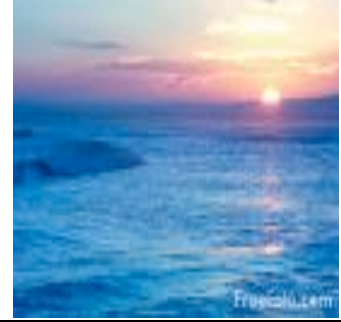




## Eating Disorders Support Service



### **'Caraline' Eating Disorders Support Service** **Annual Evaluation of the 'Eating Behaviours Group' – 2010/2011**

#### **Introduction**

This report was completed in order to evaluate the effectiveness of the Eating Behaviours Group (EBG) offered at Caraline. It details the assessment and intervention process adopted during this year's delivery and the collective quantitative and qualitative findings from the delivery of three Eating Behaviour Groups. This report includes information on two key areas; programme outcome as measured through the use of psychometrics and patient experience.

#### **Assessment and intervention – description of intervention process and evaluation tools**

During the assessment stage a semi structured interview is completed and clients are required to complete four standard questionnaires which are used to inform the assessment. The four main questionnaires are as follows;

#### ***EAT-26 (Eating Attitudes Test-26)***

The Eating Attitudes Test – 26 is a screening tool designed to identify problematic eating attitudes and behaviours. The EAT-26 is probably the most widely used standardised measure of symptoms and concerns characteristic of eating disorders.

The tool is used as part of the assessment process in order to screen for symptoms related to problematic eating. Neither this tool, nor any other have been established as highly efficient as the sole means for identifying eating disorders, however, studies have shown that it is the most efficient screening tool.

#### ***BITE (Bulimic Investigatory Test Edinburgh)***

A brief questionnaire, the Bulimic Investigatory Test, Edinburgh (BITE), used for the detection and description of binge-eating is described. Data from two separate populations demonstrate satisfactory reliability and validity. The scale has measures of both symptoms and severity.

It is used as part of the assessment process in order to ascertain the client's problematic eating habits.

#### ***BDI (Beck's Depression Inventory)***

The Beck Depression Inventory (BDI) is a series of questions developed to measure the intensity, severity, and depth of depression in those clients to whom it is delivered. The sum of the scores indicates the severity of depression.

This psychometric was selected for use with eating disordered clients as sufferers tend to have negative emotional experiences which

impact on the development and maintenance of their problematic eating behaviour.

### ***BAI (Beck's Anxiety Inventory)***

The Beck Anxiety Inventory (BAI) is a 21-question multiple-choice self-report inventory that is used for measuring the severity of a person's anxiety.

This psychometric was selected for use with eating disordered clients as sufferers tend to have negative emotional experiences which impact on the development and maintenance of their problematic eating behaviour.

### **Measures used for the Eating Behaviour Group (EBG)**

In addition to those standard psychometrics that are used as part of Caraline's assessment process, a number of psychometrics are used that are specifically for the assessment of suitability to attend the EBG. These are focussed on assessing behavioural change, levels of motivation and self efficacy.

The additional psychometrics used are:

### ***LOC (Locus of Control)***

The Locus of Control is a 13 item questionnaire developed by Rotter (1966). It measures generalized expectancies for internal versus external control of reinforcement. People with an internal locus of control believe that their own actions determine the rewards that they obtain, while those with an external locus of control believe that their own behaviour doesn't matter much and that rewards in life are generally outside of their control. Scores range from 0 to 13. A low score indicates an internal control while a high score indicates external control.

This psychometric was selected as part of the intervention process as it gives a level of insight into how much control someone feels they have over behavioural change. It is the aim on

intervention to enhance the groups members self efficacy over change, thus creating a more internalised Locus of Control, which is more conducive for prolonged maintenance of progress.

### ***TMQ (Treatment Motivation Questionnaire)***

The TMQ is a 26 item, self administered psychometric designed to ascertain the client's level and type of motivation regarding entering treatment, desire for seeking help and making behavioural change. It is designed to distinguish between internal and external motivation in clients accessing treatment.

The TMQ was selected for use with group members accessing the Eating Behaviour Group as stable behavioural change is associated more with an internal level of motivation. Using this psychometric will help identify not only the type of motivation, but will help practitioners facilitate moving the clients progress within group.

### **Self Efficacy Scales**

The self efficacy scales are rating scales devised to consider three things;

- Individual's desire to change problematic behaviour
- Individual's willingness to change problematic behaviour
- Individual's motivation to change problematic behaviour

Whilst these scales are not validated tools, they are used to gauge an individual's confidence to change their behaviour by exploring three key factors that contribute to self efficacy; desire, willingness and motivation.

The rating scales devised range from 0 – 10 for each scale. It is the aim of intervention to improve the levels of rating as perceived by the group members in the pre and post stages.

## Quality and Patient Experience

### Quantitative Evaluation - 2010/2011

For the financial year 2010/2011, three Eating Behaviours Programmes were completed.

The following evaluation details the psychometric outcomes obtained at all stages of treatment for all clients who attended the programme. This evaluation uses the mean scores from the data collected from all of the group members from every programme completed. This enables the reader to get an overall picture of the effectiveness of the Eating Behaviours Group across the whole year as opposed to on a course by course basis.

The groups contained clients who demonstrated eating behaviours that were suggestive of anorexia, bulimia, binge eating disorder or compulsive overeating. Caraline does not diagnose its clients as having eating disorders; instead it uses tools that assess those behaviours that are indicative of problematic eating and psychological issues with food.

**Twenty three participants started the programme**, and **seventeen completed** the programme. Six group members that started but didn't complete removed themselves from group work for personal reasons. This evaluation is based on the seventeen participants that started and completed the programme.

These figures demonstrate that for the year 2010/2011, the Eating Behaviour Group demonstrated a **74% retention rate** and a **26% attrition rate** for those who started and engaged in the programme.

### Psychometric evaluation

The following section of this report describes the findings obtained from the psychometrics administered at the pre and post intervention stage. The data used are the mean scores for each measure across all three groups.

### **Treatment Motivation Questionnaire (TMQ)**

The TMQ was selected for use with group members accessing the Eating Behaviour Group as stable behavioural change is associated more with an internal level of motivation. Results from the administration of the TMQ highlighted that at the pre course stage, participants demonstrated higher levels of internal motivation (average score obtained - 4.2) than external motivation (average score obtained - 2.1). This positively suggests that when accessing the EBG, participants are motivated by themselves as opposed to external factors/reasons.

### **BITE**

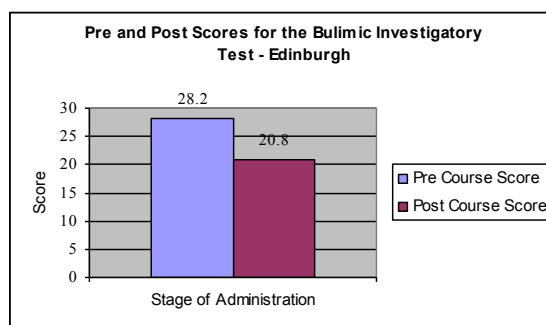


Figure 1.

Of the seventeen participants that completed the Eating Behaviour Group, the mean scores for the BITE (Figure 1) indicate a decrease in the scores obtained between the pre and post stages of intervention. This demonstrates a reduction in attitudes and behaviours that are consistent with bulimic behaviours.

### **EAT-26**

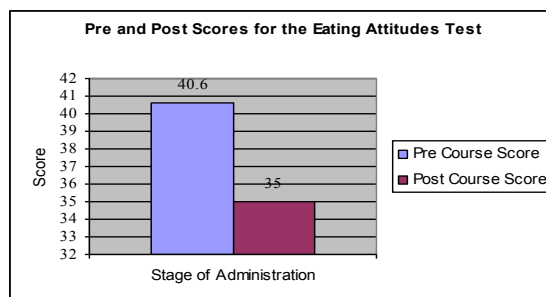


Figure 2.

The EAT-26 scores (Figure 2) demonstrate a decrease in scores obtained pre and post course. This demonstrates a reduction in attitudes and behaviours that are consistent with problematic eating.

### BDI

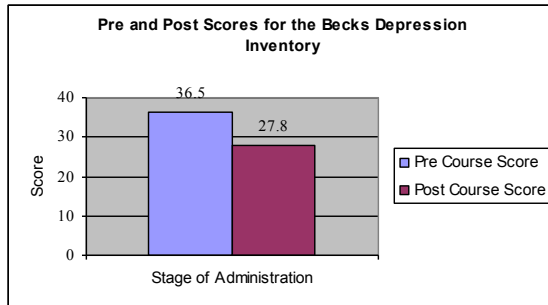


Figure 3.

The mean score obtained on the BDI (Figure 3) demonstrated significant reductions in depressive symptoms experienced by group members engaging in the Eating Behaviour Group. At the pre course stage, group member's average score suggested that they were experiencing severe levels of depression. However, at the post course stage, the average score indicates movement from the severe levels of depression to moderate levels of depression.

### BAI

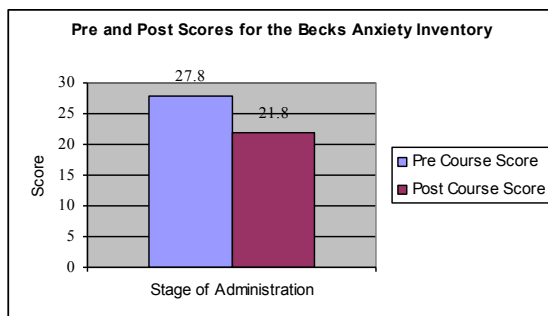


Figure 4.

The mean scores obtained for the BAI (Figure 4) demonstrated significant reductions in the level of anxiety experienced by group members. At the pre course stage, the average score

indicated that group members were demonstrating moderate levels of anxiety, where individual's levels warrant cause for concern. At the post course stage, the average score indicates that group member's anxiety had reduced to the lower end of the moderate level of anxiety stage. This suggests that the intervention had some effect on the participants' levels of anxiety, and that the experience of anxiety lessened throughout the intervention. This is potentially because whilst on the programme they learn to recognise stress and anxiety and learn ways to manage it more effectively.

These findings suggest that the impact of the intervention has had an effect on the emotional experience of the group members. Emotionally, group members' experience of negative emotions has shifted from experiencing severe levels of negative emotion, to moderate levels. This is an extremely positive finding when considering the link between emotional experience and problematic eating.

### Locus of Control

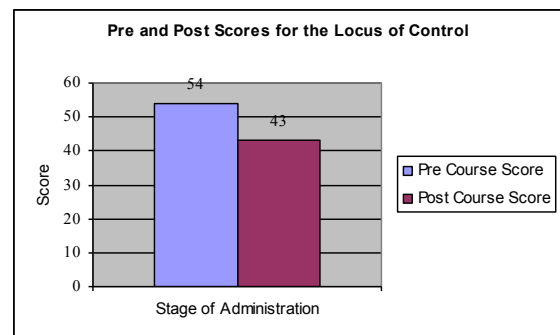


Figure 8.

The final attitudinal measure to be used within the assessments is the Locus of Control which assesses how much control participants perceive themselves to have over their behaviour, and how much control they have over changing it. The mean score reduced between the pre and post course stage. This suggests that participants moved towards a

more internal locus of control, indicating that they perceive themselves to have more control over changing their problematic behaviour. This movement is conducive of change behaviour.

### Participant Rating Scale

In addition to the psychometric measures, participants are required to rate their desire, willingness and motivation to change their problematic eating behaviour. This is included as part of the battery of measurement tools because it is recognised that individual's desire, willingness and motivation to change impact on levels of engagement within intervention and potential outcome.

### Desire to Change

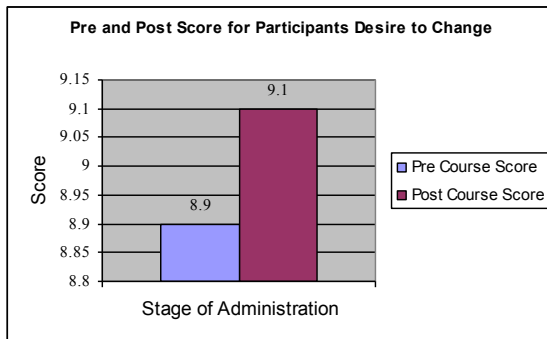


Figure 5.

Figure 5 demonstrates that participants desire to change their problematic eating behaviours was of a high level prior to intervention. This is consistent with findings from the TMQ, which suggested that participants were more internally motivated to change than they were externally. At the post intervention stage, participants rated their desire to change as higher than at the pre course stage, although this increase was marginal as it was already high at the pre course stage.

### Willingness to Change

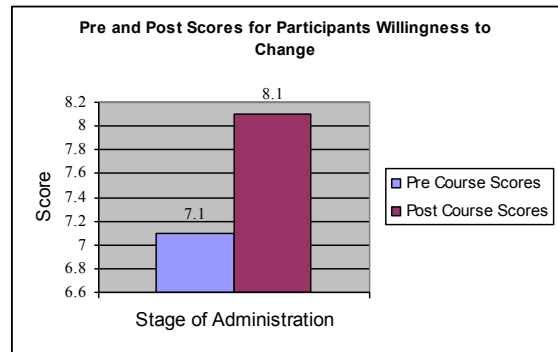


Figure 6.

Figure 6 highlights that participant's willingness to change their behaviour increased between the pre and the post course stage. Again, willingness was rated as fairly high at the pre course stage, and it would appear that engagement in the programme affirmed and further enhanced that level of willingness.

### Motivation to Change

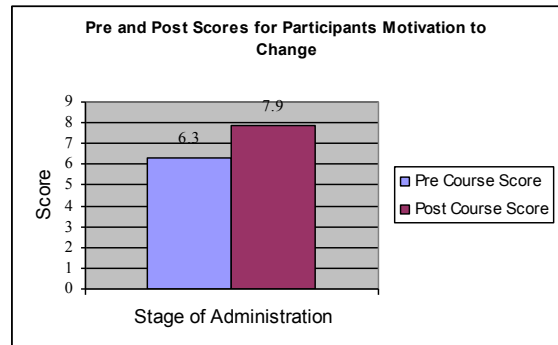


Figure 7.

Figure 7 highlights that participants' levels of motivation to change continued to increase between the pre and post course stages. Of the three self reported rating scales used, this one demonstrated the most significant change. This is a positive result as we know that in order for changes to be implemented and maintained that a participant has to have the motivation to make such changes. This finding suggests that engagement within the programme helps to further enhance participant motivation to change.

## Qualitative Evaluation

### ***Usefulness of the group experience***

33% of group members described in their evaluations that they had found the experience of completed the eating behaviours group as being “**very helpful**”. 67% described it as having been “**helpful**” generally. No clients rated the group as having been unhelpful.

### ***Eating Behaviour***

33% of group members described finding the group **very helpful** in helping them explore and manage their problematic eating, and 67% found the group **helpful** in doing this. No members of group rated the experience as being unhelpful in any way.

### ***Emotional experience***

35% stated that their **mood had improved greatly** as a result of engaging in the Eating Behaviours Group. 35% stated that their **mood had improved moderately**, and 30% stated that it had **improved a little**. There were no group members that reported no change or improvement in mood, therefore suggesting that the experience of this programme is positively impacting upon the emotional experience and management of those engaging in it.

### ***Thought processes and cognitive distortion***

47% stated that their **thinking had improved greatly** as a result of attending the programme. 53% described their thinking as **having improved a little**. No group members considered there to have been no change in their cognitive functioning. This is again consistent with results of the psychometric tests.

Altering an individual’s thinking is an important part of intervention as it facilitates change in an individual problematic behaviour. These results highlight that the Eating Behaviours Group is challenging the thought processes of its group members, and that they are also recognising the

way in which their own thinking impacts upon their behaviour.

### **Group Members free narrative**

Group members are encouraged to write freely about their experience of the group and below are a number of quotes taken from their experience which highlight their opinions of the Eating Behaviour Group.

*“I am now feeling like I can achieve a lasting positive change in my eating behaviour and I am able to beat the negative thoughts I have”*

*“I can now challenge negative thoughts and see the true and positive aspects of eating correctly and the things I do on a day to day basis”*

*“I found discussions about things like the negative thoughts and worries and people giving feedback to each other was very helpful”*

*“I found it most useful just having a place to come where I didn’t feel like I was being judged or criticised”*

*“Having the support of other people who knew what you were going through was great because I had previously thought that I must be the only person thinking and acting in this way”*

*“I have had days when I have not binged and not vomited for the first time in a number of years and I am thinking more about what I am eating and planning”*

The above quotes were taken from the evaluation forms completed by the clients which remain anonymised. Two quotes from each group completed have been included in this evaluation.

For the programmes delivered this year, it seems that the EBG has had a positive impact on clients eating behaviours, where many report a reduction in vomiting, bingeing and starving.

It seems that the general experience of accessing services at Caraline is having a significant impact on the eating behaviours of clients and that many found the experience and environment very supportive. This is important as providing a supportive environment is known to enhance engagement and motivation.

### **Client suggestions for improvement**

In terms of client feedback, suggestions on improvement are crucial to service delivery. The main theme of feedback was that clients thought the course should be longer in duration. The positive impact that the programme is having is a result of the current programme format, and therefore will not be changed. This is a theme of improvement that is consistent with last year's annual report. It is suggested that client anxiety plays a role in their suggestion for it to be longer as many reported feeling disappointed that the programme had ended, and that they were concerned about whether progress could be maintained without the support of a group. In response to this consistent feedback, Caraline now provides follow up support meetings for clients who have accessed the EBG, and encourages its graduates to attend the self support group that is delivered on a monthly basis.

### **Summary of Findings and Evaluation of Outcomes for 2010/2011**

The evaluation of the programmes delivered to date has proven to offer some really positive findings in terms of the impact the Eating Behaviours Group is having on those clients attending it.

The evaluation included both qualitative and quantitative analysis in order to ensure that the impact is qualified using a number of methods. Whilst using self report from the group members is highly important, their positive experience does not always offer information about how the programme has impacted on the attitudes, beliefs and emotional experience that are

associated with their problematic eating. It is for this reason that the psychometrics are used to ascertain change in this area.

It is encouraging to see that the main findings from psychometrics obtained are:

- Participants were more internally motivated to attend the EBG than externally motivated.
- Group members' experience of depressive symptoms reduced between pre and post course stages, from severe to moderate levels of depression.
- Group members' experience of anxiety related symptoms reduced between the pre and post course stage, from the high end of the moderate level of anxiety to the low end of the moderate level of anxiety.
- There was a visible reduction in attitudes that are supportive of problematic eating from both the BITE and the EAT-26 attitudinal scales.
- Participants Locus of Control became more internalised between the pre and post course stage.
- Participants' desire, willingness and motivation to change all increased between the pre and post course stage, with motivation to change demonstrating the highest increase.

The findings from both a quantitative and qualitative point of view are indicative of positive change. What is good to see is that there is consistency between both of these.

Financial year 2010/2011 has demonstrated consistency in results between this financial year and the previous financial year. This is a positive finding as it suggests that programme outcomes consistently evidence the positive impact of the EBG. Findings have been consistent across 7 groups and findings suggest that clients are continuing to receive quality intervention at Caraline.