**Recovery Contract**

Between: *{PARENT(S)}* and {*CHILD}*

Objective: To ensure all parties are working toward recovery and/or relapse prevention.

Acknowledged: An eating disorder grows by holding the person hostage by behaviors (*restricting, purging, over-exercising, drinking/smoking/drug-taking*), so not allowing behaviors is necessary to fight the disorder.

Additionally, we (parents) care so much for you we are willing to put all our energy into supporting you in fighting this disorder. This contract is designed to support the common mission of recovery. **We will love you to life, but we will not love you to death.**

{PARENTS} will provide the following as long as the treatment plan is being followed:

* Housing
* Food
* Transportation support
* Mobile phone provided that {CHILD} allows parental access to the phone at any time and discloses the password/passcode.
* School fees
* Medical fees
* Computer and Internet access
* Emotional and physical support through difficult times and distraction from ED compulsions

{CHILD} will:

* Sign all paperwork needed to allow parents to be informed by the treatment team
* Take all prescribed medicines as required by doctors
* Keep all appointments with treatment team
* Eat the daily meals and snacks as provided by parents at designated times
* Not prepare any meals or snacks for herself at home until the treatment team allows
* Not be present in the kitchen during meal or snack preparation
* Be in close proximity of either parent during mandatory 1 hour supervision times after meals and snacks
* Stay in open living areas in close proximity to either parent during post meal or post snack supervision time (no unsupervised time in bedroom, toilet or bathroom)
* Refrain from all purging behaviours (vomiting, exercise)
* Have weigh-ins at intervals established by treatment team
* Share all behaviours with the treatment team
* Refrain from risky/dangerous behaviours (eg. drinking, smoking, drug taking, etc)
* Submit to random alcohol or drug testing at any time
* Attend weekly monitoring
* Attend {IOP/PHP or OTHER TREATMENT PROGRAM}
* willingly and be fully engaged in the treatment activities
* Complete DBT workbook daily
* Inform parents immediately when struggling with ED compulsions and/or behaviours

Privileges:

* Allow one outing per weekend for maximum 3 hours (between meals) **during the day** for unsupervised socialization with friends\*\*
* Allow one outing per weekend for maximum 3 hours (between meals) **during the evening** for unsupervised socialization with friends\*\*
* You will be provided with a limited number of articles of clothing and personal items. The remainder will be returned to you once you have started ***and are fully engaging in*** the {IOP/PHP or OTHER TREATMENT PROGRAM}

***\*\*These privileges are a beginning point, and more will be added as you continue to prove your commitment to compliance and engagement in treatment***

Consequences:

* Failure of {CHILD}to comply with her contracted behaviors will result in the following:
	+ 1st time: Family Session to discuss and problem-solve situation and reaffirm and/or revise terms of contract and possibly increase level-of-care and/or loss of privileges.
	+ 2nd time: Family Session to discuss and problem-solve situation and reaffirm and/or revise terms of contract, possibly increase level-of-care and parents may withdraw financial support/access for phone, computer, internet etc.
	+ 3rd time: Parents will withdraw all financial support including housing and {CHILD}will need to leave the family home immediately.

{CHILD}: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

{PARENT 1}: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

{PARENT 2}: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_