THE EATING WELLNESS WORKSHOP: A STUDY OF PARTICIPANTS' PERCEPTIONS OF EFFECTIVENESS

by

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ABSTRACT

The purpose of this project was to determine whether or not patients participating in an Eating Wellness workshop perceived the workshop to be effective. Data from a researcher-designed evaluation form were analyzed from evaluations collected over a two and one-half year period of time from 125 workshop participants. The analysis of the data indicated a high level of perceived effectiveness of the workshop in general as well as high levels of perceived effectiveness of specific workshop components. Conclusions regarding the usefulness of the workshop to professionals in the field of eating disorders are presented as well as recommendations to the facility administration regarding workshop availability and possible improvements.
# TABLE OF CONTENTS

Chapter

1. **THE PROBLEM** ................................................................. 1
   
   Introduction ................................................................. 1
   
   Background of the Study ................................................ 1
   
   Purpose of the Study ..................................................... 3
   
   Research Question ....................................................... 3
   
   Theoretical Basis for the Study ........................................ 3
   
   Significance of the Study ............................................... 4
   
   Definition of Terms ..................................................... 4
   
   Assumptions and Limitations .......................................... 5
   
   Organization of the Remainder of the Study ....................... 6

2. **THE LITERATURE REVIEW** ............................................... 7
   
   Introduction ............................................................. 7
   
   Diagnostic Criteria for Eating Disorders .......................... 7
   
   Anorexia Nervosa ....................................................... 7
   
   Bulimia Nervosa ......................................................... 8
   
   Eating Disorder Not Otherwise Specified .......................... 8
   
   Eating Disorder Thinking and Behaviors ........................... 8
   
   Codependence ............................................................ 11
   
   The Eating Wellness Workshop ....................................... 13
   
   Summary ................................................................. 16
LIST OF TABLES

Table 1: Percentage and Frequency of Response .......................... 21

Table 2: Combined Percentage of Response ................................. 22
CHAPTER 1
THE PROBLEM

Introduction

This study was undertaken to analyze evaluations collected over a two and one-half year period of time from inpatients and outside participants of an Eating Wellness workshop offered at an internationally known treatment facility for dual diagnoses in the Southwest United States. It is anticipated that the data will provide information to the facility's administration regarding the participants' perceived effectiveness of the workshop and can be used to identify possible areas for improvement in the workshop. The workshop is designed to provide an intensive psychoeducational and therapeutic experience for those reporting moderate to severe eating disorder thinking and behaviors as well as those with an active or prior diagnosis of an eating disorder. The workshop contents are both psychoeducational as well as experiential and are offered to adult males and females as inpatients or outside participants. Eligibility for the workshop does not include a current or prior diagnosis of an eating disorder.

Background of the Study

The treatment facility provides services to clients with different types of addictions and psychiatric disorders utilizing group therapy, family therapy, workshops, medical assessment and support and psychoeducation. Inpatient treatment is planned by a multidisciplinary treatment team which may include the dietitian, psychiatrist, primary counselor, family counselor, clinical director, nursing director, utilization review director and spiritual services director. The Eating Wellness workshop is part of the treatment program for patients assessed by the team as needing intensive care for eating disorder thinking and behaviors.
In September 1992, the administration of the facility requested that the researcher create a workshop to address the behaviors and thinking of eating disorder patients treated at the facility. The workshop is currently utilized at the facility and has been active for approximately two and one-half years. Approximately 10% of the facility's patients participate in the workshop each year. The participants of the workshop are both male and female, 18 years of age and over, include outside participants who are not patients of the residential facility and may or may not have a diagnosis of an eating disorder but report eating disorder thinking and behaviors. Since the inception of the workshop, it appears to the workshop staff that the majority of the participants have acknowledged positive effects at the end of the workshop.

An evaluation form for the workshop was formulated by the creator of the workshop, and completed evaluations have been collected during the past 2 1/2 years. During this period of time the evaluations were reviewed by the workshop facilitators without formal statistical analysis. According to the typical workshop participants' verbal reports to the workshop facilitators and facility administration, the Eating Wellness workshop seems to be a positive experience which enhances an understanding of eating disorder thinking and behaviors and provides practical tools for recovery. A more formal analysis of the workshop evaluations may provide more conclusive information regarding workshop effectiveness and feedback about specific program components.

The workshop was formulated to meet the needs of both inpatients and outside participants. The inpatients were assigned to the workshop as a part of their treatment process through a multidisciplinary treatment team. However, these inpatients did not necessarily meet the diagnostic criteria for an eating disorder diagnosis. Similarly, the outside participants of the workshop did not necessarily meet the diagnostic criteria for an eating disorder diagnosis at the time of the workshop or prior to the workshop.
Purpose of the Study

The purpose of this study is to assess the perceived effectiveness of an Eating Wellness workshop offered at an internationally known treatment facility for dual diagnoses.

Research Question

What are the perceptions of the participants in the Eating Wellness workshop regarding program effectiveness? What changes, if any, are necessary to improve the participants' perceptions of effectiveness?

Theoretical Basis for the Study

The analysis of the collected evaluation data will provide the administration of the facility with information on the perceived effectiveness of the workshop which in turn could be used for decision making purposes. The theoretical basis for the content of the workshop is the body of work regarding codependence. One of the nationally recognized authorities on the subject of codependence, Pia Mellody, is a former employee of the facility who currently acts as consultant to the facility. She regards codependence as a pathological process which contributes to the development of a number of psychiatric disorders including eating disorders (Mellody, Miller, & Miller, 1989). The workshop provides psychoeducation, counseling and therapeutic interventions utilizing her model of codependence development.

The workshop assists the participants in delineating their own patterns of addiction regarding eating disorder thinking and behaviors, provides participants the opportunity to understand the value of recognizing their addictive thinking and behavior as it relates to the primary and secondary symptoms of codependence, assists participants in understanding ego state functioning as it relates to codependence and provides experiential work as tools to begin to directly resolve the primary symptoms of codependence. The inpatients continue to utilize the education and tools from the
workshop for the remainder of their stay at the facility and are encouraged to continue to utilize these tools after discharge from the facility for aftercare and continuing recovery. The outside participants are also urged to continue to utilize the tools from the workshop and are urged to continue to utilize the resources at the facility and are given resource information in their local area.

Significance of the Study

Data regarding the participants' perceptions of workshop effectiveness will provide the employer with the information necessary to determine the need for changes to the workshop regarding methods, goals and objectives, and content. Further, the data will provide the employer with information regarding participants' needs and wants which may be useful for marketing purposes.

The study is pertinent to the field of eating disorders in that this workshop seeks to provide a short-term approach of delivering education, therapy and relapse prevention to those reporting moderate to severe negative life consequences due to eating disorder thinking and behaviors. The workshop methods can serve as either an adjunct to current therapy or as a part of inpatient treatment as it is offered on both an inpatient and an outside participant basis. The emphasis in this country on dieting, thinness and body image in which the annual expenditure on weight loss alone will be approximately seventy-seven billion dollars suggests that it is worthy to attempt to formulate more useable and effective methods to those who need and want help (Rodin, 1992).

Definition of Terms

Amenorrhea: Abnormal stoppage or absence of the menstrual flow (Rothenberg & Chapman, 1989).

Anorexia nervosa: "The essential features of Anorexia Nervosa are that the individual refuses to maintain a minimally normal body weight, is intensely afraid of gaining weight, and exhibits a significant disturbance in the perception of the shape or size of his
or her body. In addition, postmenarcheal females with this disorder are amenorrheic. (The term anorexia is a misnomer because loss of appetite is rare.)" (American Psychiatric Association, 1994, p.539).

**Bulimia nervosa:**"Bulimia Nervosa is characterized by repeated episodes of binge eating followed by inappropriate compensatory behaviors such as self-induced vomiting; misuse of laxatives, diuretics, or other medications; fasting; or excessive exercise" (American Psychiatric Association, p.539).

Note: "A disturbance in perception of body shape and weight is an essential feature of both Anorexia Nervosa and Bulimia Nervosa" (American Psychiatric Association, p.539).


**Body image:** the perception of one's own body as it relates to one's self-concept (Rodin, 1992).

**Codependence:** the psychological dynamic underlying an array of addictive behaviors (Loughead, 1991).

**Postmenarchal:** after the onset of first menstruation (Rothenberg & Chapman, 1989).

Assumptions and Limitations

Even though all participants did not choose to complete the evaluation form, it is assumed that the data collected is representative of all participants in the workshop since approximately 95% of all participants responded. In addition, participant responses to the evaluations are assumed to be honest responses. A limitation of the study is that an authority whose work partially provides the theoretical basis for the workshop is a former employee of the facility and is currently an active consultant to the facility. Another limitation is that the researcher is currently an employee of the center and also facilitates the workshop being evaluated in this study. Finally, the study is not meant to address any
other aspects of inpatient treatment for those participants. The study only addresses short
term client perceptions and does not address long term behavior changes.

Organization of the Remainder of the Study

The remainder of the study consists of chapters 2 through 5. Chapter 2 contains the
literature review and includes a description of diagnostic criteria for eating disorders, an
examination of eating disorder thinking and behaviors, a review of the theory of
codependence and a description of the Eating Wellness workshop on which the
evaluations are based. Chapter 3 describes the methodology used in the study. The
presentation and analysis of the data is continued in Chapter 4. Finally, Chapter 5
provides an overview of the study along with conclusions and recommendations based on
the analysis of the workshop evaluations.
CHAPTER 2
LITERATURE REVIEW

Introduction

The content of the Eating Wellness workshop is focused on understanding and working with the relationship between eating disorder thinking and behaviors and codependence. The workshop was developed by this researcher to meet the needs of both the inpatient population of the facility and outside participants of the workshop who are not in residence at the facility during the workshop. This review is intended to provide an overview of the conceptual framework for the workshop and to describe specific treatment issues addressed in the workshop.

The first section of the review describes the range of eating disorder thinking and behaviors and eating disorder diagnostic criteria. The next section discusses the general concept of codependence as well as the relationship between codependence and eating disorder thinking and behaviors. The last section of the review describes the content of the workshop and how the workshop components utilize codependence theory to facilitate the patients' process of addressing their eating disorder thinking and behaviors.

Diagnostic Criteria for Eating Disorders

The DSM-IV classifications for eating disorders are anorexia nervosa, bulimia nervosa, and eating disorder not otherwise specified. The following is a summary of those diagnostic criteria:

Anorexia Nervosa

A. Refusal to maintain body weight at or above a minimally normal weight for age and height.

B. Intense fear of gaining weight or becoming fat, even though underweight.
C. Disturbance in the way in which one's body weight or shape is experienced.

D. Amenorrhea in postmenarchal females (DSM-IV, 1994).

**Bulimia Nervosa**

A. Recurrent episodes of binge eating with a sense of lack of control over eating.

B. Recurrent inappropriate compensatory behavior in order to prevent weight gain. Compensatory behaviors are identified as self-induced vomiting, misuse of laxatives, diuretics, enemas, or other medications, fasting, or excessive exercise.

C. The binge eating and compensatory behaviors both occur, on average, at least twice a week for 3 months.

D. Self-evaluation is unduly influenced by body shape and weight (DSM-IV, 1994).

**Eating Disorder Not Otherwise Specified**

This category contains variations of the Anorexia Nervosa and Bulimia Nervosa categories with one addition identified as binge-eating disorder. Binge-eating disorder is characterized by recurrent episodes of binge eating in the absence of the regular use of inappropriate compensatory behaviors characteristic of Bulimia Nervosa (DSM-IV, 1994).

A copy of the entire diagnostic criteria for eating disorders from the DSM-IV appears in Appendix B.

**Eating Disorder Thinking and Behaviors**

Since not all workshop participants display behaviors which would produce the diagnosis of an eating disorder, it is necessary to provide a list of eating disorder thinking and behaviors that can create significant levels of medical and psychological stress. All workshop participants, whether inpatient or outside participants, report significant participation in this thinking and behavior with corresponding negative life consequences and life unmanageability. The following list is taken from the Eating
Disorder Examination (Fairburn & Wilson, 1993) and is not meant to be a complete and exhaustive list of all eating disorder thinking and behaviors:

1. Consciously trying to restrict what you eat (to influence shape or weight)
2. Avoidance of eating (to influence shape and weight)
3. Wanting stomach to be empty (to influence shape and weight)
4. Food avoidance--avoid eating foods you like (to influence shape and weight)
5. Dietary rules--tried to follow certain definite rules regarding eating; awareness of breaking a dietary rule you have set for yourself
6. Preoccupation with food, eating, or calories--spending much time between meals thinking about food, eating, or calories; thinking about food, eating, or calories interfering with ability to concentrate (intrusive thoughts about food, eating, or calories)
7. Fear of losing control over eating
8. Bulimic episodes and other episodes of overeating
9. Social eating--concern about other people seeing you eat; avoiding such occasions
10. Eating in secret
11. Guilt about eating--feeling guilty after eating; feeling you have done something wrong
12. Self-induced vomiting--made self sick as a means of controlling shape or weight
13. Laxative misuse--taking laxatives as a means of controlling shape or weight
14. Diuretic misuse--taking diuretics as a means of controlling shape or weight
15. Intense exercising to control shape or weight--exercising as a means of controlling weight, altering shape or amount of fat, or burning off calories
16. Dissatisfaction with weight
17. Desire to lose weight
18. Reaction to prescribed weighing
19. Dissatisfaction with shape
20. Preoccupation with shape or weight--spending much time thinking about shape or weight; thinking about shape or weight interfering with ability to concentrate (intrusive thoughts)

21. Importance of shape--shape as important in influencing how one feels about (judge, think, evaluate) self as a person

22. Importance of weight--weight as important in influencing how one feels about (judge, think, evaluate) self as a person

23. Fear of weight gain--or becoming fat

24. Discomfort seeing body--feeling uncomfortable about others seeing your body; uncomfortable with partner or friends seeing your body; avoiding such situations

26. Feeling fat

27. Desire to have a flat stomach

28. Maintained low weight--trying to lose weight; trying to make sure you do not gain weight

29. Menstruation--missing menstrual periods

Both the diagnostic criteria for eating disorders and the list of eating disorder thinking and behaviors indicate the general categories of food, weight and body image that eating disorder thinking and behavior encompass. Eating disorder literature repeatedly addresses these general categories (Andersen, 1990; Brownell and Foreyt, 1986; Bruch, 1973; Cattarin and Thompson, 1994; Reiff & Reiff, 1992; Rodin, 1992; Vogel and Andersen, 1994).

In the researcher's experience of treating workshop participants there is no "typical" clinical presentation of eating disorders. For example, some workshop participants may be displaying many of the eating disorder thinking and behaviors as stated in the Eating Disorder Examination (Fairburn & Wilson, 1993). Other participants may have an eating disorder as described in the diagnostic criteria of the DSM-IV (American Psychiatric
Association, 1994) while other participants may report having anorexic thinking and behaviors in the past with current bulimic behaviors.

Codependence

The model of codependence utilized in the Eating Wellness workshop is based on the work of Pia Mellody who is a nationally recognized authority in the field of codependence. In her book, *Facing Codependence*, she states that

one of the purposes of this book is to describe what the symptoms are, where they come from, and how they sabotage our lives, so that you can learn to recognize codependence operating in your own life. . . . Much has been written about codependence in recent years, and many symptoms and characteristics have been described. My own work tells me that five symptoms form the core of the disease. Organizing the discussion of codependence around these five symptoms seems to make it easier to grasp how the disease operates. Codependents have difficulty

1. Experiencing appropriate levels of self-esteem
2. Setting functional boundaries
3. Owning and expressing their own reality
4. Taking care of their adult needs and wants
5. Experiencing and expressing their reality moderately. (Mellody, Miller & Miller, 1989, pp.3-4)

She also delineates the two fronts of codependence as it is acted out in a person's life,

. . . Two key areas of a person's life reflect codependence: the relationship with the self and relationships with others. The relationship with one's self, I believe, is the most important, because when people have a respectful, affirming relationship with themselves, relationships with others automatically become less dysfunctional and more respectful and affirming. (Mellody, Miller & Miller, 1989, p.3)

Anne Wilson Schaef (1986), also a recognized authority in the field of codependence, states a similar view, " . . . I am postulating a basic, 'generic' disease that I call
the addictive process. I believe that co-dependence, alcoholism, eating disorders, obsessive-compulsive personalities, and certain psychoses are all outgrowths of this basic
disease process" (pp.1-2). She elaborates this view with this explanation,

Currently, we are beginning to recognize that co-dependence is a disease in its own right. It fits the disease concept in that it has an onset (a point at which the person's life is just not working, usually as a result of an addiction), a definable course (the person continues to deteriorate mentally, physically, psychologically, and spiritually), and, untreated, has a predictable outcome (death). (Schaef, 1986, p.6)

Another well known authority on codependence, Melodie Beattie (1987), descriptively characterizes codependence in this way,

But, the heart of the definition and recovery lies not in the other person--no matter how much we believe it does. It lies in ourselves, in the ways we have let other people's behavior affect us and in the ways we try to affect them: the obsessing, the controlling, the obsessive "helping," caretaking, low self-worth bordering on self-hatred, self-repression, abundance of anger and guilt, peculiar dependency on peculiar people, attraction to and tolerance for the bizarre, other-centeredness that results in abandonment of self, communication problems, intimacy problems, and an ongoing whirlwind trip through the five-stage grief process. (p. 32)

Although little has been written to specifically discuss codependence and eating disorders, Teri Loughead (1991) states the following: "This article examines the biochemical and psychosocial commonalities of dependence disorders and concludes that similar addictive processes appear to be the foundation of a variety of addictive behaviors. Codependence is suggested as the underlying psychological dynamic pervasive in a host of addictive disorders" (p.455). She goes on to address eating disorders and makes the observation, "A person who is addicted to a substance or a behavior is reliant on the process to relieve psychic or social pain" (Loughead, 1991, p.458). In the book, Surviving an Eating Disorder, the authors also alluded to addressing the underlying disease, "... The overt symptoms are just the tip of the iceberg. Beneath the surface lies a much larger piece of the picture... Both the visible and invisible parts need to be acknowledged in order to understand the disorders of bulimia, anorexia and compulsive overeating" (Siegel, Brisman, & Weinshel, 1988, pp.52-53).
No matter which authority defines codependence, it appears that codependent characteristics as delineated by those authorities (Beattie, 1987; Cermak, 1991; Schaef, 1986) fall consistently into the five core symptoms of adult codependence as posited by Pia Mellody (Mellody, Miller & Miller, 1989). Similarly, authorities in the field of eating disorders addressing the symptoms of eating disorders and eating disorder thinking and behaviors are descriptive of the five core symptoms of codependence (Brownell and Foreyt, 1986; Bruch, 1973; Fairburn and Wilson, 1993; Hollis, 1985; Reiff and Reiff, 1992; Roth, 1991).

The workshop was developed within the conceptual framework described above and based on a belief that is well stated by Teri Loughead (1991), "The difference between addictive behavior and codependent compulsive behavior seems to be only a matter of degree, and not a difference in the dynamics that underlie the disorder" (p.463). Therefore, psychoeducation regarding codependence and eating disorder thinking behavior as related to codependence is the main component of the workshop.

**The Eating Wellness Workshop**

The Eating Wellness workshop is a five day intensive workshop including psychoeducation about eating disorders and codependence, education and processing about the cultural component of eating disorders, experiential work and relapse prevention education. The groups consist of up to eight adults, male and female (although some of the groups have consisted of females or males only), inpatients and outside participants (although some of the groups have consisted of inpatients only), some participants have a current diagnosis of an eating disorder, some participants have had prior diagnoses of an eating disorder but not a current diagnosis of an eating disorder, all participants report eating disorder thinking and behaviors. The outside participants are contacted by the staff dietitian prior to arrival and receive an individualized food plan on the first day of the workshop. The inpatient participants have received their
individualized food plans from the staff dietitian prior to the workshop. The workshop groups eat three meals together during each day of the workshop. However, the outside participants are encouraged but not required to eat their meals with their workshop group on the grounds of the facility. The outside participants leave the grounds for the night and return to the facility grounds for the next day beginning with breakfast with their workshop group. Each workshop participant is encouraged to write in a food journal after each meal. The length of the workshop each of the five days usually ranges from five to six hours per day depending on the size of the group and time needed to complete the experiential work.

Day one of the workshop begins with an orientation to the grounds of the facility, facility and workshop rules, workshop agenda, staff and workshop participant introductions and an introduction and explanation of the individualized food plans. The staff dietitian's explanation of the food plan includes a lecture regarding nutritional set-point theory of weight as described by Remington, Fisher, & Parent, (1986). The orientation is completed by a question and answer period in which the workshop participants are encouraged to actively question anything they do not understand during the entire workshop.

Workshop activities begin with a video presentation depicting the addictive cycle of an eating disorder followed by a staff lecture regarding the addictive cycle. The workshop participants then identify their own addictive eating disorder patterns of thinking and behaviors, present the information in group process and receive feedback and support from the other participants and workshop facilitator.

The second day of the workshop begins with an extensive lecture regarding the overview of codependence (Mellody, Miller & Miller, 1989) , the theory of child and adult ego states and how this information is related to eating disorder thinking and behaviors (Mellody, Miller & Miller, 1989). This lecture is followed with experiential
work to image an inner child symbolic of the child ego state. The second day is completed with an assignment to the workshop participants to communicate in writing with their inner child.

Day three of the workshop includes experiential work in which the workshop participants re-parent, through cognitive reframing, the inner child from the adult state. This work is meant to give the workshop participant an experience of acknowledging the inner child and differentiating the adult state from the child state in thinking and behaving. Through this work, the participants directly address their dysfunctional eating thinking and behaviors and begin to verbalize commitment to self-care behaviors.

Day four of the workshop begins with a video presentation which explores the cultural component of eating disorders. Through a group process, the workshop participants share their thinking and feelings regarding the cultural aspect of eating disorders and receive feedback from their group members and from the facilitator. Next, each participant shares both a body tracing and a drawing of the perception of their own bodies. This work is also presented in the group with each participant sharing their thinking and feeling reality and receiving feedback from their group members and the facilitator. A final piece of experiential work is facilitated in which participants utilize a full length mirror to explore their thinking and feeling reality regarding their bodies. Upon conclusion of this work, participants are given the opportunity to share their feelings but do not receive feedback unless they specifically request it.

The final day of the workshop concentrates on relapse prevention. Each participant completes their own relapse prevention plan with assistance from the staff facilitator. After this work is completed, the workshop participants engage in a closure procedure in which thoughts and feelings regarding the week are shared and special medallions are given out by the facilitator. The staff dietitian is available to the participants to answer specific questions regarding nutrition and to modify food plans if needed.
All workshop participants are encouraged to avail themselves of psychotherapy and dietetic therapy in their own city and are provided with names of those resources or are referred back to their own therapists or other referral sources. Also, all participants are invited and encouraged to call any of the staff of the facility for support or information upon their return to their homes. This provides the participants a connection to access upon their return home but before a support group in their particular area is located. In this way a part of aftercare and relapse prevention is addressed as both a facility and participant responsibility.

Summary

The contents of the literature review included a summary of the diagnostic criteria of eating disorders from the DSM-IV (DSM-IV, 1994), a list of eating disorder thinking and behaviors from the Eating Disorder Examination (Fairburn & Wilson, 1993), a discussion of codependence and the description of the Eating Wellness Workshop. The eating disorder diagnostic criteria and the list of eating disorder thinking and behaviors establishes the range of eating disorder issues indicative of the workshop participants. The underlying issues of codependence exhibited by the workshop participants and the connection to eating disorder thinking and behaviors are explored in the discussion of codependence. Finally, the description of the workshop describes the methods utilized in the workshop to address both the eating disorder thinking and behaviors and the underlying issues of codependence.
CHAPTER 3
METHODOLOGY

Introduction

The purpose of this study was to determine whether or not the participants of an eating wellness workshop at an internationally known treatment facility perceive the workshop to be effective. Participant evaluations addressing components of the workshop were gathered for a two and one-half year period with no formal analysis of the data from the evaluations. Formal analysis of the existing evaluations gathered from workshop participants is utilized for the purpose of this study to assist in the determination of perceived effectiveness.

Identification of Research Methodology

The methodology used in this study is descriptive. The characteristics of the descriptive design

may include (1) collection of facts that describe existing phenomena; (2) identification of problems or justification of current conditions and practice; (3) project or product evaluation; or (4) comparison of experience between groups with similar problems to assist in future planning and decision making. (Merriam & Simpson, 1995, p. 61)

The advantages of the descriptive method to this study include the analysis of previously collected data from the workshop, the ability to study perceptions of effectiveness immediately after workshop completion and the exploration of perceptions of various aspects of the workshop through study of specific questions in the evaluation.

The researcher is attempting to explain already existing phenomena or perceptions after the fact of the workshop participation. Further, the researcher intends to utilize the
outcome of this research to attempt some evaluation of the workshop based on the existing data.

**Description of the Methodology**

Researcher designed evaluations were utilized after workshop completion to gather data regarding participants' perceptions. A copy of the evaluation form can be found in Appendix A. Due to the facility policy regarding confidentiality and anonymity, no demographic data about the workshop participants was collected. The evaluations were included in a packet of workshop material with completion instructions given at the conclusion of the workshop. The participants were asked to complete the evaluation form and were not asked to identify themselves in any manner on the evaluation form. The purpose of the evaluation was to collect information on the participants' perceptions of workshop effectiveness.

**Sample**

The source of the data are adult male and female workshop participants who were asked to complete the evaluations anonymously and to return them to the workshop facilitator or the facility treatment office. The completion of the evaluations was voluntary and although anonymity was stressed, some chose to identify themselves by writing names on the completed evaluation. The total number examined was 125 and constituted approximately 95% of all workshop participants.

**Instrumentation**

The researcher designed evaluation form was designed to assess workshop participants' perceptions about various aspects of the workshop. A Likert scale was used in which individuals were asked to choose a numerical value of 1 (disagree) to 5 (agree). The evaluation form was anonymous in that names were not requested anywhere on the form. The form contained 10 questions and concluded with a section for open-ended comments regarding any of the 10 questions on the evaluation or any comments about
areas not covered on the evaluation form. The researcher believes the evaluation to have a high degree of face validity as the evaluation was formulated to measure perceptions of effectiveness only. The questions formulated by the researcher were designed to elicit honest responses from the workshop participants regarding education on eating disorder thinking and behavior, personal insight, workshop component helpfulness and counselor support. This assessment did not occur before data collection took place.

**Data Collection and Other Procedures**

The evaluation was contained in a packet that consisted of general information regarding the facility, policies and procedures, reference material and workshop information. Upon workshop completion the participants were asked by the workshop facilitator to complete the evaluations and to return them to either the facilitator or the facility treatment office. No other instructions were given. Evaluation completion was not a requirement of workshop completion and was entirely voluntary. The workshop staff estimates that over 95% of the workshop participants completed and returned the evaluations. The evaluations were collected after each workshop from January 1993 to July 1995.

The data was analyzed by computing a frequency count and corresponding percentage of response in each response category for all ten items on the evaluation form. In addition, means and standard deviations for all items were calculated and presented in Table 1 in Chapter 4. The researcher cited participants' comments as deemed representative and appropriate to the study.
CHAPTER 4

PRESENTATION AND ANALYSIS OF THE DATA

The presentation of the data in this chapter is organized in the order in which the questions appeared on the evaluation form. Frequency counts, percentage response, means and standard deviations are provided for all questions and appear in Table 1. The sample size was 125 and there were no missing responses for any item. Analysis of the data follows Table 1.

<table>
<thead>
<tr>
<th>Table 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage and Frequency (%) of Response</td>
</tr>
<tr>
<td>(disagree) 1</td>
</tr>
<tr>
<td>1. I gained insight into what an eating disorder is.</td>
</tr>
<tr>
<td>2. I gained insight into my own addictive cycle.</td>
</tr>
<tr>
<td>3. I learned new tools for my personal growth.</td>
</tr>
<tr>
<td>4. I developed new skills for dealing with my eating disorder.</td>
</tr>
<tr>
<td>5. Lectures were informative and helpful.</td>
</tr>
</tbody>
</table>
TABLE 1 (cont'd)

<table>
<thead>
<tr>
<th>Percentage and Frequency (%) of Response</th>
<th>Mean Response</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>(disagree) 1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Videos were informative and helpful.</td>
<td>2.4 (3)</td>
<td>4.8 (6)</td>
</tr>
<tr>
<td>7. Experiential work helped to increase my sense of self.</td>
<td>0</td>
<td>0.8 (1)</td>
</tr>
<tr>
<td>8. Experiential work helped to increase the belief in my ability to function as a responsible adult.</td>
<td>0</td>
<td>0.8 (1)</td>
</tr>
<tr>
<td>9. I accomplished my goals for the week.</td>
<td>0</td>
<td>0.8 (1)</td>
</tr>
<tr>
<td>10. The Eating Wellness counselors were supportive and facilitated my process well.</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

The range of the mean responses for all questions was 4.3 to 4.9 indicating that overall, the participants responded positively to the items on the evaluation. Item number 6: videos were informative and helpful received the lowest rating; 4.3, while item number 10: the Eating Wellness counselors were supportive and facilitated my process well received the highest rating; 4.9. It appears that the participants perceived the videos to be the least effective component of the workshop while the counselors who facilitated the workshop were perceived to be a particular strength.
Table 2 presents the overall level of agreement or disagreement with each item expressed as a percentage of response when response categories 1 and 2 and 4 and 5 are combined respectively.

<table>
<thead>
<tr>
<th>Question No.</th>
<th>% Disagree</th>
<th>% Neutral</th>
<th>% Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0.0</td>
<td>4.8</td>
<td>95.2</td>
</tr>
<tr>
<td>2</td>
<td>0.0</td>
<td>5.6</td>
<td>94.4</td>
</tr>
<tr>
<td>3</td>
<td>0.0</td>
<td>2.4</td>
<td>97.6</td>
</tr>
<tr>
<td>4</td>
<td>0.8</td>
<td>7.2</td>
<td>92.0</td>
</tr>
<tr>
<td>5</td>
<td>0.0</td>
<td>.8</td>
<td>99.2</td>
</tr>
<tr>
<td>6</td>
<td>7.2</td>
<td>10.4</td>
<td>82.4</td>
</tr>
<tr>
<td>7</td>
<td>0.8</td>
<td>1.6</td>
<td>97.6</td>
</tr>
<tr>
<td>8</td>
<td>0.8</td>
<td>4.8</td>
<td>94.4</td>
</tr>
<tr>
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<td>0.8</td>
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</tr>
<tr>
<td>10</td>
<td>0.0</td>
<td>0.0</td>
<td>100</td>
</tr>
</tbody>
</table>

With the exception of item 6, the percentage of positive responses to each of the other nine items was at least 92% when response categories 4 and 5 were combined. For item 6, the combined percentage response was 82.4.

The comment section at the end of the evaluation form allowed for open ended comments about any aspect of the workshop or any other general observation.
Approximately 25% of the evaluations contained written comments with 98% of those affirming the workshop facilitators and expressing gratitude for the workshop experience.
CHAPTER 5

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

The purpose of this project was to provide information to the researcher and the administration of the treatment facility regarding the participants' perceptions of effectiveness of the Eating Wellness workshop offered at the facility. Existing evaluations gathered from the workshop participants over a two and one-half year period of time were utilized to provide this information. Data from the evaluations were analyzed and conclusions resulting from this analysis are provided below. A further intent of this study is to suggest specific recommendations for possible improvements in the workshop.

Conclusions

Questions 1, 2, 3, 4, 7, and 8 were constructed to assess various aspects of the content of the workshop. Questions 1 and 2 addressed the degree to which the participants believed they had gained insight into the nature of an eating disorder and the addictive cycle. Means for these two questions were 4.8 and 4.7 respectively with at least 94% of all participants responding positively to these items.

Questions 3 and 4 were designed to assess whether or not the participants had learned new skills for coping with an eating disorder. Means for these items were 4.8 and 4.6 respectively with at least 92% of all participants responding positively.

Items 7 and 8 were related to the value of the experiential activities in the workshop. Means for these questions were 4.8 and 4.7 respectively with at least 94% of all participants responding positively. Question 9 focused on goal accomplishment and was included as an overall measure of the participant's perception of the value of the
workshop experience. The mean response for this item was 4.6 with 92% of all participants responding positively.

The strong positive response to all items on the evaluation support the conclusion that the participants perceive the workshop to be effective and consider it to be a valuable experience. In general, this workshop appears to be clinically valuable to those who suffer from eating disorder thinking and behaviors. However, no data was collected on eating disorder type, severity, or gender of the participants.

Recommendations

The continuation of the workshop in its present form appears to be appropriate given the overall positive responses by the participants. A possible improvement could be to consider other options for video presentations. Suggestions for changes in the video presentations could be addressed by including a specific item on the evaluation form requesting feedback from the participants on the videos. Another recommendation is to investigate therapist training and internships in order to provide trained facilitators outside of the facility. Through the training of other professionals in the facilitation of this workshop, a greater number of people could have the opportunity to participate in the workshop.

Pre-test and post-test measurements are suggested by the researcher to provide a more thorough assessment of the effectiveness of the workshop. Criteria appropriate for measurement of short-term and long-term behaviors and attitudes include decrease in eating disorder thinking and behaviors, increase in self-esteem, increase in the ability to maintain appropriate boundaries, increase the in ability to own reality in a political manner, increase in the ability to self-care interdependently and increase in the ability to self-contain in moderation.
REFERENCE LIST


APPENDIX A

THE EATING WELLNESS WORKSHOP EVALUATION FORM
Eating Wellness Workshop Evaluation

Date

We would like your feedback to help us keep the Eating Wellness Workshop congruent with the needs of the participants. Would you please complete the following:

<table>
<thead>
<tr>
<th></th>
<th>disagree</th>
<th>agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I gained insight into what an eating disorder is.</td>
<td>1 2 3 4 5</td>
<td>n/a</td>
</tr>
<tr>
<td>2. I gained insight into my own addictive cycle</td>
<td>1 2 3 4 5</td>
<td>n/a</td>
</tr>
<tr>
<td>3. I learned new tools for my personal growth.</td>
<td>1 2 3 4 5</td>
<td>n/a</td>
</tr>
<tr>
<td>4. I developed new skills for dealing with my Eating Disorder.</td>
<td>1 2 3 4 5</td>
<td>n/a</td>
</tr>
<tr>
<td>5. Lectures were informative and helpful.</td>
<td>1 2 3 4 5</td>
<td>n/a</td>
</tr>
<tr>
<td>6. Videos were informative and helpful.</td>
<td>1 2 3 4 5</td>
<td>n/a</td>
</tr>
<tr>
<td>7. Experiential work helped to increase my sense of self.</td>
<td>1 2 3 4 5</td>
<td>n/a</td>
</tr>
<tr>
<td>8. Experiential work helped to increase the belief in my ability to function as a responsible adult.</td>
<td>1 2 3 4 5</td>
<td>n/a</td>
</tr>
<tr>
<td>9. I accomplished my goals for the week.</td>
<td>1 2 3 4 5</td>
<td>n/a</td>
</tr>
<tr>
<td>10. The Eating Wellness counselors were supportive and facilitated my process well.</td>
<td>1 2 3 4 5</td>
<td>n/a</td>
</tr>
</tbody>
</table>

COMMENTS:
APPENDIX B

DIAGNOSTIC CRITERIA FOR EATING DISORDERS--DSM-IV
Diagnostic criteria for 307.1 Anorexia Nervosa
A. Refusal to maintain body weight at or above a minimally normal weight for age and height (e.g., weight loss leading to maintenance of body weight less than 85% of that expected; or failure to make expected weight gain during period of growth, leading to body weight less than 85% of that expected).
B. Intense fear of gaining weight or becoming fat, even though underweight.
C. Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.
D. In postmenarchal females, amenorrhea, i.e., the absence of at least three consecutive menstrual cycles. (A woman is considered to have amenorrhea if her periods occur only following hormone, e.g., estrogen, administration.)

Specify type:
Restricting type: during the current episode of Anorexia Nervosa, the person has not regularly engaged in binge-eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas)
Binge-Eating/Purging Type: during the current episode of Anorexia Nervosa, the person has regularly engaged in binge-eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas)

Diagnostic criteria for 307.51 Bulimia Nervosa
A. Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
   (1) eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances
   (2) a sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating)
B. Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, enemas, or other medications; fasting; or excessive exercise.
C. The binge eating and inappropriate compensatory behaviors both occur, on average, at least twice a week for 3 months.
D. Self-evaluation is unduly influenced by body shape and weight.
E. The disturbance does not occur exclusively during episodes of Anorexia Nervosa.

Specify type:
Purging Type: during the current episode of Bulimia Nervosa, the person has regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas
Nonpurging Type: during the current episode of Bulimia Nervosa, the person
has used other inappropriate compensatory behaviors, such as fasting or excessive exercise, but has not regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas

307.50 Eating Disorder Not Otherwise Specified

The Eating Disorder Not Otherwise Specified category is for disorders of eating that do not meet the criteria for any specific Eating Disorder. Examples include

1. For females, all of the criteria for Anorexia Nervosa are met except that the individual has regular menses.

2. All of the criteria for Anorexia Nervosa are met except that, despite significant weight loss, the individual's current weight is in the normal range.

3. All of the criteria for Bulimia Nervosa are met except that the binge eating and inappropriate compensatory mechanisms occur at a frequency of less than twice a week or a duration of less than 3 months.

4. The regular use of inappropriate compensatory behavior by an individual of normal body weight after eating small amounts of food (e.g., self-induced vomiting after the consumption of two cookies).

5. Repeatedly chewing and spitting out, but not swallowing, large amounts of food.

Lynda A. Grange was born in Brownfield, Texas, on June 21, 1950. She received her elementary education at the Stephen F. Austin elementary school in Pampa, Texas. In 1962 she moved with her family from Texas to Oklahoma where she completed her secondary education at the Woodward High School in Woodward, Oklahoma. She graduated in 1974 with her BBA from the University of Oklahoma in Norman, Oklahoma. Her academic career with Ottawa University began with her acceptance to the Graduate Program November, 1993. Lynda has worked in the field of behavioral health for the past five years and is currently a therapist at a treatment facility in Arizona. She is an active member of the International Association of Eating Disorder Professionals.