CBT-T: Brief therapy for eating disorders
Information sheet for patients and their families and friends

So you have an eating disorder, and you want to overcome it

If you are reading this, it is likely that you have an eating disorder or you are affected by someone in your life who has an eating disorder. Whether you are reading this leaflet because it is you who has the problem or a loved one, the information below should help you to understand what is involved.

Cognitive-behavioural therapy (CBT) is a psychotherapeutic approach to eating disorders that has a strong evidence base. There are different forms of effective CBT for eating disorders, which are similar in lots of ways. This leaflet is to explain one specific form of CBT, known as CBT-T (where the ‘T’ stands for ‘ten sessions’), because it might be useful to help you overcome your eating disorder.

Who does CBT-T help?

The evidence shows that CBT-T is suitable for adults who have eating disorders other than anorexia nervosa. If you are under 18 or if you have a diagnosis of anorexia nervosa, then other evidence-based options are available. However, CBT-T is effective for women and men who are at a near-healthy weight or above.

What is CBT-T?

CBT-T is a time-limited, focused therapy, which is ten sessions long (followed by two follow-up sessions). It starts by addressing your safety, then aims to help you change your eating, your beliefs about food, and your body image. It should also help you to reduce any anxiety and other emotional concerns.

What will I need to do to get well?

When you undertake CBT-T, you will learn that a lot of the changes that are needed mean changing your behaviour – your eating, your body-related behaviours, your response to your emotions. These will help you to learn to overcome your fears about eating and your body. In the sessions, we will work at helping you to make changes early on, as that is so important in helping you to change overall. You will also need to work at recovery between sessions, as homework is a key element in helping you to learn to get well and stay well.

CBT-T involves several phases in treatment:

- Getting into a regular, healthy, eating routine and tackling your anxiety
- Changing your beliefs about food
- Learning to tackle the emotions that can drive eating problems
- Normalising your body image
- Making sure that you stay well
As no two people are the same in their eating, CBT-T should be applied flexibly, based on your own needs.

We will also be monitoring your behaviours, weight, beliefs, emotions and body image on a regular basis, so that we can make sure that we are on the right track.

“What can I do to help my loved one?”

If you are reading this because you are a family member, a friend, or a partner, you can play a valuable role in:

- Suggesting to the patient that they have a problem, if they seem unaware or unwilling to think about it
- Supporting the patient in seeking help, especially in accessing evidence-based treatment
- Talking to the patient about their treatment sessions, if they are happy to do so, to help them to learn fully and try things out with your support (e.g., eating new foods)
- Joining them in their homework and in their ‘therapy at home’ sessions, where appropriate

**Two important points for everyone to remember**

First, and most importantly, don’t beat yourself up over how you got here, especially as the eating problem might be have been around for a very long time. Eating disorders have lots of potential causes, and we don’t fully understand them all. There is no point in worrying about how you or your loved one developed the eating disorder. It is better if we all work on helping your loved one to get better so they can live the life they want to live in the present.

Second, you might have other concerns alongside your eating disorder, such as low self-esteem, anxiety, or perfectionism. A lot of such problems are likely to be reduced substantially when you undertake CBT-T for your eating disorder. However, if such problems continue by the end of therapy, we might recommend that you get hold of a good self-help guide to try out during the follow-up period and beyond. The ones that we commonly recommend are:

- self-esteem (Fennell, 2016)
- anxiety (Kennerley, 2014)
- social anxiety (Butler, 2016)
- perfectionism (Shafran, Egan & Wade, 2018)
- core beliefs (Young & Klosko, 1993)

The references for these are provided are the end of this handout, in case you want to consult any of them as therapy goes along.

**Will CBT-T work for me or my loved one?**

CBT-T is as effective as other forms of CBT for most people with eating disorders, and is more effective than some other therapies. However, it is hard work for all concerned. While we cannot guarantee that you will recover, we know that if you engage fully with CBT-T then you have the best possible chance of a full recovery and being able to get on with your life. We think that the
hard work is worth it.

However, there is no opinion about a therapy that is better than the opinion of someone who has received it, so please consider the following quotes about the experience of CBT-T from patients who have undertaken it, so that you know what the experience and benefits are like:

- “I never felt judged or like I was wasting the clinic’s time, and the [therapist] was really understanding and encouraging.”
- “Made me feel like I was in a safe space where I could be honest.”
- “She was firm about my eating plan, which I needed, but also kind and caring.”
- “I was able to tackle personal demons and allow myself to get better.”
- “CBT-T focussed on the present and the future, which gave me a much more positive outlook on the situation.”
- “Challenging but effective in reducing my behaviours.”
- “Best therapy I have received – didn’t feel judged.”
- “I honestly believe I would be heading down a dark road if I had not got the help when I did.”
- “Allowed me to move forward to an eating disorder-free life.”

Now it is your turn…

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Self-help books that might prove useful later in your therapy (see above)


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