CBT Guided Self Help – Part 1/3

Dr Beth Shelton
Senior Clinician
Victorian Centre for Excellence in Eating Disorders

National Eating Disorders Collaboration

CEED

THE VICTORIAN CENTRE OF EXCELLENCE IN EATING DISORDERS

An Introduction to Cognitive Behavioural Guided Self Help

Helping clients overcome Bulimia, Binge Eating and disordered eating

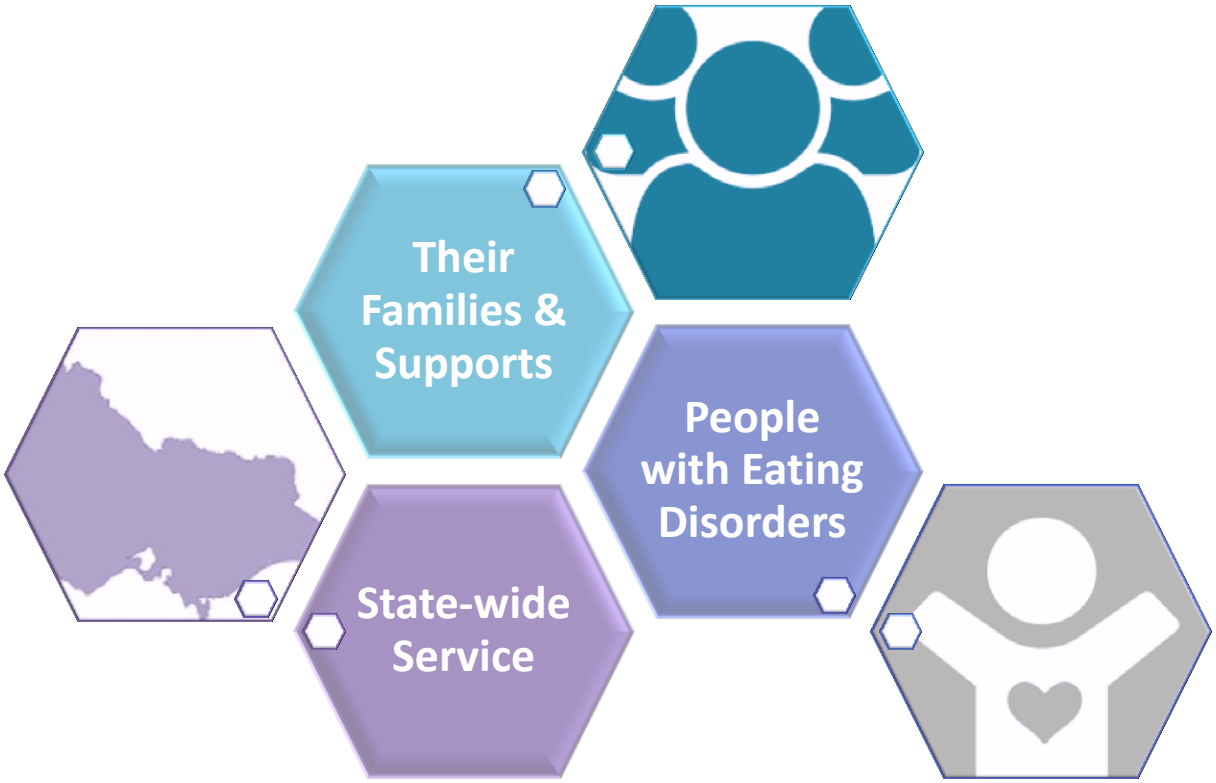
Beth Shelton - 2018 NEDC Members' Meeting 1-2 June Sydney

Acknowledgment of Country

Image: Wurundjeri Tribe by Jacqueline Sutton
Beth Shelton - 2018 NEDC Members' Meeting 1-2 June Sydney

About CEED

Strengthening the system of care to provide excellence in eating disorders treatment for Victorians



Beth Shelton - 2018 NEDC Members' Meeting 1-2 June Sydney

Looking after yourself

We know that difficulties with eating, body image and food are common.

Today's Learning Objectives

- Increased knowledge of CBT Guided Self help
- Consideration of application and usefulness in a whole system of care for eating disorders

Eating Disorders: What we do know

Early Intervention is key.

On average it takes seven years for someone with Bulimia Nervosa to seek treatment

Key to recovery from eating disorders is early detection and treatment

Effective treatments for Bulimia nervosa and Binge Eating Disorder

Typical onset: 15 to 25 years

i.e. developmentally sensitive time

Most people who receive treatment early will recover.

Stepped Care

Identify → Assess → Refer

$

High ← → Low

Hospital: Specialist Inpatient Care	Hospital: Acute Back Up	Community Based Treatment: Specialist	Community Based Treatment: Generalist	Primary Care Treatment	Early ID & Intervention **GPs**
To provide brief eating disorder specific inpatient care and treatment to people with severe eating disorders	To provide inpatient care to people who are experiencing medical or psychiatric risk	To provide brief intensive periods of treatment for people with AN and people with severe & complex BN and BED	To provide community support and treatment for people with AN and people with complex BN and BED (and any comorbidities)	To provide early intervention and/or treatment for people with BN and BED & for people stepping down from more intensive treatment for AN	To provide screening and monitor emerging eating disorders and referral to other services as needed
Targeted, intensive, ED specific inpatient unit	Medical/General Psychiatric wards	Eating Disorder specific mental health services (out patient and day program	CAMHS/AMHS Private Practitioners	headspace Private Practitioners Community Health Teams	GPs PHNs Schools Accident and Emergency Triage

Low ← → High

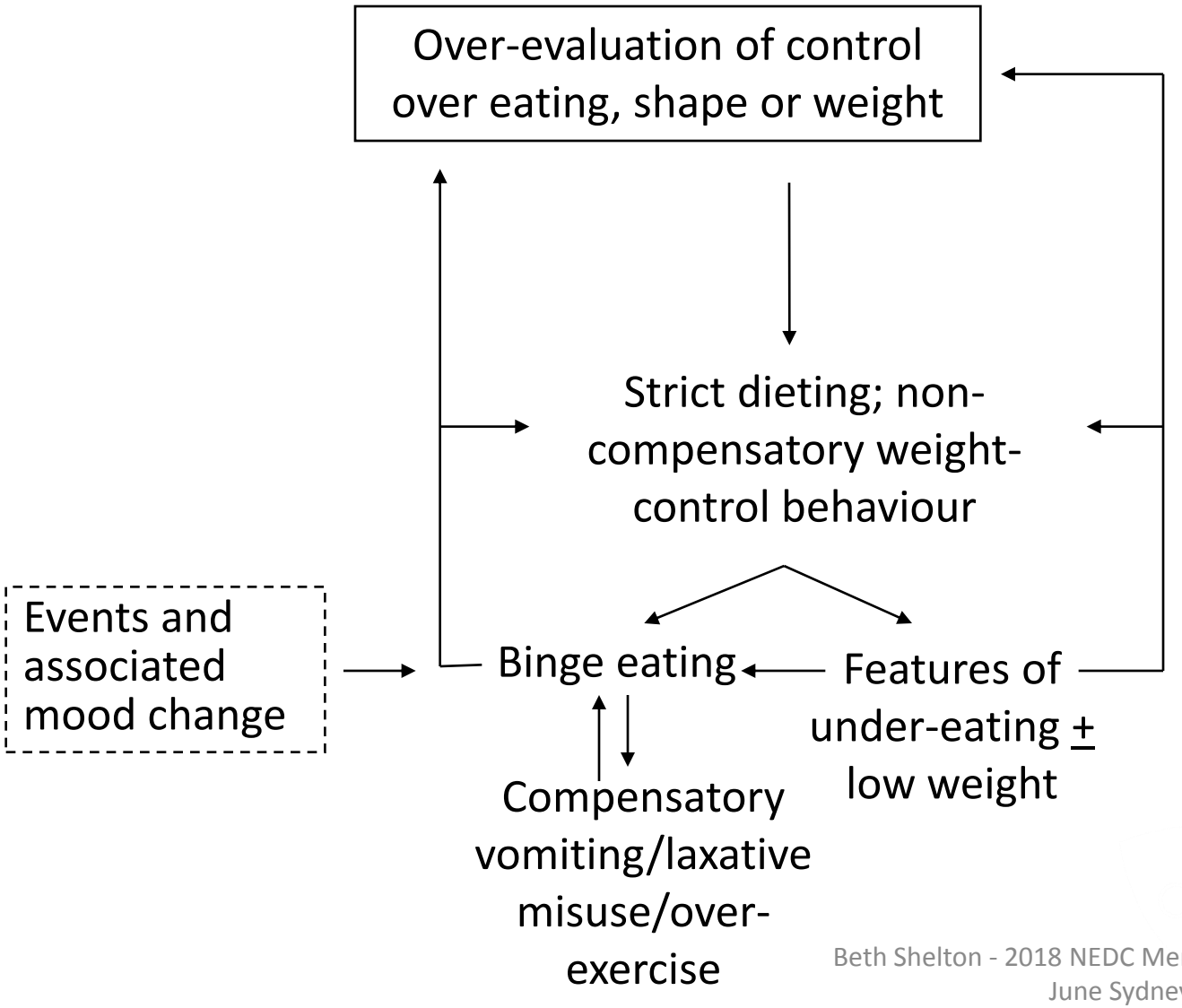
Frequency of need

Recovery → Support → Relapse prevention

What are eating disorders - CBT?

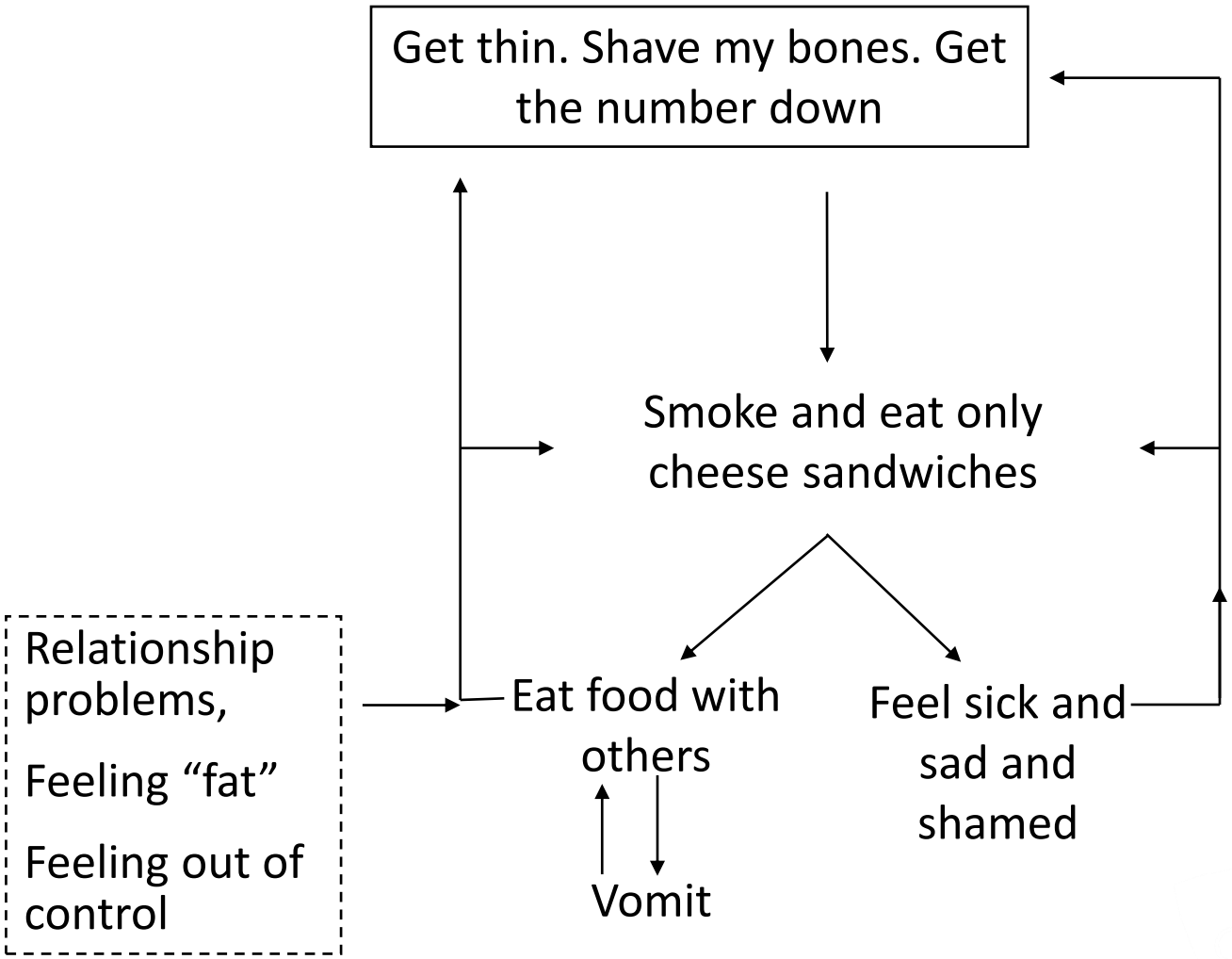
- "Core Psychopathology"
  - over evaluation of shape and weight and over investment in controlling body weight & shape
  - severe disturbances in eating
- 3 Types of ED diagnoses:
  - AN, BN, Binge Eating Disorder (BED)
  - OSFED
  - NB. Simple obesity not considered an ED
  - Other: "night eating syndrome," "pica," "orthorexia," "bigorexia"
  - GSH is evidence-based for BN, BED – binge-based

CBT Formulation



One young person's story: **Rhys**

CBT Formulation



Effectiveness of the Cognitive Behavioural approach

- Well established and widely accepted

Three main findings:

1. Major beneficial effect
2. Changes well maintained
3. Superior to comparison treatments, bar one

– But is intensive, expensive, and exclusive
– Not always sufficient; nor necessary
– So ‘stepped care’ model developed

Australian RCT of CB GSH in primary care

- 109 BED/BN/EDNOS used manual supervised by GP

	GSH		Wait List
• Randomised to:			
• Reduction in bulimic episodes:	60%	vs.	2%
• Reduction in self-induced vomiting:	59%	vs.	10%
• Reduction in BDI score:	34%	vs.	11%
• Cessation rate for bulimic episodes:	61%	vs.	18%
• Cessation rate for bulimic episodes and compensating behaviours:	39%	vs.	15%

Treatment gains well maintained at
3 & 6 month follow-up

Traviss-Turner et al., 2017, Eur. Eat. Disorders Rev. 25 (2017) 148–164

Systematic Review & Meta-Regression

Effectiveness of GSH compared with that of waiting list and/or active controls in the treatment of a range of eating disorders

- GSH ↓ global eating disorder psychopathology and abstinence from binge eating compared with controls.
- half a point reduction in EDE/EDE-Q global psychopathology, statistically significant but also has clinical importance
- 19 times the odds of achieving binge abstinence

Psychological treatment options

Psychological treatment for binge eating disorder in adults (NICE, 2017)

- **1.4.2 Offer a binge-eating-disorder-focused guided self-help programme to adults with binge eating disorder**
- 1.4.4 If guided self-help is unacceptable, contraindicated, or ineffective after 4 weeks, offer group eating-disorder-focused cognitive behavioural therapy (CBT-ED)
- 1.4.6 If group CBT-ED is not available or the person declines it, consider individual CBT-ED for adults with binge eating disorder

Psychological treatment for bulimia nervosa in adults (NICE, 2017)

- **1.5.2 Consider bulimia-nervosa-focused guided self-help for adults with bulimia nervosa.**
- 1.5.4 If bulimia-nervosa-focused guided self-help is unacceptable, contraindicated, or ineffective after 4 weeks of treatment, consider individual eating-disorder-focused cognitive behavioural therapy (CBT-ED)