Stacey Kosmerly:
How do a clinician’s emotions affect the way they deliver treatment for eating disorders?

What you need to know
Commonly occurring in childhood and adolescence, the main characteristics of most eating disorders is an over-evaluation of weight and shape as well as issues around food, eating, and weight. There are several categories of eating disorders, and anorexia nervosa, bulimia nervosa, and binge eating disorder are the main ones. Eating disorders are the most fatal of psychiatric disorders, with mortality rates as high as 20% for those diagnosed.

Family-based therapy is often considered the “gold standard” or primary treatment for children and adolescents. But even with some form of treatment, about a third of individuals get completely better, a third have some improvement, and a third don’t respond to treatment. The key is early intervention to reduce the chances of the disorder becoming chronic and causing permanent damage to the body or even

About Stacey
Stacey is a born and raised Northern Ontarian from Val Caron (a community that is now a part of the City of Greater Sudbury). She received her Honours BA in Psychology as well as her MA in Applied Psychology from Laurentian University. She now lives in Ottawa and is working on her PhD in Clinical Psychology at the University of Ottawa.
Eating disorders have been Stacey’s focus for the last several years. She has spent time volunteering as a research assistant at the Health Sciences North’s Eating Disorders Program and her own Master’s research relates to eating disorders.

Stacey has volunteered with Big Brothers Big Sisters of Sudbury for the last 6 years. She also has been involved in the implementation of the “Go Girls: Healthy Bodies, Healthy Minds” program for young girls, which focuses on a healthy lifestyle and self-esteem.

In 2014, Stacey received a YWCA Woman of Distinction Award from the Sudbury YWCA for her research and volunteer work related to body image and eating disorders. In her down time, Stacey enjoys belly dancing.

What is Stacey’s research about?

There are two existing theories in the literature that suggest clinicians may unintentionally play a negative role in the outcomes of treatment for eating disorders. These theories suggest that despite their good intentions, the way a clinician thinks, feels, and acts can sometimes affect how they deliver treatment.

Because emotions can influence thoughts and actions, Stacey is looking at what clinicians in the field of eating disorders think about the role their emotions play in treatment delivery.

What did she do?

Stacey developed an electronic survey based on these two existing theories as well as on literature related to the treatment of eating disorders in children and adolescents. She also conducted interviews with clinicians to better understand their experiences of treating eating disorders.

She sent out the electronic survey via email and divided the sample into two groups: one group received a self-assessment survey and the other a peer assessment survey.

About 300 surveys were fully completed and usable. Answers to the first question determined whether or not the rest of the survey would be completed. “Do you feel your/your colleagues’ emotions negatively influence your/their clinical decision-making?” If the respondent answered “no” to this question, the survey ended and they did not receive the rest of the questionnaire.

What did she find?

About 20% of those who responded to the self-assessment said their emotions may play a role in how they deliver treatment, whereas 40% of the peer assessment respondents said their colleagues’ emotions may play a role.

In the second part of the questionnaire, respondents in the self-assessment group most frequently reported that they were negatively influenced by their emotions anywhere from 11% to 20% of the time. Those who were assessing their colleagues typically reported that emotions influenced their colleagues’ treatment delivery anywhere from 41% to 50% of the time.
When asked to what extent they felt their emotions (or their colleagues' emotions) negatively influenced certain situations, both the self and the peer assessment groups felt that decisions about the degree of involvement of a critical or dismissive parent in treatment was most likely to be influenced by clinician emotion.

The self-assessment group also felt more likely to be negatively influenced by emotions when making decisions related to the child's travel plans and providing day passes, and the peer-assessment group felt decisions related to inpatient versus outpatient and discharge were more likely to be negatively influenced by emotions.

The results were published in the Eating Disorders Journal of Treatment and Prevention in an article entitled “The Influence of Clinician Emotion on Decisions in Child and Adolescent Eating Disorder Treatment: A Survey of Self and Others.”

Stacey also asked participants in the self-assessment group additional questions related to specific concerns they hold that may negatively influence treatment. The top three concerns believed to be the most likely to negatively influence clinical decisions were:

- Fear of arousing negative or hostile reaction from the client/family;
- Causing the family to disengage from treatment;
- Not having the right skills to help the youth and their family.

She also asked them about specific behaviours they might engage in, in response to their own emotions or those of others. The top three behaviours were:

- Focusing on another, less emotionally arousing topic with the youth and their family;
- Putting too much emphasis on minor improvements in the youth or their family;
- Bartering/negotiating/rationalizing with the youth or their family.

These results have been submitted for publication.

How can this research be used?

It’s important to note that fewer clinicians in the self-assessment group felt their emotions may sometimes play a role in the way they deliver treatment compared with those who assessed whether emotions affect their peers' delivery of treatment.

There is literature that suggests it may be impossible for clinicians not to experience emotions that might influence treatment. Therefore, it’s important for clinicians to be aware that emotions can have this effect.

Based on the results of this research, having a treatment team trained to recognize emotional reactions and emotion-based decision-making in their colleagues is recommended to help improve clinician awareness and treatment delivery. Also, decision-making guidelines for clinicians could help lessen the influence of emotions in practice.

More research needs to be done on the specific situations that may be more likely to cause
clinicians to make emotion-based decisions, to better understand how these situations elicit such reactions and determine what can be done to help reduce the negative influence of emotion in these situations.

Analysis of the qualitative interviews is now underway by another student. A potential next step would be to look at the differences in treatment delivery and outcomes between a group of clinicians who are trained in emotional self-awareness and one that is not.

**What’s next for Stacey?**

Stacey is now doing her PhD on attention deficit hyperactivity disorder (ADHD), looking at parental emotional regulation and other factors related to their child’s ADHD symptoms and early school readiness. She hopes to return to eating disorder-related research in the future.

For more information contact Stacey at skosm028@uottawa.ca.

**Author:**

*Amy Kuhn*

*November 27, 2014*