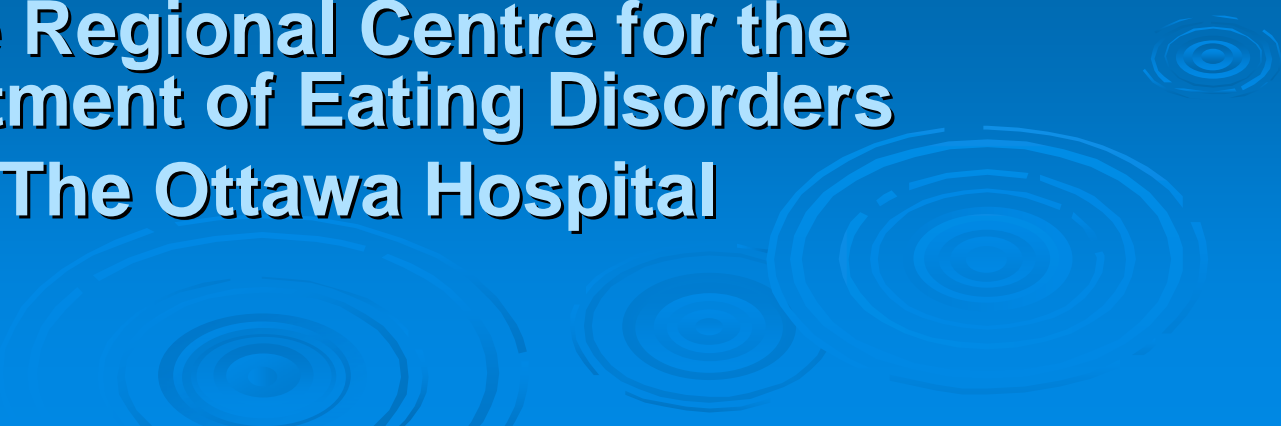


A Pre-admission “Readiness” Support Group for Eating Disorders Patients

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Background

- One of the major treatment centres for eating disorders in Canada, located at The Ottawa Hospital
- Provide comprehensive treatment for moderate to severe forms of anorexia nervosa, bulimia nervosa, eating disorders not otherwise specified, and binge eating disorders (404 patients in 2008)
- Multidisciplinary treatment, team approach
- Treatment provided mainly in group format

Program Components

Day Hospital Program (1997):

- 12-14 week day program
- Offered to patients with serious forms of eating disorders who are medically stable

In-Patient Program (2001):

- 8-12 week hospitalization
- Offered to patients with severe eating disorders who are at a high risk of being medically compromised because of severe weight loss and/or severe purging behaviour

Out-Patient Program (2007):

- A wide variety of out-patient services, including psychoeducation, cognitive behavioural therapy, interpersonal therapy, readiness and transition groups


Program and Patient Needs Identified

- In 2006, widening of the program's catchment area to include all of Ontario

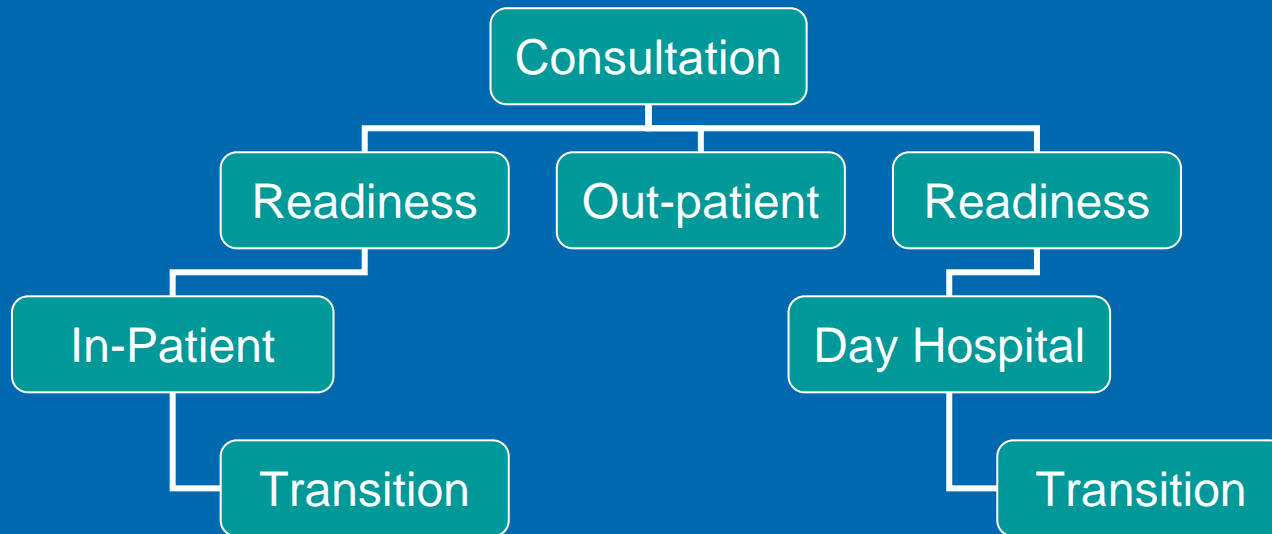
Resulted in:

- Increase in number of referrals to the clinic
- Increase in the severity of patients awaiting admission to in-patient component of the program
- Increase in time waiting for an in-patient bed
- Increase in potential for patients' condition to deteriorate prior to admission

What did we do?

- Focus groups with staff, current and former patients, including both relapsed and recovered patients
 - Identified patient needs
 - Staffing
 - Timing
 - Space
 - Content
- 

Program Flowchart



Eating Disorders Patient Issues

- Diagnoses and symptoms
- Co-morbid disorders
- Medical complications
- Cognitive presentation
- Social issues
- Provider issues

(Forbush, Heatherton, & Keel, 2007; Kaplan & Garfinkel, 1999; Mitchell & Crow, 2006; Wolf, 1997; and Wilson, Grilo, Vitousek, 2007)

Supporting Theories

Therapeutic Alliance/Relationship

- Psychology (Rogers, 1951)
- Proponent of what has been called 'client-centred therapy'
- The relationship formed between the therapist and the client is a central component of effective treatment
- Identified the need to develop a therapeutic relationship with the client that revolved around the concepts of empathy, trust, and genuineness, resulting in an increase in the patient's self respect and positive regard

Support Theories

Therapeutic Alliance/Relationship

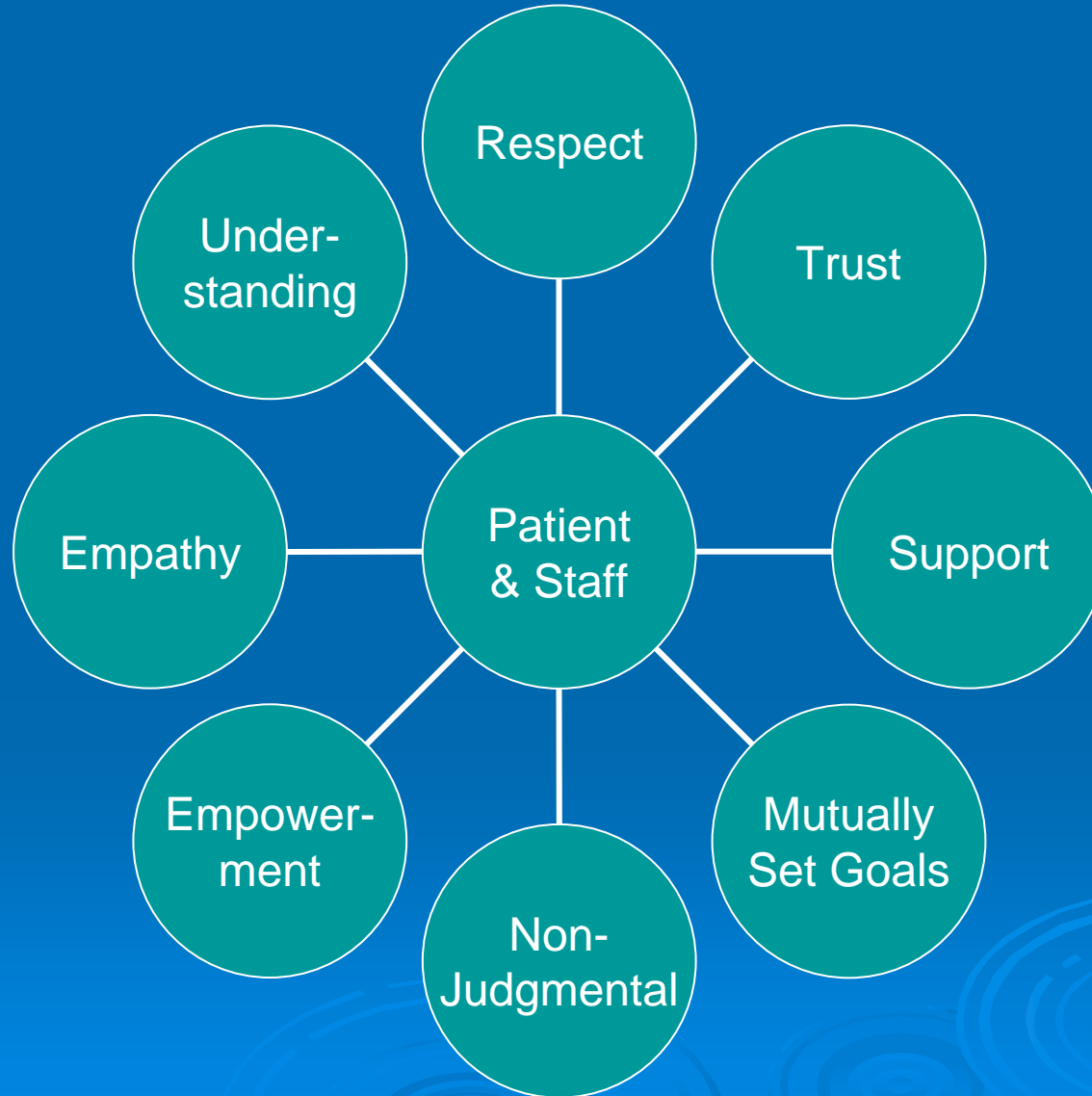
- Nursing (Watson, 1988)
- Emphasizes the importance of developing a 'helping-trust relationship' with the patient, based on the principles of caring, empathy, and warmth
- Theory of caring, promoted a more passive role for the nurse and encouraged patient empowerment and self-responsibility achieved through effective communication (Watson, 1988)

Results of Developing a Therapeutic Alliance or Relationship with the Patient

Developing a therapeutic alliance between patients and nurses has resulted in:

- The relationship being listed by patients as the number one factor aiding in treatment (Tozzi, Sullivan, Fear, McKenzie, & Bulik, 2003)
- Increased self esteem, increased autonomy, and decreased denial (George, 1997)
- Decreased power struggle between nurse and patient (Wolfe & Gimby, 2003)

Therapeutic Alliance Concepts



Goals of In-Patient Readiness Group

- To prepare patients for upcoming hospital admission to a structured treatment program
- To commence the development of a therapeutic alliance with the patient based on support, caring, and trust
- To keep patients who are on the waiting list for an in-patient bed as stable as possible*

Group Content

Initial Group:

- Assessment completed by nurse and dietitian
- Baseline height, weight, and bloodwork
- Medications, medical history, etc.
- Current daily intake
- Current symptoms
- Family/friend support
- School/work issues
- Unit tour


Content (con't)

Weekly group:

- 1.5 hours
- Weight, bloodwork, and symptom record
- Weekly food diary
- Weekly 'reflection sheet'
- Patient teaching
- Encourage interpersonal interactions, i.e. giving support, offering feedback, and working through group dynamics

Content (con't)

Weekly Reflection Sheet:

1. My biggest challenge this week was:
 2. My biggest accomplishment this week was:
 3. My stressors/triggers this week were:
 4. My goal next week is:
- 

Informal Findings

- In the first year of the in-patient Readiness Group, service provided for 30 patients
- Length of stay in the group ranged from 1 to 24 sessions
- 4 dropouts in first year: 1 due to relocating, 1 due to drugs/alcohol, 1 due to work conflict, and 1 patient's condition improved
- Slight decrease in number of symptoms, i.e. restricting, binge/purging, laxative abuse, and over exercising*

Informal Findings

Patients report:

- Less difficulty integrating into treatment
- Hope for recovery
- Getting to know other patients prior to admissions
- Receiving professional support during waiting time
- Feeling less anxious about treatment

Challenges

Patient:

- Distance issues
- Only once per week
- Offered in the daytime only, therefore school/work issues
- Keeping patients motivated
- Need to triage patients, effects on other patients

Challenges

Staff:

- Dealing with patients' anger re: waiting for a bed
- Dealing with own reactions to severe eating disorders
- Dealing with patient noncompliance
- Family doctors to continue following all other medical conditions – this does not always happen

Benefits of the Readiness Group

- Weekly monitoring of weight, bloodwork, and symptoms
- Become familiar with staff and begin to develop a therapeutic alliance
- Patient's better prepared for hospital stay
- Understanding of daily schedule and program rules
- Patients get used to talking in groups
- Decrease in visits to patient's family doctors and ER departments

Benefits of Group Format

- Provide mutual support for co-patients experiencing similar issues
- Encourages re-socialization
- Practice assertiveness techniques
- Conflict resolution
 - inter-patient conflict
 - comparisons

Implications for Nursing Practice

- Development of a therapeutic alliance or relationship with the patient
- Interpersonal and communication skills
- Clinical skills
- Mental health nursing skills
- Group facilitation
- Teaching skills
- Nutrition

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References

- Forbush, K., Heatherton, T., & Keel, P. (2007). Relationships between perfectionism and specific disordered eating behaviors. *International Journal of Eating Disorders, 41*(1), 37-41.
- George, L. (1997). The psychological characteristics of patients suffering from anorexia nervosa and the nurse's role in creating a therapeutic relationship. *Journal of Advanced Nursing, 26*, 899-908.
- Kaplan, A., & Garfinkel, P. (1999). Difficulties in treating patients with eating disorders: A review of patient and clinician variables. *Canadian Journal of Psychiatry, 44*, 665-670.
- Mitchell, J., & Crow, S. (2006). Medical complications of anorexia nervosa and bulimia nervosa. *Current Opinion in Psychiatry, 19*, 438-443.

References

- Tozzi, F., Sullivan, P., Fear, J., McKenzie, J. & Bulik, C. (2003). *Causes and recovery in anorexia nervosa: the patient's perspective. International Journal of Eating Disorders, 33(2), 143-154.*
- Rogers, C.R. (1951). *Client-centered therapy: Its current practice, implications, and theory. Boston, MA: Houghton Mifflin Company.*
- Watson, J. (1994). *Applying the Art and Science of Human Caring. New York, NY: National League for Nursing Press.*
- Wilson, G., Grilo, C., & Vitousek, K.(2007). *Psychological treatment of eating disorders. American Psychologist, 62(3), 199-216.*
- Wolf, N. (1997). *The Beauty Myth. Toronto, ON: Vintage Canada.*