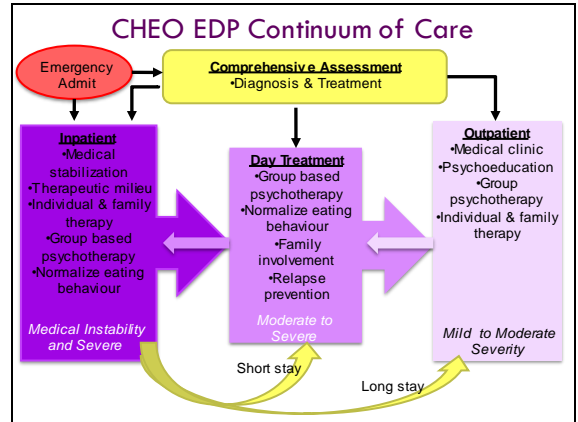


Short Term Outcomes of a Day Treatment Program for Youth with Eating Disorders

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Mission Statement

- The CHEO Eating Disorder Program aims to provide excellent, evidence-based medical and mental health care through specialized, family-focused services across the continuum of treatment for youth with eating disorders.

DAY TREATMENT PROGRAM

Outcome Highlights

Purpose

- Is our day program effective in meeting the short term treatment goals for youth?
- Measurement: Entry to Program, Post Program and 6 month Post Program
- SHORT TERM GOALS
 1. Medical Rehabilitation
 2. Normalization of Disturbed Eating
 3. Improved Psychological Functioning

PARTICIPANTS

65 Female Youth
Mean age 15, range 11 to 17 years (SD 1.34)

63.7% AN
10.2 % BN
26.1% EDNOS

Length of Treatment: 14.79 weeks (SD 5.99)

Analysis:

Repeated Measure & Reliable Change Index

- Reliable Change Index (RCI):
- Determines whether the magnitude of change for a given client is statistically reliable
- Clinically significant:
 - Reliable positive change & Time-2 score falls into the target interval (normal range):
 - 68th percentile or T-Score less than 60
 - A BMI greater than 19

Jacobsen & Trux, 1991; Jacobsen, Roberts, Bems & McGlinchey, 1998; Kordy, Parovic & Martonovich, 2001

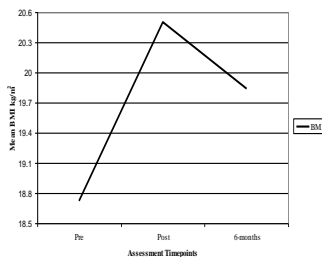
Day Program Goal #1

Medical Rehabilitation

Body Mass Index

BMI: Repeated Measures Pre-Day to Post-Day to 6-month

- N=60 $F(1.72, 101.69)=26.98$
- $p < .001$
- Pairwise:
 - Time 1 & 2; Time 1 & 3 significantly different
 - Time 2 & 3 not significantly different
- Make significant change that is maintained for 6 months



Reliable Change Index BMI N=62

Overall Change			Irrel. Change	Reliable Change			Recover Range	Total % in Healthy Range
Pre to Post			Pre to Post	Pre to Post			Pre to Post	Pre to Post
Deteriorated Freq %	Unchanged Freq %	Improved Freq %		Deteriorated Freq %	Unchanged Freq %	Improved Freq %	39 (60%)	86.9%
3 (4.6%)	8 (12.3%)	51 (78.5%)	12 (18.4%)	2 (3.1%)	5 (7.7%)	42 (64.6%)		

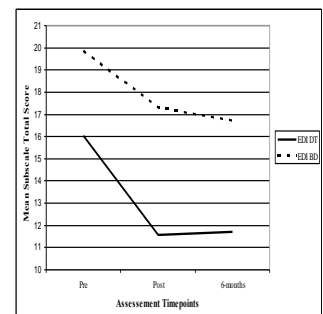
Day Program Goal #2

Normalization of Disturbed Eating

EDI-2 – Drive for Thinness

EDI-2 Drive for Thinness: Repeated Measure Pre-Day to Post-Day to 6-month

- N = 41
- $F(2, 80)=12.10$
- $p < .001$
- Pairwise:
 - Time 1 & 2; Time 1 & 3 significantly different
- Make significant change maintained for 6 months



RCI EDI-2-DT N=50

Overall Change			Inrel. Change	Reliable Change			Recover Range	Total % in Healthy Range
Pre to Post			Pre to Post	Pre to Post			Pre to Post	Pre to Post
Deteriorated Freq %	Unchanged Freq %	Improved Freq %		Deteriorated Freq %	Unchanged Freq %	Improved Freq %		
7 (10.8%)	16 (24.6%)	27 (41.5%)	6 (10.7%)	4 (6.2%)	13 (20%)	26 (40%)	13 (20%)	29.5%
							39 (60%)	86.9%

Day Program Goal #3

Psychological Functioning

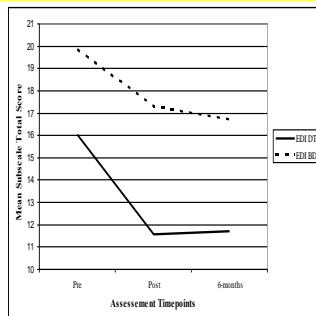
EDI-2 – Body Dissatisfaction

CDI – Depression

MASC – Anxiety

EDI-2 Body Dissatisfaction: Repeated Measure Pre-Day to Post-Day to 6-month

- N = 41
- $F(1.64, 65.81)=5.40$
- $p<.01$
- Pairwise:
 - Time 1 & 3
- Make significant change between pre and 6 months

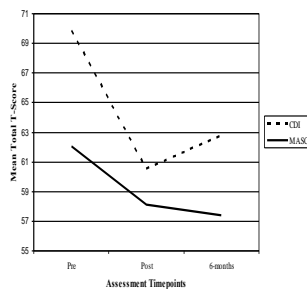


RCI for EDI-2 BD N=50

Overall Change			Inrel. Change	Reliable Change			Recover Range	Total % in Healthy Range
Pre to Post			Pre to Post	Pre to Post			Pre to Post	Pre to Post
Deteriorated Freq %	Unchanged Freq %	Improved Freq %		Deteriorated Freq %	Unchanged Freq %	Improved Freq %		
11 (16.9%)	22 (33.8%)	17 (26.2%)	15 (23.1%)	4 (6.2%)	15 (23.1%)	16 (24.6%)	11 (16.9%)	42.5%

CDI Total Score: Repeated Measure Pre-Day to Post-Day to 6-month

- N=48
- $F(1.78, 83.78)=8.49$
- $P<.002$
- Pairwise:
 - Time 1 & 2 and 1 & 3 significantly different
- Make significant change maintained at 6 months

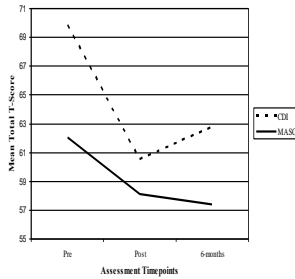


RCI CDI N=54

Overall Change			Inrel. Change	Reliable Change			Recover Range	Total % in Healthy Range
Pre to Post			Pre to Post	Pre to Post			Pre to Post	Pre to Post
Deteriorated Freq %	Unchanged Freq %	Improved Freq %		Deteriorated Freq %	Unchanged Freq %	Improved Freq %		
9 (13.8%)	15 (23.1%)	30 (46.2%)	9 (13.9%)	7 (10.8%)	12 (18.5%)	26 (40%)	20 (30.8%)	64.2%

MASC Total Score: Repeated Measure Pre-Day to Post-Day to 6-month

- N=47
- $F(2, 88)=5.78$
- $p<.005$
- Pairwise:
 - 1 & 3 significantly different
 - Make significant change between Pre and 6 months post program



RCI MASC N=52

Overall Change			Irrel. Change	Reliable Change			Recover Range	Total % in Healthy Range
Pre to Post			Pre to Post	Pre to Post			Pre to Post	Pre to Post
Deteriorated Freq %	Unchanged Freq %	Improve Freq %		Deteriorated Freq %	Unchanged Freq %	Improve Freq %		
15 (23.1%)	9 (13.8%)	28 (43.1%)	12 (18.5%)	9 (13.8%)	7 (10.8%)	24 (36.9%)	22 (33.8%)	70.6%

Conclusions

- Day Treatment Program appears to be successful in meeting short term goals of:
 1. Medical rehabilitation
 2. Normalization of disturbed eating
 3. Improved psychological functioning pre to post program
- Improvements appear to be maintained at 6 month follow-up

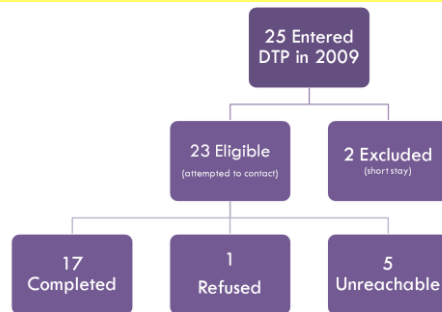
Using a Qualitative Approach

Helpfulness of the Day Treatment Program: A Patient's Perspective

Objectives

Qualitative and Quantitative Approach

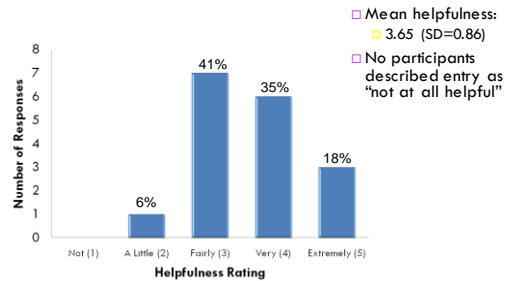
- Determine overall helpfulness of the day treatment program
- Determine specific aspects of treatment that patients found most and least helpful in their recovery



Participants

- Cohort of 25 DTP patients from January to December 2009
- 2 excluded due to short stay (<2 wks)
- 17 participants completed the interview (~65% response rate)
- Age range: 12.92 to 17.33 (M=15.90)
- 7 to 25 weeks in DTP (M=14.60)
- 16 female, 1 male
- 71% tx completers
- 29% partial tx completers
- 53% AN-R, 18% BN
- 53% comorbid axis I disorder
- 59% comorbid axis II disorder

Helpfulness of Entry into DTP



Ratings of Program Components

Program Component	Helpfulness Ratings		
	Sum	Mean	SD
Family therapy	56	3.29	1.53
Meal outings	58	3.41	1.12
Interactions with peers	59	3.47	1.32
Goals group	60	3.52	0.87
Yoga	60	3.52	1.62
School	60	3.52	1.46
Group therapy	63	3.70	0.98
Weekly review	63	3.71	0.85
Friday outings	64	3.76	1.20
Food experience	65	3.82	0.81
Support from staff	67	3.94	0.90
Creative coping/Art	68	4.00	1.46
Medical review	70	4.12	0.93

Range: 3.29-4.18
 Fairly to very helpful

Ratings of Program Components

Ranking	Most Helpful (% votes)	Least Helpful (% votes)
1	Creative Coping (21%)	Teen Issues (18%)
2	Body Image (18%)	Creative Coping (15%)
3	Open Therapy (15%)	Menu/Weekend Planning (12%)

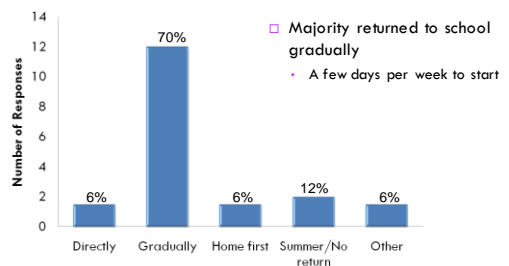
- Participants were asked to state the two groups that they felt were *most* and *least* helpful in their recovery
- Top three were ranked based on a count of votes

Turning Points in Recovery

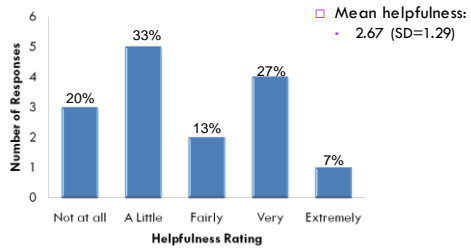
- Program Entry/Exit
- Group Friendship/Support
- Shared Experiences with Peers
- Helping Others in their Recovery
- Peer Role Models of Recovery
- Trust of/Support from Staff
- Seeing Life Beyond the Eating Disorder

"Please describe a memorable moment that made a difference or was a turning point in your recovery"

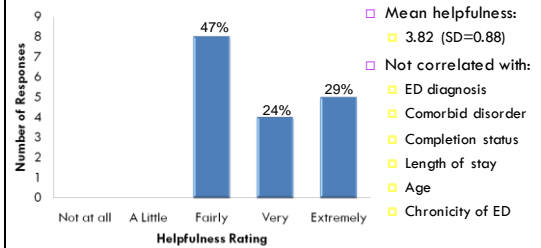
Transition Back to School



Transition Out of DTP



Overall Helpfulness of the DTP



Suggestions for Change

- Programming
- Staff
- Rules/Structure
- Interactions between Patients

"If you were in charge of the program, what would you change or do differently?"

Summary

- Quantitative and Qualitative Data suggest that the program is effective in meeting short term goals.
- Patients perceive program and program components to be helpful.

Future Directions

- Use our data to better understand predictors of success in the day treatment program. This will help us improve the program and better match patients and families to treatment.
- Use our data to better understand trajectories of illness and recovery for youth in our program.

Thank you!

Questions?