

A Community-Based Training Program for Eating Disorders and Its Contribution to a Provincial Network of Specialized Services

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ABSTRACT

The Ontario Community Outreach Program for Eating Disorders is a pilot training project within the eating disorder programs at the University Health Network—Toronto General Hospital (TGH) and the Hospital for Sick Children. This system provides ongoing training, consultation, and research evaluation in areas ranging from prevention through to tertiary care, in the hopes of increasing the capacity of practitioners to respond to the healthcare pressures of those experiencing eating disorders. A total of 3,315 health care practitioners and educators in Ontario participated in community-based training workshops. A pre–post analysis of participants' self-report evaluations was conducted using

chi-square analyses. The findings revealed that there was a statistically significant increase in participants' (a) knowledge of eating disorders and of body image issues and (b) level of comfort to either treat clients with eating disorders or teach a curriculum on body image. The contribution of the training program to the development of a provincial network of specialized eating disorder services, designed to promote the public's access to timely and appropriate care for the full spectrum of eating disorders, are discussed. © 2005 by Wiley Periodicals, Inc.

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Anorexia nervosa (AN) and bulimia nervosa (BN) are serious psychiatric conditions recognized by the DSM-IV.¹ The prevalence of eating disorders in Ontario has been established in a large nonclinical community sample.^{2,3} Drawing from a sample of 8,116 individuals under the age of 65 years, the life-

time prevalence of BN was found to be 1.1% for females and 0.1% for males.² The lifetime prevalence of AN was found to be 0.56% for females³ and 0.16 for males.⁴ In addition to the full syndrome eating disorders, one in four adolescent females in Ontario (13–18 years) reports engaging in at least one symptom of an eating disorder;⁵ a significant amount of both male and female children, as young as 10–14 years, are also engaging in weight-loss and/or muscle-gaining behaviors, despite being within a healthy weight range.^{6–8}

Eating disorders are associated with medical and psychiatric comorbidity² and can have a devastating impact on the sufferers and their families. There is evidence of long-term morbidity, especially in AN, in a sizable proportion of cases,⁹ and a recent review revealed mortality rates as high as 5–8 percent.¹⁰ Clients who fail to recover remain impaired in terms of their psychosocial and school functioning.¹¹ Research indicates that the longer the disorder persists, the harder it is to treat, which underscores the need for early detection and treatment.¹² Unfortunately, most primary-care physicians do not regularly screen for eating disorders¹³ or have the necessary skills to detect them. Ogg and colleagues¹⁴ conducted a study to see if patients with eating disorders consult general practitioners more frequently than controls. The eating disorder patients consulted more frequently than the controls, and they presented to the general practitioners with a

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variety of symptoms, including psychological, gastrointestinal, and gynecological complaints. Of relevance to the present study is that the symptoms were not recognized by the general practitioners as being part of an eating disorder.

The Ontario Ministry of Health and Long-Term Care funded the Ontario Community Outreach Training Program for Eating Disorders in 1994 to increase involvement of the existing health care system in the provision of specialized services to people with eating disorders. The province of Ontario has a population of approximately 12 million people, covers a geographical span that is similar to the size of Spain and France combined, and is part of a national publicly funded universal health care system. One-time funding for the Outreach training initiative was renewed each year over a 10-year period, in the amount of CDN \$133,000/year (equivalent to US\$100,000/year). The Outreach Program funded this community-based training and consultation through a coordinated body including salaried staff (G.M., R.D., M.H.) (e.g., 1.6 FTE to carry out the community-based training, program evaluation, and administrative duties), a steering committee comprised of the eating disorder program directors from both the University Health Network-Toronto General Hospital (TGH) (A.S.K.) and The Hospital for Sick Children (HSC) (D.K.K., L.P., R.G.), and a government representative from the Ontario Ministry of Health and Long-Term Care (G.F.), as well as an outreach office, and a 1-800 telephone number. The training was based on an evidence-based model of care carried out at both TGH and HSC. In addition, knowledge generated from new research projects was shared on an ongoing basis with workshop participants. This allowed information about current practices in the treatment and prevention of eating disorders to be shared in a timely fashion. Training occurred both centrally, where the practitioners came to the hospitals, and locally, whereby hospital staff traveled to the regions, including remote areas (e.g., Northern region, aboriginal communities, etc).

The objectives of the training program were to increase community-based practitioners' knowledge and level of comfort to treat clients with eating disorders, and to foster linkages among those practitioners within and across the regions of the province. This was done with the longer-term goal of promoting the public's access to timely and appropriate care for the full spectrum of eating disorders across the lifespan. Similar training initiatives have been reported elsewhere in the areas of prevention of eating disorders,^{15,16}

and in the treatment of other psychiatric disorders.¹⁷⁻²³ This is the first paper to report on the establishment of a coordinated provincial network of specialized treatment and prevention services following an intense period of community-based outreach training.

Method

Participants

Between 1995 and 2002, more than 4,000 health care practitioners and educators in Ontario received training on how to conduct a comprehensive assessment, make early identification, and initiate psychoeducation programs to help clients with issues related to motivation and readiness to change (see Table 1 for a description of the types of professionals who attended the training workshops). A subset of those health practitioners working in community-based hospital settings ($n = 36$) received on-site specialized training on how to operate an intensive treatment program modeled after the eating disorder programs at both TGH (adult services) and HSC (child and adolescent services).

Procedure

The provincial training program was first launched by hosting a conference whereby professionals from various hospital, community-based agencies, and public health and school boards from across the province traveled to Toronto to receive training in the assessment and treatment of eating disorders, and received a free copy of a newly-developed psychoeducation program (described in the next section). Health care practitioners were

TABLE 1. Frequencies of participants, according to professional affiliation, who attended community-based training ($n = 3315$)*

Professional affiliation	<i>n</i>	Frequency (%)
Educator		
Guidance Counselor	161	4.8
Nurse	322	9.7
Teacher	483	14.6
Other	607	18.3
Health care practitioner		
Dietitian	251	7.6
Family physician	94	2.8
Occupational therapist	20	0.6
Nurse	213	6.4
Paediatrician	15	0.5
Psychiatrist	9	0.3
Psychologist	111	3.3
Social worker	540	16.3
Other (e.g., child youth worker)	370	11.2
Not reported	119	3.6

*This does include the subset of participants who took part in the 4-day training on intensive treatment carried out in the hospital setting (TGH and HSC).

made aware of the services offered by the provincial training program during this launching period as well as through the distribution of a brochure. The training was offered to health care practitioners working within non-fee-for-service programs, and who had existing professional training in counseling (e.g., social work, psychology, occupational therapy, psychiatry, adolescent medicine, general medicine). As mentioned previously, the topics of training were selected based on best practices drawn from research carried out by experts in the field of eating disorders, including researchers from the two teaching hospitals in Toronto (TGH and HSC). Local research projects were conducted separately from the training program. The following section provides a more detailed description of the training model. In addition, Table 2 outlines the number of participants who attended each of the different training topics offered by the Outreach Program and the number of hours spent in training.

Training Model

(A) Comprehensive assessment and introduction to treatment. At first point of contact, practitioners were offered an overview of eating disorders, including diagnostic criteria, risk factors, comprehensive assessment strategies and a description of the step-care inter-disciplinary treatment approach carried out at the TGH and HSC sites (Outpatient, Day Treatment, and Inpatient Care). Guidelines were also shared.¹

An educational video entitled *Turning Points*, which included a series of client videos, a practitioner guide, and client manuals, was distributed free of cost to the trained practitioners.²⁴ The tool was intended to assist practitioners with the delivery of a group-based psychoeducation program, designed to enhance client motivation to seek treatment for their eating disorder. A manualized psychoeducation program for youth and families, entitled *Why Weight?*²⁵ was later developed and distributed to community-based practitioners working within pediatric settings. Psychoeducation is the process of giving information about the nature of a disorder for the purposes of fostering attitudinal change in the recipient.^{26,27} Group psychoeducation has been shown to be effective in reducing eating disorder and depressive symptoms in clients with eating disorders.²⁸ The workshops were hosted in partnership with local community

agencies. Staff from the Outreach Program in collaboration with the host agency organized the advertising and setting up of the workshops. A small group of workshop facilitators, who were on salary with the Outreach Program (G.M., R.D., M.H.), traveled to each individual community, and met with 60–80 local health care practitioners at a time.

(B) Enhanced Outpatient Treatment. As a follow-up to the training on assessment strategies and general treatment protocol, including the psychoeducation model, health care practitioners were offered ongoing community-based training and consultation on specialized topics including medical complications and management, specialized nutritional counselling, family work, cognitive-behavioral strategies, interpersonal therapy, body image, motivation and readiness to change, and program evaluation.^{29,30} These training topics were offered by staff working within the eating disorder programs at both TGH and HSC. Manualized programs were developed and distributed to members of the provincial network.^{31,32}

(C) Day Treatment and Inpatient Care. Training on intensive treatments was offered to select multidisciplinary teams of practitioners working within community-based hospital settings ($n = 36$). That training was routed in the day and inpatient treatment models carried out by the Eating Disorder Teams at TGH^{33,34} and HSC^{35–37} and took place across a 4-day period. The goal of that training was to expand the availability of specialized intensive treatment in various regions of the province to reduce the travel time, work, and school disruption for those clients requiring tertiary-care services. The intensive training was carried out by staff working within the eating disorder programs at both the TGH and HSC, led by the directors of each of these programs (A.S.K., D.K.K., R.G., L.P.).

(D) Prevention. Up-to-date risk and prevention research conducted by McVey and colleagues was translated to relevant stakeholders in education, health, and sport.^{6,38–41} Workshops were conducted with school boards and public health departments across the province and served to (a) offer very practical strategies to educators on ways to promote positive body image in a classroom setting, using a manualized program,⁴² (b) alert participants to

TABLE 2. Description of training topics, length of training and number of participants who attended each topic ($n = 3315$)

Training topic	Length of training	n	Frequency (%)
Prevention (promoting positive body image)	3 hours	931	28.1
Assessment and introduction to treatment (including psychoeducation)	3 hours	770	23.2
Prevention and introduction to treatment	6 hours	917	27.7
Specialized outpatient training topic (e.g., specialized nutritional counseling, body image, family work, medical complications)	3–6 hours	697	21.0

the contextual factors on the development of body image concerns (e.g., language, curriculum, values, and beliefs of the adult role models working with youth, peer, and family influences and societal pressures, and (c) highlight means by which school support staff and public health staff could identify students "at risk" and become familiar with the referral process to specialized eating disorder services in the community. Efforts were made to integrate the prevention curriculum into the Ontario Ministry of Education's curriculum expectations to facilitate its use by teachers. In response to ongoing research conducted by McVey and colleagues, stakeholders in education and public health were offered training on school-based peer support groups^{40,41} and school-wide strategies designed to improve the overall school climate (e.g., involvement of male and female students, sensitivity training for teachers and parents, newsletters, public service announcements, posters) (McVey, Tweed, & Blackmore, manuscript in preparation). A national study is currently underway by McVey and colleagues to determine if a newly-developed online training and curriculum program (*The Student Body: Promoting Health At Any Size*) increases the uptake of best practices by teachers and public health professionals.

Results

A self-report measure was developed by the second author (R.D.) for the purpose of evaluating the effectiveness of the community-based training workshops. The measure asked workshop participants' to rate: (a) their perceived level of knowledge about eating disorders and body image issues, and (b) their level of comfort to treat clients with eating disorders and to teach a curriculum on body image. Participants responded to the statements using a 4-point Likert scale where 1 = excellent, 2 = good, 3 = fair and 4 = poor. The measure included additional items soliciting information about whether or not they felt there were adequate linkages and treatment resources within their communities, using a *yes* or *no* response format. Chi-square analyses were performed to compare the prevalence of ratings of perceived knowledge about eating disorders and body image and skill level to conduct the psychoeducation program across two time periods (before and after participation in the training workshop). Data was available on 3,315 of the participants.

Upon completion of the training, participants reported a statistically significant increase on the following dimensions: perceived knowledge about eating disorders ($\chi^2(9, n = 3,155) = 1,726.2, P < .0001$;

Time 1 $X = 2.45$, $SD = 0.7$; Time 2 $X = 2.00$, $SD = 0.6$, $P = .000$) and body image issues ($\chi^2(9, n = 3,098) = 1,625.7, P < .0001$; Time 1 $X = 2.36$, $SD = 0.7$; Time 2 $X = 1.97$, $SD = 0.6, P = .001$), confidence in treating clients with eating disorders ($\chi^2(9, n = 2,683) = 2,099.7, P < .0001$; Time 1 $X = 3.27$, $SD = 1.0$; Time 2 $X = 2.82$, $SD = 1.1, P = .000$), and confidence in teaching a curriculum on body image and self-esteem ($\chi^2(9, n = 2,767) = 1,882.6, P < .0001$; Time 1 $X = 2.96$, $SD = 1.0$; Time 2 $X = 2.43$, $SD = 0.9, P = .000$). More than half of the participants reported that they believed that the training workshops would lead to improved linkages among health care practitioners caring for people with eating disorders (65%), and that the workshops would improve or increase the treatment resources within their respective communities (64%).

Discussion

The community-based training program was led by an interdisciplinary team of health care practitioners within the eating disorder programs at TGH and HSC. In June 2000, the Ministry of Health granted additional annualized funding in the amount of CDN \$7 million to enhance existing specialized eating disorder treatment services, leading to the establishment of a provincial network of specialized eating disorder service providers. Its creation was largely influenced by the collaborative efforts of professionals from various disciplines and levels of organization (government, hospitals, universities, community agencies, public health departments, school boards) and the identification of key stakeholders who demonstrated a strong commitment to the building process. To date, training in program evaluation and the roll-out of standardized evaluation tools (structured clinical interview and self-report) have been implemented across the newly developed eating disorder programs. A future goal of the Ontario Community Outreach Program is to compile the data from across the provincial network to determine whether or not the expansion of specialized eating disorder services (and better access to services) has helped to influence the health of clients with eating disorders. It is expected that the outcome-based data derived from those continued research activities will also help to build a case for ongoing funding and expansion of the specialized treatment services.

There are limitations to this project that should be noted. The effectiveness of the training was assessed

based on the participants' perceived level of knowledge and skills in the area of eating disorders. Future research should focus on whether or not the increased self-perceived knowledge and confidence in managing eating disorders lead to improvement in assessment and treatment skills on the part of the workshop participants. Moreover, treatment fidelity could be evaluated to ensure that the trained practitioners carried out the various assessment and treatment protocol as intended. Finally, clients receiving treatment for their eating disorder from newly trained practitioners could have been compared with those receiving treatment within a routine mental health care setting where specialized training was not received by the Outreach Program.

Despite these limitations, the provincial training program provided important mechanism for supporting both system change and service delivery within Ontario.

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