JOIN US AS WE DIVE INTO
JENNI SHAEFER'S BOOK "LIFE WITHOUT ED"
TUESDAY EVENINGS * NOV 9-DEC 14 *

BRIDGEPOINT
CENTER FOR EATING DISORDERS

We are launching a new BridgePoint book club diving into Jenni Shaefer's book Life Without Ed. This book explores disordered eating/eating disorders by treating it as a relationship instead of a condition. It views this relationship with "Ed" as one who can be controlling, can distort your self-image, and can physically harm you. By thinking of an eating disorder externally and separate from you, you can "break up" with Ed once and for all. Guided by a multi-disciplinary team of eating disorder professionals, please join us for 6 weeks as we discuss this relationship and look at practical exercises to help end your relationship with your own personal ED.

WHEN: Tuesday Evenings 7-8:30 pm from November 9 - December 14, 2021

WHERE: Online

PRE-REQUISITE: No pre-requisite; a formal diagnosis is NOT required to join (Open to Saskatchewan residents). An active intake application is required if you haven't attended previous BridgePoint programming in the last 6 months.

BridgePoint is so grateful to be one of the recipients to receive support from Step Up for Mental Health awarded through the Cameco Fund for Mental Health to support this initiative.

SIGN UP BY NOVEMBER 1 , 2021 TO RECEIVE YOUR COPY OF "LIFE WITHOUT ED"

To apply, please complete this intake package and return to BridgePoint. Upon review, a registration link will be emailed to the applicant and/or guardian.

Thank you to Cameco Fund of Mental Health for their support
to expand youth programming at BridgePoint.

STEP UP FOR MENTAL HEALTH
Cameco

BridgePoint Center for Eating Disorders Virtual Care Informed Consent

I, *(name)* _____ , agree to participate in the residential programming offered by BridgePoint Center Inc. (Operating as BridgePoint Center for Eating Disorders and hereinafter referred to as "BridgePoint"), of Milden, Saskatchewan.

I HEREBY REMISE release and forever discharge BridgePoint and the Saskatchewan Health Authority from any liability, actions, suits, damages, claims or judgments that may result from any injury to my property or person for any reason whatsoever, including but not limited to any act or omission of BridgePoint or its agents, whether negligent or otherwise. I AM VOLUNTARILY participating in virtual programming offered by BridgePoint. I am signing this document of my own free will.

Due to the ongoing risk of the COVID-19 virus, BridgePoint Center has canceled all in-person groups until we get approval from SHA to resume services. In light of the COVID-19 precautions, we have been working hard to develop alternative ways to provide support to our community. Online and in-person group therapy and educational workshops are a unique environment in which a group of people who are likely experiencing similar difficulties come together to both give and receive help from one another. BridgePoint Center attempts to create an environment where honest, interpersonal exploration will occur that will benefit all members. To create this environment, certain guidelines need to be agreed upon by each participant. As this is a new pilot project, spots are limited.

CONFIDENTIALITY

Groups are effective because individuals feel safe to share private information in a confidential atmosphere. Every member of the group must agree to uphold the confidentiality of the therapeutic setting.

- ✓ Members agree to keep the names and identities of other group members confidential.
- ✓ All group/workshop materials and content are confidential. Please do not share, photocopy, record, screenshot, video tape or audio tape sessions unless agreed upon for therapeutic purposes.

ATTENDANCE

Group therapy is successful (as is any form of therapy) when there is regular attendance on behalf of the participants. If you cannot attend a group meeting, please email us to let us know as soon as possible. In your message please also indicate whether or not it is permissible for us to share why you are absent. Please arrive on time. If you miss and cancel late (less than 24 hours ahead of time) 2 times, we reserve the right to remove you from the group.

ACTIVE PARTICIPATION

Members of effective groups actively share thoughts, reactions, and feelings during group meetings as a way of increasing their self-understanding and contributing to the personal growth of other members. To support that goal, facilitators will strive to establish and maintain a climate of respect within the group. Each member will undoubtedly share in different ways and be comfortable with different levels of disclosure. It is requested that as a participant you share what is comfortable and actively listen and attend to other group members. Participation does not necessarily mean talking. It can also mean listening to what other members have to say. No one will ever be forced to share anything that they are not comfortable sharing.

WITHDRAWAL

Members will let the group know in advance if they are leaving the group. Group participation is voluntarily. If you or the facilitator(s) determine that the group is not serving your needs, you will be referred to other options.

ONLINE SESSIONS

All of BridgePoint's online workshops and groups are conducted using the Pexip, which is an approved platform by Saskatchewan Health Authority. Pexip is also committed to protecting personal health information consistent with the requirements of the Personal Health Information Protection Act, 2004. To learn more about Pexip's commitment to privacy, visit:
https://https://www.pexip.com/security/security-data-protection
otn.ca/about-us/privacy/

Should it be discovered that you are in breach of any of the policies above, the facilitator(s) and/or other group members may ask that you terminate your participation in group therapy.

In exchange for allowing me to participate, I hereby waive and covenant not to sue, and further agree to indemnify, defend, and hold harmless, BridgePoint Center Inc. and its officers, directors, employees, contractors, and volunteers (collectively, the "Waived Parties"), from any and all liability, claim(s), demand(s), cause(s) of action, damage(s), loss or expense, including court costs and reasonable attorney's fees of any kind or nature whatsoever ("Liability") which may arise out of, result from, or relate to my participation. I further agree that if, despite this Agreement, I, or anyone on my behalf, make a claim for Liability against any of the Waived Parties, I will indemnify, defend, and hold harmless the Waived Parties from any such Liability which may be incurred as a result of such a claim that I might have against the Waived Parties or anyone associated with the educational support group.

I understand all of the above and agree to the above terms.

Participant Signature:_____

Guardian Signature: _____

Date: _____

BRIDGEPOINT CENTER VIRTUAL PROGAMMING COMMITMENT

Virtual group programs require a sense of community to operate effectively. It is the intention of BridgePoint Center to create a safe, nurturing, healing environment for program participants and team members. The following boundaries and walls were developed to promote a safe residential experience in community.

Boundaries

Boundaries are guidelines for behavior, and imply a degree of flexibility.

1. I will participate in the full program schedule.
2. I understand that I am required to have my video and microphone function available and turned on throughout the group (except while I have my microphone on "Mute").
3. I will ensure I have a private environment to ensure confidentiality and will use headphones during sessions.
4. I will sign in to the call at least 5 minutes in advance of the session.
5. I will be punctual and understand that late entry may not be permitted once the virtual room is locked.
6. I will practice courteous and responsible behavior. I will demonstrate adequate impulse control by not interrupting a participant's process or giving advice.
7. I will not use my cell phone during any group activities (unless for the use of accessing this program).
8. During a virtual retreat, if I choose to leave the program prior to its completion, I agree to consult team.

Walls

Walls provide a firm structure to ensure the safety of individuals participating in BridgePoint programming.

1. Confidentiality at BridgePoint is essential. I will not discuss the experiences of other participants. I will not name or describe other participants. I will not take pictures of group participants or chats. *("Participants"* is all encompassing and includes team).
2. BridgePoint is a place where people of **all** sizes, shapes, genders, abilities, and backgrounds can gather to celebrate all bodies, support one another as we work toward body acceptance, and build a more inclusive community that values all people. I will preserve this inclusive community by not commenting on anyone's body image.
3. BridgePoint has a **zero tolerance** policy for behavior that jeopardizes personal safety. Violent behavior is not tolerated. **Violence is defined as verbal, physical, sexual or emotional aggressive behavior. Violence can be, but is not limited to raised voices or tone, sarcasm, threats, comments or mannerisms.**
4. I will not consume alcohol, use drugs (including marijuana *unless previously approved as medically necessary*), or other mind altering substances while attending BridgePoint virtual programming.
5. In order to remain a participant in BridgePoint programming, participants must remain medically and psychiatrically stable during the entire program. Should I feel like I am not able to keep myself safe I will reach out and engage outside resources as necessary (see list attached).

I understand the BridgePoint Center "Virtual Programming Commitment" and agree to abide by BridgePoint Boundaries and Walls as presented. I understand that I am responsible for my own behavior. I understand that BridgePoint team members are available to provide support to me and assist me to continue my personal recovery.

Signature of Participant _____ Date_____

Signature of Guardian _____ Date_____

Name of Guardian _____

CONSENT FOR RELEASE OF INFORMATION

SHOULD ANY INDIVIDUAL/AGENCY CHANGE A NEW FORM WILL BE REQUIRED

I, _____, BIRTH DATE: _____, OF _____
(Name) *(YY/MM/DD)* *(Community, Province)*

hereby consent to allow BridgePoint Center Inc. (hereinafter referred to as "BridgePoint") to release information from their clinical records:

To: _____

DOCTOR *(Name and address of individual and/or agency to receive information)*

And: _____
COUNSELLOR (*Name and address of individual and/or agency to receive information)*

And: _____
PHARMACIST *(Name and address of individual and/or agency to receive information)*

And: _____
PSYCHIATRIST *(Name and address of individual and/or agency to receive information*

And: _____
DIETITIAN *(Name and address of individual and/or agency to receive information)*

And: _____
FAMILY MEMBERS/FRIENDS *(Name and address of individual and/or agency to receive information)*

And: **SASKATCHEWAN HEALTH AUTHORITY** (**Mental Health and Addictions Services)** as required during their partnership with BridgePoint during programming.

_____ _____
Signature of Participant (or Guardian if under 16) *Date of Participant Signature*

_____ _____
Signature of Witness *Date of Witness Signature*

This consent will expire only upon written notification, from you (Participant), advising BridgePoint "consent is withdrawn", and by specifically naming to whom you do not want information released.

BRIDGEPOINT
CENTER FOR EATING DISORDERS

PART A
completed by Applicant

Program Applying For :

◯ **Retreat** Date: _____ Alternate Date: _____ *(maximum of 3 programs applied for at a time)*
◯ **Module 1** Date: _____ *(Parts B & C are required for Modules, or as requested)*
◯ **Module 2** Date: _____
◯ **Module 3** Date: _____ ◯ **Youth Support Group** Date: _____

Referral Source: ◯ Self-referral ◯ Referring Professional Former Health Region: _____

Referral Contact Info:_____

Applicant Information

Name:	◯ Male ◯ Female ◯ Other _____ Preferred Pronoun:	**DOB:**	**AGE:**

Health Card #: Issuing Province: Expiry:

Address:

	Box/Street	City, Prov	Postal Code
Contact Information *Please provide phone numbers where messages **can** be left.*	Home Phone:	Cell Phone:	Work Phone:

Email Address:

Preferred Method of Communication: ◯ Phone Call ◯ Email ◯ Other

Safety Contact *Which Whom BridgePoint may share/receive your information.*	**Name**: *Contacted in emergency situation or early departure from program*	Home Phone	Cell Phone

Relationship: Street Address/City: Email:

Health Care Provider, Person or Agency	**Doctor**:	Phone:
	Counsellor:	Phone:

◯ I acknowledge that BridgePoint is a peanut free and scent sensitive facility and will **not** bring scented products or peanuts.
◯ BridgePoint is not a medical facility and I will be able to maintain medical and psychiatric stability during programming.

Applicant Signature: _____ **Date:** _____

Please return completed form as legibly as possible and return to: Admissions, BridgePoint Center
Fax: (306)935-2241 Email: bridgepoint@sasktel.net Box 190 Milden, SK. S0L 2L0 Phone: (306) 935-2240
INCOMPLETE OR ILLEGIBLE APPLICATION FORMS WILL NOT BE PROCESSED
Please note that we are not a crisis line and do not provide any emergency services.

Eating Disorder Behaviours

What eating disorder symptoms or behaviours have you experienced?

Overeating/binging	◯ None	◯ Past	◯ Current	Frequency:
Purging (vomiting/laxative use, etc.)	◯ None	◯ Past	◯ Current	Frequency:
Under-eating/restricting food intake	◯ None	◯ Past	◯ Current	Frequency:
Excessive or compulsive exercise	◯ None	◯ Past	◯ Current	Frequency:
Ongoing dieting or calorie counting	◯ None	◯ Past	◯ Current	Frequency:
Use of diuretics, laxatives, or diet pills	◯ None	◯ Past	◯ Current	Frequency:
Changes in weight during the past year	◯ Gain	◯ Loss	◯ Stable	How Much:
Other:	◯ None	◯ Past	◯ Current	Frequency:

Daily Reported Food Intake: ◯ Less than 1 meal/day ◯ 1 meal/day ◯ 2+ meals/day (including snacks)

Describe your current experience with food:

_____

_____

_____

Years with disorder: _____ Current Diagnosis (self-perspective): _____ Age first self-diagnosed: _____

Current Health

Current or ongoing medical or mental health concerns:

_____

_____

Date of last GP Visit: _____ Any concerns: _____

Date of last physical: _____ Any concerns: _____

Amenorrhea ◯ Yes ◯ No Date of Last Period: _____

Have you ever been hospitalized? ◯ Yes ◯ No If yes, date of last admission/duration/reason:_____

◯ Diabetes ◯ Pregnant (#weeks __) ◯ Substance Use/Dependency ◯ Mobility Issues ◯ CPAP Machine

Special Accommodation Requests:_____

◯ Appointments during programming _____ (*must be approved and arranged prior to admission.*)

◯ Medical Marijuana Usage (*must be approved for use onsite prior to admitting. Send prescription and licence with application.*)

◯ Allergies (List type/severity/Tx) _____ ◯ Epi-pen

◯ Service Animal Type: _____ ***Contact BridgePoint to request approval and for separate application. Cannot attend without prior approval.***

What plays an integral part in your recovery? What other supports or resources would be helpful?

_____

_____

_____

_____

Current Supports:

◯ Mental Health Team	◯ Psychologist	◯ Therapist
◯ Psychiatrist	◯ Dietitian	◯ Day Program
◯ Self-help groups	◯ Group Home	◯ Others

What other treatments have you accessed in the past? Or since you were last here? What are you working on with your supports?

_____

_____

_____

PARTICIPANT NAME:_____ **Date:** _____

Participant Profile (FOR STATISTICAL USE - DOES NOT FORM PART OF YOUR RECORD)

Check all that apply:

◯ Depression	◯ Anxiety	◯ Hoarding	◯ Obsessive compulsive	◯ Other:
◯ Social isolation	◯ Manias, mood swings	◯ Stealing/shoplifting	◯ Memory problems	◯
◯ Chronic thoughts of suicide	◯ Perfectionism	◯ Sexual compulsivity	◯ Substance use/addiction	◯
◯ Suicide attempts (past year)	◯ Attention deficit disorder	◯ Bipolar	◯ Borderline personality	◯
◯ Trauma/PTSD	◯ Schizophrenia	◯ Trichotillomania	◯ Sensory disorder	◯
◯ Gambling addiction	◯ Shopping addiction	◯ Dissociative identity	Other:	Other:

Personal History of Known Abuse/Trauma

◯ Physical	◯ Verbal	◯ Emotional	◯ Sexual	◯ Neglect
◯ Adverse Childhood Events	◯ Financial	◯ Spiritual	Other:	

_____

Personal History of Self Harm/ Suicide Attempts

◯ Past history of Self Harm	◯ Present Self Harm	◯ No history of Self Harm	◯ Past Suicide Attempt	◯ Recent Suicide Attempt (2 months)

Quality of Life- Where has the eating disorder had the greatest impact on your life?

◯ Employment	◯ Relationships	◯ Housing/Food Insecurity	◯ Financial	◯ Spiritual
◯ School	◯ Social/recreational	◯ Legal	◯ Other	

External Agency Diagnosis (DSM-5 Feeding and Eating Disorders): ***Check one below*** *(most recent diagnosis)*

Age diagnosed: _____	◯ Anorexia (AN)	◯ Bulimia Nervosa (BN)	◯ Binge-Eating Disorder (BED)
◯ Other Specified Feeding or Eating Disorder (OSFED)	◯ Unspecified Feeding or Eating Disorder	◯ No formal diagnosis	Other:

Occupation: _____ **Highest Level of Education:** _____

◯ Employed	◯ Unemployed	◯ Unemployed	◯ Disability – SAID	◯ Disability – work plan	◯ Student

Marital Status: _____ **Children: Age/Sex** _____

Family of Origin *(Is there anything about your family that would be important for us to know?)*

_____

Internal vs. External Motivation

Out of 100%, what percentage of you is motivated to be here for yourself vs others? Yourself ____% Others _____% (adds up to 100%)

What strengths do you bring with you to BridgePoint and your recovery? *ie. Humor, perseverance, tenacity, stubbornness, etc*

_____

Client Identified Resources: *Who or what plays an integral part of your recovery? i.e pets, spirituality, music, friends, etc?*

_____

_____

_____

What other information would you like us to know?

Please explain: _____

_____

_____

_____

You will be contacted about the status of your application. Spots are not confirmed until verbal or written confirmation is provided.