

Contents lists available at ScienceDirect

Mental Health & Prevention

MENTAL HEALTH

journal homepage: www.elsevier.com/locate/mhp

Enhancing help-seeking behavior in individuals with eating disorder symptoms via Internet: A case report



Sally Kindermann^{a,*}, Kathina Ali^b, Carla Minarik^c, Markus Moessner^a, Stephanie Bauer^a

^a Center for Psychotherapy Research, University Hospital Heidelberg, Bergheimer Str. 54, 69115 Heidelberg, Germany

^b National Institute for Mental Health Research, The Australian National University, Australia

^c Schön Klinik Roseneck, Prien am Chiemsee, Germany

ARTICLE INFO

Article history: Received 15 January 2016 Received in revised form 27 April 2016 Accepted 28 April 2016 Available online 3 May 2016

Keywords: Eating disorders Internet-based Prevention Early intervention Help-seeking Case report

ABSTRACT

Internet-based programs may help to reduce barriers to help-seeking and to refer individuals in need to appropriate levels of care. This case report of an 18-year-old female who participated in the Internetbased program ProYouth for prevention and early intervention of eating disorders (ED) demonstrates how program utilization could contribute to enhancing help-seeking behavior. Data on user characteristics, ED related risk factors and help-seeking were assessed by online questionnaires. Usage data of the program were extracted from server logs. Although promising, findings from this case study cannot be generalized to the entirety of users. Systematic research on this topic is required.

© 2016 Elsevier GmbH. All rights reserved.

1. Introduction

Eating disorder (ED) risk factors such as body dissatisfaction, thin ideal internalization, dieting, weight and shape concerns, low self-esteem and negative affectivity are highly prevalent in young people (Rohde, Stice & Marti, 2015). It is known that seeking help at an early stage of symptom development can prevent or delay illness onset, but only few individuals with ED symptoms utilize professional support (Hart, Granillo, Jorm & Paxton, 2011). As a result, the uptake of treatment after initial appearance of ED symptoms is often delayed by years (De la Rie, Noordenbos, Donker & van Furth, 2006). Research indicates that multiple barriers, including lack of knowledge and poor insight into illness (Mond et al., 2010), feelings of shame and fear of stigmatization (Cachelin & Striegel-Moore, 2006; Hackler, Vogel & Wade, 2010), and limited availability of evidence-based expert care for ED prevent individuals with ED symptoms from engaging in treatment (Simmons, Milnes & Anderson, 2008). Internet-based prevention and early intervention programs with the possibility of anonymous and low-threshold accessibility may contribute to selfempowerment and may pave the way to regular care by reducing known barriers to help-seeking and facilitating access to treatment (Bauer & Moessner, 2012; Bauer & Moessner, 2013; Bauer et al., 2013). However, this assumption has hardly been investigated empirically. Recently, Moessner and colleagues (Moessner, Minarik, Ozer & Bauer, in press) conducted a study within the framework of the EU-funded initiative ProYouth, an Internet-based program for prevention and early intervention of ED. Results from 453 participants surveyed three months after their first program utilization indicate that the online program may contribute to reducing barriers towards help-seeking and may facilitate an active uptake of professional help.

The following case of a young woman who participated in ProYouth over a three-month period was selected because it is well suited to illustrate the stepwise proceeding in ProYouth in the event of a participant's higher requirement for individual support. The aim of this case study was to explore if participation in ProYouth could reduce barriers in help-seeking behavior of young people with ED symptoms and if online expert counseling may have the potential to pave the way into regular care. Moreover, the present case was chosen to illustrate the complexity and lengthiness of the mediation process from online into face-to-face (f2f) setting. To the authors' knowledge, this is the first individual case report in the context of an online program for the prevention and early intervention of ED addressing these topics.

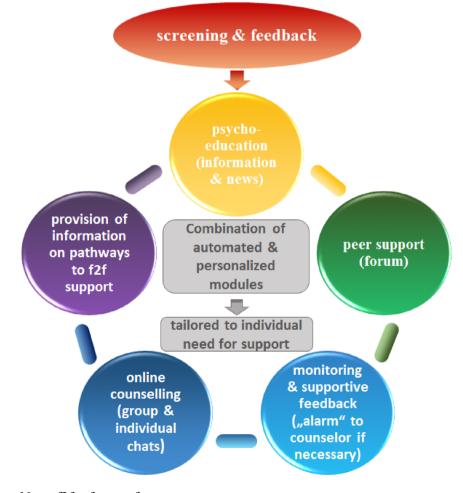
^{*} Corresponding author. *E-mail addresses:* sally.kindermann@med.uni-heidelberg.de (S. Kindermann), kathina.ali@anu.edu.au (K. Ali), CMinarik@Schoen-Kliniken.de (C. Minarik), markus.moessner@med.uni-heidelberg.de (M. Moessner), stephanie.bauer@med.uni-heidelberg.de (S. Bauer).

2. Methods

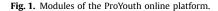
2.1. The ProYouth online platform

ProYouth is a freely accessible online platform based on the previous programs ES[S]PRIT (Bauer, Moessner, Wolf, Haug & Kordy, 2009) and YoungEssprit (Lindenberg & Kordy, 2015). It is disseminated by workshops in high schools, online advertisement (such as forums, blogs and social networks), and print materials (flyer, posters) (Bauer, Kindermann, Ozer & Moessner, in revision). The aims of ProYouth are to raise awareness and educate young people about ED in order to prevent the onset of illness, to provide individualized information on ED related risk factors for a timely detection of problematic attitudes and behaviors associated with ED, and to facilitate access to professional f2f advice and treatment by reducing barriers to help-seeking. In contrast to other online interventions offered as standardized and manualized programs, ProYouth is based on a needs-based approach that allows flexible adaption of the program to the individual user's need for support (Bauer et al., 2012; Bauer et al., 2013). The platform incorporates modules of different intensity that can be used and combined according to the users' individual needs (see Fig. 1). There are no requirements concerning the extent, frequency and duration of use: participants can flexibly use the available modules as much as they want at no costs to the individual.

Initially, users complete a short screening questionnaire and receive feedback regarding their individual ED related risk and symptom status. In case of elevated risk and/or slight symptoms individuals receive an automated feedback message inviting them to register for participation in the program. Individuals reporting severe impairment in the screening receive the recommendation to seek conventional professional support (in the f2f setting) and to consider using ProYouth only as add-on, e.g. to receive information about treatment options. Prior to registration users are required to agree to the terms of use and privacy policies of ProYouth. These contain regulations about data security, data storage and data analyses for scientific purposes. After registration individuals are automatically signed up to the monitoring system and complete an initial admission assessment on ED related attitudes and behaviors. During their further course of participation users receive a weekly email with a link leading to a short online questionnaire. Participants receive supportive feedback after completing the questionnaire and ProYouth counselors are automatically informed via email in case results indicate severe ED symptoms. These alerts enable the counselors to contact participants with substantial impairment and offer them further advice and information, e. g. inviting them to a chat session on the ProYouth platform. All ProYouth counselors are psychological professionals providing online counseling, i. e. they do not conduct psychotherapy but provide information and support only. Personal exchange with participants allows counselors to explore the individual's need for more intensive support and to encourage those with severe ED symptoms to seek f2f treatment (Bauer et al., 2013; Moessner, Minarik, Ozer, & Bauer, in press).



Note: f2f = face-to-face.



Download English Version:

https://daneshyari.com/en/article/330377

Download Persian Version:

https://daneshyari.com/article/330377

Daneshyari.com