

A SUMMATIVE EVALUATION OF TREATMENT FOR BULIMIA NERVOSA

AT THE PRINCE GEORGE EATING DISORDER CLINIC

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A PROJECT SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF
MASTERS IN EDUCATIONAL COUNSELLING.

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UNIVERSITY OF NORTHERN British Columbia

April 1999

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Abstract

This project evaluated the effectiveness of the Prince George Eating Disorder Clinic and the multidisciplinary components of the clinic (individual counseling, nutritional counseling, medical visits, group counseling and family counseling). Seventeen participants who either met the DSM-IV-R criteria for bulimia nervosa or were diagnosed with an eating disorder not otherwise specified (EDNOS) with binge/purge behavior completed a client questionnaire and the Eating Disorder Inventory-2. Clients completed the questionnaires after finishing treatment or a majority of their treatment. A clinical staff member who had the most contact with the participant completed a questionnaire about the participant's treatment.

Depending on the frequency of bulimic symptoms after completing treatment, participants' were classified as having good, intermediate, or poor outcomes. Results showed that 35.3% had good outcome, 23.5% intermediate outcome, and 41.2% had poor outcome after completing mean of 14.9 months of treatment. The poor outcome group had a mean rating of 4.5 and the good outcome group had a mean rating of 4.3. Both the poor and good outcome groups rated the clinic highly on effectiveness, based on a scale of 1 (*unsuccessful*) and 6 (*very successful*). The intermediate outcome group had a mean rating of 3.3. Participants may not judge the success of their treatment according to decreases in binge/purge behaviors. The participants rated components of their treatment (individual counseling, nutritional counseling, physical examinations, group counseling, and family counseling) favorably. Recommendations for changes to the clinic include: ensuring follow-up sessions, making resources more available, and enhancing aspects of the program that clients already find helpful.

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Acknowledgements

I wish to express a sincere thanks to my supervisor Peter MacMillan for his guidance and support throughout the duration of this project. I also wish to express my appreciation to Annette Browne for her support and to Ron Lehr who guided me in the early stages of my project.

I would like express thanks to the Prince George Eating Disorder Clinic for providing participants and to the clinical staff there who shared with me their expertise in the area. I greatly appreciated Intersect Youth and Family Services for providing a central location for me to work from.

I would also like to thank my friend Anna Djuric for editing my paper no matter how painful it was for her.

Finally, I would like to thank my other editor and husband Grant Lindsay for his loving support.

CHAPTER ONE

INTRODUCTION

The American Psychiatric Association first classified bulimia nervosa in the third edition of Diagnostic and Statistical Manual of Mental Disorders (DSM III, 1980). The more recent edition DSM-IV (1994) defines two types of bulimia: (a) "the purging type who engage in self-induced vomiting, misuse of laxatives, diuretics, and enemas," and (b) "the nonpurging type who is regularly involved in over-exercising and fasting without regular use of self-induced vomiting, laxatives, diuretics, and enemas" (p. 445).

DSM-IV describes five criteria for the classification of Bulimia Nervosa (see Table 1). The criteria include bingeing followed by undoing behavior and self esteem evaluated according to body size.

Each year, bulimia nervosa affects millions of people in western society. Garfinkel, Lin, Goering, Spegg, Goldbloom, Kennedy, Kaplan, and Woodside's (1995) review of the literature estimated that, in western society, 1% to 1.5% of young women have bulimia. An earlier study estimated approximately 1% of adolescents and young adult women to have bulimia (Fairburn & Beglin, 1990). Authors of both studies suggested that this percentage may be low because people with bulimia often refuse participation in such studies (Fairburn & Beglin, 1990; Garfinkel et al., 1995).

Researchers have only conducted a few outcome studies on bulimia nervosa. Outcome studies completed to date have shown varying results depending on each study's definition of outcome, length of follow-up, and criteria for selecting subjects. Outcome studies are essential in helping us understand the recovery process and what facilitated recovery for the bulimic patient (Hsu, Crisp, & Callender, 1992).

Table 1
DSM-IV Diagnostic Criteria for Bulimia Nervosa*

1. Recurrent episodes of binge eating. Binge eating is characterized by the following: (a) eating in a discrete period of time (e.g., within any 2-hour period) an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances (b) a sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating).
2. Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, enemas, or other medications; fasting; or excessive exercise.
3. The binge eating and inappropriate compensatory behaviors both occur, on average, at least twice a week for three months.
4. Self-evaluations unduly influenced by body shape and weight.
5. The disturbance does not occur exclusively during episodes of anorexia.

* From the American Psychiatric Association. Diagnostic and statistical manual of Mental Disorders (fourth edition). APA Press, Washington DC, 1994

Very few patients abstain from bulimic behavior (binge/purge) following treatment. The American Psychological Association (1993) found that, of those patients who completed treatment 30% are still diagnosed with bulimia nervosa. Likewise, Hsu (1990) found that only two-thirds of patients who received psychotherapy improved by the one-year follow-up.

Most clinicians consider treatment for bulimia successful when the patient reduces bingeing and purging, develops new coping skills, decreases the time she spends thinking about food and body image, and improves self esteem, mood, and social skills. Rorty, Yager, and Rossotto (1993) asked bulimic women what features of bulimia were the most difficult to change. Their subjects responded that body image and desire to be thin (80%), fear of getting fat (58%), obsessive or negative thoughts about food (55%), bulimic symptoms (48%), and awareness of hunger and satiety cues (23%).

A review of the literature revealed that there are numerous definitions of outcome. Johnson-Sabine, Reiss, and Dayson (1992) broke their outcome groups into four categories: cured, good outcome, intermediate outcome, and poor outcome. Most studies divided outcome into only two groups - good or poor. Many studies define good outcome as either abstinence from bingeing and purging, or less than monthly bingeing and purging (Johnson-Sabine et al. 1992; Reiss & Johnson-Sabine 1995). Another study defined good outcome as four or fewer episodes of bingeing or purging per four-week intervals (Davis, Olmsted, & Rockert, 1992).

Purpose and Rationale

In March 1993, the eating disorder clinic was established in Prince George, British Columbia (PGEDC). The clinic offers extensive multi-disciplinary treatment for bulimia nervosa. The clinic team includes two therapists, two physicians, and a nutritionist. The counselor tackles personal and family issues that contribute to the client's bulimia. The nutritionist works with the client on maintaining healthy eating and is involved in the re-feeding process when the client receives in-patient treatment. The physician acts as a case manager, coordinates over-all treatment, and does physical examinations with the client. Depending on the case, an external psychologist, a psychiatrist, and/or the client's own general practitioner may also be involved with treatment.

Because a thorough evaluation of the PGEDC has not been completed, the clinic deemed it important for the purpose of this study to evaluate the whole clinic and its various components (individual counseling, nutritional counseling, physical examination, group counseling, and family counseling). This study will allow the clinic staff to direct

needed changes in the program and enhance those portions of the program that are ineffective. This project measured the global success rate of the clinic and the success of components of treatment. There are two major questions addressed in this study. The first question evaluates the effectiveness of the PGEDC and the second question hopes to determine discrepancies between the clinic's evaluation of treatment and the client's evaluation of treatment.

Research Questions

1. How effective is the Prince George Eating Disorder Clinic in treating bulimia nervosa?
 - A. What proportion of participants have good outcome, defined as binge and or purging less than monthly?
 - B. What proportion of participants have unsuccessful outcome, defined as bingeing or purging monthly or more?
 - C. What do participants feel contributed to their changing of binge/purge behavior or lack of change?
2. Are there discrepancies between the clinic's evaluation of treatment and the client's evaluation of treatment? If so what are they?
 - A. How does the clinical staffs' perspective compare to the clients' perspective of treatment?

CHAPTER TWO

METHODOLOGY

This study evaluated the separate components (individual counseling, nutritional counseling, physical examination, group counseling, and family counseling) of the PGEDC and the clinic as a whole using structured questionnaires.

Participants

The sample included seventeen females who had the following characteristics: (1) completed treatment or the majority of their treatment at the PGEDC between March of 1993 to present day, and (2) met DSM-IV criteria for bulimia, or were diagnosed as having a eating disorder not otherwise specified (EDNOS) with binge/purge behavior. Patients diagnosed as EDNOS with binge/purge subtype engaged in eating disordered behavior, but at a lower frequency and severity than those clients diagnosed as bulimic.

Research Instruments

The research instruments consisted of a file review sheet, client questionnaire, the Eating Disorder Inventory-2 and the clinic questionnaire.

File Review

The PGEDC keeps files on all past and current clients. The files of the 50 potential subjects were reviewed before questionnaires were completed. The file reviews determined which specific components of treatment the client received or did not receive, and ensured that the client was an appropriate participant for this evaluative study (Appendix B). The typical file contains consents forms, consents to obtain and release information, health questionnaires, progress notes, and a closure report.

Client Questionnaire

The structured client questionnaire collected demographic information, assessed current bulimic symptoms, and provided a means for the participant to evaluate the PGEDC (Appendix C). The demographic questions determined certain characteristics such as age, weight, and height of the participants. The bulimic symptoms assessed in the client questionnaire were binge eating, purging, thoughts about food, social relationships, and emotional functioning. The evaluative questions appraised the specific components of the clinic and the clinic as a whole. The specific components included individual counseling, group counseling, family counseling, nutritional consult/counseling and experiences with the PGEDC medical doctor. In accordance with other studies on bulimia, outcome was defined by frequency of bulimic symptoms. Good outcome included those who binged and or purged less than monthly. Intermediate outcome was defined as bingeing and/or purging between 1 and 3 times a month. Poor outcome consisted of bulimic symptoms occurring at a higher frequency. The client questionnaire asked the client specifically in (question #25 and #28) to determine her current amount of bingeing and purging. Participants also completed the EDI-2 when filling out the client questionnaire.

Eating Disorder Inventory-2 (EDI-2)

The EDI-2 (Garner, 1984) is a self-report measure that includes eleven subscales on typical symptoms of an eating disorder (Appendix D). This study used the EDI-2 to assess social functioning and self-esteem. Two subscales, interpersonal distrust and social insecurity, measured social functioning and another two subscales, body dissatisfaction and ineffectiveness, measured self-image. The EDI-2 has an internal

consistency above .80 (alpha) and subscale reliability coefficient (alphas) between .83 and .93 (Garner, 1984).

Clinic Questionnaire

Employees of the clinic received a questionnaire for each subject participating in the study (Appendix E). The clinic questionnaire paralleled the client questionnaire in many respects. For example, each questionnaire had a question measuring the effectiveness of treatment for each participant. The clinic questionnaire elicited information on how the staff person worked with the participant and how effective he/she felt treatment was/is for that specific client. The clinic questionnaire was compared to the client questionnaire to determine perceptual discrepancies of treatment.

Process

Employees of the clinic contacted each potential subject with an informative letter which introduced the researcher, explained the purpose of the evaluation, and notified the participant that the researcher would contact her. All questionnaires contained an informed consent letter (Appendix F) that was to be signed and dated by the participant.

The researcher phoned and set up times for completion of the two questionnaires. Participants completed the questionnaires at a local social service agency for youth and families (adolescents that received treatment at the PGEDC met with their counselor at this agency). If the potential participant could not make it to the prescribed location to complete the questionnaires the researcher offered to send the questionnaires to her home address. But in most cases, participants completed the client questionnaire and the EDI-2 under the supervision of the researcher. The researcher answered questions and ensured that questionnaires were fully completed. The researcher followed up with participants

who were mailed the questionnaire package (informed consent form, client questionnaire, and EDI-2) with a phone call two weeks later.

All files were reviewed and the file review sheets completed. From these sheets it was determined what type of therapy was used and who worked with each client. Employees of the clinic then were asked to fill out a questionnaire for each person participating in the study.

Information from the questionnaires was transcribed and analyzed. Each subject was given a code that replaced her name. The key for the codes was kept in a secure place away from the questionnaires as a further safe guard in preventing identification of participants. Questionnaires were destroyed following the analysis. Microsoft Excel was used for the statistical analysis.

CHAPTER THREE

ANALYSIS

The descriptive analysis suggests that the sample was representative of the population. The participants were 17 females with a mean age of 28.4 ($SD=9.1$). Height ranged from 61 to 70 inches ($M=64.6$, $SD=1.9$), and weight ranged from 105 pounds to 240 pounds ($M=154.3$, $SD=48.1$). The majority of the participants were single (64.7%) with only 23.5% married, 5.9% divorced, and 5.9% separated.

It is typical for women with eating disorders to be well educated since they are often overachievers. The sample for this study was well educated; 29.4% had a university or college degree while 35.3% had a few years of college, university, or technical school. Approximately 23.5% of the sample had only high school education, but these participants were adolescents who were currently attending high school.

Of the 50 potential participants, 17 were successfully recruited for this study, 11 others refused to participate, 11 did not return the questionnaire or phone calls, and 11 could not be located. Table 2 displays the differences between potential participants and the sample.

As shown in Table 2, the sample shows slightly lower frequencies on all variables presented. For example, the sample has a slightly lower percentage of bulimic clients and is approximately one year younger than the population. The differences between the sample and the population are relatively small; therefore, the sample is considered to be similar to the population on all characteristics presented in Table 2. Results should reflect the entire population.

Table 2

A Comparison of the Population and Sample

	Percentage Bulimic	Mean Age	Months in Treatment	Number of Contacts	Months Out of Treatment
Population N=50	76.5%	29.5	17.2	18.12	19.4
Population less Sample	78.8%	30	18.5	18.2	21.6
Sample n=17	70.6%	28.4	14.8	14.1	16.7

General Evaluation

The majority of participants learned about the clinic from their family physician and/or from a counselor outside of the PGEDC. Participants had also learned of the clinic through other social service agencies, their schools, advertisements, friends, and their families. When initially contacting the clinic, participants expected their bulimia to be cured, they hoped to learn new coping skills, increase their knowledge of bulimia and nutrition, and get help with personal issues through counseling. Approximately 24% (n=4) did not have any expectations when first contacting the clinic. The majority of participants felt the clinic met their expectations (70.5%, n=12) while 29.5% (n=5) felt that the clinic did not meet their expectations.

Figure 1 compares responses to a question from the client questionnaire (#15) to a question on the clinic questionnaire (#6). A comparison could not be made for three of the participants because either the participant or the clinic staff member did not answer the question. The two questions rate the success of treatment. Question #15 asked clients to rate the overall effectiveness of the clinic on a scale of 1 (*not successful*) to 6

(*very successful*). The clinic staff member who had the most contact with a client completed a parallel clinic questionnaire for that client. In question #6 (clinic questionnaire), the clinic staff member rated the effectiveness of treatment for that client on the same scale as the client did in question #15 (client questionnaire). The graph shows that the clinic staff rated the effectiveness of treatment lower than the client did. There are only two cases where a clinic staff member rated effectiveness of treatment higher than the client.

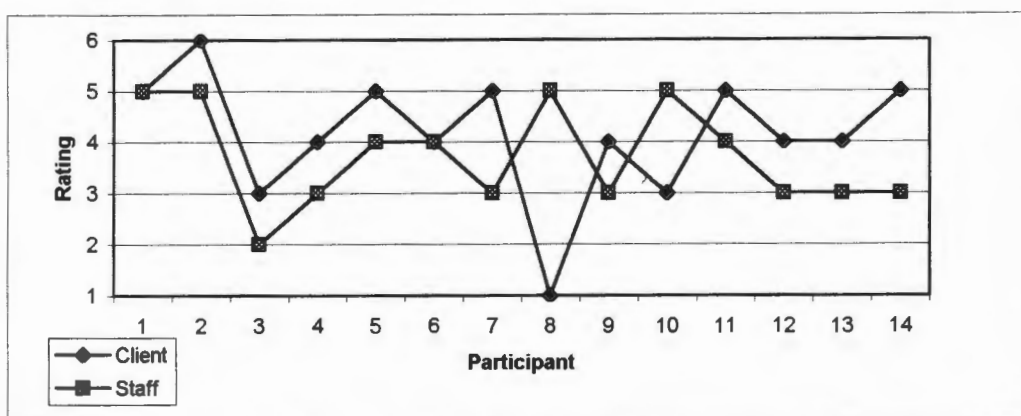


Figure 1. A Comparison of client and clinic staff evaluation of treatment success.

When clients commented on their rating, the majority reported that the clinic assisted recovery by encouraging them to work through personal issues, by providing group counseling, and by prescribing medication. Another 31.3% ($n=5$) felt that they did not receive the treatment needed and were still suffering from bulimic symptoms. These participants mentioned that the clinic did not have enough funding to give needed support and felt that after their treatment they did not receive essential medical follow-up. When clinic staff members commented on their ratings in question #6 (clinic questionnaire) they reported that the majority of participants moved toward recovery by working through issues relevant to their eating disorder. The clinic staff also recognized problems that may have prevented successful treatment for certain participants. For example, clinic

staff were concerned that some participants avoided certain emotions, had difficulty establishing rapport, had stopped follow-up sessions, and were not working through underlying issues.

Clinic staff worked with clients to establish appropriate goals during the initial phase of treatment. Treatment goals are an important part of therapy. According to question #32 (client questionnaire), 42.9% (n=6) of the participants' felt that they reached their treatment goals, 42.9% (n=6) partially met their goals, and 14.3% (n=2) did not meet their goals. Participants that met treatment goals felt that the PGEDC helped them accomplish their goals. Participants remembered setting such goals as "normalizing eating," stopping the binge/purge cycle, regaining self-esteem, learning new coping skills, gaining confidence with other people, and getting in touch with emotions. On question #31 some participants (15.4%, n=2) responded that they could not remember setting treatment goals with the clinician. Clinic staff members remembered setting similar goals with their clients including: eating healthy, stopping the binge/purge cycle, increasing assertiveness, learning self acceptance, and dealing with emotions.

Sixteen participants completed question #18 of the client questionnaire. Question #18 asks: "If you had it all to do over again would you come to the PGEDC?" To this question 100% (n=16) felt that they would attend the PGEDC if they had it all to do over again. Only one participant did not answer the question; this participant rated the clinic 1 (*not successful*).

Participants cited numerous suggestions for improving the clinic. The majority of participants recommended making treatment more available by having a drop-in center, opening in the evenings, having a full-time clinic, making more frequent counseling

sessions, and having longer sessions. Other suggestions included having more groups, having follow-up sessions, allowing clients to do more talking than staff, making resources more available, having more aggressive treatment, and having counseling sessions outside in the fresh air.

Evaluation According to Symptoms

Figure 2 presents the participants' mean scores for questions 19A to 19AA (client questionnaire) and the clinic staff members' corresponding mean scores for questions 8A to 8AA (clinic questionnaire). Participants were asked to rate changes in their behavior following their treatment while the clinic staff was asked how much they emphasized certain topics in treatment. In question 19A to 19AA (client questionnaire) the participants were asked, "since treatment has there been a change in" followed by list of 27 items (A, B, C....AA) related to bulimia nervosa. Participants could respond much worse, worse, no change, better, or much better. The responses were weighed from 1 (*much worse*) to 5 (*much better*). In corresponding question 8A to 8AA (clinic questionnaire) the clinic staff members were asked "how much did you emphasize the following with this client" followed by the same list of items. The clinic staff member could answer one of the following none, very little emphasis, some emphasis, significant emphasis, and very significant emphasis. The responses were weighed from 1 (*very little*) to 5 (*very significant*). The mean for each response is presented in Figure 2. The graph shows that the clinic staff consistently scored lower than the client. In general the client and clinic mean response curves are similar indicating that clients see changes in their behavior following treatment even if the clinic staff members feel that they did not highly emphasize certain topics during the client's treatment. The comparison made in

Figure 2 suggests that attending therapy and learning new skills may help clients with other issues related to their eating disorder.

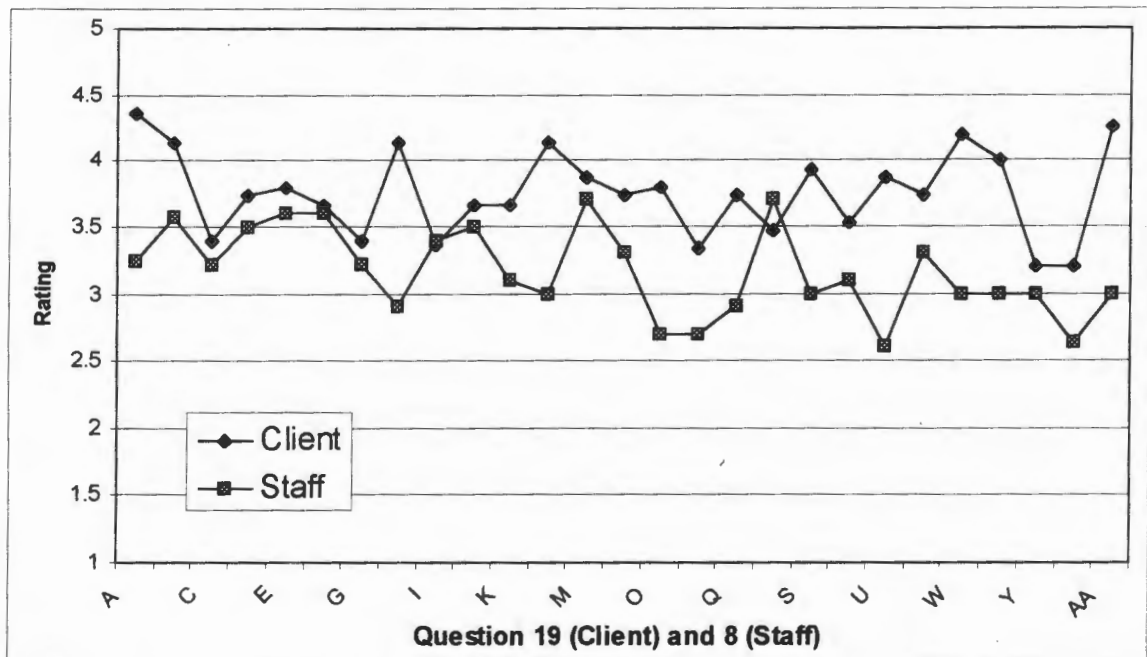


Figure 2. A comparison of client and clinic mean score for (question 19A to 19AA of the client questionnaire and question 8A to 8AA of the clinic questionnaire).

Figure 3 shows the method of purging used before treatment and the method of purging used in the past three months. Each method of purging has dropped since treatment. Using vomiting as a means of losing weight dropped dramatically following treatment from 100% to 29.4%. After treatment, participants used exercise and dieting as preferred means to losing weight. Exercise and dieting are unhealthy when used for purging. Interesting enough, those two methods of purging are socially acceptable ways for people to lose weight. The use of laxatives and diet pills dropped to 11.8%. Not one participant used water pills and/or enemas in the past three months.

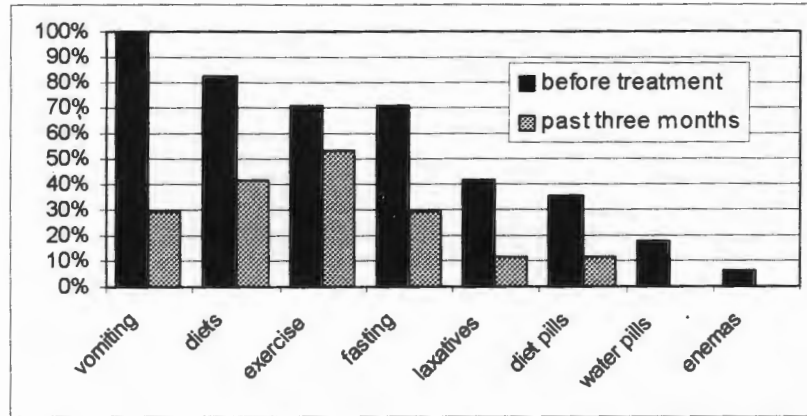


Figure 3. Method of purging before treatment and during the past three months.

Figure 4 and Figure 5 display the rate of bulimic behavior before treatment and in the past three months. In Figure 4, notice that 100% ($n=17$) of the participants were purging daily or more than daily. Following treatment there are significant changes in the rate of purging for most participants.

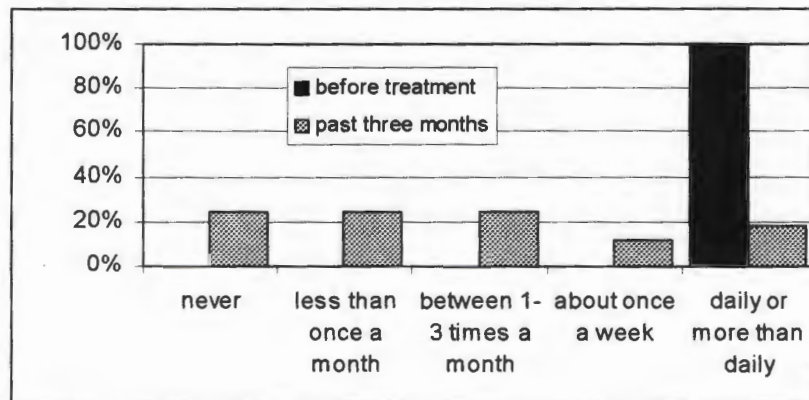


Figure 4. The rate of purging before treatment and in the past three months.

Figure 5 shows that the rate of bingeing has dropped significantly since treatment. Before treatment, all participants were bingeing either “about once a week” or “daily or more than daily.” Now, 50% have taken huge steps by abstaining from bingeing for 3 months or by bingeing less than monthly in the past three months.

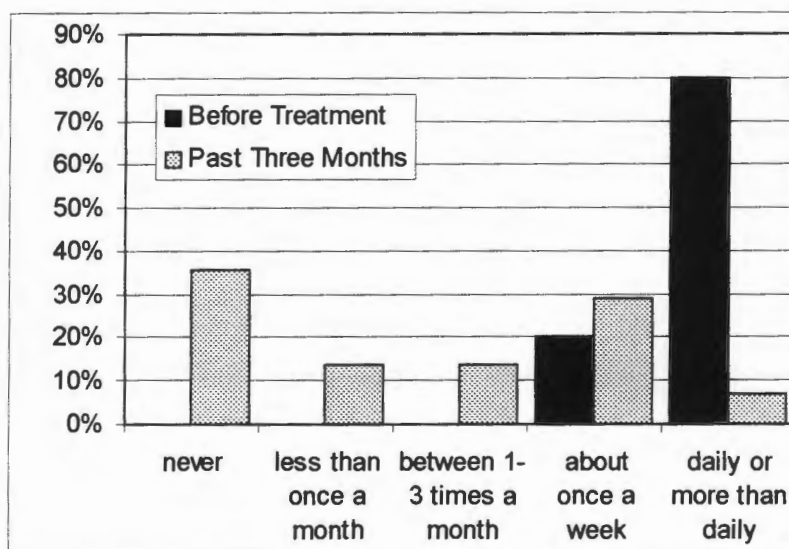


Figure 5. The rate of bingeing before treatment and in the past three months.

The following study defined good outcome as participants bingeing and/or purging less than monthly, intermediate outcome as bingeing and/or purging between 1 and 3 times a month, and poor outcome consisted of bulimic symptoms occurring at frequency of weekly or more. The intermediate outcome group was important, because it considers participants who have taken huge steps in their recovery even though they have not decreased bulimic symptoms enough to be considered part of the good outcome group. According to this study, 35.3% ($n=6$) had good outcome, 23.5% ($n=4$) intermediate outcome, and 41.2% ($n=7$) had poor outcome. According to question #15 (client questionnaire) the good outcome group rated the effectiveness of treatment ($M=4.3$), the intermediate outcome group rated the effectiveness of treatment ($M=3.3$)

and the poor outcome group rated the effectiveness of treatment ($M=4.5$). Both the poor and good outcome groups rated the clinic highly. The intermediate outcome group may have been low because it only contained 4 participants and one participant had given the clinic a rating of 1 (*unsuccessful*). If we discard the extreme rating of 1, the intermediate outcome group would rate the clinic as a 4.0. Participants in the poor outcome group may have seen progress in treatment as something other than the total elimination of the binge/purge cycle. There also could be a higher occurrence of poor outcomes, because over-exercising and/or crash dieting are considered methods of purging when used for weight loss. In question # 25 participants over-exercising and crash dieting at a rate of "about once a week" or "daily or more than daily" would have been considered to have poor outcome. These are socially acceptable ways to lose weight in western society.

The participants, in general, felt that the clinic helped them manage their bulimic symptoms. However, a few participants reported ways that the clinic may have increased their bulimic symptoms. These comments included: (1) the client felt that her emotions were getting out of control causing an escalation in the binge/purge cycle; (2) the client was feeling that the binge/purge cycle got worse at the beginning of treatment; (3) the clinic was failing to notice when the client got worse; (4) the client moving from bulimic behavior to anorexic behavior; (5) the client learning new techniques for purging; (6) the client felt that the counselor told her how she was supposed to feel.

In addition to binge/purge symptoms it is important to recognize other features of bulimia such as poor social functioning and low self-esteem. This study used two subscales of the EDI-2, Interpersonal Distrust and Social Insecurity, to measure social functioning, and another two subscales, Body Dissatisfaction and Ineffectiveness, to

measure self-esteem. In Table 3 the mean raw scores of the current sample are compared to the mean scores of a bulimic sample and to the mean scores of a normal female college population. For the current sample the mean raw scores for the subscales were interpersonal distrust (4.0), social insecurity (6.0), body dissatisfaction (16.2), and ineffectiveness (5.9). The mean raw scores for the current sample were below that of the bulimic sample, but were higher than mean raw scores for females without an eating disorder. The body dissatisfaction subscale remains in the eating disorder range; however, in a previous study 80% of the sample found body image one of the most difficult features of bulimia to change (Rorty, Yager, & Rossotto, 1993). Without preliminary scores for each participant, it is difficult to estimate changes in social functioning and self esteem; however, the average raw scores for interpersonal distrust, social insecurity, and ineffectiveness show improvements over others who have eating disorders.

Table 3

A Comparison of Scores on the EDI-2 Subscales *

		Current Sample After Treatment	Bulimic Sample from the EDI-2	Normal College Comparison Group from the EDI-2
Social Skills	Interpersonal Distrust	M=4.0, SD=4.0	M=5.3, SD=4.5	M=2.0, SD=3.1
	Social Insecurity	M=6.0, SD=5.0	M=8.2, SD=4.5	M=3.3, SD=3.3
Self-esteem	Body Dissatisfaction	M=16.2, SD=8.8	M=17.9, SD=7.9	M=5.5, SD=5.5
	Ineffectiveness	M=5.9, SD=7.4	M=11.0, SD=7.5	M=2.3, SD=3.6

* Information from two columns (Bulimic Sample and Normal College Comparison Group) are from the Eating Disorder Inventory-2: Professional Manual. Psychological Assessment Resources. Odessa, Florida: 1984

Evaluation of the Therapist

There are two therapists working at the clinic. One therapist counsels the adolescent clients and the other therapist counsels the adult clients. Both therapists work with individual clients and co-facilitate groups at the PGEDC. The therapist works with the clinic team and the client to determine goals.

Overall, participants evaluated the therapists favorably. The majority of participants found the therapist most helpful with praising small steps toward goals, and helping clients explore the source of their problems. The therapist also helped clients reach goals by giving support, listening, getting to the root of the problem, and helping the client build self-esteem. Only 14.3% (n=2) of the participants felt that the therapist may have done something to increase bulimic symptoms. These participants made such comments as "I felt that the pressure of normal eating happened too quickly," "I just

couldn't talk to my counselor," and "sometimes I felt like the counselor talked too much and didn't listen to me." For question 37A to 37O (client questionnaire), participants rated the degree of agreement for statements made about the therapist. Participants marked either disagree, somewhat disagree, neutral, somewhat agree, and agree (Appendix G). For example, participants were asked to rate their agreement with the statement "I felt comfortable with the therapist." Responses were weighed as 1 (*disagree*) to 5 (*agree*). Participants consistently rated the therapist highly. The mean scores were all a 3.9 or above. The results indicate that the therapists help clients reach treatment goals.

The Evaluation of the Nutritionist

The nutritionist worked with the clients to eliminate the binge/purge cycle, increase knowledge about nutrition, inform of the risks of bulimia, and practice normal eating patterns. The majority of participants (82.4%, n=14) received services from the nutritionist. Of those that saw the nutritionist only 14.3% (n=2) did not wish to receive treatment from the nutritionist and felt they were forced to do so. According to Hsu, Holeben, and West (1992), clients believe that they have enough nutritional counseling, but often their knowledge of nutrition is only for losing weight. Similarly, several participants from this study also had unhealthy expectations for nutritional counseling. One participant hoped that the nutritionist would supply an eating plan that would ensure that she would not gain weight. Another participant hoped that the nutritionist would teach her what foods to eat to resist cravings. However, most participants had healthy expectations for nutritional counseling. The majority hoped that the nutritionist would "normalize" their eating, and increase their general knowledge of nutrition. Some

participants hoped that the nutritional counseling would stop their fear of food, and give advice on shopping and cooking. In question #41 participants were asked how the nutritionist helped treatment. The responses included that the nutritionist helped them by improving their eating patterns, giving them useful information, informing them of the health risks of bulimia, and analyzing current eating patterns. Only one person felt that the nutritionist forced her to eat "normal" too quickly. For question 43A to 43S (client questionnaire), participants rated the degree of agreement on a five-point scale from disagree to agree (Appendix G). For example, participants were asked to rate their agreement with the statement "The nutritionist encouraged me to eat feared foods." Participants consistently rated the nutritionist highly. The mean scores were all above 4.0, except for one statement received a mean score of 3.5. The results showed that participants found that the nutritionist helped them reach treatment goals.

The Evaluation of the Physician

The majority of participants hoped the physician would assess the physical damages brought on by the eating disorder, give acceptance and support, and accurately diagnose their eating disorder. Other expectations included gaining a better understanding of eating disorders, getting a realistic perspective of her body, and one person mentioned lowering blood pressure. The physician assisted participants to reach their goals by working with the nutritionist and therapist on individual cases, giving support, assessing the participant during the initial check-up, informing of the health risks of bulimia, and being a good listener. Approximately 19% (n=3) of participants mentioned not wanting to receive treatment from the physician. A percentage of clients (18%, n=3) felt that the physician did something that increased bulimic symptoms. These

participants made such comments as "I felt that the physician misinformed me about my weight" and "The physician treated me like a specimen". For question 47A to 47S (client questionnaire), participants rated the degree of agreement for statements made about the physician at the clinic. For example, participants were asked to rate their agreement with the statement "The physician gave me specific feedback about my progress". Responses were weighed as 1 (*disagree*) to 5 (*agree*). Participants consistently rated the physician highly. The mean scores ranged from 2.9 to 4.5 (Appendix G). Participants seemed to find the physician an important part of the treatment team.

Evaluation of Group Counseling

A large number of participants received group counseling, (70.6%). Group expectations included hearing others' experiences, gaining support and solidarity, gaining an understanding of personal problems, and having a place to share personal stories. Most participants felt that the group helped them reach treatment goals and fulfilled expectations. Only 25% (n=3) felt that group counseling did not help in their treatment. According to question # 51 (client questionnaire) 30% (n=3) felt that aspects of group actually increased bulimic symptoms; these people mentioned such things as "I didn't feel comfortable with group therapy"; "I felt I had to compete with others to lose weight"; "sometimes we would get off topic and I would become frustrated and withdrawn"; "I learned new techniques for purging"; and, "I learned how to hide inappropriate behavior". However, most participants found group counseling an important part of their treatment.

Only one participant received family counseling. This participant found that family counseling increased her parents' understanding of bulimia and provided her with more family support.

CHAPTER FOUR

SUMMARY

This project recruited 17 people for the sample from the 50 potential participants (34%). The low participation rate was due to people moving away, not returning phone calls, not returning questionnaires, and refusing participation. Low participation may also be due to the secretive nature of bulimics. Despite low participation the sample did reflect characteristics of population.

The general evaluation revealed some surprises. Participants were grouped into good outcome, intermediate outcome, and poor outcome. It was found that both the good outcome group ($M=4.3$) and the poor outcome group ($M=4.5$) rated the effectiveness of the clinic highly while the intermediate outcome group gave the clinic an average rating ($M=3.3$).

Johnson-Sabine, Reiss, and Dayson (1992) combined their poor and intermediate outcome groups. These researchers found that 25% of their sample had bulimia nervosa at follow-up. According to the frequency of bulimic symptoms for this study only 11.8% ($n=2$) had bulimia nervosa. This shows a high rate of improvement for clients who participated in the study and who attended the PGEDC. In particular this study shows that 71.4% ($n=5$) of the poor outcome group decreased bingeing, which is consistent with Johnson-Sabine, Reiss, and Dayson's rating of 67%. In this study 28.6% were bingeing at the same frequency at pre-treatment.

Varying definitions of outcome make it difficult to compare this study with other studies. According to this study, 35.3% ($n=6$) had good outcome, 23.5% ($n=4$)

intermediate outcome, and 41.2% (n= 7) had poor outcome. Abraham, Mira, and Llewellyn-Jones (1983) had extensive definitions for outcome, which also included the frequency of bulimic behavior. According Abraham et. al. (1983) study, 42% had been cured and 58% were suffering from an eating disorder. People receiving inpatient treatments are seemingly more ill than those who receive outpatient treatment. A ten-year follow-up study of patients with bulimia (Collings & King, 1994) found that 52% recovered, 39% had some bulimic symptoms, and 9% continued to suffer from bulimia.

The four subscales from the EDI-2 (interpersonal distrust, social insecurity, body dissatisfaction, and ineffectiveness) showed positive changes in social functioning (interpersonal distrust, social insecurity) and self-esteem (body dissatisfaction, and ineffectiveness). All subscale scores were out of the eating disorder range and closer to a normal range except for the body dissatisfaction subscale.

Each component of treatment (individual counseling, nutritional counseling, physical examination, group counseling, and family counseling) received a favorable rating from the participants.

Participants' mean scores for questions 19A to 19AA (client questionnaire) were consistently higher than the clinic staff members' corresponding mean scores for questions 8A to 8AA (clinic questionnaire). The client and clinic mean response curves were similar indicating that clients saw changes in their behavior following treatment even if the clinic staff members felt that they did not highly emphasize certain topics during the client's treatment. The comparison suggests that attending therapy and learning new skills may help clients with other issues related to their eating disorder.

Clinic staff also rated the effectiveness of treatment lower than the clients. Clinic Staff and clients may have different criteria for treatment success.

Limitations to the Study

Participants commented on possible weaknesses and strengths of the clinic through open-ended questions (client questionnaire). These comments were often vague making it difficult to determine the participant's meaning. Future research could include follow-up phone interviews where the participant would be asked to be more specific about vague comments or to provide more in-depth discussions of their impressions. Another study could give operational definitions to vague terms. The current study is a post-test only which is not as valuable as a study with both pre and post testing. A pre/post test design would have been valuable for comparing data. However, the results provide useful information regarding clients behaviors and trends in outcome following treatment.

Concluding Comments

The PGEDC is effective in treating people with bulimia and patients diagnosed as EDNOS with binge/purge behavior. This summative evaluation will provide valuable information that can help the clinic make needed changes and enhance portions of their clinic that the patients are already finding useful. The participants suggested improving the clinic by making treatment more available. This would mean creating a drop-in center, having hours extended into the evenings, supplying a full-time clinic, getting more frequent treatment sessions, and having longer treatment sessions. Other suggested improvements were establishing a support group, ensuring follow-up sessions after treatment, making resources more available, and having more aggressive treatment. The

eating disorder clinic is productive in providing education about eating disorders, working as a team, giving support, helping clients with personal issues, and assisting clients in their recovery.

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APPENDIX A
LETTER FROM THE CLINIC



PRINCE GEORGE EATING DISORDER CLINIC
Northern Interior Health Unit
1444 Edmonton Street
Prince George BC V2M 6W5
Phone: 250- 565-7479
Fax 250-565-6674

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August 27, 1998

Ethics Committee,
UNBC

RE: Rebecca Burke

To Whom It May Concern:

Rebecca Burke and her previous supervisor, Ron Lehr, have been meeting the Prince George Eating Disorder Clinic and have discussed how to meet our needs as well as meet the requirements for completion of a Master's degree.

The Prince George Eating Disorder Clinic has now been in operation for over 5 years and we are in the process of analyzing our development in order to prepare for our future. We are very pleased that Rebecca will provide us with the opportunity to evaluate our clinical practice which will then assist in defining our clinical direction in the next few years.

The Clinic fully endorses the proposal presented by Rebecca and have granted permission to research and access our clients (past and present) to take part as subjects in her evaluation. The Clinic has decided to initially contact all potential participants by letter or person to inform them of the project and to let them know Rebecca will be in contact. If they do not wish Rebecca to contact them, they are requested to inform us so we can exclude them from her list of potentials.

We are looking forward to working with Rebecca and eager to have feedback on our Clinic and how to improve service to our clientele.

Sincerely,

Maureen Davis MEd
Eating Disorder Clinic

APPENDIX B

FILE REVIEW

File Review

Code number: _____ Date reviewed: _____

☐ bulimia nervosa or

☐ EDNOS

Dates of treatment: _____ to _____

Total months of treatment: _____

If the file has been reopened what date was it reopened? _____

What services did this client receive from the clinic?

(Please check all that apply)

☐ individual counseling

☐ group counseling

☐ family counseling

☐ nutritional counseling

☐ consult with a medical doctor

☐ other: _____

The service provided was: (please check one)

☐ in-patient

☐ out-patient

☐ other: _____

Number of contacts:

face to face: _____ phone: _____

Other psychiatric or physical problems:

For what reason was treatment terminated?

Did this client previously complete the EDI-2?

☐ yes

☐ no

What did the client score on the EDI-2?

Drive for thinness		Interceptive Awareness	
Bulimia		Maturity Fears	
Body dissatisfaction		Asceticism	
Ineffectiveness		Impulse Regulation	
Perfectionism		Social Insecurity	
Interpersonal distrust			

What prescriptions if any, were prescribed to the client?

APPENDIX C
CLIENT QUESTIONNAIRE

CLIENT QUESTIONNAIRE

Please fill out this questionnaire to the best of your abilities. Answer questions honestly and openly, follow directions, write neatly and check to make sure each question has been completed.

Demographic Information:

Code number: _____ Date: _____

1. Year of birth: _____

2. Marital Status: (please check one)

☐ married ☐ single ☐ common-law ☐ separated ☐ divorced ☐ widowed

3. Education:

- ☐ Some high school
- ☐ Completed high school
- ☐ A few years of college, university, or technical school
- ☐ University or college degree (diploma, BA, B.Sc.)
- ☐ Post graduate degree

4. Your current height is: _____ feet _____ inches, or _____ centimeters

5. Your current weight is: _____ pounds, or _____ kilograms

6. What has been your lowest adult weight? _____ pounds, or _____ kilograms

7. What has been your highest adult weight? _____ pounds, or _____ kilograms

8. In the past year your weight has been: (please check one)

- ☐ Stable
- ☐ Fluctuating: _____ pounds or _____ kilograms
- ☐ Losing: _____ pounds or _____ kilograms
- ☐ Gaining: _____ pounds or _____ kilograms

General Evaluation of the Prince George Eating Disorder Clinic (PGEDC)

9. How did you learn of the services provided by the PGEDC?

10. How much time passed between the time you started having problems with your eating and when you first attended the PGEDC?

11. What expectations did you have when initially contacting the clinic?

12. How were expectations met or not met at the clinic? (Explain)

13. How did you find the initial screening at the eating disorder clinic? (please check one)

☐ comfortable ☐ neutral ☐ uncomfortable

14. Do you feel that there was good communication among the members of the clinical staff who were involved in your therapy?

☐ Yes☐ No

Please explain: _____

15. How do you rate the overall effectiveness of the PGEDC?

1	2	3	4	5	6
Not Successful					Very Successful

Please comment on your rating:

16. What suggestions if any do you have that might improve treatment at the PGEDC?

17. If no longer involved in treatment, please comment on your reasons for ending treatment.

18. If you had it all to do over again would you come to the PGEDC for treatment?

☐ Yes

☐ No

Please comment on your answer:

Evaluation According Symptoms

On the below chart, circle the number of the changes you believe resulted from your treatment at the PGEDC.

Example:

	much worse	worse	no change	better	much better
A) Frequency of binge behavior				✓	
B) Frequency of purging behavior (vomiting, over exercise, laxatives, water pills, crash diets, enemas, and fasting)				✓	
C) Time spent thinking about food			✓		

19. Since treatment at the PGEDC has there been any change in:

	much worse	worse	no change	better	much better
A) Frequency of binge behavior					
B) Frequency of purging behavior (vomiting, over exercise, laxatives, water pills, crash diets, enemas, and fasting)					
C) Time spent thinking about food					
D) Emotional stability					
E) Depression					
F) Self esteem					
G) Attitude about weight					
H) Self harm					
I) Relationship with father					
J) Relationship with mother					
K) Relationships with other family members					
L) Independence					
M) Social relationships					
N) Assertiveness					
O) Interactions with the opposite sex					
P) Sexual relationships					
Q) Ability to establish and maintain friends					
R) Family life					
S) Number of hobbies and outside interests					
T) Confidence					
U) Comfortable being alone					
V) Valuing yourself as a person					
W) Taking responsibility for your life					

	much worse	worse	no change	better	much better
X) Managing job/school					
Y) Food fears					
Z) Exercising to lose weight					
AA) Knowledge about dangers and symptoms of bulimia.					

20. What other services or supports have you used to help with your eating disorder?

21. Based on your response to question #23, which of the services and supports outside of the clinic did you find helpful?

Purging Behavior

22. Before treatment at the PGEDC which of the following purging behaviors did you engage in to lose weight? (please check all that apply)

- | | | |
|------------------------------------|--|----------------------------------|
| <input type="checkbox"/> vomiting | <input type="checkbox"/> water pills | <input type="checkbox"/> enemas |
| <input type="checkbox"/> exercise | <input type="checkbox"/> diets | <input type="checkbox"/> fasting |
| <input type="checkbox"/> laxatives | <input type="checkbox"/> diet pills (herbal or prescription) | |

23. Which of the following purging behaviors have you engaged in the past three months to lose weight? (please check all that apply)

- | | | |
|------------------------------------|--|----------------------------------|
| <input type="checkbox"/> vomiting | <input type="checkbox"/> water pills | <input type="checkbox"/> enemas |
| <input type="checkbox"/> exercise | <input type="checkbox"/> diets | <input type="checkbox"/> fasting |
| <input type="checkbox"/> laxatives | <input type="checkbox"/> diet pills (herbal or prescription) | |

24. Before treatment at the eating disorder clinic how often did you engage in any of the above purging behaviors to lose weight? (please check one)

- | | | |
|--|---|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> Less than once a month | <input type="checkbox"/> Between 1 and 3 times a month |
| <input type="checkbox"/> About once a week | <input type="checkbox"/> Daily or more than daily | |

25. In the past three months how often have you engaged in purging behaviors (vomiting, over exercise, laxatives, water pills, crash diets, enemas, and fasting) to lose weight?

(please check one)

- | | | |
|--|---|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> Less than once a month | <input type="checkbox"/> Between 1 and 3 times a month |
| <input type="checkbox"/> About once a week | <input type="checkbox"/> Daily or more than daily | |

Bingeing Behavior

26. Have you ever participated in binge eating?

☐ Yes

☐ No

* if you answered "No," please move on to question 33.

Please describe a typical binge.

27. Before treatment at the PGEDC how often did you binge? (please check one)

☐ Never

☐ Less than once a month

☐ Between 1 and 3 times a month

☐ About once a week

☐ Daily or more than daily

28. In the past three months how often have you binged? (please check one)

☐ Never

☐ Less than once a month

☐ Between 1 and 3 times a month

☐ About once a week

☐ Daily or more than daily

29. What did treatment at the PGEDC do or not do that helped manage your bulimic symptoms (binge/purge behavior)?

30. What did treatment at the PGEDC do or not do that might have worsened your bulimic symptoms (binge/purge behaviors)?

Evaluation of Individual Therapy

31. What were your treatment goals as determined by you and your therapist?

32. Did you achieve your treatment goals?

☐ Yes

☐ Partially

☐ No

33. Do you attribute reaching these goals (fully or partially) to treatment at the clinic?

☐ Yes

☐ Partially

☐ No

34. How did you achieve treatment goals?

35. How did your therapist help you achieve your treatment goals?

36. Was there anything your therapist did that may have increased your bulimic symptoms? ☐ Yes ☐ No

Please explain:

37. The following are statements that you might say about your therapist at the eating disorder clinic. Enter your degree of agreement for each statement by placing a check in the appropriate box.

	disagree	somewhat disagree	Neutral	somewhat agree	agree
A) I felt comfortable with the therapist					
B) The therapist encouraged me to eat healthy.					
C) The therapist appropriately included my family in therapy.					
D) The therapist understood my needs.					
E) I trusted the therapist.					
F) The therapist was responsive to my concerns.					
G) I feel the therapist kept confidentiality.					
H) The therapist was easy to talk to.					
I) The therapist was open-minded.					
J) The therapist helped me determine appropriate goals.					
K) The therapist addressed my emotional issues.					
L) The therapist answered questions that I had.					
M) The therapist gave me clear and complete Explanations for my treatment.					
N) The therapist is knowledgeable about eating Disorders.					
O) The therapist helped me develop pride in myself.					

Evaluation of Nutritional Consultation/Counseling

38. Did you receive services from the nutritionist?

☐ Yes

☐ No

* If you answered "No" please move on to question 55.

39. What services did the nutritionist provide?

☐ Full assessment

☐ Consultation

☐ Other: _____

40. What did you hope to gain from seeing the nutritionist?

41. What did the nutritionist do that helped your treatment?

42. Was there anything your nutritionist did that may have increased your bulimic symptoms? ☐ Yes ☐ No

Please explain:

43. The following are statements that you might say about the nutritionist at the eating disorder clinic. Enter your degree of agreement for each statement by placing a check in the appropriate box.

	disagree	somewhat disagree	Neutral	somewhat agree	agree
A) I felt comfortable with the nutritionist					
B) The nutritionist encouraged me to eat healthy.					
C) The nutritionist appropriately included my family					
D) The nutritionist understood my needs.					
E) I trusted the nutritionist					
F) The nutritionist was responsive to my concerns.					
G) I feel the nutritionist kept confidentiality					
H) The nutritionist was easy to talk to.					
I) The nutritionist was open-minded.					
J) The nutritionist helped me determine appropriate goals.					

	disagree	somewhat disagree	Neutral	somewhat agree	agree
K) The nutritionist addressed my emotional issues around food.					
L) The nutritionist answered questions that I had.					
M) The nutritionist gave me clear and complete explanations for my treatment.					
N) The nutritionist was knowledgeable.					
O) The nutritionist talked about the effects of starvation.					
P) The nutritionist helped me understand the nutrients that my body needs.					
Q) The nutritionist discussed the consequences of restricting my diet.					
R) The nutritionist helped me correct misconceptions about specific foods.					
S) The nutritionist encouraged me to eat feared foods.					

Evaluation of the Eating Disorder Clinic Medical Doctor

44. What did you hope to gain from seeing the physician?

45. What did the physician do that helped your treatment?

46. Was there anything your physician did that may have increased your bulimic symptoms? ☐ Yes ☐ No

Please explain:

47. The following are statements that you might say about the physician at the eating disorder clinic. Enter your degree of agreement for each statement by placing a check in the appropriate box.

	disagree	somewhat disagree	Neutral	somewhat agree	agree
A) I felt comfortable with the physician.					
B) The physician encouraged me to eat healthy.					
C) The physician appropriately included my Family.					
D) The physician understood my needs.					
E) I trusted the physician.					
F) The physician was responsive to my concerns.					
G) I feel the physician kept confidentiality.					
H) The physician was easy to talk to.					
I) The physician was open-minded.					
J) The physician helped me determine appropriate goals.					
K) The physician addressed my emotional issues.					
L) The physician answered questions that I had.					
M) The physician gave me clear and complete explanations when explaining information to me.					
N) The physician was knowledgeable about bulimia and eating problems..					
O) The physician helped me develop pride in myself.					
P) I felt comfortable with the physician during the physical examination					
Q) The physical exam was comprehensive.					
Q) The physician gave me specific feedback about my progress.					
S) The physician was appropriately involved with ongoing management of my eating disorder.					
T) I felt the physician asked appropriate questions.					

Group Counseling

48. Did you participate in group counseling?

☐ Yes

☐ No

* if you answered "No," please move on to question 63.

49. What did you hope to gain from group therapy?

50. How did group therapy help you reach your treatment goals?

51. Was there anything about group therapy that might have increased your bulimic symptoms? ☐ Yes ☐ No

Please explain:

Family Counseling

52. Did you participate in family counseling?

☐ Yes ☐ No

* If you answered "No," Please move on to the end of the questionnaire, below the dotted line.

53. What did you hope to gain from family counseling?

54. How did family therapy help you reach treatment goals?

55. Was there anything about family therapy that might have increased your bulimic symptoms? ☐ Yes ☐ No

Please explain:

Thank you for completing this questionnaire.

APPENDIX D
THE EATING DISORDER INVENTORY -2

Prince George Eating Disorder Clinic
Eating Disorder Inventory – 2

Code Number: _____

Date: _____

This is a scale that measures a variety of attitudes, feelings, and behaviors. Some of the items relate to food and eating. Others asked you about your feelings about yourself. THERE ARE NO RIGHT OR WRONG ANSWERS, SO TRY VERY HARD TO BE COMPLETELY HONEST IN YOUR ANSWERS. Read each question and circle the number of the answer which applies best to you. Please answer each question very carefully. Thank you.

1= Always

2= Usually

3= Often

4= Sometimes

5= Rarely

6= Never

-
- | | | | | | | | |
|-----|---|---|---|---|---|---|---|
| 1. | I eat sweets and carbohydrates without feeling nervous. | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. | I think that my stomach is too big. | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. | I wish that I could return to the security of childhood. | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. | I eat when I am upset. | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. | I stuff myself with food. | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. | I wish that I could be younger. | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. | I think about food. | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. | I get frightened when my feelings are too strong. | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. | I think that my thighs are too big. | 1 | 2 | 3 | 4 | 5 | 6 |
| 10. | I feel ineffective as a person. | 1 | 2 | 3 | 4 | 5 | 6 |
| 11. | I feel extremely guilty after overeating. | 1 | 2 | 3 | 4 | 5 | 6 |
| 12. | I think that my stomach is just about the right size. | 1 | 2 | 3 | 4 | 5 | 6 |
| 13. | Only outstanding performance is good enough in my family. | 1 | 2 | 3 | 4 | 5 | 6 |
| 14. | The happiest time in life is when you are a child. | 1 | 2 | 3 | 4 | 5 | 6 |
| 15. | I am open about my feelings. | 1 | 2 | 3 | 4 | 5 | 6 |
| 16. | I am terrified of gaining weight. | 1 | 2 | 3 | 4 | 5 | 6 |

- | | | | | | | | |
|-----|--|---|---|---|---|---|---|
| 17. | I trust others. | 1 | 2 | 3 | 4 | 5 | 6 |
| 18. | I feel alone in the world. | 1 | 2 | 3 | 4 | 5 | 6 |
| 19. | I feel satisfied with the shape of my body. | 1 | 2 | 3 | 4 | 5 | 6 |
| 20. | I feel generally in control of things in my life. | 1 | 2 | 3 | 4 | 5 | 6 |
| 21. | I get confused about what emotion I'm feeling. | 1 | 2 | 3 | 4 | 5 | 6 |
| 22. | I would rather be an adult than a child. | 1 | 2 | 3 | 4 | 5 | 6 |
| 23. | I can communicate with others easily. | 1 | 2 | 3 | 4 | 5 | 6 |
| 24. | I wish I were someone else. | 1 | 2 | 3 | 4 | 5 | 6 |
| 25. | I exaggerate or magnify the importance of weight. | 1 | 2 | 3 | 4 | 5 | 6 |
| 26. | I can clearly identify what emotion I am feeling. | 1 | 2 | 3 | 4 | 5 | 6 |
| 27. | I feel inadequate. | 1 | 2 | 3 | 4 | 5 | 6 |
| 28. | I have gone on eating binges where I felt that I could not stop. | 1 | 2 | 3 | 4 | 5 | 6 |
| 29. | As a child, I tried very hard not to disappoint my parents. | 1 | 2 | 3 | 4 | 5 | 6 |
| 30. | I have close relationships. | 1 | 2 | 3 | 4 | 5 | 6 |
| 31. | I like the shape of my buttocks. | 1 | 2 | 3 | 4 | 5 | 6 |
| 32. | I am preoccupied with the desire to be thinner. | 1 | 2 | 3 | 4 | 5 | 6 |
| 33. | I don't know what's going on inside me. | 1 | 2 | 3 | 4 | 5 | 6 |
| 34. | I have trouble expressing my emotions to others. | 1 | 2 | 3 | 4 | 5 | 6 |
| 35. | The demands of adulthood are too great. | 1 | 2 | 3 | 4 | 5 | 6 |
| 36. | I hate being less than best at things. | 1 | 2 | 3 | 4 | 5 | 6 |
| 37. | I feel secure about myself. | 1 | 2 | 3 | 4 | 5 | 6 |
| 38. | I think about bingeing (over-eating). | 1 | 2 | 3 | 4 | 5 | 6 |
| 39. | I feel happy that I'm not a child anymore. | 1 | 2 | 3 | 4 | 5 | 6 |

- | | | | | | | | |
|-----|---|---|---|---|---|---|---|
| 40. | I get confused as to whether or not I am hungry. | 1 | 2 | 3 | 4 | 5 | 6 |
| 41. | I have a low opinion of myself. | 1 | 2 | 3 | 4 | 5 | 6 |
| 42. | I feel that I can achieve my standards. | 1 | 2 | 3 | 4 | 5 | 6 |
| 43. | My parents have expected excellence of me. | 1 | 2 | 3 | 4 | 5 | 6 |
| 44. | I worry that my feeling will get out of control. | 1 | 2 | 3 | 4 | 5 | 6 |
| 45. | I think my hips are too large. | 1 | 2 | 3 | 4 | 5 | 6 |
| 46. | I eat moderately in front of others and stuff myself when they're gone. | 1 | 2 | 3 | 4 | 5 | 6 |
| 47. | I feel bloated after eating a normal meal. | 1 | 2 | 3 | 4 | 5 | 6 |
| 48. | I feel that people are happiest when they are children. | 1 | 2 | 3 | 4 | 5 | 6 |
| 49. | If I gain a pound, I worry that I will keep gaining weight. | 1 | 2 | 3 | 4 | 5 | 6 |
| 50. | I feel that I am worthwhile person. | 1 | 2 | 3 | 4 | 5 | 6 |
| 51. | When I am upset, I don't know if I am sad, frightened, or angry. | 1 | 2 | 3 | 4 | 5 | 6 |
| 52. | I feel that I must do things perfectly, or not do them at all. | 1 | 2 | 3 | 4 | 5 | 6 |
| 53. | I have the thought of trying to vomit in order to lose weight. | 1 | 2 | 3 | 4 | 5 | 6 |
| 54. | I need to keep people at a certain distance
(I feel uncomfortable if someone tries to get too close) | 1 | 2 | 3 | 4 | 5 | 6 |
| 55. | I think that my thighs are just the right size. | 1 | 2 | 3 | 4 | 5 | 6 |
| 56. | I feel empty inside emotionally. | 1 | 2 | 3 | 4 | 5 | 6 |
| 57. | I can talk about personal thoughts or feelings. | 1 | 2 | 3 | 4 | 5 | 6 |
| 58. | The best years of your life are when you become an adult. | 1 | 2 | 3 | 4 | 5 | 6 |
| 59. | I think my buttock is too large. | 1 | 2 | 3 | 4 | 5 | 6 |
| 60. | I have feelings that I can't quite identify. | 1 | 2 | 3 | 4 | 5 | 6 |
| 61. | I eat or drink in secrecy. | 1 | 2 | 3 | 4 | 5 | 6 |
| 62. | I think that my hips are just the right size. | 1 | 2 | 3 | 4 | 5 | 6 |

- | | | | | | | | |
|-----|---|---|---|---|---|---|---|
| 63. | I have extremely high goals. | 1 | 2 | 3 | 4 | 5 | 6 |
| 64. | When I am upset, I worry that I will start eating. | 1 | 2 | 3 | 4 | 5 | 6 |
| 65. | People I really like end up disappointing me. | 1 | 2 | 3 | 4 | 5 | 6 |
| 66. | I am ashamed of my human weakness. | 1 | 2 | 3 | 4 | 5 | 6 |
| 67. | Other people would say that I am emotionally unstable. | 1 | 2 | 3 | 4 | 5 | 6 |
| 68. | I would like to be in total control of my bodily urges. | 1 | 2 | 3 | 4 | 5 | 6 |
| 69. | I feel relaxed in most group situations. | 1 | 2 | 3 | 4 | 5 | 6 |
| 70. | I say things impulsively that I regret having said. | 1 | 2 | 3 | 4 | 5 | 6 |
| 71. | I go out of my way to experience pleasure. | 1 | 2 | 3 | 4 | 5 | 6 |
| 72. | I have to be careful of my tendency to abuse drugs. | 1 | 2 | 3 | 4 | 5 | 6 |
| 73. | I'm outgoing with most people. | 1 | 2 | 3 | 4 | 5 | 6 |
| 74. | I feel trapped in relationships. | 1 | 2 | 3 | 4 | 5 | 6 |
| 75. | Self-denial makes me feel stronger spiritually. | 1 | 2 | 3 | 4 | 5 | 6 |
| 76. | People understand my real problems. | 1 | 2 | 3 | 4 | 5 | 6 |
| 77. | I can't get strange thoughts out of my head. | 1 | 2 | 3 | 4 | 5 | 6 |
| 78. | Eating for pleasure is a sign of moral weakness. | 1 | 2 | 3 | 4 | 5 | 6 |
| 79. | I am prone to outbursts of anger or rage. | 1 | 2 | 3 | 4 | 5 | 6 |
| 80. | I feel that people give me the credit I deserve. | 1 | 2 | 3 | 4 | 5 | 6 |
| 81. | I have to be careful of my tendency to abuse alcohol. | 1 | 2 | 3 | 4 | 5 | 6 |
| 82. | I believe that relaxing is simply a waste of time. | 1 | 2 | 3 | 4 | 5 | 6 |
| 83. | Others would say that I get irritated easily. | 1 | 2 | 3 | 4 | 5 | 6 |
| 84. | I feel like I am losing out everywhere. | 1 | 2 | 3 | 4 | 5 | 6 |
| 85. | I experience marked mood shifts. | 1 | 2 | 3 | 4 | 5 | 6 |

- | | | | | | | | |
|-----|---|---|---|---|---|---|---|
| 86. | I am embarrassed by my bodily urges. | 1 | 2 | 3 | 4 | 5 | 6 |
| 87. | I would rather spend time by myself than with others. | 1 | 2 | 3 | 4 | 5 | 6 |
| 88. | Suffering makes you a better person. | 1 | 2 | 3 | 4 | 5 | 6 |
| 89. | I know that people love me. | 1 | 2 | 3 | 4 | 5 | 6 |
| 90. | I feel like I hurt myself or others. | 1 | 2 | 3 | 4 | 5 | 6 |
| 91. | I feel that I really know who I am. | 1 | 2 | 3 | 4 | 5 | 6 |

APPENDIX E
CLINIC QUESTIONNAIRE

L) Independence					
M) Social relationships					
N) Assertiveness					
O) Interactions with the opposite sex					
P) Sexual relationships					
Q) Ability to establish and maintain friends					
R) Family life					
S) Number of hobbies and outside interests					
T) Confidence					
U) Comfortable being alone					
V) Valuing yourself as a person					
W) Taking responsibility for their life					
X) Managing job/school					
Y) Food fears					
Z) Over exercising					
AA) Explained the dangers and symptoms of bulimia					

9. Termination of treatment:

☐ was determined by the client only

Do you feel treatment was terminated early? ☐ Yes ☐ No

☐ was determined by the clinic only

☐ a mutual agreement

APPENDIX F
CONSENT FORM

To Whom It May Concern:

My name is Rebecca Lindsay. I am student working toward my masters degree Counseling/Education program at the University of Northern British Columbia. I am working with the Prince George Eating Disorder Clinic as a researcher under the supervision of Dr. Peter MacMillan.

I am preparing a study that evaluates the effectiveness of the Prince George Eating Disorder Clinic in treating Bulimia Nervosa. Your participation will help the clinic provide better services.

As a participant, you will be asked to read and sign this consent form, and complete two questionnaires.

The first questionnaire starts by asking for general information like age and gender. The remainder of the questionnaire assesses current bulimic symptoms, and evaluates your personal experience of the clinic. The Eating Disorder Inventory-2, the second questionnaire, will evaluate successful outcomes according to current body image and social skills. The two questionnaires should take in total an hour and a half to complete.

All data will be typed, analyzed, and stored in a secure and locked location. Your name will be replaced with a code to protect your personal identity.

After the completion of the project all questionnaires will be destroyed.

Please be assured that all information provided is kept in the strictest confidence. All information will be kept anonymous and the clinic will receive general results, but will not know "who said what." Please be assured that your participation is voluntary and that you are free to withdraw at anytime.

Thank you,

Rebecca Lindsay M.Ed. (Candidate) B.Sc. (Psych.)

If you have any questions or concerns please call me at (250) 564-3132, or my supervisor Dr. Peter MacMillan at (250) 960-5828.

I, _____, have read the above information. I understand that my participation in this research project is voluntary and that I am free to withdraw at any time. I also understand that the information I produce will be treated in strict confidence. Based on these understandings, I hereby give my consent to participate.

Signature

Date

APPENDIX G
DATA FROM THE CLIENT QUESTIONNAIRE

CLIENT QUESTIONNAIRE

Please fill out this questionnaire to the best of your abilities. Answer questions honestly and openly, follow directions, write neatly and check to make sure each question has been completed.

Demographic Information:

1. Age range: 16-44, (M=28.4 ,SD9.1)
2. Marital Status: (please check one)
 64.7%single, 23.5 % married, 5.9% divorced, 5.9% separated, 0%common-law,
 0% widowed
3. Education: n=17
 23.5% Some high school
 11.8% Completed high school
 35.3% A few years of college, university, or technical school
 29.4% University or college degree (diploma, BA, B.Sc.)
 0% Post graduate degree
4. Current height in inches: range 61-70, (M=64.6,SD=1.9)
5. Current weight in pounds: range 115-270, (M=154.3, SD=48.1)
6. Lowest adult weight in pounds: range 87-195, (M=128.35, SD=29.4)
7. Highest adult weight in pounds: range 115-303, (M=185.4, SD=58)
8. In the past year your weight has been: (please check one) n=17
 17.6% Stable
 35.3% Fluctuating an average of 17.9 pounds
 23.5% Losing an average of 17.8 pounds.
 29.4% Gaining an average of 18.3 pounds

General Evaluation of the Prince George Eating Disorder Clinic (PGEDC)

9. How did you learn of the services provided by the PGEDC? n=17

From the family physician	29.4%
From a counselor	23.5%
From an advertisement	17.6%
From friends	11.8%
From a social service agency	11.8%
From my school	11.8%
From family	11.8%

10. How much time passed between the time you started having problems with your eating and when you first attended the PGEDC? n=17
range 3-276 months (M=86.9, SD=93.8)

11. What expectations did you have when initially contacting the clinic? n=17

To cure bulimia and/or learn new coping skills	52.9%
No expectations	23.5%
To learn about bulimia and nutrition	23.5%
To get help with other personal issues	17.6%
To get counseling	17.6%
To learn a new diet plan	11.8%

12. How were expectations met or not met at the clinic? (Explain) n=17

Expectations were met	70.5%
I received valuable 1:1 counseling.	33.3%
I received valuable nutritional counseling.	25.0%
The clinic helped me with other personal issues.	25.0%
I found group counseling to be helpful.	16.6%
I learned about bulimia.	8.3%
I enjoyed the videos used in my treatment.	8.3%
Expectations were not met	29.5%
I did not receive any follow-up sessions.	80.0%
I was pushed to eat normal too quickly.	40.0%
I did not get enough support.	20.0%
I felt that there were not enough programs available.	20.0%
I did not feel like the clinic understood me.	20.0%
I did not feel my case was a priority.	20.0%
I had a difficult time scheduling appointments.	20.0%
I wanted more nutritional counseling.	20.0%

13. How did you find the initial screening at the eating disorder clinic? (Please check one)
n=17 23.5% comfortable, 47.1% neutral, 29.4% uncomfortable

14. Do you feel that there was good communication among the members of the clinical staff who were involved in your therapy? n=15

80.0% Yes 20.0% No

Please explain: n=16

There was good communication between staff members.	37.5%
My counselor communicated well with me.	18.8%
The staff did not communicate well with me.	18.8%
The staff did not communicate well with each other.	12.5%
Communication during group counseling was good.	12.5%
I can't remember.	12.5%

15. How do you rate the overall effectiveness of the PGEDC? n=16

1	2	3	4	5	6
Not Successful					Very Successful
(M=3.9, SD=1.2)					

Please comment on your rating: n=16

The treatment at the clinic helped me work toward recovery.	31.3%
I did not receive the treatment I needed and I am still suffering from bulimia.	31.3%
The clinic can only do so much you have to help yourself.	18.8%
The clinic helped me work through other personal issues.	18.8%
I would have liked a follow-up session with further support.	12.5%
I enjoyed meeting others with bulimia through group.	12.5%
The clinic does not have the funding to give the support and services needed.	6.3%
I found the medication helpful.	6.3%
I can't remember.	6.3%

16. What suggestions if any do you have that might improve treatment at the PGEDC? n=17

To make treatment more available. (drop in center, open evenings, full-time clinic, more frequent sessions, longer sessions).	41.2%
More groups (support group)	29.4%
Follow-up sessions to give extra support.	23.5%
None	17.6%
Patients should do more talking then staff.	11.7%
Make resources available. (books, videos)	5.8%
More aggressive treatment.	5.8%
To have counseling sessions outside.	5.8%

17. If no longer involved in treatment, please comment on your reasons for ending treatment. n=16

The clinic did all they could the rest was up to me.	25.0%
Time restraints (work, being too busy)	25.0%
I felt the treatment at the clinic was not working for me.	25.0%
I was doing better.	6.3%
I need to go back.	6.3%
A personal crisis caused me to end my treatment.	6.3%

18. If you had it all to do over again would you come to the PGEDC for treatment?

n=16

100% Yes

0% No

Please comment on your answer: n=16

It was nice to have the extra support and someone to talk to.	25.0%
I learned new skills for dealing with my emotions.	12.5%
I found the physician helpful.	6.3%
I enjoyed the videos viewed during my treatment.	6.3%
I found it helpful learning about health risks related to bulimia	6.3%
I have tried to reconnect with the clinic, but it's full.	6.3%
I would go to a friend first.	6.3%
There is no where else to go.	6.3%
It's too difficult to schedule appointments there.	6.3%

Evaluation According Symptoms

On the below chart, circle the number of the changes you believe resulted from your treatment at the PGEDC.

Example:

	much worse	worse	no change	better	much better
A) Frequency of binge behavior				✓	
B) Frequency of purging behavior (vomiting, over exercise, laxatives, water pills, crash diets, enemas, and fasting)				✓	
C) Time spent thinking about food			✓		

*None of the participants circled any of the items in question 19A to 19AA. The directions may have been confusing.

19. Since treatment at the PGEDC has there been any change in:

	much worse	worse	no change	better	much better
A) Frequency of binge behavior (M=4.4, SD=0.9)	0%	7.1%	7.1%	29%	57%
B) Frequency of purging behavior (vomiting, over exercise, laxatives, water pills, crash diets, enemas, and fasting) (M=4.1, SD=1.2)	6.7%	6.7%	6.7%	26.7%	53.3%
C) Time spent thinking about food (M=3.4, SD=1)	0%	27%	20%	40%	13%
D) Emotional stability (M=3.7, SD=1.2)	6.7%	6.7%	26.7%	26.7%	33.3%
E) Depression (M=3.8, SD=1.2)	6.7%	6.7%	20%	33.3%	33.3%
F) Self esteem (M=3.7, SD=0.9)	0%	13.3%	20%	53.3%	13.3%
G) Attitude about weight (M=3.4, SD=0.6)	0%	6.7%	46.7%	46.7%	0%13%
H) Self harm (M=4.1, SD=0.9)	0%	6.7%	13.3%	40%	40%
I) Relationship with father (M=3.4, SD=1.2)	13%	0%	40%	20%	20%
J) Relationship with mother (M=3.7, SD=0.9)	0%	13.3%	26.7%	40%	20%
K) Relationships with other family members (M=3.7, SD=0.9)	0%	6.7%	40%	33.3%	20%
L) Independence (M=4.1, SD=0.7)	0%	0%	20%	46.7%	33.3%
M) Social relationships (M=3.9, SD=0.8)	0%	0%	40%	33.3%	26.7%

N) Assertiveness (M=3.7, SD=0.9)	0%	6.7%	33.3%	40%	20%
O) Interactions with the opposite sex (M=3.8, SD=0.8)	0%	0%	40%	40%	20%
P) Sexual relationships (M=3.3, SD=0.6)	0%	0%	73%	20%	6.7%
Q) Ability to establish and maintain friends (M=3.7, SD=0.8)	0%	0%	46.7%	33.3%	20%
R) Family life (M=3.5, SD=1.0)	0%	13.3%	46.7%	20%	20%
S) Number of hobbies and outside interests (M=3.9, SD=0.8)	0%	0%	33.3%	40%	26.7%
T) Confidence (M=3.5, SD=0.8)	0%	6.7%	46.7%	33.3%	13.3%
U) Comfortable being alone (M=3.9, SD=0.9)	0%	0%	46.7%	20%	33.3%
V) Valuing yourself as a person (M=3.7, SD=0.9)	0%	6.7%	33.3%	40%	20%
W) Taking responsibility for your life (M=4.2, SD=0.8)	0%	0%	20%	40%	40%
X) Managing job/school (M=4.0, SD=0.8)	0%	0%	33.3%	33.3%	33.3%
Y) Food fears (M=3.2, SD=0.9)	6.7%	13.3%	33.3%	46.7%	0%
Z) Exercising to lose weight (M=3.2, SD=0.8)	0%	13.3%	60%	20%	6.7%
AA) Knowledge about dangers and symptoms of bulimia. (M=4.3, SD=1.0)	0%	6.7%	20%	26.7%	46.7%

20. What other services or supports have you used to help with your eating disorder?

n=16

Talking with friends	31.3%
Other resources (books, self-help materials, magazines, Internet)	31.3%
None	18.8%
Talking with others who have eating problems	12.5%
Weight Watchers	12.5%
Other counselors	12.5%
Medication	6.3%
Going to the gym and seeing results.	6.3%
Family physician	6.3%

21. Based on your response to question #20, which of the services and supports outside of the clinic did you find helpful? n=11

Other resources (books, self-help materials, magazines, Internet)	36.4%
Other counselors	27.3%
Talking with others who have eating problems	18.2%
Talking with friends	18.2%
Personal trainer	9.0%

Purging Behavior

22. Before treatment at the PGEDC which of the following purging behaviors did you engage in to lose weight? (please check all that apply) n=17

100% vomiting	82.4% diets	70.6% exercise
70.6% fasting	41.2% laxatives	35.3% diet pills (herbal or prescription)
17.6% water pills	5.9% enemas	

23. Which of the following purging behaviors have you engaged in the past three months to lose weight? (please check all that apply) n=17

52.9% exercise	41.2% diets	29.4% vomiting
29.4% fasting	11.8% laxatives	11.8% diet pills (herbal or prescription)
0% enemas	0% water pills	

24. Before treatment at the eating disorder clinic how often did you engage in any of the above purging behaviors to lose weight? (please check one) n=17

0% Never	0% Less than once a month	0% Between 1 and 3 times a month
0% About once a week	100% Daily or more than daily	

25. In the past three months how often have you engaged in purging behaviors (vomiting, over exercise, laxatives, water pills, crash diets, enemas, and fasting) to lose weight? (please check one) n=17

24% Never	24% Less than once a month	24% Between 1 and 3 times a month
12% About once a week	18% Daily or more than daily	

Bingeing Behavior

26. Have you ever participated in binge eating? n=17

82.4% Yes	17.6% No
-----------	----------

* if you answered "No," please move on to question 33.

Please describe a typical binge.

Eating everything in site including ice-cream, McDonald's fries and burgers, bags of cookies, bags of chips, cakes, and candy.	64.7%
I would fast all day, come home stuff myself, and then vomit.	35.2%
A normal binge was considered a binge for me.	5.9%

27. Before treatment at the PGEDC how often did you binge? (please check one) n=15

0% Never	0% Less than once a month	0% Between 1 and 3 times a month
20% About once a week	80% Daily or more than daily	

28. In the past three months how often have you binged? (please check one) n=15

36% Never	14% Less than once a month	14% Between 1 and 3 times a month
29% About once a week	7.1% Daily or more than daily	

29. What did treatment at the PGEDC do or not do that helped manage your bulimic symptoms (binge/purge behavior)? n=14

Learning about health risks associated with bulimia was helpful.	21.4%
I found nutritional counseling helpful (<i>food diaries, set diets, etc.</i>)	21.4%
I found counseling helpful.	14.3%
Learning new coping skills was helpful.	14.3%
Sometimes I resort to bingeing and purging.	14.3%
Learning "Why" I had bulimia was helpful.	7.1%
I found medication helpful.	7.1%
I found group counseling helpful.	7.1%

30. What did treatment at the PGEDC do or not do that might have worsened your bulimic symptoms (binge/purge behaviors)? n=10
- Nothing 45.5%
 - Sometimes out of control emotions escalated the binge/purge cycle.
 - I got worse with treatment at first.
 - The clinic did not notice that I was getting worse.
 - I felt I did not have support for personal problems.
 - I learned the health risks of binge/purge cycle and this cured my bulimia, but caused me to become anorexic.
 - Sometimes during sessions I felt like the counselor was telling me how I was supposed to feel.
 - I learned new techniques for purging.

Evaluation of Individual Therapy

31. What were your treatment goals as determined by you and your therapist? N=13
- | | |
|---|-------|
| To normalize my eating and change my attitude about food. | 38.5% |
| To stop the binge/purge cycle. | 30.8% |
| To regain my self-esteem and be happy again. | 23.1% |
| To practice new coping skills. | 23.1% |
| To want to be with other people and feel confident around them. | 23.1% |
| To get in touch with my feelings and deal with my emotions. | 15.4% |
| To work through personal issues related to my eating disorder. | 15.4% |
| I can't remember having any goals. | 15.4% |
| To become aware of health risks. | 7.7% |
32. Did you achieve your treatment goals? n=15
- 42.9% Yes 42.9% Partially 14.3% No
33. Do you attribute reaching these goals (fully or partially) to treatment at the clinic?
n=14 29% Yes 71% Partially 0% No
34. How did you achieve treatment goals? n=15
- | | |
|---|-------|
| The support of the nutritionist and counselor. | 26.7% |
| Talking with others who did not have an eating disorder. | 20.0% |
| Learning more about nutrition and knowing what I'm eating. | 20.0% |
| Going out more and building relationships. | 13.3% |
| Being with my friends. | 13.3% |
| Using the resources the clinic gave me(<i>books, videos, handouts</i>). | 13.3% |
| Taking small steps. | 6.7% |
| Going to Weight Watchers. | 6.7% |
| Exercising | 6.7% |
| Being with my family. | 6.7% |
| Learning that when people complimented me it wasn't bad. | 6.7% |
| Learning who I was. | 6.7% |

35. How did your therapist help you achieve your treatment goals? n=12

We made goals and my counselor praised small steps toward goals.	33.3%
My counselor helped me explore the source of my problems.	33.3%
The good communication between my counselor and me. (listening, the right questions).	14.3%
My counselor supported me.	14.3%
My counselor never got to the root of the problem.	14.3%
My counselor helped me realize my fears and deal with them.	8.3%
My counselor helped me deal with emotions.	8.3%
My counselor worked with me to build self-esteem.	8.3%

36. Was there anything your therapist did that may have increased your bulimic symptoms? n=14 85.7% Yes 14.3% No

Please explain:

I felt that the pressure of normal food intake happened to quickly.
The counselor didn't make me feel guilty for anything.
The counselor accepted me for who I was.
I just couldn't talk to my counselor.
Sometimes I felt like my counselor talked too much and didn't listen to me.
I didn't feel supported for medical decisions I was making.

37. The following are statements that you might say about your therapist at the eating disorder clinic. Enter your degree of agreement for each statement by placing a check in the appropriate box.

	disagree	somewhat disagree	Neutral	somewhat agree	agree
A) I felt comfortable with the therapist (M=4.2, SD=1.4)	6.3%	18.8%	0%	0%	75%
B) The therapist encouraged me to eat healthy. (M=4.7, SD=0.6)	0%	0%	6.3%	18.8%	75%
D) The therapist appropriately included my family in therapy. (M=4.1, SD=1.3)	7.1%	7.1%	21.4%	7.1%	64.3%
D) The therapist understood my needs. (M=4.1, SD=1.2)	6.3%	6.3%	18.7%	12.5%	56.3%
E) I trusted the therapist. (M=4.1, SD=1.2)	0%	12.5%	25%	0%	62.5%
F) The therapist was responsive to my concerns. (M=4.4, SD=1.0)	0%	6.3%	18.8%	6.3%	68.8%
G) I feel the therapist kept confidentiality. (M=4.6, SD=0.9)	0%	6.3%	6.3%	6.3%	81.3%
H) The therapist was easy to talk to. (M=4.1, SD=1.2)	0%	18.8%	6.3%	12.5%	56.3%
I) The therapist was open-minded. (M=4.4, SD=0.9)	0%	0%	25%	12.5%	62.5%
J) The therapist helped me determine appropriate goals. (M=4.4, SD=1.0)	0%	6.3%	18.8%	6.3%	68.8%
K) The therapist addressed my emotional issues. (M=4.0, SD=1.3)	6.3%	6.3%	25%	6.3%	56.3%

L) The therapist answered questions that I had. (M=4.6, SD=0.7)	0%	0%	12.5%	12.5%	75%
M) The therapist gave me clear and complete Explanations for my treatment. (M=4.2, SD1.0)	0%	6.3%	25%	12.5%	56.3%
N) The therapist is knowledgeable about eating Disorders. (M=4.7, SD=0.7)	0%	0%	12.5%	6.3%	81.3%
O) The therapist helped me develop pride in myself (M=3.9, SD=1.4)	14.3%	0%	21.4%	21.4%	50%

Evaluation of Nutritional Consultation/Counseling

38. Did you receive services from the nutritionist? n=17

82.4% Yes 17.6% No

* If you answered "No" please move on to question 44.

39. What services did the nutritionist provide? n=13

23% Full assessment 62% Consultation 15% Other

40. What did you hope to gain from seeing the nutritionist? n=14

I wanted to normalize my eating and develop a healthy eating plan. 35.7%

I wanted to learn more about nutrition. 28.6%

I was forced to see the nutritionist and did not want to go. 14.3%

I wanted a diet plan that would ensure I would not gain weight. 7.1%

I wanted to eliminate my fear of food. 7.1%

I wanted advice on cooking and shopping. 7.1%

I wanted to stop the cravings. 7.1%

41. What did the nutritionist do that helped your treatment? n=14

The nutritionist helped me improve my eating patterns. 35.7%

The nutritionist gave me practical information (*videos, handouts, and books*)
28.6%

The nutritionist taught me about health risks related to bulimia. 14.3%

The nutritionist analyzed my eating pattern. 14.3%

The nutritionist taught me to feel hunger. 7.1%

The nutritionist counseled me about healthy living. 7.1%

The nutritionist was conscious about my own needs. 7.1%

The nutritionist taught me about the Canadian food Guide and how to
Break down the components of food. 7.1%

42. Was there anything your nutritionist did that may have increased your bulimic
symptoms? n=14 7.1% Yes 92.9% No

Please explain:

I was pushed too fast to eat normally.

I didn't meet with her many times.

43. The following are statements that you might say about the nutritionist at the eating disorder clinic. Enter your degree of agreement for each statement by placing a check in the appropriate box.

	disagree	somewhat disagree	Neutral	somewhat agree	agree
A) I felt comfortable with the nutritionist. (M=4.5, SD=0.6)	0%	0%	7.1%	35.7%	57.1%
B) The nutritionist encouraged me to eat healthy. (M=4.9, SD=0.3)	0%	0%	0%	14.3%	85.7%
D) The nutritionist appropriately included my Family (M=3.6, SD=1.5)	14.3%	14.3%	21.4%	0%	50%
E) The nutritionist understood my needs. (M=4.0, SD=1.2)	7.1%	0%	28.6%	14.3%	50%
E) I trusted the nutritionist (M=4.6, SD=0.6)	0%	0%	7.1%	28.6%	64.3%
G) The nutritionist was responsive to my concerns. (M=4.7, SD=0.5)	0%	0%	0%	28.6%	71.4%
H) I feel the nutritionist kept confidentiality. (M=4.6, SD=0.7)	0%	0%	14%	7.1%	79%
I) The nutritionist was easy to talk to. (M=4.3, SD=0.8)	0%	0%	21%	29%	50%
J) The nutritionist was open-minded. (M=4.6, SD=0.5)	0%	0%	0%	36%	64%
K) The nutritionist helped me determine appropriate goals. (M=4.4, SD=1.1)	7.1%	0%	7.1%	14%	64%
K) The nutritionist addressed my emotional issues around food. (M=3.5, SD=1.2)	7.1%	14.3%	14.3%	35.7%	21.4%
L) The nutritionist answered questions that I had. (M=4.7, SD=0.5)	0%	0%	0%	29%	71%
M) The nutritionist gave me clear and complete explanations for my treatment. (M=4.4, SD=1.0)	0%	7.1%	14.3%	7.1%	71.4%
N) The nutritionist was knowledgeable. (M=4.9, SD=0.3)	0%	0%	0%	14%	86%
O) The nutritionist talked about the effects of starvation. (M=4.7, SD=0.6)	0%	0%	7.7%	15.4%	76.9%
P) The nutritionist helped me understand the nutrients that my body needs. (M=4.8, SD=0.4)	0%	0%	0%	23.1%	76.9%
Q) The nutritionist discussed the consequences of restricting my diet. (M=4.4, SD=1.1)	7.1%	0%	7.1%	14.3%	71.4%
S) The nutritionist helped me correct misconceptions about specific foods. (M=4.1, SD=1.2)	7.1%	0%	21.4%	14.3%	57.1%
T) The nutritionist encouraged me to eat feared foods. (M=4.5, SD=0.9)	0%	7.7%	7.7%	7.7%	76.9%

Evaluation of the Eating Disorder Clinic Medical Doctor

44. What did you hope to gain from seeing the physician? n=16
- To assess the damage done my body by the eating disorder. 25.0%
 - To get acceptance and support. 18.8%
 - I did not want to go the doctor. 18.8%
 - I wanted an accurate diagnosis. 12.5%
 - I wanted to get a realistic perspective of my body. 6.3%
 - I wanted to lower my blood pressure. 6.3%
 - I wanted a better understanding of eating disorders. 6.3%

45. What did the physician do that helped your treatment?
- The physician worked with my counselor and the nutritionist. 23.1%
 - The physician supported me. 23.1%
 - The physician assessed me during my initial check-up. 23.1%
 - The physician informed me of the health risks related to bulimia. 15.4%
 - The physician was a good listener. 15.4%
 - The physician informed me that I was in the right weight range. 7.7%
 - The physician prescribed medication for me. 7.7%

46. Was there anything your physician did that may have increased your bulimic symptoms? n=16 18.75% Yes 81.25% No

Please explain:

- I felt that the physician misinformed me about my weight.
- I would get mad at the physician for not understanding me.
- The physician encouraged me to lose weight, but not nicely.
- The physician treated me like a specimen.
- The physician always told me what I was doing wrong.
- I felt very uncomfortable with the physician.
- The atmosphere was very sterile I was made to feel like sicko.

47. The following are statements that you might say about the physician at the eating disorder clinic. Enter your degree of agreement for each statement by placing a check in the appropriate box.

	disagree	somewhat disagree	Neutral	somewhat agree	agree
A) I felt comfortable with the physician. (M=3.7, SD=1.5)	12.5%	18.8%	6.3%	12.5%	50%
B) The physician encouraged me to eat healthy. (M=4.5, SD=0.6)	0%	0%	6.3%	37.5%	56.3%
D) The physician appropriately included my Family. (M=3.7, SD=1.3)	13.3%	0%	20%	33.3%	33.3%
D) The physician understood my needs. (M=3.9, SD=1.0)		13.3%	20%	33.3%	33.3%
E) I trusted the physician. (M=3.7, SD=1.5)	12.5%	12.5%	18.75%	6.25%	50%
F) The physician was responsive to my concerns. (M=3.8, SD=1.2)	6.3%	6.3%	31.3%	18.8%	37.5%
					56.25%

K) I feel the physician kept confidentiality. (M=4.1, SD=1.1)	0%	12.5%	18.8%	12.5%	
L) The physician was easy to talk to. (M=3.8, SD=1.3)	0%	25%	18.8%	12.5%	43.8%
I) The physician was open-minded. (M=3.7, SD=1.4)	6.3%	18.8%	18.8%	12.5%	43.8%
K) The physician helped me determine appropriate goals. (M=3.5, SD=1.2)	6.3%	12.5%	31.3%	25%	25%
L) The physician addressed my emotional issues. (M=3.2, SD=1.5)	18.8%	18.8%	18.8%	12.5%	31.3%
M) The physician answered questions that I had. (M=4.1, SD=1.0)	0%	6.3%	25%	25%	43.8%
M) The physician gave me clear and complete explanations when explaining information to me. (M=4.2, SD=1.0)	0%	6.3%	18.8%	25%	50%
N) The physician was knowledgeable about bulimia and eating problems. (M=4.5, SD=0.7)	0%	0%	12.5%	25%	62.5%
I) The physician helped me develop pride in myself. (M=3.1, SD=1.3)	13.3%	20%	40%	0%	26.7%
R) I felt comfortable with the physician during the physical examination. (M=3.5, SD=1.6)	18.8%	12.5%	12.5%	12.5%	43.8%
S) The physical exam was comprehensive. (M=4.1, SD=1.1)	20%	20%	26.7%	6.7%	26.7%
R) The physician gave me specific feedback about my progress. (M=3.0, SD=1.5)	20%	20%	26.7%	6.7%	26.7%
S) The physician was appropriately involved with ongoing management of my eating disorder. (M=2.9, SD=1.4)	20%	20%	33.3%	0	26.7%
U) I felt the physician asked appropriate questions. (M=3.9, SD=1.2)	0%	14.3%	35.7%	0	50%

Group Counseling

48. Did you participate in group counseling? n=17

70.6% Yes

29.4% No

* if you answered "No," please move on to question 52.

49. What did you hope to gain from group therapy? n=11

I wanted to hear others experience.

54.5%

To gain support and understanding.

36.4%

I wanted to learn that I wasn't alone.

27.2%

I wanted help understanding my own problem.

27.2%

I wanted to share my story with others.

27.2%

I wanted to see what other people with eating disorders looked like.

18.2%

I wanted more insight into recovery.

9.1%

50. How did group therapy help you reach your treatment goals? n=12

It was nice to talk to others with the same problem.	50.0%
It was nice to hear others story.	33.3%
I enjoyed having the extra support and understanding.	25.0%
The group didn't really help.	25.0%
I liked the group activities.	8.3%
Group materials were helpful.	8.3%
Being active in group helped me deal with daily struggles.	8.3%

51. Was there anything about group therapy that might have increased your bulimic symptoms? n=10 30% Yes 70% No

Please explain:

- I did not feel comfortable with group therapy.
- I felt that I had to compete with others to lose weight.
- Sometimes we would get off topic and I would become frustrated and withdrawn.
- I learned new techniques for purging.
- I learned how to hide inappropriate behavior.

Family Counseling

52. Did you participate in family counseling? n=17

6.3% Yes 93.8 No

* If you answered "No," Please move on to the end of the questionnaire, below the dotted line.

53. What did you hope to gain from family counseling? n=1

My parents understood bulimia better.

54. How did family therapy help you reach treatment goals? n=1

I had my family's full support.

55. Was there anything about family therapy that might have increased your bulimic symptoms? n=1 0% Yes 100% No

Please explain:

Thank you for completing this questionnaire.