



**The Priory Hospital
Glasgow**



**Day therapy groups for individuals with
eating disorders**

About our therapy programmes

We understand that coming into hospital can be a daunting process, and that you will want the very best treatment available in order to overcome your illness as soon as possible. For this reason, we have provided below some detailed information about the content of our Group Therapy modules within a typical week at the Priory Hospital Glasgow. We hope that you will be able to use this information to familiarise yourself with the type of activities you will be undertaking as an inpatient staying with us, or as a day or outpatient coming into the hospital.

These sessions are designed to provide individuals with an eating disorder the coping strategies to recognise and, in time, overcome their condition. Whilst there are three main categories that eating disorders can be divided into, various combinations of these categories can be present and people can often switch from one to the other. Categories include:

- anorexia nervosa
- bulimia
- binge eating disorder
-

What is Group Therapy?

Group Therapy is recognised as an opportunity for an individual to:

- i) Understand that they are not alone
- ii) Hear shared experiences of others, especially those who are in part recovery
- iii) Experience a welcoming environment, which is safe and non judgemental
- iv) Experience a structured routine
- v) Develop confidence in interaction with others
- vi) Receive support from others within your peer group

Does therapy work?

Understandably, you will want to be sure that the treatment that you receive is not only effective, but also excellent value. The best way for us to ensure that our patients are pleased by the treatment and support they receive from the Priory Hospital Glasgow is to regularly review our patient satisfaction surveys and monitor clinical outcomes.

We are pleased to report that our most recent Group results showed that:

The Priory Group conducted a survey of all patients who had undergone Eating Disorder Treatment over a full 12 month period between 2011 & 2012.

The outcome in terms of measurement over this period is as follows:

- **99%** of our patients rated the quality of their care as good or excellent
- **90%** of our patients have improved their feeling towards diet, shape and weight
- **93%** of patients have gained weight following their treatment
- **72%** of patients with an eating disorder had improved overall wellbeing following their therapy treatment

A typical week at the Priory Hospital Glasgow

Times may vary slightly

| | 9.30 - 10.30 | 11.00 - 12.00 | 1.15 - 2.15 | 2.45 - 3.45 | 4.00 - 4.45 | 7.30 - 9.30 |
|------------------|-------------------------|--|-------------------------------|---|-------------|-------------|
| MONDAY | A Mindfulness | B Weekly Diary Review | C Supervision Group | D Body Image | Free Time | Free Time |
| TUESDAY | A Mindfulness | E Understanding your Eating Disorder | C Supervision Group | L Nutritional Education and Eating Skills | Free Time | Free Time |
| WEDNESDAY | A Mindfulness | F Emotion Regulation | C Supervision Group | G Self Awareness Art Therapy | Free Time | Free Time |
| THURSDAY | Yoga | J Meal Preparation | C Supervision Group | H Positive Psychology | Free Time | Free Time |
| FRIDAY | Breakfast Group | I Relapse Prevention | C Supervision Group | H Active Recovery | Free Time | Free Time |
| SATURDAY | Free time | Free Time (Outings) | Free Time (Outings) | Free Time (Outings) | Free time | Free Time |
| SUNDAY | Free time | Free Time (Outings) | Free Time (Outings) | Free Time (Outings) | Free time | Free Time |

Module KEY:

A – Mindfulness - Promotes a “way of being” that helps us approach an individual’s present predicament with kindness and compassion. An individual will learning new and more effective ways of handling moods and emotions by learning to disengage from trying to ‘fix’ things and repeated self-critical thoughts.

B – Weekly Diary Review - A structured, cognitive behavioural therapy (CBT) focussed group that involves formation of goals and aims towards recovery, setting up appropriate challenges in order to achieve these goals, on-going basis.

C – Supervision Group – Post meal/ snack supervision and support of individuals within the group at a highly sensitive time and exploring and sharing the emotions that are being felt by individuals.

D – Body Image - A group that examines the individual's relationship with their body; addresses cognitive distortions, identity and encourages acceptance that everybody is individual.

E – Understanding your Eating Disorder - A group that examines eating disorder behaviours, thoughts and what the illness has cost the individual in terms of family impact, socially and personally. This group takes a holistic view of the illness and acknowledges the gains and losses of having an eating disorder.

F - Emotion Regulation – A slightly more complex group that requires the individual to become aware of internal experiences, identify emotions and cope with or tolerate the emotion. Eating disorders can frequently create deficits in these areas and therefore individuals can experience negative emotions more frequently/intensely than most. This group teaches emotion regulation skills to help decrease eating disorder behaviours and increase self-efficacy.

G – Self Awareness Art Therapy – Individuals learn to express themselves freely using an alternative medium to speech – an opportunity to further explore the creative, thinking side of the brain.

H – Positive Psychology – Developing more effective understanding and interventions to determine how things go right; through positive experiences, enduring psychological traits, positive relationships positive influences.

I - Relapse Prevention – This group addresses the cycle of change, creates awareness of triggers and protective factors and encourages commitment to recovery and putting plans in place in order to help minimise the risk of re-lapse.

J – Meal Preparation – Active participation and support to purchase goods, meal planning, improve understanding of portion control, nutritional value, as well as gain new skills in meal in meal preparation; all undertaken in a supervised and supportive environment.

K – Active Recovery – Looking ahead to times when supervision will not always be there, visualisation of a better life and what steps need to be taken to create a recovered lifestyle.

L – Nutritional Education and Eating Skills – Working with a dietician to discuss Body Mass Index and general health, understanding the Glycemic Index, label contents, hidden sugars, nutritional values, carbohydrates & proteins and a range of useful information relating to food content and intake.

Our Therapist Specialities:

Although our Eating Disorder Therapists are focussed on eating based therapy, a complete plethora of specialities are available within the team and can be accessed by patients, especially if a patient is experiencing any form of dual diagnosis.

ATP

CBT

Anxiety management

Person centred therapy

EMDR

OCD

CAMHS

ADHD

Exposure work

Life-skills

Mindfulness

Positive Psychology

Family interventions

Couple work

Harm reduction

Sexual abuse

Yoga

Personality disorders

Complex trauma

Autistic spectrum and Asperger's syndrome

Gambling addiction

Sex addiction

Creative writing

Art therapy self awareness

Glossary of clinical terms

Addiction Therapy Programme – based upon detoxification followed by an abstinence (and sustainment) model.

Eating disorder (occupational therapy) – various therapies relating to pragmatic ways to improve life experience in coping with an Eating Disorder.

Cognitive behavioural therapy - is a psychotherapeutic approach that can address dysfunctional and complex emotions, maladaptive behaviors and cognitive processes and contents through a number of goal-oriented, explicit systematic procedures. This principle is known to be effective across a wide range of psychological problems.

Person Centered Therapy – the goal of PCT is to encourage focus on personal issues a safe, comfortable, non-judgmental environment by demonstrating congruence (genuineness), empathy, and unconditional positive regard toward their patients while using a non-directive approach. The underlying philosophy is; that as humans we strive to be the best that we can be and in the safety of a therapeutic environment, the patient can explore thoughts and feelings and through awareness, pursue acceptance and change.

Eye movement desensitization and reprocessing - is a psychotherapy for post trauma stress disorder that has been judged efficacious by numerous professional bodies. In EMDR treatment the patient first recalls traumatic material and then free associates on their own ("just let whatever happens happen") to sequences of linked material, both traumatic and non-traumatic, all while simultaneously attending to inner thoughts and sensory stimulation from a rhythmic, bilateral source. The goal of EMDR therapy is to process these distressing memories, reducing their lingering influence and allowing clients to develop more adaptive coping mechanisms.

Obsessive compulsive disorder – is an anxiety disorder characterized by intrusive thoughts that produce uneasiness, apprehension, fear, or worry; by repetitive behaviors aimed at reducing the associated anxiety; or by a combination of such obsessions and compulsions. Symptoms of the disorder include excessive washing or cleaning; repeated checking; extreme hoarding; preoccupation with sexual, violent or religious thoughts; relationship-related obsessions; aversion to particular numbers; and nervous rituals, such as opening and closing a door a certain number of times before entering or leaving a room. These symptoms can be alienating and time-consuming, and often cause severe emotional and financial distress. However, OCD sufferers generally recognize their obsessions and compulsions as irrational, and may become further distressed by this realisation.

Child and adolescent mental health services – for the diagnosis and treatment of children and adolescents, generally until school-leaving age.

Attention deficit-hyperactivity disorder – is a neurobehavioral disorder characterised by either significant difficulties of inattention or hyperactivity and impulsiveness or a combination of the two. It is now generally accepted that symptoms emerge before seven years of age. There are three subtypes of the disorder which consist of it being

predominantly inattentive (ADHD-PI or ADHD-I), predominantly hyperactive-impulsive (ADHD-HI or ADHD-H), or the two combined (ADHD-C). Often people refer to ADHD-PI as "attention deficit disorder" (ADD). ADHD generally impacts school-aged children and results in restlessness, acting impulsively, and lack of focus which impairs their ability to learn properly, although it is now generally accepted that with adults symptoms can prevail and adults can demonstrate the same.

Exposure work - is a technique in behavioural therapy intended to treat anxiety disorders and involves the exposure to the feared object or context without any danger in order to overcome their anxiety.

Mindfulness - Promotes a "way of being" that helps us approach an individual's present predicament with kindness and compassion. Learning new and more effective ways of handling moods and emotions by learning to disengage from trying to 'fix' things and repeated self-critical thoughts.

Positive psychology – Developing more effective understanding and interventions to determine how things go right; through positive experiences, enduring psychological traits, positive relationships positive influences. This branch complements, with no intention to replace or ignore, the traditional areas of psychology.

Personality disorder – Eating Disorder (Occupational Therapy) – refers to a class of personality types and enduring behaviors associated with significant distress or disability, which appear to deviate from social expectations particularly in relating to other humans.

Complex trauma therapy – to help alleviate severe anxiety disorder that can develop after exposure to any event that results in psychological trauma. This event may involve the threat of death to oneself or to someone else, or to one's own or someone else's physical, sexual, or psychological integrity, overwhelming the individual's ability to cope. As an effect of psychological trauma, PTSD is less frequent and more enduring than the more commonly seen post traumatic stress (also known as acute stress response). Diagnostic symptoms for PTSD include re-experiencing the original trauma(s) through flashbacks or nightmares, avoidance of stimuli associated with the trauma, and increased arousal—such as difficulty falling or staying asleep, anger, and hyper vigilance.