

## **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 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.
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.
6. I will practice courteous and responsible behavior. I will demonstrate adequate impulse control.
7. I will ask team members to support and assist me in exploring alternative ways of coping, rather than bingeing, purging, starving, or eating compulsively. If I choose to binge, I will purchase my own binge food. I will not binge on community food.
8. 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.
9. I will give friends and family the 935-2242 telephone number in order to call me. I will make long distance calls by using a calling card or calling collect on the pay phone. I will not use my cell phone during any group activities.
10. 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.

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.

**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, I will smoke 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, personal scissors and knives) in the medication room. **I will bring all medications in their original containers.** 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 I leave the building. **I will remain within the town limits.**
6. BridgePoint has a zero tolerance policy for behavior that jeopardizes personal safety. Violent behavior will result in expulsion from the program. 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). **Violence is defined as verbal, physical, sexual or emotional aggressive behavior.**
7. 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 criminal activity or serious threats to health and well-being.

**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 \_\_\_\_\_