



Cognitive Behaviour Therapy for Eating Disorders (CBT-E)

This factsheet contains information on the therapeutic approach for eating disorder treatment, CBT-E.

What to expect from treatment?

In Australia, there are evidence-based treatment options for eating disorders that are eligible for Medicare rebates. The most common treatment for adults is Cognitive Behavioural Therapy for Eating Disorders (CBT-E) and this factsheet will help explain what is involved and what to expect from this treatment.

Other names and abbreviations

CBT-E – Enhanced Cognitive Behavioural Therapy

CBT-ED – Cognitive Behavioural Therapy for Eating Disorders

CBT-AN - Cognitive Behavioural Therapy for Anorexia Nervosa

CBT-BN - Cognitive Behavioural Therapy for Bulimia Nervosa

CBT-BED - Cognitive Behavioural Therapy for Binge Eating Disorder

This factsheet will refer to CBT-E, however depending on your location or diagnosis any of the above abbreviations could be used to describe the same type of treatment.

What is CBT-E?

Cognitive Behavioural Therapy (CBT) is a type of psychotherapy (talking therapy) used to help people identify

links between their thoughts, feeling and behaviours in order to overcome unhelpful thinking patterns and modify behaviours. CBT was originally developed for treating depression in the 1950s, and then in the 1970s was used successfully for treating bulimia nervosa. The framework for treating eating disorders was further developed and in 2008 'Cognitive Behaviour Therapy and Eating Disorders' was published. Since then, CBT-E has been the treatment recognised as the most effective eating disorder treatment for adults.

Who is CBT-E for and who is involved in therapy?

CBT-E was developed as an outpatient treatment for adults with a diagnosis of anorexia nervosa, atypical anorexia nervosa, bulimia nervosa, binge eating disorder or OSFED. An intensive version can be used for adult day and inpatients. An outpatient version is also available for adolescents and young people with a diagnosis of bulimia nervosa and binge eating disorder.

The treatment is conducted one-to-one, in person or by telehealth video or phone call by a trained therapist – usually a clinical psychologist. Family involvement will usually be required in the adolescent version.

Dietitians can also be trained in CBT-E and may be consulted to assist with meal planning or nutritional goals, alongside other health professionals (GP, hospital staff) to ensure physical wellbeing.

Newer forms of CBT-E are becoming available, including self-help books and treatment delivery using technologies such as a mobile app and internet chat. CBT-T, is another evidence based form of CBT specifically for individuals with eating disorders who are not underweight (Waller et al 2019). Though these CBT-E delivery methods are more cost effective and enable greater access to treatment, they cannot replace the individualised, structured and tailored approach provided in a one-on-one basis by a trained therapist.

If you (or someone you know) is experiencing symptoms of an eating disorder and/or substance abuse, remember that you are not alone and there are many treatment and support options available.

What is involved in CBT-E treatment?

CBT-E therapy is time limited (meaning it works through a process with a definite end). Depending on information gathered in an assessment regarding physical and mental presentation, individuals will be recommended to complete 20 or 40 treatment sessions (lasting about 50 minutes), on a minimum of a weekly basis. Your therapist will advise on the recommended program of sessions based on your individual needs.

Inpatient and day program intensive versions of the treatment may be conducted over a shorter period (6-12 weeks) with sessions conducted 2-3 times per week.

Individuals are expected to complete homework tasks in their own time between sessions as arranged with their mental health worker.

How does CBT-E treatment work?

CBT-E is about **understanding** the interactions between your thoughts, feelings and behaviours, then developing **strategies to change** unhelpful thoughts, feelings and behaviours with the end goal to improve mood and physical symptoms. For example changing a **behaviour** (such as regular eating) to get a **positive benefit** (such as improved health).

CBT-E treatment focuses on the unhelpful thoughts, feelings and behaviours that are maintaining the eating disorder. The premise is that these unhelpful thoughts and feelings drive eating disorder behaviours including binge eating, restriction, exercise or avoidance behaviours. Throughout the treatment, clients will work with their therapist to create an individualised CBT-E plan that will be tailored to specific eating problem and needs. Clients will work to identify the underlying unhelpful thoughts and feelings and then develop strategies to help with change. Some examples of possible areas that might be addressed are mood intolerance, perfectionism, low self-esteem and interpersonal difficulties.

CBT-E treatment will generally follow a series of four stages. The **first stage (5-10 sessions)** will focus on understanding the individual eating disorder, personalised education on what might be underlying contributing factors and beginning to establish regular eating patterns. The **second stage** consists of planning for the

treatment (based on the individual circumstances) **(1-2 sessions)**.

Stage three is when strategies will be implemented to address the issues identified as maintaining the eating disorder (for example mood-related eating behaviour or restrictive eating) **(5-10 sessions)**. **Stage four** then focuses on setting up for future success by developing strategies to prevent relapse **(2-5 sessions)**.

Where is CBT-E available and how much does it cost?

In Australia CBT-E is one of the most commonly used outpatient treatments for eating disorders. It is worthwhile to check with your therapist before commencing treatment that they are specialised in CBT for eating disorders (not just general CBT).

The cost of treatment will depend on the rates charged by the therapist and the total number of sessions required. Medicare rebates are available for people on an Eating Disorder Plan who see an eligible clinician. For more information on Medicare rebates see the EDV factsheet 'Eating disorders and Medicare'.

What if CBT-E treatment doesn't work?

Often CBT-E is recommended as the initial treatment when someone is diagnosed with an eating disorder. If the treatment is trialled and is not successful there are a number of other evidence-based treatment methods available you can discuss with your doctor. For more information on treating eating disorders please see the EDV website.

Useful resources

Self-help guides:

'Beating you eating disorder: a cognitive-behavioural self-help guide for adult sufferers and their carers' by Glenn Waller. (2010).

'Overcoming binge eating, second edition, the proven program to learn why you binge and how you can stop' by Christopher Fairburn. (2013).

Websites:

Enhanced Cognitive Behaviour Therapy www.cbte.co – website contains information for the general public, therapists and patients and a database of research and publications associated with the treatment.

How EDV can help

Contact the EDV Hub: call 1300 550 236, email edv@eatingdisorders.org.au or drop into our office between 9.30m-4.30pm, Monday to Friday.

We can assist you with further information on public mental health services, private practitioners who offer CBT-ED, support for carers and other family members, and other relevant programs and services.

The EDV clinic has a number of accredited mental health clinicians who are experienced in delivering CBT-E treatment and supporting people with eating disorders. You can contact the clinic on 1300 660 236 or reception@eatingdisorders.org.au or please see the clinic factsheet for more information.