

Appendix: MANTRA Goodbye Letter Rating Scheme

(1) Structure of the letter:

(a) Work done and progress made: The letter should review what has been worked on in the sessions and what progress has been made in the therapy. This can be linked to the model by reflecting on the patient's key struggles and how their strengths and supports have helped them along the way.

0=no mention of work done or progress made

1=minimal mention, only noted in passing

2=discussion of the treatment content without reference to the formulation or patient's goals, or discussion of progress made without reference to session content

3=clear discussion of session content with reference to the formulation or goals, together with exploration of the progress made, e.g., *"The thinking styles section of the workbook helped us to identify your tendency to rigid thinking patterns and a focus on details rather than the bigger picture. This, in turn, helped us to understand the 'stuckness' of your evening bingeing, which was a key treatment goal for you. Gradually, you were able to change aspects of your evening eating routines. I clearly remember the week you came in and said you hadn't binged at all. This was such a massive change to make, and you have kept it up now for over 3 months."*

(b) Preventing set-backs or relapse and identifying further areas for change: The letter should think about any remaining problem areas, as well as anticipated challenges or obstacles to staying well or improving further. It should also make reference/suggestions as to how set-backs might be overcome (thinking about the patients strengths and supports as appropriate).

0=no mention of this

1=minimal mention, only noted in passing

2=discussion of remaining problems or possible future challenges without considering ways to overcome these

3=clear summary of any remaining problems and possible future challenges, including ways these may be managed, e.g., *“You have said that you would like to continue working on your self-critical streak, and we thought this could be a key factor in you continuing to stay well. We spoke about practicing compassion regularly and using letter writing if you find you are struggling in this area, such as if you notice critical thoughts happening more than every other day”*

(c) Saying goodbye and opportunities for future: Attention to the process of ending and possible fears and hopes around this, as well as the positives lying ahead for the patient if they carry along the path towards recovery and what your hopes are for them.

0=no mention of this

1=minimal mention, only noted in passing

2=letter says goodbye or offers hopes for the future but not both

3=discussion of the process of ending and the emotions this may raise, as well as the therapist’s hopes for the patient, with some personal statements from the therapist e.g., *“I have enjoyed working with you and getting to know the person behind the anorexia. I know it can be difficult to end therapy after months of working closely with someone, but I am confident now in your ability to continue your efforts and ‘be your own therapist’. You have some excellent plans for the next few months and I wish you all the very best for your life beyond anorexia’.*

(2) Quality of content:

(a) Collaborative stance (e.g. ‘together we have discovered.....’.)

0=language placing therapist as expert

1=no collaborative statements

2=some collaborative statements, but somewhat formulaic

3=collaborative stance permeates the letter, as evidenced by reference to joint discoveries and experiences and/or joint goals, e.g., “*We have been able to determine that...*”, “*We thought that it may be important to...*”.

(b) Reflective, respectful of patient’s views, and/or adopting one-down position (e.g. ‘this is my reflection on our work and I look forward to hearing your thoughts too’. Includes using tentative language, putting forward hypotheses, e.g. ‘I wonder...’, ‘I sense...’...’Perhaps’)

0=language placing therapist as expert

1=no use of one-down position or tentative language.

2= One down position or tentative language used on one or two occasions, but somewhat formulaic

3= Reflective, respectful, one-down position language used on three or more occasions. e.g. “*I liked your metaphor about anorexia being a demon and I am grateful that we could work together to figure out the steps to take to tackle it. I wonder if a key step was your decision to let go of your rigid routines and allow yourself to ‘live dangerously’. It seems to me that you have made a huge shift in this area and the ‘demon’ now seems less powerful.*”

(c) Affirming stance: Use of affirmation, i.e. positively and warmly connoting the patient's efforts (e.g. 'I have been very impressed by...', 'This was a courageous step for you to take...')

0 = presence of any negative statements/connotations

1 = no affirmative statements

2 = affirmative statements used on one or two occasions, but somewhat formulaic

3 = Three or more affirmation statements used, e.g. *"I have been very impressed with how, despite your difficulty with opening up to others and accepting help, you have made use of your best friend for support. Moreover, despite your misgivings of letting your mum into things you have gone to stay with your parents twice over the summer and this has gone much better than you thought. You allowed yourself to be guided by your mum with regard to your eating and felt physically much better as a result"*.

(d) empathic and/or compassionate stance (e.g. reflecting on what certain events or difficulties must have felt like for the patient, reflecting emotion and acknowledging the patient's struggle/difficulties in the context of the therapist's own emotions)

0 = evidence of therapist being critical or judgemental

1 = no empathic or compassionate statements

2 = One or two empathic/compassionate statements used, but somewhat formulaic

3 = empathic compassionate stance used on 3 or more occasions, e.g. *"I felt very privileged that you were brave enough to show me 'the bits of you that others cannot and do not see'. Behind the cheerful, competent and independent front that you put on for others is a person who at times feels desperately in need of closeness and comfort and who is very angry and upset that others do not identify or respond to her needs. In this context it was very painful for you to talk about the fact that you have a strong sense that your parents and in particular your dad have always been much more receptive to your brother's ideas and plans and*

supported them practically and emotionally, whereas your ideas and plans were somewhat ignored or not taken seriously.”