✓ **General house tidy:** make sure that any reading materials (newspapers, magazines etc) are cleared out every Thursday night.

- ✓ **Games Leader:** Participants on Phase 4 can take leadership for rallying the milieu (group) to play games and engage together during observations and down time.
- ✓ **Lights & Fans Supervisor:** help make sure that lights and fans are turned off when leaving a room at the end of each activity so that together we are conserving energy.
- ✓ **Tidiness:** take responsibility for gently reminding peers to pick up their belongings and help keep the milieu tidy.

## Belongings & Valuables

Upon admission, staff will go through your luggage with you to take note of what you have brought with you. This is done for a couple of reasons:

- i. We want to make sure that you leave with all of the belongings that you came in with;
- ii. We want to ensure that you did not bring in any items that would be detrimental to your recovery or harmful to the milieu.

Once your belongings have been seen and logged by staff, we will take your luggage to a safe and secure storage spot. This is to allow for more space in your wardrobe and to ensure that all the shared spaces are safe at all times. When it is time for you to discharge, staff will retrieve your luggage for you.

There is a small locker allocated for each participant. You will be allowed to choose a personal code which will be reset upon your discharge. Please place any valuables and cash in this locker. We recommend sending any highly valuable objects (such as expensive jewellery, family heirlooms and **expensive electronics**) **home with loved ones as you will not need these things and it's best to keep them safe.** The staff does reserve the right to search your locker with you present should we suspect that you are keeping prohibited items in there.

## Room Searches

Our number one goal is to keep everyone safe. Therefore, we reserve the right to search participant rooms and storage spaces when we believe there might be prohibited items on the property. We will inform you of the search and allow you and your roommate to be present while the search is conducted. If we find prohibited items during the search, they will be confiscated. If appropriate, we will hold on to them until you are discharged. If the items are related to eating disordered behaviours (e.g., laxatives, diet pills) or self-harm materials (e.g., blades, razors, stockpiled medication), they will be disposed of and not returned upon discharge.

Here are examples of prohibited items: coffee, food, sugar alternatives, razors, laxatives, diet pills, medication, gum, confectionery.

## Dress Code

At Wandí Nerida, we embrace a dress code that supports a safe, inclusive and body positive environment. With this in mind, please wear clothes that are comfortable for sitting or gentle outdoor

activity as you will spend most of the day seated in groups, at the table, and in outdoor activity. We encourage participants to get ready for each day by wearing day clothes as most of the day is spent in activities and engaging socially and therapeutically with others. Think of your stay at Wandí Nerida as variation of your regular 9am-5pm day. We ask that you reserve pyjamas for sleeping and exercise clothes for exercise. To ensure that we have a safe, inclusive and body positive environment, please refrain from wearing midriff-bearing shirts, short shorts, revealing clothing, and anything with derogatory language, slogans or pictures.

Due to hygiene reasons and to ensure that there are no arising disputes around ownership or damage, we ask you to refrain from sharing clothes and other personal items. If you do not have something that you need (e.g. warmer or cooler clothing), please inform the nursing staff and where possible, arrangements can be made to help you procure this item. Online shopping under supervision is permitted with staff approval in cases of emergency.

## **Roommates & Rooms**

We understand that having a roommate might be a new experience for you or one that you would not choose. But we believe that it is an important learning experience for every person. Your roommates can help provide accountability and support. We ask that you are respectful of the **shared space and are considerate of your roommate's preferences** (e.g., noise level, cleanliness). It is your responsibility to make your bed each day and to generally keep your room and bathroom tidy.

You are not allowed to return to your room during the day until you reach phase 3. Please gather any belongings and supplies you might need for the day before leaving your room for breakfast. You can leave your belongings in a designated space in the Residence at the beginning of the day.

## **Bedtime**

If you are on observations, you will not be allowed to go to your bedroom at night until observations are over. If you are not on observations, you may return to your room after evening's snack is finished. Once you are allowed back to your bedroom, there will be time to get ready for bed. Lights are expected to be turned off by 10pm. You are not allowed to leave your bedroom once lights are out. If you need anything, you may buzz staff via the nurse call system.

## **DEALING WITH SETBACKS**

We aim to tailor your care to suit your individual needs. At times, this might mean that rather than progress in the phases, you may be required to stay longer in a particular phase or even move to a lower phase. In such instances, we will help you prepare for this transition with lots of support, specific assignments and activities tailored to meet your needs.

If you and your treating team conclude that you need a different level of care to what is offered at Wandí Nerida, we will work with you while you are on Discharge Phase to identify appropriate

discharge options and plan towards implementing this in a timely manner. Therefore, from the beginning of your treatment, we will be talking about and preparing for discharge irrespective of when it comes. The goal of this practice is to ensure that you have the tools, education, structure and plans necessary to be successful in a level of care that is most appropriate for you.

## **SAYING GOODBYE**

When it is time to say farewell, staff and your peers will mark the occasion during one of the groups of the day and take the opportunity to honour the courage you have demonstrated and progress you have made during your time in our care. Upon discharge, you will be able to take your journals and worksheets with you to serve as reference materials when needed. We hope that you will leave Wandí Nerida having learnt skills to manage **life's challenges without turning to eating disordered behaviours** and having had the opportunity to rediscover your values and healthy self.