

Name: _____ Program Location: _____ Date: _____

	DANGER				RECOVERY
	HLOC Needed	Close Monitoring Needed, Consider HLOC	Minimally to Moderately Appropriate for IOP	Highly Appropriate for Continued IOP	Consider OP Tx
Need for Weight Restoration, as a % of IBW	85% of IBW or less	85-90% of IBW	90-95% of IBW	> 95% of IBW	> 95% of IBW with stabilized weight, as determined by RD, for 3+ weeks
Structure Required for Containing Binging or Restricting Bxs	Frequent restriction or binging in-program and consistent noncompliance with meal plan outside of program minimizing urges, engaging in secretive bxs, not reporting lapses unless prompted, no accountability	Difficulty complying with meal plan at program and noncompliance with meal plan outside of program, regardless of structure/support from primary support group and treatment professionals minimizing urges and lapses, not taking accountability	Compliance with meal plan in and out of program contingent upon support and structure from primary support group and/or treatment staff; inconsistent compliance with meal plan in triggering situations even with support of primary support group and/or treatment professionals Verbalizing and taking accountability for urges and lapses	Compliance with meal plan in and out of program, without structure and support from primary support group and/or treatment professionals; compliance with meal plan in triggering situations contingent upon primary support group/treatment professionals support verbalizing and taking accountability for urges and lapses	Compliance with meal plan in and out of program, and in triggering situations, with minimal or no support from primary support group and treatment professionals minimal urges, verbalizing urges and lapses
Use of Compensatory Bxs (e.g., vomiting; compensatory exercising; use of laxatives, diuretics, or diet pills)	Unable to curb compensatory behaviors in and outside of program, despite treatment planning and redirection	Engages in compensatory behaviors frequently when staff or primary support group is not present; does not seek support to curb behaviors; struggles to honestly report behaviors	Reports strong urges to engage in compensatory behaviors; intermittently seeks support; occasionally lapses without containment/support; inconsistently reports lapses	Reports moderate urges to engage in compensatory behaviors; seeks support; occasional lapses without containment/support; honestly reports lapses	Reports minimal urges to engage in compensatory behaviors; seeks support; rarely lapses, regardless of containment/support; honestly reports lapses and is proactive in treatment planning
Motivation to Recover, Insight, Cooperativeness, & Openness	Resistant; uncooperative; unable/unwilling to use coping skills; disruptive or disengaged; evidencing high levels of denial; unmotivated	Regularly requires redirection in program; is unable or unwilling to identify with peers; evidences resistance in treatment > 50% of the time; is externally/poorly motivated; struggles to use coping skills; evidences lack of insight and minimal self-awareness	Occasionally requires redirection/encouragement to actively participate in program; with prompting, is able to identifying with peers; cooperative > 50% of the time; externally/moderately motivated; inconsistently uses coping skills; openness to insight but minimal	Rarely requires redirection in program; easily identifies with peers; is able to verbalize some internal motivation, but most motivation is external; fair insight about behaviors and needs; inconsistently utilizes coping skills but consistently verbalizes the need	Does not require redirection; increasingly self-directed; actively identifies needs; has begun to share needs/boundaries in the moment; internally and externally motivated; self-directed and able to utilize coping skills independently and successfully; clear insight
Environmental Stress & Strength of Home Environment	Family is unable to provide adequate support or supervision necessary to interrupt behaviors and/or family is unwilling or unable to participate in family sessions or comply with treatment recommendations	Family requires intensive work to strengthen communication and boundaries; family has difficulty validating, acknowledging, and supporting, despite therapeutic family work; family inconsistently complies with treatment recommendations	Family requires moderate work to strengthen communication and boundaries; family inconsistently implements therapeutic direction outside of program; family demonstrates inconsistent ability to validate, acknowledge, and support ct; family struggles to communicate effectively and set/hold boundaries appropriately outside of session;	Family requires moderate-minimal work to strengthen communication and boundaries; family is participating in family sessions and actively implements therapeutic direction outside of program; family's ability to validate, acknowledge, and support has increased; family acknowledges ct's independent process in recovery	Family consistently has demonstrated ability to communicate effectively and set/hold boundaries; family is self-directed and honestly reports struggles; family is consistently validating, acknowledging, and supporting; family has evidenced a commitment to continued care
Comorbidity (e.g., mood disorders, OCD, personality disorders, substance abuse, relevant medical conditions)	Comorbidity is not well-managed and severely interferes with treatment	Comorbidity is not well-managed and moderately interferes with treatment	Comorbidity is well-managed, but interferes with treatment	Comorbidity is well-managed and only minimally interferes with treatment	No comorbidity or well-managed comorbidity that does not interfere with treatment
Suicidality	Expresses active suicidal ideation with plan or intent; requires line-of-site supervision; is unable to contract for safety or requires daily or near-daily safety contracting	Expresses active suicidal ideation with no plan or intent; does not require line-of-site supervision; requires safety contracting multiple times per week	Occasionally expresses active suicidal ideation; requires safety contracting < once per week; is receptive to safety contracting; independently seeks support; utilizes coping skills independently in some circumstances; may require support in highly triggering environments	Expresses occasional passive suicidal ideation; rarely requires safety contracting; is receptive to safety contracting; independently seeks support and utilizes coping skills, even in triggering environments	Does not express or endorse suicidal ideation
Self-Injurious Behaviors	Reports extreme urges to self-injure; evidences little to no motivation or ability to interrupt self-injury, engages in dangerous self-injurious behaviors, or self-injures in program	Reports strong urges to self-injure; sometimes self-injures out of program, which results in minimal physical harm; low motivation to interrupt self-injury; struggles to honestly report self-injury and urges; does not independently seek support; utilizes coping skills contingent upon support	Reports moderate urges to self-injure; occasionally self-injures out of program, resulting in minimal physical harm; moderate motivation to interrupt self-injurious behaviors; utilizes coping skills independently in most circumstances; requires support to utilize coping skills in triggering environments	Reports minimal urges to self-injure; has not self-injured in or outside of program in the prior two weeks; honestly reports urges for self-injury; independently seeks support and coping skills, even in triggering environments	Has no history and minimal risk for self-injury, has minimal risk for self-injury, and/or reports rarely having urges to self-injure; has not self-injured in the prior 4 weeks; independently seeks support and utilizes coping skills when needed, even in highly triggering environments
Medical Complications	Tachycardia or bradycardia; pulse is <50, or change in blood pressure of 30, or orthostatic vitals for 4+ weeks in a row; labs are argely out of range; GERD, constipation, diarrhea, or another medical condition consistently interferes with meal plan weight loss of x lbs for the past x weeks	Tachycardia or bradycardia; orthostatic vitals for 2 weeks in a row; labs are consistently or significantly out of range; GERD, constipation, diarrhea, or another medical condition consistently interferes with meal plan weight loss of x lbs for the past x weeks	Normal EKG; intermittently orthostatic vitals; labs are slightly abnormal, trending towards normal; GERD, constipation, diarrhea, or another medical condition intermittently interferes with meal plan	Normal EKG; vitals are normal; labs are normal; GERD, constipation, or diarrhea rarely interferes with meal plan	Normal EKG; vitals are normal; labs are normal; well-hydrated; body functions are stabilized

*Highlighted fields represent sample profile of a residential client

Name: _____ Program Location: _____ Date: _____

Dietitian Name: _____ Dietitian email: _____

The purpose of this Dietary Progress Card is to communicate the client's progress and struggles during the course of outpatient treatment. Our "All Foods Fit" philosophy supports the recovery process of our client through their course of treatment. Practical application of dietary struggles with food and meal preparation in treatment can be an indicator of relapse outside of treatment therefore we have created this tool to be used as an indication of the work completed and still needed by the client.

APPLICATION OF DIETARY PROGRAM	SCORE
MEAL PLAN COMPLIANCE:	
Follows meal plan to meet nutritional needs	
Tolerates discomfort related to food or meal plan	
Uses coping tools to abstain from ED behaviors	
Makes appropriate changes to meal plan to accommodate real life situations	
Plans meals and snacks to fit into work/school/recovery schedule	
Practices balance, moderation and variety with eating	
Ability to menu plan without assistance	
Plans meals and snacks with manageable anxiety	
EXPOSURE RESPONSE PREVENTION:	
Verbalizes need for support during meal/snack times in program	
Grocery shops or communicate grocery needs to designated grocery shopper	
Chooses in the moment and in an appropriate time frame at restaurant night	
Spends no more than 2-3 hours/day thinking about food	
FAMILY AND SUPPORT NETWORK:	
Able to engage in social situations involving food	
Able to eat appropriately in front of others	
Seeks support when experiencing urges to engage in ED behaviors during food preparation	
Utilizes support during meal preparation when ED urges arise	
Support system is able to support the "All Foods Fit" motto	
Support system is able to avoid triggering food or body image conversation	
Support system is able to provide effective support at meal/snack times	
HONESTY AND INTEGRITY:	
Ability to be honest when lapsing in ED behaviors	
Accountable for lapses vs making excuses	
SCORING: NA - NOT APPLICABLE 1 - CURRENTLY UNABLE 2 - IN PROCESS 3 - MASTERED	
NOTES	