

FORM 3.1. Information for Patients about Bulimia Nervosa

WHAT IS BULIMIA NERVOSA?

The symptoms most associated with bulimia nervosa are bingeing, purging, and a preoccupation with shape and body weight. If you consume an objectively large amount of food in a relatively short amount of time, this is called a *binge*. During a binge, a person typically eats very rapidly, feels *out of control*, and feels unable to stop eating. You may feel emotionally numb, shut down, or “outside yourself” while bingeing. Binges typically occur in secret, and they are usually followed by feelings of disgust, physical discomfort, and shame. To compensate for the binge and a fear of gaining weight, individuals with bulimia nervosa will *purge, exercise excessively, or fast* (e.g., skip breakfast and lunch the day following an evening binge). Purging is the term used to describe intentional vomiting, laxative use, diuretic use, and use of enemas after bingeing. As an eating disorder becomes more severe, individuals may purge even after normal meals or after ingesting small amounts of food. *Preoccupation with shape and weight* is another defining symptom of bulimia nervosa. You may find that you spend most of your time thinking about food and weight, are intensely afraid of gaining weight, repeatedly pinch your “problem areas,” check yourself in mirrors, weigh yourself obsessively, try on “skinny” clothes to check your weight, feel upset or anxious when you are full, and base your self-worth almost entirely on your shape and weight.

If you are struggling with bulimia nervosa, you probably also experience some or all of the following symptoms: have strict, inflexible *dietary rules*; have many forbidden foods; label foods as “good” or “bad”; eat in secret; hide food; avoid eating or socializing with friends; and feel disgusted by your body.

People struggling with bulimia nervosa may be normal weight, slightly underweight, or overweight. Bulimia nervosa affects men and women, individuals of all races and socioeconomic backgrounds, athletes and nonathletes, and adolescents and adults.

WHAT CAUSES BULIMIA NERVOSA?

Bulimia nervosa affects approximately 2% of the population. The exact cause of bulimia nervosa is unknown, although it likely results from a complex combination of multiple factors. Biology, psychological vulnerabilities, learned thinking patterns and behaviors, familial experiences, and societal pressures all likely play a part in the development of bulimia nervosa. If a parent or sibling has had problems with eating disorders, obesity, alcoholism, substance abuse, depression, or anxiety, you may have had elevated risk of developing an eating disorder.

What we do know is that the causes of an eating disorder may be different from the factors maintaining the problem. In short, once developed, the eating disorder takes on a life of its own. The behaviors and thinking patterns that are addressed in cognitive-behavioral therapy are those same factors that maintain the eating disorder.

IS BULIMIA NERVOSA DANGEROUS?

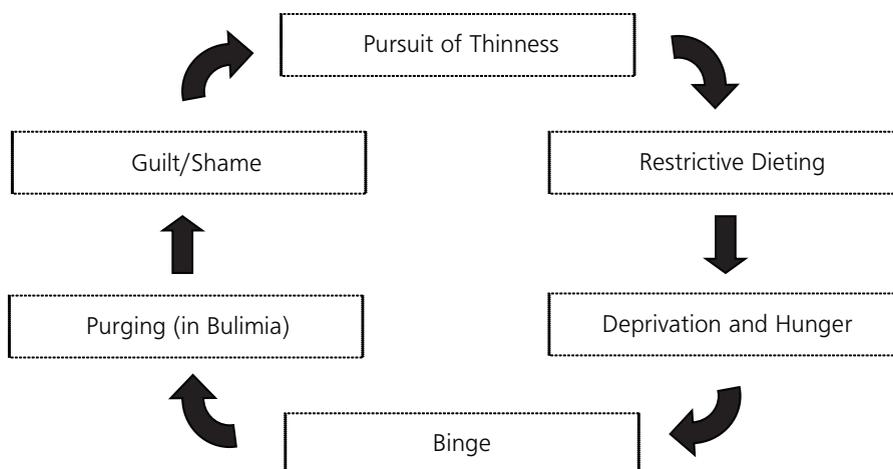
Without treatment, bulimia nervosa is a chronic condition. People struggling with bulimia nervosa are likely to experience many health problems, including dental erosion, periodontal disease, gastrointestinal distress and discomfort, swollen salivary glands, sensitivity to cold, anemia, dehydration, and constipation. More severe and potentially fatal effects include esophageal damage, osteoporosis, electrolyte imbalance, and cardiac arrest. Bulimia nervosa also is associated with increased rates of depression, anxiety disorders, alcoholism and

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substance abuse, and suicide. Eating disorders commonly lead to problems in intimate relationships, friendships, employment, and parenting.

HOW DOES BEHAVIOR AND THINKING AFFECT BULIMIA NERVOSA?

The cognitive-behavioral theory of bulimia nervosa suggests that an individual defines and evaluates her/himself excessively in terms of shape and weight. The pursuit of thinness and/or maintaining weight loss is the main focus for the individual with an eating disorder. The tendency to judge self-worth in terms of weight drives the individual to diet restrictively. Strict dieting, in turn, leads to psychological deprivation and physiological hunger. When combined with life stress, negative emotions, and poor self-image, hunger can trigger a binge. A binge elicits feelings of guilt, shame, and self-loathing and uncomfortable feelings of fullness. To compensate for the binge and a fear of gaining weight, an individual with bulimia nervosa may vomit, use laxatives, abuse diuretics, exercise excessively, or restrict food intake. The continuation of strict dieting and self-critical thinking propels the binge cycle. The belief that through weight control one can increase self-esteem leads to the exact opposite—psychological distress, guilt, shame, and worthlessness.



WHAT IS COGNITIVE-BEHAVIORAL TREATMENT?

Cognitive-behavioral therapy is a short-term, skills-based treatment that focuses on the behaviors, thoughts, and coping skills that contribute to and maintain your eating disorder. Multiple research studies have found cognitive-behavioral therapy to be a superior form of treatment for bulimia nervosa. It is more effective than a variety of other therapies and is regarded as the first line of treatment for eating disorders. Cognitive-behavioral therapy addresses the psychological, familial, and societal factors associated with eating disorders and is centered on the principle that there are both behavioral and attitudinal disturbances in eating, weight, and shape. Cognitive-behavioral therapy directly targets the binge cycle. You will work together with your therapist to change eating behaviors, to discontinue purging, and to challenge rules that prevent natural and healthy eating patterns. Adoption of more flexible eating patterns and learning new coping skills are central to preventing binges. Treatment also targets the thoughts and feelings that can trigger binge eating, including perfectionism and “all-or-nothing” thinking. By identifying the biases in your thinking, challenging your negative thoughts, learning new stress and emotion coping skills, and relearning moderate, healthy eating, you have a good chance of

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getting over your eating disorder. Cognitive-behavioral treatment also works to improve your body image. The final phase of treatment is relapse prevention, where you will work with your therapist to develop and practice strategies to maintain your progress and to prevent a relapse to bingeing, purging, and unhealthy eating habits. The skills learned throughout treatment will help you maintain your progress on your own after treatment ends.

ARE MEDICATIONS USEFUL?

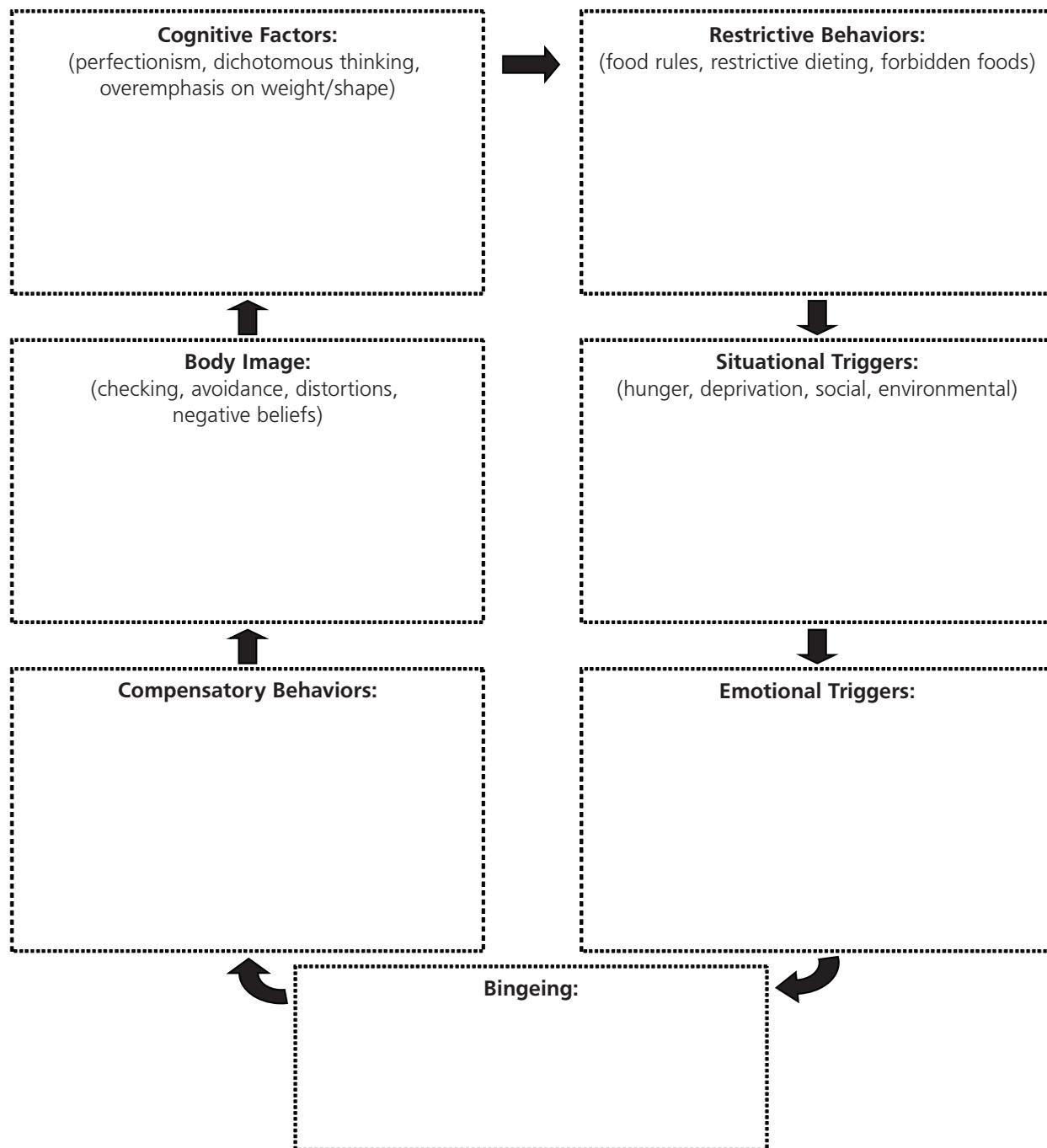
Medications alone are unlikely to help your eating disorder. Some research suggests that certain antidepressant medications, when combined with cognitive-behavioral treatment, may improve bingeing and depression. If you are experiencing severe anxiety or depression in addition to your eating disorder, medications may help you get more out of your treatment. Your therapist will discuss whether medications are a good option for you.

WHAT IS EXPECTED OF YOU AS A PATIENT?

Cognitive-behavioral treatment for bulimia nervosa initially may be anxiety provoking, yet you are likely to feel more comfortable once you observe how quickly treatment disrupts the binge cycle. As a patient, you will be asked to give the therapy an honest try and to practice skills learned between sessions. Homework, regular attendance, and honesty with your therapist are crucial for your treatment to be effective.

FORM 3.2. Case Conceptualization Worksheet

Instructions: This worksheet is to be completed by the therapist, typically between the intake assessment and first treatment session. It should include all relevant cognitions, behaviors, and symptoms identified through the Evaluation of Eating Disorders form, other intake assessment measures, and the patient's description of presenting problems.



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FORM 4.1. Motivation Worksheet

	Advantages of dieting, bingeing, and purging	Disadvantages of dieting, bingeing, and purging
Now		
In 5 years		

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FORM 4.2. Food Record

Planning Ahead:

Day: M T W Th F Sa Su

Date: _____

Time	Location	Food/Drink Consumed	*	V/L	Emotions/Triggers/ Urges/Satisfaction

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FORM 4.3. Information for Patients about Purging

People with bulimia nervosa typically purge after binges and/or meals to lower their anxiety, to feel less bloated, and to reduce the number of calories absorbed by their bodies. Vomiting is the typical means of purging, but laxative use also is relatively common. Although vomiting or laxatives may reduce your discomfort in the short term, you most likely feel intense shame, disgust, and anxiety soon after purging. Purging also keeps the eating disorder cycle going, making it even more likely that you'll restrict and binge again in the future. You probably are aware that vomiting and laxative use are dangerous. What you may not know is that **purging is an ineffective way to lose weight**. This handout will explain why purging is ineffective, the potential medical consequences of purging, and how to stop.

IS PURGING DANGEROUS?

There are many medical and psychological consequences of purging, some of which can be fatal. Even irregular vomiting or laxative use can cause *dehydration*, which in turn can cause *organ damage*. Both vomiting and laxative use can lead to *electrolyte abnormalities*, which are changes in your body's levels of potassium, sodium, and chloride. An electrolyte imbalance is very serious and can lead to fatal *cardiac problems*. Purging can increase your risk for *dental erosion*, *periodontal disease*, *irritable bowel syndrome*, other gastrointestinal distress, and *osteoporosis*. Do not be lured into a false sense of safety because laxatives are available over the counter. Frequent use of laxatives can cause *intestinal damage*, *chronic constipation*, and *bowel tumors*. Frequent vomiting can cause *esophageal damage*, which can be fatal.

WHY IS VOMITING INEFFECTIVE?

Although most patients find this hard to believe at first, vomiting does not prevent your body from absorbing most of the calories ingested. Your body begins digesting food as soon as it is consumed, so calories are absorbed before you vomit. It also is impossible to vomit all food consumed; some of it will remain in your stomach afterward. Research has found that, on average, bulimic patients retain more than 53% of the calories from a binge. Often, they absorb much more than 50% of the calories consumed despite vomiting. You may believe that you have special "techniques" to increase the effectiveness of your vomiting, but these too are ineffective and dangerous. "Flushing," sustained vomiting, and use of "marker foods" do not work and may increase your risk for electrolyte imbalance and other medical consequences.

WHY ARE LAXATIVES INEFFECTIVE?

There are two basic kinds of laxatives: stimulant laxatives (Correctol, Senekot, Dulcolax, ex-lax) and bulking agents (Metamucil, Citrucel, FiberCon). Although they operate in different ways, neither decreases the amount of calories absorbed by the body. Laxatives only affect waste in your lower intestine, which is food that has already been fully digested by your body. Any weight lost after using laxatives is due to water loss, and this contributes to the serious risks of dehydration and electrolyte imbalance. Although you may feel less bloated after using laxatives, this sensation is temporary.

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HOW CAN I STOP?

- *You should stop vomiting and using laxatives immediately.* It may feel difficult to stop purging abruptly, but it is possible and is the best way. Most people actually find it quite possible to stop vomiting and laxative use immediately. Stopping abruptly is preferred to gradual discontinuation of purging because the latter simply will prolong laxative withdrawal and anxiety symptoms.

- If you try but are unable to stop “cold turkey,” then gradually increase the time between your binge and purge. Start by waiting 10 minutes after bingeing/eating, do something to distract yourself while waiting, and then see if the urge to purge remains. On each successive occasion, increase the amount of time you wait to purge. This method will help you learn to tolerate the anxiety, and eventually you will see for yourself that you do not need to purge in order for the anxiety and bloated feeling to subside.

- To make it easier to resist the urge to purge, remind yourself that this behavior is ineffective, read over the medical consequences of purging, throw out your supply of laxatives, and engage in a distracting activity after you eat (e.g., go for a walk, call a friend). The urge will pass—it always does!

WHAT CAN I EXPECT WHEN I STOP PURGING?

- When you initially stop vomiting after binges, you likely will feel intensely anxious, worried about weight gain, physically full and bloated, and unable to concentrate on other activities. These sensations may last a few minutes, a few hours, or, infrequently, a couple of days. As with all physical and mental sensations, these will pass on their own—you do not need to purge to get rid of these feelings. Each time you successfully resist the urge to vomit, it will get easier.

- When you stop relying on laxatives after binges, you will likely feel the same sensations as when you discontinue vomiting: anxiety, worry about weight gain, physically full and bloated, and difficulty concentrating on other activities. You also will likely feel constipated for several days and may gain a small amount of weight temporarily. If you have used laxatives frequently and for a long period of time, your lower intestine may be damaged and your body may be reliant on laxatives to produce a bowel movement. In these extreme cases, you may experience constipation for up to a few weeks. (See your medical doctor, who can discuss your options with you.)

- To help ease constipation without the use of stimulant, bulking, or herbal laxatives:

- Eat regularly throughout the day, especially breakfast.
 - Drink more water.
 - Eat more whole grains, beans, fruits, and vegetables.
 - Engage in a moderate amount of exercise to stimulate your muscles.
-

FORM 4.4. 10 Steps to Stimulus Control

1. Access and availability.
2. Plan ahead.
3. Serve portions.
4. Out of sight, out of mind.
5. Routine, routine, routine.
6. Slow down.
7. Mindful eating.
8. Write it down.
9. Move!
10. "5-minute rule."

FORM 4.5. Alternative Coping Strategies

Binge trigger	Non-food alternative
 _____ _____	 _____ _____
 _____ _____	 _____ _____
 _____ _____	 _____ _____
 _____ _____	 _____ _____
 _____ _____	 _____ _____
 _____ _____	 _____ _____
 _____ _____	 _____ _____

FORM 4.6. Checklist of Possible Alternative Coping Strategies

Instructions: The following is a list of sample activities that may be effective for riding out urges to binge-purge, to calm yourself during times of stress, and to soothe emotional upset. The ideal activity requires concentration and is incompatible with eating. Check any that appeal to you.

- | | |
|--|---|
| <input type="checkbox"/> Go for a walk | <input type="checkbox"/> Stretch |
| <input type="checkbox"/> Call a friend | <input type="checkbox"/> Pray |
| <input type="checkbox"/> Engage in deep breathing | <input type="checkbox"/> Play a musical instrument |
| <input type="checkbox"/> Play a board game | <input type="checkbox"/> Make a gratitude list |
| <input type="checkbox"/> Read a novel | <input type="checkbox"/> Engage in scrapbooking |
| <input type="checkbox"/> Do yoga | <input type="checkbox"/> Read a magazine |
| <input type="checkbox"/> Clean a closet | <input type="checkbox"/> Write a letter |
| <input type="checkbox"/> Give yourself a manicure/pedicure | <input type="checkbox"/> Play with dog or cat |
| <input type="checkbox"/> Take a shower | <input type="checkbox"/> Do a crossword puzzle |
| <input type="checkbox"/> Relax in a park | <input type="checkbox"/> Dance |
| <input type="checkbox"/> Play with kids | <input type="checkbox"/> Get a massage |
| <input type="checkbox"/> Brush teeth | <input type="checkbox"/> Work in the garden |
| <input type="checkbox"/> Window shop | <input type="checkbox"/> Take a short nap |
| <input type="checkbox"/> Listen to music | <input type="checkbox"/> Visualize a relaxing place |
| <input type="checkbox"/> Knit | <input type="checkbox"/> Do a thought record |
| <input type="checkbox"/> Have a cup of tea | <input type="checkbox"/> Watch a favorite movie |
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Arrange flowers |
| <input type="checkbox"/> Take a bubble bath | <input type="checkbox"/> Run an errand |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

FORM 4.7. Instructions for Diaphragmatic Breathing

To practice deep breathing, simply sit comfortably with your legs uncrossed, your hands in your lap or at your sides. Set a timer for a minimum of 5 minutes to alert you when you have finished this exercise. Work up to doing 20- to 30-minute sessions of diaphragmatic breathing.

Let your head fall back and, if you feel comfortable, close your eyes. You may also fix your eyes on one point in the room. Take several breaths as normal. Now direct your attention to your breath, noticing the sensations as you inhale and as you exhale. If you find that your mind wanders during this exercise, simply redirect your attention back to your breath.

Now place one hand on your abdomen, just below your rib cage. This hand should rise and fall with each breath. Breathe in slowly through your nose, allowing the air to travel deep into your body, then circling back out slowly, exhaling from your mouth. With each breath, concentrate on breathing more slowly and more deeply. You may intentionally push out your abdomen to make more room for your breath. Breathe in slowly, counting to 5. Inhaling for 1-2-3-4-5. Now slowly exhale, also counting to 5. Exhaling for 1-2-3-4-5. Continue breathing deeply, counting along with your breath. Breathe in for 1-2-3-4-5. Breathe out for 1-2-3-4-5.

There is no right or wrong way to breathe, simply try to keep your mind focused on your breath. Try to make each breath slower and deeper than the last. You might imagine breathing in fresh, clean air each time you inhale and, as you exhale, breathing out any tension or stress. Without judgment, notice any tension or discomfort in your body. Allow your breath to relax your body and your mind. Continue to slowly breathe in and out. Breathe in for 1-2-3-4-5. Breathe out for 1-2-3-4-5. When your alarm sounds, take several more slow, deep breaths, still keeping your mind focused on your breathing. Now, when you are ready, you may open your eyes.

FORM 4.8. Categories of Distorted Automatic Thoughts: A Guide for Patients

1. **Mind reading:** You assume that you know what people think without having sufficient evidence of their thoughts. "He thinks I'm a loser."
2. **Fortunetelling:** You predict the future negatively: Things will get worse, or there is danger ahead. "I'll fail that exam" or "I won't get the job."
3. **Catastrophizing:** You believe that what has happened or will happen will be so awful and unbearable that you won't be able to stand it. "It would be terrible if I failed."
4. **Labeling:** You assign global negative traits to yourself and others. "I'm undesirable" or "He's a rotten person."
5. **Discounting positives:** You claim that the positive things you or others do are trivial. "That's what husbands are supposed to do—so it doesn't count when he's nice to me" or "Those successes were easy, so they don't matter."
6. **Negative filter:** You focus almost exclusively on the negatives and seldom notice the positives. "Look at all of the people who don't like me."
7. **Overgeneralizing:** You perceive a global pattern of negatives on the basis of a single incident. "This generally happens to me. I seem to fail at a lot of things."
8. **Dichotomous thinking:** You view events or people in all-or-nothing terms. "I get rejected by everyone" or "It was a complete waste of time."
9. **Shoulds:** You interpret events in terms of how things should be rather than simply focusing on what is. "I should do well. If I don't, then I'm a failure."
10. **Personalizing:** You attribute a disproportionate amount of the blame to yourself for negative events, and you fail to see that certain events are also caused by others. "The marriage ended because I failed."
11. **Blaming:** You focus on the other person as the *source* of your negative feelings, and you refuse to take responsibility for changing yourself. "She's to blame for the way I feel now" or "My parents caused all my problems."
12. **Unfair comparisons:** You interpret events in terms of standards that are unrealistic—for example, you focus primarily on others who do better than you and find yourself inferior in the comparison. "She's more successful than I am" or "Others did better than I did on the test."
13. **Regret orientation:** You focus on the idea that you could have done better in the past rather than on what you can do better now. "I could have had a better job if I had tried" or "I shouldn't have said that."
14. **What if?:** You keep asking a series of questions about "what if" something happens, and you fail to be satisfied with any of the answers. "Yeah, but what if I get anxious?" or "What if I can't catch my breath?"
15. **Emotional reasoning:** You let your feelings guide your interpretation of reality. "I feel depressed; therefore, my marriage is not working out."
16. **Inability to disconfirm:** You reject any evidence or arguments that might contradict your negative thoughts. For example, when you have the thought "I'm unlovable," you reject as *irrelevant* any evidence that people like you. Consequently, your thought cannot be refuted. "That's not the real issue. There are deeper problems. There are other factors."
17. **Judgment focus:** You view yourself, others, and events in terms of evaluations as good–bad or superior–inferior rather than simply describing, accepting, or understanding. You continually measure yourself and others according to arbitrary standards and find that you and others fall short. You are focused on the judgments of others as well as your own judgments of yourself. "I didn't perform well in college," "If I take up tennis, I won't do well," or "Look how successful she is. I'm not successful."

Source: Leahy, Holland, and McGinn (2012).

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FORM 4.9. A-B-C-D Technique

Activating Event (situation)	Beliefs (automatic thoughts)	Consequences (emotions and behaviors)	Distortions (biases in thinking)

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FORM 4.10. Labeling the Distortion

Negative Automatic Thoughts	Associated Cognitive Distortions
"Skipping a meal means I am in control and better than others."	Overgeneralizing, "shoulds," emotional reasoning, judgment focus
"If I eat throughout the day, I will gain weight."	Fortunetelling, catastrophizing
"I am fat and unattractive."	Mind reading, labeling, dichotomous thinking, emotional reasoning, judgment focus
"I should be able to fit into smaller jeans."	"Shoulds," judgment focus
"If I don't purge after this meal, I will feel bloated for days and will be unable to concentrate at work."	Fortunetelling, catastrophizing, negative filter, dichotomous thinking
"My parents don't appreciate how hard I work."	Mind reading, negative filter, blaming
"This urge will last forever."	Fortunetelling, catastrophizing
"I know there will be a lot of food at the party tonight. I should eat less today so it doesn't ruin my whole week."	Catastrophizing, overgeneralizing, "shoulds"
"I can't skip a day at the gym. Otherwise, I will gain weight and feel terrible."	Fortunetelling, catastrophizing, dichotomous thinking, "shoulds"
"If I eat in front of my friends, they will think I am a pig."	Mind reading, labeling, dichotomous thinking, judgment focus
"My husband must think I am so weak and crazy."	Mind reading, labeling, negative filter, dichotomous thinking, judgment focus
"I feel so full. I ate too much. I feel like I've gained weight already."	Regret orientation, emotional reasoning
"Sweets are the only thing that will make me feel better."	Fortunetelling, discounting positives, dichotomous thinking
"Potato chips are a bad food. They are totally off limits."	Labeling, dichotomous thinking, judgment focus

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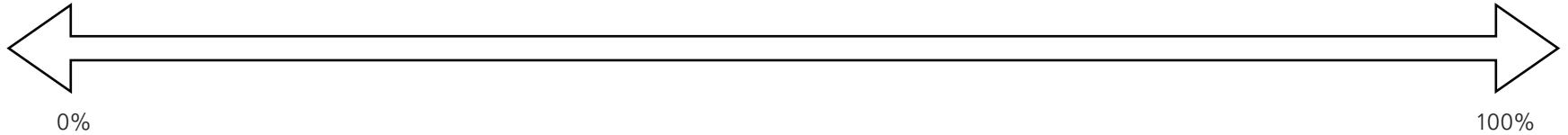
FORM 4.11. Automatic Thought Record

<u>Activating Event</u> (situation)	<u>Beliefs</u> (automatic thoughts)	<u>Consequences</u> (emotions)	<u>Distortions</u>	<u>Evidence Supporting Thought</u>	<u>Evidence against Thought</u>	<u>Rational, Balanced Response</u>
<p><i>With whom? What? When? Where?</i></p>	<p><i>What did I think/ imagine during the situation? What does this say about me? What does this say about my future? What do others think?</i></p>	<p><i>What did I feel in this situation? Sad, mad, happy, disappointed, guilty, ashamed, angry, frustrated, depressed, anxious, afraid, jealous?</i></p>	<p><i>Circle distortions evident in negative automatic thought</i></p> <ul style="list-style-type: none"> Mindreading Fortunetelling Catastrophizing Labeling Discounting positives Negative filter Overgeneralizing Dichotomous thinking Shoulds Personalizing Blaming Unfair comparisons Regret orientation What if? Emotional reasoning Inability to disconfirm Judgment focus 	<p><i>Concrete, objective, observable facts</i></p>		<p><i>Rewrite your original thought to better reflect the evidence</i></p>

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FORM 4.13. Zero-Point Comparisons: Learn to Stop Your Upward Comparisons

Quality being rated: _____



Am I above 0%? How far? (Mark the spot above.)

Define 0%	For what qualities or successes can I give myself credit?

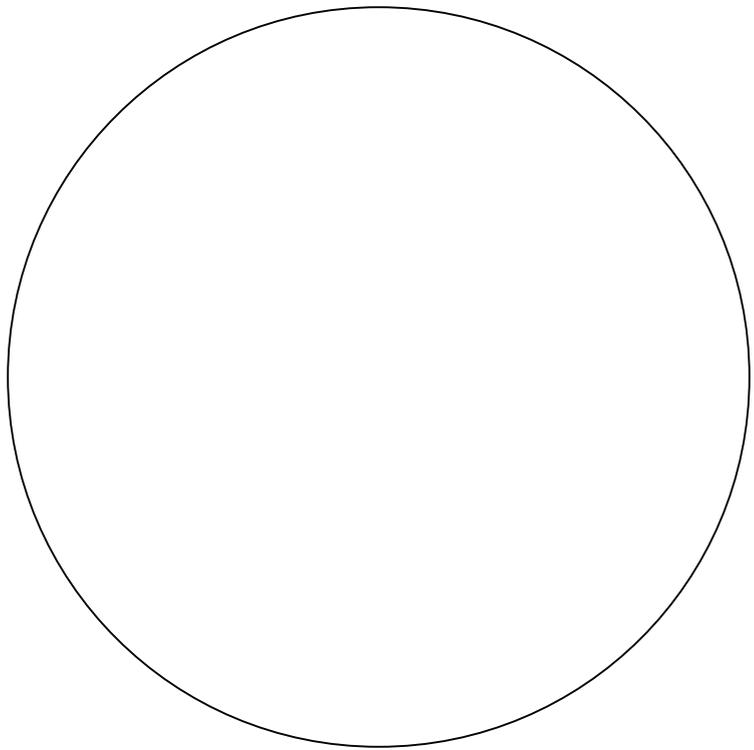
FORM 4.14. Costs of the "Perfect" Body

Describe the "Perfect" Body	Costs of Attaining the "Perfect" Body

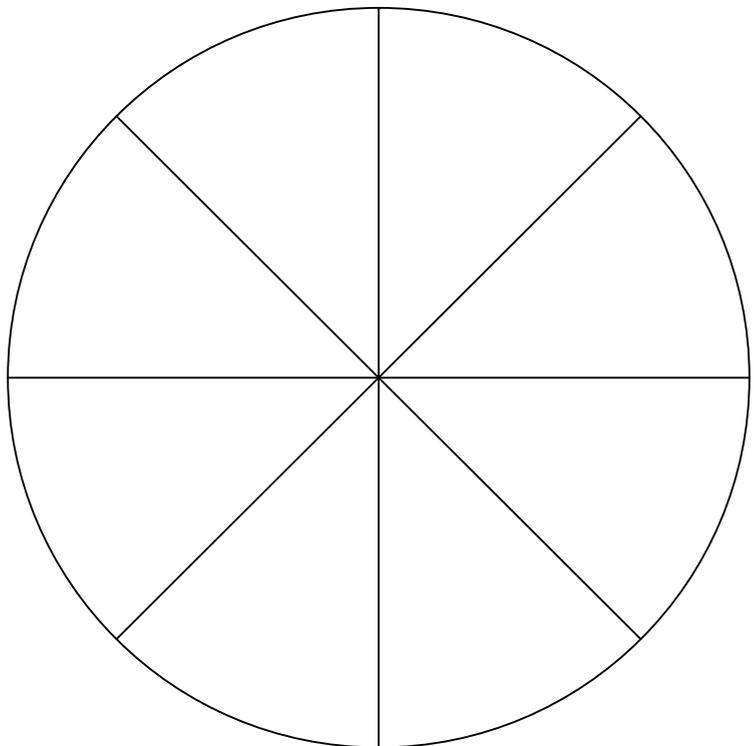
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FORM 4.15. Self-Image Worksheet

How I saw myself at the beginning of treatment. What was most important to me? How did I evaluate myself?



How I would like to see myself. What areas of my life are improved? What else is important to me? Where would I like to invest more time?



FORM 4.16. Coping Cards

COPING CARD

Problematic Situation:

Possible Coping Responses:

-
-
-
-
-

COPING CARD

Problematic Situation:

Possible Coping Responses:

-
-
-
-
-

FORM 4.17. Relapse Roadmap

Bumps in the Road (trigger situations and early signs of relapse)	Detours from Recovery (risky responses)	Seatbelts and Airbags (healthier, safer alternatives)
Example: <ul style="list-style-type: none"> • <i>Gain 5 pounds and feel fat</i> 	Example: <ul style="list-style-type: none"> • <i>Start a strict diet</i> • <i>Skip lunch</i> • <i>Pinch fat in mirror</i> • <i>Feel hopeless and binge</i> 	Example: <ul style="list-style-type: none"> • <i>Regular, moderate eating</i> • <i>Resume food records</i> • <i>Review pie chart</i> • <i>Stimulus control and challenge hopeless thoughts</i>
Empty space for user input	Empty space for user input	Empty space for user input

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FORM B.1. Evaluation of Eating Disorders

Patient's name: _____ Date: _____

MENTAL STATE

Notes on patient's mental state, orientation, presentation, speech, and interpersonal demeanor:

CURRENT SYMPTOMS

Presenting problem ("Why are you seeking treatment now?"): _____

Current weight: _____

Height: _____

Body mass index: _____

Date of last menstrual period: _____

Use of hormonal birth control: _____

Frequency of bingeing: _____

Vomiting frequency: _____

Laxative use: _____

Last physical exam (date and results): _____

Current medications (including doses): _____

Eating Disorders Examination Questionnaire (EDE-Q) scores: _____

Restraint subscale: _____

Eating Concern subscale: _____

Shape Concern subscale: _____

Weight Concern subscale: _____

Clinical Impairment Assessment Questionnaire (CIA) score: _____

(cont.)

SYMPTOM HISTORY

Lowest adult weight (date): _____

Highest adult weight (date): _____

Date of onset of bulimia symptoms: _____

Any periods of remission: _____

Prior treatment (dates and outcome): _____

Past hospitalizations: _____

Past medications: _____

COMORBID SYMPTOMS

Beck Depression Inventory (BDI) score: _____

(0–13 = minimal depression; 14–19 = mild depression; 20–28 = moderate depression; 29–63 = severe depression [Beck, Steer, & Brown, 1996])

Beck Anxiety Inventory (BAI) score: _____

(0–7 = minimal anxiety; 8–15 = mild anxiety; 16–25 = moderate anxiety; 26–63 = severe anxiety [Beck & Steer, 1993])

“Have you ever been in treatment for other psychological concerns?” _____

Depressive symptoms (current or past): _____

Anxiety symptoms (current or past): _____

Alcohol and substance use (current or past; frequency and quantity; any consequences of use; concern about own use): _____

Personality traits: _____

Suicidal ideation or fantasies about death: _____

If yes, see Form B.8 (Evaluation of Suicide Risk)

Prior suicide attempts (dates, method, severity): _____

BEHAVIORS

"Describe a typical day's food intake": _____

"Do you skip meals and/or intentionally diet?" _____

"Describe a typical binge." _____

Common binge triggers: _____

Body Image Checklist scores: _____

Avoidance subscale: _____

Checking subscale: _____

Dissatisfaction subscale: _____

COGNITIONS

Elicit patient's thoughts about body shape, current weight, safe foods, restricted foods, and food rules (e.g., "I am fat and my thighs are gross"; "I should be a size 2"; "I can't eat sugar without losing control"): _____

Eating Disorder Belief Questionnaire (EDBQ) scores: _____

Negative Self-Beliefs subscale: _____

Acceptance by Others subscale: _____

Self-Acceptance subscale: _____

Control over Eating subscale: _____

RELATIONSHIPS

Family members: _____

Relationship with family: _____

Intimate relationship status (duration; prior notable relationships): _____

"Do your family and friends know about your eating disorder?" _____

(cont.)

FORM B.1. Evaluation of Eating Disorders (p. 4 of 4)

"How supportive is your family of you seeking treatment?" _____

"Do you eat/binge/purge in secret?" _____

"Do you feel pressure from family, friends, coworkers, or society to be thin?" _____

Familial history of eating disorders, depression, anxiety, and substance abuse: _____

EMOTIONS

"Describe how you feel before and after a binge": _____

"Describe how you feel before and after purging": _____

"How do you handle intense emotions? What do you do?" _____

"How long do these intense emotions last?" _____

STRENGTHS

Patient's self-described and apparent strengths (e.g., intelligent, insightful, educated, good social support network, strong family support, highly motivated, good coping skills): _____

INITIAL TREATMENT GOALS

"What do you hope to get out of this treatment?" "What are your goals in terms of symptoms, mood, and thinking?" _____

"How motivated do you feel for treatment?" (on a scale of 1–10; describe) _____

"What might get in the way of you succeeding in treatment?" _____

FORM B.2. Eating Disorders Examination Questionnaire (EDE-Q)

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Instructions: The following questions are concerned with the past 4 weeks (28 days) only. Please read each question carefully. Please answer all the questions. Thank you.

Questions 1–12: Please circle the appropriate number on the right. Remember that the questions refer to the past 4 weeks (28 days) only.

On how many of the past 28 days ...	No days	1–5 days	6–12 days	13–15 days	16–22 days	23–27 days	Every day
1. Have you been deliberately <i>trying</i> to limit the amount of food you eat to influence your shape or weight (whether or not you have succeeded)?	0	1	2	3	4	5	6
2. Have you gone for long periods of time (8 waking hours or more) without eating anything at all in order to influence your shape or weight?	0	1	2	3	4	5	6
3. Have you <i>tried</i> to exclude from your diet any foods that you like in order to influence your shape or weight (whether or not you have succeeded)?	0	1	2	3	4	5	6
4. Have you <i>tried</i> to follow definite rules regarding your eating (for example, a calorie limit) in order to influence your shape or weight (whether or not you have succeeded)?	0	1	2	3	4	5	6
5. Have you had a definite desire to have an <i>empty</i> stomach with the aim of influencing your shape or weight?	0	1	2	3	4	5	6
6. Have you had a definite desire to have a <i>totally flat</i> stomach?	0	1	2	3	4	5	6
7. Has thinking about <i>food, eating or calories</i> made it very difficult to concentrate on things you are interested in (for example, working, following a conversation, or reading)?	0	1	2	3	4	5	6
8. Has thinking about <i>shape or weight</i> made it very difficult to concentrate on things you are interested in (for example, working, following a conversation, or reading)?	0	1	2	3	4	5	6

(cont.)

Source: Fairburn and Beglin (2008). This instrument can be downloaded free of charge from www.psych.ox.ac.uk/credo.

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FORM B.2. Eating Disorders Examination Questionnaire (EDE-Q) (p. 2 of 3)

On how many of the past 28 days ...	No days	1–5 days	6–12 days	13–15 days	16–22 days	23–27 days	Every day
9. Have you had a definite fear of losing control over eating?	0	1	2	3	4	5	6
10. Have you had a definite fear that you might gain weight?	0	1	2	3	4	5	6
11. Have you felt fat?	0	1	2	3	4	5	6
12. Have you had a strong desire to lose weight?	0	1	2	3	4	5	6

Questions 13–18: Please fill in the appropriate number in the boxes on the right. Remember that the questions only refer to the past 4 weeks (28 days).

Over the past 4 weeks (28 days) ...	
13. Over the past 28 days, how many <i>times</i> have you eaten what other people would regard as an <i>unusually large amount of food</i> (given the circumstances)?	_____
14. On how many of these days did you have a sense of having lost control over your eating (at the time that you were eating)?	_____
15. Over the past 28 days, on how many <i>days</i> have such episodes of overeating occurred (i.e., you have eaten an unusually large amount of food <i>and</i> have had a sense of loss of control at the time)?	_____
16. Over the past 28 days, how many <i>times</i> have you made yourself sick (vomit) as a means of controlling your shape or weight?	_____
17. Over the past 28 days, how many <i>times</i> have you taken laxatives as a means of controlling your shape or weight?	_____
18. Over the past 28 days, how many <i>times</i> have you exercised in a “driven” or “compulsive” way as a means of controlling your weight, shape or amount of fat, or to burn off calories?	_____

Questions 19–21: Please circle the appropriate number. *Please note that for these questions the term “binge eating” means eating what others would regard as an unusually large amount of food for the circumstances, accompanied by a sense of having lost control over eating.*

	No days	1–5 days	6–12 days	13–15 days	16–22 days	23–27 days	Every day
19. Over the past 28 days, on how many days have you eaten in secret (i.e., furtively) ... Ignore episodes of binge eating	0	1	2	3	4	5	6

(cont.)

FORM B.2. Eating Disorders Examination Questionnaire (EDE-Q) (p. 3 of 3)

20. On what proportion of the times that you have eaten have you felt guilty (felt that you've done wrong) because of its effect on your shape or weight? ... Ignore episodes of binge eating	None of the time	A few of the times	Less than half	Half of the times	More than half	Most of the time	Every time
	0	1	2	3	4	5	6
21. Over the past 28 days, how concerned have you been about other people seeing you eat? ... Ignore episodes of binge eating	Not at all	Slightly		Moderately		Markedly	
	0	1	2	3	4	5	6

Questions 22–28: Please circle the appropriate number on the right. Remember that the questions refer to the past 4 weeks (28 days) only.

On how many of the past 28 days ...	Not at all	Slightly	Moderately	Markedly			
22. Has your <i>weight</i> influenced how you think about (judge) yourself as a person?	0	1	2	3	4	5	6
23. Has your <i>shape</i> influenced how you think about (judge) yourself as a person?	0	1	2	3	4	5	6
24. How much would it have upset you if you had been asked to weigh yourself once a week (no more, or less, often) for the next 4 weeks?	0	1	2	3	4	5	6
25. How dissatisfied have you been with your <i>weight</i> ?	0	1	2	3	4	5	6
26. How dissatisfied have you been with your <i>shape</i> ?	0	1	2	3	4	5	6
27. How uncomfortable have you felt seeing your body (for example, seeing your shape in the mirror, in a shop window reflection, while undressing or taking a bath or shower)?	0	1	2	3	4	5	6
28. How uncomfortable have you felt about <i>others</i> seeing your shape or figure (for example, in communal changing rooms, when swimming, or wearing tight clothes)?	0	1	2	3	4	5	6

What is your weight at present? (Please give your best estimate.) _____

What is your height? (Please give your best estimate.) _____

If female: Over the past 3–4 months have you missed any menstrual periods? _____

If so, how many? _____

Have you been taking the “pill”? _____

THANK YOU

FORM B.3. Clinical Impairment Assessment Questionnaire (CIA)

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Instructions: Please place an "X" in the column which best describes how your eating habits, exercising, or feelings about your eating, shape or weight have affected your life over the past four weeks (28 days). Thank you.

	Over the past 28 days, to what extent have your ... eating habits ... exercising ... or feelings about your eating, shape or weight ...	Not at all	A little	Quite a bit	A lot
1	... made it difficult to concentrate?				
2	... made you feel critical of yourself?				
3	... stopped you going out with others?				
4	... affected your work performance (if applicable)?				
5	... made you forgetful?				
6	... affected your ability to make everyday decisions?				
7	... interfered with meals with family or friends?				
8	... made you upset?				
9	... made you feel ashamed of yourself?				
10	... made it difficult to eat out with others?				
11	... made you feel guilty?				
12	... interfered with you doing things you used to enjoy?				
13	... made you absent-minded?				
14	... made you feel like a failure?				
15	... interfered with your relationships with others?				
16	... made you worry?				

Source: Bohn and Fairburn (2008). This instrument can be downloaded free of charge from www.psych.ox.ac.uk/credo.

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FORM B.4. Body Image Checklist

Instructions: Please answer these questions as they have applied to you over the PAST 4 WEEKS. Please place a check in the appropriate column.

Over the past 4 weeks ...	Not at all	Sometimes	Frequently	Not applicable
<i>Questions about avoidance:</i>				
Have you avoided seeing yourself in mirrors (or window reflections)?				
Have you avoided weighing yourself?				
Have you dressed in a way to disguise your appearance?				
Have you avoided your shape being seen by others (e.g., swimming pools, communal changing rooms)?				
Have you avoided taking part in physical activities because of your shape?				
Have you avoided shopping for clothes?				
Have you avoided being seen at home naked (e.g., when undressing or bathing)?				
Have you avoided wearing clothes that show the shape of your body?				
Have you avoided (or limited) close physical contact because of your dislike of your shape (e.g., shaking hands, sexual contact, hugging, kissing)?				
Have you avoided wearing clothes that show your skin (e.g., short-sleeve shirts, shorts)?				
Have you avoided social occasions because of your shape?				
<i>Questions about checking:</i>				
Have you studied your overall appearance in the mirror?				
Have you studied parts of your body in the mirror?				
Have you weighed yourself?				
Have you measured parts of your body?				
Have you assessed your size in other ways?				
Have you pinched yourself to see how much fat there is?				

(cont.)

Source: Cooper, Fairburn, and Hawker (2003).

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FORM B.4. Body Image Checklist (p. 2 of 2)

Over the past 4 weeks ...	Not at all	Sometimes	Frequently	Not applicable
<i>General questions:</i>				
Have you felt unhappy about your shape?				
Have you worried about the size of particular parts of your body?				
Have you worried about your body wobbling?				
Have you felt ashamed or embarrassed about your body in public?				
Have you felt that other people were noticing your shape?				
Have you felt that your body was disgusting?				
Have you thought that other people were being critical of you because of your shape?				
Have you felt that you take up too much room (e.g., when sitting on sofa or bus seat)?				
Have you sought reassurance that your shape is not as bad as you think it is?				
Have people made critical comments about your shape or appearance?				

FORM B.5. Eating Disorder Belief Questionnaire (EDBQ)

Instructions: Below are a series of items. Read each item carefully. Then choose a rating from the scale that best describes what you emotionally believe or feel, rather than what you rationally believe to be true. Choose the rating that best describes what you usually believe or what you believe most of the time. Write your rating in the space to the left of the item.

Rating Scale

0 10 20 30 40 50 60 70 80 90 100

I do not usually
believe this at all

I am usually completely
convinced that this is true

1. _____ I'm unlovable
2. _____ If my flesh is firm I'm more attractive
3. _____ I'm ugly
4. _____ I'm useless
5. _____ I'm a failure
6. _____ If I eat forbidden food I won't be able to stop
7. _____ If my stomach is flat I'll be more desirable
8. _____ If I lose weight I'll count more in the world
9. _____ If I eat desserts or puddings I'll get fat
10. _____ If I stay hungry I can guard against losing control and getting fat
11. _____ I'm all alone
12. _____ If I eat bad foods such as fats, sweets, bread and cereals they will turn into fat
13. _____ I'm no good
14. _____ If I eat normally I'll gain weight
15. _____ If I eat three meals a day like other people I'll gain weight
16. _____ If I've eaten something I have to get rid of it as soon as possible
17. _____ I'm not a likeable person
18. _____ If my hips are thin people will approve of me
19. _____ If I lose weight people will be friendly and want to get to know me
20. _____ If I gain weight it means I'm a bad person
21. _____ If my thighs are firm it means I'm a better person
22. _____ I don't like myself very much
23. _____ If I gain weight I'm nothing
24. _____ If my hips are narrow it means I'm successful
25. _____ If I lose weight people will care about me
26. _____ If my body shape is in proportion people will love me
27. _____ I'm dull
28. _____ If I binge and vomit I can stay in control
29. _____ I'm stupid
30. _____ If my body is lean I can feel good about myself
31. _____ If my bottom is small people will take me seriously
32. _____ Body fat/flabbiness is disgusting

Source: Cooper, Cohen-Tovée, Todd, Wells, and Tovée (1997).

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FORM B.6. Body Mass Index (BMI) Table for Adult Men and Women

	<i>Underweight</i>				<i>Normal</i>					<i>Overweight</i>					<i>Obese</i>					
BMI	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35

Height

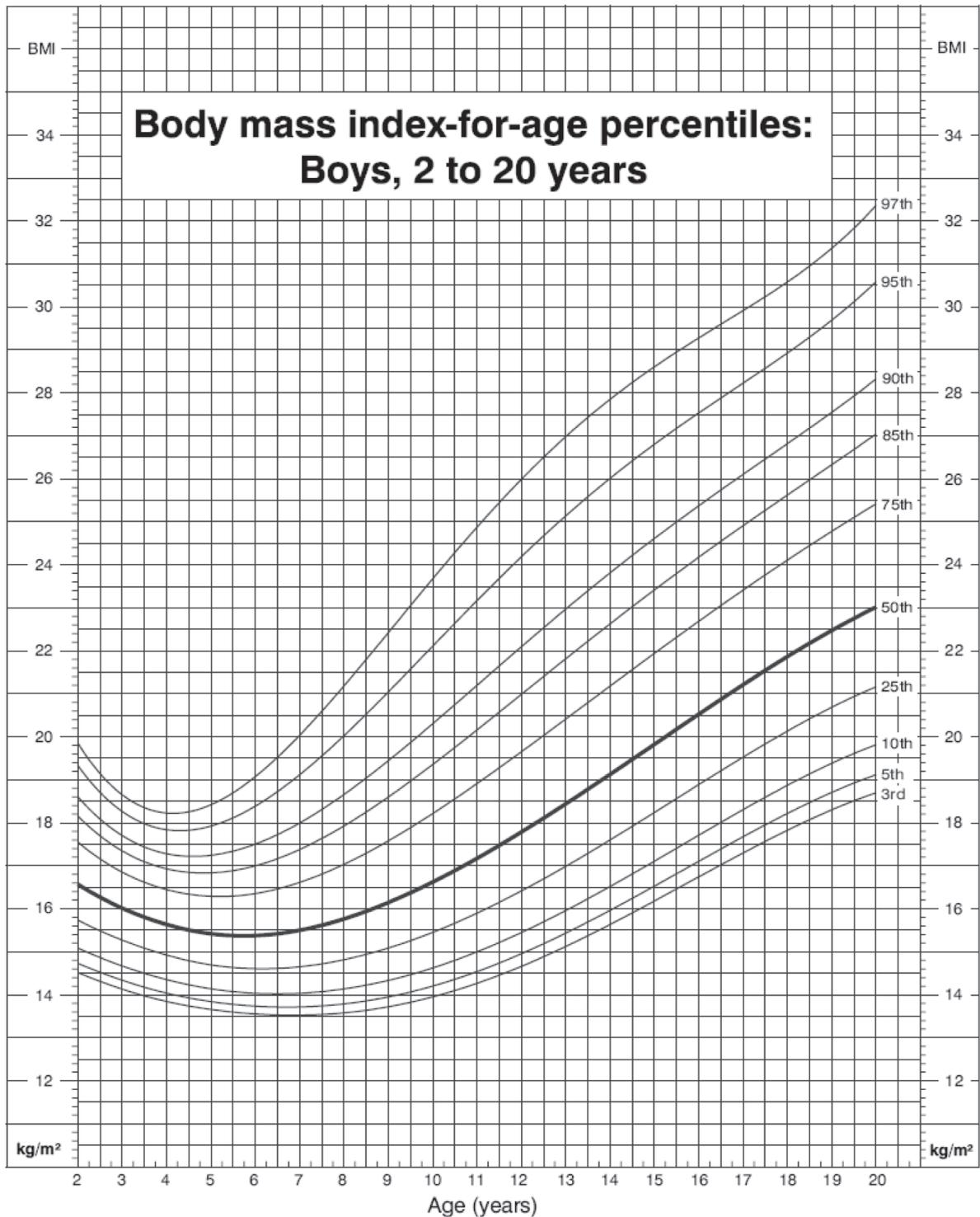
Body weight (pounds)

4'10"	77	82	86	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167
4'11"	79	84	89	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173
5'	82	87	92	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179
5'1"	85	90	96	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185
5'2"	88	93	99	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191
5'3"	91	96	102	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197
5'4"	93	99	105	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204
5'5"	96	102	108	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210
5'6"	99	106	112	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216
5'7"	102	109	115	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223
5'8"	105	112	119	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230
5'9"	109	115	122	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236
5'10"	112	119	126	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243
5'11"	115	122	129	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250
6'	118	125	133	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258
6'1"	121	129	137	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265
6'2"	125	133	140	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272
6'3"	128	136	144	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279

Source: National Heart, Lung, and Blood Institute, a part of the National Institutes of Health and the U.S. Department of Health and Human Services.

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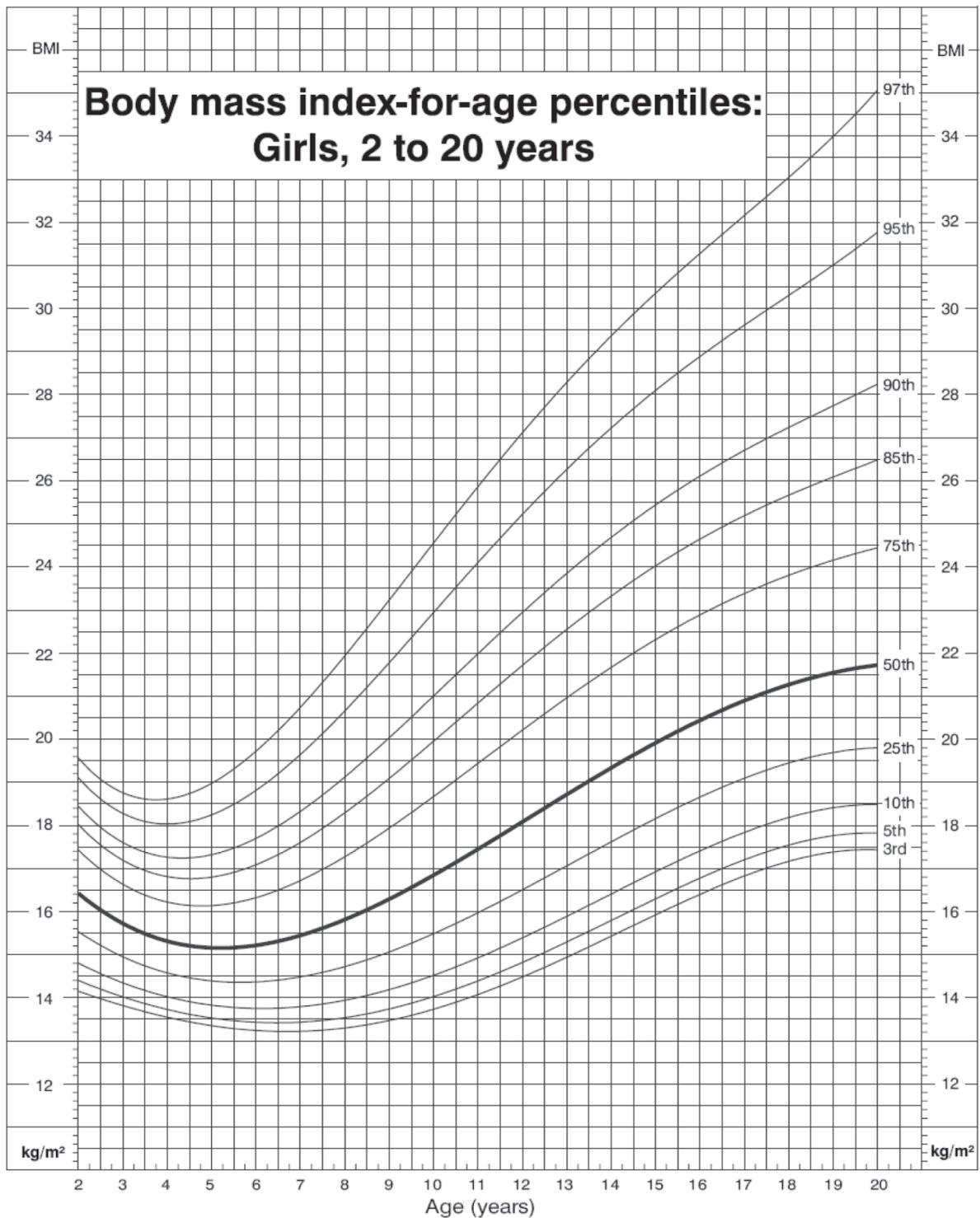
FORM B.7A. Body Weight for Adolescent Boys



Source: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion.

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FORM B.7B. Body Weight for Adolescent Girls



Source: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion.

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FORM B.8. Evaluation of Suicide Risk

Patient's name: _____ Date: _____

Therapist's name: _____

Evaluate for current suicidal ideation and behavior and for past incidence of suicidal plans, intentions, or behavior.

Questions	Current	Past
Do you have thoughts of harming yourself? [If yes:] Describe.		
Have you ever felt indifferent about whether something dangerous would happen to you and you took a lot of risk—like you really didn't care if you died or hurt yourself? [If yes:] Describe.		
Have you ever threatened that you would hurt yourself? [If yes:] Whom did you say this to? Why?		
Have you ever tried to hurt yourself on purpose? [If no, go on to p. 3 of form]		
Exactly what did you do to try to hurt yourself?		
How many times have you tried this? When? Describe.		

(cont.)

Source: Leahy, Holland, and McGinn (2012).

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FORM B.8. Evaluation of Suicide Risk (p. 2 of 5)

Questions	Current	Past
Had you planned to hurt yourself, or was it spontaneous?		
What was your state of mind when you attempted to hurt yourself? Were you depressed, spaced out, anxious, relieved, angry, excited? Were you using alcohol, medication, other drugs?		
Did you call someone at that time, or were you discovered by someone? What happened?		
Did you go to a doctor or to the hospital? [Obtain release of information.]		
Did you feel glad that you were alive? Embarrassed? Guilty? Sorry you didn't kill yourself?		
Did you want to hurt yourself soon after your attempt?		
Was there any event that triggered your attempt? [If no, go to next page of form]		
What were you thinking after this event that made you want to hurt yourself?		

(cont.)

FORM B.8. Evaluation of Suicide Risk (p. 3 of 5)

Questions	Current	Past
If something like that happened again, how would you handle it?		
Has any family member or close friend ever hurt him- or herself?		
How would you describe your current [past] desire to live? None, weak, moderate, or strong?		
How would you describe your current [past] desire to die? None, weak, moderate, or strong?		
[If current or past desire to die:] What would be the reason for wanting to die or harm yourself? Hopelessness, depression, revenge, getting rid of anxiety, being with a lost loved one again, other reasons?		
[If current or past desire to die:] Have you ever planned to hurt yourself? What was the plan? Why did you [did you not] carry it out?		
Are there any reasons why you would <i>not</i> harm yourself? Explain.		
Do you have more reasons to live than to die?		

(cont.)

FORM B.8. Evaluation of Suicide Risk (p. 4 of 5)

Questions	Current	Past
[If not:] What would have to change so that you would want to live more?		
Do you own a weapon?		
Do you live on a high floor or near a high bridge?		
Are you saving medications for a future attempt to hurt yourself?		
Do you drive excessively fast?		
Do you drink more than three glasses of liquor or beer a day? Do you use any medications? Other drugs? Do these substances affect your mood? [If yes:] How?		
Have you written a suicide note? Have you recently written out a will?		
Do you feel there is any hope that things can get better?		
What are the reasons why things could be hopeful?		

(cont.)

FORM B.8. Evaluation of Suicide Risk (p. 5 of 5)

Questions	Current	Past
Why would things seem hopeless?		
Would you be willing to promise me that you would not do anything to harm yourself until you have called me and spoken with me?		
Is your promise a solemn promise that I can rely on, or do you have doubts about whether you can keep this promise? [If doubts:] What are these doubts?		
Can I speak with [loved ones or close friend] to be sure that we have all the support that we need?		
[Does this patient need to be hospitalized? Increase frequency of treatment contact and level or type of medication? ECT?]		

Therapist: Summarize dates, precipitating factors, and nature of the patient’s previous suicide attempts, if any:

If the patient is willing to promise that she/he will contact and speak with the therapist before engaging in any self-harmful action, have her/him sign this statement:

I, _____, promise that I will not do anything to harm myself until I have called and spoken to you, my therapist. In the event that I cannot reach my therapist, I agree to call 9-1-1 or go to my nearest emergency room immediately. I also agree that you may speak with a loved one or close friend of mine to be sure that you and I have all the support we need.

Patient’s signature

Therapist’s signature

Date