

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).