

Cognitive Behavioural Therapy (CBT)

What is Cognitive Behavioural Therapy?

Cognitive Behavioural Therapy (CBT) aims to help the individual identify thoughts and how these link to feelings and behaviour.¹

It is based on a belief that people feel and behave the way they do because of what they think and equally, people think the way they do because of how they feel.

Therefore if we can help people change unhelpful thoughts and belief, then emotional distress and unhelpful behaviour should reduce.

The client and therapist work closely together to understand the issues the client is coming to treatment for. The client will be encouraged to record their thoughts, feeling and behaviour and try carefully structured experiments.

Why is CBT helpful in the treatment of eating disorders?

For people with eating disorders, it is very important to understand the relationship between thoughts, feelings and behaviour and change the harmful behaviour this pattern produces.

CBT is considered to be effective for the treatment of eating disorders. In 2004, The National Institute of Health and Clinical Excellence (NICE) recommended a form of CBT adapted for people with bulimia nervosa.²

How is CBT used in the treatment of eating disorders?

An enhanced form of CBT for people with eating disorders, called CBT-E³, is a well established form of treatment.

CBT-E is based on a detailed process of recording and discussing thoughts, feelings and behaviour towards food. Participants are often asked to keep a real time diary of what they think, feel and do.

Individual beliefs will be explored. For example, a person with anorexia may believe that eating a square of cheese will result in weight gain of a stone. The therapist could encourage the participant to challenge that belief by eating the cheese in a gradual and supported way.

CBT in practice: a case study

Michelle, aged 21, has had bulimia for three years. The eating disorder developed after Michelle experienced problems at university and left her course. She felt that she had failed and believed her family were disappointed in her. Bulimia developed as a way of coping with intense feelings of shame and self-criticism.

CBT focused on situations when Michelle was likely to feel negative and trigger a chain of damaging thoughts. For example, if Michelle texted a friend and did not receive a reply, she believed it was because she was worthless and “not worth knowing”. Michelle was encourage to think about other reasons for a lack of response. Michelle had an effective programme of CBT, followed by a longer programme of psychological treatment and made a full recovery.

References and background information

1. Roth and Fonagy
2. The NICE guidelines also recommend that CBT should be considered for the treatment of anorexia nervosa and that CBT-BED (an adapted form of CBT developed by Chris Fairburn) should be used for the treatment of binge eating disorder
3. CBT-BN is an adapted form of CBT, developed by Chris Fairburn for adults and adolescents with bulimia nervosa (an adapted form of CBT-BN to suit a person's age is available).