TWO BRIEF TREATMENTS BASED ON DIALECTICAL BEHAVIOR THERAPY
FOR BINGE EATING ACROSS DIAGNOSES AND DIAGNOSTIC THRESHOLDS:
RESULTS FROM A PRELIMINARY RANDOMIZED DISMANTLING STUDY

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ABSTRACT

How can disordered eating be effectively treated? The answer is not yet clear. Although
cognitive behavioral therapy (CBT) is generally considered the treatment of choice, disordered
eating has been shown to persist and re-emerge following CBT. Furthermore, little research
exists regarding treatment efficacy for eating disorder presentations that fall outside of the
current diagnoses of anorexia nervosa, bulimia nervosa, and binge eating disorder. The current
study bolsters this area by examining the efficacy of two brief treatments based on dialectical
behavior therapy (DBT) for binge eating, be it in the context of full- or sub-threshold BN or full-
or sub-threshold BED. Participants were randomly assigned to either group DBT with coaching
calls (DBT) or diary card self-monitoring with brief individual sessions (DC). Fifteen treatment
sessions were provided over 16 weeks. Both treatments were associated with significant change
(in the desired direction) in bulimic symptoms, dichotomous thinking, food labeling, drive for
thinness, body dissatisfaction, ineffectiveness, perfectionism, and interpersonal distrust over the
course of treatment. While DBT outperformed DC on symptom measures, DC outperformed
DBT on retention. The results point to possibilities for stepped care and avenues for future
research, including replication with a larger sample, further dismantling (e.g., DBT vs. behavior
chain analysis; DBT vs. mindful eating), and comparison with other available treatments (e.g.,
treatment as usual; CBT; IPT).