

Cognitive Behavioural Therapy Guided Self Help (CBT-GSH)

Treatment in Eating Disorders

What is Guided Self-Help CBT (CBT-GSH)?

Guided Self Help (GSH) is a manualised treatment by which a person with mild to moderate mental health difficulties is guided by a health professional through self-help program materials. It is a highly structured, person-centred intervention based on the principles of Cognitive Behavioural Therapy (CBT).

In eating disorders, CBT-GSH is recommended as a first-line, evidenced-based psychological intervention with a goal to restore normal eating habits for adults (18+) experiencing mild to moderate presentations of:

- Bulimia nervosa
- Binge eating disorder (BED)
- Disordered eating

While there have been limited studies on CBT-GSH efficacy in young people, for older teenagers experiencing bulimia nervosa, BED or disordered eating it is a worthwhile first-line treatment option (1, 2).

Contraindications

CBT-GSH should not commence while any of the following are present:

- Anorexia nervosa
- Atypical anorexia nervosa
- Evidence of precipitous weight loss at any size
- Very low body weight whereby the person would meet the criteria for anorexia nervosa - binge/purge or restricting type

Who can deliver CBT-GSH?

Health professionals who are familiar with the treatment program and ideally have completed training in CBT-GSH can deliver this treatment.

How long could treatment take?

The program takes approximately 10 to 20 sessions to complete. Sessions can be delivered face-to-face or online; weekly or fortnightly; and completed in 25-50 minutes per session. Sessions should be adjusted to suit the person's treatment plan and progress, and are likely to be more intensive at the beginning.

Considerations

- Ensure regular GP monitoring is in place - see: [CEED's Medical Monitoring Summary Chart](#)
- Commencement of the program is not advised if there is any anticipated interference with the program timeline for the person or clinician (e.g., major life events holidays, inability to attend treatment).

What are the expected outcomes from effective treatment delivery?

For people who engage with and complete the program it is possible to:

- Move to a regular eating pattern and healthy relationship with food
- See a reduction or cessation in eating problems including restriction, binge eating and/or compensatory behaviours

The person will learn techniques to:

- Change unhelpful thinking and behaviours that are maintaining the disordered eating or eating disorder
- Maintain the changes and better manage challenges now and in the future

What are the recommended CBT-GSH program manuals to work through?

These manuals may be purchased online for download or in hardcopy:

Cooper, PJ. 2009. *Overcoming Bulimia Nervosa and Binge Eating 3rd Edition: a self-help guide using cognitive behavioural techniques*. Robinson, London.

Available in English and French.

Fairburn, CG. 2013. *Overcoming Binge Eating, 2nd Edition: the proven program to learn why you binge and how you can stop*. Guilford Press: London.

Available in English. First edition available in English and Spanish.

Free online resources:

Centre for Clinical Interventions (CCI) Workbooks: *Overcoming Disordered Eating Part A and B - Free Online Resources* www.cci.health.wa.gov.au/Resources/For-Clinicians/Eating-Disorders.

Available in English.

What are the key elements of CBT-GSH program manuals?

These elements are common to each manual and are worked through step-by-step:

- Monitoring eating
- Regular eating and meal planning
- Learning to intervene to prevent binge-eating
- Eliminating dieting
- Changing the mindset
- Maintenance plans and relapse prevention

The manuals provide psychoeducation on BED and/or bulimia nervosa and have built-in progress checks to ensure the person moves appropriately through the program.



What is the role of the health professional as a facilitator/guide?

- Have foundational knowledge of eating disorders, the clinical features, common treatments, and the individual experience of recovery
- Engage the person and family in a non-judgmental manner, establishing a good therapeutic relationship
- Be familiar with the manual and session structure, setting clear expectation of treatment
- Support the person and their family and supports to facilitate personal recovery, keeping the person accountable and on track as they step through the manual
- Ensure regular medical monitoring is in place with the medical practitioner
- Monitor the persons response to treatment
- Determine if more intensive therapy is needed and refer on if/when necessary

What are the next steps for the health professional to facilitate CBT-GSH?

Determine if CBT-GSH is an appropriate first-line intervention through eating disorder screening and assessment, and understand the needs and preferences of the person.

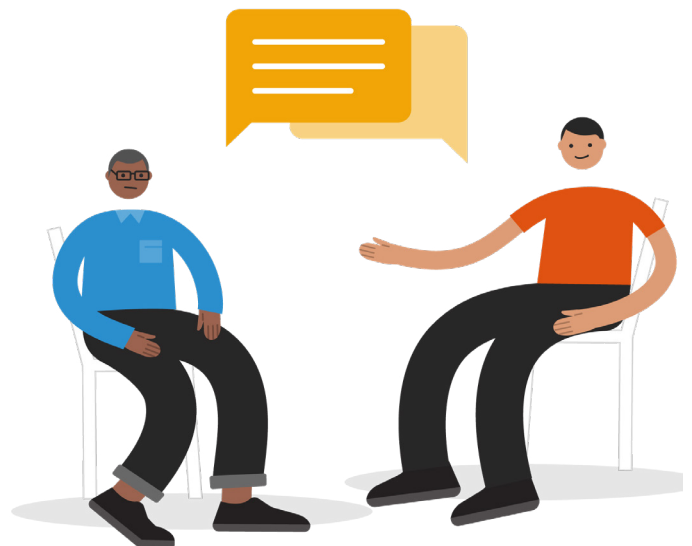
Screening and assesment

Screening questions can help detect the presence of an eating disorder and identify when a more comprehensive assessment is needed. Go to the NEDC website to access evidence-based [screening tools](#) validated for use in primary and specialist care settings.

You can access an online version of the Eating Disorder Examination Questionnaire (EDE-Q) from InsideOut Institute <https://insideoutinstitute.org.au/assessment>

These tools are recommended for use in the context of a trusting therapeutic relationship. They are not diagnostic and should not be used as the sole method of determining whether or not a person is experiencing an eating disorder.

[Reach Out and Recover \(ROAR\)](#) is an online interactive tool to support people with eating and body concerns, and who feel distressed because of these concerns. This tool may help the person see the extent and impact of their problems and provide help with the next steps to take towards recovery. ROAR can be used to aid assessment and psychoeducation and is designed for professionals to use with eating and body concerns, or for people to use on their own.



Critical checks

CBT-GSH should not commence while any of the following are present:

- Medical instability - see: [RANZCP guidelines](#)
- Suicidal ideation or behaviours
- Psychosis
- Severe major depression
- Persistent major depression

Arrange the care team including a medical professional (e.g., GP) and mental health professional, and a dietitian when required, before commencing CBT-GSH.

Refer on for more intensive support or specialised treatment, when medical conditions in which eating can have a significant impact on health and safety are present (e.g., diabetes, pregnancy).

Then, either:

Option 1 - Initiate CBT-GSH with the person

- Obtain and record consent from the person experiencing an eating disorder to commence CBT-GSH
- Have the person start reading one of the evidence-based CBT-GSH manuals
- Schedule the next long appointment for a week's time
- Inform them of after-hours mental health support and crisis contacts

Practice point: What do I say to the person?

"Here is a resource designed for people who have expressed similar challenges as you've been describing, to help you make changes with food and eating and your feelings about that. This is something that we can work through together."

Option 2 - Refer the person for treatment

- Should you feel that you do not have the experience to guide and support the person experiencing an eating disorder through the manual, it is best to refer to a health professional with expertise in eating disorders who is trained to deliver CBT-GSH.

Practice point: What do I write in the referral?

"Thank you for seeing patient XX. I am referring them to you as I feel they would benefit from guided self-help CBT (CBT-GSH) using one of the following program manuals <insert names of manuals> or another evidence-based treatment in the management of their binge eating disorder/bulimia nervosa. Thank you for keeping me updated on their progress."

When should a health professional refer on to more intensive treatment?

Progress should be reviewed at four weeks. If no changes in behaviour/s are observed or the person is not actively engaging in the manual, consider a step-up in psychological treatment to group or individualised CBT-E, and referring on for specialised treatment with an appropriately trained mental health professional.



To find help or learn more, visit
nedc.com.au

Professional skills development

1. Obtain general knowledge of all eating disorders by viewing [NEDC's introductory professional development modules](#) and/or completing [NEDC's Eating Disorder Core Skills: eLearning for Mental Health Professionals](#)
2. Familiarise yourself with one of the evidence-based CBT-GSH manuals
3. Seek out CBT-GSH training opportunities from one of the [eating disorder training providers in Australia](#) or browse a list of upcoming training and events through [NEDC's upcoming training and events calendar](#)
4. Contact NEDC for further information at info@nedc.com.au.

Introductory online eating disorder training

[NEDC's Eating Disorder Core Skills: eLearning for Mental Health Professionals](#)

[InsideOut Institute for Eating Disorders: The Essentials: Training Clinicians in Eating Disorders](#)

More information

[NEDC's National Practice Standards for Eating Disorders](#) outlines the values, attitudes, knowledge and skills required for Australian health professionals to respond to eating disorders successfully. Strengthen your skill set or find out about the skills you need to better respond to eating disorders in your work area.

References

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