

## AN EVALUATION OF THE ENHANCED COGNITIVE-BEHAVIOURAL MODEL AND ITS CONSTRUCTS AS MODERATORS OF THE CORE PSYCHOPATHOLOGY OF EATING PATHOLOGY-BULIMIC SYMPTOMATOLOGY RELATIONSHIP

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**Introduction:** The original cognitive-behavioural model of bulimia nervosa (CBT-BN) proposes that specific dysfunctional cognitions and behavioural factors maintain BN, and has provided the basis for the widely used cognitive-behavioural therapy (CBT) of BN. However, Fairburn et al. (2003) noted that among treatment completers with BN, only 40% achieved full remission of the bulimic symptomatology. The enhanced CBT-BN model (CBT-E) proposed by the authors describes how four additional factors (i.e., clinical perfectionism, low self esteem, mood intolerance and interpersonal difficulties) interact with the core psychopathology of BN (i.e., over-evaluation of eating, weight, and shape and their control) to maintain the disorder.

**Aims:** The goal of this study was to examine (a) the validity of the CBT-E model and (b) whether each of the four hypothesized maintenance factors intensifies the core psychopathology-bulimic symptomatology relationship in a clinical sample.

**Methods:** Data were analysed from 362 adults seeking treatment for BN ( $n = 167$ ) or atypical BN ( $n = 195$ ) at four Italian specialized care centres, using latent variable structural equation modeling approach.

**Results:** Both the measurement and the structural model were good fits for the data. All four hypothesized factors exacerbated the core psychopathology-bulimic symptomatology relationship. Core psychopathology explained approximately 47.7% of the variance of bulimic symptomatology. The inclusion of the direct effects and interaction terms increased the explained variance of bulimic symptomatology to 64%.

**Conclusions:** Overall, results supported the validity of the CBT-E model and highlighted the importance of assessment and treatment of the four maintenance processes included in the CBT-E model.