**ACCS Submission Cover Sheet**

**Therapist’s Name:** Joanne Bloggs

**Date of Submission:** November 2016

**Supporting Material.** The recording should be accompanied by any materials completed in the session or for homework (e.g. diaries, thought records etc.) and any completed questionnaires.

**Brief formulation:**

Teased as child at home and at school: Thunder thighs, Fatso etc.

Mother probably bulimic

I am unattractive and deformed

I am unlovable

Others are critical and rejecting

The world is a harsh place

Strive to appear perfect (physically and my general conduct)

Please everyone so they will like me

Critical incident: Problems with Alistair - he is critical and threatens to leave

NATS

It’s my fault: I’m unattractive and boring

…. I must be more attractive

XS exercising and dieting

Self-loathing

Can’t sustain –eats

Vomits Short term relief and comfort so continues – leads to binge

Panic re loss of control and weight gain

**Session Summary**

* **Stage of therapy / session number:** Session 3
* **Patient’s presenting problem(s)**

Bulimia nervosa of 20 years (intermittent) duration. Currently vomiting daily. BMI:23.

In her mid-40s. Single with on-off relationship with a married man (Alistair). Owns her home. Financially comfortable. Professional job: academic – researching 19th century literary work.

* **Patient’s treatment goals**

NB: Not yet fully operationalised. I want to eat normally. I want to feel like I ‘like myself’.

* **Agenda**

It is a 30 minute session as she has to leave early for an important meeting which she could not shift

1. Reflection on last session
2. Discuss colleagues ‘catching’ her binging
3. Review food diary completed for homework

* **Homework review (What were the assignments? Outcome?)**

Completion of food diary- Sarah completed this but found it challenging, especially in noting thoughts / feelings- so reviewed rationale for this activity.

* **Main topic(s) – What were the main things you worked on? What did you do (e.g. worked through problem on thought record, carried out behavioural experiment, looked for alternative explanations)? What is the rationale for this work?**

Sarah thinks that colleagues know about her bulimia as they ‘caught’ her binging- discussed this experience. Explored & unpicked thoughts / feelings associated with experience & in more depth + drew out maintenance cycles linked to the formulation. Examined thoughts around others being critical / rejecting + striving to be perfect to avoid rejection. Discussed rumination & use of binging to block out thoughts. Examined ‘all or nothing’ thinking patterns and used a continuum to challenge this.

* **New homework (What are the assignments? What is the rationale for them?)**

Continue to complete food diary, with more detail about thoughts / feelings.

* **Patient’s feedback on the session (reactions, take home messages)**

Found food diary and discussion in session helpful for identifying ‘patterns’ and understanding her difficulties, but made her feel ‘worse’ due to reducing avoidance.

* **Did you use any standardised questionnaires and / or idiosyncratic measures (e.g. frequency counts, diaries etc.) to assess change within the treatment session (e.g. to measure the impact of cognitive-behavioural interventions) or across treatment (i.e. to measure change in symptoms and movement towards goals over the course of treatment as a whole)?**

Measured belief in thoughts and intensity of emotion identified in diary & in session.

At the beginning of treatment administered BDI (29) / BAI (18) / EDE-Q (2.2). These will be re-administered at review sessions.