Cognitive Behaviour Therapy (CBT)

- Treatment of choice for BN
  - UK NICE guidelines → make strongest recommendations for use of CBT with bulimia
  - Usually for 16-20 sessions over 4-5 months

CBT for BN = based on cog model by Fairburn et al. (1999)

Fairburn’s (1999) MODEL OF BULIMIA MAINTENANCE

Indivs with BN have a long-standing pattern of negative self-evaluation → interacts with concerns about weight/shape → evaluate their worth due to this

- Leads to excessive dieting/bingeing → then compensatory actions

Treatment

3 stages of CBT - deal with symptoms of BN & underlying dysfunctional cognitions:

- **Stage 1** → Taught to identify trigger stimuli//nto to indulge in extremes of eating behav
- **Stage 2** → Dysfunctional beliefs identified, challenged & replaced
- **Stage 3** → Behavioural self-control procedures – structure daily activity to avoid binge/purge

[+] CBT of BN = successful for between 40-50% of those treated in this way (Fairburn, 1997)

→ [-] Still far from comprehensive as a treatment method

[+] Follow-up studies → therapeutic gains can be maintained for up to 5 years following treatment (Fairburn et al., 1995)

[+] When CBT is effective – found to reduce behav’al aspects of BN (e.g. binge) → have beneficial effects on core cognitive aspects (e.g. low SE)

[+] Shown to be a more comprehensive treatment of BN than either antidep drugs or other psychotherapeutic interventions

[+] When effective, reports of immediate improvement...
  - 76% improvement in freq of binge eating
  - 69% improvement in freq of purging within 3 weeks (Wilson et al., 1999)

[-] Far from a complete cure: only effective for ~½ of those treated

[-] Still await dev of effective treatment using CBT for AN

Eating Problems in Children & Adolescents

Review of treatment outcome studies – 3 different treatment approaches with empirical support indicated by one or two RCTs