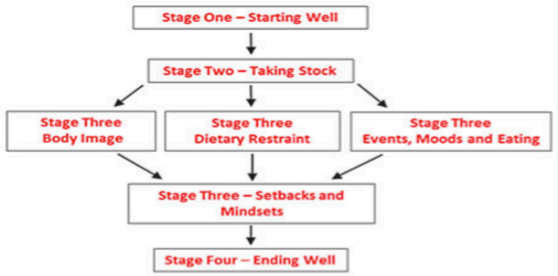
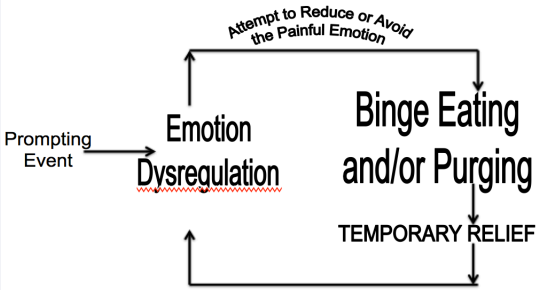
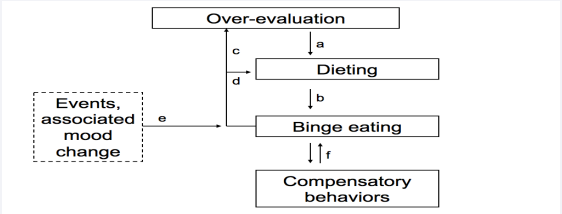
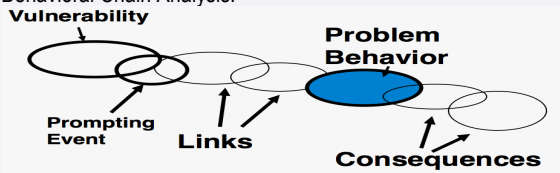
Evidence Supported Treatments for Binge Eating Disorder and Bulimia Nervosa in Adults

	COGNITIVE BEHAVIORAL THERAPY (CBT)	INTERPERSONAL PSYCHOTHERAPY (IPT)	DIALECTICAL BEHAVIOR THERAPY (DBT)
Evidence Support	Strong (enhanced (CBT-E) & guided self-help (CBT-gsh))	Strong	Moderate
Theoretical Basis	• Restraint Model of binge eating (primary)	• Disordered eating related to problematic interpersonal functioning • Interpersonal / Attachment / Social / Communication Theory	• Affect Regulation Model of binge eating • Dialectical Theory
Therapist	Role: Active, Supportive, Directive Training Background: advanced degree holding; ED expertise for CBT-E but not required for CBT-gsh	Role: Active, Supportive, Directive Training Background: advanced degree holding; ED expertise	Role: Active, Supportive, Directive Training Background: advanced degree holding; ED expertise
Formulation Format	CBT-E MAP  Image from: http://www.credo-oxford.com/4.1.html	SYMPTOMS ⇄ INTERPERSONAL FUNCTIONING AND RELATIONSHIPS Problems in current interpersonal functioning and relationships can be classified into one of four ***Social Domains.*** Use the interpersonal inventory to determine which social domain is primary. • **Grief** = symptoms associated with recent or past person or relationship loss • **Role Disputes** = symptoms associated with conflicts in relationship expectations in a significant relationship • **Role Transitions** = symptoms associated with change in life status • **Interpersonal Deficits** = individual may be socially isolated / have chronically unfulfilling / unsatisfying relationships / inadequate social support / poor social skills	The Affect Regulation Model 
Treatment Techniques and Strategies	Formulation:  Techniques: self-monitoring / regular weighing / regular eating / alternative activities / psychoeducation / addressing concerns about shape & weight / body checking & avoidance / feared food / dieting	Dual Targets: 1) Reduce disorderd eating symptoms 2) Resolve the social and interpersonal problems associated with the onset and maintenance of present symptoms Techniques by Phase: INITIAL PHASE: Assign sick role/ conduct the interpersonal inventory to inform and assign social domain / establish the interpersonal formulation INTERMEDIATE PHASE: Maintain focus on domain and link to eating symptoms / encourage affect / role plays / communication analysis / clarification / exploratory questions / review interpersonal incidents TERMINATION PHASE: Review progress / plan ahead	Skills training in 3 core areas: mindfulness, emotion regulation and distress tolerance / Techniques: balance of acceptance and change / mindful awareness and practice / behavioral training and shaping with use of reinforcement and validation / diary card / behavioral chain analysis Behavioral Chain Analysis: 
Clinical Pearls	• Many individuals are not fully aware that their patterns of restricted eating qualify as 'dieting'. Leverage the self-monitoring logs to foster open discussion about patterns of restriction in food type, portions, or frequency of eating.	• Clinician should explicitly and repetitively link (i.e., state out loud) the disordered eating behaviors to the interpersonal functioning / relationships • Role disputes may be common in BN; Interpersonal deficits in BED	• Mindfulness skills are foundational. Awareness into the present moment will create a forum for acceptance or change. From there, individuals can select a skill (from emotion regulation or distress tolerance) to use in the current moment.
Additional Resources	• Fairburn CG. *Cognitive Behavior Therapy and Eating Disorders*. New York: Guilford Press, 2008. • Fairburn CG, Cooper Z, & Shafran R. Cognitive behaviour therapy for eating disorders: A "transdiagnostic" theory and treatment. *Behaviour Research and Therapy*, 2003, 41, 509-528. • National Institute for Health and Care Excellence (2017). Eating Disorders: Recognition and treatment. NICE Guidelines (NG69). • Credo-oxford.com	• Wilfley DE, Welch RR, Stein RI et al. A randomized comparison of group cognitive-behavioral therapy and group interpersonal psychotherapy for the treatment of overweight individuals with binge eating disorder. *Archives of General Psychiatry*, 2002, 59(8), 713-721. • Wilson GT, Wilfley DE, Agras WS, Bryson SW. Psychological treatments for binge eating disorder. *Archives of General Psychiatry*, 2010, 67(1), 94-101. • Wilfley DE, MacKenzie KR, Welch RR, Ayres VE, Weissman MM. Interpersonal Psychotherapy for Group. New York: Basic Books, 2000.	• Safer DL, Robinson AH, Jo B. Outcome from a randomized controlled trial of group therapy for binge eating disorder: Comparing dialectical behavior therapy adapted for binge eating to an active comparison group therapy. *Behavior Therapy*, 2010, 41(1), 106-120. • Safer DL, Telch CF, Chen EY. Dialectical Behavior Therapy for binge eating and bulimia. New York: The Guliford Press, 2009.

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