

Appendix 1

CBT-T protocol (version 4)

CBT-T checklist

Patient name: _____

Date of birth: _____

Patient gender: Female / Male

ID Number: _____

Therapist name: _____

Date of first appointment: _____

Diagnosis at start of treatment, and symptoms that lead to that diagnosis:Comorbid conditionsHistory of treatment for eating disorder**Symptom record (all behaviours per week)**

Week	Weight (kg)	Objective binges	Vomiting	Laxatives used
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
FU1 (1 month)				
FU2 (3 months)				

Session 1: Agenda/Task checklist

- Introduce yourself to the patient, and ask a little about them (what they do, family, etc.)
- Patient to complete ED-15
 - Explain that this will be weekly, and you want them to do it every week just prior to the session (in the waiting room)
 - Check that all items are completed
- Acculturation to the therapy
 - Review past therapy experience
 - Identify the lack of evidence-based work (whatever the therapy was called)
 - Explain the 'firm empathy' stance
 - There will be anxiety about change, but that is necessary
 - Patient acts as their own therapist: you are the coach
 - Brief and focused, four sessions in the first instance, extending to ten if the patient is making changes
 - No desire to waste the patient's time and make them think that they cannot succeed in therapy
- Review current eating
 - Ask about the last 24 hours (especially if the patient is vague)
 - Ask about the last episode of bingeing/purging
- Explain the model (using diagrams where helpful)
 - Focus on maintenance (here and now) rather than history of problem
 - Change in behaviours and biology/nutrition to improve emotions, cognitions and behaviours (food as medicine rather than a threat)
 - Vital to learn that the best predictor of weight is going to be what is eaten
 - Non-negotiables – staying safe; attendance on time; diaries and other homework; dieting for weight loss during treatment for bulimia nervosa; being weighed (be prepared to explain each)
- Outline the course of therapy
 - Phase 1 (sessions 1-4): Learning and changing eating (psychoeducation; exposure)
 - Phase 2 (sessions 3-6): Challenging beliefs about eating, food and weight (cognitive restructuring; behavioural experiments)
 - Phase 3 (sessions 5-7): Addressing emotional triggers (exposure; cognitive restructuring)
 - Phase 4 (sessions 5-9): Body image work (surveys; exposure)
 - Phase 5 (sessions 9-10): Relapse prevention (therapy blueprint)
- Determine core symptoms (and record them in the relevant slots)
 - Get weight estimate and certainty rating, and record them
 - Weighing and taking height (done by clinician – not by self-report)
 - Reported weekly frequency of objective binges, vomiting, laxative use, etc.)
- Provide relevant psychoeducation handouts for discussion in session 2
 - Include healthy eating plan
- Identify possible reasons for bulimic behaviours and weight change
 - Long gaps in intake (particularly carbohydrate gaps) leading to craving
 - Low carbohydrate intake resulting in unstable mood
 - Discuss how a sensation of fullness can be due to anxiety (locate stomach)
- Plan initial dietary change for homework, and predicted weight gain
 - aim for structure before content
 - stress importance of generating anxiety so that the patient can learn, but not run away
- Agree next appointment
- Set homework
 - Questionnaire pack 1 (EDE-Q, GAD7, PHQ9, WAI-SR, PBQ)
 - ED-15 (do while waiting for the next appointment)
 - Read handouts
 - Get a folder to hold diaries
 - Standard food diary
 - Change intake according to need (including any need to gain weight)
 - Structure – add breakfast; three meals; two or three snacks
 - Content – carbohydrate; calorie content into meals and snacks (rather than binges)
- End session – ask patient to rate confidence in this approach, and suitability for them

Session 1 record: DATE _____

Tick the items that you have addressed with the patient on the facing list as you progress. Check that all items are ticked (or marked N/A if not applicable).

SymptomsFrequency of behaviours

Weight	_____ kg	Objective binges	_____ per week
Height	_____ m	Subjective binges	_____ per week
BMI	_____	Vomiting	_____ per week
Anticipated weight change	_____ kg	Laxatives (episodes)	_____ per week

Ways in which the patient would like to change using therapy

Problems with non-negotiables (e.g., weighing; urge to lose weight), and how they were addressed

Summary of problems identified in dietary intake that might trigger binges**Homework tasks set**

Handouts provided: Starvation / Bingeing / Vomiting / Laxatives / Other: _____

Changes to eating planned

Patient's ratings

Anticipated impact of that eating change on weight over the next week(s)

Gain = _____ kg ; Loss = _____ kg; Confidence rating = _____ %

Patient's confidence in this approach (0-100%) _____ %

Patient's rating of the suitability of this approach for them (0-100%) _____ %

Date and time of next appointment _____

Session 2: Agenda/Task checklist

- Welcome back
- Retrieve questionnaire pack and ED-15
 - Check that all items are completed
- Review homework
 - All done?
- Address any life-threatening or therapy-interfering behaviours (e.g., self-harm; missed appointment; late arrival)
 - Responsibility for solving these given to the patient, where appropriate
- Ask patient about experience of session 1 and any contrast with previous therapies
- Patient agenda items and questions from last time?
 - Give ten minutes to these, after the diaries and weighing
- Review what the patient learned from the handouts
 - Any others needed? Give to patient
- Review food diaries
 - If these have not been done, then weigh the patient and end the session
 - Identify changes from previous eating patterns
 - Identify and note core symptoms (teaching patient to mark bulimic behaviours, if not done)
- Congratulate patient on any positive changes in eating pattern and symptom reduction; problem solve any slippage
- Add to chart of bulimic behaviours
- Using the diary, identify one or more episodes of objective binge-eating where there is clear linkage to low/inappropriate food intake (if no binges took place, then look at high-risk situations)
 - Work with the patient on identifying the risk factors, stressing the low food intake/carbohydrate gap
 - Acknowledge other possible reasons (e.g., mood, alcohol), but focusing on the starvation factor for now
- Stress the likelihood that the patient will have taken in about 1200 kcal if they have binged, even if they vomited (and that laxatives will have done even less)
- Weighing process
 1. Ask re believed change in weight from last time (and certainty rating)
 2. Remind the patient about weight fluctuations, so not yet sure about patterns
 3. Weigh the patient
 4. Chart the actual and anticipated weight change (copy for the patient)
 5. Review patient's beliefs relative to actual change, but stressing that it is too still too early to draw conclusions
- Patient's agenda items
- From the diary, start to identify the foods that the patient finds 'safe' and 'feared'
- Plan next dietary change for homework, as per health eating plan
 - Maintain/develop structure
 - Shift towards better content if appropriate (especially planned carbohydrates)
 - Predict what these changes will do (likely weight gain, more binges, etc. and certainty ratings)
- Agree next appointment
 - Stress that you will be reviewing for progress weekly
- Set homework
 - ED-15 (do while waiting for the next appointment)
 - Read any additional handouts
 - Standard food diary
 - Change intake according to need (including any need to gain weight)
 - Prepare a list of 'feared' and 'safe' foods
- End session

Session 2 record: DATE _____

Tick the items that you have addressed with the patient on the facing list as you progress. Check that all items are ticked (or marked N/A if not applicable).

SymptomsFrequency of behaviours

Weight _____ kg

Objective binges _____ per week

BMI _____

Subjective binges _____ per week

Vomiting _____ per week

Anticipated weight change _____ kg

Laxatives (episodes) _____ per week

Problems with non-negotiables (e.g., homework; attendance), and how they were addressed**Summary of problems identified in dietary intake that trigger binges/urges to binge****Patient agenda items****Homework tasks set**Additional handouts provided: _____Changes to eating planned**Patient's ratings**

Anticipated impact of that eating change on weight over the next week(s)

Gain = _____ kg ; Loss = _____ kg; Confidence rating = _____ %

Date and time of next appointment _____

Session 3: Agenda/Task checklist

- Retrieve ED-15
 - Check that all items are completed
- Review homework
 - All done?
- Address any life-threatening or therapy-interfering behaviours (e.g., self-harm; missed appointment; late arrival)
 - Responsibility for solving these given to the patient, where appropriate
- Ask patient about experience of session 2
- Patient agenda items and questions from last time?
 - Give ten minutes to these, after the diaries and weighing
- Review food diaries
 - If these have not been done, then weigh the patient and end the session
 - Identify changes from previous eating patterns
 - Identify and note core symptoms
- Congratulate patient on any positive changes in eating pattern and symptom reduction; problem solve any slippage
- Add to the chart of patient bulimic behaviours
- Weighing process
 1. Ask re believed change in weight from last time (and certainty rating)
 2. Remind the patient about weight fluctuations, so not yet sure about patterns
 3. Weigh the patient
 4. Chart the actual and anticipated weight change (copy for the patient)
 5. Review patient's beliefs relative to actual change, but stressing that it is too still too early to draw conclusions
- Patient's agenda items
- Using the diary, identify one or more episodes of objective binge-eating where there is clear linkage to low/inappropriate food intake (if no binges took place, then look at high-risk situations)
 - Work with the patient on identifying the risk factors, stressing the low food intake/carbohydrate gap
 - Acknowledge other possible reasons (e.g., mood, alcohol), but focusing on the starvation factor for now
- Review what the patient learned from the additional handouts (if applicable)
- Review the safe and feared foods
 - Explore any evidence that the feared foods have been a problem in the past
 - Instead, have they become 'binge foods' and hence feared?
- Plan next dietary change for homework
 - Content and structure
- Agree next appointment
 - Stress that you will be reviewing for progress weekly
 - Remind that next time is the big review point
- Set homework
 - ED-15 (do while waiting for the next appointment)
 - Standard food diary
 - Change intake according to need (including any need to gain weight)
- End session

Session 3 record: DATE _____

Tick the items that you have addressed with the patient on the facing list as you progress. Check that all items are ticked (or marked N/A if not applicable).

SymptomsFrequency of behaviours

Weight _____ kg

Objective binges _____ per week

BMI _____

Subjective binges _____ per week

Vomiting _____ per week

Anticipated weight change _____ kg

Laxatives (episodes) _____ per week

Problems with non-negotiables (e.g., homework; attendance), and how they were addressed**Summary of problems identified in dietary intake that trigger binges/urges to binge****Patient agenda items****Homework tasks set**Changes to eating plannedOther**Patient's ratings**

Anticipated impact of that eating change on weight over the next week(s)

Gain = _____ kg ; Loss = _____ kg; Confidence rating = _____ %

Date and time of next appointment _____

Session 4: Agenda/Task checklist

- Retrieve ED-15
 - Check that all items are completed
- Review homework
 - All done?
- Address any life-threatening or therapy-interfering behaviours (e.g., self-harm; missed appointment; late arrival)
- Ask patient about experience of session 3
- Patient agenda items and questions from last time?
 - Give ten minutes to these, after the diaries and weighing
- Review food diaries
 - If these have not been done, then weigh the patient and end the session
 - Identify changes from previous eating patterns
 - Identify and note core symptoms
- Congratulate patient on any positive changes in eating pattern and symptom reduction; problem solve any slippage
- Add to the chart of patient bulimic behaviours
- Weighing process
 1. Ask re believed change in weight from last time (and certainty rating)
 2. Remind the patient that this is week 4, and that you will be looking at their average (median) weight over the period so far, as a baseline
 3. Weigh the patient
 4. Chart the actual and anticipated weight change (copy for the patient)
 5. Review patient's beliefs relative to actual change, but stressing that it is too still too early to draw conclusions
- Review progress to date
 - Use the behavioural and weight charts to stress benefits to date
 - Congratulate on positive change in terms of dietary structure and content, bulimic behaviours, and challenging fears about weight gain
 - Stress need to work on remaining symptoms
 - If no change has been made, then offer to end now, and if the patient wants to continue then contract for only two more sessions unless there is progress over that time
- Patient's agenda items
- Using the diary, identify one or more episodes of objective binge-eating where there is clear linkage to low/inappropriate food intake (if no binges took place, then look at high-risk situations)
 - Work with the patient on identifying the risk factors, stressing the low food intake/carbohydrate gap
 - Acknowledge other possible reasons (e.g., mood, alcohol), but focusing on the starvation factor for now
- Cognitive challenges
 - Set up a behavioural experiment with trying a feared food (two weeks)
 - Clarify belief and alternative belief, and time frame for testing them out
- Agree next appointment
 - Stress that you will be maintaining the review to ensure progress
- Set homework
 - ED-15 (do while waiting for the next appointment)
 - Questionnaire pack 2 (EDE-Q, GAD7, PHQ9; WAI-SR)
 - Standard food diary plus record of trigger-core belief-emotion-behaviour links
 - Change intake according to need (including any need to gain weight)
 - Food-related behavioural experiment
- End session

Session 4 record: DATE _____

Tick the items that you have addressed with the patient on the facing list as you progress. Check that all items are ticked (or marked N/A if not applicable).

SymptomsFrequency of behaviours

Weight _____ kg

Objective binges _____ per week

BMI _____

Subjective binges _____ per week

Vomiting _____ per week

Anticipated weight change _____ kg

Laxatives (episodes) _____ per week

Problems with non-negotiables (e.g., homework; attendance), and how they were addressed**Summary of problems identified in dietary intake that trigger binges/urges to binge****Patient agenda items****Homework tasks set**Behavioural experimentOther**Patient's ratings**

Anticipated impact of that eating change on weight over the next week(s)

Gain = _____ kg ; Loss = _____ kg; Confidence rating = _____ %

Date and time of next appointment _____

Session 5: Agenda/Task checklist

- Retrieve ED-15 and session 4 questionnaire pack
 - Check that all items are completed
 - Eyeball EDE-Q for change in pattern of cognitions since Session 1
- Review homework
 - All done?
- Address any life-threatening or therapy-interfering behaviours
 - Remind any 'slow to start change' patients that they have one more before ending.
- Ask patient about experience of session 4
 - Stress that any changes are attributable to the patient's hard work
 - The same applies to the following six sessions
 - Plan is now to work on those beliefs about food, weight and shape, as necessary (based on current beliefs, rather than past ones)
 - Have to keep going with eating changes to make that work
- Patient agenda items and questions from last time?
 - Give ten minutes to these, after the diaries and weighing
- Review food diaries
 - Identify changes from previous eating patterns
 - Identify and note core symptoms
- Congratulate patient on any positive changes in eating pattern and symptom reduction; problem solve any slippage
- Add to the chart of patient bulimic behaviours
- Weighing process
 1. Ask re believed change in weight from last time (and certainty rating)
 2. Weigh the patient
 3. Chart the actual and anticipated weight change (copy for the patient)
 4. Review patient's beliefs relative to actual change
- Patient's agenda items
- Review bulimic behaviours
 - Address any remaining starvation-related issues
 - Focus on emotional basis for remaining binge-purge behaviours, using new record
 - Explain exposure work for purging behaviours
- Review behavioural experiment
 - Check outcome against predicted outcome
 - Maintain as planned (two more weeks)
- Cognitive challenges
 - Identify remaining cognitive concerns re eating, weight and shape
 - Historical review of eating and weight concerns
 - Consider evidence for and against those beliefs in the here and now
- Begin body image work with cognitive challenges
 - Historical review of body image concerns, considering evidence for and against those beliefs in the here and now
 - Psychoeducation regarding body image
 - Challenge misperception
 - Imagery rescripting for body image
 - Identify body-related behaviours that maintain the body image
- Agree next appointment
 - Plan to move further on body image concerns, but need to maintain eating and weight work
- Set homework
 - ED-15 (do while waiting for the next appointment)
 - Standard food diary plus record of trigger-core belief-emotion-behaviour links
 - Change intake according to need (including any need to gain weight)
 - Maintain/develop food-related behavioural experiment
 - Review of evidence for beliefs
 - Exposure work for purging behaviours
 - Bring in photos if needed for surveys
- End session

Session 5 record: DATE _____

Tick the items that you have addressed with the patient on the facing list as you progress. Check that all items are ticked (or marked N/A if not applicable).

SymptomsFrequency of behaviours

Weight _____ kg

Objective binges _____ per week

BMI _____

Subjective binges _____ per week

Vomiting _____ per week

Anticipated weight change _____ kg

Laxatives (episodes) _____ per week

Problems with non-negotiables (e.g., homework; attendance), and how they were addressed**Summary of problems identified in dietary intake that trigger binges/urges to binge****Patient agenda items****Homework tasks set**Maintain behavioural experimentCognitive challenges re eating and weightExposure work for purging behaviours**Patient's ratings**

Anticipated impact of that eating change on weight over the next week(s)

Gain = _____ kg ; Loss = _____ kg; Confidence rating = _____ %

Date and time of next appointment _____

Session 6: Agenda/Task checklist

- Retrieve ED-15
 - Check that all items are completed
- Review homework
 - All done?
- Address any life-threatening or therapy-interfering behaviours
 - If no progress so far in therapy, stop here
- Ask patient about experience of session 5
- Patient agenda items and questions from last time?
 - Give ten minutes to these, after the diaries and weighing
- Review food diaries
 - Identify changes from previous eating patterns
 - Identify and note core symptoms
- Congratulate patient on any positive changes in eating pattern and symptom reduction; problem solve any slippage
- Add to the chart of patient bulimic behaviours
- Ask re believed change in weight from last time (and certainty rating)
- Weighing process
 1. Ask re believed change in weight from last time (and certainty rating)
 2. Weigh the patient
 3. Chart the actual and anticipated weight change (copy for the patient)
 4. Review patient's beliefs relative to actual change
- Review bulimic behaviours
 - Focus on emotional basis for remaining binge-purge behaviours
 - Review the impact of exposure work for purging behaviours
- Review behavioural experiment
 - Check outcome against predicted outcome
 - Review beliefs
 - Either maintain for two more weeks or plan new two-week experiment
- Continue body image work, beginning on behavioural change targets
 - Begin to address behavioural targets, as selected in Session 5
 - Avoidance – mirror exposure
 - Others' opinions – survey
 - Checking or comparison – behavioural experiments)
- Agree next appointment
- Set homework
 - ED-15 (do while waiting for the next appointment)
 - Basic food diary
 - Change intake according to need (including any need to gain weight)
 - Start new food-related behavioural experiment (if needed)
 - Addressing body image
 - Exposure work for purging behaviours
- End session

Session 6 record: DATE _____

Tick the items that you have addressed with the patient on the facing list as you progress. Check that all items are ticked (or marked N/A if not applicable).

SymptomsFrequency of behaviours

Weight _____ kg

Objective binges _____ per week

BMI _____

Subjective binges _____ per week

Vomiting _____ per week

Anticipated weight change _____ kg

Laxatives (episodes) _____ per week

Problems with non-negotiables (e.g., homework; attendance), and how they were addressed**Summary of problems identified in dietary intake that trigger binges/urges to binge****Patient agenda items****Homework tasks set**Maintain/start new behavioural experimentCognitive challenges re eating and weightExposure work for purging behavioursBring in photos for surveys, if appropriate**Patient's ratings**

Anticipated impact of that eating change on weight over the next week(s)

Gain = _____ kg ; Loss = _____ kg; Confidence rating = _____ %

Date and time of next appointment _____

Session 7: Agenda/Task checklist

- Retrieve ED-15
 - Check that all items are completed
- Review homework
 - All done?
 - Ask patient to maintain it
- Address any life-threatening or therapy-interfering behaviours
- Review diary, chart behaviours, weigh patient (usual procedure), chart weight
 - Stress what needs to be done over the next week, given skills learned already
- According to patient body image need:
 - Mirror exposure
 - Survey
 - Behavioural experiments around body checking or comparison
- Agree next appointment
- Set homework
 - ED-15 and WAI-SR (do while waiting for the next appointment)
 - Standard food diary plus record of trigger-core belief-emotion-behaviour links
 - Change intake according to need (including any need to gain weight)
 - Maintain behavioural experiment (last week)
 - Exposure work for purging behaviours
 - Repeat/extend body image work, as appropriate to maintaining factors
 - Exposure at home (recorded)
 - Survey carried out by clinician
 - Behavioural experiments
- End session

Session 7 record: DATE _____

Tick the items that you have addressed with the patient on the facing list as you progress.
Check that all items are ticked (or marked N/A if not applicable).

SymptomsFrequency of behaviours

Weight _____ kg

Objective binges _____ per week

BMI _____

Subjective binges _____ per week

Vomiting _____ per week

Anticipated weight change _____ kg

Laxatives (episodes) _____ per week

Problems with non-negotiables (e.g., homework; attendance), and how they were addressed**Summary of problems identified that trigger purging****Body image approach used:**

Exposure / Survey / Behavioural Experiment

Homework tasks setMaintain behavioural experimentExposure work for purging behavioursBody image work to be carried out**Patient's ratings**

Anticipated impact of that eating change on weight over the next week(s)

Gain = _____ kg ; Loss = _____ kg; Confidence rating = _____ %

Date and time of next appointment _____

Session 8: Agenda/Task checklist

- Retrieve ED-15
 - Check that all items are completed
- Review homework
 - All done?
- Address any life-threatening or therapy-interfering behaviours
- Review diary, chart behaviours, weigh patient (usual procedure), chart weight
 - Stress what needs to be done over the next week, given skills learned already
- Revisit body image work from last time
 - Mirror exposure - listen to home tape of exposure, identify problems; repeat in session, stress earlier reduction in anxiety
 - Survey - review outcomes, and repeat/renew as necessary (different target; different respondents)
 - Checking/comparison - review behavioural experiments, repeat/extend/test alternative hypothesis
- Review outcome of behavioural experiment(s)
 - Review cognitive impact
- Agree next appointment
 - Plan for relapse prevention and follow-up
- Set homework
 - ED-15 (do while waiting for the next appointment)
 - Standard food diary plus record of trigger-core belief-emotion-behaviour links
 - Maintain behavioural experiment (last week)
 - Exposure work for purging behaviours
 - Repeat/extend body image work, as appropriate to maintaining factors
 - Exposure at home (recorded)
 - Survey carried out by clinician or patient
 - Behavioural experiments
- End session

Session 8 record: DATE _____

Tick the items that you have addressed with the patient on the facing list as you progress. Check that all items are ticked (or marked N/A if not applicable).

SymptomsFrequency of behaviours

Weight _____ kg

Objective binges _____ per week

BMI _____

Subjective binges _____ per week

Vomiting _____ per week

Anticipated weight change _____ kg

Laxatives (episodes) _____ per week

Problems with non-negotiables (e.g., homework; attendance), and how they were addressed**Summary of outcomes from behavioural experiments****Body image approach used:**

Exposure / Survey / Behavioural Experiment

Homework tasks setExposure work for purging behavioursBody image work to be carried out**Patient's ratings**

Anticipated impact of that eating change on weight over the next week(s)

Gain = _____ kg ; Loss = _____ kg; Confidence rating = _____ %

Date and time of next appointment _____

Session 9: Agenda/Task checklist

- Retrieve ED-15
 - Check that all items are completed
- Review homework
 - All done?
- Address any life-threatening or therapy-interfering behaviours
- Review diary, chart behaviours, weigh patient (usual procedure), chart weight
 - Stress what needs to be done over the next week, given skills learned already
- Review what helped to reduce bingeing and purging
 - Or what got in the way
- Revisit body image work from last time
 - Mirror exposure - listen to home tape of exposure, identify problems; repeat in session, stress earlier reduction in anxiety
 - Survey - review outcomes, and repeat/renew as necessary (different target; different respondents)
 - Checking/comparison - review behavioural experiments, repeat/extend/test alternative hypothesis
- Relapse prevention plan
 - Therapy blueprint (start in the session, but getting the patient to generate it as much as possible)
 - Include the 'what got in the way' elements, above
 - Identify prelapses/permissive cognitions
 - Plan life changes and dietary maintenance
 - No weight loss plans for the next three months, to ensure stability.
 - Plan 'home therapy' sessions (weekly; get others involved?)
- Agree next appointment
- Set homework
 - Questionnaire pack 3 (EDE-Q, GAD7, PHQ9, WAI-SR) to complete just before next session
 - ED-15 (do while waiting for the next appointment)
 - Standard food diary plus record of trigger-core belief-emotion-behaviour links Repeat/extend body image work, as appropriate to maintaining factors
 - Exposure at home (recorded)
 - Survey carried out by patient
 - Behavioural experiments
 - Complete therapy blueprint
- End session

Session 9 record: DATE _____

Tick the items that you have addressed with the patient on the facing list as you progress.
Check that all items are ticked (or marked N/A if not applicable).

SymptomsFrequency of behaviours

Weight _____ kg

Objective binges _____ per week

BMI _____

Subjective binges _____ per week

Vomiting _____ per week

Anticipated weight change _____ kg

Laxatives (episodes) _____ per week

Problems with non-negotiables (e.g., homework; attendance), and how they were addressed**Summary of what helped with reducing bingeing and purging****Body image approach used:**

Exposure / Survey / Behavioural Experiment

Homework tasks setBody image work to be carried outPreparing therapy blueprint**Patient's ratings**

Anticipated impact of that eating change on weight over the next week(s)

Gain = _____ kg ; Loss = _____ kg; Confidence rating = _____ %

Date and time of next appointment _____**REMEMBER TO HAND OVER THE END OF THERAPY QUESTIONNAIRES**

Session 10: Agenda/Task checklist

- Retrieve ED-15 and questionnaire pack 3
 - Check that all items are completed
- Address any life-threatening or therapy-interfering behaviours
- Review diary, chart behaviours, weigh patient (usual procedure), chart weight
- Review beliefs about weight being related to eating
- Revisit body image work from last time
 - What worked?
- Review all changes across therapy
 - Congratulations for a job well done
 - Stress patient's responsibility for changes made to date, to enhance sense of agency
 - Same for any remaining changes that are needed
- Relapse prevention plan
 - Finalise therapy blueprint
 - Stress importance of maintaining behavioural changes, challenging beliefs, and identifying and responding to prelapsés
 - No weight loss plans for the next three months, to ensure stability.
 - Schedule of 'home therapy' sessions
- Plan one-month follow-up
 - Give ED-15 and EDE-Q (to complete just before next session)
- End session

Session 10 record: DATE _____

Tick the items that you have addressed with the patient on the facing list as you progress.
Check that all items are ticked (or marked N/A if not applicable).

SymptomsFrequency of behaviours

Weight _____ kg

Objective binges _____ per week

BMI _____

Subjective binges _____ per week

Vomiting _____ per week

Anticipated weight change _____ kg

Laxatives (episodes) _____ per week

Problems with non-negotiables (e.g., homework; attendance), and how they were addressed

Summary of what helped overall (stressing patient's role)

Content of therapy blueprint (attach a copy of the final version)

Date and time of next appointment _____

Follow-up 1 - One month: DATE _____

Symptoms

Weight _____ kg

BMI _____

Anticipated weight change _____ kg

Frequency of behaviours over past month

Objective binges _____ per week

Subjective binges _____ per week

Vomiting _____ per week

Laxatives (episodes) _____ per week

Collect measures

Review use of therapy blueprint

Trouble shooting

Homework

- Individualise to address any slippage/development

Plan final follow-up in (two months)

- Give ED-15, WAI-SR and EDE-Q (to complete just before final session)
- End session

Follow-up 2 – Three months: DATE _____

Symptoms

Weight _____ kg

BMI _____

Anticipated weight change _____ kg

Frequency of behaviours over past month

Objective binges _____ per week

Subjective binges _____ per week

Vomiting _____ per week

Laxatives (episodes) _____ per week

Collect measures

Review use of therapy blueprint

Trouble shooting

Review progress overall

- Stress the patient's contribution and ability to maintain change

Say goodbye

