Biography:
Dr Katharine Rimes is a Reader in Clinical and Health Psychology and Academic Director for the clinical psychology doctoral training programme at the University of Bath. She also works as an honorary consultant clinical psychologist at the specialist chronic fatigue syndrome (CFS) / ME service for children and young adults at the Royal National Hospital for Rheumatic Diseases in Bath. Her main therapeutic approaches are cognitive behaviour therapy and mindfulness-based cognitive therapy. Her research interests include medically unexplained symptoms, long term conditions, mindfulness-based approaches, emotional processing, different forms of avoidance, and perfectionism. She is an associate editor for the journal “Behavioural and Cognitive Psychotherapy”.

She read experimental psychology at the University of Oxford and also took her D.Phil. there, in cognitive behavioural approaches to health anxiety. She trained in clinical psychology at the Institute of Psychiatry, King’s College London, subsequently working there as a lecturer and as an honorary clinical psychologist at the King’s / South London & Maudsley CFS Research & Treatment Unit.

Paper Abstract:
Chronic fatigue syndrome / ME: Overview of research and cognitive-behavioural treatment

Dr Katharine Rimes

Chronic fatigue syndrome (CFS)/ME is characterised by excessive and disabling fatigue that is not alleviated by rest, has lasted for at least six months and for which clinical investigation has indicated no cause (e.g. Fukuda et al., 1994). Other symptoms can include post-exertion malaise, sore throats, headaches, sleep disturbances, swollen glands, difficulties with concentration and muscle pain. The aetiology of CFS/ME remains controversial, although it is likely that the development and perpetuation of the disorder are due to an interaction of cognitive, behavioural, physiological, affective and social factors. We are learning more about the development of this complex condition, and research findings into contributory factors will be presented.

The NICE guidelines for CFS/ME (NICE, 2007) recommend cognitive behaviour therapy (CBT) and graded exercise therapy as interventions for CFS/ME. A cognitive behavioural model of CFS/ME will be outlined and evidence presented. This will include findings about perfectionism, behavioural responses and emotional processing (e.g. Brooks, Rimes & Chalder, 2011; Dittner, Rimes & Thorpe, 2011; Hambrook et al., 2011; Moss-Morris, Spence & Hou, 2011; Oldershaw et al., 2011; Rimes & Chalder, 2010). Cognitive behavioural approaches to intervention will be described.

Mindfulness-based approaches may offer ways of working with CFS/ME that can complement traditional CBT, and these show promise in preliminary studies (Rimes & Wingrove, in press; Surawy, Roberts & Silver, 2005).


**Workshop abstract:**
**CBT approaches to working with medically unexplained physical symptoms**

There is increasing evidence of the effectiveness of cognitive behaviour therapy (CBT) for medically unexplained physical symptoms. This workshop will present a cognitive behavioural approach to understanding and intervening with these conditions. Ways of working with various contributory processes will be considered, including beliefs about symptoms and their consequences, behavioural responses, perfectionism, symptom-focusing and rumination / worry. Engagement issues will be covered and the role of low mood and styles of emotional processing will be addressed. There will also be discussion of mindfulness-based interventions for these conditions, which show promise in preliminary studies. Examples will mainly be drawn from chronic fatigue syndrome but processes relevant to various different types of medically unexplained physical symptoms will be the focus of this session.

Selected references:


