

## Healthy Opportunities for People with Eating Disorders



The HOPE Program is a day treatment program committed to helping change eating disorder symptoms, challenging thoughts and behaviors, and developing new means of coping with everyday stressors. The program strives to provide a trusting, supportive and consistent environment for individuals and their families on their journey to wellness.



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**HOPE**

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Please fax  
referrals to:  
**777-2042**



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## Who do we see?

- Clients 15 years of age and older.
- The client must meet the criteria for an Eating Disorder, as described in the DSM-IV (The Diagnostic Manual of Mental Disorders), i.e. anorexia nervosa, bulimia nervosa or EDNOS (Eating Disorder Not Otherwise Specified) excluding binge eating disorder.
- A physician referral is required.
- The client must be aware of the referral and agree to participate in group based therapy.
- The client must be medically stable as assessed by his or her Family Physician, Internist or Pediatrician.
- It is mandatory that the client in the HOPE Program continue to be followed by his or her Family Physician.
- We do not accept referrals for eating difficulties (e.g. fear of swallowing, weight loss management) or binge eating disorder.



## Treatment Goals

While treatment goals are individualized according to the needs of the client, the goals of the program generally include:

- improve relationship with food
- restore weight where applicable
- interrupt the binge/purge cycle where applicable
- create/improve healthy interpersonal relationships
- normalize eating
- improve sense of self-worth
- improve body image
- support families

## The Referral and Intake Process

- Adolescents under the age of 18 will be assessed by the Adolescent Medicine Team and referred to the HOPE Program, if appropriate.
- For clients 18 years of age and older, the referring physician will complete the Mental Health and Addictions Referral Form.
- If the referral meets program criteria, the following information will be faxed to the referral source:
  - *A letter outlining the medical responsibility of the Family Physician.*
  - *The services provided by the HOPE Program Treatment Team.*
  - *HOPE Program Intake Form.*
  - *Medical Instability Guidelines.*
- The team will meet to review the referral and to determine client's suitability for the program.
- A member of the team will contact the client, referral source, and family physician.