

Enhanced Cognitive Behavioural Therapy for those experiencing Eating Disorders (CBT-e)

Mirin Craig

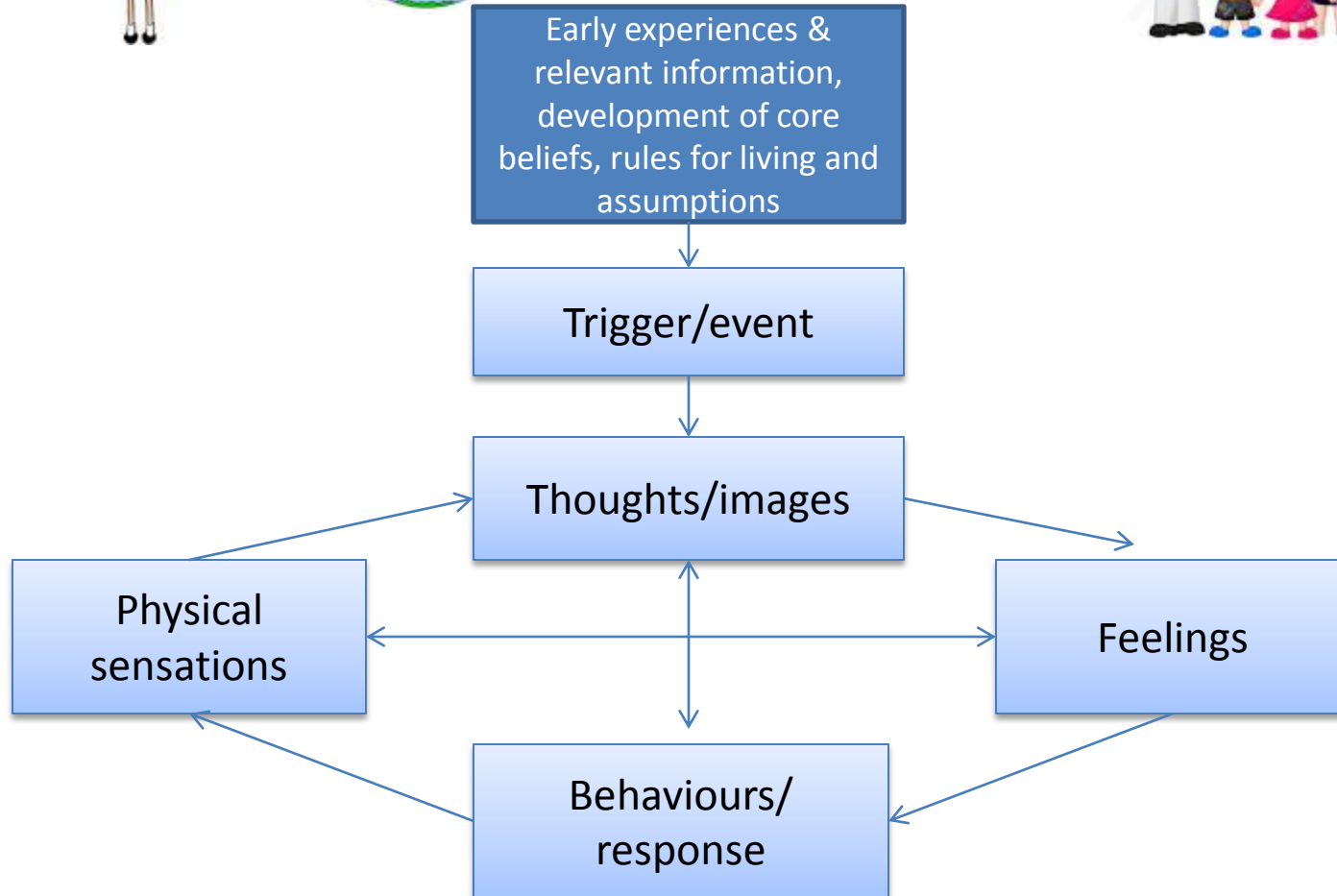
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Agenda

- Overview of CBT
- Development of CBT-e
- My role within the team
- Summary of CBT-e
- Team outcomes & data
- Overview of mirror exposure work group activity
- Discussion & Questions

Cognitive Behavioural Therapy

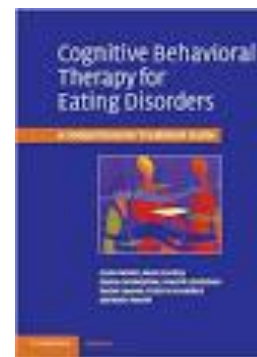
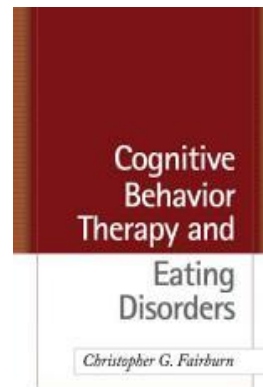


Key principles

- Collaborative therapy
- Shared goals
- Working to become their own therapist
- Agenda setting
- Role of homework
- Regular review and outcome measures
- Ideally weekly sessions, reducing frequency when working towards ending
- Ongoing monitoring of mental health & safety

CBT-e

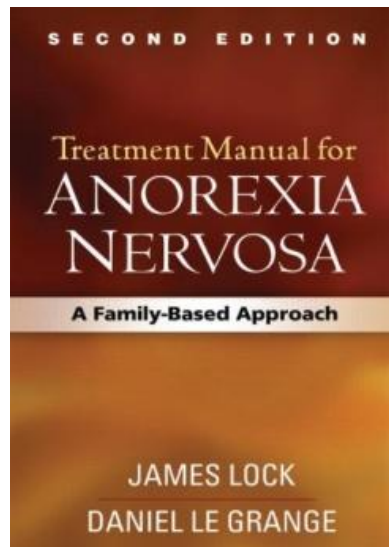
- Enhanced form of CBT for people experiencing eating disorders
- Manualised by Chris Fairburn (2008)
- Work by Glenn Waller & colleagues (2007)



Role summary

- Developed to support the key functions of the team, thus supporting the mission:

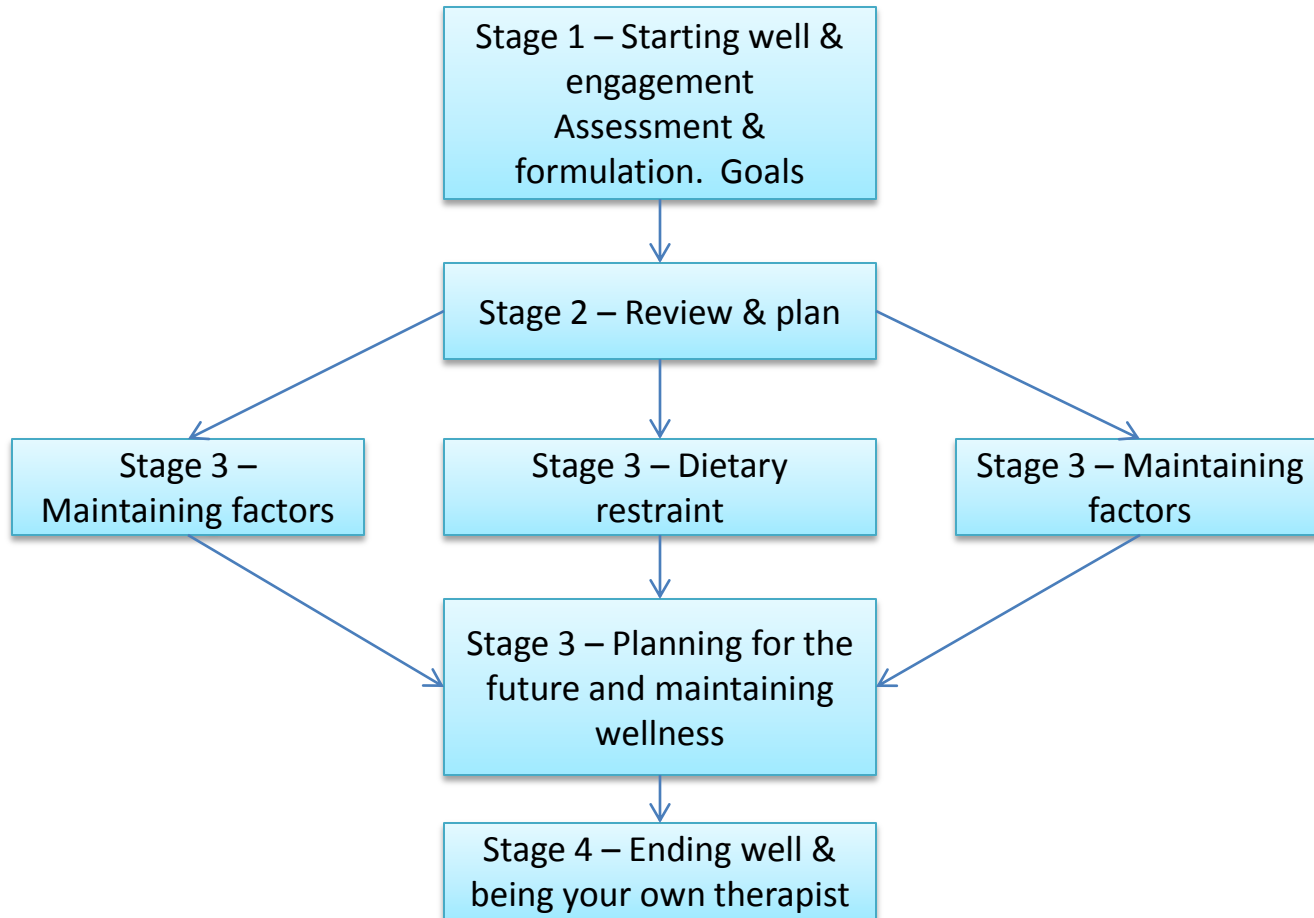
Connect-eating disorders team will support and provide the most effective interventions for full recovery from eating disorders for all children and young people in Greater Glasgow and Clyde area.



Why individual work?

- When barriers to FBT present and efforts have been made to alleviate these barriers, or when the young person and their family do not wish to engage in FBT, CBT-e can be considered as an alternative therapy.
- Additionally, CBT-e may be indicated as an adjunct to Phase 3 of FBT (estimated in 20% of cases).

CBT-e (adapted from Fairburn & colleagues at credo-oxford.com)



CBT-e

- Can be in its focused form of 20 sessions or broad form of 20-40 sessions.
- Dependant on individual needs
- Planning therapy and time allocation to work through maintaining factors
- Assessment tools and outcome measures

Formulation example

Predisposing Factors

- Anxiety
- Perfectionism
- Perceptive child

Maintaining Factors

- Over-evaluation of weight and shape
- Over-evaluation of striving and achievement (clinical perfectionism)
- Negative body image
- Difficulty tolerating negative emotions

Precipitating Factors

- Number of changes within short space of time
- Body changes (puberty)
- Negative comments from others about appearance
- Academic stressors

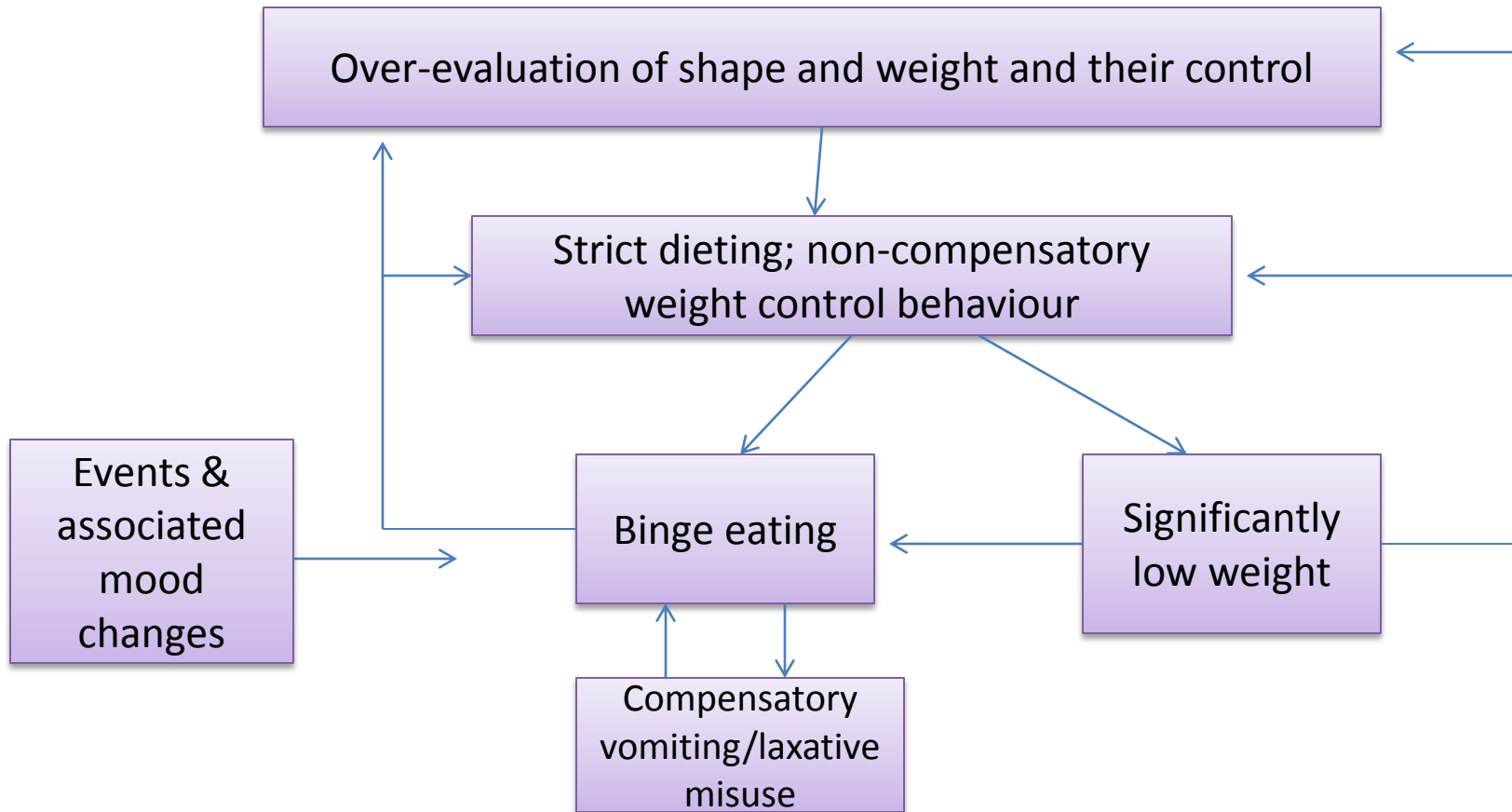
Protective Factors

- Friends and family
- Inner strength & determination
- Problem solving skills
- School
- Hobbies (dancing, drawing, listening to music)
- Pets

Presenting Problems

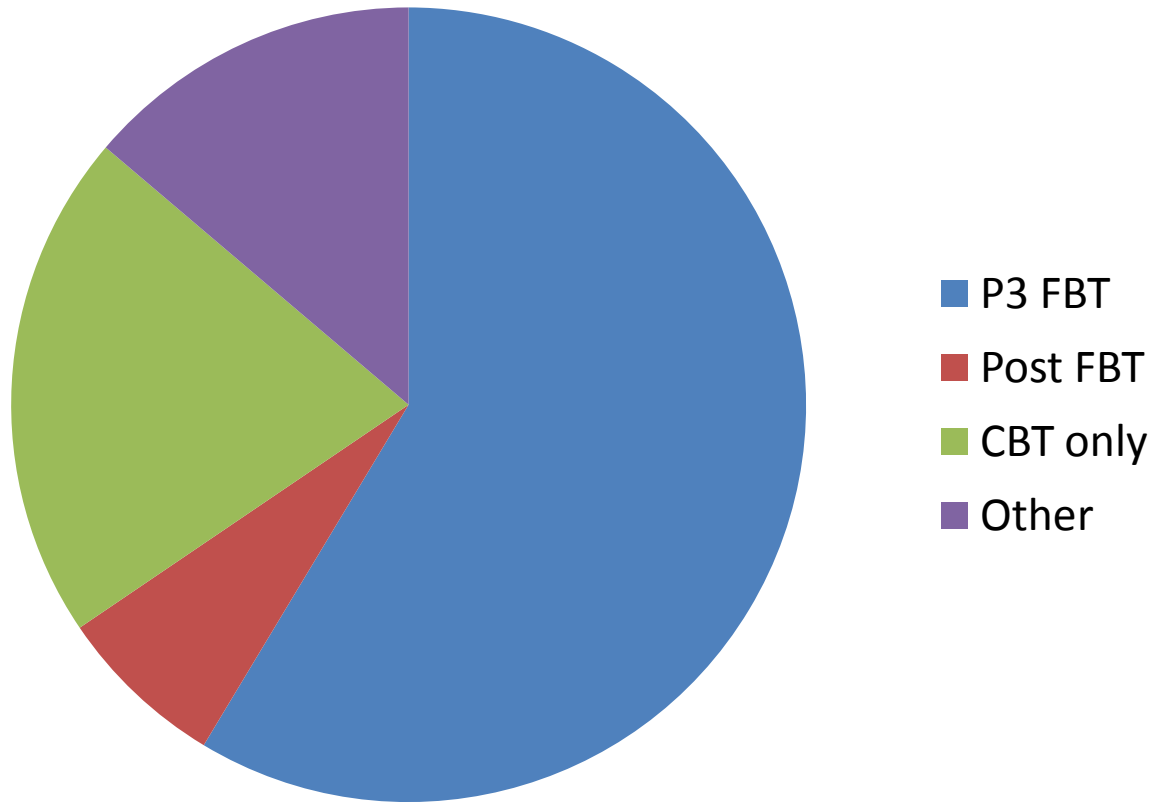
- Restricted eating
- Low body weight
- Heightened Anxiety
- Negative body image

Transdiagnostic CBT-e formulation



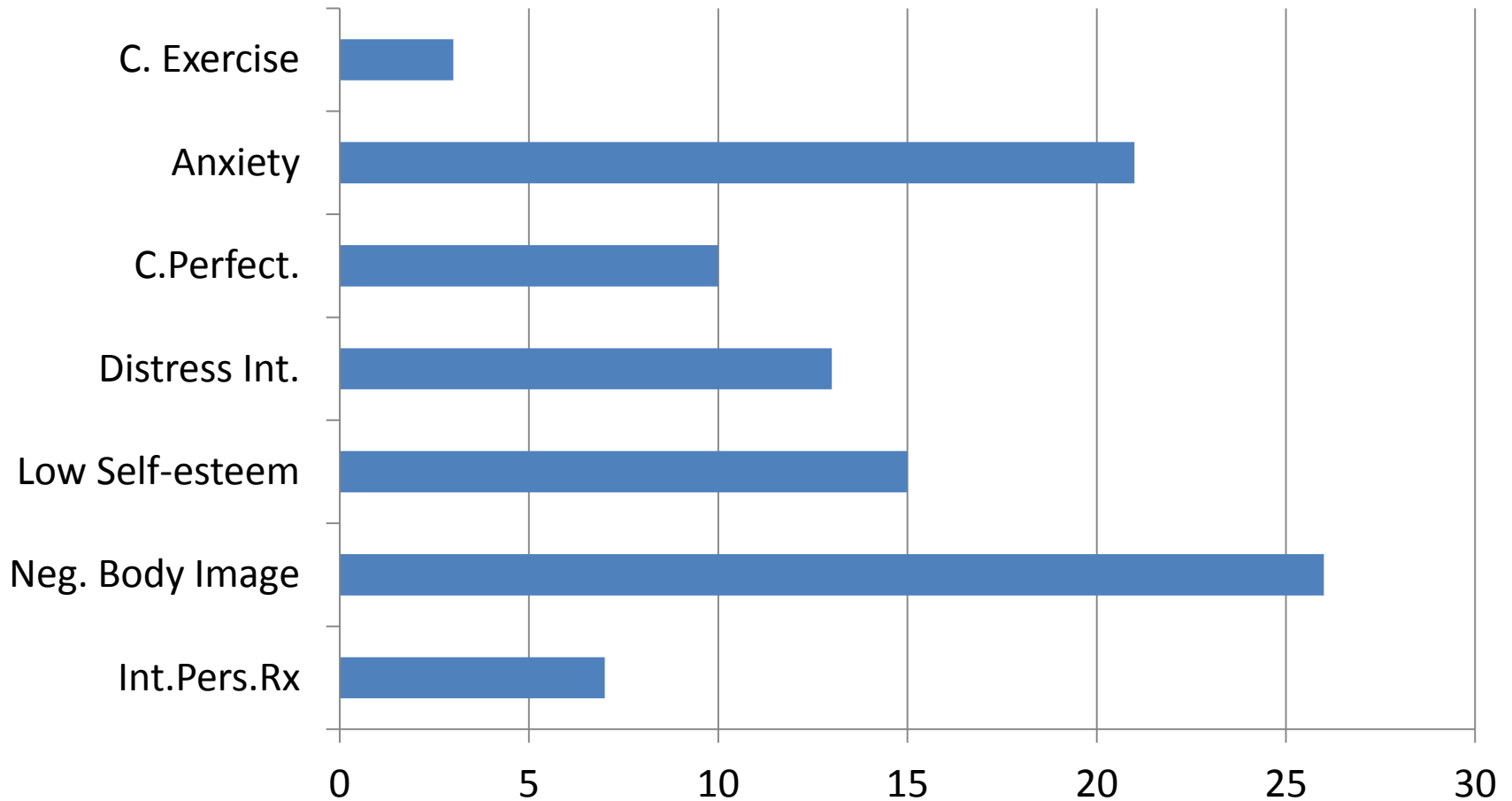
Team Outcomes & Data

Therapy modality

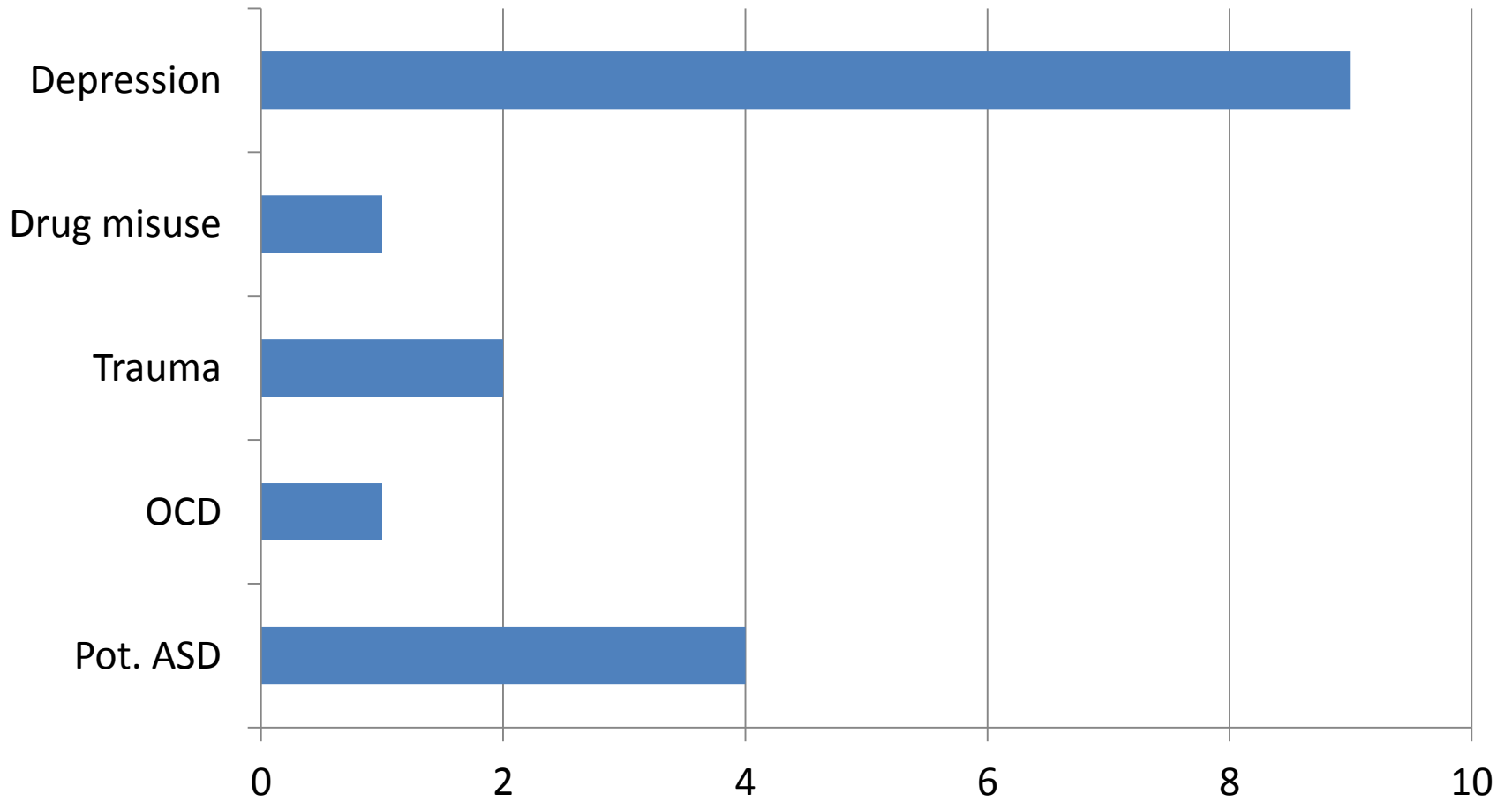


Primary maintaining factors

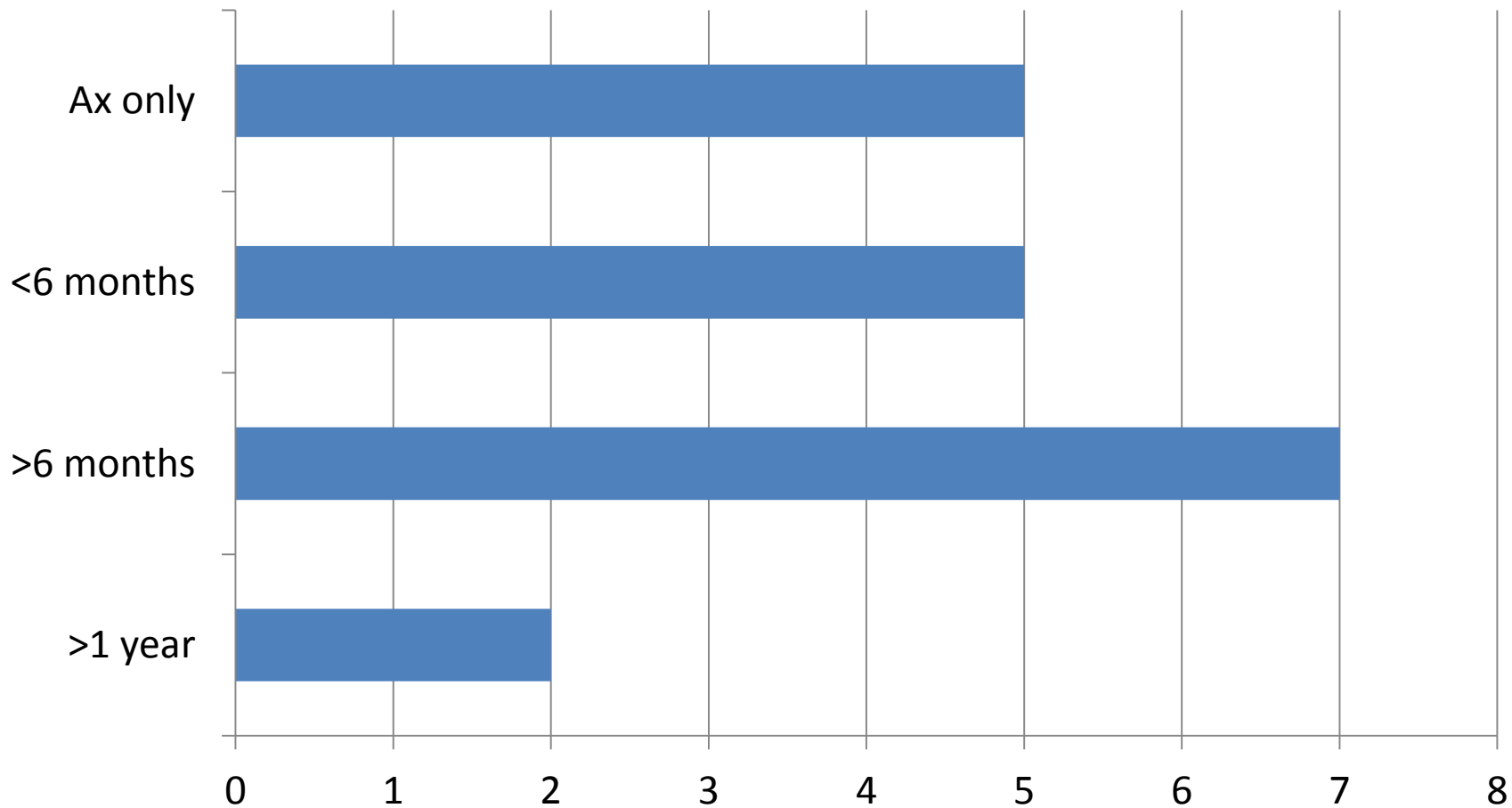
*Note all have core maintaining factor of over-evaluation of weight and shape



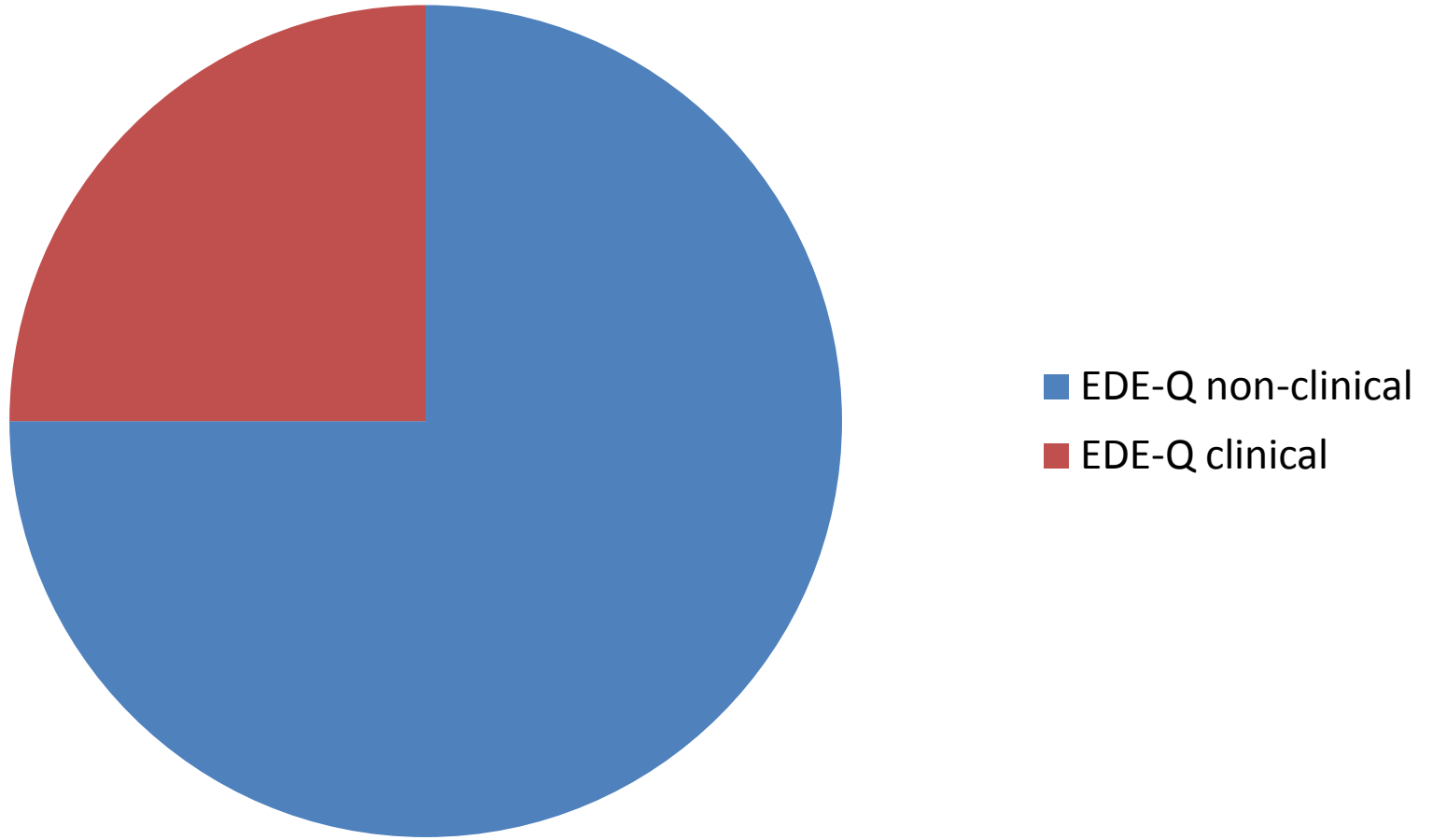
Co-morbid Diagnoses



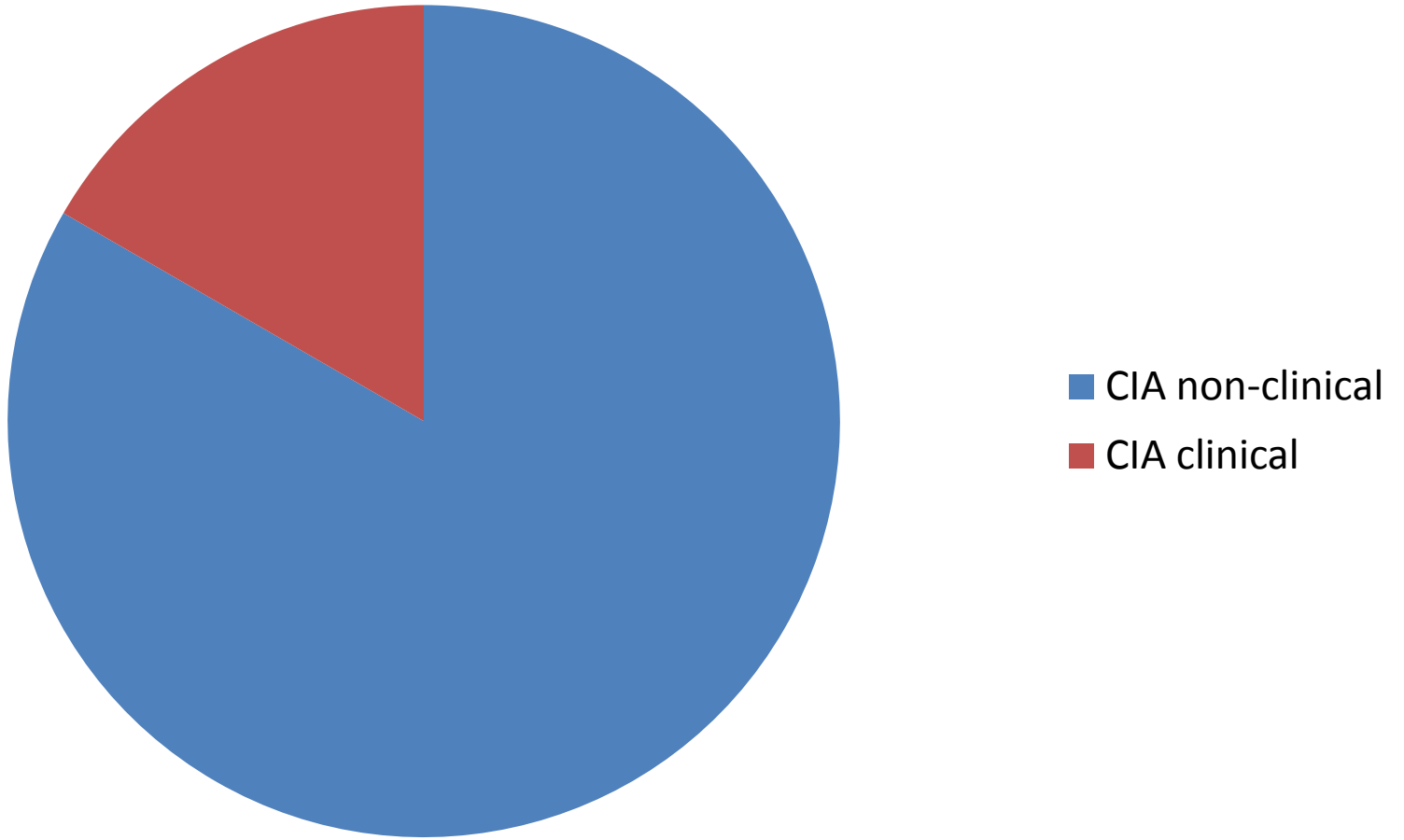
Average length of time engaged in CBT-e (of those completed)



EDE-Q Outcomes



CIA Outcomes



Example of a piece of work – body image

- Body image work
- Always last piece of work, to allow natural time to adjust to healthy weight
- Working towards acceptance or more neutral thoughts and feelings about body
- Body image development
- Mirror exposure
- Behavioural experiments and cbt surveys

Mirror exposure work



Mirror exposure – practice

- We will do together as a group
- Volunteers?
- What might be helpful?
- What might be unhelpful?
- Dispelling myths
- Selective attention
- Exposure

Example of a session

- Preparatory work
- Rate anxiety throughout the session
- Talk about mirrors – accurate representation?
- What do you see? (notice selective attention)
- Talking through body parts & functions
- Notice and discuss where focus is, practice re-directing
- Any neutral feelings?
- Stay with exposure work until anxiety reduces

Discussion & Questions



References

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- Padesky, C. A. & Greenberger, D. (1995) Mind Over Mood: Change How You Feel by Changing the Way You Think. New York: The Guilford Press
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- www.credo-oxford.com