

Book Reviews

Treating Bulimia Nervosa and Binge Eating: An Integrated Metacognitive and Cognitive Therapy Manual

Myra Cooper, Gillian Todd and Adrian Wells

New York/London: Routledge, 2009. pp. 256. £22.99 (pb). ISBN: 978-1-58391-945-3.

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I wondered why we need another treatment manual for cognitive behavioural therapy for bulimia nervosa (BN) when there are already so many excellent ones (e.g. Waller et al., 2007; Fairburn, 2008; Schmidt and Treasure, 1993; Treasure and Schmidt, 1997; Cooper, 1993; Cooper et al., 2000). What more could there be to add? Indeed, in some ways I still do wonder. However, Cooper, Todd and Wells's clinician's guide to treating BN and binge eating disorders is a remarkably useful, well written, clear and easy read.

The first four chapters give an overview of BN, binge eating and their treatment, diagnosis and assessment and an overview of the theory to date. Chapter 5 details the authors' metacognitive model. Chapters 6 to 10 – the treatment manual itself – are sequentially presented in the order in which treatment is usually administered; engagement and motivation, formulation, negative and positive beliefs about eating, and negative self-beliefs. Finally, chapter 11 discusses the ending of therapy.

The model offers an explanation for both the development and the maintenance of BN. Indeed it differentiates between the types of beliefs that are involved in susceptibility to and the development of BN, and those present in its maintenance. In terms of maintenance, it proposes that three of both positive and negative beliefs exist, two of which, in each case, are metacognitive (e.g. that the thoughts and emotions associated with BN are dangerous). Significant in maintenance is the conflict between the positive and negative beliefs about eating. This is particularly useful as all patients who come to outpatient treatment hold both positive and negative beliefs and aiding change is difficult unless this conflict is addressed.

Littered with case examples, behavioural experiments and detailed guidance on particular therapeutic techniques, this treatment manual is an excellent practical, step-by-step guide to treating patients with these conditions. The authors acknowledge that treatment often encounters setbacks and hurdles, and they reassure that this is common and offer strategies for dealing with such setbacks. Particularly useful are the sections on detached mindfulness, permissive thoughts, “yes-but” statements, and negative outcomes to behavioural experiments.

The chapters are relatively short with a very useful summary giving the key bullet points at the end of each chapter. Tables and text boxes are provided throughout with examples of questions to ask patients, sample dialogues, techniques to use in certain circumstances and possible explanations to give to patients when explaining particular elements of treatment.

The appendix is invaluable, offering a large range of “therapist resources”. Included are a sample assessment letter, information on the consequences and dangers of BN, myths about BN and cognitive therapy, numerous worksheets and assessment and treatment questionnaires. There is a worksheet or piece of guidance for numerous scenarios that arise during treatment.

Despite there being other recent cognitive therapy textbooks and manuals for the treatment of eating disorders and BN, Cooper, Todd and Wells have produced an excellent, highly accessible and practical treatment guide. All clinicians working with BN will benefit from using this book.

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Binge-Eating Disorder: Clinical Foundations and Treatment

James E. Mitchell, Michael J. Devlin, Martina de Zwaan, Scott J. Crow and Carol B. Peterson
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This book breaks down into two main sections. The first is a detailed review of the literature on binge eating disorder and its treatment. The second section details a 15-week RCT-tested CBT treatment protocol for binge eating disorder.

Part one provides a clear and critical review of the key research and theory on binge eating disorder. In particular, the book starts with a detailed review and well argued analysis of the validity of the diagnostic concept of BED and the distinction between BED and nonpurging bulimia nervosa. The authors maintain this level of critical depth and analysis throughout the first section and make clear the limits of the current levels of evidence. The first section is usefully broken down into chapters on: diagnosis and epidemiology; clinical features; BED and obesity; the biological and psychological features of eating behaviours in people with BED; medical interventions; psychotherapeutic interventions and future directions.

Of particular use to the therapists or psychologists who may not have a medical background is the book's comprehensive coverage of medical interventions for the treatment of BED. There is a comprehensive review of pharmacological interventions for the treatment of BED and a review of weight loss agents. In addition, there is also a great deal of information on the medical risks of BED and on the surgical interventions for weight control (bariatric surgery). The authors say their aim is to present this information for people who may not have specialist knowledge in this area and they succeed in producing a highly informative piece of work.

The chapter reviewing the psychological therapies for BED presents a critical review of studies into psychotherapy for BED and, having identified CBT as the best studied and most supported therapy for BED, presents a summary of what the authors have identified as the essential elements of successful CBT for BED.

The second section of the book consists of a brief introduction to the key elements of treatment and then presents a week to week session guide for a 15-week CBT programme. The text does not include detailed descriptions of CBT cognitive procedures (a moderate competence in core CBT skills would be required to use the manual). As well as providing a breakdown of session activities and between-session assignments, the guide for each weekly session also provides some summary information on the key focus for each session, with brief advice on what the therapist should be doing. The information here can be quite brief, and while the weekly session plans are necessarily succinct, a therapist would need a good level of basic CBT skills in order to operationalize the session guides into a therapy session. The scope of the session by session guide covers many areas, such as self-esteem, impulsivity and