Analysis of the Global Treatment Duration of Clients with an Eating Disorder

By

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Dedication

To my parents, for forever believing in my abilities and supporting my journey every step of the way.
Abstract

The criteria for an eating disorder is based on physiological and behavioural characteristics that are often associated with atypical eating patterns and negative effects on the person’s mental and physical health (Davidson, 2015). The prevalence and severity of eating disorders emphasizes the importance of furthering the scope of research on the topic. The purpose of the research study was to minimize the gaps in the literature by developing a research survey to be used to collect global data surrounding the average treatment duration for clients with a diagnosis of an eating disorder, funding practices, and discharge criteria. The survey was created through an online survey company with a goal of general distribution. The questions within the survey allowed the collection of anonymous data on demographic, duration of treatment, and lastly the success of treatment. The creation of the survey and recommendations will assist the field of eating disorders by building a foundation for future research on the topic of eating disorders in order to develop treatment integrity based on researched best practice standards.
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Chapter 1: Introduction

Forty percent of adolescents and adults identified as having personally experienced an eating disorder or reported knowing someone who has (Eating Disorder Hope, 2018). The criteria for an eating disorder are based on physiological and behavioural characteristics that are often associated with atypical eating patterns and negative effects on the person’s mental and physical health (Davidson, 2015). Eating disorders do not discriminate, and can develop at any time, and to anyone of any race, socioeconomic class, and/or gender (Swanson, Crow, Grange, Swendsen, & Merikhangas, 2011). According to Davidson (2015), 85% of eating disorder diagnoses emerge during the adolescent years between the ages of 13 to 18. Along with the diagnosis of an eating disorder, other negative associations can be co-occurring such as secondary psychiatric disorders and/or suicidal ideations (Swanson et al 2011). Therefore, Swanson, Crow, Grange, Swendsen & Merikhangas (2011) emphasize concerns regarding unmet treatment needs and define it as a public health issue.

Clinicians and their clients often attempt to determine an estimate of the duration of treatment (National Eating Disorders Association, 2018). However, research surrounding treatment types and duration is minimal and often inconsistent. The variance of treatment lengths is demonstrated through studies by Bell, Waller, Shafran, and Delgadoillo (2016), which analyzed treatment types such as cognitive behavioural therapy, person-centered counseling, gestalt therapy, and cognitive analytic therapy, all which varied widely from 1 to 76 sessions. Other researchers found similar results when collecting data on dialectical behavioural therapy as they found it ranged from four months to a year and a half (Palmer, Birchall, Darmani, Gatward, McGrain, Parker, 2003; Safer, Lively, Telch, Agras, 2002). With the variance between treatment duration and limited research indicating current world practice related to duration, this emphasizes the importance of further research on these topics.

A secondary factor that may contribute to the duration of treatment is funding sources that are available and obtainable. In Canada, there are government funded and private programs, while other countries such as Canada, United States, and Australia often rely on private insurance or out of pocket sources to fund treatments (Oliveira, Macdonalds, Green, Colton, Olmsted, Bondy et al, 2016; National Eating Disorders Association, 2018). Gatt et al. (2014) emphasized that private health insurance in an outpatient setting can be variable and may result in a financial burden for patients and their families. Financial burdens place an increased importance in researching funding practice, as well as the cost associated with eating disorder treatment (Simon et al, 2005). Limited literature suggests that there may be a correlation between treatment duration and funding practices for clients but further research is required to strengthen this statement (Simon, Schmdit, & Pilling, 2005; Gatt, Jan, Mondrarty, Horsfield, Hart, Russel, Laba et al, 2014).

Another secondary factor that may contribute to the duration of treatment is meeting treatment outcomes upon discharge. These treatment outcomes involve the client reaching a healthy weight that was set at the beginning of treatment. Best practice should ensure clinicians are providing the most effective care to their clients (Grol, Grimshaw, 2003). However, the literature has shown that there can be barriers to this as there is minimal research surrounding the best practice standards for the treatment duration of eating disorders. Drake, Goldman, Leff,
Lehman, Dixon, Mueser, and Torrey (2001) state that with limited research it is difficult to implement best practice models.

A survey was created in an attempt to allow future research using the survey to fill in gaps regarding the primary question of the average global treatment duration for children and youth with a diagnosis of an eating disorder. As well, the secondary questions addressed in the survey are as follows: treatment duration related to the funding practices and meeting treatment criteria upon discharge for clients globally. The survey was made up of six questions that sought to begin to address the gaps identified within the literature. The survey was also created as an effective way to collect a large scope of data for future research projects on this topic.

**Overview**

An extensive literature review was conducted regarding the current research on the duration of treatment, factors related to funding sources, and methods of best practices for eating disorder treatments, as well as evidence based strategies for creating a survey. Following this, a detailed method section including the methodology detailing the creation of the survey and a consent form was included. To continue, the results section includes a description of the product created. The final part of the thesis includes a discussion of the results, strengths, and limitations of the study, multilevel challenges and recommendations for future research.
Chapter II: Literature Review

Background on Eating Disorders

The criterion for an eating disorder is based on physiological and behavioural characteristics that are often associated with atypical eating patterns and negative effects on their mental and physical health (Davidson, 2015). This criterion can develop and is prevalent during the adolescent years of a person’s life (Swanson et al., 2011). This disorder can often result in cognitive and emotional deficits for the person (Klump, Bulik, Treasure & Tyson, 2009). Similarly, eating disorders have the highest rate of medical complications among psychiatric disorders (Mitchell & Crow, 2006). Therefore, those with an eating disorder diagnosis often rate their quality of life as low especially individuals with anorexia (Bamford & Sly, 2010). Failure to understand and acknowledge the dangers of eating disorders can result in serious consequences for the person and their family (Klump et al., 2009). Thus developing effective best practice strategies to deal with this serious diagnosis is essential.

Types of eating disorders. The Diagnostic and statistical manual also know as the DSM, The DSM-5 categorizes eating disorders into different diagnoses with specific criteria (Fitzsimmons, Karam & Wilfley, 2018). The American Psychiatric Association (2013) identified common disorders such as anorexia, bulimia and binge eating disorder.

**Anorexia nervosa.** Anorexia nervosa criteria includes significantly low weight, an extreme fear of gaining weight, and actively preventing themselves from gaining weight and a disregard for the seriousness of their current weight (American Psychiatric Association, 2013).

**Bulimia.** The American Psychiatric Association notes that the bulimia criteria are met when a person is consuming high volumes of food while experiencing a lack of control. Bulimia also includes behaviours to prevent weight gain such as vomiting, and excessive exercise (The American Psychiatric Association). To meet the criteria for bulimia, the behaviour of binging and purging must occur once per week for the duration of three months (The American Psychiatric Association).

**Binge eating.** Binge eating criteria is met when the behaviour occurs for more than once a week and for the duration of three months causing distress. Individuals diagnosed with binge eating includes features such as consuming large volumes of food without feeling hungry, eating by themselves due to shame, and eating until uncomfortably full (The American Psychiatric Association). Other diagnoses of eating disorders were identified as other specified feeding or eating disorder (OSFED) unspecified feeding or eating disorder (UFED) and avoidant restrictive food intake disorder (ARFID) (Fitzsimmons et al., 2018).

**Other specified feeding disorder/other specified eating disorder.** OSFED was previously known as eating disorder not otherwise specified due to it being referring to as a catch-all (NEDA, 2018). NEDA (2018) states that to meet the DSM-5 criteria, a client must present feeding or eating behaviour that causes significant distress and impairment in one life. Some examples of OSFED include atypical anorexia nervosa, which is chosen as all the criteria has been met, however the client has not lost the amount of weight needed to meet all of the criteria (NEDA, 2018). The other category is binge eating disorder which has low frequency and limited duration. Therefore this disorder does not allow the client to meet the criteria for binge eating (NEDA, 2018). NEDA (2018) reported that this is similar to the other disorder bulimia nervosa, which was low frequency and duration, therefore not meeting the criteria for bulimia. Purging disorder and night eating syndrome are both examples of OSFED (NEDA, 2018). This
diagnosis occurs when the client does not meet the strict criteria for anorexia, binge eating and/or bulimia (NEDA, 2018). NEDA (2018) states that another factor of this diagnosis is the inability for some clients with this diagnosis to receive insurance coverage because this is less harmful and thus plans may not cover the condition. However, research has shown that clients with OSFED are just as likely to pass away due to the symptoms as well as have the same rate of medical complications as someone with anorexia or bulimia diagnosis (NEDA, 2018).

**Unspecified feeding or eating disorder.** Unspecified feeding or eating disorder (UFED) means clients are experiencing symptoms of feeding and eating disorders which are causing impairments and distress in their lives. However clients with UFED do not meet the full criteria for any of the feeding and eating disorders diagnosis (NEDA, 2018). Clients are given these diagnosis in the case that the clinician do not specify the reason why they do not meet the criteria and/ or there is insufficient information to make a proper diagnosis (NEDA, 2018). NEDA (2018) states this is mostly commonly seen when clients are admitted to the emergency room.

**Avoidance restrictive food intake disorder.** Avoidance restrictive food intake disorder (ARFID) is a newer diagnosis in the DSM-5 and was previously known as selective eating disorder (NEDA, 2018). The ARFID diagnosis involves restricting food but differs from anorexia as it is not due to negative body image or with the intention to lose weight (NEDA, 2018). However clients with a diagnosis of ARFID are still restricting their calories which consequently can cause impairments to their psychical and mental developments especially at such an key part of their development (NEDA, 2018). NEDA (2018) notes the diagnostic criteria includes eating or feeding disturbances such as lack of interest in food due to sensory or aversive memories or previous negative consequences from eating such as reflux, aspiration or sensitivities/allergies to foods. To meet the criteria, the client would need to meet one or more of the four factors (NEDA, 2018). The client must experience a significant weight loss, deficits in regards to nutrition, a need for nutritional supplements, and lastly, experience impairments in social functioning (NEDA, 2018). If one of these conditions are met, they can be diagnosed with ARFID and should seek treatment to decrease both the short and long term consequences associated with their health and development.

**Evidence based treatments.** Using treatments such as family-based treatments, cognitive behavioural therapy, and dialectical behavioural therapy to treat clients have been shown to have strong empirical support within the literature (Fairburn, 2005; Fitzsimmons et al., 2018).

**Family based therapy.** During family based therapy (FBT), parents are vital and actively involved in the treatment as they are taught skills to facilitate their child’s weight gain (Lock & Le Grange, 2013). As well in some cases the inclusion of the clients family is included to allow the clients’ health to be restored with the support of their parents during the treatment process (Rienecke, 2017). Rienecke (2017) notes this is used as an effort to get clients out of higher care such as the hospital or inpatient setting, as the clients parents take over their decision making for the time being. These decisions include food related choices such as when they eat, how much they eat, and what they eat, as well as monitoring their food intake throughout the day (Rienecke, 2017). The parents control will be faded as the client progresses in their treatment and treatment and weight goals are met (Rienecke, 2017). Rienecke (2017) states the main goal is for the client to recover each day with their support network close. Research also showed that family based therapy can be more effective than CBT in some cases (Rienecke, 2017).

**Cognitive behavioural therapy.** During Cognitive behavioural therapy (CBT) parents and their children receive psycoeducation on the diagnosis and receive support throughout the
treatment (Le Grange, Lock, Agras, Bryson & Jo, 2015). As well CBT has been shown to be most effective with clients with a diagnosis of bulimia and Otherwise Specified Feeding and Eating Disorder (OSFED) (Murphy, Straebler, Cooper, Fairburn, 2010). This therapy involves the clients filling out a self-monitoring sheet each day regarding their eating patterns, negative thoughts and/or feelings (Murphy et al, 2010). Murphy et al. (2010) states that CBT also entails psycoeducation to the parents and client on the negative consequences of the eating disorder on their health and as well as emphasizing the affects it can have on their body both in the short and long term.

**Dialectical behavioural therapy.** Dialectical behavioural therapy (DBT) involves four components. The first component involves being individual counseled. Then skill training in-group settings occurs. Over the phone coaching occurs throughout the therapy, and consulting with an interdisciplinary team occurs weekly (Federici, 2014). If all four components are not included, it is not considered pure DBT treatment (Federici, 2014). DBT also entails learning acceptance-based skills such as mindfulness and distress tolerance, and change-based skills such as emotional regulation (Fischer & Patterson, 2014). Federici (2014) also notes that the skills learned within treatment can enhance the clients motivation and commitment to treatment, self-confidence and emotional regulation skills. Overall, this treatment has been shown to be an effective method for clients with a diagnosis of an eating disorder to begin decreasing their eating disorder behaviours and thoughts (Federici, 2014).

**Summary.** While there are a number of treatment options that are commonly supported, a number of research articles support the fact that early treatment intervention leads to long-term benefits (Fitzsimmons et al., 2018; Treasure & Russell, 2011). Research also indicates that shorter time between the start of the disorder to receiving treatment is related to positive outcomes (Fitzsimmons et al., 2018; Treasure & Russell, 2011). Fitzsimmons et al. (2018) state that more research is required on eating disorders and best practice standards for treatment. Fitzsimmons et al. (2018) also report that treatment integrity is challenging as treatment approaches often vary even within the categories outlined above.

**Global Data Collection**

Global data has been encouraged to be collected in studies as there is such a variance between the amount of research and information on eating disorder around the world (Hoek, 2016). For examples prevalence rates vary from westernized countries such as Canada and the United Stated and similarly Europe have higher rates of eating disorder diagnosis compared to Arab and Asian countries with low rates (Hoek, 2016). Hoek (2016) also stated that Africa has limited data on prevalence rates and in general lacks data on eating disorders. Research articles have also noted the importance of collecting global data to allow for comparisons between countries on prevalence, treatment types and length (Hoek, 2016; Rhodes, Bowie, Hergenrather, 2003). As well by also collecting global data this allows researcher accesses to wider variety of respondents thus allowing for a larger sample size (Rhodes et al, 2003). Therefore, both articles state the importance of global data as well as encourages global data to be collected when possible on research studies pertaining to eating disorders (Hoek, 2016; Rhodes, Bowie, Hergenrather, 2003).

**Duration of Treatment**
One area that treatment varies for people with a diagnosis of an eating disorder is in the duration of treatment. With the implementation of treatment and the pressures for shorter duration of treatment, questions surrounding the optimal length of treatment arise (National Eating Disorders Association, 2018). Bell, Waller, and Shafran (2016) state that there has been an increase of research evaluating treatment durations and client improvements outside of the field of eating disorders. However, minimal research has been conducted on the duration of treatment for eating disorders (Bell et al., 2016).

The current variance of treatment lengths is demonstrated through studies by Bell et al. (2016), which analyzed types of treatment such as cognitive behavioural therapy, person centered counseling, gestalt therapy, and cognitive analytic therapy; all of which ranged from 1 to 76 sessions. Other researchers echoed similar results with dialectical behavioural therapy ranging from four months to a year and a half (Palmer et al., 2003; Safer et al., 2002). Nevertheless, the above studies concluded that there are no current findings that eating disorder treatment outcomes are related to the duration of treatment (Bell et al., 2016; PgDip., 2017; Delgadillo et al., 2014). In another study 157 clients received cognitive behavioural therapy (CBT) sessions, ranging from 1 to 400 sessions with the average being 43.82 (Cowdrey & Waller, 2015). Providence Health Care and Ministry of Health British Columbia (2012) states that there is a large variance within the literature when researching duration of treatment. Providence Health Care & Ministry of Health British Columbia (2012) also emphasized that due to the lack of evidence, clinicians are often making decisions in collaboration with the clients regarding admission and discharge dates.

**Cost of Treatment**

A factor that may contribute to duration of treatment is funding sources for the treatment of eating disorders. Compared to other mental disorders, eating disorders have minimal research (Simon et al., 2005). The literature regarding the cost of treatment states that an eating disorder can result in financial burden for the family (Gatt et al., 2014). Strigel-Weissman and Rosselli (2017) state similar findings regarding the economic burdens placed on the family. The cost of treatment can vary depending on the country. In Canada, there are government funded and private programs, while other countries such as United States often rely on private insurance or out of pocket sources for funding treatment (Oliveira et al., 2016; National Eating Disorders Association, 2018). Private health insurance in an outpatient setting can be especially variable compared to inpatient care that provides further coverage (Gatt et al., 2014). Financial burden can lead to cost related non-adherence, which can prevent the clients from receiving on-going treatment due to the cost (Gatt et al., 2014). Similarly, the Providence Health Care and Ministry of Health British Columbia (2012) state that globally, the duration of the treatment is determined by the costs and funding received. Simon and Schmidt (2005) state similar concerns due to limited global data on the funding of treatment and state that these costs may be more significant than people perceive. Therefore, there is some research indicating that funding practices may relate to treatment duration. Further research is required before making these conclusions.

**Meeting Treatment Outcomes Upon Discharge**

There is minimal research pertaining to best practice and clients meeting treatment criteria upon discharge for eating disorders. With minimal research on the topic of duration of treatment, it can be difficult for clinicians to be aware that they are providing the best care
(Drake et al., 2001). Drake et al. (2001) state that the emphasis on evidence based practice, should consequently put pressure on researchers to look further into these topics.

Survey

Research has been conducted on evidence-based guidelines on the creation of a survey and details on conducting a survey. Burns, Duffett, Kho, Meade, Adhikari, Sinuff et al. (2008) noted that when beginning the survey and after the research question has been established the sample of population should be chosen. The importance of choosing a target population to focus on was emphasized (Burns et al., 2008). After the target population has been chosen the questions that will be included in the survey should be identified (Burns et al., 2008). The research states the importance of focusing on themes and concepts related to the research questions (Burns et al., 2008). Kelley, Clark, Brown and Sitzia (2003) noted that questions should also be placed in logical order and worded in laymen terms to ensure participants will understand the questions asked. Burns et al. (2008) echoed similar findings that the language used can have an effect on the response rates of the survey. To continue, both articles emphasized the importance of including a variety of question types, but noted minimizing the use of open question as it can deter participants due to the additional time it may takes to complete the question (Burns et al., 2008; Kelley et al., 2003). To continue, both articles discussed the use of a cover letter to create a positive first impression and state the objective of the study; therefore, possibly increasing the response rate for the survey (Burns et al., 2008; Kelley et al., 2003). Therefore, when creating the survey research articles were reviewed to ensure the survey and information and consent participation form were effective for use in future research studies and would be most effective for distributing the survey to clinicians working with clients with a diagnosis of an eating disorder.

Summary

The current literature emphasized the profound social costs of eating disorders and the need for further research on best practice standards for treatment of eating disorders. The literature review also reviewed the different types of eating disorders such anorexia nervosa, bulimia, binge disorder, other specified feeding and eating disorder, unspecified feeding or eating disorder and lastly, avoidance and restrictive food intake disorder. The different treatment types such as family based therapy, cognitive behavioural therapy, and dialectical behavioural therapy and the effectiveness of each were discussed. The literature review also touched on the importance of collecting global data when possible as it allow for a large scope of data to be collected as each country varies, while simultaneously widening the scope of participants they can recruit for the study. The literature review reviewed the primary question of the treatment duration of clients with a diagnosis of an eating disorder, which showed a variance among the different countries that research was available. As well as the treatment types and how long the session lasted, which further highlighted the gaps that still exist and that could be addressed within the survey questions. The secondary question was also touched on regarding funding sources such as government, insurance or out of pocket as well gaps were identified as different countries varied regarding their funding practice and insurance available. However, more research was needed on a larger scope of countries to gain a better understanding of how funding for eating disorder treatment is conducted. Similarly the other secondary question literature on the meeting treatment criteria upon discharge highlighted the importance of best practice and the collection of this data to further understanding this topic. The literature review discussed the
effectiveness of survey as a tool for data collection. The literature review included how to create a survey, the layout, and variety of questions types to include as well as how to use laymen terms to ensure all the participants would understand the questions within the survey. The literature review emphasized the importance of including a consent form or also referred to as cover page to provide participants with further information on what the study was, how they could participate, and to access the survey. Therefore, this extensive literature review was conducted to help identify gaps and other areas that further research could be conducted on. While also providing information regarding the prevalence, severity, and negative consequences that can arise from clients not accessing or receiving treatment for an eating disorder.

Word Count: 3,065
Chapter III: Method

A survey was chosen as the preferred research tool for collecting data on this topic due to research stating the effectiveness of collecting data within in the social science field (Kelley, Clark, Brown & Sitzia, 2003). Kelley et al. (2003) noted that a survey provides a snapshot of how things are at specific points in time; therefore, is well suited for collecting descriptive statistics and answering research questions and/or hypotheses. Overall, surveys have been identified as a valuable tool to produce data based on research studies reviewing the effectiveness. Thus, using a survey was considered a good fit for collecting data for future research on the global duration of treatment for clients with eating disorder as well as the secondary factors of funding and meeting treatment outcomes upon discharge.

Participants

The survey is intended to be used as an online survey. It is suggested that stratified random sampling be used to sample participants from various locations around the world. The following criteria is suggested for participants. The participants need to be employed with an agency that provides treatment services to individuals with a diagnosis of an eating disorder. The participants requires an education level of a bachelor’s degree or higher and be employed and currently providing treatments to clients with a diagnosis of an eating disorder at the time of the survey. Participants are also required to work within an agency that is a registered member of the Academy of Eating Disorder. It is recommended for future studies using the survey that participants will be excluded if they are not working with clients with a diagnosis of an eating disorder and/or do not meet the minimum requirement of having a bachelors degree.

Informed Consent Procedures

The information and consent participation (Appendix A) was developed and reviewed by the Research Ethics Committee- Psychology at St Lawrence College and Queens University. This form was chosen as due to the survey being anonymous no identifiable information is being asked within the survey. The form includes information about the purpose of the study, why informed consent was not required, the participant’s ability to withdraw without consequences, and the area designated for contact information for the researcher, supervisor and the ethic board. At the end of the information and consent participation form, it provides the choice to participate or not. If the potential subjects agreed to participate in the study they are asked to click the link to access the survey (Appendix B). Participants are also reminded on the form that they can withdrawal from the study at any time by exiting the survey before submitting.

Design

The current thesis is a project, however the future design for administering the survey is suggested as a non-experimental survey research design, as the researcher will not manipulate any variables. It is recommended that the participants be recruited from the Academy of Eating Disorders and are placed into subgroups according to their countries.

The primary question analyzed within the survey was what was the average global treatment duration for children and youth with a diagnosis of an eating disorder. The recommendations for data collection for future research for the primary question are non-experimental descriptive statistics. The resulting data would be calculated through mean, median,
mode, standard deviation, and range. Any future data collection will assist with determining if there are differences in treatment duration globally.

The secondary question that can be analyzed is, was treatment duration related to funding practices such as private insurance or health care? The research design recommended for this component was a non-experimental between subjects research design. When the survey is distributed, it is recommended that data is analyzed through an independent sample two tailed t-test between subjects to determine if there was a statistically significant difference in treatment duration between the two unrelated variables of private insurance and government funded services.

The other secondary question that can be analyzed is, were clients meeting treatment criteria upon discharge? The recommended research design for this component was a non-experimental correlational research design. When survey results, are obtained data will be analyzed using a Pearson Correlation to determine if there was a correlation between the two variables of meeting the criteria upon discharge and duration of treatment.

The results of the study will be presented in both tables and graphs to ensure the results are clear. It is recommended that the descriptive statistics results will be placed in a table, and the two tailed t-test and Pearson Correlation will be presented in graphs when data is collected.

Setting and Materials

The survey was created to be completed online through the participants Ipad, phone and/or computer which includes an online version of the information and consent participation form. The survey could then be filled out in any location and takes ten minutes to complete.

Measures

It is recommended that after obtaining consent to participate in the study the participants are asked to fill out an indirect measure in the form of a survey. This survey was related to the treatment duration of clients with an eating disorder across countries. The survey was made up of six restricted, open ended and rating scale questions regarding general information and participants opinions on the treatment they provided. It is then recommended that the survey results are then analyzed in terms of one primary question and two secondary questions. The primary question is to be analyzed using descriptive statistics, the first secondary questions using an independent sample two-tailed t-test within subjects and lastly the other secondary question using a Pearson Correlation.

Procedure

The following procedure includes recommendation for future researcher using the survey to follow. To begin, each of the clinics were contacted through the Academy of Eating Disorder forum which is a global website for all clinicians working with clients with an eating disorder. If the representative from the clinic approved, they would then be asked to choose a clinicians within their clinics who met the inclusion criteria. The chosen clinician would then be asked if they would like to complete the survey. The study involved the participant filling out a survey which was created by the researcher and approved by the agency and faculty supervisors and the St Lawrence College and Queens University Ethics Board. Before they were be able to access the survey it is recommended and required for the participant to read the Information and consent participation form. The form stated the purpose of the study, why informed consent was not required due to the survey being anonymous, and the contact information for the researcher,
college supervisor, and St Lawrence College and Queen University Research Ethics Board. If the potential subject agreed to continue, they would then gain access to the short survey. The survey is available online through a link at the bottom of the survey, and takes approximately ten minutes to complete. The survey is through Survey Monkey and will appear once the link is clicked. It was made up of six questions pertaining to general information about the treatment provided to clients (e.g., age, duration of treatment). The questions were in varying formats such as short written answer, Likert scales, and circling one of multiple options. The survey is only required to be completed and submitted once by the participant during the study.
Chapter IV: Results

Product

The final survey can be found in Appendix B. The survey was created to be used in future research studies on this topic. The survey questions address the primary question of the average global treatment duration for children and youth with a diagnosis of an eating disorder. As well as the first secondary questions regarding a potential correlation between treatment duration and funding practices. Lastly, the other secondary question is regarding meeting treatment criteria upon discharge. The primary and secondary questions have been chosen to be addressed in the survey due to gaps identified in the literature on the following topics.
Chapter V: Discussion

Summary

A gap was found within the current literature on the topic of eating disorders, more specifically regarding global treatment duration, funding practice, and meeting treatment criteria upon discharge. These finding suggested a need for further focus and collection of data globally regarding the topic of eating disorders. To address this need the creation of a survey to collect data was suggested.

The main component and focus was on the creation of a survey for future use for collecting global data on the primary and secondary questions. The survey was made up of six questions with varying formats such as multiple choice, short answer, and Likert scale. The questions were written to ensure that the gaps identified in the literature would be addressed.

The result of both components was an online six question anonymous survey to be used in the future to obtain data on the primary and secondary questions stated above. As well as an additional Information and Consent Participation Form (Appendix B) that was recommended to be presented in conjunction with the survey.

With the creation of the survey and the form, time was allotted to identify and evaluate the strengths and limitations of both to ensure quality and effectiveness.

Strengths

The questions posed in the survey assist with minimizing gaps in the current literature when using the survey to collect data for future studies. The survey was made to collect data on the primary and secondary questions that were identified as being inconclusive and lacking research. Similarly, the survey will allow for a wider scope of research as it was created to be globally distributed. It was identified in the literature that there is a lack of eating disorder research being done with other countries as well as a lack of data on the specific primary and secondary questions. Any future data collection using this survey will allow for an increase in global research.

Another strength of both the survey and information form is its readability. The survey is written in a terminology that would be understood by a trained clinician completing the survey. Another asset of the survey is its length as the survey is six questions that can be answered through multiple choice, Likert Scales, or a sentence in a short time span. Similarly, the Information form (Appendix A) is written in a language that is appropriate for clinicians and provides steps to completing the survey along with contact information they can call or email with questions.

Lastly, the survey and information form has been created along with recommendations from the creators of the survey and information form included, thus allowing for both of the documents to be easily utilized in future studies.

Limitations

Some limitations have been identified in the study including the amount of responses the survey may receive and data that will be collected. Due to the survey being online this may result in challenges with response rates as it relies on the participants completing the survey on their own time. Further limitations that should be addressed in future research is regarding timelines for gaining approval to post the survey through the Academy of Eating Disorder website. Due to
the extensive approval process this can place boundaries on collecting data and meeting timelines for data analysis. Overall, the limitation identified should be considered in future research studies.

**Multilevel Challenges**

During the creation of the survey challenges were identified in four key areas and levels. The levels are as follows, client, program, organization, and societal. These levels each have their own challenges that occurred during the creation of the survey or may occur in future use of the survey. The following analysis will be conducted on the challenges within each level that impacts the study.

To begin, a challenge identified for the client level is regarding the wording of the survey questions. Due to the survey being created for global use terminology used may not translate to every participant involved.

The challenge noted within the program level is for future studies distributing the survey. Due to the survey being online, if participants have question when completing it they have been instructed to email their question to the address listed on the information and consent participation form. The challenges identified are participants choosing to not complete the survey due to the effort of emailing for clarification on the questions. Therefore resulting in a low response rate.

Similarly, the challenge identified on the organization level is regarding obtaining approval for the survey to be posted on the designated website when distributing the survey in future studies.

Lastly, the challenge on the societal level is regarding the language barrier associated with the survey. Due to the survey only being written in English this may result in a limit on the amount of participants globally that can complete the survey.

**Recommendations for Future Research**

Recommendations for future research have been included throughout the thesis, as the survey has been created to be used in future research. Suggestions have been given regarding the use of the information and consent participation form due to the research showing positive outcomes when the form is included. Recommendations were also provided regarding who to include in the study such as the targeted population and inclusion criteria for the participants. As well as suggestions regarding the distribution process through the Academy of Eating Disorder website. Lastly, recommendations were provided on how to collect data through an online survey on the designated website. These recommendations have been included to assist with future distribution and collection of the data from the survey.

**Contributions to the Field of Behavioral Psychology**

This survey will provide a contribution to the field of behavioural psychology by creating the survey that serves as a base for future studies on the topic of the duration of treatment for client with a diagnosis of an eating disorder. The survey was created to address the gaps in literature, and the use in future studies. By using the survey and information and consent participation form they will be able to use them to collect data on the primary and secondary questions. Due to the severe and long-term consequences associated with an eating disorder
research on treatment duration is vital and can make a difference on the clients living with this disorder.
References


world wide web: Considerations for researchers. Epidemiological Community Health, 57 (68), 68-73 retrieved from https://jech.bmj.com/content/jech/57/1/68.full.pdf
Appendix A: Information and Consent Participant Form

This study is being conducted by __________ for my undergraduate thesis in the Honours Bachelor of Behavioural Psychology at St Lawrence College under the supervision of ______________

This study is being conducted to examine the average treatment duration within eating disorder clinics across countries. You are being invited to fill out a survey. There will be a total of six questions and the entire session should take you approximately ten minutes.

There are no known risks associated with this study. Your participation is completely voluntary and you may withdraw from this study at any time without any consequences by merely exiting the survey before pressing the <Submit> button.

We do not have access to either your name or email address so your answers are anonymous and confidential. The data will be published in aggregate form with no ability to trace you as an individual. All records are secured safety under password protection and kept in a locked location for 10 years. Results from this study will be published in my thesis, and may be published in scientific journals or presented at conferences by researchers from ___________

Any questions about study participation may be directed to _____________ at ___________________ or ___________________. Any ethical concerns about the study may be directed to the ___________________

*Please keep a copy of the letter for future reference.

If you understand and accept these conditions, by clicking https://www.surveymonkey.com/r/DSS5DLV you are agreeing to participate in this study.
Appendix B: Survey

Please indicate the category that best describes your client population

- [ ] Children
- [ ] Adolescents
- [ ] Adults

In general, what is the average duration of treatment?

Please specify the number of months: ________________________

How is your program funded for clients?

A) Private Insurance
B) Government Funded Health Care
C) Other

What does your program consider a successful treatment outcome?

Please specify______________________________________________

Do your patients meet this criteria upon discharge?

- Met all
- Met most
- Met some
- Met none

What country are you currently working in?

Please specify______________________________________________

The online survey link: https://www.surveymonkey.com/r/DSS5DLY