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Treating Adolescent Females With Bulimia Nervosa: Using a Creative Approach With Cognitive Behavioral Therapy

Jennifer Wattam, Ruth Ouzts Moore, and Ann M. Ordway

Wattam, Jennifer, is a graduate student at Walden University pursuing a Master's in Mental Health Counseling. She has experience in working with adolescents recovering from substance-related disorders, eating disorders, and codependency issues. She specializes in the integration of the 12-step recovery model in the clinical setting.

Moore, Ruth O., is a core faculty member for the Master's in Mental Health Counseling Program at Walden University and has 18 years experience in the field. She is a Licensed Professional Counselor and National Certified Counselor. She is a frequent presenter in the areas of abuse/trauma, play therapy, and parental alienation. She has also been qualified as an expert witness in criminal, chancery, and youth court for her involvement in cases with children who have experienced physical and sexual abuse, parental alienation, and custody and visitation issues.

Ordway, Ann, is an instructor in the Psychology and Counseling Department at Fairleigh Dickinson University. She has 25 years experience as a court-appointed Guardian ad Litem and Law Guardian. Ann is a frequent presenter in the areas of high conflict divorce, court testimony, parenting coordination, and parental alienation.

Abstract

Adolescence is a time when the propensity for developing an eating disorder is at its greatest (Le Grange, Lock, & Dymek, 2003; Ray, 2004; Stice, Marti, & Rohde, 2013). Incidences of bulimia nervosa are much higher among adolescent females than males (Ray, 2004), and cognitive behavioral therapy (CBT) has been found to be the most commonly used intervention in treatment (Lundgren, Danoff-Burg, & Anderson, 2004; Mussell et al., 2000). However, several studies have found that CBT is only effective in treating individuals with bulimia when they are motivated to participate in treatment (Mussell et al., 2000). Creative techniques can be easily implemented and provide new and lasting ways to facilitate change (Adamson & Kress, 2011; Gladding, 2011; Jacobs, 1992). This article will discuss the use of creative techniques in counseling female adolescents with bulimia nervosa from a cognitive behavioral perspective. Particular emphasis will be given to increasing client motivation and facilitating emotional expression.

Bulimia nervosa is a psychiatric disorder characterized by frequent and recurrent maladaptive eating patterns, including episodes of binge eating followed by inappropriate compensatory behaviors. During the binge cycle, individuals feel a loss of control over the rate and amount of food they are eating, and they consume a significantly larger amount of food than the average person in a short period of time. The binges are thought to be instinctual and compulsive, and they typically trigger anxious feelings. As a result, there is a need to engage in drastic measures to remove the calories ingested (American Psychiatric Association, 2013). Such compensatory behaviors may include excessive exercising, self-induced vomiting, misuse of laxatives and/or diuretics, or fasting (American Psychiatric Association, 2013).

Although bulimia nervosa is a disorder that may affect individuals of all ages, research has implicated adolescence as being a time during which the propensity for developing an eating disorder is at its greatest (Le Grange, Lock, & Dymek, 2003; Ray, 2004; Stice, Marti, & Rohde, 2013). While both male and female adolescents are particularly at risk, the incidences of bulimia nervosa are much higher among adolescent females than their male counterparts (Ray, 2004). There are several treatments thought to minimize the binge-purge cycles among individuals with bulimia; however, cognitive behavioral therapy (CBT) has been found to be most commonly used with this population due to its empirical support and proven effectiveness (Lundgren, Danoff-Burg, & Anderson, 2004; Mussell et al., 2000). CBT is centered on the notion that people are born with the ability to think both rationally and irrationally, and they have the ability to choose which direction their thinking takes them (Ellis, 1985). Abnormal behaviors are the direct result of negative self-talk, which leads to emotional disturbances and problem behaviors. However, through self-evaluation and positive self-talk, individuals suffering from emotional disturbances have the power to change their thinking (Beck, 1979). CBT can be used to help individuals with bulimia change their interpretation of the world around them, which leads to changes in their behavior (Lundgren et al., 2004; Mussell et al., 2000).

CBT has been found to be most effective in treating individuals with bulimia when they are motivated to participate in treatment (Bamford & Mountford, 2012; Mussell et al., 2000). This information is particularly relevant when counseling adolescents who suffer from bulimia nervosa. Adolescents are often resistant to therapy; therefore, establishing trust and rapport can be difficult (Moore & Ordway, 2013; Moore, Ordway, & Francis, 2013; Sommers-Flanagan & Sommers-Flanagan, 2007). Their egocentric thinking leads to feelings of self-consciousness, as well as the belief that they are the direct cause of the negative events in their lives (Elkind, 1984; Sommers-Flanagan & Sommers-Flanagan, 2007). Adolescent females also experience a variety of physical changes in their bodies during puberty which may lead to further feelings of self-consciousness about their bodies (Hornyak & Baker, 1989). Thus, in knowing that adolescents are often resistant to therapy, experience errors in judgment and thinking, and have difficulty disclosing information, particularly related to their bingeing and purging behaviors, how can counselors provide successful treatment to female adolescents?

There is evidence supporting the use of creativity in the counseling process (Adamson & Kress, 2011; Davis, 2010; Duffey, 2005; Duffey & Kerl-McClain, 2006; Gladding, 2011; Jacobs, 1992; Moore & Ordway, 2013; Moore et al., 2013; Schimmel, 2006). Creative techniques can be easily implemented, and they provide new and lasting

ways to facilitate change (Adamson & Kress, 2011; Gladding, 2011; Jacobs, 1992). This article will discuss how creative techniques can be implemented when using cognitive behavioral therapy among female adolescents with bulimia nervosa. Particular emphasis will be given to increasing motivation and facilitating emotional expression.

Bulimia Nervosa and the Challenges for Female Adolescents

An increasing number of female adolescents are being diagnosed with eating disorders, including bulimia nervosa (Hornyak & Baker, 1989; Isomaa, Isomaa, Marttunen, Kaltiala-Heino, & Björkqvist, 2009; Le Grange et al., 2003; Stice et al., 2013). Stice et al. (2013) found that roughly 10% of young females between the ages of 13 and 21 qualified for a *DSM-IV* eating disorder diagnosis, and approximately 2% to 5% of these individuals fulfill the bulimia nervosa diagnosis (Le Grange et al., 2003). Isomaa et al. (2009) found after conducting an 8-year follow-up of young girls with bulimia nervosa, 13.1% of the participants reported experiencing at least one other eating disorder during the following years. According to the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM-5; American Psychiatric Association, 2013), bulimia nervosa typically manifests in late adolescence or young adulthood; however, the second author has worked with females with eating disorders who were as young as 10 years old.

The media appears to be a significant risk factor and influence in the development of bulimia and other eating disorders among female adolescents (Levine & Murnen, 2009). In that, the media offers mixed messages regarding body image and appropriate eating behaviors (Drew, Ordway, & Stauffer, 2014). On one hand, adolescents are exposed to glamorous and successful movie/ television stars and supermodels who are exceptionally thin (Drew et al., 2014). On the other, television commercials and advertisements invite consumers to “super-size” their meals and save more on the largest sizes (Drew et al., 2014). Such media messages can be confusing, particularly when adolescent females are already emotionally vulnerable due to their feelings of self-consciousness about their bodies.

Counseling female adolescents with bulimia nervosa can be challenging for the professionals involved (Hornyak & Baker, 1989). Adolescents often feel resentful that a parent/guardian has forced them to come to counseling, and they may be apprehensive and reluctant to share their thoughts and emotions (Sommers-Flanagan & Sommers-Flanagan, 2007; Moore & Ordway, 2013; Moore et al., 2013). They may also be severely critical of figures of authority (Elkind, 1984; Sommers-Flanagan & Sommers-Flanagan, 2007). These adolescents are often disconnected from their emotions, and they are prone to have strong feelings of shame (Hornyak & Baker, 1989). As a result, they may be afraid to share personal and sensitive information due to their fear of being judged (Hornyak & Baker, 1989). Such resistance in therapy makes establishing trust and rapport quite difficult, and without a strong therapeutic alliance, treatment will not be successful (Sommers-Flanagan & Sommers-Flanagan, 2007; Moore & Ordway, 2013; Moore et al., 2013). Furthermore, from a developmental perspective, adolescence is the time period during which teenagers are more prone to experience egocentric thinking (Elkind, 1984). Egocentric thinking refers to adolescents’ preoccupation with their own thoughts and appearance to the point that they have difficulty seeing reality from other people’s perspectives (Elkind, 1984). They often feel highly self-conscious, as well as overly

responsible for negative events in their lives (Elkind, 1984). Adolescent females also experience a variety of physical changes in their bodies during puberty which may lead to feelings of self-consciousness about their bodies, negative body image, and problems with self-esteem (Hornya & Baker, 1989). Therefore, when working with adolescents with bulimia, their egocentrism and body image disturbances make the counselor's role even more challenging.

Understanding Cognitive Behavioral Therapy

Research has suggested that the use of CBT results in the reduction of bingeing and purging episodes, body dysmorphia, preoccupation with weight, as well as an improvement in self-image among individuals with bulimia nervosa (Bulik, Sullivan, Carter, McIntosh, & Joyce, 1999; Butryn, Lowe, Safer, & Agras, 2006; Hendricks & Thompson, 2005; Lundgren et al., 2004; Mussell et al., 2000; Sysko & Walsh, 2008; Wilson, Fairburn, Agras, Walsh, & Kraemer, 2002). To illustrate the use of CBT in the therapeutic setting, Ellis (1962) presented the A-B-C Theory of Personality. According to Ellis (1962), A stands for activating event, B for an individual's belief about that event, and C for the emotional and behavioral consequences of the belief (B) of the event (A). Maladaptive behavioral patterns are formed as a direct result of faulty or irrational interpretations about oneself and/or one's environment (Ellis, 1962). For example, in the case of an individual with bulimia nervosa, if the adolescent receives a bad grade on a college exam and subsequently engages in a binge-purge cycle, it is likely that the maladaptive behavior is a result of the individual's interpretation of what a bad grade represents (i.e. failure, worthlessness, etc.). The goal is to get the individual to change the interpretation of the activating event to produce more positive emotional and/or behavioral consequences (Ellis, 1962).

For example, the second author once worked with a 12-year-old female who suffered from bulimia. Her parents had been having marital problems, and she overheard them on several occasions talking about getting a divorce. The client started dating an older male and began sneaking out of the house at night to see him. The parents discovered that she was sneaking out and nailed her bedroom window shut. They also forbade her from seeing her boyfriend. Shortly thereafter, the father was laid off from his job, and the client began engaging in bingeing/purging episodes several times per week. In therapy, she discussed feelings of anxiety related to her father's losing his job. She was uncertain about what his job loss would do to the family financially. She repeatedly indicated that it was her fault that he lost his job. She described herself as being "rebellious" and giving her parents "a hard time." She said, "Maybe if I wasn't such a loser, my dad would still have his job, and my parents wouldn't be fighting." The client was not responsible for her father's job loss or the problems that existed between her parents; however, she blamed herself for these problems and attributed them to the fact that she was "a loser." Her definition of "loser" was based on her underlying feelings of anxiety and worthlessness. During the course of therapy, she began to reexamine her perception of her father's job loss and the sense of responsibility she was feeling.

The success of CBT with individuals with bulimia is attributable to a variety of outlying factors including therapeutic alliance, the desire to change, effort put into treatment, attitudes toward food, and severity of symptoms at the onset of treatment

(Bulik et al., 1999; Butryn et al., 2006; Hendricks & Thompson, 2005; Lundgren et al., 2004; Mussell et al., 2000; Sysko & Walsh, 2008; Wilson et al., 2002). Thus, counselors must assess these factors during the initial session and throughout the course of treatment. Getting female adolescents to disclose such information can be difficult, because as previously mentioned, female adolescents encounter many developmental challenges that prevent them from fully engaging in the therapeutic process (Sommers-Flanagan & Sommers-Flanagan, 2007). Thus, counselors must be mindful of the pertinent developmental factors among female adolescents, evaluate their personal approach in the therapeutic setting, and tailor their methods based on the severity of their clients' symptoms, their levels of self-efficacy, and the level of dysfunction in their relationship with food and self-image (Bulik et al., 1999; Butryn et al., 2006; Constantino & Smith-Hansen, 2008; Fernández-Aranda et al., 2009; Goldstein, Wilson, Ascraft, & Al-Banna, 1999; Haslam, Meyer, & Waller, 2011; Hendricks & Thompson, 2005; Jacobi, Dahme, & Dittmann, 2002; Kampman, Keijsers, Hoogduin, & Verbraak, 2002; Lundgren et al., 2004; Mussell et al., 2000; Shapiro et al., 2010; Shapiro et al., 2007; Sysko & Walsh, 2008; Wilson et al., 2002). Special attention must also be given to reducing the purging behaviors among individuals with bulimia due to the adverse health effects associated with repetitive vomiting, laxative abuse, over-exercising, and excessive fasting (American Psychiatric Association, 2013). If these factors are overlooked during the ongoing process of assessment, the results could be severely detrimental to the client's health (Mehler, 2011). Thus, it is imperative for counselors to assess the severity of the bingeing and purging behaviors and make referrals to the appropriate health professionals, including a physician and dietician (Long, Fitzgerald, & Hollin, 2012). Furthermore, counselors should gain a thorough understanding of existing family dynamics including identifying familial behaviors that might be contributing to or triggering the bulimic behavior (Warren, 2005). For example, many adolescents with bulimia nervosa have family members who are critical, express strong negative opinions, have maladaptive concepts of appearance, and/or have poor eating habits (Perosa & Perosa, 2010). Female adolescents are more likely to make progress in therapy when parents support individuation in their adolescents and proactively encourage them to evolve as individuals (Perosa & Perosa, 2010).

Implementing a Creative Counseling Approach

Numerous studies support the effectiveness of creative approaches in counseling (Adamson & Kress, 2011; Davis, 2010; Duffey, 2005; Duffey & Kerl-McClain, 2006; Gladding, 2011; Jacobs, 1992; Moore, 2012; Moore & Ordway, 2013; Moore et al., 2013; Schimmel, 2006). Creative counseling techniques can be easily implemented, and they are highly beneficial with adolescents. Specifically, creative interventions have been found to facilitate self-expression, increase self-confidence and self-esteem, and foster insight among adolescents (Hinz, 2006; Moore, 2012; Slyter, 2012). Adolescents are more likely to establish rapport, become fully engaged, and make significant behavioral changes in therapy when the counselor provides safe outlets for emotional expression (Moore, 2012; Moore & Ordway, 2013; Moore et al., 2013). Schimmel (2006) discussed the effectiveness of using props and visual arts to facilitate emotional expression among children and adolescents, as such methods keep them easily engaged. Music has also

been a helpful tool in counseling, because adolescents use music as a way to connect when socializing with peers (Slyter, 2012), and adolescents can use song lyrics as a way to express their emotions (Moore, 2012; Slyter, 2012). Art therapy also provides adolescents with an emotional outlet to facilitate emotional expression, particularly among those with eating disorders (Hinz, 2006).

In addition to the use of music and art, journaling has been found to be extremely therapeutic and cathartic for individuals with bulimia (Wasson & Jackson, 2004). Journaling is useful in helping those with bulimia to assimilate new information regarding their relationship with food and their maladaptive eating patterns (Wasson & Jackson, 2004). In addition, journaling aids in self-monitoring of behaviors and helps adolescents recognize and label their feelings associated with their behaviors (Wasson & Jackson, 2004). Wasson and Jackson (2004) found that adolescents with bulimia who journal were able to modify their negative thoughts and develop a new perspective and plan of action.

Creative techniques empower adolescents, which in turn, make them more motivated to engage in therapy and make meaningful disclosures that may be sensitive in nature. By using a creative approach, adolescents with bulimia are more likely to work through feelings of anger, hostility, and shame which are perpetuating the binge/purge cycle (Hinz, 2006; Hornyak & Baker, 1989; Moore, 2012; Slyter, 2012). Thus, creative counseling techniques can be easily implemented when practicing from a cognitive behavioral approach.

Establishing Rapport and Encouraging a Commitment to Change

CBT is in a sense cognitive restructuring, and its efficacy is directly proportionate to the amount of effort put forth by the client on the receiving end of treatment (Glenn et al., 2013). The process of CBT requires patients to be willing to constantly examine their thinking and emotional state in order to link their disturbed persona to their self-defeating views of themselves and the world (Glenn et al., 2013). Mussell et al. (2000) examined 143 adult women in a 6 month longitudinal CBT treatment study involving individuals with bulimia nervosa. These authors found that 50% of the participants' binge-purge behaviors went into complete remission by the end of the 6 month period after those individuals verbally committed at the onset of CBT treatment to abstain completely from bingeing and purging behaviors. In addition, these authors found that abstinence rates were extremely low among individuals without the desire to commit to making behavioral changes. Additional studies have reported that individuals with bulimia have high rates of drop-out and a failure to actively participate in therapy (Binford et al., 2005; Shapiro et al., 2010). However, the highest success rates in therapy were reported to have established a strong counselor-client rapport (Constantino & Smith-Hansen, 2008).

Counselors should also consider the perception of bulimia nervosa among the adolescent female culture. Mond and Marks (2007) examined the attitudes of adolescents toward those who suffer from bulimia nervosa and the associated stigma. The authors reported that despite the severity and despair associated with the eating disorder, most adolescent females perceived bulimia nervosa to be relatively common within the population, and further remarked that living with a disorder such as bulimia nervosa "might not be too bad" (Mond & Marks, 2007, p. 91). Thus, an adolescent female who is engaging in bingeing and purging episodes may be resistant to the idea that such behavior

is problematic, as bulimia is often perceived as “normal.” Such distorted perceptions may lead to further faulty thinking.

The second author once worked with a 15-year-old female who had a strained relationship with her father. He was an executive for a large corporation and traveled several weeks per month with his job. Her father was very strict during the time that he was home, but her mother did not enforce his strict rules while he was away. The 15-year-old was resistant in therapy. The author asked her about her music preferences, which seemed to make her feel more relaxed. She shared that music was her “only escape” besides bingeing and purging. The author suggested that she bring in a song that she felt would be a good theme song for her, or one that had a message with which she connected. She brought in a CD with the song *Creep* (Yorke, 1992). The author found the lyrics to the song and gave her a printed copy. While listening to the song in the session, the client was asked to identify the lyrics that “spoke” to her. After the song, she identified the following lyrics as being the ones that represented her feelings:

But I’m a creep, I’m a weirdo. What the hell am I doing here? I don’t belong here.
I don’t care if it hurts. I want to have control. I want a perfect body. I want a perfect soul. I want you to notice. When I’m not around. You’re so fuckin special.
I wish I was special. (*Creep*, 2012)

The use of music helped the client connect with the author. The client then discussed the anger that she felt toward her father for being “controlling.” She stated that he often made her cut the grass and would measure the grass with a ruler after she cut it to ensure that it was “the right height.” She also mentioned that her father “made” her mother rotate all of the family members’ t-shirts that were in the drawers so that each shirt was worn the same number of times. The author would not have been able to gain this type of information had the client not established a connection through music.

Facilitating Self-Expression and Building Self-Esteem

There is an abundance of research supporting the notion that developing a positive self-esteem and self-image directly leads to high levels of self-efficacy, thus improving treatment outcomes for patients with bulimia nervosa (Haslam et al., 2011). Building self-esteem among adolescent females can be a difficult process, because they have experienced chronic self-defeating thoughts. Their perpetual cycle of negative self-talk is hard to break. Ellis (1985) stated that regardless of the circumstances, individuals have the capacity to feel enlightened, fulfilled, and content amidst chaos. However, counselors must find ways to facilitate emotional expression to help adolescents gain insight. Once they are able to understand the vicious cycle of negative self-talk, they will be able to explore their feelings of shame, loneliness, and worthlessness that impair their self-esteem (Lázaro et al., 2011).

The second author once worked with a 14-year-old who was engaging in daily bingeing and purging episodes. She was an average student but really struggled to make Cs. She reportedly binged and vomited at least twice per day, and she exercised for an hour per day after what she referred to as her “normal meals,” and she usually ate three “normal meals” per day. The client had a strained relationship with her mother after discovering that her mother was having an extramarital affair. Her mother minimized the effects that her affair had on their relationship, and the teen often made statement such as “She [mother] is the one who needs counseling!” The client seemed resistant to

discussing her thoughts and feelings, until the author introduced art activities. The author noticed that the client had doodled and sketched in a notebook while sitting in the waiting area. The author asked the client about her artwork. The client stated, “It’s just something I do when I’m bored.” The author suggested that they make a collage. The client was instructed to create a collage that reflected her thoughts and feelings. She used picture- and word- clippings from magazines. In the center of the paper, there was a picture of a cartoon-like picture. She also had the words “fat” and “stupid.” When asked to share her collage, she said, “The pig is me. I always feel fat as a pig.” The author asked about the word, “stupid.” She added, “Oh yeah. I feel fat and stupid.” She began crying as she discussed feeling as though she always say her mother as being “perfect” until the affair. She also expressed feeling resentful toward her mother for being critical about her weight, as well as for the hurt and pain she caused her father. In future sessions, the client preferred to draw, sketch, or paint while sharing her thoughts and feelings.

Changing Faulty Thinking and Improving Body Image

CBT is only likely to be successful if adolescents develop a strong therapeutic alliance, make a commitment to change, put forth the effort into treatment, and change existing attitudes toward food and their perceptions of their bodies (Bulik et al., 1999; Butryn et al., 2006; Hendricks & Thompson, 2005; Lundgren et al., 2004; Mussell et al., 2000; Sysko & Walsh, 2008; Wilson et al., 2002). According to Wilson et al. (2002), as many as 50% of individuals diagnosed with bulimia nervosa experience total abstinence from bingeing and purging behaviors after receiving CBT treatment. Of the remaining individuals, some maintain short-term abstinence from the binge/purge cycle, while others appear not to have gained any therapeutic ground after receiving CBT. Wilson et al. (2002) attributed these numbers to the bulimia nervosa individuals’ ability to modify three key aspects of their negative thinking. First, those individuals who showed considerable improvement through CBT were able to reduce their dietary restraint and their view of food. As a result, they were better able to develop more regular eating patterns and were much more likely to abstain from the binge/purge cycle. Second, they found that the individual’s level of self-efficacy greatly influenced their disordered eating, in that the more capable of change they considered themselves to be, the more they were able to adopt a healthier relationship with eating and food altogether. Their definition of self-efficacy was based on the work of Rakauskiene and Dumciene (2013) who described it as the clients’ subjective interpretation of their ability to handle tasks that arise and solve their own problems. Third, Wilson et al. (2002) found that individuals who were able to change their views and attitudes of beauty, and focus less on physical appearance, had greater short-term prognoses regarding bulimia nervosa symptoms. In additional studies, long term abstinence from bingeing and purging was attributed to less severity in the frequency, intensity, and duration of binge-purge episodes (Bulik et al., 1999), increased levels of self-directedness and responsibility for personal choices, higher self-efficacy (Bulik et al., 1999; Haslam et al., 2011), and lower levels of weight suppression (Butryn et al., 2006). Thus, it is imperative that counselors identify ways to help adolescent females change their faulty thinking and improve body image.

The second author once worked with a 17-year-old in counseling who was bingeing and purging on a daily basis. She was dating a young man who she described as being verbally abusive. He was extremely jealous and often called her obscene names if

she spoke to other males. The client recognized that the relationship was unhealthy, but she did not want to end the relationship. She attributed her staying in the relationship to the fact that she was afraid to be alone. The client reported that her previous boyfriend was killed in a car accident. She was supposed to be with him the night that he was killed, but she decided to go out with her friends. She felt guilty that he died and believed that his death would not have happened if she had been with him. Several sessions were focused on improving self-esteem and body-image; however, she seemed to lack insight. She saw herself as being “ugly” and worried that “no one would want me [her].” The author introduced a mirror activity in the session. The client was asked to sit in front of the mirror and write positive self-statements on the mirror using a dry erase marker. The client had significant difficulty identifying positive messages, however she stated, “I like my eyes.” The author asked what she liked about them. She replied, “They are blue.” The author encouraged her to elaborate. She said, “Well, I guess they are pretty. Other people tell me they are.” The author asked, “Do you believe them.” She said, “Yes.” Therefore, she was asked to write, “I have pretty, blue eyes” on the mirror. The author then tried to get the client to identify positive traits that she had that are internal. She identified that she was kind and thoughtful. The client was instructed to write those words on the mirror. The client was then given a small hand mirror and asked to write the same positive words/statements that she had written on the full-length mirror. She was informed that she could keep the mirror and encouraged to write the same positive messages on her mirror at home. (The author obtained parental permission to conduct the activity and to give the mirror to the client to take home). The mirror activity helped the client look past her external features and focus on her positive qualities. Over time, the client was able to build self-esteem and change her negative perception of her body.

Conclusion

In sum, CBT continues to be widely recognized among researchers as one of the most reliable methods of treatment for bulimia nervosa (Bulik et al., 1999; Butryn et al., 2006; Constantino & Smith-Hansen, 2008; Fernández-Aranda et al., 2009; Goldstein et al., 1999; Haslam et al., 2011; Hendricks & Thompson, 2005; Jacobi et al., 2002; Kampman et al., 2002; Lundgren et al., 2004; Mussell et al., 2000; Shapiro et al., 2010; Shapiro et al., 2007; Sysko & Walsh, 2008; Wilson et al., 2002). In a clinical setting, it would be critical for the attending mental health professional to understand that CBT is only effective when clients are motivated to participate in therapy. Adolescents are often resistant to therapy, thus female adolescents with bulimia may be highly mistrustful and have difficulty connecting with the counselor. Counselors must find ways to establish rapport with these adolescents to ensure that they stay motivated during the course of treatment. When practicing from a cognitive behavioral approach, creative strategies can be implemented to help identify negative self-messages, create impact, and facilitate growth and change (Jacobs, 1992). Further research is needed to determine if specific creative techniques are effective with individuals with bulimia nervosa.

Counselors should also be aware that other psychological disorders might be present among adolescents with eating disorders. For example, individuals with bulimia nervosa may also have underlying anxiety disorders, mood disorders, and/or substance-related disorders (Carbaugh & Sias, 2010). And, while CBT has been found to be an

effective approach in treating other mental disorders, it is possible that medication may be needed. Although the subject of medication is beyond the scope of this article, one of the most common treatments used in conjunction with CBT is pharmacological intervention. Specifically, selective serotonin reuptake inhibitors (SSRIs) such as Fluoxetine (the generic brand for Prozac), are thought to be extremely helpful in reducing bulimic symptoms, as well as sustaining prolonged recovery (Le Grange & Schmidt, 2005; Monteleone et al., 2005). SSRIs are typically used in treating a variety of mood disorders and associated symptoms such as anxiety and depression (Kampman et al., 2002). Fluoxetine has also proven to be instrumental in the reduction of obsessive thinking among individuals with bulimia, particularly regarding weight, caloric intake, body shape, and the compulsion to expel consumed calories in an inappropriate manner (American Psychiatric Association, 2013; Bowers & Anderson, 2007; Le Grange & Schmidt, 2005; Monteleone et al., 2005). It is also noteworthy that the authors feel strongly about interdisciplinary teamwork when treating individuals with bulimia nervosa and other eating disorders. There are numerous health risks associated with repetitive vomiting, laxative abuse, over-exercising, and excessive fasting (American Psychiatric Association, 2013). Therefore, particular attention must be given to reducing the purging behaviors to prevent serious long-term damage (Mehler, 2011). Therefore, the treatment team should consist of a physician, counselor, dietician, and psychiatrist (Long et al., 2012). Counseling is only likely to be effective when the underlying health issues and dietary needs are properly treated (Bowers & Anderson, 2007; Coston, 2007; Long et al., 2012). Counselors must also recognize the need for a therapeutic alliance with parents/caregivers, as they will likely serve to enhance treatment outcome. A team approach with parents/caregivers, family members, and loved-ones on-board provides additional in-home support for the adolescent female in treatment (Warren, 2005).

References

- Adamson, N. A., & Kress, V. E. (2011). 'Green' counseling: Integrating reused household materials into creative counseling interventions. *Journal of Creativity in Mental Health*, 6(3), 193-201.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- Bamford, B. H., & Mountford, V. A. (2012). Cognitive behavioural therapy for individuals with longstanding anorexia nervosa: Adaptations, clinician survival and system issues. *European Eating Disorders Review*, 20(1), 49-59. doi:10.1002/erv.1080
- Beck, A. T. (1979) *Cognitive therapy of depression*. New York, NY: The Guilford Press.
- Binford, R. B., Mussell, M., Crosby, R. D., Peterson, C. B., Crow, S. J., & Mitchell, J. E. (2005). Coping strategies in bulimia nervosa treatment: Impact on outcome in group cognitive-behavioral therapy. *Journal of Consulting and Clinical Psychology*, 73(6), 1089-1096. doi:10.1037/0022-006X.73.6.1089
- Bowers, W. A., & Andersen, A. E. (2007). Cognitive-behavior therapy with eating disorders: The role of medications in treatment. *Journal of Cognitive Psychotherapy*, 21(1), 16-27.

- Bulik, C. M., Sullivan, P. F., Carter, F. A., McIntosh, V. V., & Joyce, P. R. (1999). Predictors of rapid and sustained response to cognitive-behavioral therapy for bulimia nervosa. *International Journal of Eating Disorders*, 26(2), 137-144. doi:10.1002/(SICI)1098-108X(199909)26:2<137::AID-EAT2>3.0.CO;2-N
- Butryn, M. L., Lowe, M. R., Safer, D. L., & Agras, W. (2006). Weight suppression is a robust predictor of outcome in the cognitive-behavioral treatment of bulimia nervosa. *Journal of Abnormal Psychology*, 115(1), 62-67. doi:10.1037/0021-843X.115.1.62
- Carbaugh, R. J., & Sias, S. M. (2010). Comorbidity of bulimia nervosa and substance abuse: Etiologies, treatment issues, and treatment approaches. *Journal of Mental Health Counseling*, 32(2), 125-138.
- Constantino, M., & Smith-Hansen, L. (2008). Patient interpersonal factors and the therapeutic alliance in two treatments for bulimia nervosa. *Psychotherapy Research*, 18(6), 683-698. doi:10.1080/10503300802183702
- Coston, C. (2007). *The eating disorder sourcebook: A comprehensive guide to the causes, treatments, and preventions of eating disorders*. New York, NY: McGraw Hill.
- Creep. (1992). Retrieved from <http://www.azlyrics.com/lyrics/radiohead/creepacoustic.html>
- Davis, K. M. (2010). Music and the expressive arts with children experiencing trauma. *Journal of Creativity in Mental Health*, 5, 125-133. doi:10.1080/15401383.2010.485078
- Drew, M. J., Ordway, A. M., & Stauffer, M. D. (2014). The secret and all-consuming obsessions: Eating disorders. In D. Capuzzi & D. Gross (Eds.), *Youth at Risk* (6th ed., pp. 197-228). Alexandria, VA: American Counseling Association.
- Duffey, T. (Ed.). (2005). *Creative interventions in grief and loss therapy: When the music stops, a dream dies*. New York, NY: Haworth Press.
- Duffey, T., & Kerl-McClain, S. (2006). History of the Association for Creativity in Counseling: The evolution of a conference, division, and journal. *Journal of Creativity in Mental Health Counseling*, 2(3), 61-70. doi:10.1300/J456v02n03_06
- Elkind, D. (1984). *All grown up and no place to go: Teenagers in crisis*. Reading, MA: Addison-Wesley.
- Ellis, A. (1962). *Reason and emotion in psychotherapy*. New York, NY: Lyle Stuart.
- Ellis, A. E. (1985). *Overcoming resistance: Rational-emotive therapy with difficult clients*. New York, NY: Springer Publishing.
- Fernández-Aranda, F., Núñez, A., Martínez, C., Krug, I., Cappozzo, M., Carrard, I., Rouget, P., Jimenez-Murcia, S., Granero, R., Penelo, E., Santamaria, J., & Lam, T. (2009). Internet-based cognitive-behavioral therapy for bulimia nervosa: A controlled study. *Cyberpsychology & Behavior*, 12(1), 37-41. doi:10.1089/cpb.2008.0123
- Gladding, S. T. (2011). *The creative arts in counseling* (4th ed.). Alexandria, VA: American Counseling Association.
- Glenn, D., Golinelli, D., Rose, R. D., Roy-Byrne, P., Stein, M. B., Sullivan, G., & ... Craske, M. G. (2013). Who gets the most out of cognitive behavioral therapy for anxiety disorders? The role of treatment dose and patient engagement. *Journal of Consulting and Clinical Psychology*, 81(4), 639-649. doi:10.1037/a0033403

- Goldstein, D. J., Wilson, M. C., Ascroft, R. C., & Al-Banna, M. (1999). Effectiveness of fluoxetine therapy in bulimia nervosa regardless of comorbid depression. *International Journal of Eating Disorders*, 25(1), 19-27. doi:10.1002/(SICI)1098-108X(199901)25:1<19::AID-EAT3>3.0.CO;2-3
- Haslam, M., Meyer, C., & Waller, G. (2011). Do eating attitudes predict early change in eating behaviors among women with bulimic disorders who are treated with cognitive behavioral therapy? *International Journal of Eating Disorders*, 44(8), 741-744. doi:10.1002/eat.20910
- Hendricks, P. S., & Thompson, J. (2005). An integration of cognitive-behavioral therapy and interpersonal psychotherapy for bulimia nervosa: A case study using the case formulation method. *International Journal of Eating Disorders*, 37(2), 171-174. doi:10.1002/eat.20084
- Hinz, L. D. (2006). *Drawing from within: Using art therapy to treat eating disorders*. London, UK: Jessica Kingsley Publishers.
- Hornyak, L. M., & Baker, E. K. (1989). *Experiential therapies for eating disorders*. New York, NY: Guilford Press.
- Isomaa, R., Isomaa, A., Marttunen, M., Kaltiala-Heino, R., & Björkqvist, K. (2009). The prevalence, incidence and development of eating disorders in Finnish adolescents—a two-step 3-year follow-up study. *European Eating Disorders Review*, 17(3), 199-207. doi:10.1002/erv.919
- Jacobi, C., Dahme, B., & Dittmann, R. (2002). Cognitive-behavioural, fluoxetine and combined treatment for bulimia nervosa: Short- and long-term results. *European Eating Disorders Review*, 10(3), 179-198. doi:10.1002/erv.452
- Jacobs, E. (1992). *Creative counseling techniques: An illustrated guide*. Odessa, FL: Psychological Assessment Resources.
- Kampman, M., Keijsers, G. J., Hoogduin, C. L., & Verbraak, M. M. (2002). Addition of cognitive-behaviour therapy for obsessive-compulsive disorder patients non-responding to fluoxetine. *Acta Psychiatrica Scandinavica*, 106(4), 314-319. doi:10.1034/j.1600-0447.2002.01261.x
- Lázaro, L. L., Font, E. E., Moreno, E. E., Calvo, R. R., Vila, M. M., Andrés-Perpiñá, S. S., & ... Castro-Fornieles, J. J. (2011). Effectiveness of self-esteem and social skills group therapy in adolescent eating disorder patients attending a day hospital treatment programme. *European Eating Disorders Review*, 19(5), 398-406. doi:10.1002/erv.1054
- Le Grange, D., Lock, J., & Dymek, M. (2003). Family based therapy for adolescents with bulimia nervosa. *American Journal of Psychotherapy*, 57, 237-251.
- Le Grange, D., & Schmidt, U. (2005). The treatment of adolescents with bulimia nervosa. *Journal of Mental Health*, 14(6), 587-597. doi:10.1080/09638230500347905
- Levine, M. P., & Murnen, S. K. (2009). "Everybody knows that mass media are/are not (pick one) a cause of eating disorders." A critical review of evidence for a causal link between media, negative body image, and disordered eating in females. *Journal of Social & Cultural Psychology*, 28(1), 9-42.
- Long, C. G., Fitzgerald, K., & Hollin, C. R. (2012). Treatment of chronic anorexia nervosa: a 4-year follow-up of adult patients treated in an acute inpatient setting. *Clinical Psychology & Psychotherapy*, 19(1), 1-13. doi:10.1002/cpp.738

- Lundgren, J. D., Danoff-Burg, S., & Anderson, D. A. (2004). Cognitive-behavioral therapy for bulimia nervosa: An empirical analysis of clinical significance. *International Journal of Eating Disorders*, 35(3), 262-274. doi:10.1002/eat.10254
- Mehler, P. S. (2011). Medical complications of bulimia nervosa and their treatments. *International Journal of Eating Disorders*, 44(2), 95-104.
- Mond, J., & Marks, P. (2007). Beliefs of adolescent girls concerning the severity and prevalence of bulimia nervosa. *Australian Journal of Psychology*, 59(2), 87-93. doi:10.1080/00049530601148413
- Monteleone, P. P., Santonastaso, P. P., Tortorella, A. A., Favaro, A. A., Fabrazzo, M. M., Castaldo, E. E., & ... Maj, M. M. (2005). Serotonin transporter polymorphism and potential response to SSRIs in bulimia nervosa. *Molecular Psychiatry*, 10(8), 716-718. doi:10.1038/sj.mp.4001683
- Moore, R. O. (2012). To cut or not to cut: Treating teens who self-mutilate using structured play therapy techniques. Paper presented for the Association for Play Therapy International Conference: Cleveland, OH.
- Moore, R. O., & Ordway, A. (2013). The mirror without a face: The assessment of parental alienation among children of high-conflict divorces. In *Ideas and research you can use: VISTAS Fall 2013*. Retrieved from <http://www.counseling.org/knowledge-center/vistas/vistas-2013/>
- Moore, R. O., Ordway, A., & Francis, J. (2013). The tug of war child: Counseling children involved in high conflict divorces. In *Ideas and research you can use: VISTAS Summer 2013*. Retrieved from <http://www.counseling.org/knowledge-center/vistas/vistas-2013/>
- Mussell, M., Mitchell, J. E., Crosby, R. D., Fulkerson, J. A., Hoberman, H. M., & Romano, J. L. (2000). Commitment to treatment goals in prediction of group cognitive-behavioral therapy treatment outcome for women with bulimia nervosa. *Journal of Consulting and Clinical Psychology*, 68(3), 432-437. doi:10.1037/0022-006X.68.3.432
- Perosa, L. M., & Perosa, S. L. (2010). Age differences in family factors associated with eating disorders. *Annals of the American Psychotherapy Association*, 2010, 78-81. Retrieved from www.americanpsychotherapy.com
- Rakauskiene, V., & Dumciene, A. (2013). Alteration of adolescent self-efficacy when applying brief counseling at school. *Social Behavior & Personality: An International Journal*, 41(6), 893-899. doi:10.2224/sbp.2013.41.6.893
- Ray, S. L. (2004). Eating disorders in adolescent males. *Professional School Counseling*, 8(1), 98-101.
- Schimmel, C. J. (2006). Seeing is remembering: The impact of using creative props with children in schools and community agencies. *Journal of Creativity in Mental Health*, 2(2), 59-74. doi: 10.1300/J456v02n0207
- Shapiro, J. R., Bauer, S., Andrews, E., Pisetsky, E., Bulik-Sullivan, B., Hamer, R. M., & Bulik, C. M. (2010). Mobile therapy: Use of text-messaging in the treatment of bulimia nervosa. *International Journal of Eating Disorders*, 43(6), 513-519. doi:10.1002/eat.20744

- Shapiro, J. R., Berkman, N. D., Brownley, K. A., Sedway, J. A., Lohr, K. N., & Bulik, C. M. (2007). Bulimia nervosa treatment: A systematic review of randomized controlled trials. *International Journal of Eating Disorders*, 40(4), 321-336. doi:10.1002/eat.20372
- Slyter, M. (2012). Creative counseling interventions for grieving adolescents. *Journal of Creativity in Mental Health*, 7(1), 17-34.
- Sommers-Flanagan, J., & Sommers-Flanagan, R. (2007). *Tough kids: Cool counseling* (2nd ed.). Alexandria, VA: American Counseling Association.
- Stice, E., Marti, C., & Rohde, P. (2013). Prevalence, incidence, impairment, and course of the proposed DSM-5 eating disorder diagnoses in an 8-year prospective community study of young women. *Journal of Abnormal Psychology*, 122(2), 445-457. doi:10.1037/a0030679
- Sysko, R., & Walsh, B. (2008). A critical evaluation of the efficacy of self-help interventions for the treatment of bulimia nervosa and binge-eating disorder. *International Journal of Eating Disorders*, 41(2), 97-112. doi:10.1002/eat.20475
- Warren, M. P. (2005). *Psychotherapy with adolescents and their families: Essential treatment strategies*. Norwalk, CT: Crown House Publishing Limited.
- Wasson, D. H., & Jackson, M. (2004). An analysis of the role of overeaters anonymous in women's recovery from bulimia nervosa. *Eating Disorders*, 12(4), 337-356. doi:10.1080/10640260490521442
- Wilson, G., Fairburn, C. C., Agras, W., Walsh, B., & Kraemer, H. (2002). Cognitive-behavioral therapy for bulimia nervosa: Time course and mechanisms of change. *Journal of Consulting and Clinical Psychology*, 70(2), 267-274. doi:10.1037/0022-006X.70.2.267
- Yorke, T. (1992). Creep [Recorded by Radiohead]. On *Pablo Honey* [CD]. Oxfordshire, England: Chipping Norton Recording Studios. (1993).

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