

# Evidence Supported Treatments for Anorexia Nervosa in Adults & Adolescents and Bulimia Nervosa in Adolescents

	<b>COGNITIVE BEHAVIORAL THERAPY ENHANCED (CBT-E) for Adult &amp; Adolescent AN</b>	<b>FAMILY BASED THERAPY (FBT) for Adolescent AN and BN</b>
<b>Evidence Support</b>	Moderate (suggestion for additional research in low weight individuals)	Strong
<b>Theoretical Basis</b>	<ul style="list-style-type: none"> <li>Restraint Model of binge eating (primary)</li> </ul>	<ul style="list-style-type: none"> <li>Minuchin: Structural Family Therapy</li> <li>Selvini-Palozzoli: Milan School</li> <li>Haley: Strategic Family Therapy</li> <li>White: Narrative Therapy</li> </ul>
<b>Therapist</b>	Role: Active, Supportive, Directive Training Background: advanced degree holding; ED expertise for CBT-E	Role: Active, Supportive, Consultative, Deference to Parents Training Background: advanced degree holding; ED expertise
<b>Formulation Format</b>	<p><b>CBT-E MAP</b></p> <p style="font-size: small;">Image from: <a href="http://www.credo-oxford.com/4.1.html">http://www.credo-oxford.com/4.1.html</a></p>	<p>Treatment Phases:</p>
<b>Treatment Techniques and Strategies</b>	<p>Formulation:</p> <p>Techniques: self-monitoring / regular weighing / regular eating / alternative activities / psychoeducation / addressing concerns about shape &amp; weight / body checking &amp; avoidance / feared food / dieting</p>	<p>Involves the whole family</p> <p>Includes: no blame / agnosticism to origins of illness / empowerment of parents / therapist joining as a consultant / respect for the adolescent / aligning siblings for support</p> <p>Techniques: weigh adolescent at each session / circular questioning and reflection / metaphor / externalization of the illness / focus on refeeding in phase I</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Example of externalization of illness using venn diagrams (orange circle=adolescent; yellow circle=illness):</p> <ul style="list-style-type: none"> <li>Goal: to distinguish the adolescent from the AN / BN</li> </ul> </div>
<b>Clinical Pearls</b>	<ul style="list-style-type: none"> <li>The work of weight gain in the context of low-insight AN can be arduous on the patient. Rapport between therapist and patient can facilitate.</li> <li>Collaboratively writing out (for example, on a white board) the thoughts related to overevaluation of shape and weight can facilitate elucidation of the influence of thoughts upon behaviors (as indicated in the formulation).</li> </ul>	<ul style="list-style-type: none"> <li>Therapist as a consultant means that the therapist brings to the therapy their expertise in AN/BN, complete with strong knowledge of clinical and medical manifestations of the illness, and examples of what other families have done to be successful. Such therapist knowledge is not intended to be presented to the family in a didactic fashion. Parents are empowered to make decisions alongside respect for the adolescent. Parents and adolescent bring to the therapy their 'expertise' in the adolescent.</li> <li>FBT for BN involves the adolescent in the decision making processes more so than FBT for AN.</li> </ul>
<b>Additional Resources</b>	<ul style="list-style-type: none"> <li>Fairburn CG. <i>Cognitive Behavior Therapy and Eating Disorders</i>. New York: Guilford Press, 2008.</li> <li>Fairburn CG, Cooper Z, &amp; Shafran R. Cognitive behaviour therapy for eating disorders: A "transdiagnostic" theory and treatment. <i>Behaviour Research and Therapy</i>, 2003, 41, 509-528.</li> <li>National Institute for Health and Care Excellence (2017). <i>Eating Disorders: Recognition and treatment</i>. NICE Guidelines (NG69).</li> <li>Credo-oxford.com</li> </ul>	<ul style="list-style-type: none"> <li>Lock J &amp; LeGrange DL. <i>Help your teenager beat an eating disorder (2<sup>nd</sup> edition)</i>. New York: Guilford Press, 2015.</li> <li>LeGrange DL Lock J. <i>Treating bulimia in adolescents: A family-based approach</i>. New York: Guilford Press, 2007.</li> <li>Lock J &amp; LeGrange DL. <i>Treatment manual for anorexia nervosa (2<sup>nd</sup> edition): A family-based approach</i>. New York: Guilford Press, 2013.</li> <li>Lock et al. Randomized clinical trial comparing family-based treatment with adolescent-focused individual therapy for adolescents with anorexia nervosa. <i>Archives of General Psychiatry</i>, 2010, 67(10), 1025-1032.</li> </ul>

Note. The purpose of this summary is to provide a general overview of the current evidence-based treatments for anorexia nervosa in adolescents and adults and bulimia nervosa in adolescents. It is not intended as stand-alone training material for administration of these therapies.