

TABLE 16.1 From Dalle Grave R & Calugi S, *Cognitive Behavior Therapy for Adolescents with Eating Disorders*, Guilford Press, New York, 2020

Short-Term Maintenance Plan Template (Edit to Suit the Individual Patient)

Problems to focus on	How to address
Overconcern about shape and weight	<ul style="list-style-type: none"> • Keep an eye out for unhelpful body shape checking (frequent mirror use, inappropriate clothing checks, pinching/touching, comparing self with others), consider whether information is helpful and accurate, and reduce/stop as discussed. • Be sure not to avoid seeing body shape. If this is happening, try to be more aware of your body (e.g., by wearing different clothes; or having a massage; etc). • Use mirrors carefully. • Keep an eye out for 'feeling fat', identify the triggers and re-label. • Avoid weighing outside the set weekly time; do not interpret single readings. • Avoid judging yourself solely on basis of shape and weight. • Maintain and develop other life interests (e.g.,).
Dietary restraint and restriction	<ul style="list-style-type: none"> • Try to eat a flexible and varied diet. • Practice eating socially (i.e., with others, in restaurants, etc.). • Take care not to avoid certain foods. • Try and eat 'enough' and avoid undereating. • Eat regularly (at least every four hours). • Avoid strict (rigid and extreme) dietary rules (e.g., concerning amount to eat (calories), when to eat, eating less than others, compensating for food already eaten, 'debting' by eating less to compensate for a later meal). • Feeling full is a normal and short-lived sensation. If troubled by recurrent feelings of fullness, identify triggers (e.g., not being used to eating a normal amount, being underweight, not eating regularly, wearing too tight clothing, eating an 'avoided' food) and address.
Binge eating	<ul style="list-style-type: none"> • Conduct 'binge analysis', if needed, to identify triggers (undereating, being underweight, going for too long without eating, breaking a dietary rule, alcohol relaxing dietary control, responding to a problem in life) and address. • Practice problem solving the triggers.
Other weight-control behaviors	<ul style="list-style-type: none"> • Avoid vomiting/taking laxatives/over-exercising as they keep the eating problem going (and are relatively ineffective). • Other:
Weight regain and maintenance	<ul style="list-style-type: none"> • Weekly weighing on a set day is crucial. • Maintain weight within goal weight range (i.e., from to). • If weight falls below this weight range, → alarm bells! Review pros and cons of weight regain taking a long-term perspective. Remember you need to eat 500 extra calories every day to regain on average 0.5 kilogram a week.
Weight loss	<ul style="list-style-type: none"> • Trying to lose weight is risky if you have had an eating problem. • The goal of weight loss is only appropriate if you are medically overweight. • Remember not to try to lose weight over the next 20 weeks. • Avoid rigid and extreme dietary rules. • If medically overweight, can use 'binge-proof' dieting after 20 weeks for a limited time (i.e., modest weight loss goals; flexible guidelines for eating). • Have a realistic goal weight range which is possible to attain without strict dieting. • Remember it is unrealistic and unhealthy to lose more than 0.5 kilogram a week.
Slip-ups and lapses	<ul style="list-style-type: none"> • Minor slip-ups are to be expected.

- Spot slip-ups early on and react positively by i) trying to understand the trigger, and ii) trying to get back on track as soon as possible (see Long-Term Plan).
- If struggling to get back on track, contact
- Becoming underweight is particularly serious. If body mass index is below 25th. percentile (.....pounds) on two readings in a row contact

Other

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