Understanding and Working with Disordered Eating

THE TALKING THERAPIES UK SELF-HELP SERIES



Understanding and Working with Disordered Eating

An eight-module CBT-based guided self-help programme for adults with disordered eating patterns and as first-line treatment for non-purging bulimia nervosa and binge eating disorder

A self-help workbook · 8 modules · about 16 weeks

TALKING THERAPIES UK

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First edition, 2026.

This workbook accompanies the Understanding and Working with Disordered Eating programme on the Talking Therapies UK self-help platform. Its text is drawn from the programme and is kept current with it: whenever the programme changes, the workbook is set again.

Revision 3. This printing was set on 3 November 2026 from the programme as it stood that day.

A note on using this workbook. It offers self-help based on established psychological approaches for difficulties of mild to moderate severity. It is not a substitute for assessment or treatment by a qualified professional and is not designed for use in a crisis. The examples in it are fictional; no real person appears in them. If you are worried about your safety, or your difficulties are getting worse, the page headed “When self-help is not enough” says where to turn.

Set in Poppins and Roboto, the Talking Therapies UK typefaces.

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How to use this workbook

Eating difficulties exist on a spectrum that runs from occasional patterns most adults will recognise (eating when stressed, eating when emotionally low, periods of restricting followed by periods of overeating) through to the clinical eating disorders that require specialist services. This programme is for adults whose pattern sits in the broad middle of that spectrum: more disruptive to daily life than ordinary stress eating, sufficient to warrant structured work, but not at the severity that requires specialist eating disorder services. It is concordant with the recommendation of NICE clinical guideline NG69 that guided self-help based on CBT for eating disorders is the first-line step-2 treatment for adults with bulimia nervosa (without significant purging that creates medical risk) and for adults with binge eating disorder. What this programme is. An eight-module structured programme based on the CBT-E (enhanced cognitive behavioural therapy for eating disorders) protocol developed by Christopher Fairburn at Oxford and the wider clinical literature on CBT-ED. The programme covers psychoeducation about how eating difficulties are maintained, a daily eating record that builds awareness of the pattern, the regular eating intervention that is the foundation of all CBT-ED treatment, work on the dietary rules and forbidden foods that drive much of the cycle, work on body image and the over-evaluation of weight and shape, work on emotional and situational triggers, and a relapse prevention plan for the months after the programme finishes. Who this programme is for. Adults aged eighteen or over with one or more of the following: binge eating that is disruptive to daily life, with or without a sense of loss of control; episodes of overeating without compensatory behaviours; emotional eating patterns that are causing distress; restrictive patterns followed by overeating patterns (the restrict-binge cycle); bulimia nervosa without significant purging or other compensatory behaviours that are causing medical concern; binge eating disorder. The programme is also suitable for adults who have completed specialist eating disorder treatment and want a structured maintenance programme, and for adults whose eating difficulties are not severe enough to access specialist services but who want structured support beyond what the GP can offer. Who this programme is not for. Several presentations require specialist services rather than self-help, and pursuing self-help for them can delay appropriate care. Anorexia nervosa, at any severity, requires specialist eating disorder service input; the medical risks of low weight and restrictive eating need clinical monitoring that self-help cannot provide. Bulimia nervosa with regular purging (vomiting, laxative use, diuretic abuse) that is causing or could cause electrolyte abnormalities, cardiac concerns, dental damage, or other medical complications requires specialist input. Eating disorders with significant comorbidity (severe depression, suicidal ideation, complex trauma, severe anxiety, substance use disorders) usually require integrated specialist treatment. Anyone who is medically compromised, has a low BMI, has recently been hospitalised for eating disorder reasons, or has been told by a clinician that specialist treatment is recommended needs to follow that advice. Anyone under eighteen needs the child and adolescent eating disorder pathway. ARFID (avoidant restrictive food intake disorder), PICA, and rumination disorder also require specialist assessment. If you are not sure whether this programme is right for you, the practice's clinical team can advise. If you suspect you may have anorexia nervosa, severe bulimia nervosa, or any of the other specialist-care presentations, please contact your GP and request a referral to your local eating disorder service. Beat, the UK eating disorders charity, runs a free, confidential

helpline on 0808 801 0677 and online services for adults and young people who need to think about what they have and what to do about it. The work of the programme. CBT-ED is one of the most extensively researched psychological treatments in any area of mental health, with substantial outcome evidence accumulated over four decades. Adults with binge eating disorder typically achieve substantial reduction in binge frequency, with around half achieving full remission of binge eating by the end of treatment. Adults with bulimia nervosa achieve similar reductions in binge-purge cycles. The work is structured and protocol-driven; the modules of this programme follow the standard CBT-ED sequence (assessment, regular eating, broadening intervention to dietary rules and body image and emotional triggers, then relapse prevention) which is the structure used in face-to-face CBT-ED. The guided version of this programme adds weekly contact with a practitioner trained in CBT-ED who reviews your work, provides accountability for the homework, helps with the points where you encounter difficulty, and supports stepping up to face-to-face therapy if that becomes appropriate. The guided version is the NICE-recommended format for moderate severity presentations and is generally more effective than independent self-help for adults whose difficulties are at the more disruptive end. The independent version is suitable for adults whose difficulties are at the milder end and who have done structured psychological work before. Important throughout the programme: this is not about losing weight. CBT-ED is concerned with the restoration of a normal pattern of eating and a less disrupted relationship with food and body. Weight changes are not a goal of the work and weight monitoring is approached carefully. Adults who come to CBT-ED hoping to lose weight often misunderstand what the protocol does; the work focuses on stopping the binge cycle and reducing the restrictive eating that drives it, which for many adults reduces total caloric intake variability without prioritising weight loss as such.

This workbook is the written form of the Understanding and Working with Disordered Eating programme on the Talking Therapies UK self-help platform. It follows the programme module by module: each part of the book is one module, and each chapter is one piece of the module's teaching, set in the order the programme presents it.

Read the chapters of a part in order, then turn to the worksheets that follow them. The worksheets are the part of the work that changes things, so give them the time they ask for and come back to them as the weeks go on. You may copy or print the worksheets for your own use, as often as you need.

Most people work through one module a week, which takes the whole programme about 16 weeks. Go at the pace that suits you: a module done properly is worth more than two done quickly.

The check-in questionnaires let you see how things are changing. Complete each one when you reach it, note the date and your total, and compare it with the last.

When self-help is not enough

- If you are in danger now, or have seriously harmed yourself, call 999 or go to your nearest accident and emergency department.
- If you need help urgently but it is not an emergency, call NHS 111 or contact your GP surgery.
- Samaritans are there day and night, every day of the year: call 116 123 free from any phone.
- If you would rather not talk, text SHOUT to 85258 for free, confidential support at any hour.

- If your difficulties are getting worse as you work through this book, or you find yourself thinking about ending your life, stop and speak to your GP or a mental health professional. A workbook can be a good start, and some difficulties need more help than a book can give.

What this workbook will help you to do

- By the end of this module you will understand the spectrum of eating difficulties, be able to distinguish the patterns this programme can help with from those that need specialist services, and have located your own pattern within the territory.
- By the end of this module you will understand the CBT-E maintaining model, recognise the dietary-restriction-driven cycle, and see how your own pattern fits within the model.
- By the end of this module you will:
- Understand what the daily eating record is for, what it is not for, and why it differs deliberately from calorie-counting apps
- Understand why recording at the time shows the maintaining cycle from Module 2 more accurately than memory can
- Know the six columns of the standard CBT-E record and how to fill in each one in plain, everyday language
- Know how to keep the record without it becoming another rule or a tool for self-criticism, and when to pause it and seek help
- Have kept the record for seven days, read it back, and begun to notice patterns in your eating that were not previously visible
- By the end of this module you will understand the rationale for regular eating, have set up a workable initial pattern of three meals and two or three planned snacks at roughly consistent times, and have begun to use the eating record to track your adherence.
- By the end of this module you will have identified your specific dietary rules and forbidden foods, understand why they maintain the cycle, and have planned the first stage of structured food-rule challenging.

PART 1

Understanding Eating Difficulties

The spectrum of eating difficulties, distinguishing disordered patterns from clinical eating disorders, and locating your own pattern

CHAPTER 1

Welcome to the programme

You are reading this because something about your relationship with food has become difficult. The pattern might be familiar to you: cycles of restricting and then overeating that leave you feeling out of control; eating in response to emotions when you are not particularly hungry; episodes of binge eating that are followed by guilt and resolutions to do better that then dissolve in the next difficult moment; rules about food that have grown more elaborate and more confining over time; a relationship with body and weight that takes up a disproportionate share of your mental life. The pattern might have been with you for years or might be relatively recent. You might have a diagnosis. You might not. You might have read enough to think one of the eating disorder labels fits you, or you might not be sure what to call it.

This is an eight-module structured programme based on the CBT-E protocol, the most extensively researched psychological treatment for eating difficulties. The programme is for adults whose eating difficulties sit in the broad middle of the spectrum: difficult enough to warrant structured work, not severe enough to require specialist eating disorder services. The first task of this opening module is to help you locate your own pattern, work out whether this programme is the right fit, and route you to specialist services if it is not. This is one of the few areas of psychological work where the safety routing genuinely matters; getting it right at the start prevents both wasted effort and delayed appropriate care.

A note before we begin. The programme is not primarily about weight. Adults often come to CBT-ED hoping the work will help them lose weight; this is a misunderstanding of what the protocol does. CBT-ED restores a normal pattern of eating, reduces the binge cycle, and rebuilds a less disrupted relationship with food and body. Weight changes are not a goal and are approached carefully. The work asks you to step out of the framework of dieting and weight management; for adults whose primary motivation is weight loss, this can be frustrating in the early stages. The framing that produces the best outcomes is to come to the work wanting freedom from the cycle, not weight loss as such. Weight may or may not change; the relationship with food and body does, and that is what the work is about.

If at any point during the programme you find that the material is making your eating difficulties worse, please pause and contact the practice or your GP. Self-help is sometimes not the right level of care, and recognising that is a marker for stepping up to specialist services rather than for self-blame about the self-help not working.

CHAPTER 2

The spectrum of eating difficulties

Eating difficulties exist on a spectrum, and recognising where on the spectrum a particular pattern sits is the basis of choosing the right intervention.

At one end of the spectrum are the patterns that most adults will recognise from their own life or the lives of people they know. Eating when stressed. Eating to comfort yourself when feeling low. Periodic overeating around food-heavy social events. Trying to eat less for a while and then finding the resolve dissolves. These patterns are common, do not necessarily indicate a clinical problem, and do not typically require structured intervention. They become a clinical concern when they are persistent, disruptive to daily life, distressing, or accompanied by other features that lift them into one of the clinical categories.

In the middle of the spectrum are the patterns this programme is designed for. Binge eating disorder (BED) is characterised by recurrent episodes of binge eating (eating an objectively large amount of food, with a sense of loss of control during the episode) without the compensatory behaviours that characterise bulimia. BED is the most common eating disorder, affecting around two to three per cent of adults at some point in life, with a slight female preponderance though it is more equally distributed across sexes than other eating disorders. Bulimia nervosa (BN) is characterised by recurrent binge episodes accompanied by compensatory behaviours intended to prevent weight gain: self-induced vomiting, laxative or diuretic misuse, excessive exercise, or fasting. BN comes in a wide range of severity; at the milder end (less frequent binging, less concerning compensatory behaviours, no medical compromise) it can be appropriately treated by guided self-help; at the more severe end (frequent binging and purging, medical complications, severe psychological distress) it requires specialist services. Other Specified Feeding or Eating Disorder (OSFED) captures clinically significant eating disorders that do not fully meet the criteria for the named categories; many adults with eating difficulties have OSFED rather than a named disorder.

At the more severe end of the spectrum are the presentations that require specialist services. Anorexia nervosa (AN) is characterised by restriction of food intake leading to significantly low body weight, intense fear of weight gain, and disturbance in the experience of weight and shape. AN at any severity needs specialist eating disorder service input because the medical risks of low weight require clinical monitoring that self-help cannot provide. Severe bulimia nervosa, particularly with frequent purging, electrolyte abnormalities, or cardiac concerns, also needs specialist input. ARFID (avoidant restrictive food intake disorder) is a different presentation, characterised by avoidance of food not driven by weight or shape concerns but by sensory sensitivities, fear of aversive consequences, or lack of interest in food; ARFID needs specialist assessment.

The spectrum has fuzzy boundaries. Many adults move between categories over time. The named diagnostic categories are useful clinical labels but they do not exhaust the territory; many adults with significant eating difficulties have a pattern that does not fit cleanly into any of them. The question for choosing the right intervention is less ‘what diagnosis do I have’ and more ‘is this

severity appropriate for self-help or does it need specialist input’.