

Spring 4-14-2022

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Recommended Citation

Titus, F., & Park, K. (2022, April 14). Exploring a Role for Occupational Therapists in Adult Eating Disorder Treatment. Poster presented at the Virtual OTD Capstone Symposium, University of St Augustine for Health Sciences. Retrieved from <https://soar.usa.edu/otdcapstones-spring2022/15>

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Exploring a Role for Occupational Therapists in Adult Eating Disorder (ED) Treatment



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BACKGROUND

- Up to 29 million Americans will develop an eating disorder within their lifetime (ANAD, 2021)
- Less than 16% of individuals who seek ED treatment ever reach full recovery (Matthews et al., 2019; Troscianko & Leon, 2020)
- The egosyntonic nature of EDs influences the true values, goals, motivations, and personal causation of the individual with those driven by the ED, which then impacts the individual's choice in daily habits, routines, rituals, independent activities of daily living, leisure activities, and other interests to those more important to the ED (O'Reilly & Johnson, 2016)
- ED recovery research has shown that the treatment of EDs in the least restrictive environment tends to allow for a generalization of skills learned at a treatment center in the individual's home or community environment (Golan & Heyman, 2005)

PURPOSE

The purpose of this research study was to identify gaps in current adult ED treatment in the United States to discover if there is a role for occupational therapists in adult ED treatment.

METHODS

Type of Study

- Convergent mixed methods study
- Based on Model of Human Occupation (Kielhofner & Burke, 1980) and the recovery model

Participant Recruitment

- Convenience sampling
- ED treatment providers (provider participants)
- Individuals who have an ED (client participants)

Data Collection

- Online surveys
 - 40 client participants & 15 provider participants
- In-person and virtual interviews
 - 5 client participants & 4 provider participants

QUALITATIVE FINDINGS

Themes & Subthemes	Quotes from Participants
Theme 1: Cookie-Cutter Treatment Forgets the Individual <ul style="list-style-type: none"> • Subtheme 1: Lack of Trauma Informed Care Increases Feelings of Unsafety • Subtheme 2: Higher Levels of Care Lacks Reality • Subtheme 3: Clients Struggle Through Transitions Through Levels of Care 	A lot of times I feel like they're just going along with protocol. So...it seems cookie-cutter almost...like, everyone is treated the same...so...individual...input is not taken into account ... (Client #1)
Theme 2: Prolonged Occupational Imbalance Makes it Harder to Re-Engage in Life	Yeah. I mean, even my hobbies I had wrapped around, in weird ways wrapped around, my eating disorder. (Client #5)
Theme 3: Societal Weight Bias, Healthism, & ED Stereotypes Negatively Affects ED Recovery	Even if they're mentally ready, there can be a lot of shame in telling work or school or friends or family where, like, if they're just with me, they don't have to tell anyone. (Provider #1)

QUANTITATIVE RESULTS

Client Perceptions of Treatment

- 89.7% ($n = 35$) would change 1 or more aspects of treatment; 84.6% ($n = 33$) had issues transitioning to everyday life; 71.8% ($n = 28$) wished for more collaboration; 51.3% ($n = 20$) did not feel like they had control of their plan of treatment; 43.6% ($n = 17$) were satisfied with treatment received; and 41% ($n = 16$) felt their feelings were considered in their plan of treatment

Top 3 Provider Perceived Barriers of Treatment

- (1) 66.7% ($n = 10$) high cost of treatment; (2) 33.3% ($n = 5$) difficulty leaving life; and (3) 26.7% ($n = 4$) insurance coverage

Client & Provider Response to Potential OT Services

- New habits & routines in home & out in the community
 - 82.5% ($n = 35$) of clients & 93.3% ($n = 14$) of providers interested
- Developing home environment & daily schedule
 - 92.5% ($n = 37$) of clients & 86.7% ($n = 13$) of providers were interested
- Discovering & participating in new leisure activities
 - 80% ($n = 32$) of clients & 93.3% ($n = 14$) of providers were interested
- Discovery & development of a new "recovery" identity
 - 92.5% ($n = 37$) of clients & 100% ($n = 15$) of providers were interested

DISCUSSION

- Both client and provider participants expressed the need for change in certain aspects of ED treatment
- 84.6% of client participants struggled to transition back to everyday life after end of treatment
- 89.7% of client participants said they would change 1 or more aspects of treatment despite 43.6% reporting they were satisfied with the treatment they received
- After client & provider participants were educated about what services an OT could provide, both client and provider participants expressed a high interest in potential OT services
- Areas of ED treatment that could benefit from an OT providing services includes transitional care, health management, reengagement in occupations meaningful to clients in their own home or out in the community

CONCLUSIONS

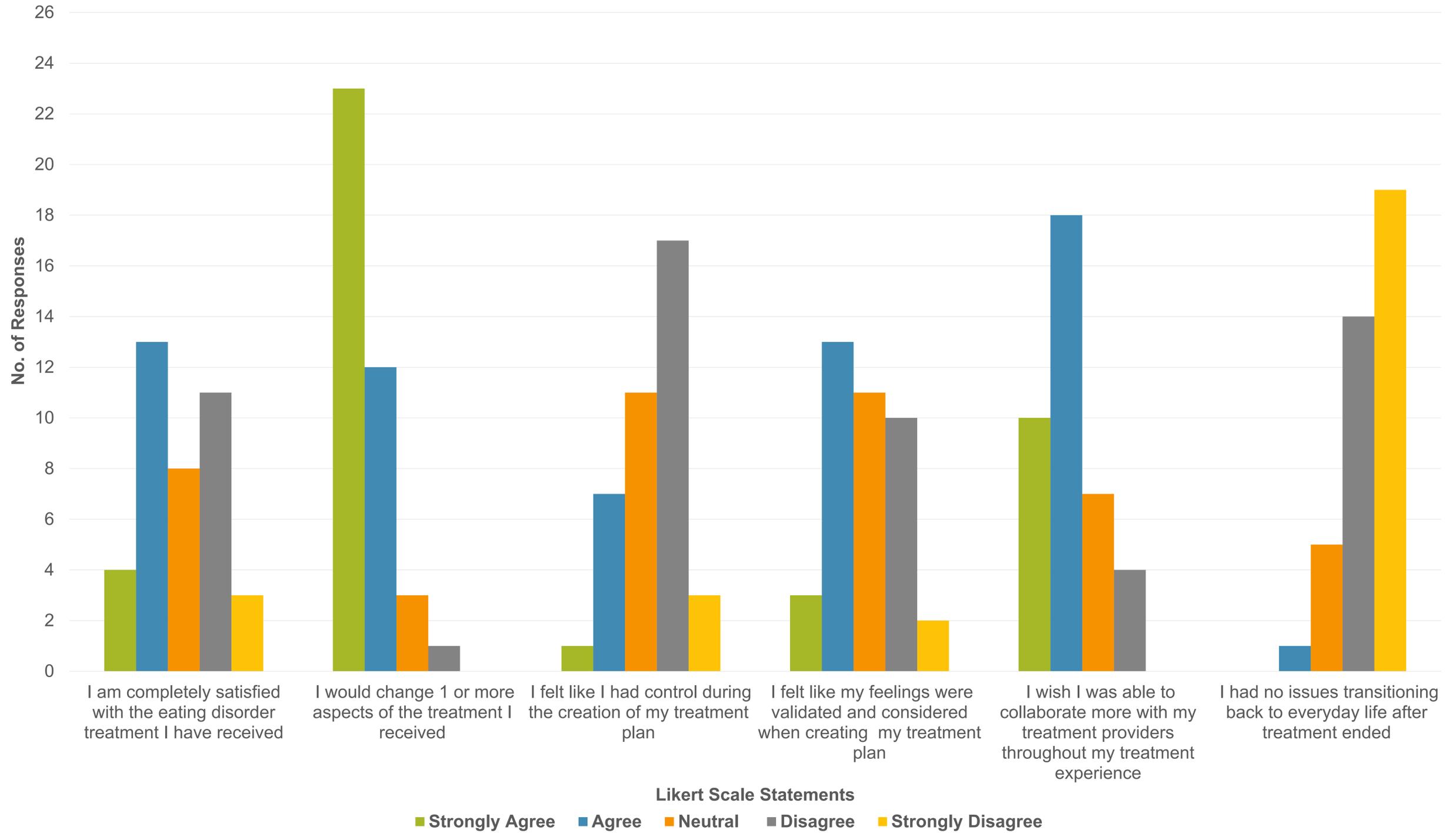
- OT services are needed to provide more comprehensive care to adults seeking ED treatment
- Occupational therapists have the professional training to provide trauma informed care; interventions related to engagement in new habits, roles, routines, activities, and occupations in the client's home and community for real world application to help them transition back to their everyday life

REFERENCES



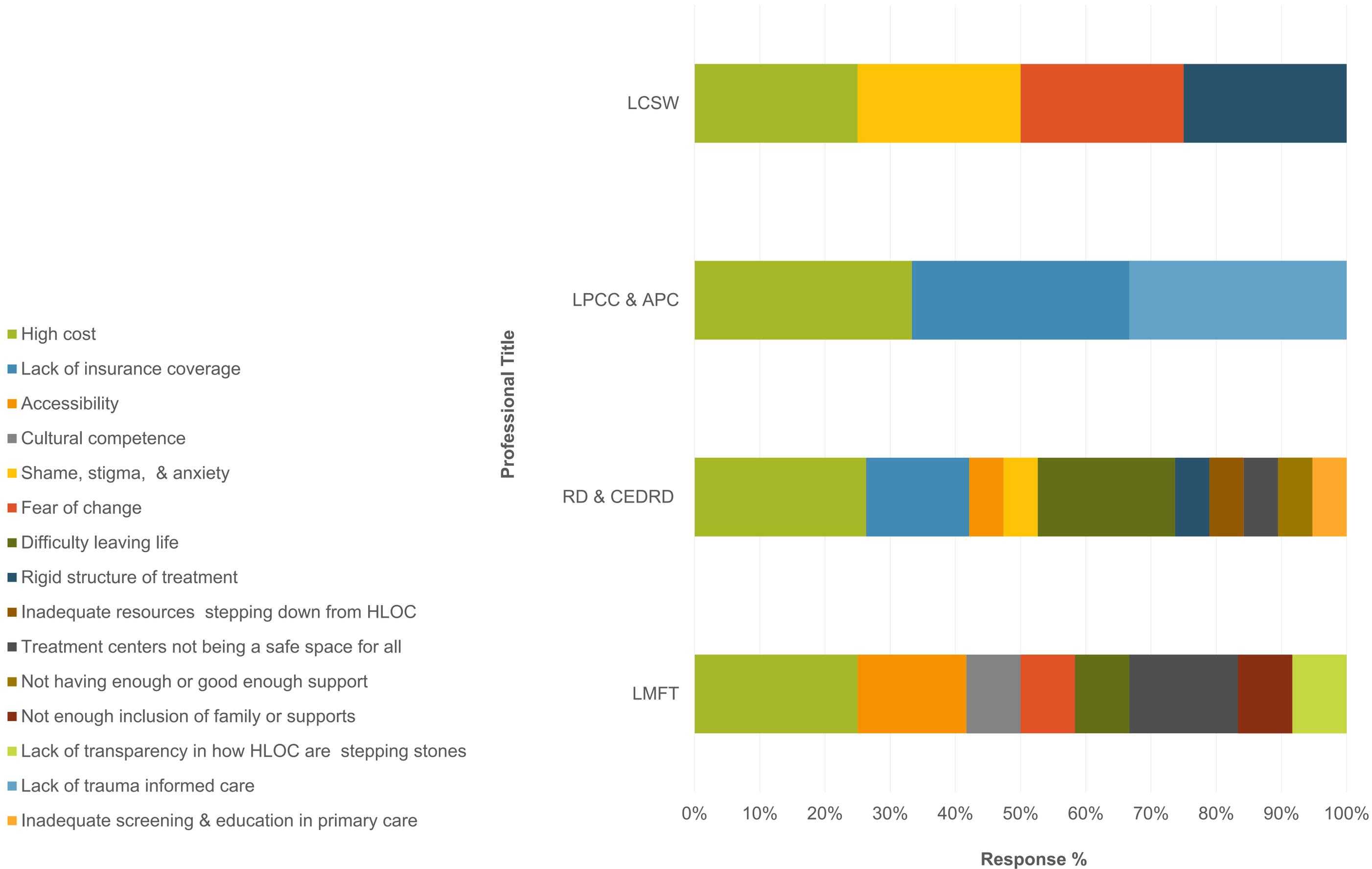
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Client Participants' Perceptions of ED Treatment Using Likert Scale



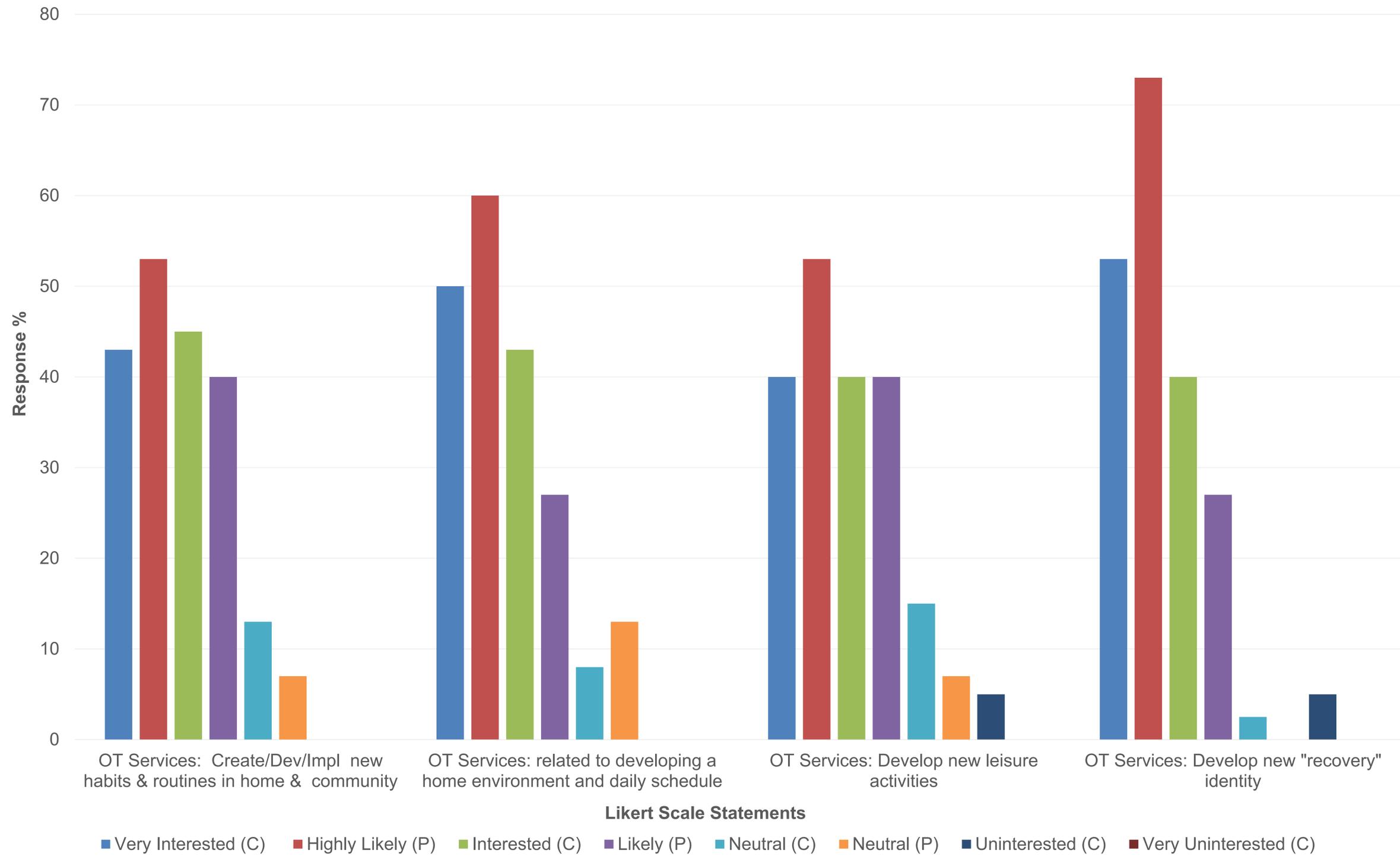
Note. Client responses (N = 39). One client had never been to treatment therefore this section did not apply.

Provider Perceptions of Client Barriers to Treatment



Note. Provider (N = 15). LMFTs (n = 5). RDs & CEDRD (n = 7). APC & LPCC (n = 2). LCSW (n = 1).

Client & Provider Perceptions on Potential OT Services Using Likert Scale



Note. Client responses (N = 40) labeled (C). Provider responses (N = 15) labeled (P).