

MANTRA letter writing guidelines

Writing a Formulation Letter to the Patient

General principles:

The formulation letter serves to supplement the diagrammatic (vicious flower) formulation in MANTRA. The style of the letter should be reflective, warm, compassionate, validating the patient's experience and contain ample lashings of affirmation and encouragement. Receiving such a personal letter where someone clearly has taken the time to reflect on the work that has been done together is a very positive experience for most patients and serves to strengthen the bond between patient and therapist. The formulation letter will usually be given to the patient in the session and the therapist will have prepared the patient for this. If the letter is sent to the patient separately, please ensure that you have checked with the patient that this is ok.

Please refer to the 'MANTRA Case Formulation Rating Scheme' for additional guidance on the desired content and tone of the letter.

Length:

A good length is usually between one to two typed pages. If patients have received a copy of the initial assessment letter/assessment report there may not be much need to repeat much of the person's biographical detail here, unless important new discoveries have been made over the course of treatment (e.g. in terms of events/difficulties that have shaped the patient's view of the world.)

Letters that are longer may be appropriate in exceptional circumstances. Usually a shorter letter is preferable, as it will give the therapist the opportunity to model behaviours that our patients often struggle with (bigger picture reflection about what is at the heart of the problem rather than overly detailed descriptions; 'good enough rather than perfect').

Personalising the letter:

As much as possible use the patient's own language in the letter. Also use one or two relevant key examples from what the patient has told you, to illustrate points that have come up in the therapy. This shows to the patient that the therapist has carefully listened and is thinking about them as a person.

When to write the letter:

Usually the formulation letter should be produced around session 6. There may occasionally be reasons for delaying writing the formulation letter, but be aware of therapist perfectionism getting in the way, perhaps in response to patient perfectionism.

Structure of the letter:

(a) *Introductory sentence or paragraph:*

This should say how far you are into therapy and what the purpose of the letter is. It might also include a disclaimer, i.e. suggesting that the letter is an attempt to summarise and understand what has been discussed/worked on so far and acknowledging that in doing so you may have missed things or got the wrong end of the stick on occasions.

(b) Link to model:

The letter should broadly reflect the MANTRA model, i.e. the therapist will need to consider and mention in the letter:

- what the person brings to the anorexia
- what keeps anorexia going. Explicit mention of which of the core maintaining factors of MANTRA are relevant to a particular person will reinforce and strengthen the work that is being done in the session

(c) Summarising paragraph:

This should provide further affirmation and encouragement and an outlook to future joint work, any anticipated challenges or obstacles and/or any reference how they might be overcome (thinking about the patient's strengths and supports).

Additional points:

Content concerning close others:

If a patient lives with their family or partner, these close others may get to see the letter, either accidentally or by the patient's choice. Any comments about such third parties therefore have to be carefully thought about.

Difficult content:

If a patient has a history of significant sexual or physical abuse that you feel should be mentioned in the formulation letter, you should discuss with them beforehand whether and in which way (degree of detail) this should be mentioned in the formulation letter. Research has shown that patients with abuse histories often find it very alarming to read about this in a letter and may experience this as shaming rather than as helpful or supportive.

Writing an End of Therapy Letter to the Patient

All the same general principles as for the formulation letter apply. This letter should be given at the end of the weekly sessions in the ultimate or penultimate session. The patient should be encouraged to produce a similar letter to the therapist (see below for details).

Structure of the end of therapy letter:

(a) Introductory sentence or paragraph:

This should briefly say what the purpose of the letter is. It might also include a comment on how the therapist has enjoyed working with the patient, what they will remember about them.

(b) 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 again be linked to the model by reflecting on what is the patient's key struggle and how their strengths and supports have helped them along the way or can help them in the future.

(c) Preventing set-backs or relapse

The letter should think about any anticipated challenges or obstacles to staying well or improving further and identify warning signs of relapse and make reference/suggestions as to how set-backs might be overcome (thinking about the patient's strengths and supports).

(d) Opportunities for the future

Think about the positives lying ahead for the patient if they carry on along the path towards recovery and what your hopes are for them.

Summarising paragraph:

The letter should finish with further affirmation and encouragement and perhaps if appropriate a motto for the future.

The Patient's End of Therapy Letter to the Therapist

For a long time there has been the (untested) observation that if patients' write an end of therapy letter themselves this is prognostically a good sign.

The patient should be encouraged to produce an end of therapy letter at the same time as the therapist produces theirs. Ask the patient to reflect on: work done and progress made in therapy (what went well and not so well), what lies ahead in terms of challenges and opportunities and how they can use their strengths and resources to deal with these and also get them to think about early signs of setback and how to deal with this. Also encourage them to give feedback on the therapy if they wish.

Emphasise to the patient that this is an opportunity to think about the bigger picture, both looking back and forward and that this letter does not need to be a perfect product.