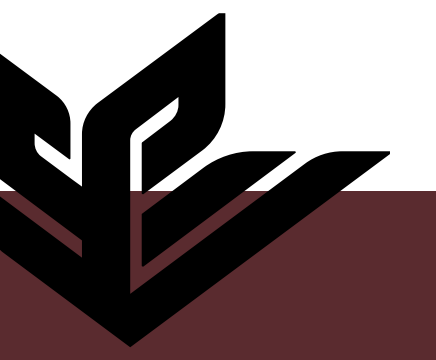


Group Narrative Therapy for Adolescents with Eating Disorders



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ABSTRACT

Eating Disorders tend to be treatment-resistant, moreover, adolescents with eating disorders tend to disengage from standard treatments, such as (CBT-E) the standard intervention in treating eating disorders. Research shows that children and adults have greater positive outcomes with the addition of narrative approaches to treatment. Studies show that children and adults have positive outcomes with the addition of narrative approaches to treatment, in addition, group narrative therapy with adults is effective at treating eating disorders beyond behavioral change. This proposal is to explore the efficacy and client engagement of a group narrative therapy curriculum alongside standard CBT-E group treatments.

INTRODUCTION

- There have been no improvements in eating disorder treatment in the last 50 years which have focused on behavioral factors instead of the client's relationship with anorexia (Botha, 2015).
- Narrative Therapy allows for a holistic approach that incorporates and addresses the sociocultural systems that intersect anorexia, the person dealing with anorexia, and their corresponding systems instead of placing the burden on the person dealing with anorexia (Chimpén-López & Arriazu Muñoz, 2021).
- Instead of focusing on controlling eating disorder habits clients can focus on developing an anti-eating disorder lifestyle (Scott et al., 2013).
- A case study with a 10-year-old boy demonstrated that positive narrative therapy alongside CBT-E sustained progress across 3, 6, and 12-month follow-ups (Vescovelli et al., 2017).
- Using the format of a single 90 min session across 10 weeks, using a combination of interventions such as the Tree of Life (German, 2013) and group structures was found to be effective with children (Karibwende et al., 2023) and (Weber et al., 2006) which was effective with adult women.

PRIMARY AIM AND HYPOTHESES

Research Questions

- RQ1- Is Group Narrative Therapy efficacious in increasing positive eating disorder recovery outcomes?
- RQ2- Is Group Narrative Therapy efficacious in increasing long-term positive recovery outcomes promoting sustained recovery with decreased eating disorder symptoms after 3, 6, and 12-month follow-ups?
- RQ3- Does Group Narrative Therapy increase participants willingness to participate in treatment

Hypotheses

- H1- Participants will report decreased eating disorder behaviors, symptoms, and thoughts after receiving Group Narrative Therapy (GNT) compared to those who only received CBT-E
- H2- GNT will increase recovery progress over time among participants compared to those that only Received CBT-E.
- H3- Participants will report higher levels of engagement and interest in group therapy compared to those that only received CBT-E

METHODS

Participants

- Children and adolescents ages 10-17 receiving residential-level care eating disorder treatment
- Sample size of (40) participants
- Samples will be drawn from 2-3 Eating Disorder treatment facilities that offer residential levels of care to adolescent patients and CBT-E as part of their standard treatment curriculum.
- Participants will be excluded if any language barriers are present such as non-English speakers.

Procedures

- Both groups will receive the Eating Attitude Test (EAT-26), Compulsive Exercise Test (CET), and Eating Disorder Examination Questionnaire (EDE-Q) Pre-GNT, Post-GNT, and at 3 months, 6 months, and 12 months.
- Post treatment both groups will be given a 4-item Likert Scale questionnaire designed to measure participants' group enjoyment and willingness to engage in group therapy.
- Participants will be split into two even groups both groups will receive 10-week CBT-E while half will receive GNT, and the control group will be given non-therapy downtime.

MEASURES

Eating Disorder Behavior/Symptoms/

- The EAT-26 is the most widely used standardized self-report measure for eating disorder behavior it is 26 items that take into consideration socio-cultural factors and has been translated into many languages for hundreds of studies (Sun et al., 2022)
- The CET is a 24-item self-report measure of problematic exercise behavior commonly related to eating disorders
- The EDE-Q is a 28-item self-report that measures eating disorder behavior across the past 28 days.

Participants' Engagement in Group Therapy

- A 4-item self-report measure will be created asking participants: How much they enjoyed their group therapy experiences, their willingness to engage in group therapy again, How useful they found group therapy, and How motivated they felt to engage in group therapy. The Likert Scale will range from 1 (Not very) to 5 (Extremely).

RESULTS

Data Analysis

- RQ1-** A paired t-test will be conducted on each of the mean scores of the EAT-26, CET, and EDE-Q pre- and post-treatment between the two groups.
- RQ2-** A paired t-test will be conducted on the mean scores at 3-, 6-, and 12-months post-treatment via emailed surveys between the two groups.
- RQ3-** A one-way MANOVA will be conducted on the participant engagement Likert questionnaire comparing the results across categories between the control and GNT groups.

Sampling Procedures

- Participants will randomly be assigned to groups via their assigned patient room number using a computer randomizer.

Discussion

Social Implications

- Eating Disorders tend to be highly treatment-resistant resistance with high recidivism among those afflicted if the addition of GNT interventions to standard CBT-E interventions demonstrates efficacy and increased recovery then patients in eating recovery can spend less time in treatment with less likelihood of relapse.
- Adolescents rarely volunteer for eating disorder treatment as most are placed in treatment against their consent, if GNT can increase engagement then an adolescent's willingness to participate will increase as well as their willingness to return to treatment if needed.

Clinical Implications

- Botha (2015) stated that there have been no new improvements to eating disorder treatment in 50 years if GNT is demonstrated to be efficacious then another option becomes available for clinicians and an improvement to eating disorder treatment planning overall.
- This study aims to explore the efficacy of GNT in treating eating disorders, further research can build upon this study to explore durations of group therapy, type of narrative group interventions, and cultural factors relating to group narrative therapy and eating disorder treatment.

Limitations

- Gathering participants across multiple facilities to achieve the desired sample size might be difficult to coordinate.
- The reliance on self-report data may induce response biases to report the desirable outcomes to appear recovered may impact the validity of the findings.
- After treatment completion participants may not respond to surveys creating and incomplete or too small of a data set.