

## Sample Group Programme

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8.15-8.45	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
9.30-11.00	<b>Creative Art</b> (9.30-10.30) <b>Day Patient Goal Setting Group</b> (10.30 -11.00)	<b>Nutrition Group</b> (9.30-10.30)	<b>Social Worker Drop in session</b> (9.30-10.00)	<b>Day Patient Group</b> (9.30-10.00) <b>Expressive Writing</b> (10.00-11.00)	<b>DBT Skills Group</b> (09.45-11.00)
11.00-11.15	Snack	Snack	Snack	Snack	Snack
11.15-12.30	<b>Creative Art</b> (11.30-12.30) <b>Ward Round Feedback</b> (11.30-12.30)	<b>Sandwich-making</b>		<b>Community Group</b> (11.15-12.00)	
12.30-1.15	Lunch	Lunch	Lunch	Lunch <b>Lunch preparation group</b>	Lunch <b>Group meal out (fortnightly)</b>
1.15-3.30	<b>Relationship Group</b> (2.00-3.00)	<b>Gardening Group</b> (2.30-3.30) <b>Sandwich-making</b>	<b>Relaxation</b> (3.00-3.30)	<b>DBT Mindfulness Group</b> (2.45-3.15)	<b>Craft/Hobbies Group</b> (2.30-3.30) <b>Patient Led</b>
3.30-3.45	Snack	Snack	Snack	Snack	Snack
4.00-5.00		<b>Sandwich-making</b>	<b>Inpatient Goal Setting group</b>		
6.00-6.30	Dinner	Dinner	Dinner	Dinner	Dinner
9.15-9.30	Snack	Snack	Snack	Snack	Snack

KEY	BLUE Everyone to attend	GREEN Groups available from admission	PURPLE For practice dining room diners	BROWN For self servers	ORANGE For day patients
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# DAYPATIENT CARE

A guide for prospective patients and their carers

COTSWOLD HOUSE  
SPECIALIST EATING DISORDERS

***Welcome to Cotswold House Specialist Eating Disorders Service.***

*We know that you have taken a courageous step in coming for treatment and considering an admission as a day patient here. We do hope that you will find your time with us helpful.*

*This booklet will give you information about our day service and about the Group Programme that we run. It is designed to prepare you for your treatment and help you to make the best use of your time here. If you are unclear about anything in this booklet, please approach a member of staff who will clarify things for you.*



**Reading list**

You may find it helpful to read some of these books whilst engaged in treatment:

Ayton A.(2011). Anorexia Nervosa Hope for recovery Hammer-smith Press

Cooper, P. J. (1993). Bulimia Nervosa and Binge Eating: A Guide to Recovery. Robinson.

Crisp, A. H., Joughin, N., Halek, C., & Bowyer, C. (1996) Anorexia Nervosa: The Wish to Change. Psychology Press.

Fairburn, C. G. (2013). Overcoming Binge Eating. Guilford Press.

Freeman, C. (2009). Overcoming Anorexia Nervosa: A Self-Help Guide to Using Cognitive Behavioural Techniques. Robinson.

Schmidt, U., & Treasure, J. (1993). Getting Better Bit(e) by Bit(e). Routledge Press.

Treasure, J. (1997). Anorexia Nervosa: A Survival Guide for Families, Friends and Sufferers. Psychology Press.

**Note:** Online versions and apps related to some of these books, and similar materials, are also available.

## What do you find most challenging about life here?

*“Facing my fears and overcoming anxiety.”*

*“Feelings of loneliness and isolation.”*

*“Boredom and frustration.”*

*“Lack of independence and choices.”*

*“Changing my deep-rooted habits and behaviours that are hindering recovery.”*

## What should you bring from home?

*“Plenty of distractions such as books, DVDs, knitting, puzzles and musical instruments.”*

*“Comfy clothes and slippers!”*

*“A laptop (and a dongle if you want internet connection as there is no Wi-Fi).”*

*“A mobile phone and photos of friends and family.”*

*“Lots of pens – they are like gold dust here!”*

## Introduction

Cotswold House Specialist Eating Disorders Service is a multi-disciplinary service for individuals aged 18 and over with severe eating disorders. It is part of Oxford Health NHS Foundation Trust. We see patients, their families and carers from Oxfordshire, Buckinghamshire and other areas.

We aim to provide a specialist service that can offer inpatient, day patient and outpatient treatment. An important strength of our service for local patients is that individuals can move easily between inpatient, day patient and outpatient care whilst retaining contact with the same individual therapist and treatment team. For out of area patients we prepare careful handovers from the Oxford ward therapist to the local team therapist. In our experience this offers the long-term stability necessary to support full recovery from an eating disorder.

We believe in an approach that demonstrates empathy, empowerment and collaboration. We feel that in order for you to overcome your eating disorder, it is essential that you take an active role in your treatment as soon as you are able. This means that we encourage you to take responsibility for making changes yourself with the support of the team. We aim to support you in overcoming your eating disorder by taking steps to normalise your weight and eating. We also aim to help you address other issues which may interfere with your recovery, including additional mental health problems and difficulties with feelings or relationships.

By participating in the therapeutic groups on offer, we hope you will become more informed about your eating disorder and feel enabled to change your eating patterns and manage difficult feelings. Ultimately, we hope to help you to break free from the limitations that having an eating disorder has imposed on your life.

## Treatment and the treatment team

Your treatment at Cotswold House will be provided by a multidisciplinary team including a consultant psychiatrist and junior doctors, clinical psychologists, nurses, healthcare assistants, dieticians, occupational therapists, a social worker and family therapist. You will be introduced to your named, nurse who will meet with you to discuss care plans and goals relating to your day-to-day treatment and answer any queries you might have. You will also be allocated an individual therapist who will meet with you (usually once a week) to discuss issues and goals that you have identified.

## Your admission

Prior to commencing day treatment, you will have an initial appointment with one of the therapists in the team where you will discuss your aims and goals for treatment. You will also have the opportunity to discuss this further with our dietician. You may also be given a short medical assessment, if appropriate. You will be given the opportunity to look around the building and meet members of staff and current patients. Generally, this helps people feel more at ease and is a good opportunity to answer any questions you might have. Prior to starting on the programme you will also meet with the dietician who will discuss with you how food is managed on the unit and agree an initial meal plan.

During the early stages of treatment you will be asked to hand over the control of your food to staff on the unit. This is because for many people food has been the only way of having a sense of control over many aspects of their lives. In our experience, when individuals are in the midst of suffering with an eating disorder it is extremely difficult for them to make logical and rational decisions about the amount and types of food that are part of healthy eating patterns. Many of the foods that you will be faced with may have previously come to feel scary and unsafe to eat and there may be many problematic rules associated with them.

Similarly, I worked hard to maintain hobbies such as collecting records, reading and watching films. I was terrified of becoming boring company and this provided me with things to talk to my friends about which didn't revolve around treatment.

Finally, even Jeremy Kyle can get boring so bring in plenty of things to do. Whilst in Cotswold House I have learnt (very) basic Mandarin, read copiously and kitted out my friends in poorly knitted scarves and wrist warmers.

## Comments from other patients

### Describe life here in five words?

*"Supportive, caring, challenging, friendly and structured."*

*"Safe, insightful, protective, therapeutic and emotional."*

### What is the most valuable thing you have learnt at Cotswold House?

*"The support here is fantastic, but ultimately your recovery is down to you.*

*You have to be motivated and proactive if you want to get better."*

*"I have learnt to work with the staff instead of fighting against them. Although it may not feel like it at the time, the staff really do know best!"*

*"I am not alone with my eating disorder; other people are experiencing the same thing and understand what I am going through. It's ok to talk about it."*

*"Your illness doesn't control you, you can control your illness!"*

*"Being here is the easy bit, the real challenge starts when you leave!"*

*"I have learnt to take responsibility for my own recovery"*

## A patient's perspective

Day patient treatment at Cotswold House is without a doubt the hardest thing I have ever experienced but I do not want to imagine what I would be like if I hadn't done it. My initial reaction when I started was that I didn't deserve help- there were obviously people a lot sicker than I was and I was taking up a valuable place. This thought is unsustainable: I wouldn't have been admitted if I didn't really need more intensive support, it just so happened that my needs were different from the inpatients. It is important to actively seek the support of the staff and work with them to create plans and strategies to make treatment as smooth as possible. Yet with the best will in the world the staff cannot cure you, they can only enable you to cure yourself.

Complete dedication is an absolute necessity for day patients as you have to take responsibility for eating off the unit: it is completely pointless to only disengage from eating disordered behaviours whilst on the unit as this merely maintains the illness. Similarly, the motivation has to come from within, getting better so you can go on holiday is not really getting better: recovery will only last when you're doing to get your life back (unfortunately I learnt this the hard way!). By being able to think about my long term future I was able to reassure myself that deferring my place at university again in order to recover is really not a big deal when looked at in the context of being healthy for the rest of my life. It is also very important to focus solely on your own recovery and not get distracted by others who may be less motivated.

Splitting your time between Cotswold House and the "real world" can be exhausting. It is all too easy to cut yourself off from friends and family which, although it may seem easier, can be painfully isolating and deepen any sense of depression. I made sure I went out with friends at least once a week, and although the prospect filled me with dread and social anxiety I almost always had a wonderful time and for those few hours I was able to forget about meal plans, weight charts and Cotswold House itself. Furthermore, spending time with people who are happy, healthy and genuinely enjoyed my company showed me just how good life could be without an eating disorder.

You will find that as you hand over control of food to the team, difficult feelings may initially be heightened as you have yet to learn less harmful ways of coping with them. Quite often the feelings that emerge are very unpleasant, overwhelming, and unexpected. We as a team will help you with these, but to do this we need you to tell us what they are and what they feel like. This will no doubt be difficult especially if you are unfamiliar with the idea of having someone who is interested in listening to you and hearing about your problems. Asking for time with staff is about you recognising when you need support and help. You will gradually learn to do this, as you are able to make trusting relationships with staff.

## The Therapeutic Programme

This is the result of much reflection and discussion and is based on our knowledge of eating disorders, our experience of treating patients suffering from them and our observations of patients who have successfully completed treatment. The aim of the Group Programme that we run here at Cotswold House is to start a process of recovery that interrupts the psychological and physical factors contributing to the development and maintenance of your eating disorder.

The Programme focuses on two areas. The first confronts problems regarding eating, binge eating, restricting and weight, and the second addresses psychological issues such as self-concept, self-control, perfectionism, interpersonal relationships and family problems. At the start of treatment the main emphasis will be on the first area. As your weight and eating start to recover, the primary emphasis will then be on the more psychological issues. Many patients with eating disorders prefer to focus exclusively on the psychological issues but studies show that physical starvation makes normal psychological functioning impossible. It is necessary, therefore, to make headway with the first area in order to successfully address psychological problems.

## **Weighing**

You will be weighed on arrival at the unit every Monday morning. During this time you will have the opportunity to briefly discuss the implications of your weight.

Once your weight is established within a normal weight range and you are eating normally then the frequency of weighing will be reduced.

## **Weight bands**

Before you commence treatment you will have met with our dietitian to discuss a meal plan. If you are underweight, this meal plan will enable you to achieve gradual weight gain, and will be reviewed with you regularly as your needs change. If you are underweight you will be expected to gain 0.5kg each week.

After two weeks of settling in to the programme, your weight will be plotted on an individual weight graph. A weight band of 0.5kg either side of your existing weight will be plotted. You will be expected to gain 0.5kg a week.

You are expected to remain within your weight band. Your named nurse will fully explain how the system works.

If your goal is to re-establish a regular eating pattern and to maintain your weight, a similar graph will be drawn with a 'bottom line', below which your weight should not fall. We do this in order to guard against getting into a situation that would prevent you from overcoming your eating disorder. If your weight falls below the bottom line, our dietitian can advise you on how best to supplement your meal plan. If your weight falls below the bottom line on three consecutive weeks, we

will ask you to take a week-long 'time out' away from the programme. This will give you an opportunity to reflect on your goals for therapy.

On the Monday following your period of 'time out' you will be weighed and will be expected to have at least maintained your weight or gained weight. If you have lost weight then you will be asked to take a further week's 'time out' away from the programme. Following a period of 'time out' your weight band will be redrawn. This will be done a maximum of three times. If you fall below your weight band a third time, for three consecutive weeks, you will be asked to leave day treatment, as it is not felt to be suitable for your needs at this time

During your treatment you will become involved with several members of the team. Therefore, in order to ensure that you receive the best possible care, the information that you disclose will be shared between the team members and no staff member is able to withhold information from the team. Other professionals outside of the team may also be involved in your care at times. If this is the case then the team will share with them any information about you that is considered to be in the best interest of your treatment and care. If people outside of the service request information about you then you have the right to know what this information is and may wish to ask questions. We encourage this: information will not be given to relatives or friends unless you have expressly agreed to this.

## **Smoking**

In line with the government policy to ensure all hospitals are smoke-free environments, we encourage patients not to smoke, if possible, and smoking is not permitted within the hospital buildings. The Warneford Hospital is a non-smoking hospital.

There is a smoking shelter for your use in the garden at the back of the unit and you can be given regular access to this .

## **Mobile phones**

Generally we encourage you to bring a mobile phone with you. However, in some circumstances this may not be conducive to either your recovery or that of others. In this case we will ask you to leave your phone in the safe when not in use.

**In order to protect the privacy and dignity of patients, staff, and visitors please do not take any photographs on Trust premises.**

This is a key part of your treatment, and during this time you will be expected not to exercise (e.g., by walking around or standing for long periods), or use the toilet. Distraction activities can be provided during rest periods if this is helpful.

## Safety behaviours and exercise

We will encourage you to stop engaging in any behaviour that may maintain your eating disorder. Behaviours such as self-harm, laxative abuse, vomiting, exercise, binge eating, alcohol abuse and drug abuse can all be used as a way of dealing with difficult feelings and we would aim for you to develop alternative coping mechanisms that will not cause you harm. If you feel the urge to engage in any of these behaviours, please approach a member of staff who will talk through the relevant issues with you including discussing the use of alternative coping strategies.

We encourage people not to pursue extended exercise regimes because at low weight this can be medically dangerous and it may make it more difficult for you to achieve your treatment goals. If you use exercise as a way of coping with difficult feelings after eating then we would encourage you to gain support from staff and other patients during these times. If you feel that you have particular issues around exercise you can discuss this with the team prior to commencing treatment. As a day patient you are expected to remain on the unit or in the garden until it is time to go home after the afternoon snack.

## Confidentiality

Confidentiality is very important and since much of your treatment will be group-based, you are asked to respect the rights of others to confidentiality and to understand that what is discussed within a group should not be repeated outside the group. We understand that sometimes it feels easier to discuss things with individuals outside of the programme, but as a whole we have found that this is not helpful. We would encourage you to try and bring concerns and worries to a member of staff or back to the group and together we can decide the best way to support you with this.

## The Group Programme

Cotswold House runs therapeutic groups during the week which are a key part of treatment. Group therapy is different from individual therapy in that many helpful events and discussions can take place between members of the group and not just between a staff member and you. Just as it takes time to form a trusting relationship with an individual therapist, a group has to form and members have to get to know each other before it can be of the greatest benefit. This may feel difficult at first and you need to allow time for this to happen.

The idea behind therapeutic groups is that sharing experiences in common can be useful. Individuals often find that they get a great deal of support from meeting and talking with people who are going through similar experiences to themselves. Groups can also be helpful in developing interpersonal skills, particularly when they are not as effective as we may like. In this situation groups can offer the opportunity to learn more about these skills and perhaps develop new ones. It is important to try hard to apply what you learn in the groups to outside situations, which may include reporting back to the groups about how you managed a specific situation.

It is our experience that the more you are able to involve yourself, the more you will get out of the groups. You may also like to try and focus on the relationships within the groups, as often understanding these group relationships throws new light on outside relationships. Listen to what people are saying, as the things that others say can be as useful as the things you say yourself.

Below is an example of some of the groups we run, but this list is not exhaustive. The group timetable changes regularly and a typical example is given at the end of this leaflet.

**Goal-setting:** There is a separate group for day patients and inpatients. Making the small planned changes that help towards recovery can be a challenge. Often there can be doubts about not doing enough, or not doing well enough. Discussing these issues, and planning and reviewing a weekly goal – with the help and support of the rest of the group who also recognize the challenges of recovery – are a key part of this group.

**Nutrition:** This group has an educational element where nutritional needs, together with practical and social aspects of food and eating, are discussed. The group covers a range of topics from energy requirements to strategies to help you cope with eating out.

**Self-esteem:** The group helps to address low self-esteem, which is a common problem associated with eating disorders. It aims to explore the reasons why increasing self-esteem can seem so daunting, and the ways in which we evaluate ourselves as people. The group works to increase self-acceptance and challenge self-critical thinking. You will also be encouraged to practise different ways in which you can look after yourself and increase your sense of well-being.

**Relationship:** This group gives an opportunity for everyone on the unit to discuss the relationships they have made on the unit and how they impact on their experience as a member of the ward community.

**DBT Skills:** The DBT Skills Group is based on the DBT (Dialectical Behaviour Therapy) Model. The aim of the group is to teach coping skills to help people manage difficult situations in their lives. It consists of the following 4 modules: Distress Tolerance; Emotion Regulation; Interpersonal Effectiveness; and Mindfulness.

**Lunch Preparation:** This group gives people more choice in the food they have on the unit and more practice in preparing and serving normal portions.

**Eating out:** These sessions usually involve going to a café or restaurant in Oxford. The aim of Eating Out sessions is to practise eating in a variety of public places away from the routine of Cotswold House. These sessions can also help you to add some flexibility to your meal plan, as you can become afraid of eating without meal plans to guide you. These sessions can help bridge the transition between Cotswold House and home life.

**Body image:** This group provides an opportunity to discuss issues regarding changing shape and size, and also some psychoeducation focusing on issues related to body image. Some of the topics covered are: What is body image?; what is normal?; the media and body image; and the challenge of accepting and acknowledging changes.

We recognize that being at Cotswold house can be very difficult, especially when you are first come here, but being away from such an environment can be very challenging as well . In order to help you to develop both your practical skills and confidence in these areas, we offer individual sessions that will be tailored to meet your own needs .these sessions are optional and include practical areas such as

Eating in public

Buying clothes

Choosing and buying food for yourself to eat

Cooking meals and eating them

### CPA Reviews

The multi – disciplinary team review medical and treatment issues on a Monday in the clinical planning meeting. Formal (CPA) reviews are conducted every 4-6 weeks after admission. These include you, your individual therapist , a member of the nursing team, and other key people involved in your care, such as the dietician and the occupational therapist. At these reviews, you will have the opportunity to give and receive feedback from the team about the changes you have made so far, and your future goals.

If you are having significant difficulties, or staff feel that you are having difficulty committing to either the programme or the goals you have set in your care plan, either you or a staff member can suggest an *extraordinary review*. The aim of this is to discuss ways in which to resolve these problems. They will be similar in format to the, more common, CPA reviews.

### Meals and mealtimes

The aim of these groups is to normalise eating patterns and achieve a healthy weight. Meal groups aim to be supportive and to acknowledge difficulties surrounding meals. You will sit at small tables in the dining room with other patients who require a similar level of support. On admission you will have your meals served for you and staff will sit with you to support you when necessary. In order to encourage a normal eating pace, there is an expectation that everyone completes their meal within an appropriate time period. We understand that for many people this will feel daunting and if this is the case we would ask that during the first two weeks of treatment you concentrate on building up to this. We encourage you to be open about what you are thinking and feeling and we also encourage you to use a diary to assist you with that process. After meals and snacks, you will be expected to rest for half an hour after snacks and for an hour after the start of meals.