Treating Bulimia In Adolescents: A Family-Based Approach
An indispensable clinical resource, this groundbreaking book is the first treatment manual to focus specifically on adolescent bulimia nervosa. The authors draw on their proven approach to treating anorexia nervosa in the family context and adapt it to the unique needs of this related yet distinct clinical population. Evidence-based strategies are presented for helping the whole family collaborate to bring dysfunctional eating behaviors under control, while also addressing co-occurring psychological problems and parent-child relationship conflicts. Highly practical, the book shows exactly how to carry out this time-limited therapy and what to do when problems arise. Special features include annotated session transcripts and answers to frequently asked questions.

**Book Information**

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**Customer Reviews**

An excellent Maudesley model treatment manual for clinicians to use in treating Bulimia Nervosa. The authors chose to address Bulimia in a separate edition from their first manual, TREATMENT MANUAL FOR ANOREXIA NERVOSA. The psychological and family dynamics are somewhat different in Bulimia, though the family centered approach is essentially the same. With treatment broken down session by session, it becomes possible for most clinicians with a family therapy background to deliver effective treatment to bulimic teenagers and their families - with minimal additional training. As with the anorexia manual, the approach is very prescriptive - from the initial "intense scene" where the therapist informs the parents that their child has a fair chance of dying unless they both take a leave of absence from work to personally supervise her meals - to the
insistence the parents take charge of the patient's eating, compulsive exercising and purging - until
she successfully frees herself from the spell bulimia holds over her. As with anorexia, the second
session always involves a picnic lunch the family brings to the office - enabling the therapist to
"coach" the parents on getting their daughter to eat. This is followed by weekly visits to ensure the
family is continuing to provide close supervision of dietary choices, meals, exercise and purging. In
treating bulimia the main focus is not weight restoration (often bulimic patients are sightly
overweight), but ending the cycle of binging and purging (either via self-induced vomiting or laxative
abuse). There also tend to be more co-occurring psychiatric conditions (most commonly depression
and suicide ideation) with bulimia, which may need to be addressed first.

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