

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, recommended often as a second-line treatment. This is because the first-line treatment is Family Based Treatment (FBT) for young people with eating disorders (NICE, 2017; SIGN 2021). Sometimes CBT-ED is used following a trial of FBT or if you have completed FBT. Other times if FBT has not been appropriate, it may be considered as a first treatment.

What is CBT-ED?

CBT 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 good evidence that it can support you to recover from the eating disorder, especially if change can be made during and in between the first several sessions. It will require a lot of your effort and practice, and you will be supported by an appropriately trained clinician on this journey.

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 it. You may be asked to do things you feel frightened of; however, this is a normal part of treatment to change behaviour or thinking and these feelings reduce as you recover from the eating disorder.

What does CBT-ED look like?

Due to the serious nature of eating disorders (which have the highest mortality rates of mental health disorders) and the lifelong impact they can have on your physical, mental and social life, there are several treatment non-negotiables. This means there are aspects of 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
- **Attendance**- it is important you attend the session as planned in order to keep momentum
- **Food diaries**- you will be asked to record what and when you eat and your thoughts/feelings about this
- **Active change**- you need to actively be involved in treatment and practice the tasks agreed together that do not involve dieting and work towards goals in recovery. There needs to be change in eating patterns and behaviour or treatment will not work. CBT-ED is not a 'talking-only' therapy- there is lots of 'doing'.

- **Physical monitoring** – if required, you need to have your physical health monitored. This can often involve having your bloods taken to help check your internal physical health.
- **Change in treatment approach**- if your physical and/or mental health gets worse, CBT-ED may be paused or stopped, and a different treatment approach used. 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

At the start, 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, exposing yourself to the range of foods you used to eat, and reducing 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 will typically also have initial dietetic appointment(s) and regular physical monitoring alongside your CBT-ED appointments.

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 at CBT-ED being helpful for you to maintain recovery. Treatment will be reviewed regularly to ensure it is helpful and we would work together with you to try to overcome any initial barriers to make sure treatment can continue and be successful.

Middle phase of treatment

You will continue to change your behaviour and will be introducing food you enjoy/used to enjoy and may feel worried about. You may be eating 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 and parents often want to do CBT-ED to do work on their body image as they believe this 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, if you would find it helpful, parents/carers can 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 and ensuring physical health restoration.

If needed, CBT-ED can be completed following, or occasionally during (at later stages) FBT, or as a treatment on its own. One main difference is FBT requires families to be included in all sessions and CBT-ED is typically on your own. However, parents can be involved in homework tasks of CBT-ED and receive updates to help support you in your recovery and treatment.

FBT can be helpful if you are unsure about change or if you know you need support and help with your eating disorder. 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. FBT is usually offered first as we know this can be helpful when people feel unsure about recognising or working on eating disorder thoughts and feelings, as you are not on your own in treatment.

For more information, please discuss with the CAMHS team you/your child is linked to.

