*Appendix 1: Hypothetical scenarios*

**SCENARIO 1**

Leyton is 26 years old (formerly known as Lucy), and is transitioning from female to male. He has been diagnosed with Autism Spectrum Disorder, and possible Emotionally Unstable Personality Disorder. He has been referred for help with restricted eating and weight loss. The GP and Community Treatment Team are concerned this could develop into Anorexia Nervosa. Leyton reluctantly agreed to the referral, and attended the first session, but does not believe his eating is a significant problem. During the initial session, you accidentally use his ‘dead’ name, calling him Lucy. His mother called you reporting that Leyton refuses to come back to sessions, and there has been a significant decline in his eating habits. She said that Leyton feels disrespected by the one person who should be non-judgemental. Leyton is very rigid in his thinking and his mother says once he has made up his mind about someone, it is very difficult for it to change.

**SCENARIO 2**

Samantha is 14 years old, and undergoing palliative care, for terminal cancer of the liver. She was very close with her family, but upon discovering her prognosis, she has been pushing them away. Samantha has been having anxious thoughts, and is highly preoccupied with her health. Any sensation she has within her body, she automatically assumes she is going to die that day. Over the last 3 weeks she has been refusing to eat or drink because of her fear that it will make the cancer worse. The doctors have had to routinely feed her through a drip whilst she is asleep. You have seen her for 4 sessions, and during session 4 she says, “how am I supposed to not be anxious, when I’m going to die?”

**SCENARIO 3**

John is a 37 year old male. 10 years ago he was charged with Paedophilia, and put on the sex offender register, for possession of child pornography. He was also recently assessed as having a mild Learning Disability. At the time of offence, John went through the CBT Sex Offenders Treatment Programme. He demonstrated significant understanding of the offence, and displayed genuine remorse and change. Recently, he started CBT sessions with you due to increased anxiety. During session 7 John highlights his distress and disgust, regarding his past inappropriate thoughts about young children. He describes trying to evade these thoughts by avoiding babysitting his niece, taking the long route to his mother’s house to avoid the school en route, and closing his eyes and crossing the street when he sees children in the community. These behaviours have made his daily routine much longer. He is turning up late to his volunteer job, and he is becoming withdrawn from his family, especially his sister who he is very close to.

**SCENARIO 4**

Maggie is a 32 year old woman who has recently lost a family member in a terrorist attack. She has received 6 sessions of CBT and a shared formulation has been developed which includes vicarious trauma, grief and anger. Maggie becomes extremely anxious when encountering someone of the Muslim community, and you have formulated that her anxiety can lead to anger and aggression.  During session 7, whilst discussing her fears about future terrorist attacks, she digresses into a racial rant. She uses offensive language and makes statements such as, “I want to see those P\*\*is’ dead, for what they did to my family”.