

# Eating Disorders Program

Information Pack



Community  
of Care

 **The Geelong Clinic**  
by Healthscope



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# The Geelong Clinic's Eating Disorders Program (EDP)

The Geelong Clinic's Eating Disorders Program (EDP) has a range of services to help those suffering from an eating disorder restore their health and make changes toward recovery.

## **EDP runs two 40-day inpatient programs:**

- Learn to Eat at Peace (LEAP)
- Proactive Recovery Enhancement Program (PREP).

## **EDP also runs an 8-week outpatient day program:**

- RISE



LEAP is an 8-bed, 40-day inpatient unit that is suitable for those aged 16 years and above.

LEAP aims to support patients to begin the process of recovery from an eating disorder and learn new skills to replace eating disorder behaviours.

Often patients admitted to LEAP will need support with weight restoration. In LEAP, all meals and snacks are prepared by the hospital and patients are supported during their meals. Patients are expected to eat three meals and three snacks per day.

LEAP offers individualised evidence-based treatment that is adapted to the patient's unique experience and eating disorder concerns.

Both group and individual therapy is provided to the patients in LEAP. Weekly groups range in content and approach, including, psychology-based groups, nutrition, art therapy, yoga and gentle movement, music therapy, as well as mindfulness and relaxation. Fortnightly individual therapy is also offered with a psychiatrist and psychologist.

LEAP also offers support with discharge planning. This takes place in order to assist patients with the transition home, enable patients to establish and engage with community treating teams and wider support networks, as well as continue working towards their unique recovery goals.

For LEAP, the program's emblem is a turtle helping to remind patients during their recovery process that, it is not the size of the step that counts, it is the direction.



PREP is a five-bed, 40-day inpatient unit that is suitable for those aged 16 years and above.

PREP aims to support those who have already begun their journey of recovery and to help consolidate skills in replacing eating disorder behaviours with a greater sense of autonomy. It also focuses on supporting patients learn new life skills to help move toward living a more fulfilled life.

PREP is for those who are ready to take on more responsibility as they move towards recovery. This includes assistance in challenging themselves with tasks designed to expand their ability to budget, shop, prepare, cook and eat food. Treatment is tailored to the individual and their particular vulnerabilities and strengths, with an emphasis on the whole person and their unique history.

In PREP, some meals and snacks are prepared by the hospital and others are prepared by the patient as part of their therapy. Patients are expected to eat three meals and three snacks per day.

Both group and individual therapy is provided to the patients in PREP. Weekly groups include exposure therapy (e.g., grocery shopping), psychotherapy, healthy movement and exercise. Individual therapy involves fortnightly sessions with a psychiatrist and psychologist.

Building blocks are the symbol for PREP, representing the process of recovery as a creative work in progress assembled piece by piece, taking shape over time.



RISE is an outpatient group program for adults aged 16 and above, that runs once a week for 8 weeks.

RISE aims to support those who have made progress with recovering from eating disorder behaviours and wish to further explore how to rebuild their lives following recovery from an eating disorder.

RISE uses two treatment approaches in order to provide a holistic approach to recovery:

- Temperament-Based Therapy with Supports (TBT-S)
- The Embodied Approach to Treating Eating Disorders (EAT-ED)

TBT-S addresses the biological, temperamental and systems-related factors that are fundamental to the maintenance of eating disorders and broader issues related to emotion regulation and coping. TBT-S requires a support person (e.g., family, carer, partner) to be involved and attend three sessions throughout the program.

EAT-ED focuses on mindful awareness, self-care and exploration of purpose. Somatic principles are used to facilitate connectedness between mind and body. EAT-ED uses a range of approaches such as therapeutic yoga, sensory exploration, mindfulness and bodywork to re-connect to the self.

RISE provides opportunities for exploration of interests and growth of identity through community outings. The program believes in the importance in creating a life worth living whilst simultaneously working on recovering from an eating disorder.

The Dragonfly is the emblem for RISE, as it symbolises transformation, adaptability and creating an understanding of the deeper meaning of life. support in working toward specific recovery goals.

## Outreach

EDP offers outreach support for those wanting continued support with their recovery as an outpatient.

The outpatient program involves the outreach worker visiting the patient in the community. The type of support offered is based on the needs of the patient. This typically involves follow up after an admission to EDP and/or support in working toward specific recovery goals.

At this point in time, outreach is offered in the Geelong region only.

# The EDP Philosophy

All programs have been developed by health professionals together with consumers with a lived-experience of an eating disorder, and are based on a philosophy, of which the key values are:

- *Trust* (i.e., establishing a trusting partnership with your treating team)
- *Dignity* (i.e., providing a humanistic approach that retains dignity and respect)
- *Individualised treatment* (i.e., recognising that recovery from an eating disorder takes time and the path is different for everyone)

## Admission process

A referral letter is required from a General Practitioner (GP) or a treating psychiatrist. A physical assessment is also required by a GP to determine current physical health prior to an admission. When contact is made with The Geelong Clinic, this EDP information pack will be sent together with a form for the GP to complete when undertaking the physical assessment (this includes pathology tests and an ECG).

When the referral letter and the physical assessment are completed, an assessment appointment with a member of the EDP team will be scheduled. This is an opportunity for the team to discuss with you the history of the eating disorder, your current difficulties, and time to set goals for the programs as well as raise any questions or concerns.

The assessment appointment takes approximately 1½ hours. Patients are not admitted on the day of assessment and are contacted at a later point to discuss the outcome.

Assessment can be conducted via telephone or telehealth if you are unable attend in person. For all assessments we do request that a support person is with you and can also speak with the clinician conducting the assessment.

## Costs

The Geelong Clinic is a private psychiatric hospital and for this reason health insurance is recommended. Please contact your private health provider for details surrounding any out of pocket costs of the program (e.g. this may include some medications or pathology tests).

## Contacting EDP

For telephone inquiries, please call us on **03 5240 0700**.

For email enquiries, please email [tgc@healthscope.com.au](mailto:tgc@healthscope.com.au)

# Staff roles and responsibilities

EDP is comprised of a multidisciplinary team including a range of professionals

## **Medical Directors/Consultant Psychiatrists**

EDP has two Medical Directors / Consultant Psychiatrists who are responsible for the overall physical and mental wellbeing of the patients in each of the programs.

## **Psychiatry Registrar**

The EDP Psychiatry Registrar works closely with the medical Directors/Consultant Psychiatrists in the overall management of patients and also conducts assessments to determine patient suitability to the program.

## **Program Coordinator/Psychologist**

LEAP and PREP each have a Program Coordinator / Psychologist who is responsible for the inpatient therapy program and overall psychological management of patients. Program Coordinators / Psychologists provide individual therapy to patients and may also conduct assessments to determine patient suitability to the program.

## **Nurse Unit Manager**

EDP has a Nurse Unit Manager who is responsible for the overall care and welfare of patients and particularly focused on identifying risks to patients.

## **Intake Staff**

EDP has a dedicated intake staff member who oversees the intake process into EDP. The intake staff member oversees the process from the point of referral to admission. You can read more about the admission process on the previous page.

## **Nursing Staff**

EDP Nursing Staff work within the unit and ensure a continuous level of care to the patients. They are responsible for meal supervision and support. They also focus on the physical and psychiatric management of patients, including dispensing medication, as well as regular monitoring of physical health and mental state

## **General Practitioner (GP)**

The General Practitioner (GP) is responsible for the physical management of patients within the unit. This includes ordering and monitoring pathology and other physical investigations. The GP is also available for individual consultation about other physical health concerns that may arise during an admission.

## **Dietitians**

EDP Dietitians are responsible for development and management of the individual meal plan for each patient. The dietician also supports patients to develop an understanding of regular and healthy eating, as well as nutritional needs.



### **Consumer Consultant**

The Consumer Consultant helps keep EDP consumer centred. The consumer consultant has a lived experience of an eating disorder and the recovery process. The consumer consultant makes contributions to treatment plans, as well as provides patients with a sense of hope and support with individual consultation and/or group work.

### **Outreach Worker**

EDP offers outreach support for those continuing with their recovery as an outpatient. The outpatient program involves the outreach worker visiting the patient in the community. The type of support depends on the needs of the patient and can typically involve follow up after an admission and/or support in working toward specific recovery goals.

### **Allied Health Professionals**

EDP staff also include group therapy facilitators who comprise a range of Allied Health Professionals, for example Psychologists, Social Workers, Occupational Therapists, Exercise Physiologists, Music Therapists, Art Therapists and Yoga Therapists. These therapists encourage the development of connections between the mind, body and spirit.



# EDP Staff Members



**Peter**  
LEAP Medical Director  
Consultant Psychiatrist



**Russell**  
PREP Medical Director  
Consultant Psychiatrist



**Gill**  
LEAP Program Coordinator  
Clinical Psychologist



**Bec**  
PREP Program Coordinator  
Psychologist



**Jas**  
RISE Program Coordinator  
Occupational Therapist



**Michelle**  
LEAP Dietician



**Tim**  
PREP Dietician



**Sue**  
Nurse Unit Manager



**Gareth**  
Lived Experience Mentor



**Gen**  
General Medical  
Practitioner

# Group descriptions

## Psychiatry Group

The Psychiatry Group encourages an open dialogue between patients and the psychiatrist. This provides an opportunity to discuss proposed changes to the program, answer patient questions, or hear suggestions for improvements to the program. During or following these groups patients encouraged to reflect on their specific recovery goals and motivations, as well as obstacles and/or fears about letting go of the eating disorder.

## Psychology Group

Psychology Group aims to explore with patients the cognitive, behavioural and emotional process that may be encountered in the context of the eating disorder or broader difficulties. Groups encourage exploration, learning and practice of psychological skills to support the recovery process. These groups involve a variety of evidence-based therapeutic approaches, for example, cognitive behavioural therapy, dialectical behavioural therapy, and acceptance and commitment therapy.

## Review Group

Review Group provides a space for patients to reflect on the past week. This includes discussion of both positive experiences and/or achievements, as well as challenges and how they were overcome or how they could be managed going forward. The other component of this group is to develop SMART goals, reflect on progress, and address barriers to achieving goals via compassionate understanding and problem-solving.

## Recovery Planning Group

Recovery Planning Group is designed to assist with the transition out of hospital and continuing recovery in the community. A broad range of topics are covered, including, but not limited to, identifying early warning signs, organising supports and an outpatient treating team, discovering and increasing meaningful activities, and addressing barriers to recovery. The group environment enables patients to support each other through sharing of knowledge and tips.

## Lived Experience Mentor Group

The Lived Experience Mentor draws upon their own experience to support patients in recovery-oriented discussion. This group explores various themes related to eating disorder treatment and recovery, and aims to instill a sense of hope of living a fulfilled life without an eating disorder. There is also the opportunity for the Lived Experience Mentor to advocate for patients in the context of program development and adopting a consumer informed perspective.

## Occupational Therapy Group

Occupational therapists make a unique contribution to the treatment of eating disorders by focusing on functional ability, engagement in meaningful occupations, communities and environments, participation in life roles, and providing client-centred and occupation-based interventions. The aim of this group is to increase self-awareness of personal barriers to wellness, and explore different strategies to empower the individual to improve emotional regulation, personal productivity, independent functioning, and quality of life.

## **Nutrition Group**

The aim of the Nutrition Group is to provide accurate information about nutrition. The dietician works closely with patients to develop and maintain a healthy eating plan following discharge. This group is further designed to challenge and educate commonly held misconceptions about food and weight.

## **Shop and Cook**

In the PREP program, patients are supported to learn new life skills by participating in Shop and Cook twice per week. Supported by dietitians and nursing staff, patients gain hands-on experience in all aspects of meal preparation. Patients are assisted to challenge themselves with practical tasks designed to expand their ability to budget, shop, prepare, cook and eat food. Another focus of Shop and Cook is to practice mindful eating and increase enjoyment, flexibility and variety of foods.

## **Gentle Movement Group**

The Gentle Movement Group consists of a variety of exercises with a focus on stretching, balance and posture. Mindfulness practice is often incorporated in gentle movement. This group aims to promote simple exercises for self-care, pleasure, and connection to self and others.

## **Yoga Therapy Group**

Yoga therapy uses gentle movement, breathing practices and mindfulness in a therapeutic manner to help restore balance and regulation to the body, mind, heart and spirit. All sessions are trauma informed and conducted by a Certified Yoga Therapist.

## **Mindfulness and Relaxation Group**

Mindfulness and Relaxation Group involves a variety of techniques that promote a sense of both psychological and physical calm through meditation and mindfulness. At times this involves setting intentions, connecting with desires, creating a sense of safety, as well as an awareness of the body through sensation and breath.

## **Art Therapy Group**

Art Therapy provides participants within a safe and non-judgmental space for creative expression. The focus is not on technical skill. A variety of mediums are used, including clay, paint, pastels, collage, sculpture and poetry. A theme is explored each week, relating to the experience of an eating disorder and recovery. Participants are encouraged to reflect on the process of art making, and art work is utilised as means to encourage new insight.

## **Music Therapy Group**

Music therapy offers a variety of activities that focus on sharing and developing new and existing creative resources that foster wellbeing and recovery in the context of living with an eating disorder. Activities such as song-sharing, singing, playing instruments, song-writing, improvisation, music meditation and music games aim to facilitate opportunities for expressing emotions, building therapeutic relationships, and exploring different ways of using music to regulate emotions.

# Sample Timetable - LEAP

Monday		Tuesday	Wednesday	Thursday	Friday
Breakfast 8:00-8:30		Breakfast 8:00-8:30	Breakfast Club with Psychiatrist 8:00-9:30	Breakfast 8:00-8:30	Breakfast 8:00-8:30
Post-meal supervision 8:30-9:30	LEAP Ward Round 8:30- 1:00	Post-meal supervision 8:30-9:30		Post-meal supervision 8:30-9:30	Post-meal supervision 8:30-9:30
		Morning Walk 9:30-10:00	Morning Walk 9:30-10:00	Morning Walk 9:30-10:00	Morning Walk 9:30-10:00
Morning tea 10:00-10:30		Morning tea 10:00-10:30	Morning tea 10:00-10:30	Morning tea (outing every fourth week) 10:00-10:30	Morning tea 10:00-10:30
		Group 10:30 – 11:30	Group or Free Time 10:30 – 11:30	Group 10:30 – 11:30	Group 10:30 – 11:30
		Break 11:30-12:00	Break 11:30-12:00	Break 11:30-12:00	Break 11:45-12:00
Lunch 12:00-12:30		Lunch (dessert day) 12:00-12:30	Lunch 12:00-12:30	Lunch 12:00-12:30	Lunch 12:00-12:30
Post-meal supervision 12:30-1:30		Post-meal supervision 12:30-1:30	Post-meal supervision 12:30-1:30	Post-meal supervision 12:30-1:30	Post-meal supervision 12:30-1:30
Group 1:30-2:30	Group 1:30-2:30	Group 1:30-2:30	Group 1:30-2:30	Group 1:30-2:30	
Handover 2:30-3:00	Handover 2:30-3:00	Handover 2:30-3:00	Handover 2:30-3:00	Handover 2:30-3:00	
Afternoon tea 3:00-3:30	Afternoon tea 3:00-3:30	Afternoon tea 3:00-3:30	Afternoon tea (community meeting) 3:00-3:30	Afternoon tea 3:00-3:30	
Group 3:30-4:30	Group 3:30-4:30	Group 3:30-4:30	Individual reviews with psychiatrist 2:00-5:00	Group 3:30-4:30	
Break 4:30-5:00	Break 4:30-5:00	Break 4:30-5:00		Break 4:30-5:00	
Dinner 5:00-5:30	Dinner 5:00-5:30	Dinner 5:00-5:30	Dinner 5:00-5:30	Dinner (take away night every fourth week) 5:00-5:30	
Post-meal supervision 5:30 – 6:30	Post-meal supervision 5:30 – 6:30	Post-meal supervision 5:30 – 6:30	Post-meal supervision 5:30 – 6:30	Post-meal supervision 5:30 – 6:30	
Supper 8:00	Supper 8:00	Supper 8:00	Supper 8:00	Supper 8:00	

# Sample Timetable - PREP

Monday	Tuesday	Wednesday	Thursday	Friday
Make your own breakfast 8-8.30	Make your own breakfast 8-8.30	Make your own breakfast 8-8.30	Make your own breakfast 8-8.30	Make your own breakfast 8-8.30
Post meal supervision 8.30-9.30	Post meal supervision 8.30-9.30	Post meal supervision 8.30-9.30	Post meal supervision 8.30-9.30	Post meal supervision 8.30-9.30
Morning Walk	PREP Business Meeting & Ward Round	Shopping with Dietician 9.00 – 10.00	Shopping with (Dietitian) 9.00 – 10.00	Group 9.00 – 10.00
Morning tea 10-10.30	Morning tea 10-10.30	Morning tea 10-10.30	Morning tea 10-10.30	Morning tea 10-10.30
Group 10.30 – 11.30	Ward Round	Cooking / Eat Out with dietician / Individual Reviews with Dietician 10.30 – 12.00	Cooking (Dietitian) 10.30 – 12.00	Group 10.30 - 11.30
Make your own lunch 12-12.30	Make your own lunch 12-12.30	Make your own lunch 12-12.30	Make your own lunch 12-12.30	Make your own lunch 12-12.30
Post meal supervision 12.30-1.30	Post meal supervision 12.30-1.30	Post meal supervision 12.30-1.30	Post meal supervision 12.30-1.30	Post meal supervision 12.30-1.30
Group 1.30 – 2.30	Group 1.30 – 2.30	Individual reviews with Dietician 1.30 – 2.30	Group with (Dietitian) 1.30 – 2.30	Group 1.30 – 2.30
Handover 2.30-3	Handover 2.30-3	Handover 2.30-3	Handover 2.30-3	Handover 2.30-3
Afternoon tea 3-3.30	Afternoon tea 3-3.30	Afternoon tea 3-3.30	Afternoon tea & COMMUNITY MEETING 3-3.30	Afternoon tea 3-3.30
Group 3.30 – 4.30	Group 3.30 – 4.30	Group 3.30 – 4.30	Group 3.30 – 4.30	Group 3.30 – 4.30
Dinner 5-5.30	Dinner 5-5.30	Dinner 5-5.30	Dinner 5-5.30	Dinner 5-5.30
Post meal supervision 5.30-6.30	Post meal supervision 5.30-6.30	Post meal supervision 5.30-6.30	Post meal supervision 5.30-6.30	Post meal supervision 5.30-6.30
Supper 8.00	Supper 8.00	Supper 8.00	Supper 8.00	Supper 8.00

# Sample Timetable - RISE

Week 1	Week 2	Week 3	Week 4
Welcome to country Guideline/Rules 9.30-10.00	*Supports Attend* Review 9.30-10.00	Review 9.30-10.00	*Supports Attend* Review 9.30-10.00
TBT-S 10.00-10.40	TBT-S 10.00-10.40	TBT-S 10.00-10.40	TBT-S 10.00-10.40
MORNING TEA *Food provided by the clinic, eat together with the group 10.40-11.00	Morning Tea 10.40-11.00	Morning Tea 10.40-11.00	Morning Tea 10.40-11.00
TBT-S 11.00-1.00	TBT-S 11.00-1.00	Outing 11.00-1.00	TBT-S 11.00-1.00
Lunch *Food provided by the clinic, eat together with the group 1.00-1.30	Lunch 1.00-1.30	Lunch 1.00-1.30	Lunch 1.00-1.30
Embodiment Practice - Movement/yoga - Please wear comfortable clothing 1.30-2.30	Embodiment Practice - Movement/yoga - Please wear comfortable clothing 1.30-2.30	TBT-S 1.30-2.30	Embodiment Practice - Movement/yoga - Please wear comfortable clothing 1.30-2.30
Reflection and Feedback 2.45-3.00	Reflection and Feedback 2.45-3.00	Reflection and Feedback 2.45-3.00	Reflection and Feedback 2.45-3.00

Week 5	Week 6	Week 7	Week 8
Welcome to country Guideline/Rules 9.30-10.00	*Supports Attend* Review 9.30-10.00	Review 9.30-10.00	*Supports Attend* Review 9.30-10.00
TBT-S 10.00-10.40	TBT-S 10.00-10.40	TBT-S 10.00-10.40	TBT-S 10.00-10.40
Morning Tea 10.40-11.00	Morning Tea 10.40-11.00		Morning Tea 10.40-11.00
TBT-S 11.00-1.00	TBT-S 11.00-1.00	TBT-S 11.00-1.00	Art Based Activities 11.00-1.00
Lunch 1.00-1.30	Lunch 1.00-1.30	Lunch 1.00-1.30	Lunch 1.00-1.30
Embodiment Practice - Movement/yoga - Please wear comfortable clothing 1.30-2.30	Outing 1.30-2.30	TBT-S 1.30-2.30	Graduation 1.30-2.30
Reflection and Feedback 2.45-3.00	Reflection and Feedback 2.45-3.00	Reflection and Feedback 2.45-3.00	Evaluations 2.45-3.00

# Weekly ward round

Ward round occurs on Monday mornings for LEAP and Tuesday mornings for PREP.

This is where you will meet your treating team. Together with you, we will discuss how your week has been, how you feel you are progressing, what you would like to achieve and any other issues that may arise.

LEAP patients will be blind weighed on the second day of admission and every Monday morning prior to ward round. Patients can request to discuss their weight at the ward round.

PREP patients will be blind weighed on the second day of their admission, and every Tuesday morning prior to ward round. In PREP, patients have the option to be blind weighed or to view their weight each week. This can be discussed with the team during ward round.

Prior to ward round, patients will be asked to complete a self-assessment of the past week.

## **This may include questions such as:**

- Challenges of the week and strategies used to address them
- Highlights and achievements
- Experiences of food, eating, body image and other concerns
- Other areas of recovery explored
- Goals for the week ahead
- Constructive feedback for the team about the program/support received
- Requests for ward round

Patients are also encouraged to complete honesty sheets throughout their admission. This can be helpful as a reflection and communication tool between patients and the treating team.

During the ward round a care plan is formulated together with the patient, in order to provide direction for the patient and treating team in relation to assisting you for the week ahead.

Each patient is discouraged from discussing their individual care plan with other patients. Try to remember that everyone is different and has a unique recovery journey. It is in their best interest and your own to focus on your individual journey.





# Patient guidelines and expectations

Below are housekeeping guidelines for the hospital and EDP specifically. This information can be helpful to know, particularly if it's your first admission.

## General hospital guidelines

- The hospital is staffed 24hrs a day. If you require a nurse in an emergency, please use the call bell in your room.
- On admission you will be requested to complete a number of forms, including The Geelong Clinic Patient Agreement form.
- On admission, patients are requested to hand in all medication. This includes prescribed and over the counter medication, as well as illicit substances.
- Medications are unable to be dispensed unless supplied in the original packaging with the patient's name. All patients are to be aware of their medication administration times.
- Medication prescribed during admission are supplied by the hospital, however any pre-existing medications can be ordered at the patient's expense. Laxatives will not be prescribed.
- Patients are allocated nurses on each shift. Nurses can provide encouragement, support and assist in the recovery process. Any problems can be raised with the primary nurse on duty or you can request to speak to the Nurse Unit Manager if you feel unable to speak with your primary nurse.
- Washing facilities are available on the ward for your own personal laundry.

## Guidelines for groups

- Patients are expected to attend all groups as part of the inpatient program.
- Respecting confidentiality in groups is important.
- Be on time to sessions.
- Respect differing views, needs, strengths and weaknesses.
- Try to stay on topic.
- Be responsible for your own behaviour: uphold a non-abusive, non-violent tone during group.
- Take time to listen to one another.
- Try to stay in the room during conflict or tension so that there is no unfinished business, grudge, or built-up anger. The group facilitator will help resolve any conflict.
- Everyone has the right to feel safe and supported.
- No mobile phones in groups.
- Discussion of issues related to shape or weight, body image, or eating disorder behaviours is encouraged, however please do not share specific details e.g., exact weight numbers.
- The more you engage in groups, the more you will get out of the program.

## Guidelines for the Eating Disorder Program

- Eating disorder behaviours can sometimes occur during shower times. For this reason, for those who require a locked bathroom, showers can only be taken between 7.00am to 8.00am, before breakfast. For those without a locked bathroom, showers are not to be taken directly after meals.
- At intervals during your admission, you may be requested to complete a survey. We encourage you to complete these surveys as the information is used to improve the service of EDP.
- All meals and snacks are supported by staff to ensure that they are completed in a manner that helps patients move towards their recovery.
- Staff encourage the use of coping strategies during meals, and the use of distraction techniques following meals. Staff are also available to provide emotional support as required.
- To minimise disruption to other patients, mobile phones are not permitted during meals/ snacks.
- Dietary intake is prescribed by the dietitian based upon admission goals. Patients will be invited to have more input into menus with increasing confidence and progress in recovery.
- In LEAP changes to the meal plan are only made each week at the ward round. In PREP, meal plan changes can be made during individual reviews with the dietitian.
- There is the opportunity to nominate two specific 'dislike' foods.
- It is expected that meals and snacks are 100% completed to the satisfaction of the staff member providing meal support. Meals are to be completed within 30 minutes and snacks within 15 minutes.
- In LEAP, in the event that patients are unable to finish their meal/snack on time, they are expected to have nutritional supplement drinks (i.e., ensures), irrespective of how much of the meal has been completed. To meet equivalent energy needs, patients will be given two ensures for meals and one ensure for snacks. Patients in PREP are expected to complete all meals and snacks without the use of ensures.
- Minor changes to the quantity of the meal/snack may be made at the discretion of the staff member providing meal support, however no substitutions are permitted.
- As a general guideline, the size of the meals are intended to reflect normal portion sizes.
- No food, including fruit and diet products are to be brought onto the ward. Diet soft drinks are not to be purchased from the vending machine in the hospital.
- Patients are welcome to make themselves a hot or cold beverage in the respective LEAP or PREP lounge. There are some guidelines set in terms of the amount of coffee and other liquids consumed.
- Meal plans include a variety of foods from all the major food groups, such as cereals and grains, fruits and vegetables, dairy, meat and poultry, fats and oils. Any anticipated exceptions to this need to be discussed with the treatment team prior to admission.

# What to bring and what not to bring?

Items you may wish to bring to make your stay more comfortable	Items that are not permitted to be brought into EDP and The Geelong Clinic
<ul style="list-style-type: none"> <li>• Your own doona and pillow</li> <li>• A blanket for the LEAP or PREP lounge room (it can get chilly)</li> <li>• Aldi coffee pods (Aldi machine only takes Aldi pods)</li> <li>• Craft supplies (e.g., colouring books, yarn and crochet hook/knitting needles)</li> <li>• A journal</li> <li>• A notebook and pens for groups (a welcome folder is provided)</li> <li>• Hair dryers (kept at the nurses station)</li> <li>• Hard drive</li> <li>• Washing powder</li> <li>• Photo of your pet (for the pet wall in the LEAP lounge)</li> <li>• Self-care/soothing items (e.g., stress ball, weighted blanket, soft toy)</li> <li>• Laptop/iPad</li> <li>• Musical instruments (e.g., guitar; kept at the nurses station)</li> </ul>	<ul style="list-style-type: none"> <li>• Photo frames with glass</li> <li>• Glass vases</li> <li>• Diet pills</li> <li>• Laxatives</li> <li>• Artificial sweetener or any food items with artificial sweetener (e.g., Jarrah hot chocolate)</li> <li>• Lite/diet products (e.g., diet soft drink)</li> <li>• Chewing gum</li> <li>• Unhelpful reading material (e.g., diet or calorie counting resources)</li> <li>• Food (including fresh fruit)</li> <li>• No coat hangers of any kind</li> <li>• Hair straighteners/curling wands</li> <li>• Patients are discouraged from bringing valuable items into the clinic. However, if you choose to bring in a valuable item, it will remain your responsibility. A locked drawer is available for your use.</li> </ul>

## Does the program work?

The LEAP program has been found to demonstrate statistically significant improvement in eating disorder symptoms and general psychopathology of patients. Patients have been found to experience a reduction in eating restraint, as well as weight, shape and eating concern. An improvement in symptoms of depression, anxiety, stress and psychosocial impairment has also been found. Patients and staff further reported high satisfaction rates in the LEAP program, and more specifically in the interventions and treating team.

The PREP program is the first of its kind in Australia. The PREP team was invited to present this program at the Australia New Zealand Eating Disorder International Conference in 2018 based on its innovation and creativity. Feedback from patients in the PREP program have been overwhelmingly positive. Program evaluations demonstrate a decrease in eating restraint, as well as eating and weight concern; and a reduction in depression and psychosocial impairment, as well as increased self-esteem.

The RISE day program is novel, having commenced in April 2021. Initial qualitative feedback from participants is positive, with both participants and their supports reporting the program has been helpful in increasing their understanding of eating disorders, and helping improve interpersonal communication and relationships, connection to their values and shifting their perspective towards the bigger picture, as well as in developing new strategies to address eating disorder behaviours. Further evaluation of this program will be completed in the future.

Notes

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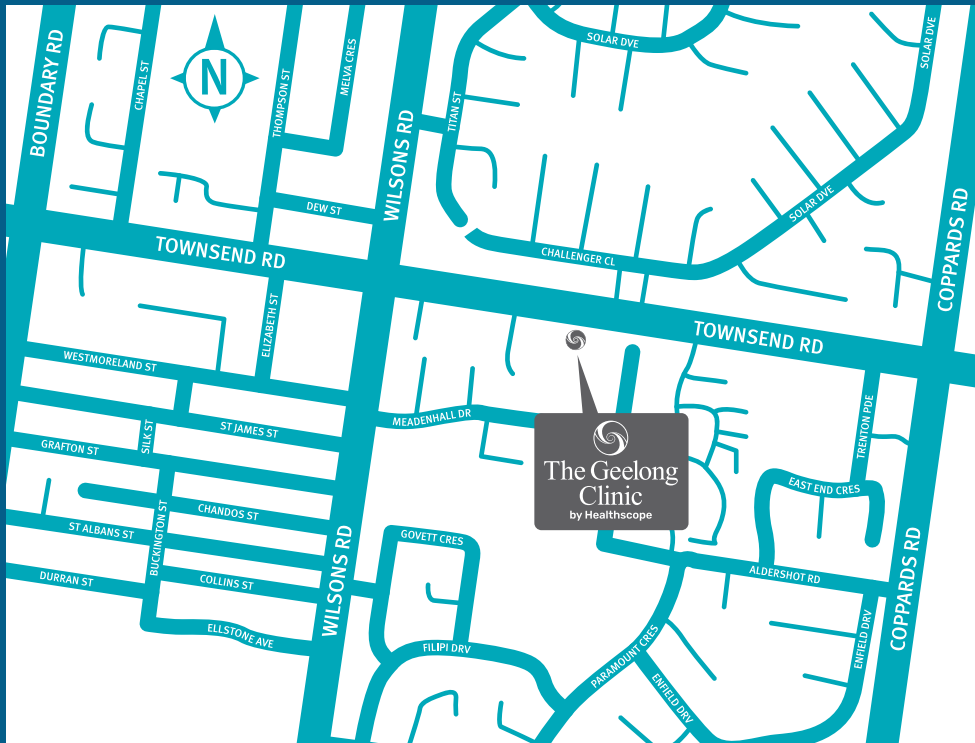
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