

B O D Y I M A G E T H E R A P Y

Reduced Risk, Satisfied Patients: Partner with Body Image
Therapy

Contents

- Introduction
- The assessment and triage process
- The assessment tool
- The team
- Referral form
- Bibliography
- Appendices

Introduction

While most cosmetic surgery patients are psychologically healthy and experience positive outcomes (Sarwer, 2013), a significant portion (over 47%) may have underlying psychiatric disorders (Jafferany, M. et al 2020). These can include body dysmorphic disorder (BDD), eating disorders, and personality disorders.

These underlying conditions are linked to increased patient dissatisfaction and potential legal issues for surgeons (Block et al, 2013). For example, breast augmentation patients with such disorders have a higher suicide rate (Rees, L. et al, 2012).

Body Image Therapy helps you identify patients at risk by providing comprehensive cosmetic readiness assessments. This not only protects your patients' well-being but also safeguards your practice.

Partnering with Body Image Therapy:

- **Empowers patients to make informed decisions based on their psychological readiness.**
- **Minimizes risk of post-surgical dissatisfaction and potential legal complications.**
- **Promotes ethical practice by prioritizing patient well-being.**

The assessment and triage process

Body Image Therapy helps you decide which patients need further psychological evaluation and support. The assessment and treatment process is seamless, as demonstrated in figure 1. . The process adheres to the guidelines set out in the National Institute for Health and Care Excellence (NICE, 2013)

THE ASSESSMENT AND TRIAGE PROCESS

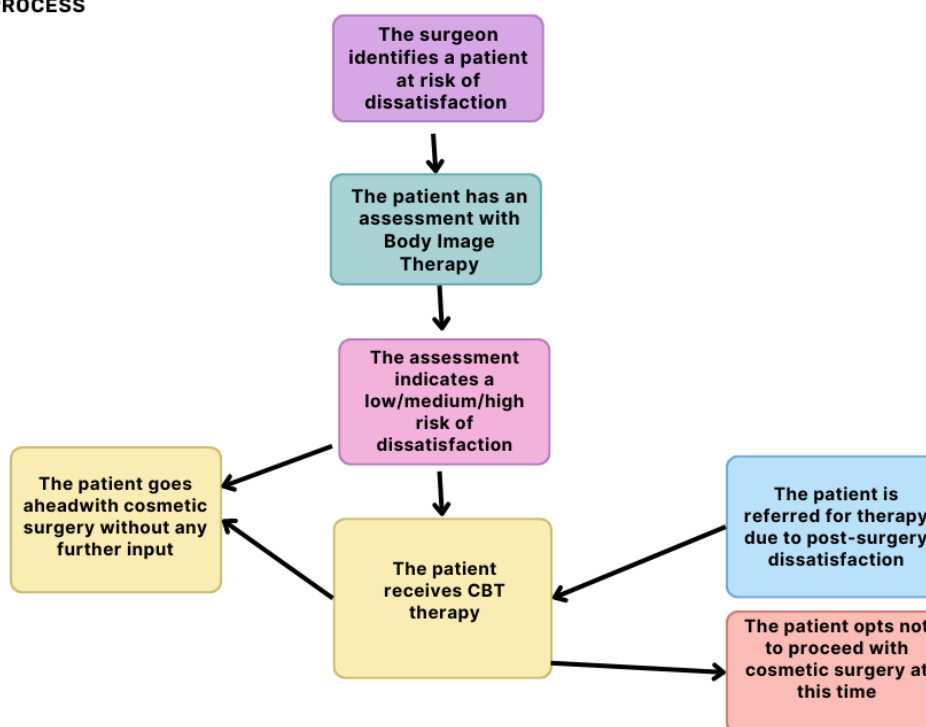


Figure 1.

Assessment

1. The surgeon encounters a patient that they suspect has mental health concerns/body image concerns/an unusual demeanour/communication difficulties. Recognizing these potential risk factors, the surgeon recommends a cosmetic readiness assessment with Body Image Therapy. The referral is made using the online form (Figure 6).

2. Body Image Therapy contact the patient to arrange a a one-hour assessment via MS Teams/in person. Standardized tests (Figure 1, 2, 3, 4, 5) are used to identify potential concerns like body dysmorphic disorder (BDD), eating disorders, or depression.

3. Following the assessment, we provide a comprehensive report outlining the patient's psychological readiness for surgery. This includes a risk stratification for potential dissatisfaction, categorized as low, medium, or high.

Recommendations

1. Recommendation that they are ready to go ahead with cosmetic treatment without any further input, unless requested by the patient or practitioner.

2. Recommendation for a psychological intervention

Assessment and triage is undertaken by a Cognitive Behavioural Psychotherapist, as recommended in Sarmer, (2013). The assessment covers psychiatric history, body image concerns, knowledge of surgery, expectations, motivations, current stressors, identification of common mental health disorders and differential diagnosis. Disorder-specific measures (DSM) are used to guide assessment.

Psychological Interventions

1. Cognitive Behaviour Therapy (CBT)

2. Counselling/Psychotherapy

Patients are assigned to a Counsellor or a CBT therapist according to NICE (2013) guidelines.

CBT is recommended for common mental health disorders such as BDD, eating disorders (with the exception of anorexia), OCD, health anxiety, phobias, PTSD, social anxiety and generalised anxiety. A minimum of twelve sessions is advised for most disorders.

Counselling/Psychotherapy is recommended for depression. Psychological counselling prior to surgery can help a patient explore issues such as, identity, life changes and difficult relationships that may be affecting their decision.

Once a patient completes the recommended therapy program, we can re-evaluate their psychological readiness for surgery and provide an updated report.

Post-op psychological support

Psychological distress may be triggered post-surgery for a variety of reasons: the patient wasn't psychologically evaluated pre-op; complications arose during/after the operation; the recovery process is difficult. Body Image therapy triage the patient to CBT or counselling.

The assessment tool

Patients with underlying mental health conditions, such as body dysmorphic disorder (BDD) or eating disorders, often experience significant body image distress and may seek cosmetic surgery to alleviate it. However, these conditions can lead to poor outcomes and worsening mental health after surgery.

Body Image Therapy utilizes a multi-faceted assessment tool (**Appendix 1**) to identify potential risk factors:

The Cosmetic Procedure Screening Questionnaire (COPS) (Figure 2) assesses general suitability for cosmetic surgery.

The Eating Disorder Screen for Primary Care (ESP) (Figure 3) helps identify patients with potential eating disorders.

The Pre-Cosmetic Surgery Screening Questionnaire (Figure 4) gathers information about current and past mental health conditions.

The IOWA Personality Disorder Screener (Figure 5) screens for personality disorders that could impact surgical outcomes.

The COPS and ESP flag patients who require a more in-depth psychological evaluation. Research indicates that BDD is a strong contraindication for cosmetic surgery (Sarwer, 2013).

Beyond mental health diagnoses, the assessment also considers other factors linked to poor outcomes:

External motivations: Patients pressured by others to undergo surgery may not be emotionally prepared.

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Unrealistic expectations: A distorted view of the potential results can lead to dissatisfaction.

Dissatisfaction with previous procedures: A history of negative experiences can indicate underlying emotional issues/BDD.

Questions 4-7 of the COPS questionnaire (Figure 2) screen for these factors. If any of these concerns are present, further evaluation is recommended.

By thoroughly assessing potential risk factors, Body Image Therapy helps surgeons ensure their patients are emotionally prepared for cosmetic surgery. This not only protects patients' well-being but also optimizes surgical outcomes for everyone involved.

| Cosmetic Procedures Screening Questionnaire (COPS) | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---|---|---|---|---|---|---|---------------------------------|
| This questionnaire aims to understand how you feel about your appearance prior to a cosmetic procedure. Please read the next set of questions below carefully and circle the number that best describes the way that you feel about your feature(s). Please read the labels carefully to ensure you are circling the number that reflects how you feel because some of the answers are worded in a reverse order. | | | | | | | | | |
| 1. How often do you deliberately check your feature(s)? Not accidentally catch sight of it. Please include looking at your feature in a mirror or other reflective surfaces like a shop window or looking at it directly or feeling it with your fingers. | 0 40 times or more a day | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 Never check |
| 2. How much do you feel your feature(s) is currently ugly, unattractive or 'not right'? | 0 Very ugly | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 Not at all unattractive |
| 3. How much does your feature(s) currently cause you a lot of distress? | 0 Not at all distressing | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 Extremely distressing |
| 4. How often does your feature(s) currently lead you to avoid situations or activities? | 0 Always avoid | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 Never avoid |
| 5. How much does your feature(s) currently preoccupy you? That is, you think about it a lot and it is hard to stop thinking about it? | 0 Not at all preoccupied | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 Extremely preoccupied |
| 6. If you have a partner, how much does your feature(s) currently have an effect on your relationship with an existing partner? If you do not have a partner, how much does it have an effect on dating or developing a relationship? | 0 Not at all | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 Extremely |
| 7. How much does your feature(s) currently interfere with your ability to work or study, or your role as a homemaker? (Please rate this even if you are not working or studying: we are interested in your ability to work or study.) | 0 Not at all | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 Very severely I can't work |
| 8. How much does your feature(s) currently interfere with your social life? | 0 Not at all | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 Very severely |
| 9. How much do you feel your appearance is the most important aspect of who you are? | 0 Not at all | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 Totally |

Developer Reference: Veale, D, Ellison, N, Werner, T, Doshia, R, Serfaty, M & Clarke, A. (2012) Development of a cosmetic procedure screening questionnaire (COPS) for Body Dysmorphic Disorder. *Journal of Plastic Reconstructive and Aesthetic Surgery*, 65:530-532. <http://dx.doi.org/10.1016/j.bjps.2011.09.007>

Scoring:

The score is achieved by summing all items. Items 1, 2, and 4 are reversed (that is if the person circles “8” then this is a score of zero, circling “7” is scored as ‘1’ and so on). The total scores range from 0 to 72 with a higher score reflecting greater impairment and symptoms of BDD. Individuals who score 40 or more are likely to have a diagnosis of BDD. It has been adopted by IAPT as an outcome measure for treating BDD.

Figure 2. Cosmetic Procedures Screening Questionnaire (COPS)

| ESP | Yes | No |
|-------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Are you satisfied with your eating patterns? (A “no” to this question was classified as an abnormal response). | | |
| 2. Do you ever eat in secret? (A “yes” to this and all other questions was classified as an abnormal response). | | |
| 3. Does your weight affect the way you feel about yourself? | | |
| 4. Have any members of your family suffered with an eating disorder? | | |
| 5. Do you currently suffer with or have you ever suffered in the past with an eating disorder? | | |

Developer Reference: Cotton, M. A., Ball, C., & Robinson, P. (2003). Four simple questions can help screen for eating disorders. *Journal of General Internal Medicine*, 18(1), 53-56

Scoring:

Respondents provide yes/no answers to questions such as ‘does your weight affect the way you feel about yourself?’. A cut-off of two or more ‘abnormal’ answers to the five questions is suggestive of an eating disorder. A “no” to question 1 is considered an abnormal response. A “yes” to questions 2-5 are considered abnormal responses. One or no abnormal responses rules out an eating disorder.

Figure 3. Eating disorder Screen for Primary care (ESP)

| Pre-Cosmetic Surgery Screening Questionnaire | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Do you have a history of anxiety or depression? | | |
| 2. Have you ever been diagnosed with a personality disorder? | | |
| 3. Have you ever experienced a psychotic episode? | | |
| 4. Have you had previous unsatisfactory cosmetic surgery? | | |
| 5. Are you having this surgery to please someone else (e.g. a partner, parents, peers or to fit in with celebrity culture)? | | |
| 6. Are you having the surgery in response to a significant life event (e.g. a relationship breakdown, bereavement, illness)? | | |
| 7. Do you hope that surgery will solve some of your life's problems (e.g. secure a new job, find a romantic partner, have more friends)? | | |

Reference: This questionnaire has not been validated. The questions are based on research cited in the bibliography which show a positive association between these factors and poor outcomes after cosmetic surgery.

Scoring: Answering yes to any of the questions is a risk-factor for poor psychological outcomes. The more yes answers the higher the risk.

Figure 4. Pre-Cosmetic Surgery Screening Questionnaire

| Iowa Personality Disorder Screener | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| The questions listed below relate to your thoughts and feelings. If the way you have been in recent weeks or months differs from the way you usually are, please answer based on when you were your usual self. | | |
| | Yes | No |
| 1a. Some people find their mood changes frequently - as if they spend every day on an emotional roller coaster. For example, they might switch from feeling angry to depressed to anxious many times a day. Does this sound like you? | | |
| 1b. If YES, have you been this way most of your life? | | |
| 2a. Some people prefer to be the center of attention, while others are content to remain on the edge of things. Would you describe yourself as preferring to be the center of attention? | | |
| 2b. If YES, does it bother you when someone else is in the spotlight? | | |
| 3a. Do you frequently insist on having what you want right now, even when waiting a little longer would get you something much better? | | |
| 3b. Do you often get in trouble at work or with friends because you act excited at first but then lose interest in projects and don't follow through? | | |
| 4. Do you find that most people will take advantage of you if you let them know too much about you? | | |
| 5a. Do you generally feel nervous or anxious around people? | | |
| 5b. Do you avoid situations where you have to meet new people? | | |
| 6a. Do you avoid getting to know people because you're worried they may not like you? | | |
| 6b. If YES, has this affected the number of friends that you have? | | |
| 7a. Do you keep changing the way you present yourself to people because you don't know who you really are? | | |
| 7b. Do you often feel like your beliefs change so much that you don't know what you really believe any more? | | |
| 8. Do you often get angry or irritated because people don't recognize your special talents or achievements as much as they should? | | |
| 9a. Do you often suspect that people you know may be trying to cheat or take advantage of you? | | |
| 9b. If YES, do you worry about this a lot? | | |
| 10. Do you tend to hold grudges or give people the silent treatment for days at a time? | | |
| 11a. Do you get annoyed when friends or family complain about their problems? | | |
| 11b. Do people complain that you're not very sympathetic to their problems? | | |

Developer Reference: Langbehn DR et al. (1999). The Iowa Personality Disorder Screen: development and preliminary validation of a brief screening interview. *J Pers Disord.* Spring;13(1)75-89.

Scoring:

Figure 5: IOWA Personality Disorder Screener.

The questionnaires have been formatted into one sheet for ease of use (appendix 1).

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The team

Gina, a Cognitive Behavioural Therapist (CBT) accredited with the BABCP, is the founder of Body Image Therapy. She brings a wealth of experience to the team:

External Clinical Supervisor for the NHS: Gina supervises CBT therapists working within the Improving Access to Psychological Therapies (IAPT) service.

Private Practice: She also runs a private clinic, offering therapy services to a wider clientele.

Commitment to Professional Development: Gina maintains a strong commitment to continuous learning, with additional training in Body Dysmorphic Disorder (BDD) and eating disorders.

Body Image Therapy Team:

Body Image Therapy has a team of therapists based in Ilkley, West Yorkshire. All therapists share a key focus:

Accredited Professionals: Therapists are either CBT therapists accredited with the BABCP or counsellors/psychotherapists accredited with the BACP.

Shared Focus on Body Image: The team embraces a shared interest in body image concerns.

Balanced Approach to Cosmetic Surgery: They believe that cosmetic surgery can be beneficial for some individuals, but not all.

Referral Process

In the interest of providing the best possible care for our patients, partner with Body Image Therapy for cosmetic readiness assessments. Our expertise can help us identify any potential risk factors, Figure 6. , that could affect the outcome. Together, we can ensure informed consent and a successful surgical journey for the patient. Please use the form (Figure 7.) to make a secure referral.

Risk Factors for Cosmetic Surgery

| Category | Risk Factor | Description |
|---------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mental Health | Signs of Body Dysmorphia (BDD), Eating Disorders, Depression | We utilize standardized tests to identify potential concerns that could impact your patient's experience and satisfaction with cosmetic surgery. |
| Past Mental Health | Past Diagnoses and Medications | Understanding their past mental health history helps us assess if they're currently in a good place emotionally for surgery. Current medications may also interact with the surgical process. |
| Body Image | History of Body Image Concerns | Exploring their history of body image concerns helps us understand how they might influence their expectations and satisfaction with cosmetic surgery. |
| Surgical History | Previous Cosmetic Procedures | If they've had previous cosmetic procedures, understanding the results and experience can be valuable in assessing their suitability for further surgery. |
| Psychosocial Functioning | Current Mental and Social Well-Being | Evaluating their current mental and social well-being ensures they have a strong support system and can manage the emotional and social aspects of cosmetic surgery. |
| Motivations & Expectations | Knowledge of Surgery, Reasons & Expectations | A clear understanding of the surgery, motivations for wanting it, and realistic expectations are crucial for a positive outcome. |
| Life Stress | Major Life Stressors | Significant life stressors can impact an individual's ability to cope with the recovery process and potentially affect surgical results. |

Figure 6.



BODY IMAGE THERAPY

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| | |
|-------------------------------------------------|--|
| Referrer Name & Company | |
| Date of Referral | |
| Patient Name | |
| Patient Date of Birth | |
| Patient Email | |
| Type of Cosmetic Surgery Requested | |
| Any Specific Concerns from the Referrer? | |

Please email this form to gina@bodyimagetherapy.co.uk. We aim to contact the patient within 24 hours of receiving this form to agree a date for their psychological assessment. The psychological assessment report will be emailed to the surgeon within 48 hours of the assessment.

Figure 7.

Body Image Therapy, 30A The Grove Ilkley LS29 9EE, www.bodyimagetherapy.co.uk Gina 07717 745772 gina@bodyimagetherapy.co.uk

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Appendices

| | | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---|---|---|---|---|---|---|------------------------------|--|
|  <p>BODY IMAGE THERAPY</p> <p>62 The Grove Ilkley LS29 9PA www.bodyimagetherapy.co.uk Gina 07717 745772 gina@bodyimagetherapy.co.uk Sara 07920 704629 sara@bodyimagetherapy.co.uk</p> | | | | | | | | | | |
| Cosmetic Procedures Screening Questionnaire (COPS) | | | | | | | | | | |
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| 1. How often do you deliberately check your feature(s)? Not accidentally catch sight of it. Please include looking at your feature in a mirror or other reflective surfaces like a shop window or looking at it directly or feeling it with your fingers. | 0 40 times or more a day | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 Never check | |
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| 4. How often does your feature(s) currently lead you to avoid situations or activities? | 0 Always avoid | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 Never avoid |
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| The Eating Disorder Screen for Primary Care (ESP) | | |
|------------------------------------------------------------------------------------------------|-----|----|
| | Yes | No |
| 1. Are you satisfied with your eating patterns? | | |
| 2. Do you ever eat in secret? | | |
| 3. Does your weight affect the way you feel about yourself? | | |
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| Pre- Cosmetic Surgery Screening Questionnaire | | |
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| | Yes | No |
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| 6. | Are you having the surgery in response to a significant life event (e.g. a relationship breakdown, bereavement, illness)? | | |
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Iowa Personality Disorder Screener

The questions listed below relate to your thoughts and feelings. If the way you have been in recent weeks or months differs from the way you usually are, please answer based on when you were your usual self.

| | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1a. Some people find their mood changes frequently - as if they spend every day on an emotional roller coaster. For example, they might switch from feeling angry to depressed to anxious many times a day. Does this sound like you? | | |
| 1b. If YES, have you been this way most of your life? | | |
| 2a. Some people prefer to be the center of attention, while others are content to remain on the edge of things. Would you describe yourself as preferring to be the center of attention? | | |
| 2b. If YES, does it bother you when someone else is in the spotlight? | | |
| 3a. Do you frequently insist on having what you want right now, even when waiting a little longer would get you something much better? | | |
| 3b. Do you often get in trouble at work or with friends because you act excited at first but then lose interest in projects and don't follow through? | | |
| 4. Do you find that most people will take advantage of you if you let them know too much about you? | | |
| 5a. Do you generally feel nervous or anxious around people? | | |
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| 9b. If YES, do you worry about this a lot? | | |
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Appendix 1.