

The value of including measures as part of a standardized assessment protocol

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Session Objectives

- Highlight the clinical utility of using measures at the time of assessment
- Highlight the value of measurement data in the process of decision making in an ED program
- Share the results of pooled assessment data

Who are we?

Multidisciplinary team: (Psychiatry, Adolescent Medicine, GP, MSW/Mpsych, Dietician, RN, OT, RT)

All ages

All diagnoses

Inpatient, Day Program, Outpatient settings

Focusing on Family Therapy and Group Therapy modalities

A developing program...

2001: Small staff group, one site, same experience level:

- Clinical intuition
- Clinical development via consensus
- Successful and appropriate

2012: Large staff group, three sites, varied level of experience:

Previous approach did not scale!

2012: A new way forward....

- transitioning to incorporate more evidence based care and more deliberate clinical interventions
- a new process was needed to guide clinical decision making that fit with the scope and size of the program
- The process needed to include the "facts" of our patient population

Key Clinical Questions

Should we be mixing adults and adolescents in groups?

Can we mix individuals with different diagnoses in the same groups?

What should our group based interventions focus on?

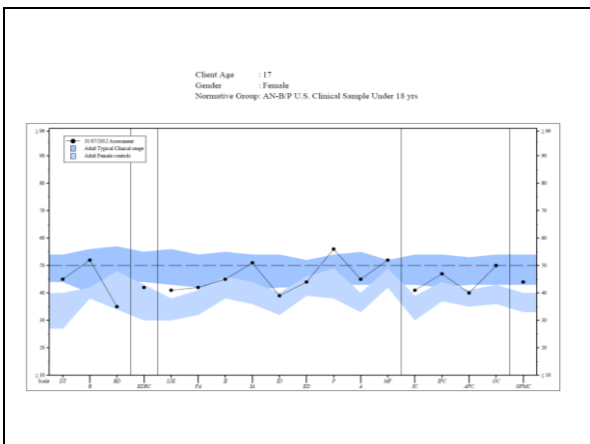
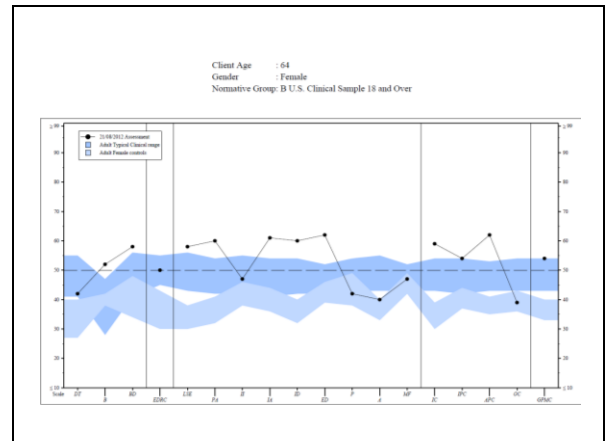
The EDI-3

- A 91 item self-report measure developed over 20 years ago
- Measurement of psychological traits or symptoms clusters relevant to the development and maintenance of eating disorders
- A widely used instrument in clinical and research settings
- Applicable to adults and adolescents

What does it measure?

- 12 Subscales

- | | |
|----------------------------|----------------------------|
| - Drive for Thinness | - Interpersonal Alienation |
| - Bulimia | - Interceptive Deficits |
| - Body Dissatisfaction | - Emotional Dysregulation |
| - Low Self-Esteem | - Perfectionism |
| - Personal alienation | - Asceticism |
| - Interpersonal Insecurity | - Maturity Fears |



Mixed Adult/Adolescent groups

“You can’t mix adults and adolescents!”

“my daughter can’t relate to a 40 year old!”

“what’s the point of sitting with a bunch of kids?”

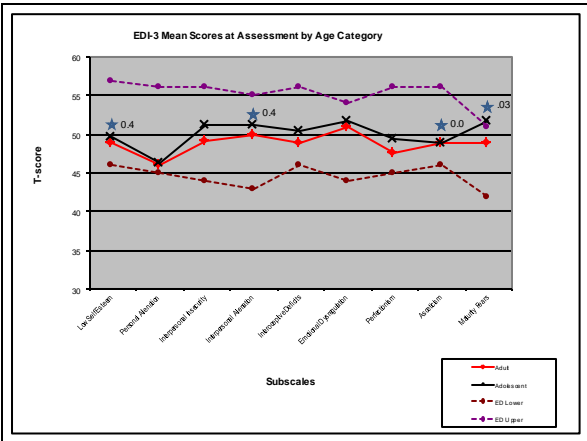
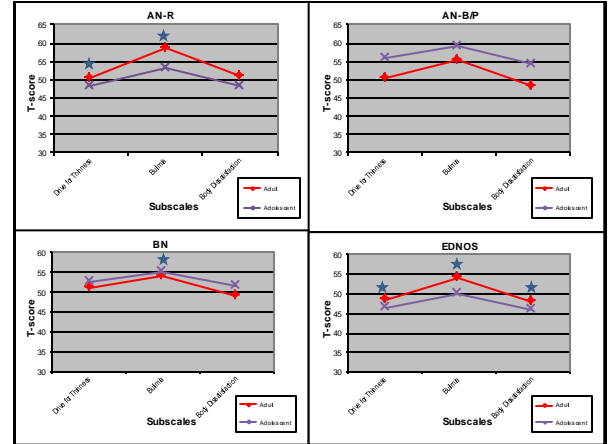
“adult issues are totally different from adolescent issues!”

Sample

	EDNOS	BN	AN-R	AN-B/P	Total
Adolescent	164	51	91	24	330
Adult	274	193	93	57	617
	438	244	184	81	947

Valid Measures

	EDNOS	BN	AN-R	AN-B/P	Total
Adolescent	154	47	88	24	313
Adult	265	186	93	57	601
	419	233	181	81	914

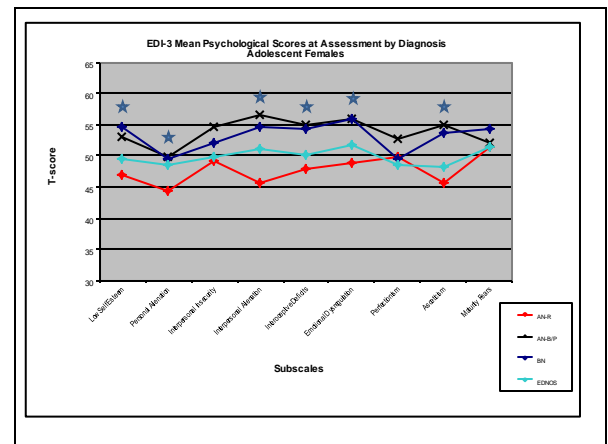
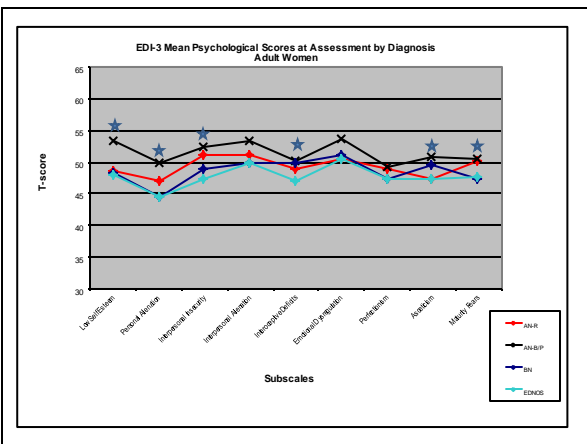


Mixed Diagnosis Groups

"You can't put Binge Eaters in with Restrictors...they're just too different"

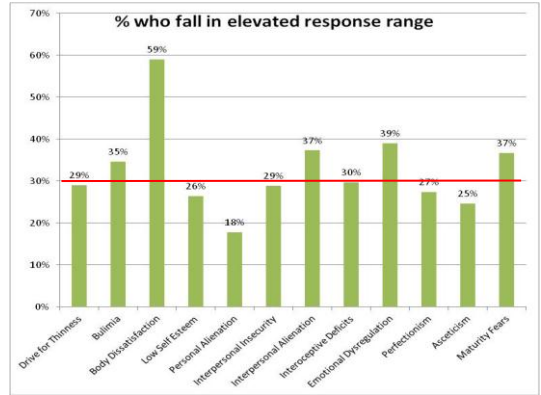
"I don't want my daughter in a group with people who do that...she'll only get worse!"

"Why would you put me into a group of people who can control themselves when I'm totally out of control...I won't go, it's too embarrassing"



What should Groups focus on?

Does our data suggest that certain subscales should be focused on or de-emphasized?



The Value of Measures at Assessment

- Strengthen the clinician/patient relationship - the "right questions" are being asked.
- Useful in formulating an understanding of each patient.
- A means of communicating with patients and families.
- Pooled data provides a means of understanding your population differently.
- Validates clinical process/decision making on a programmatic level.

Taking it forward....

- Continue to work with the EDI data
- Combining data with other programs
- What can the BSI tell us?