Cognitive Behavioral Therapy for Eating Disorders
A Comprehensive Treatment Guide

This book describes the application of cognitive behavioral principles to patients with a wide range of eating disorders: it covers those with straightforward problems and those with more complex conditions or comorbid states. The book takes a highly pragmatic view. It is based on evidence published, but stresses the importance of individualized, principle-based clinical work. It describes the techniques within the widest clinical context, for use across the age range and from referral to discharge. Throughout the text, the links between theory and practice are highlighted in order to stress the importance of the flexible application of skills to each new situation. Case studies and sample dialogues are employed to demonstrate the principles in action and the book concludes with a set of useful handouts for patients and other tools. This book will be essential reading for all those working with eating-disordered patients including psychologists, psychiatrists, nurses, occupational therapists, counsellors and dietitians.

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A Comprehensive Treatment Guide

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To our families.
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Preface

This book is about the application of cognitive behavioral therapy (CBT) to the wide range of eating disorders. It is intended to be a clinician-oriented tool, useful in practice, rather than a comprehensive review of outcome studies (see below). It is based on the experience of a team who have a strong CBT philosophy, and who have spent a considerable time in working with patients to develop methods that are helpful in patient recovery. Those methods are based on a combination of:

• existing CBT methods — taken from the broad CBT literature, as much as from the eating disorders literature
• clinical suggestions from a range of sources
• innovation from within our team.

We have not reviewed the evidence on treatment or on underlying pathology. There are many excellent reviews indicating that CBT is a powerful tool in the bulimic eating disorders (e.g., Fairburn & Harrison, 2003; National Institute for Clinical Excellence, 2004). These indicate that CBT is as good as any other psychological or pharmacological therapy for bulimia nervosa and binge eating disorder, and that it is the best therapy in many cases. However, those reviews also indicate that CBT has limitations. Even when it is applied thoroughly, many patients do not recover with this approach. Our experience suggests that there is a key set of problems in the use of CBT with the eating disorders:

• It is often applied rigidly, focusing on protocols rather than the underlying cognitive-behavioral principles.
• Most such protocols are designed for patients with bulimia nervosa or binge-eating disorder. There are fewer for anorexia nervosa, and almost none for the other atypical eating disorders (which form the largest number of cases — e.g., Fairburn & Harrison, 2003).
• Most protocols do not describe what to do when there is significant comorbidity (e.g., concurrent anxiety disorders or personality disorder).
• Many practitioners who suggest that they are using CBT are not doing so in any meaningful way. At the milder end of this problem, there are clinicians who are
using protocols that are outdated; at the more severe end, there are practitioners who simply label their work as CBT, but do not appear to deliver a treatment that is recognizable as CBT (e.g., Tobin, 2005).

This book is intended for those who wish to use CBT in a way that can help a wide range of patients — both those with straightforward problems and those with more complex eating disorders and comorbid states. We also acknowledge that there will be a number of patients who are not able to use cognitive-behavioral treatments, often because they have more pressing needs for physical stabilization or because the patient is in a setting where CBT cannot be implemented.

Given the diversity of patient presentations, we do not believe that it is possible to develop a definitive protocol. Therefore, the book is based on cognitive behavioral principles, rather than presenting a protocol per se. There are certainly key cognitions and behaviors to be targeted and tasks to be achieved, and some need to be addressed before others. However, a firm grasp of the underlying principles will be the most important tool that the clinician can have in his or her toolbox. We will use case studies to illustrate this principle in action. In order to simplify the text, we have referred to patients as female throughout, in deference to the much higher number of females with eating disorders. However, this book is based on our experience of working with both females and males, and we apply the same principles regardless of patient gender. A further distinction to note is that we have generally referred to “clinicians” rather than “therapists” throughout. The distinction is an important one to us, since we adhere to the principle that “therapist” is a role rather than a person in CBT. To be truly successful, CBT requires the handing over of the “therapist” role from the clinician to the patient as the treatment proceeds. Otherwise, we find that change in the patient’s condition is hard to achieve and is not maintained. It will also be noted that we use the term “patients” to describe the people with eating disorders, rather than “customers,” “clients” or “service users.” This term is used not because of adherence to any specific model, but because it reflects the language that these sufferers say that they prefer in clinical settings. Finally, we have assumed that the majority of this clinical work will take place in an outpatient setting, although that does not mean that we see CBT as being impossible to implement in day- and in-patient settings.

Before proceeding, we acknowledge our debt to the many clinicians who have inspired our work. However, we have been aided just as much by our patients, who have helped us though collaborating as cotherapists in their own treatment, working hard with us to come up with solutions.