

# A model of group therapy in anorexia and bulimia nervosa of childhood and adolescence

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## Objective:

In order to prevent an early relapse after hospital treatment, cognitive behaviour group therapy for eating disordered patients and its further development are still needed.

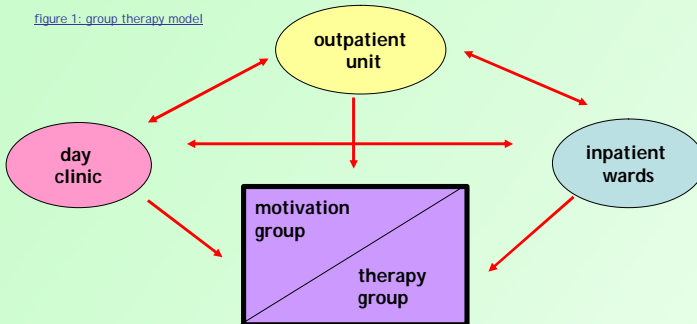
## Methods:

Carrying out a preliminary study, we have started to develop a group therapy programme which includes patients from all units of our department. All of them met the diagnostic ICD-10 criteria of Anorexia nervosa (F50.0; 50.1). In addition to the individual care, patients were sent to two semi-open groups (figure 1).

## Interventions

- a) **targets of motivation group:** motivation for eating disorder treatment, psychological education.  
 b) **targets of therapy group:** peer group support, individual meaning and personal concept of illness perception, expression of emotions, self confidence and essential underlying problems of this age- and illness-group.

figure 1: group therapy model



## c) therapeutically used methods:

In addition to cognitive behavioral therapeutic techniques (e.g. socratic dialogues, cognitive restructuring, problem solving strategies, training of social skills; food) our patients underwent the following interventions:

- biographical work (photos: history of life and eating disorder)
- future: projection of time
- family relations (followed by sculptures, role play)
- gender identity (women, models/idols; father, mother)
- creative elements (collages, sculptures)
- emotions (visualisation, reflection)
- food: shopping, cooking and eating together

## parents evenings:

- psychological education
- questions
- interchange of personal experiences

## Results:

The original sample consisted of 14 anorexic and bulimic girls. Nine of them with an average age of 14.1 years underwent the complete group treatment. The drop out of 5 patients who visited the motivation group resulted of a lacking sense of illness. Two of them suffered from bulimic symptoms. Data concerning the remaining 9 patients are listed in table 1.

Table 1: sample number of patients 9

|               |    |
|---------------|----|
| - inpatients  | 8  |
| - outpatients | 2  |
| - day clinic  | 2* |

|                                  |             |
|----------------------------------|-------------|
| age (years)                      | 15.1 (±1.7) |
| BMI (kg/m <sup>2</sup> )         | 14.1 (±1.1) |
| duration of illness before group | 1.2 (±1.1)  |
| treatment (years)                |             |

\*changes during complete treatment phase

Table 2: comorbidity (ICD-10)

|                                 |   |
|---------------------------------|---|
| - depressive episode (moderate) | 3 |
| - dysthymia                     | 2 |
| - separation anxiety disorder   | 1 |

Table 3: CBCL-Results

|           |              |
|-----------|--------------|
| CBCL-INT  | 67.3 (±10.9) |
| CBCL-EXT  | 52.0 (± 6.8) |
| CBCL-GLOB | 60.8 (± 7.5) |



„There are at least two parts in me“ (patient, 16 years)

## Discussion:

During a time span of six months, we were able to confront a group of anorexic patients continually with their eating disorder behaviour as well as their depressive and anxiety symptoms (table 2) and internalizing problems (table 3). This team-work (two therapists) was done by means of a widened spectrum of therapeutic elements (see "interventions"). Therapeutic work in our motivation group was limited due to a restricted sense of illness and lacking patients' willingness. However, the division into two groups enabled us to create a stable therapeutic group setting for our main group.

## Conclusion:

Working with eating disordered girls, efforts must emphasize on a clearly defined motivation phase. Concrete therapeutic work should be symptom-orientated and include all essential underlying problems of this age-group. Moreover, future research should stress on the development of a therapeutic manual evaluated by standardized instruments. In further research we are planning a pre-post design.

## References:

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