The Specialist Academy

Cognitive Behavioural Therapy (CBT)

Course Manual

Course Contents

The Specialist Academy

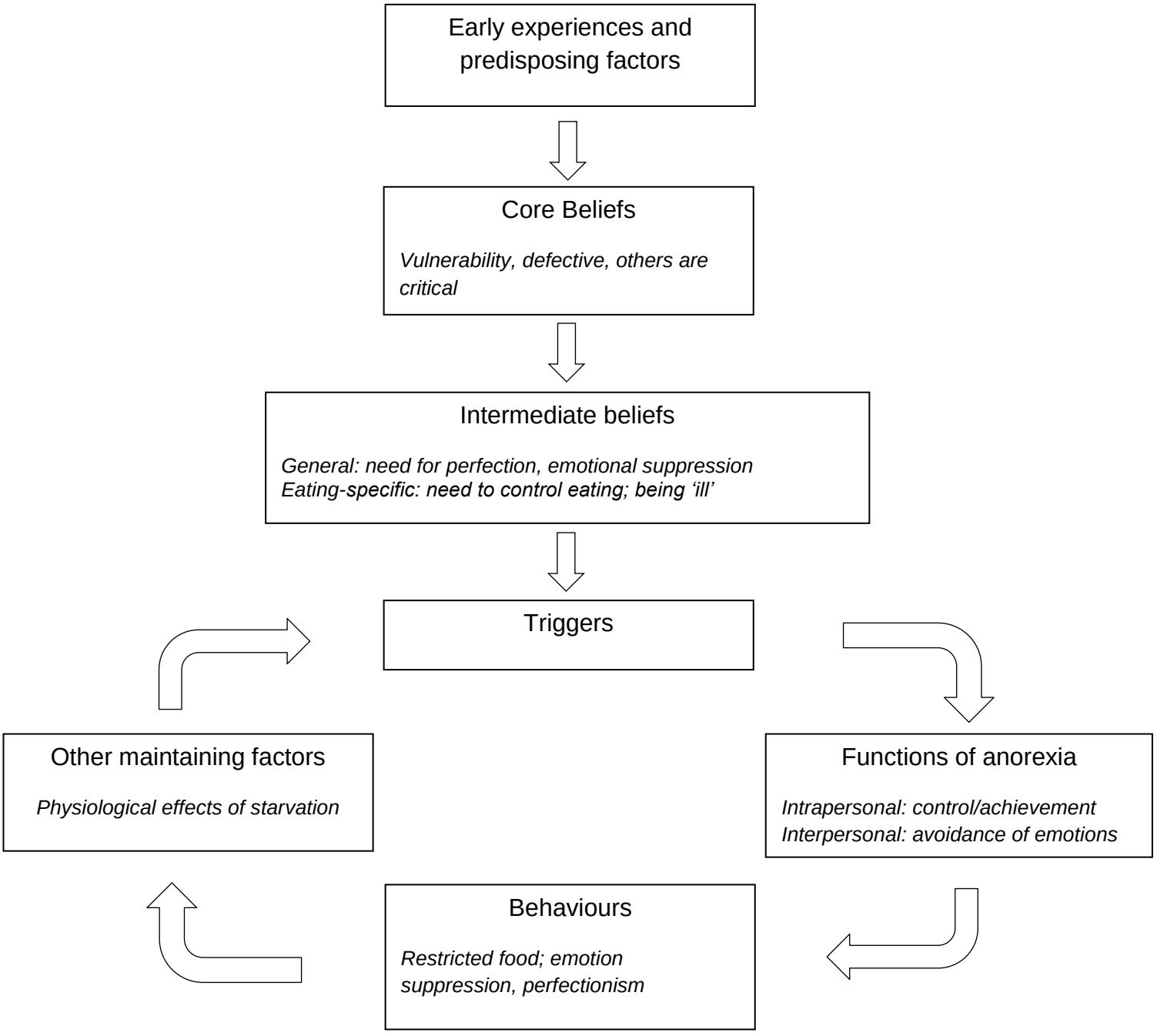
Module 14:

CBT for Eating Disorders

Objectives

The overarching objective of this module is to explore the application of CBT theory to practice for the effective treatment of clients with eating disorders. This module will examine the methods which CBT practitioners use in order to address areas of specific importance to this client group, with reference to empirical evidence to support or refute the efficacy of these approaches.

The cognitive model of anorexia nervosa (Tarrier, 2006)



As with other cognitive models presented in this course, the cognitive model of anorexia nervosa (Tarrier, 2006), although complex, follows an approach which is person-centred with the overarching aim of helping the client resolve unhelpful thinking. By using the approach illustrated in the above diagram, it is possible to isolate areas which are problematic for this client base and take an individualistic, goal-centred approach to reaching a resolution.

The cognitive model of anorexia nervosa posits that influencing and maintaining factors for the development and maintenance of anorexia nervosa are that which are central to the development and maintenance of all unhelpful thought processes; predisposing factors, core beliefs and intermediate beliefs i.e. schemas and beliefs as discussed in earlier modules.

Murphy et al (2010) presented the argument for CBT as an effective treatment for eating disorders, citing what they describe as the cognitive nature of the psychopathology of eating disorders such as bulimia nervosa and anorexia nervosa. Overall, CBT is the most commonly assigned treatment for people with a diagnosis of bulimia nervosa and eating disorders not otherwise specified (eating disorders NOS) (Fairburn, Cooper, Doll, O'Connor, Bohn, Hawker, Wales and Palmer, 2009). A rigorous meta-analysis conducted by the UK National Institute for Health and Clinical Excellence (NICE) (2004) found that enhanced (CBT-E) was the most effective CBT based strategy for the treatment of adult clients with bulimia. In terms of the evidence-base surrounding the use of CBT as a treatment for anorexia nervosa, the evidence is sparse, with most examining the impact of family therapy for adolescents (Murphy et al, 2010). There have been promising results, however, when examining the impact of CBT-E for people with anorexia nervosa (Fairburn, 2009) where findings presented demonstrated a positive treatment outcome of over 60%, coupled with a low relapse percentage.

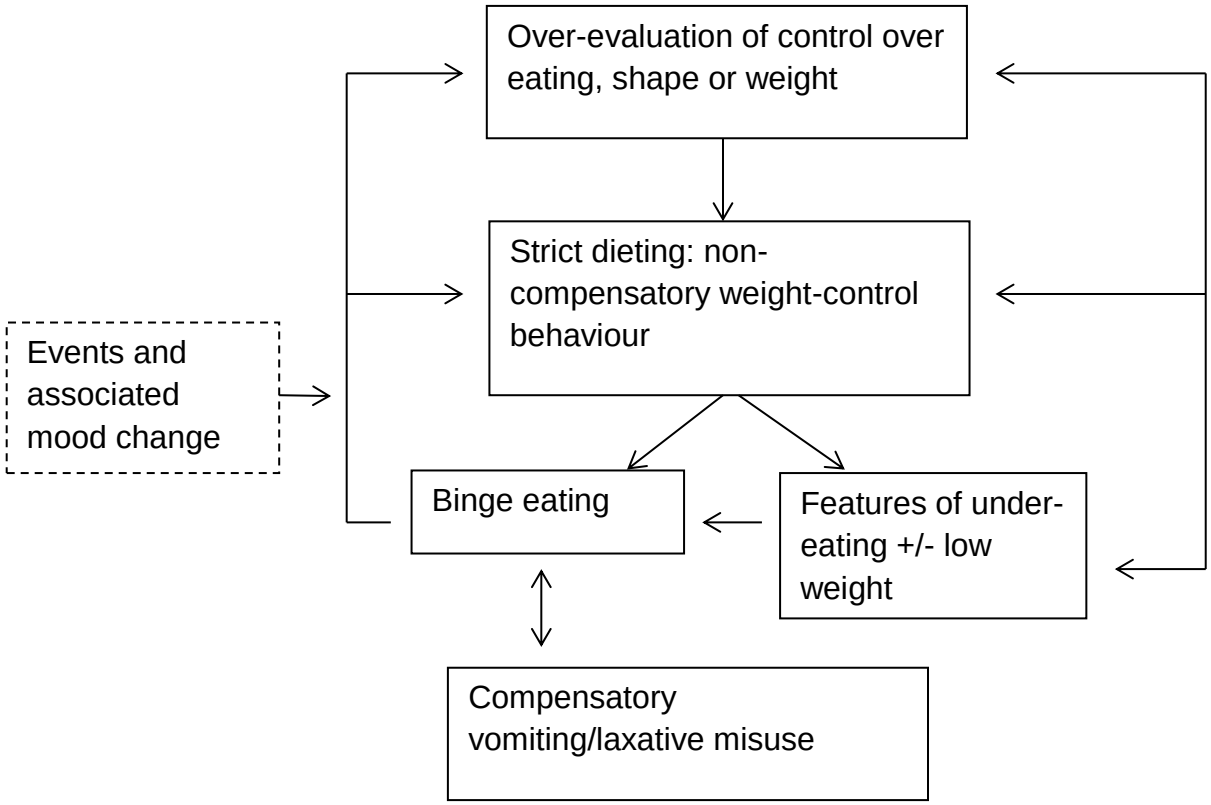
Additionally, for the purposes of intervention for people with a diagnosis of Bulimia Nervosa, the evidence base points towards the use of the cognitive behavioural theory of maintenance of eating disorders in general terms (Fairburn, Cooper & Shafran, 2003). Maintaining factors identified in this respect are: the existence of perfectionism; low self-esteem; mood intolerance and interpersonal challenges. Fairburn et al (2003) suggest that in the case of some clients who have a diagnosis

of an eating disorder, at least one of four key areas which contribute to the maintenance of an eating disorder pathology, illustrated in the cognitive model of anorexia nervosa (Tarrier, 2006).

Interpersonal Psychotherapy (IPT) has been demonstrated as an alternative to cognitive behavioural therapy, whereby, in clients with a diagnosis of bulimia nervosa, which is more lengthily than traditional methods of CBT.

For those clients with Anorexia Nervosa, CBT-E (Enhanced CBT) has been found to be effective in 60% of outpatients with a significantly low relapse rate (Murphy, Straebler, Cooper & Fairburn, 2010)

A transdiagnositic treatment, as shown below, has been proposed for eating disorders with a common theory of maintenance i.e. bulimia nervosa, anorexia nervosa and atypical eating disorder (Fairburn et al., 2003). The term 'transdiagnostic' refers to the increasing school of thought that there are greater parallels between previously individualised diagnoses of eating disorders.



The composite transdiagnositic cognitive behavioural formulation (Fairburn, 2008)

The transdiagnostic formulation shows all core processes which have been found to be integral to the maintenance of disordered eating, However, the degree to which each of these processes applies at an individual level depends upon the pathology of the presentation, with at least one process operating at any given time.

Multiple choice questions

1) *The main model for the treatment of anorexia nervosa through CBT was devised by*
   a) *Tarrier*
   b) *Beck*
   c) *Curwen*

2) *The cognitive model of anorexia nervosa (Tarrier, 2006) is*
   a) *Group based*
   b) *Guided by the therapist*
   c) *Person-centred*

3) *Is CBT an effective treatment for anorexia nervosa?*
   a) *Yes*
   b) *No*
   c) *More research required*

4) *For bulimia nervosa, which of the following has been found most effective?*
   a) *Brief cognitive therapy*
   b) *CBT*
   c) *Interpersonal Psychotherapy (IPT)*

5) *The term 'transdiagnostic' refers to:*
   a) The increasing school of thought that there are greater parallels between previously individualised diagnoses of eating disorders.
   b) Multidisciplinary teams
   c) A dualistic approach

