ASSESSMENT/PREPARATION STEP ONE: STARTING WELL AND DECIDING TO CHANGE Engaging the patient in treatment and change Establishing real-time self-monitoring Establishing collaborative in-session weighing Providing education Jointly creating the personal formulation Introducing a pattern of regular eating Thinking about addressing weight regain (in underweight patients) Involving parents STEP TWO: ADDRESSING THE CHANGE **Focused CBT-E modules** Underweight & Undereating (in underweight patients) **REVIEW SESSIONS*** Body Image Conducting a joint review of progress Dietary Restraint Identifying emerging barriers to change Events and Mood Changes · Reviewing the formulation Setbacks & Mindsets Deciding whether to use the broad form of **Broad CBT-E modules** CBT-E Clinical Perfectionism · Planning the rest of treatment Core Low Self-Esteem Interpersonal Difficulties *One after Step One in non-underweight patients; Mood Intolerance every 4 weeks in underweight patients STEP THREE: ENDING WELL **POST-REVIEW SESSIONS** · Ensuring that progress is maintained After 4, 12 and 20 weeks • Minimizing the risk of relapse

FIGURE 2.1. The CBT-E map for adolescents with eating disorders.

From Dalle Grave R & Calugi S, Cognitive Behavior Therapy for Adolescents with Eating Disorders, Guilford Press, New York, 2020.