

Cognitive Behavioural Therapy for Eating Disorders (CBT-ED)

Information for patients, parents and carers



CBT-ED (or sometimes referred to as CBT-E; CBT- Enhanced) is an evidence-based treatment for eating disorders including Anorexia Nervosa, Bulimia Nervosa, Other Specified Feeding or Eating Disorders (OSFED) and Binge Eating Disorders. It is often recommended as a second-line treatment for children and young people with Anorexia Nervosa or Bulimia Nervosa. This is because generally the first-line treatment for these presentations is Family Based Treatment (FBT) (SIGN 2021).

Sometimes CBT-ED is also used following a trial of FBT or if you have completed FBT but some eating disorder behaviours or thoughts still remain that require a little more work. For some young people and families FBT may not be appropriate or indicated. In these situations, CBT-E may be considered as a first-line treatment.

What is CBT-ED?

CBT-ED often focuses on the current moment. It is about working on identifying and changing behaviours and thoughts (cognitions) that keep the eating disorder going. CBT-ED has been shown to be able to support young people to recover from the eating disorder, especially if change can be made during and in-between the initial sessions. This can mean changing what and how often you eat and if you need to, put on weight. It will require a lot of effort and practice, and you will be supported by a trained clinician.

The clinician you will work with will support you to identify thoughts, feelings and behaviours that keep the eating disorder going and support you to develop strategies to overcome these difficulties. It is understandable that young people may feel frightened of making some of these changes but you will be supported to do this with your clinician and this is an essential part of recovery from an eating disorder.

What does CBT-ED look like?

Due to the serious nature of eating disorders and the significant impact they can have on your physical, mental, and social life, there are several treatment non-negotiables. This means there are aspects of CBT-ED treatment that must happen for it to have a chance at being successful.

These are:

- **Being weighed**- you will be weighed at the start or middle of sessions, and it will be discussed with you as part of the work you are focussing on in the therapy.
- **Attendance**- it is important you attend the session as planned in order keep momentum.
- **Food diaries**- you will be asked to record what and when you eat and your thoughts/feelings about this so we can help identify patterns and changes.
- **Active change**- you will be actively involved in treatment and be asked to practice tasks agreed with your clinician between sessions and work towards goals in recovery. CBT-ED is not a 'talking-only' therapy- there is lots of 'doing' e.g. changing eating patterns and behaviours.

- **Physical monitoring** – if required, you will need to have your physical health monitored. This can involve having your bloods taken to check your physical health.
- **Change in treatment approach**- if your physical and/or mental health worsens, CBT-ED may be paused or stopped, and a different treatment approach considered. Sometimes, it's not the right time for CBT-ED but that doesn't mean it can't work in the future.

Early stages of treatment

You and your clinician will work on understanding things that keep the eating disorder going and will work on changing your eating disordered behaviours (such as by doing things like eating more regularly, putting foods you used to eat back in your diet and reducing other eating disorder behaviours such as vomiting or over-exercise). You will be weighed, and you will be asked to record what you eat and thoughts/predictions and feelings around this. You may also have 1- 2 dietetic appointment(s) and regular physical monitoring alongside your CBT-ED appointments. Your clinician will work with you to consider if and how your parents/carers can be involved to support you with CBT-ED.

Early review

You and your clinician will have a review as early as session 4 and before session 10 to see how treatment is working. We know that early response to treatment (behavioural changes) is a good predictor that CBT-ED will be helpful for you to achieve and maintain recovery. Treatment will be reviewed regularly to ensure it is helpful and your clinician would work with you to try to overcome any initial barriers to make sure treatment can continue and be successful.

Middle phase of treatment

You will be supported to continue to change your eating behaviours and will be introducing food you enjoy/used to enjoy and may feel worried about. You may be encouraged to eat in social situations/different settings and continue to challenge eating disorder thoughts, beliefs, and rules. You may begin to explore body image and might work with your clinician on other factors such as low self-esteem or perfectionism.

Ending phase of treatment

The last stages of treatment will focus on relapse prevention and maintaining recovery now and in the future. Sessions may be further apart by this stage and, depending on each individual, you may be weighed less often, or weighing may have stopped.

How long does CBT-ED take?

CBT-ED sessions can vary from 10 to up to 40 sessions. Sessions are usually weekly and how many sessions will depend on your current eating disorder difficulties. Attending sessions regularly is an important part of CBT-ED to ensure it has the best chance of working.

Body image

Lots of young people (or their parents) often want to do the body image module of CBT-ED first, as they believe feeling better about your body will resolve all the eating difficulties. However, the research tells us it doesn't quite work like this and establishing regular eating and appropriate body weight are often needed to see cognitive and perceptual change. Body image work usually comes in the middle or towards the end of CBT-ED.

Parental involvement

You will attend the sessions on your own. However, it can be helpful for parents/carers to join for part of the sessions to determine ways to support you with tasks or to improve their understanding of eating disorders. Sometimes parents/carers will also be part of the regular reviews of treatment.

FBT versus CBT-ED

FBT and CBT-ED have similar approaches – focusing on returning to regular and consistent eating patterns, including a variety of foods/food groups, targeting problematic eating disorder behaviours and ensuring physical health restoration.

If needed, CBT-ED can be started following FBT, or occasionally during final stages of FBT if there are still specific thoughts or behaviours that you require support with.

One of the main differences in CBT-ED and FBT is that FBT requires families to be included in all sessions and CBT-ED is typically you on your own. However, parents and carers can be involved in reviews, homework tasks of CBT-ED and receive updates to help support you in your recovery and treatment.

FBT can be more helpful if you are unsure about change or if you know you need support and help with your eating disorder to make change.

CBT-ED is often a good approach if you are an older young person, have more independence, live alone, or are willing and motivated to identify the problems and make changes towards recovery.

For more information, please discuss with the CAMHS team you/your loved one is seen by.

