

Treatment Plans and Interventions for Bulimia and Binge-Eating Disorder

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The Guilford Press (www.guilford.com): New York

2012, 180 pp., \$35.00 List Price

Treatment plans and interventions for bulimia and binge-eating disorder is a brief and helpful treatment planner for clinicians seeking guidance in cognitive-behavioral therapy for bulimia and related eating disorders. Authored by Dr. Rene Zweig, an eating disorder specialist in private practice, and Dr. Robert Leahy, well-known psychologist and editor of a series of treatment workbooks on evidence-based psychotherapy, the book offers useful tools appropriate for outpatient therapy. The treatment planner closely follows Dr. Christopher Fairburn's transdiagnostic cognitive-behavioral treatment model of eating disorders (Fairburn, 2008) and can be conceptualized as a workbook that disseminates the model in a user-friendly format. The book's focus is cognitive-behavioral treatment for bulimia, but is appropriate for binge eating disorder and eating disorder not otherwise specified, given that the treatment targets the maintaining factors common to all of the disorders.

The treatment planner is organized into six chapters and three appendices, and provides detailed information regarding assessment, treatment planning, and session structure. The book is appropriate for all clinicians with some familiarity with eating disorders. Patient handouts and worksheets are woven throughout the text in photocopy-ready format and are brought to life in a thorough case example towards the end of the book. Clinicians are encouraged to use all of the elements of the book together while at the same time tailoring treatment to the idiopathic nature of the patient's presenting symptoms.

Chapter one is a brief introductory chapter outlining the rationale for cognitive-behavioral treatment, level of care decision making, and how to best make use of the treatment planner. The authors note that multiple randomized clinical trials have determined that cognitive-behavioral treatment is the most efficacious treatment for bulimia. Interpersonal psychotherapy may also be as effective, though remission of symptoms takes longer and not as many randomized controlled trials have been conducted. A helpful note in this chapter is the debunking of the myth that eating disorders are an exaggerated form of body dissatisfaction, with the authors emphasizing that the extreme and dangerous behaviors that comprise an eating disorder are distinct from discontent with one's body. Information on level of care decision making are drawn from the current guidelines on the treatment of eating disorders (APA, 2006). A helpful table is included that lists circumstances that call for inpatient hospitalization.

Chapter two offers a description of bulimia nervosa and the cognitive-behavioral understanding of the disorder. Drs. Zweig and Leahy remind readers that bulimia has a prevalence rate of 1-3%, and that the vast majority of patients with this disorder are female. Lesser known and thought-provoking data include the fact that approximately 82% of bulimics have at least one co-occurring Axis I disorder, with suicide attempt rates at 11-40%. Additionally, a majority of bulimics engage in some form of self-injurious behavior, and about two-thirds meet criteria for an Axis II disorder. These statistics highlight what many eating disorder specialists have known for a long time, namely that treatment is often complicated by anxiety, impulsivity, and personality issues. Unfortunately, the book does not address how to treat bulimia in the context of co-occurring issues when this information is sorely needed.

Nonetheless, it is striking that cognitive-behavioral treatment for bulimia has a relatively high remission rate of approximately 50% in light of the extensive comorbidity. This speaks to the clarity of the model, and the book does a good job relating where to start in treatment given the complicated cognitive, emotional, and behavioral factors involved. Specifically, the model stipulates that the first treatment stage is behavioral and entails disrupting the self-reinforcing restriction→binge→purge cycle. Next, treatment addresses cognitive factors maintaining the eating disorder, such as over-attention to weight and shape. Stage three targets body dissatisfaction, with the goal of broadening self-worth beyond that of thinness. The final stage of treatment centers on relapse prevention.

Chapter three covers assessment, diagnosis, and treatment planning, and offers useful forms for the clinician, including a diagnostic flow chart for identifying the particular eating disorder that is operating and multiple assessment tools. Drs. Zweig and Leahy remind readers that treatment planning must be individualized for the patient and the type of eating disorder. However, the cognitive processes of rigid thinking, adherence to food rules, and over-valuation of weight and shape are similar regardless of the diagnosis, thus the overall treatment will likely benefit all patients.

Arguably the most helpful and informative aspects of the book are found in chapter four, in which a detailed treatment plan is presented. Using the 20-session cognitive-behavioral format, readers get a birds-eye view of treatment from start to finish. Some of the highlights include helpful instruction in how to use food records, one of the most critical components in treatment. Therapists are encouraged to frame the use of the records as an experiment, without which there can be little insight into binge triggers. Also helpful are instructions on how to encourage patients to discontinue all compensatory behaviors. This should happen early in treatment, following psychoeducation on the ineffectiveness of purging to prevent weight gain, and ideally be framed as an experiment to see the relationship between purging and the binge cycle. Other helpful behavioral interventions that are explained include conducting a functional analysis of a binge and the use of stimulus control techniques.

Cognitive interventions related in detail in phase two of treatment include cognitive restructuring, the use of thought records, and the examination of food rules. A helpful worksheet on avoided and feared foods is included, and patients are encouraged to conduct exposure experiments on feared foods. The material targeting perfectionism seems particularly effective and includes a zero-point comparison worksheet in which patients evaluate their performance or worth based on how far from zero they are, rather than 100%. Interventions for stage three body image over-valuation include a pie chart for the purpose of broadening self-worth beyond appearance and a worksheet exploring the costs of the perfect body. Overall, clinicians will appreciate the abundance of worksheets presented in chapter four and will find user-friendly materials appropriate for each patient.

Readers will likely find the case example in chapter five particularly valuable because it shows how useful the forms and worksheets are when filled out by a mock patient. We follow the case of a young woman with bulimia from her initial treatment evaluation to discharge. Viewing a completed case conceptualization, motivational enhancement worksheets, food records, and the various cognitive and body image interventions as they pertain to a particular patient allows the reader to fully understand how to apply cognitive-behavioral treatment to their own patients.

It is frustrating, however, that the case presented is unremarkable in terms of the ease of treatment. The patient is able to completely stop purging by session four and appears highly

motivated and compliant throughout therapy. It would have been helpful to juxtapose this case example with a more treatment-resistant case, as is often experienced with eating disordered patients. Approximately four pages in the treatment guide are devoted to “roadblocks” and resistance, with the authors offering tips for working with treatment compliance issues. However, one could argue that not enough attention is paid to addressing the often highly ambivalent state that characterizes many eating disorder patients. Thus, readers can appreciate the guide in that it illustrates how to apply standard cognitive-behavioral therapy for bulimia, but should look elsewhere for information on helping entrenched, slow-to-improve eating disorder cases, where the eating disorder itself can be conceptualized as appetitive in nature.

The final chapter of the book provides advice and guidelines on treatment within a managed care context. Drs. Zweig and Leahy stress that cognitive-behavioral therapy for bulimia is highly compatible with working within a managed care system because it is focused on direct reduction of symptoms. Practitioners are able to make treatment goals objective and measurable, which is particularly important with managed care companies. A sample treatment report is provided, along with information on how to document treatment of the eating disorder as a medical necessity. A section on requesting additional sessions is particularly helpful, especially in terms of what particular symptoms or level of impairment tends to warrant more sessions.

Overall, *treatment plans and interventions for bulimia and binge-eating disorder* is highly recommended because it clearly articulates how to put cognitive-behavioral therapy for bulimia into practice. The numerous forms targeting cognitive, body-image, and behavioral aspects of eating disorders will prove extremely helpful to clinicians looking for ready-made worksheets for use in treatment. The authors are thorough in their description of the model, at times bordering on repetitive. However, for the busy practitioner working with a wide variety of patients, this approach will be appreciated.

References:

American Psychiatric Association. (2006). *Practice guideline for the treatment of patients with eating disorders* (3rd ed.). Washington DC: Author.

Fairburn, C.G. (2008). *Cognitive behavior therapy and eating disorders*. New York: Guilford Press.

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