Research Proposal:

Group Therapy versus Individual Therapy

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Abstract

The proposed research is designed to address whether group therapy is more effective than individual therapy. This study will be examining anxiety, depression, self-esteem, social adjustment, and binging and purging symptoms. There will have 600 participants between the ages of 12-21 from Buncombe County, North Carolina. They will be randomly assigned to complete either Cognitive Behavioral Therapy in group therapy or individual therapy. Participants will be interviewed prior to treatment, at the end of the 12 week treatment, and at a 2-year follow up. This study should improve treatment for patients with Bulimia Nervosa by identifying what characteristics are most compatible with the form of therapy so we are able to place patients in the types of therapy that will be most effective for them.

Introduction

The media plays a critical role in how we view our world. There has been increased awareness of how the media has been impacting how girls view their bodies. This can lead to girls becoming dissatisfied with their bodies which puts them at an increased risk for developing an eating disorder (Stice and Shaw, 2002). There has been a lot of research that has proven that cognitive behavioral therapy is an effective form of treatment to treat girls with eating disorders (Agüera & colleagues, 2012; Chen & colleagues, 2003; Waller & colleagues, 2014).

Bulimia Nervosa is an eating disorder identified by bouts of overeating, often accompanied by a feeling that the individual has lost control over their eating (Costin, 2007). Binge eating (typically unhealthy/junk foods) occurs until a tension is reduced or the behavior is interrupted in some way. The individual may eat to the point of feeling pain due to the rapid rate consumption occurs at. This binge eating is followed by attempts to rid their bodies of these calories though tactics involving dietary restrictions, the use of laxatives, excessive exercise, and the widely common act of self-induced vomiting. Bulimia Nervosa is often associated with other risky behavior including cutting and alcohol/drug abuse and overdose (Laskin, 2007). Previous studies have found that depression, low self-esteem, and an unhealthy preoccupation with body image is correlated with Bulimia (Obadina, 2014).

Even though there are therapies that are effective, many are expensive (Agras, 2001). Antidepressant medication is an alternative to therapy that is less costly. However, their effects are only short term because antidepressants have higher relapse rates. Therefore, cognitive behavioral therapy or psychotherapy appears to be the most effective approach. The cost of these therapies may impact success rates by causing patients who cannot afford the therapies to drop out. For this reason, researchers have been looking at how to have therapies that are not only effective at treating eating disorders, but also cost-effective. McRoberts, Burlingame, and Hoag (1998) indicated that group treatments were more cost-effective. To better understand if group therapies are more effective than individual therapy, we must first understand how treatments are conducted.

Individual therapy has three phases: 1) to educate the patient about Bulimia and the processes that maintain the disorder, 2) procedures to reduce dietary restraint continue, such as broadening food choices, 3) relapse prevention strategies are used to prepare for possible future setbacks (Agras, Walsh, Fairburn, Wilson, & Kraemer, 2000). Group therapy also has three phases: 1) a detailed analysis of the interpersonal context within which the eating disorder developed was maintained, 2) helping the patient make interpersonal changes in the specific area(s) identified by using other patients in the group, 3) a review of the patients progress and an exploration of ways to handle future interpersonal difficulties (Agras, Walsh, Fairburn, Wilson, & Kraemer, 2000).

Throughout the literature, there have been mixed results on the effectiveness of group therapy versus individual therapy. Researchers have found that group therapy produces greater improvements for social adjustment and anxiety (Chen & colleagues, 2003) and others have found that there were no significant differences between group therapy and individual therapy (Nevonen & Broberg, 2005). Furthermore, in a later study done by Nevonen and Broberg (2006), results indicated that individual therapy showed an increase in recovery at the one year follow up, whereas the group therapy showed a decrease in recovery. However, after the two year follow up both group therapies stabilized and there was no significant difference between the treatments.

Researchers have examined aspects that would be impacted by group versus individual therapy. Parker, Page, and Hooke (2013) revealed that symptoms of depression improved the most for those who completed group therapy than those who completed individual therapy. Furthermore, Dogahehe, Mohammadkhani, and Dolatshahi (2011) illustrated that fear of negative evaluation decreased the most for those who completed the group therapy than those who completed the individual therapy. Also, Yamadera and colleagues (2013) indicated that individual therapy was more effective at improving symptoms of insomnia than group therapy. Measuring factors that could have an impact on the outcome of the treatment is important in determining what type of therapies will be most effective for future patients.

Overall, it has been found that group therapies are as effective as individual therapies. Thus, group therapies are more cost effective. However, researchers are finding that the form of therapy may influence certain characteristics differently. Therefore, this present study is aimed to measure what type of characteristics, such as anxiety, depression, and social adjustment, are most compatible with individual versus group therapy for patients with Bulimia Nervosa. Furthermore, this study is attempting to improve treatment for patients with Bulimia Nervosa by identifying what characteristics are most compatible with the form of therapy so we are able to place patients in the types of therapy that will be most effective for them.

Method

*Sample*

The sample (N = 600) will consist of 600 participants between the ages of 12 – 21 who have been referred by an eating disorder therapist in Buncombe County, North Carolina to complete a treatment program for Bulimia Nervosa. Each participant will be randomly assigned to participate in either group or individual therapy by drawing names out of a jar. Participants will be asked to sign a voluntary consent form stating that they are participating voluntarily and that they are able to leave during any part of this program. Informed consent will be obtained from parents for all child and adolescent participants. Parents, school personnel, and all others involved in the project will sign a confidentiality form that states that no information will be released about individual participants.

*Measures*

*Self Report.* To determine session-to-session change in the frequency of binge eating and vomiting episodes, participants will be required to self-report these behaviors at the start of each treatment session. Remission, defined as abstinence from bingeing and purging for the last 28 days, will be assessed by a standardized investigator-based interview, the Eating Disorder Examination. The EDE measures the severity of eating disorder psychopathology over the last 28 days and generates eating disorders diagnoses (Grange, Doyle, Crosby, Chen, 2008)

*Depression and Anxiety Scales.* EAT and Bulimia Rating Scales will measure the participants eating attitudes, behavior, emotional state of depression, anxiety, and tenstion/stress (Yonace, Farrington, Barratt, & Wakeling, 1983). The Hamilton Anxiety and Depression Scales will measure the mental state of the participants before the start of the program and after the 2-year follow up.

*Rosenberg Self-esteem measure.* This was measured on a 5-point scale ranging from 1 (not very true of me) to 5 (very true of me) and were administered along with several hundred items from other scales.

*Social Adjustment Scale-Modified.* Participants were assessed at pretreatment, post treatment, and at a 2-month follow up with the Eating Disorder Examination – 12 and self-report questionnaires examining weight and shape attitudes and social adjustment. (2003)

*Procedure*

For the procedure, participants will attend 12 weekly sessions of either group therapy or individual cognitive behavioral therapy. The group session will last 90 minutes and the individual session will last 60 minutes. There will be a maximum of six participants per group in the group sessions. Prior to the beginning of treatment, we will give participants a questionnaire measuring the degree of binging and purging systems, depression systems, anxiety symptoms, self-esteem and social adjustment. Participants will write in food journals each day during the treatment and record any binging or purging. These characteristics will be measured at the end of the 12-week treatment and at a 2-year follow up. Also at the 2-year follow up, we will determine who has experienced binging, purging, and relapse to determine which therapy was more useful.

Proposed Analysis

An independent means t-test will be used to compare the mean scores of the Hamilton Anxiety Depression Scales, Rosenberg Self-esteem Scale, and the Social Adjustment Scale- Modified. Readers should be keep in mind that using multiple tests may raise the possibility of a false positive. The analysis may show which group is more effective at improving anxiety, depression, self-esteem, and social adjustment. Furthermore, this study may also demonstrate if group or individual therapy is more effective at reducing binging and purging symptoms. Additional analysis, using an independent means t-test will examine the drop-out rates between the two groups. This will show the effectiveness of each group to be able to keep the patients involved and comfortable enough to complete the treatment program.

We predict that the analysis will show that group therapy is more effective at reducing anxiety and depression. In theory, increasing the amount of social support should reduce anxiety and depression. Additionally, we predict that the analysis will show more of an improvement in social adjustment scales for the group therapy. Participating in a group therapy should improve social adjustment more than individual therapy, because the participants in the individual therapy are not being exposed to social situations. Furthermore, an analysis will look at social adjustment scales and those who drop-out, which will be examined with an independent means t-test. This can help improve recommendations to therapy. If an analysis finds that those with lower social adjustment scores were more likely to drop-out, it may be more beneficial if those with lower social adjustment scores start with individual therapy to reduce the risk of dropping out and relapsing.

Discussion

This proposed study will be beneficial to the understanding of how therapies can impact patients, and it gives additional information for those who recommend a therapy to a person with Bulimia. When individuals with Bulimia seek out therapies, they will find that the most effective type of therapy is cognitive-behavioral therapy. However, there are mixed results in whether group or individual therapy is more effective. Certain characteristics, such as social adjustment skills, may impact if group therapy is effective. Therefore, this study will show which characteristics will be most compatible group and individual therapy.

Future research should be done to examine if age impacts the effectiveness of the therapy. For example, is group therapy still effective for 30 year olds who are suffering with Bulimia? Also, it would be interesting if future research would examine other characteristics, such as cultural background, has an impact on the effectiveness of therapy. Overall, this present study contributes to clinical psychology by providing evidence of what type of characteristics are most likely to be more effected by group versus individual therapy.

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