Behaviour Research and Therapy 72 (2015) 1–8

Contents lists available at ScienceDirect

Behaviour Research and Therapy

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

Assessing program sustainability in an eating disorder prevention effectiveness trial delivered by college clinicians

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ARTICLE INFO

Article history:
Received 22 December 2014
Received in revised form
17 June 2015
Accepted 22 June 2015
Available online 27 June 2015

Keywords:
Eating disorder
Prevention
Group interventions
Sustainability
Dissemination

ABSTRACT

Sustainability of the *Body Project*, a dissonance-based selective eating disorder prevention program supported by efficacy and effectiveness trials, has not previously been examined. This mixed-methods study collected qualitative and quantitative data on training, supervision, and the intervention from 27 mental health clinicians from eight US universities who participated in an effectiveness trial and quantitative data on 2-year sustainability of program delivery. Clinicians, who were primarily masters-level mental health providers, had limited experience delivering manualized interventions. They rated the training and manual favorably, noting that they particularly liked the role-plays of session activities and intervention rationale, but requested more discussion of processes and group management issues. Clinicians were satisfied receiving emailed supervision based on videotape review. They reported enjoying delivering the *Body Project* but reported some challenges with the manualized format and time constraints. Most clinicians anticipated running more groups after the study ended but only four universities (50%) reported providing additional *Body Project* groups at the 1-year follow-up assessment and sustained delivery of the groups decreased substantially two years after study completion, with only one university (12%) continuing to deliver groups. The most commonly reported barriers for conducting additional groups were limited time and high staff turnover.

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Approximately 13% of young women experience eating disorders by age 20 (e.g., Stice, Marti, & Rohde, 2013a). Eating disorders are marked by chronicity, distress, functional impairment, comorbidity, and early mortality (Arcelus, Mitchell, Wales, & Nielsen, 2011; Swanson, Crow, Le Grange, Swendsen, & Merikangas, 2011), suggesting the need for prevention efforts to both reduce suffering and because treatment has limited efficacy and reach (Bulik, 2013). The *Body Project*, a selective prevention program targeting women who report body image concerns, is one of only two prevention interventions shown in an efficacy trial to reduce risk for future onset of eating disorders over 3-year follow-up (Stice, Marti, Spoor, Presnell, & Shaw, 2008; Stice, Rohde, Shaw, & Marti, 2012). The intervention is brief (four 1-h sessions) and relies on dissonance-induction to reduce internalization of the thin ideal through verbal, written, and behavioral exercises. Extensive evidence supports its efficacy, both compared to controls receiving no intervention and those in alternate interventions across independent research labs (e.g., Becker, Smith, & Ciao, 2005; Halliwell & Diedrichs, 2014; Stice et al., 2008; Stice, Shaw, Burton, & Wade, 2006).

As the first step towards disseminating the *Body Project*, we conducted two effectiveness trials, which are critical to understanding whether prevention programs with empirical support from highly controlled efficacy trials produce effects when delivered by endogenous providers under more ecologically valid conditions. Effectiveness trials can also provide information on the cost of program delivery and the degree of training and supervision necessary to achieve intervention effects, which is critical for program dissemination and sustainability. In the first effectiveness trial wherein clinicians in seven US high schools were responsible for recruitment and intervention delivery, participants who were randomly assigned to the *Body Project* showed greater reductions than educational brochure control participants in eating disorder risk factors and symptoms through 3-year follow-up (Stice, Rohde, Gau, & Shaw, 2009, 2011). In the second effectiveness trial, clinicians at eight US universities were responsible for recruitment and intervention delivery of the *Body Project*. Eating disorders often emerge during this age period (Hudson, Hiripi, Pope, & Kessler, 2007;

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http://dx.doi.org/10.1016/j.brat.2015.06.009
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Stice, Rohde, Durant, Shaw, & Wade, 2013) and colleges represent a large population that can be reached with eating disorder prevention programs. In the second effectiveness trial, participants assigned to the *Body Project* showed greater reductions in eating disorder risk factors and symptoms relative to educational brochure controls through 3-year follow-up (Stice, Rohde, Butryn, Shaw, & Marti, 2015). Effects were larger in the second effectiveness trial, potentially due to the use of an enhanced-dissonance intervention, improved selection, training, and supervising of clinicians, or higher levels of body dissatisfaction in the university sample.

The second effectiveness trial collected qualitative and quantitative data from clinicians on training, supervision, and barriers to program delivery and assessed continued delivery of the *Body Project* once it was not offered as part of the research trial, which is the focus of the present report. Attention to program sustainability has increased as policy makers and funders have become concerned with how to most effectively allocate limited resources (Nilsen, Timpka, Nordenfelt, & Kindqvist, 2005). The sustainability of prevention interventions is seldom examined (Goodson, Murphy Smith, Evans, Meyer, & Gottlieb, 2001), and there are concerns that intervention delivery will stop once external research support ends (Tierney, Miller, Overhage, & McDonald, 1993) and competing time demands emerge (Jaén et al., 2001). With the growing evidence-base for effective prevention programs for a variety of health and mental health problems (e.g., Griffin & Botvin, 2010; Swisher, 2000), attention is shifting to studying the process of dissemination and sustainability (Botvin, 2004; Elliot & Mihalic, 2004; Scheirer, 2005). Sustainability has been defined as “the process of ensuring an adaptive prevention system and a sustainable innovation that can be integrated into ongoing operations to benefit diverse stakeholders” (Johnson, Hays, Center, & Daley, 2004).

1. Current study

The present mixed-method study sought to provide an initial step to understanding the specific factors that influence the sustainability of a successful and efficacious eating disorder prevention program, by (a) collecting qualitative and quantitative data on the reactions of college clinicians to their experience delivering the *Body Project* and (b) evaluating the degree to which universities continued to offer the program during the two years following their involvement in the research. The report has three aims: (1) Describe the reactions of participating clinicians to the intervention, training, and supervision processes; (2) Examine the extent to which the *Body Project* continued to be delivered in the two years following study involvement; and (3) Describe perceived barriers to program sustainability. Following the practice generally used in sustainability research (e.g., Swain, Whitley, McHugo, & Drake, 2010), we created qualitative and quantitative items specific to the setting, assessing the occurrence of barriers related to three main categories: students (e.g., student lack of interest, stigma associated with participation, competing time demands for students), staff (e.g., insufficient training, inadequate supervision, time constraints), and the system (e.g., cost, staff availability, space limitations). To our knowledge, no previous research has focused on the sustainability of eating disorder prevention programs. Our intention is that lessons learned may apply to sustainability efforts with other types of evidence-based prevention and treatment interventions.

2. Method

2.1. Clinician recruitment and descriptive information

The study took place at eight universities in Oregon, Texas, and Pennsylvania, USA. In 2009–2010, we recruited two or more clinicians at each university. Based on procedures we had successfully employed in the high school effectiveness trial, we asked to meet with the director of the college health or mental health center to discuss (a) the prevalence of eating disorders, (b) the associated functional impairment and elevated morbidity and mortality, and (c) empirical support for the *Body Project*. We then asked if the center would partner with us to evaluate whether this eating disorder program produces effects when real-world providers recruited participants, and delivered the intervention. If agreeable, the director was asked to provide contact information for potential clinicians (several of the sites had already identified staff members interested in this project). We asked the clinicians at each school to recruit a minimum of 48 student participants during an academic year (to be randomized by research staff to the scripted four-hour *Body Project* group or an education brochure control) and conduct a minimum of three *Body Project* groups. Additional details regarding the student participants, consent, content of the *Body Project* intervention and the brochure condition, assessor training and supervision, and student participant compensation are provided in Stice, Butryn, Rohde, Shaw, and Marti (2013b).

A total of 27 clinicians were recruited and completed the training workshop. Descriptive information of the sample is provided in Table 1. The vast majority were women (81%) of non-Hispanic White race/ethnicity (96%). Approximately half were MA-level clinicians, generally with a clinical or counseling psychology background (reported theoretical orientation was 40% cognitive-behavioral, 30% psychodynamic, 30% humanistic/client-centered). Two-thirds had a self-reported body mass index (BMI; kg/m^2) in the healthy range and 15% had a history (not recent) of eating disorders. Indicative of a high degree of job turnover, more than half had been in the current position for one year or less and only 8% had been in their current position for five years or longer, though 44% had worked with this age group for 5 years or more. Given that therapists were self-selected, it was not surprising that they tended to view eating disorders as a highly significant problem in their student population. Five questions were assessed at baseline to rate degree of experience (0 = no experience at all; 100 = extensive experience) in (a) conducting prevention or treatment interventions, (b) using manual-based interventions, (c) providing interventions in a group format, (d) eating disorder prevention or treatment, and (e) conducting programs with adolescents/young adults. The clinicians were most experienced intervening with this age group, followed by experience conducting prevention interventions, group programs, and eating disorder interventions (treatment or prevention); ratings of experience delivering manualized interventions were considerably lower, with 41% reporting no past experience using a manual-based approach.

2.2. Clinician training and supervision

Clinicians were provided a free onsite training workshop on recruitment and delivery of the *Body Project* (many were able to apply this training to their continuing education requirements). Training, which was conducted by the third or fourth author, involved reading key trials of the *Body Project* (Stice et al., 2006, 2008) and the scripted manual, and attending a 4-h workshop to learn the intervention rationale, role-play intervention components, and discuss process issues. The *Body Project* is generally conducted by pairs of leaders, so that if one leader is unable to attend a session, the other can lead it. However, it was permissible to have only one facilitator at a university, if necessary due to staff availability and preference. Clinicians were not paid for attending the training or conducting groups, but received $50 for completing the three project assessments (see below).

To provide clinical supervision and obtain data on intervention

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