



Information about Cognitive Behavioural Therapy enhanced for those experiencing eating disorder thoughts and behaviours (CBT-ED)

What is CBT?

CBT is based on building a shared understanding of someone's life experiences. This grows into an individual formulation, helping us both to understand how your experiences and beliefs (about yourself, the world, other people and the future), impact on you and your life.

The primary goal of CBT is to become your own therapist, taking the skills and techniques of CBT with you into your future.

A short video clip about CBT and further information can be found here:

<https://www.youtube.com/embed/ZRijYOJp5e0>

<https://www.babcp.com/Public/What-is-CBT.aspx>

CBT-ED within GGC CAMHS

Many young people have restored their physical health before starting CBT and this means we can quickly work through the early stages of therapy (establishing regular eating patterns). Often, young people and their loved ones continue to engage in Family-based treatment (FBT) and CBT-ED works alongside this.

CBT-ED is typically 20 sessions over 6 months. Sometimes, therapy can continue for longer and this is something we would talk about together.

An initial appointment is arranged to meet each other, discuss therapy and you decide if this is something you want to do. We would then identify therapy goals together (what you want to work towards) and aim to meet each other weekly for therapy sessions. Each session tends to last around an hour. Sessions can be face-to-face in a clinic room or via our video call system 'Attend Anywhere'. Sessions could also involve a combination of the two.

There are four stages of CBT-ED outlined below:

Stage one is assessment and formulation. This is where a 'shared understanding' is created and we hope to understand the maintaining factors of the eating thoughts and behaviours. Sometimes these can be things like

feeling unhappy or anxious, low self-esteem and/or perfectionism. Stage one also focuses on maintaining regular eating patterns.

Stage two involves some early therapy work aiming to understand how the eating disorder is impacting on you and your life.

Stage three is active psychological therapy when we work together towards your goals and target the maintaining factors. This part of therapy can be challenging and hard work and it is really important to take extra care of yourself and allocate time to practice your therapy skills in-between sessions.

Stage four is when we work together towards a therapy ending and plan for the future. You will have become your own therapist and have therapy tools and techniques that will hopefully continue to be helpful as you move into the next stage of your life.

Comments from young people who helped create this leaflet:

I would have found it helpful to know how CBT-ED differs from FBT.

CBT-ED is different from FBT as it is an individual psychological therapy. We work together to understand the eating difficulties and the psychological mechanisms underlying it. These usually become the focus of our work together.

Sometimes it may be helpful to have loved ones join some sessions and this would be your decision. CBT is a collaborative therapy (us working together, with shared respect and compassion), we work together to build understanding and explore alternative responses as well as building on the skills and strategies you already have.

I would like young people thinking about CBT-ED to know that it is taken at your own pace, with your choices and preferences respected.

How might it benefit me?

Sometimes, eating disorder thoughts and difficult emotions can present or continue following recovery of weight (and sometimes weight recovery may still be a priority). CBT-ED has demonstrated good outcomes for young people and is recognised as second-line treatment in clinical guidelines. This is one reason why we ask for outcome measures as it helps to inform what is helpful and what is not (guiding treatment recommendations and therapist training).

How much focus is placed on weight?

This is guided by your individual formulation. Some people may find weight monitoring anxiety provoking where others may not. We know that exposure to anxiety is difficult yet effective and it may be that we check in with weight during therapy (to learn together what happens in response to regular eating

patterns and some extras). For others, the focus may have moved away from weight and we would work together on the maintaining factors (guided by your formulation).

What is the role of homework in CBT?

Homework or therapy skills practice is a core part of this therapy. One hour a week is just not enough (1 in 168 hours of your week) and during every session we agree what would be helpful to practice in your day to day life. This often involves skills practice and testing things out (behavioural experiments) to feedback and explore together at our next session.

What are the longer-term benefits?

It is difficult to gather longer-term outcomes as people often don't want to spend time talking about past therapy. I hope and believe that CBT does enable and support a good quality of life (from therapist observations). Any feedback post-therapy is always gratefully received.

An outcomes evaluation from GGC identified that young people who completed therapy made significant improvements in their psychological wellbeing (Craig et. al., 2019).

If you have any questions about CBT-ED please contact your psychological therapist / psychologist or a member of the Connect-ED team.