

Intensive discovery,
recovery and healing
for people who are
experiencing **eating
disorders.**



RETREAT PACKAGE (NEW PARTICIPANTS)

Thank you for taking this step in your healing journey. The role of BridgePoint is to support self-discovery, as well as skill building, in the transition from letting go of old, unhealthy life patterns to discovering a variety of new and healthy choices in how to respond to the challenges of life. This support is provided in a program with three sequential modules that symbolize the process of building a bridge to recovery. The first step of programming is to attend a retreat.

BridgePoint Center for Eating Disorders is a residential facility for a wide range of disordered eating. We accept participants with Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder, Compulsive Eating, Eating Disorder Not Otherwise Specified, and we also accept undiagnosed disordered eating. Anyone struggling from disordered eating would benefit from our programs.

The format of each module includes intensive experiential learning and teaching sessions within a group model, individual discussions and processing of personal issues. Individuals are encouraged to progress at their own rate toward their personal or optimal level of wellness.

Retreats are more of an introduction to our programming here at BridgePoint. It is a chance to connect with our Team and also make connections with others struggling with similar issues. Depending on time, we try to do some content that we would do in module to give participants an idea of what we do in module. Retreats are self-referral; Modules 1 and Module 2 require a referral from a physician and counselor.

Self-responsibility is encouraged and supported in all modules. In each step of the programming, participants will stay onsite in community. We can accommodate up to 15 participants at a time. The smaller group number allows for diversity and connection as a group.

The BridgePoint model is holistic in approach and not a medical model. We have peer, paraprofessional and professional support here on team. Our team includes a Registered Nurse and we have Medical Health Facilities on-call and accessible within 20 minutes (hospitals, doctors, nurses). We do require participants to keep themselves medically stable prior to attending and throughout the program. We integrate a lot of breath work, meditations, and mindful practices.

What is our philosophy?

To support individuals through a multidisciplinary team approach.

To have a safe environment for individuals to heal that is separate from the stress of daily life.

To provide ongoing, individualized support services.

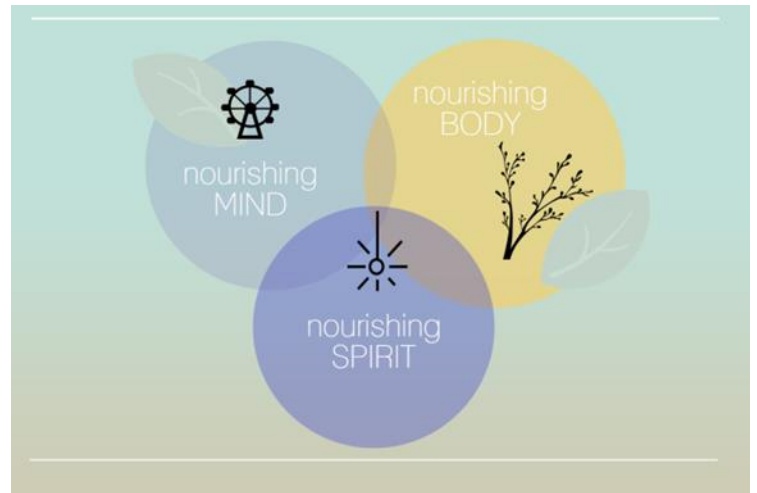
To ensure ongoing interdependent planning among BridgePoint, the health districts and the province.

To offer a safe, comfortable, nurturing environment which you may begin to heal.

Bridgepoint is a scent free facility. Please do not bring scented lotions, perfumes, hairsprays or other scented products.

What to expect

Our team has diverse and integrated strengths, talents and resources to support your needs. The residential nature of the program means that there are always opportunities for reflection, learning and growth. Exploration and sharing takes place within a group setting during the module. The experience of living in community is profound as it offers a sense of belonging and inclusion and allows for mutual support. Struggling with an eating disorder can be a very lonely, painful existence. We understand this. Some of us have been there.



Arrival Times & Program Schedule

Doors open at 6pm for retreats. If you arrive prior to this time, you will be able to wait in the front lobby until team is ready.

Programs run from 9am until 9pm with a full day of group learning, community and personal opportunity time.

A sample day looks like this:

8:00am	Breakfast
8:30am	Team Meeting
9:00am	Group Session
11:30am	Personal opportunity time
12:00pm	Lunch
1:00pm	Group Session

3:30pm	Personal opportunity time
5:30pm	Supper
6:30pm	Group Session
9:00pm	Personal opportunity time
10:30pm	Wind down
11:00pm	Shhh! Lights out

Dining & Kitchen Info

We don't focus on food or eating disorder behaviours. There is not any sort of food policing, strict meal plans, or monitoring, but we do ask all participants to attend meals in community. We focus on why individuals may be using behaviours, rather than the behaviours themselves.

Dining together in community is an important part of the program. Participants will also serve an integral part in the preparation and clean-up of meals.

BridgePoint provides three meals and snacks as part of the program. The food services team provides homemade baking, soups, some breakfast and noon food prep, and the evening meal prep. We try our best to provide participants with healthy and nutritious menu choices.

Please let the registrar know as far in advance of your program as possible, if you have food sensitivities or allergies. If your allergies are severe enough to require you to carry an epi pen, please inform us as well. We do our best to accommodate special diets, but we cannot guarantee that all requests can be offered. There is a participant fridge onsite that you can store your food items in. We do provide some vegetarian choices throughout the rotation of chicken, fish, beef and pork, some which would be suitable for vegans. Our kitchen is not equipped to provide Kosher/Halal meals and cannot provide the level of Gluten Free foods that someone with Celiac disease would require.

We ask you not to binge on community food, so please bring your own binge food if you think you will require it.

What to bring

- Go cup and/or water bottle
- An inspiration to share at Team Time (poems, stories, pictures, music, etc)
- Medication – prescription and non-prescription medications are to be in original bottles/packages or blister packs. Please make sure that prescriptions are labeled with correct dosages.
- Toiletries – we are a “**SCENT FREE**” facility. Please ensure all shampoo, lotion, body wash, etc is scent free.
- Any specialty foods that you require
- Comfy clothes (we do a lot of sitting around; layers are recommended)
- Appropriate outdoor clothing
- Quilt or polar fleece blanket
- Anything that would give you comfort while you are here
- Cell phones and electronics are welcome here but are not used during group or meal time.

If you are attending a module or follow-up programming, please bring back all of the above plus any of your journals and sketchbooks.

Our Facilities

We are located in the former Mildren Hospital in the quaint town of Mildren in central Saskatchewan. Over the last couple of decades, much care and attention has been taken to modernize the facility and to make it a safe and comfortable retreat like setting. The tranquility and simplicity of being in rural Saskatchewan eliminates the distractions of day-to-day life and provides space to focus on discovery and recovery. Our address is 744 Saskatchewan Avenue in Mildren. You are welcome to park on either side of the street in front of the center and come in the main doors.

There are basic laundry facilities on site for you to use free of charge. A set of bedding, pillows, towels and a laundry basket are available for each participant to use during programming.

Application Process

BridgePoint will support the application process, tracking incoming documentation and seeking clarification to any questions that arise. Following our verification that all the necessary components of the referral/application have been satisfied, all forms completed and received, BridgePoint will contact the client to confirm they are registered for participation in the Module.

As space for each program is limited, we encourage you to contact us with your interest in attending a program. You are able to tentatively reserve a spot on our list. Once all forms and consents are filled out and returned, your spot is confirmed. It is first come, first serve.

Attached in this package are all the forms and consents that you need to fill out. Please return all forms as soon as possible. Upon receipt, a team member will contact you to confirm your registration. We are unable to confirm your spot until all paperwork has been accepted.

If you have any other questions or concerns please email back or give us a call at 306-935-2240. We look forward to hearing from you and meeting you.

With warm regards,
The BridgePoint Team

BridgePoint Center Inc.
 Box 190, Mildren, Saskatchewan S0L 2L0
 Phone: 306-935-2240 • Fax: 306-935-2241

Email: bridgepoint@sasktel.net

Website: www.bridgepointcenter.ca



BRIDGEPOINT CENTER FOR EATING DISORDERS

PART A - Basic Information (Filled out by applicant)

Program applying for:				
Dates:				
Client name:				
Date of Birth:				
SHSP Number:				
Current Address:				
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Box/Street	City, Province	Postal Code		
Phone Numbers: Home	Work:			
Cell:				
Client email address:				
Next of Kin: Name:				
Relationship:	<small>Next of kin will be contacted in emergency situation</small>			
Address:				
	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">Box/Street</td> <td style="width: 33%; text-align: center;">City, Province</td> <td style="width: 33%; text-align: center;">Postal Code</td> </tr> </table>	Box/Street	City, Province	Postal Code
Box/Street	City, Province	Postal Code		
Phone Numbers: Home:	Work:			
Cell:				
Counsellor's name:				
Phone:	Email:			
Physician's name:				
Phone:	Email:			
Date:				
Signature:				

BridgePoint is a Scent Free Facility

PART A - Getting to know you

1. a) What are your supports?

b) If you are working with a counsellor what issues are you currently working on?

2. Do you have any health issues or concerns?

3. Do you have any allergies?

4. Describe your current experience with food.

5. What other information would you like us to know about you?

Printed Name:

Signature

Current Phone Number:

Date:



ADULT WAIVERS AND UNCONDITIONAL PROGRAM RELEASES

The following consents will expire only upon written notification from you (client) advising BridgePoint "consent is withdrawn".

I, (name) _____, of (city/town) _____, of (province) _____, Canada, 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 Mildred, Saskatchewan.

I RECOGNIZE that the reason I am attending BridgePoint is due to my eating disorder, which by its very nature threatens my life. I therefore intend to relinquish my legal rights to the extent that I intend to fully assume the risks for any injuries or physical harm that may come to me for the duration of my stay at BridgePoint.

I HEREBY REMISE release and forever discharge BridgePoint 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 residential programming by BridgePoint. I am signing this document of my own free will.

Initial: _____

ADULT CONSENT NO SELF-HARM CONTRACT

I agree that should I experience feelings of wanting to physically hurt myself during my stay at BridgePoint, I will approach a BridgePoint team member for support prior to carrying out such actions. I understand that the BridgePoint team, in consultation with me, will implement measures to ensure I remain physically safe until such time that I am verbally and physically able to demonstrate no further thoughts of self-harm. Such safety measures may include:

Allowing staff to monitor me until such time as my feelings and behaviors of self-harm are able to be controlled by me;

Transfer to hospital via emergency medical services if my needs, as assessed by BridgePoint team members, are determined to be too acute to manage at BridgePoint.

This contract will remain valid during my entire stay(s) at BridgePoint.

Initial: _____

ADULT CONSENT PROGRAM PARTICIPATION

I consent to participate in all programming offered during my residential stay(s) at BridgePoint.

In giving my consent, I agree to abide by and follow all walls and boundaries governing the operation of the program. I also agree to participate in all program activities in facilitating my recovery process to the best of my ability.

I am aware that BridgePoint is not responsible for loss or damage sustained to any personal property I bring with me to the program.

Initial: _____



ADULT CONSENT FOR MEDICAL TREATMENT

BridgePoint Center Inc. (herein after referred to as "BridgePoint") in Mildred, Saskatchewan, utilizes physician, hospital and ambulance services in Outlook and Rosetown. Transportation to larger centers occurs only when the local community cannot adequately meet services, or when specifically requested by the individual receiving treatment.

Individuals attending BridgePoint Programs are fully responsible for the cost of their personal medications whether covered under insurance plans or not.

I give consent to BridgePoint to utilize their community physician to provide for my routine health care needs while attending BridgePoint programs. In the event I require emergency medical treatment: **Please choose one of the following & initial:**

- A. I give consent to be treated at either the Outlook or Rosetown Hospital. ***I am aware that I am responsible for all financial costs incurred for ambulance service and/ or other approved transportation.**
Initial: _____

- B. I give consent to only being stabilized at Outlook or Rosetown Hospital, and then transferred as soon as possible to the hospital of my choice for further treatment. ***I am aware that I am responsible for all financial costs incurred for ambulance service and/or other approved transportation.**
Initial: _____

SELF-MEDICATION PROGRAM CLIENT CONSENT FORM FOR ADULTS

I acknowledge that BridgePoint Center Inc. (hereinafter referred to as "BridgePoint") utilizes a self-medication program and will utilize the program during my stay at BridgePoint.

I voluntarily agree to participate, and to the best of my ability will follow the self-medication program instructions given to me by the nursing staff. I understand that the self-medication program may change to accommodate my individual needs.

I voluntarily surrender all medication prescribed, over-the-counter, and otherwise for the duration of my stay at BridgePoint.

I have voluntarily provided a complete and accurate description of my medication/drug use.

I understand that failure to comply with the self-medication program could result in harm to self and jeopardize my stay at BridgePoint.

I agree that BridgePoint will not be held legally liable for the medications I take under the self-medication program.

I will assume complete responsibility for my own medications and will report to team any problems that may arise throughout my stay. If I am unable to manage my medications I will alert BridgePoint team members.

Initial: _____



SELF-MEDICATION PROGRAM POLICY ADULT

1. Upon admission to any of BridgePoint's Programs, clients will give consent in written form to participate in the Self Medication Program. Whenever possible this program will be designed to meet the client's specific needs.
2. Upon admission, the Nurse or team member will review the medications with the client. Client will identify medications, reason for taking the medication(s), dose, time of day taken, duration taken, effectiveness, and any noted side effects.
3. Each Client will bring a sufficient supply of currently prescribed medication(s) as well as any over-the-counter medication(s) needed during their stay at BridgePoint. If there is any discrepancy between client stated dose and prescribed dose, the client's home doctor will be contacted as soon as possible. His decision will be documented in the client's chart, and will be acknowledged as the current prescription.
4. All medication will be surrendered to the BridgePoint Team. All medications are kept in a locked room. Clients will have access to their individual medications via a BridgePoint Team Member.
5. A weekly dosette will be provided for each client. The Nursing Associate(s) will supervise the client in filling or refilling the dosette.
6. At all times clients will self-administer medication, in the med room, in the presence of a team member. Following each self-administration, the client will document self-administration by initialing on the provided form.
7. Team Members will check documentation at 2300 hours to determine client's medication compliance. Noncompliance will be documented in the client's progress notes.
8. Medication noncompliance will result in the client's stay at BridgePoint being reviewed by the Team.
9. Should a client require medical intervention from a local physician, any new medications prescribed will be reported and immediately surrendered to a BridgePoint Team Member who, if not a nurse, will ensure that the Nursing Associate is advised. The Nursing Associate will document the new medication in the charts, progress notes and inter-agency report.
10. Under no circumstances will clients provide any medication of any type or form to other clients.
11. Any sudden decrease or discontinuation in laxative use is potentially lethal. Seek BridgePoint Team assistance in determining medically safe ways to alter laxative dependency.

IN WITNESS WHEREOF I have executed these releases at:

(city/town) _____

(Month/Day/Year) _____

Signature of Client

Date of Client Signature

Signature of Witness

Date of Witness Signature

BridgePoint is a Scent Free Facility

BridgePoint Center Inc.
Box 190, Mildred, Saskatchewan S0L 2L0
Phone: 306-935-2240 • Fax: 306-935-2241

Email: bridgepoint@sasktel.net

Website: www.bridgepointcenter.ca



BRIDGEPOINT CENTER RESIDENTIAL COMMITMENT – PARTICIPANTS

Residential 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 and healthful residential community. Boundaries are guidelines for behavior, and imply a degree of flexibility.

Boundaries

1. I will participate in all program activities and groups, including communal meal preparation and housekeeping activities.
2. I am responsible for caring for my own property and living area space while at BridgePoint.
3. I will be present in the dining room for at least 15 minutes during meals and honor any dietary agreements developed with the BridgePoint team.
4. I will store all food and beverages, in the identified fridge, in the kitchen. I will label and identify all personal food and beverages. All food and drinks must be stored in the participant fridge or shelving unit and not in bedrooms.
5. I will eat my meals in the dining room. When I consume drinks and snacks in the common areas, I will return all my dishes to the kitchen and rinse them. No food will be stored or consumed in bedrooms.
6. I will ask team members to support and assist me in exploring alternative ways of coping, rather than bingeing, purging, restricting, hoarding or eating compulsively. If I choose to binge, I will purchase my own binge food. I will not binge on community food
7. Any sudden decrease or discontinuation in laxative use is potentially lethal. I will seek BridgePoint team assistance in determining medically safe ways to alter laxative dependency.
8. I will practice courteous and responsible behavior. I will demonstrate adequate impulse control.
9. I will give friends and family the (306) 935-2242 telephone number in order to call me. I will make long distance calls by using a calling card, calling collect on the pay phone or own personal cell phone.
10. I will not use my cell phone during any group activities, programming or at mealtime. All cell phones will be stored in the baskets provided.
11. During a retreat weekend if I choose to leave the program prior to its completion, I agree to consult team members to arrange for my safe departure. For the safety of participants, team may not allow for departure during inclement weather or during non-daylight hours.
12. During the Module should I choose to leave the program, I agree to remain at BridgePoint for 24 hours from the time I inform team members of my decision. I also agree to participate in a closure conference call with my counselor and BridgePoint team members prior to my departure.
13. First aid kits are publically accessible in the copy room and kitchen. BridgePoint is equipped with Carbon Monoxide and fire detectors in each wing. Familiarize yourself with the closest exits in the building. In the event of a fire, Team will direct you to meet in the parking lot in front of the residence on the West side of the BridgePoint building.



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

Walls

1. Confidentiality at BridgePoint is essential. I will not discuss the experiences of other participants. I will not name or describe other participants. (*“Participants”* is all encompassing and includes team, family members and friends).
2. BridgePoint is a smoke free facility. If I smoke or vape, I will do so only in the area provided **outside the north wing exit**. I will not burn incense, candles or other open flame products in my room.
3. I will not consume alcoholic beverages or use illegal drugs while attending BridgePoint.
4. I have **sufficient medication to last the duration of the program** and will store all my prescription and non-prescription drugs, car keys (for my car that is here), and sharps (i.e.: razors/ knives) in the medication room. **I will bring all medications in their original containers with the current prescription attached or in blister packs.** I will adhere to the self-medication policy. I will not share prescription or non-prescription medication.
5. When leaving the Center for any reason I will sign out and sign in upon my return. This is available to me during daylight hours only. I will have a “buddy” with me whenever not in sight of the building. **I will remain within the town limits.**
6. 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.**
7. I will respect all BridgePoint belongings and property, and will leave my room as clean as I found it with all the provided amenities. BridgePoint will not tolerate stealing. I will make financial restitution if I deliberately damage or destroy BridgePoint property. I will make financial restitution if the condition of my room upon leaving requires additional cleaning or repair (for that which is beyond normal use). There will be a room check at the end of each program.
8. The BridgePoint team meets regularly and shares, with each other, the content from conversations with participants, parents/guardians, and family & friends. Our intention is to have consistent information and understanding, amongst the team, for effective program delivery. All information is held in strict confidence except in instances where we are bound by law to report.
9. In order to remain at BridgePoint, participants must remain medically stable during the entire program. I will keep myself safe while at BridgePoint. I will reach out to Team should I feel like I am not able to keep myself safe. Team will engage outside resources as necessary in ensuring the safety of participants. Participants who check themselves out of a medical facility against the advice of medical professionals will not be returned to BridgePoint, and will have to arrange safe transportation home. Participants are responsible for any costs incurred for safe transportation.

I understand the BridgePoint Center “Residential 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 Client _____

Date _____



BRIDGEPOINT
CENTER FOR EATING DISORDERS

ADULT 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: _____
(Name and address of individual and/or agency to receive information)

Signature of Client

Date of Client Signature

Signature of Witness

Date of Witness Signature

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