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.

(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>
<thead>
<tr>
<th>Table 1: sample</th>
<th>Table 2: comorbidity (ICD-10)</th>
<th>Table 3: CBCL-Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>number of patients</td>
<td>9</td>
<td>Table 2: comorbidity (ICD-10)</td>
</tr>
<tr>
<td>- inpatients</td>
<td>8</td>
<td>- depressive episode (moderate)</td>
</tr>
<tr>
<td>- outpatients</td>
<td>2</td>
<td>- dysthymia</td>
</tr>
<tr>
<td>- day clinic</td>
<td>2</td>
<td>- separation anxiety disorder</td>
</tr>
<tr>
<td>age (years)</td>
<td>15.1 (±1.7)</td>
<td>CBCL-INT</td>
</tr>
<tr>
<td>BMI (kg/m2)</td>
<td>14.1 (±1.1)</td>
<td>CBCL-EXT</td>
</tr>
<tr>
<td>duration of illness</td>
<td></td>
<td>CBCL-GLOB</td>
</tr>
<tr>
<td>before group</td>
<td>1.2 (±1.1)</td>
<td>*changes during complete treatment phase</td>
</tr>
</tbody>
</table>

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-oriented 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: