

EATING DISORDERS

Treatment Guide



Founded in 1995, Bodywhys – The Eating Disorders Association of Ireland - is the national voluntary organisation supporting people affected by eating disorders and their families.

Bodywhys provides a range of non-judgemental listening, information and support services, professional training, literature, podcasts and webinars. Bodywhys is the support partner to the HSE's National Clinical Programme for Eating Disorders (NCP-ED).

Bodywhys develops professional resources, collaborates with social media companies to respond to harmful online content and works with the mainstream media to create awareness about eating disorders. Bodywhys develops evidence-based programmes to promote positive body image and social media literacy in children and adolescents, as well as providing school talks and educational resources.

Disclaimer: While every effort has been made to ensure that the information contained in this resource is accurate, no legal responsibility is accepted by the authors or Think Bodywhys CLG for any errors or omissions. This information resource should not substitute medical advice. Think Bodywhys CLG does not endorse any third party and is not liable for any actions taken based on information we provide.

If you have used this booklet either as a source of information or as a recovery tool, we would be very happy to hear your feedback. You can send your feedback to Bodywhys, P.O. Box 105, Blackrock, Co. Dublin, or via email info@bodywhys.ie

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BODYWHYS
The Eating Disorders Association of Ireland

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Acronyms

AMHS	Adult Mental Health Services
CAMHS	Child and Adolescent Mental Health Services
CBT-E	Cognitive Behavioural Therapy-Enhanced
ED	Eating Disorder
ECG	Electrocardiogram
FBT	Family Based Treatment
GP	General Practitioner
HSE	Health Service Executive
MDT	Multidisciplinary Team
MEED	Medical Emergencies in Eating Disorders
NCP-ED	National Clinical Programme for Eating Disorders
NICE	National Institute for Health and Care Excellence
SEED	Severe and Enduring Eating Disorder



Introduction

Figuring out the **pathway to treatment** when you, or someone you love, has an ED can be a crash course in understanding the public health system, and the world of treatment and psychotherapy. It can feel challenging. This guide will give you some knowledge that can make embarking on this pathway a little less daunting and confusing.

When it comes to treatment and finding a treatment modality that works, there is “no one size fits all”. Every person who has an eating disorder is different, although there are elements and aspects of eating disorders that are common. As such, the way in which a person finds their way out of an eating disorder is individual.

At all times, we must keep an open mind. An open mind also allows us to try something different if what we are doing isn't working. Sometimes people say,

“I tried counselling and it didn't work.”

Keeping an open mind allows us to reframe this and say,

“The counselling I tried didn't work for me, so I need to try something different, somebody different, or a different type of treatment or psychotherapy”.

Our hope is that this guide prepares you to seek out and find a treatment that works for you or the person you care about. Our experience of listening to and supporting people in parallel to their treatment and trying to recover from an eating disorder has taught us that **recovery is possible**.

If a treatment hasn't worked, it is not that the person can't recover, it is that the type of treatment wasn't right for them at that time. If something does not seem to be working, then we hope this guide, and our other information leaflets, will give you the confidence to think about why, ask clinicians the questions you have, and in some cases, try another approach.

"When I found the right person and I actually found them before I went into inpatient therapy, but we did come to the conclusion together that like one needed to come before the other for this to work. And when I found her, she changed my life. Like she changed so much in terms of my recovery and being able to be fully transparent about what you're thinking about because some of the stuff that you think about is just so dark or it can be embarrassing or some of the stuff that you do, you know, your mind and your body are made do with part of the eating disorder, you have to be extremely vulnerable to be able to divulge that. And that is part of the recovery process. For me, if I hadn't found somebody like my psychologist to be able to talk about that stuff with, I was never going to be able to progress. Finding her was fundamental."

Laura,

Bodywhys Media Panel

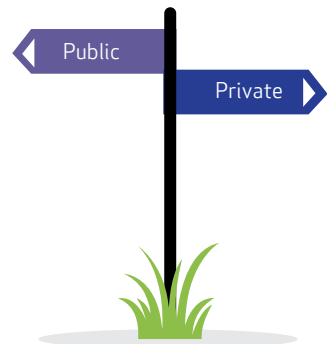


01 An Overview of Treatment

Generally, there are two treatment pathways for eating disorders, in Ireland, a **public pathway** and a **private pathway**. However, separating the two pathways in this way, tends to limit our choices, and tends to assume that the private pathway is very costly, which is not always the case. Keeping an open mind, and not assuming that taking one pathway precludes a person from trying the other pathway, can be very important, as in many situations they intertwine and can work well together, as well as working well separately.

For children, adolescents and adults, the **GP is the gateway into the public treatment and assessment teams**. The basic pathway is similar, except that one is specifically for adults and the other is for children and adolescents. The treatment approach offered will **differ based on the age of the person**.

All eating disorders pose **serious physical and medical risks** to a person. Therefore, no matter which treatment type is chosen, it is crucial that the treating healthcare professional or clinician is cognisant of this, and has the experience and expertise to work holistically, allowing for the medical and physical aspects to be monitored. And vice versa, if the treating clinician is a medical professional, they also need to recognise that the mental health aspects of the eating disorder require experience and expertise to treat.



When deciding on a treatment, it's recommended that people with eating disorders have access to a specialist multidisciplinary team comprised of clinicians whose focus are the different aspects of the eating disorder. The multidisciplinary team may include a consultant psychiatrist, a clinical psychologist or psychotherapist, a dietitian, and a GP. This is the person's team, and it is important that these professionals communicate with each other. For further details about the role of each healthcare professional, please see page 15.

A **strong and trusting therapeutic alliance/relationship** between the person and their treating clinician is crucial for treatment to be successful, regardless of the modality of treatment approach. This relationship is key to achieving long lasting and sustainable change.

NOTE

The public pathways for adults and for children is an evidence-based stepped model of care. This means that, based on an assessment, the person enters at a level of care according to their clinical needs. For example, outpatient, day patient or inpatient. They can move up as needs and risks increase clinically or move down as they improve and clinical risks decrease.

In Jan 2018, the HSE's Clinical Strategy and Programmes Division, together with HSE Mental Health Services, Bodywhys and the College of Psychiatrists of Ireland, launched the National Clinical Programme for Eating Disorders' (NCP-ED) Model of Care. www.hse.ie/eng/about/who/cspd/ncps/mental-health/eating-disorders

In 2020, the HSE launched a self-care mobile app for eating disorders. You can access it via <https://ncped.selfcareapp.mobi>

02 Public Pathway for Adults

NOTE

This pathway will be updated as the HSE's NCP-ED is rolled out nationally.

For a list of current specialist teams, please see www.hse.ie/eng/about/who/cspd/ncps/mental-health/eating-disorders/resources

Step 1 Contact the GP

Your GP is the place to start. The GP will screen you, assessing your clinical and medical needs. If the GP is not clinically concerned, they will offer reassurance and advice. If the GP is unsure as to whether you have an ED, they will consult with the local AMHS or specialist adult ED team and monitor accordingly. If the GP is clinically concerned, they will refer you to the local AMHS or specialist adult ED team for a further assessment. If they are worried about your physical health, they may refer you to a hospital for medical care.

For more information about attending your GP, see our free resource guide:

Speaking to Your Doctor.



Step 2A

Adult Mental Health Service
(AMHS) Assessment

or

Step 2B

Specialist Adult ED Team
Assessment

Eating disorder assessment involves a multidisciplinary assessment at a clinic. This includes:

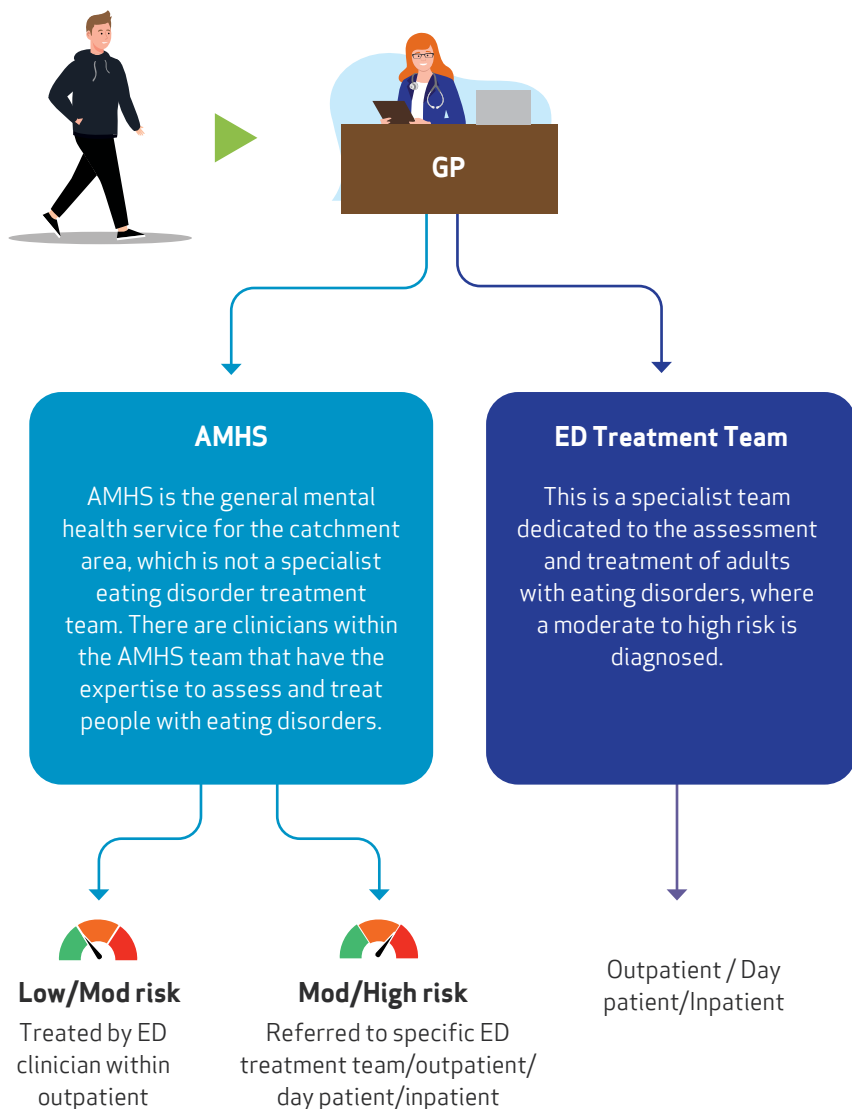
- 1 A **clinical interview** where a clinician will talk with you to get an idea of your day-to-day thoughts and feelings, eating and weight behaviours
- 2 An **assessment** of what and how severe the areas of concern are
- 3 A **physical examination**, investigations and questionnaires.

This assessment can take up to **2 hours**.

The aim is to make a correct diagnosis of your needs and identify other conditions or complications that may be similar or related, such as depression or other medical conditions. The doctors on the team will review your blood results and liaise with your GP about your physical health. Your weight and height will be measured (note, if you don't wish to know these figures, you may ask for this).

- A If assessment from the AMHS or specialist adult ED team concludes that you do not have an eating disorder, the team may discharge you back into the care of your GP, if there is no other condition that needs treating in the clinic.
- B If you are diagnosed as having an eating disorder, the next referral step is dependent on the level of risk assessed by the team. The person moves up or down these steps depending on their clinical needs and how they're responding to treatment. In short, within this stepped care model, your treatment will be determined by your level of risk. For example, if you improve, when ready, you will step down and be discharged into the care of your GP. If you deteriorate, or don't improve, you will step up and receive more intensive treatment, for example, day patient or inpatient.

Public Pathway for Adults



03 Public Pathway for Children and Adolescents

NOTE

This pathway will be updated as the HSE's NCP-ED is rolled out nationally.

For a list of current specialist teams, please see www.hse.ie/eng/about/who/cspd/ncps/mental-health/eating-disorders/resources

Step 1 Contact the GP

Your GP is the place to start. The GP will screen the young person, assessing their clinical and medical needs. If the GP is not clinically concerned, they will offer reassurance and advice. If the GP is unsure as to whether you have an ED, they will consult with the local CAMHS or specialist CAMHS ED team and monitor accordingly. If the GP is clinically concerned, they will refer young person to the local CAMHS or specialist CAMHS ED team for a further assessment. If they are worried about the young person's physical health, they may refer them to a hospital for medical care.

For more information about attending your GP, see our free resource guide:

Speaking to Your Doctor.



Step 2A

Child and Adolescent Mental Health Services (CAMHS) Assessment

or

Step 2B

Specialist Child and Adolescent ED Team Assessment

Eating disorder assessment involves a multidisciplinary assessment at a clinic. This includes:

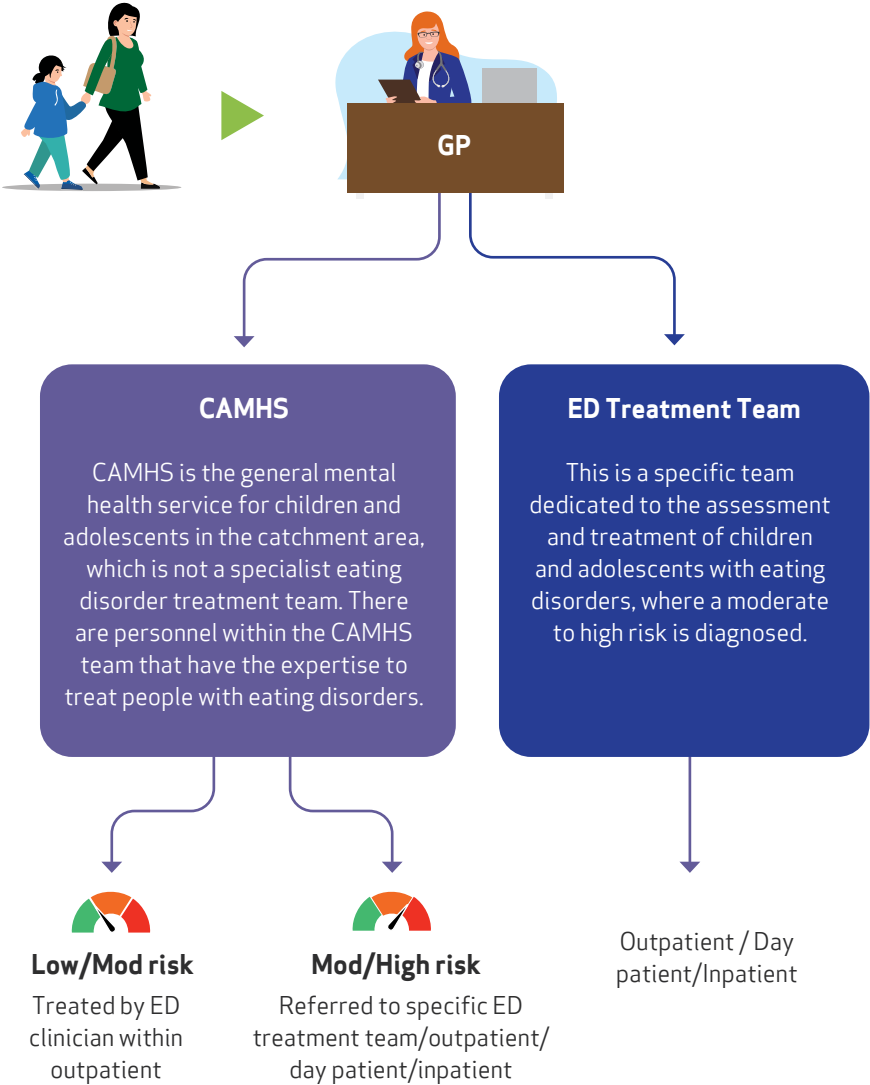
- 1 A clinical interview where a clinician will talk with young person and their parents to get an idea of the young person's day-to-day thoughts and feelings, eating and weight behaviours
- 2 An assessment of what and how severe the areas of concern are
- 3 A physical examination, investigations and questionnaires.

This assessment can take up to **2 hours**.

The aim is to make the correct diagnosis of the young person's needs and identify other conditions or complications that may be similar or related such as depression or medical conditions. The doctors on the team will review the young person's blood results and liaise with their GP about their physical health. Their weight and height will be measured (note, if the young person doesn't wish to know these figures, they may ask for this).

- A If the CAMHS or specialist ED team assessment concludes that there is no diagnosis of an eating disorder, the team may discharge the young person back into the care of the GP, if there is no other condition that needs treating in the clinic.
- B If the young person is diagnosed with an eating disorder, then the next referral step is dependent on the level of risk assessed by the team. The young person moves up or down these steps depending on their clinical needs and how they are responding to treatment. In short, within this stepped care model, the young person's treatment will be determined by their level of risk. For example, if they improve, when ready, they will step down and be discharged into the care of their GP. If they deteriorate, or don't improve, they will step up and receive more intensive treatment, for example, day patient or inpatient.

Public Pathway for Children and Adolescents



04 Who will you meet in the public system?

Within a multidisciplinary team (MDT), the key roles are;



Psychiatrist



Occupational therapist



Clinical psychologist



Dietitian



Nurse



Social worker

It is common for those using these titles to have specific **competencies** within the field of psychological and talking therapies, that equips them to fulfil a dual role with regard to the treatment plan for the person. For example, the nurse may also be trained in cognitive behavioural therapy - enhanced (CBT-E), and therefore when assigned to work with a person with an eating disorder, the nurse's primary role will be as a CBT-E therapist, and their nursing duties may take a secondary role, or may be fulfilled by another person within the MDT.

General Practitioner (GP)



The GP is the gateway into the public services, and as such plays a key role in the recognition, assessment and care of their patient. The GP can offer an initial screening, to monitor and provide a baseline of the physical and medical needs of the person. The GP plays an integral part in the care and treatment plan for the person, no matter what level of care the person is at any one time.

Psychiatrist



A psychiatrist, or child and adolescent psychiatrist, is a qualified medical doctor who specialises in the assessment and treatment of mental health conditions. Psychiatrists take a 'bio-psycho-social' approach to understanding mental health and eating disorders. They use this framework of understanding when they are assessing, diagnosing and treating eating disorders.

Within mental health services, the consultant psychiatrist is the clinical lead of the multidisciplinary team (MDT), and is responsible for overseeing the patient's care plan. When a person is referred for assessment, the psychiatrist is often the person to lead this. They will also screen for other physical or medical conditions, and then share their diagnosis with the MDT with a recommendation for bio-psycho-social treatments, including medication and hospital referrals, if needed. Psychiatrists can prescribe medication, as well as using psychosocial treatments, because they are both a medical doctor as well as a mental health specialist. The psychiatrist will continue to meet the person on a regular basis, to monitor their medical risk, treatment progress, medication and care plan. They may sometimes deliver psychological treatments for eating disorders. Trainee psychiatrists are called senior registrars, registrars or Senior House Officers (SHOs), and work under the supervision of a consultant.

**Psychologist/
Clinical
Psychologist**

A psychologist has a postgraduate qualification, often at doctorate level. They're trained in the study and assessment of human behaviour, psychotherapy and they work within the MDT. Psychologists can be experienced in a range of therapeutic interventions. They work with the person in whichever way the treatment plan, assessment and diagnosis require. Bringing a patient closer to an understanding of his or her illness is a key aim of a psychologist.

When working in mental health, the psychologist usually works as a clinical, or counselling psychologist, and unless also medically qualified, does not prescribe medication. It is quite likely that either the psychiatrist or a clinical psychologist will do the assessment, and treatment can often be carried out by the clinical psychologist in the MDT.

**Psychiatric
Nurse**

It is quite likely, if you are being treated for an eating disorder, that you will have regular contact with the nurse on the MDT. Psychiatric nurses provide both physical and psychological care to their patients. The nurse will monitor the physical changes that occur during treatment, such as weight calculations and blood tests. The nurse is an integral part of the MDT and can also provide essential support and encouragement to a patient's family.

Key Worker



A key worker is a designated member of the MDT whose responsibility it is to co-ordinate the individual's care and treatment plan. They are the person who is working most closely clinically with the person and their family or carer support. The key worker may change as the person steps up or down through the service.

Mental Health Social Worker



Mental health social workers carry out a range of functions as members of an MDT. Given that mental health service provision is sometimes fragmented, mental health social workers are committed to 'case management' or 'care management'. This refers to working with individuals with a view to ensuring continuity of care and the co-ordination of services. This helps to maximise their wellbeing and quality of life. Case management involves the integration of health services with a range of other services. Examples include, housing, social welfare, job training and employment, liaison with statutory and voluntary agencies, etc. All of these links may contribute to positive mental health.

In addition, another key function is 'psychoeducation'. Psychoeducation refers to work with individuals and their families to explain aspects of the mental illness. Psychoeducation also involves offering coping strategies appropriate to the specific mental illness.

Occupational Therapist (OT)



Occupational therapists provide services to people whose ability to cope with everyday activities is threatened or impaired in some way by physical, psychological or developmental problems. Occupational therapists can assess and treat anyone, adult or child, who has practical difficulties due to physical or mental illness. Occupational therapy aims to enable the person to have as independent, productive and satisfying a lifestyle as possible. Treatment can include self-care, personal development, mobility and access, skills and training, home management, disability awareness, work preparation, directed play, stress management and compensatory techniques.

Dietitian



Dietitians can play a core role within an ED MDT, providing nutritional advice, support and guidance for both adults and young people who are being treated for an eating disorder. The level of intervention by the dietitian varies depending on the severity of the eating disorder, the age of the person, the type and level of response to treatment that the person experiences.

NOTE

If you've any queries about the public specialist services, please contact ncped@hse.ie

05 Private Pathway

If a person chooses to access treatment outside the public system, they are choosing a **private pathway**, in that the treatment and the treating clinician is not part of the public health system, and often works independently. This private pathway sometimes refers to undergoing an assessment with a private hospital with a view to being admitted to that hospital for inpatient or outpatient treatment. The cost for that treatment will be borne by the individual, as opposed to the State, which funds the public system.

The private pathway does not always mean admittance to a private hospital however, and there is also the choice of attending a private psychotherapist/clinician for treatment, which although will involve a cost to the individual, can be an affordable option. If cost is an issue, it is important to note that many private psychotherapists offer a 'sliding scale' fee structure.

Psychotherapist



Put simply, a psychotherapist is a professional who has been trained to understand and treat mental health conditions of varying severity. Psychotherapists have training in understanding human development, and the various ways in which a person's mental health problems can cause them to experience distress and obstruct their ability to live their life as they wish. There are many forms of talking therapies and different therapies work for different people.



First things first – safety checks

If a person chooses to access psychotherapy or counselling privately, they do not always require a referral from their GP. Some psychotherapists do not require this. If a person decides to make an appointment with a psychotherapist or counsellor there are some basic safety checks to consider:

- 1 What is the person's **qualification**?
- 2 Are they an **accredited member** of a professional organisation?
- 3 Do they have **experience** working with people with eating disorders?
- 4 If a private psychotherapist/counsellor is accessed for someone under 18, it is essential that the psychotherapist **liaises with the young person's GP**, who is required to monitor physical health. Parents need to be aware that the psychotherapist, in most cases, is not equipped to monitor physical health. Due to the risk of physical and psychological deterioration, it is best practice that a GP is a part of the care plan.
- 5 If a person is choosing a private pathway, it is advisable that they, particularly for someone under 18 years, put in place an MDT approach, which will include a **physician e.g., GP, a psychotherapist, a dietitian, and often a psychiatrist**. The optimal situation is if all these clinicians can be in **communication** with each other, and work together, whilst keeping the confidentiality boundaries of their disciplines.

The following list of organisations accredit psychotherapists and counsellors

- The Irish Association for Counselling and Psychotherapy (IACP)
- The Irish Council for Psychotherapy (ICP)
- Psychological Society of Ireland (PSI)
- College of Psychiatrists of Ireland
- Irish Association of Humanistic and Integrative Psychotherapy (IAHIP)
- Association for Psychoanalysis and Psychotherapy in Ireland (APPI)
- Addiction Counsellors of Ireland
- National Association for Professional Counselling and Psychotherapy (NAPCP)
- European Association for Psychotherapists
- European Association for Counselling.

What's the difference between psychotherapy and counselling?

Due to the complexity of eating disorders, it's crucial that a psychotherapist is experienced and has been appropriately trained to treat and support a person with such a serious diagnosis.

Considering this, as well as the safety checks mentioned earlier, it's important to know the difference between 'psychotherapy' and 'counselling' because the two terms are often used interchangeably. The distinction lies in the education and training requirements to achieve the title of 'psychotherapist' and 'counsellor'.

Generally, a person with the title of 'counsellor', will have reached a degree level 8 on the National Framework of Qualifications (NFQ). A person with the title 'psychotherapist' will have reached a degree level 9.

The Minister for Health has confirmed that the two professions will be regulated by the State as different professions, and the training requirements to achieve the respective titles will be different.

What about cost?

Private does not necessarily mean prohibitively expensive. A private practitioner will set their own fee.

There are low-cost options, and some practitioners operate a 'sliding scale', which means that the person pays according to what they can afford.

Private Hospitals and Treatment Centres

There are various private hospitals and treatment centres that provide inpatient and outpatient services for people affected by eating disorders in the Republic of Ireland. Each has a referral pathway starting with the GP. Sometimes a person's private health insurance will cover the cost of the treatment. If a person does not have private health insurance, and the assessment is that they need to be admitted and treated by one of these centres, and the public pathway cannot meet their needs, then a case can be made to the HSE to provide funding for that person to be admitted to the private facility.

Recovery

Recovery is individual to everyone, and it has no set definition. Recovery does not only mean physical changes and symptom reduction. People may describe their experiences differently, for example, that they are 'recovered', 'recovering' or 'in recovery'. Some people might also describe it as a 'journey' or 'healing'. One key aspect of recovery is time. A person needs time because recovery is a process.

Treatment can help a person take several steps towards recovery. Support from family and friends, a helpline or support groups can also be beneficial. Support and encouragement from others help a person establish belief in recovery, and feel connected and ultimately distance themselves from the illness. Family can be a key resource in recovery.

Clinical recovery may consist of

- ✓ Changes in behaviours
- ✓ Changes in weight
- ✓ Having more energy
- ✓ An improved psychological outlook.

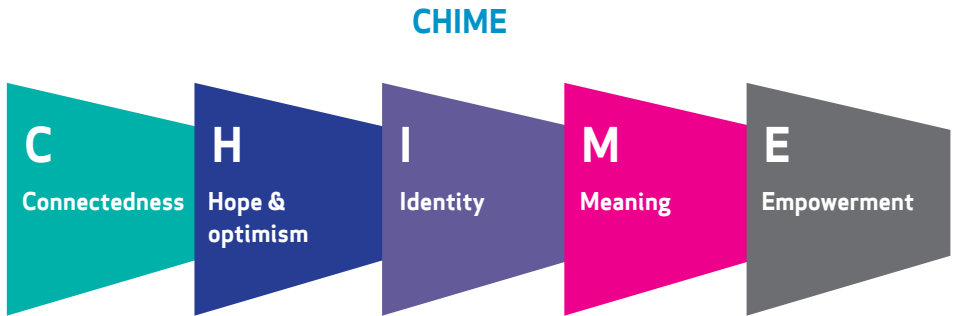
Eating recovery framework (RAVES)

- ✓ Regular meals or eating
- ✓ Adequate amount
- ✓ Variety of foods
- ✓ Eating socially
- ✓ Spontaneity.

Personal recovery may involve

- ✓ Supportive relationships
- ✓ Identity changes
- ✓ Hope
- ✓ Meaning and purpose
- ✓ Self-compassion.

Here are some examples of recovery frameworks, which may be helpful to think about.



Source: www.therecoveryplace.co.uk/chime-framework

A **person-centred** approach to recovery.

- ➔ It is an ongoing journey
- ➔ Physical changes other than weight e.g. energy levels, improve cognitive functioning
- ➔ Feeling freer and having a more flexible relationship with food and exercise
- ➔ Positive social connections
- ➔ Feeling able to participate in life
- ➔ There is no one way to do recovery.

Source: Kenny, T.E., Lewis, S.P. (2023) More than an outcome: a person-centred, ecological framework for eating disorder recovery. *Journal of Eating Disorders*, 11, 45.

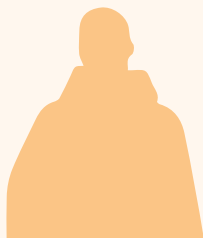
How people describe recovery

"When I stop seeing my problems as part of my identity or dominating my life. When I can live a fulfilled and contented life without being negatively affected by them for the most part." (PWED 11)



"She'd live independently. She'd be driving her car. She'd be going on holiday. She'd be hanging out with her friends." (Carer 06)

"...being able to enjoy sitting around a table with the family, and not having to think, and basically a restoration of interpersonal relationships." (Carer 17)



"...being able to live my life and do what I want to do in the world – it means being able to go to college. It means being willing to give up the safety of going back to using food and measuring/controlling my weight when I'm under stress..." (PWED 08)

**Person with an eating disorder (PWED)*

Source: McNamara, N., Potter, A., Wakefield, J., Daly, R., Marriott, M., Rennoldson, M., Rice, A., McDonald, S. (2021) *Reflections on Eating Disorder Experiences in Ireland. Think Bodywhys CLG.*

Physical challenges in recovery

- Bloating and constipation
- Hair loss
- Muscle weakness
- Cramping
- Vomiting.

Some symptoms may feel as though they are intensified during the treatment process. It can feel like things get worse before they get better. The eating disorder voice may become louder, as the person begins to push back against it. Most symptoms improve and resolve as the person learns to let go of their eating disorder. It can take time for the person to develop the skills and confidence to tolerate these uncomfortable feelings and begin to move away from the eating disorder.

Relapses and ambivalence

Lapses and relapses are part of the recovery process. They can be an opportunity to check in and re-focus on core elements of your recovery, what is working for you and where you might be finding things difficult. If you feel you are facing a lapse or a relapse, the first step away from using your eating disorder as a way of coping, is being able to notice and acknowledge what is happening and know that there is hope, there are things you can do to prevent the eating disorder taking hold again.

To learn more about this, see www.bodywhys.ie

BODYWHYS
The Eating Disorders Association of Ireland

Eating disorders

What is recovery?

A sense of
freedom

Not
panicking

It's okay
to be me

Flexible
Thinking

Listening
to myself

Spontaneity

Grounded

Feeling
Safe

Helpline  (01) 2107906

 alex@bodywhys.ie

 www.bodywhys.ie



Raising concerns

- Speaking with a Patient Advocacy Service
www.patientadvocacyservice.ie or phone **0818 293003**
- Speaking to the HSE's Have Your Say by phone **1800 424 555** or email yoursay@hse.ie
- Contacting the NCP-ED via ncped@hse.ie
- Speaking with a political representative
- Making a formal complaint.



Services from Bodywhys

Bodywhys delivers support and information services to people affected by eating disorders throughout Ireland. An eating disorder diagnosis is not required to access support services provided by Bodywhys.

Helpline: 01-2107906 – please see our website for opening hours.

The helpline is a listening, information and signposting service for people affected by eating disorders and families and friends.

Email support: alex@bodywhys.ie

“Like a helpline call in an email”. People contact the email service for support, a listening ear, information and understanding.

BodywhysConnect: Online chat support groups for adults (18+)

YouthConnect: Online chat support groups for young people (13-18)

Virtual support groups (18+): Online support groups delivered over video platform



Family Support Package



- 1 **PiLaR programme** for family members and friends. A four-week, evidence-based psychoeducation and skills programme.
- 2 **Post-PiLaR support group** is a safe and supportive space in which carers can bring a question or talk through a current issue with other carers. This group is open to anyone who has attended the PiLaR programme.
- 3 **New Maudsley Carer Skills training** is an 8-workshop series run over four months which focuses on the practical application of skills, building on the knowledge and insight carers gain through the PiLaR programme.
- 4 **Regular Maudsley Group**
A monthly group for those who have completed the New Maudsley Workshop series to refresh skills and continue learning while getting and giving support to other carers.

- 5 **Conversations with Carers**
A free space to explore topics related to supporting someone with an eating disorder. Each online session focuses on a specific theme and takes place monthly.

For more information, please email pilar@bodywhys.ie

Additional information

- Body image resources, podcasts and webinars
- For hard copies of resources, or other enquiries, please email info@bodywhys.ie
- Eating Disorders:
 - A Guide for Families
 - Speaking to Your Doctor
 - Treatment Guide
- Binge Eating: Breaking the Cycle: A self-help guide towards recovery
- Cognitive Behavioural Therapy Enhanced (CBT-E)
- Family Based Treatment (FBT).

BODYWHYS

The Eating Disorders Association of Ireland

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