

Cognitive Behavior Therapy and Eating Disorders

Christopher G. Fairburn

The Guilford Press (www.guilford.com)

2008, 324 pp, \$30.00 (Hardcover)

Cognitive Behavior Therapy and Eating Disorders is the long-awaited guide to the practice of “enhanced” CBT for eating disorders (so-called “CBT-E”), co-authored by its innovator and leading exponent, Christopher Fairburn, together with colleagues who have contributed to the development of the treatment. It will be a welcome addition to the libraries of clinicians practising in the field of eating disorders, as well as non-specialists who encounter patients with eating disorders in their practice.

The book is divided into three sections: an introduction (chapters 1-4), the core CBT-E protocol (chapters 5-12), and adaptations of CBT-E (chapters 13-16). There are also three appendices which provide the latest versions of three assessment measures which play a vital role in the treatment: the Eating Disorder Examination (Edition 16.0D), the Eating Disorder Examination Questionnaire (EDE-Q 6.0) and the Clinical Impairment Assessment Questionnaire (CIA 3.0).

CBT-E is a transdiagnostic approach which is applicable to all types of eating disorder, though significant modifications are made for the minority of significantly underweight patients: thus, for this subgroup the treatment is twice as long and emphasises motivational enhancement. Even so, the authors acknowledge that significantly underweight patients do less well than others. In a postscript at the end of the book Fairburn highlights the need to make the treatment still more effective, to simplify it, and to disseminate it. This book will go some way towards meeting the third aim: making the treatment more accessible to therapists, and thereby to patients.

The style of CBT-E may be described as one of “radical parsimony”. The guiding principle is to “do a few things well rather than many things badly”. Fairburn and co-authors Zafra Cooper and Roz Shafran recommend a pared-down approach to CBT that for the most part strips away conventional thought records, formal cognitive restructuring, Socratic questioning and formal behavioural experiments. Instead they propose that “the most powerful way of achieving cognitive change is by helping patients change the way that they behave and then analyzing the effects and implications of those changes.” Additionally, they stress the importance of patients learning to de-center from their eating problem, and ultimately to spot when their eating disorder mindset is in place, in order to deal more effectively with setbacks and avert relapse.

The template formulation in the core protocol is also spare, based on maintenance cycles and eschewing any developmental factors. The authors caution that “the formulation should focus only on the main mechanisms that appear to be maintaining the eating problem, as otherwise there is a risk that it will be over-detailed and confusing.” The key maintaining mechanisms addressed in the core protocol are: the over-evaluation of shape and weight, the over-evaluation of control over eating, dietary restraint and restriction, being underweight and event or mood-triggered changes in eating, and these are all covered very thoroughly, in keeping with the guiding principle of doing a few things well.

One of the strengths of this book is the authors’ in depth and wide ranging knowledge of the features of eating disorders, and the clearly structured and systematic way in which they are

addressed. The attitude towards the patient is sympathetic and compassionate. Chapter 8 on addressing shape concern is particularly illuminating, and will be very helpful to clinicians working with patients with eating disorders. Chapter 12 on ending well contains two extremely helpful templates for short-term and long-term maintenance plans for editing to suit individual patients.

Results of a two-center treatment trial (Fairburn et al., 2009) indicate that the core CBT-E protocol is more effective for most patients than the so-called “broad” adaptation that includes additional modules. However, for a subgroup of patients with pronounced clinical perfectionism, low self-esteem or interpersonal problems that are maintaining the eating disorder and obstructing progress, the broad form produces better results. Chapter 13 covers the extra modules used in the broad form of CBT-E. Interpersonal problems are addressed using an interpersonal psychotherapy (IPT) approach, for which there is good empirical evidence.

Chapter 14 covers the adaptation of CBT-E for younger patients. The authors note that as yet, CBT-E has not been evaluated in this age group.

Chapter 15 describes three further variants of CBT-E: first, an adaptation of CBT-E for inpatients developed by Riccardo Dalle Grave in Italy, which is currently being evaluated in a randomised controlled trial. Second, the chapter describes a so-called intensive out-patient adaptation of CBT-E also developed at Dalle Grave’s unit in Italy, which in other contexts might be described as day-patient treatment. This adaptation has yet to be formally evaluated. Third, the chapter briefly describes a group adaptation of CBT-E developed in Oxford.

The final chapter discusses how to evaluate and manage co-existing problems while providing CBT-E, an issue that will be of great interest to practising clinicians. The view taken by the authors is that complexity is the norm rather than the exception with patients who have an eating disorder. The chapter covers co-existing psychiatric disorders, general medical disorders and life events or crises.

Overall, this is an excellent book with many helpful clinical tips and vignettes, which I expect to refer to regularly in my work with patients with eating disorders.

References

- Fairburn, C. G., Cooper, Z., Doll, H. A., O’Connor, M. E., Bohn, K., Hawker, D. M., et al. (2009). Transdiagnostic cognitive-behavioural therapy for patients with eating disorders: A two-site trial with 60-week follow-up. *American Journal of Psychiatry*, 166, 311-319.

***Linette Whitehead, MSc
Cotswold House,
Warneford Hospital,
Oxford, England***