Center for Change
Research Department Website Content
June 19, 2023

Mission

The mission of Center for Change research department is to conduct research and collect data that will (1) document the effectiveness of the Center's treatment programs, (2) help increase the effectiveness of the Center's treatment programs, (3) give the Center recognition in the eating disorders treatment field, and (4) contribute to new discoveries and better understanding about how to effectively treat eating disorders.

Values

The personnel in Center for Change research department believe that it is essential for professionals who treat patients with eating disorders to monitor the effectiveness and outcomes of their interventions with carefully conducted research. We believe that research is essential for documenting and improving the effectiveness of eating disorder treatment programs, and for increasing helping professionals' understanding of these disorders. We believe that as the findings of our research, and the research of others, is made available to the treatment staff at Center for Change, the effectiveness of the Center's treatment programs will continue to increase. We also believe that our research may contribute to other helping professionals' ability to more effectively treat patients with eating disorders.

Research Department Staff

The Research Department at Center for Change is staffed part-time by several personnel:

Peter Sanders, PhD Research Director (independent contractor)
Nicole Hawkins, PhD, CEO, Center for Change

Understanding Eating Disorder Treatment Outcome Claims

Because there is no consistency in how recovery and improvement rates are calculated from treatment center to treatment center in North America, it is difficult to make precise comparisons between them concerning their effectiveness. In addition, some treatment centers make exaggerated claims about the percentage of their patients who recover during treatment (e.g., one well-known treatment center published claims on its website that approximately 98% of patients achieve recovery). Reputable scientific studies cast serious doubt on such claims.

In a comprehensive review of the long-term outcome studies of treatment for *anorexia nervosa* published in the *American Journal of Psychiatry*, Steinhausen (2002) concluded that less than 50% of patients with AN recover, 33% improve, and 20% remained chronically ill. In comprehensive review of the treatment outcome studies of *bulimia nervosa*, also published in the *American Journal of Psychiatry*, Steinhausen & Weber (2009) concluded that approximately 45% of patients with bulimia nervosa recover, 27% improve considerably, and nearly 23% have

a chronic protracted course (didn't improve). Several other reviewers have arrived at similar recovery estimate percentages for anorexia nervosa and bulimia nervosa (e.g., Richards, Baldwin, Frost, Clark-Sly, Berrett, & Hardman, 2000; Steinhausen, 1995; Yager, 1989).

As you look for an eating disorder treatment center for your loved one be cautious if you encounter claims that virtually all patients recover or are cured by a treatment program. It is unlikely that such claims are accurate. They are undoubtedly not based on reputable scientific evidence.

Center for Change Outcome Research Program

Since Center for Change opened its doors in 1996, we have conducted outcome research to evaluate and improve the effectiveness of our treatment program. We have published reports of our research in professional journals and books (e.g., Richards, Hardman, & Berrett, 2007). We use a variety of measures to assess patients' progress. We assess specific eating disorder symptomatic behaviors such as bingeing, purging, and food restriction as well as beliefs about food, dieting, body shape, and so on. We also assess patients' general psychological and spiritual functioning by using measures of depression, anxiety, interpersonal relations, social role functioning, loneliness, and spiritual well-being. All patients are assessed on the above dimensions when they are admitted to our inpatient treatment program and, if possible, when they are discharged from the program. Below is a brief summary of the major findings of our treatment outcome research.

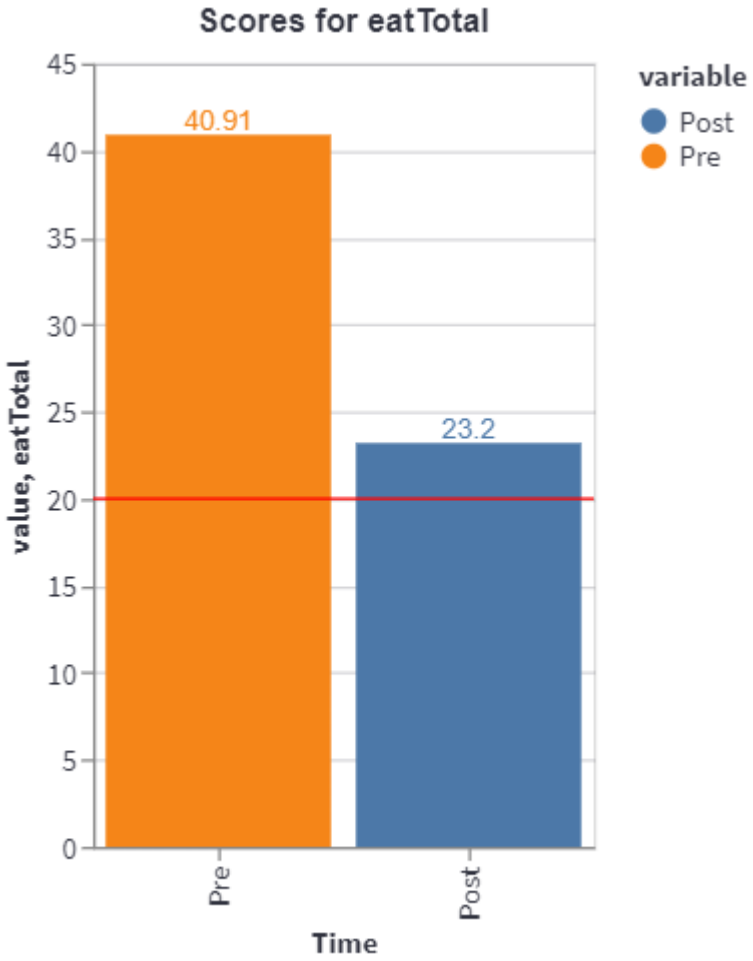
Outcomes at Completion of Inpatient Treatment

Two scientifically validated measures of attitudes and beliefs about eating, dieting, and body shape, are administered when patients are admitted and discharge from CFC: the Eating Attitudes Scale and Body Shape Questionnaire. Additionally, measures of general psychological distress, depression symptoms, and social role functioning were administered. Data from CFC's 15 year treatment outcome study have repeatedly confirmed that patients show clinically significant improvement on both of these measures suggesting that, on the average, patients acquire much healthier attitudes and beliefs about food, dieting, and body shape during their inpatient stay at the CFC.

Eating Attitudes

Figure 1 shows how scores on the Eating Attitudes Test (EAT) decreased following treatment at CFC. The red horizontal line represents a cutoff score for whether or not a person is considered at risk of having an eating disorder. Although the score is still above this threshold, it is much closer to what would be expected for outpatient compared to inpatient treatment. Thus, on average, when they complete inpatient treatment, Center for Change patients' concerns about food, dieting, and weight are much less intense and are much closer to a non-clinical range.

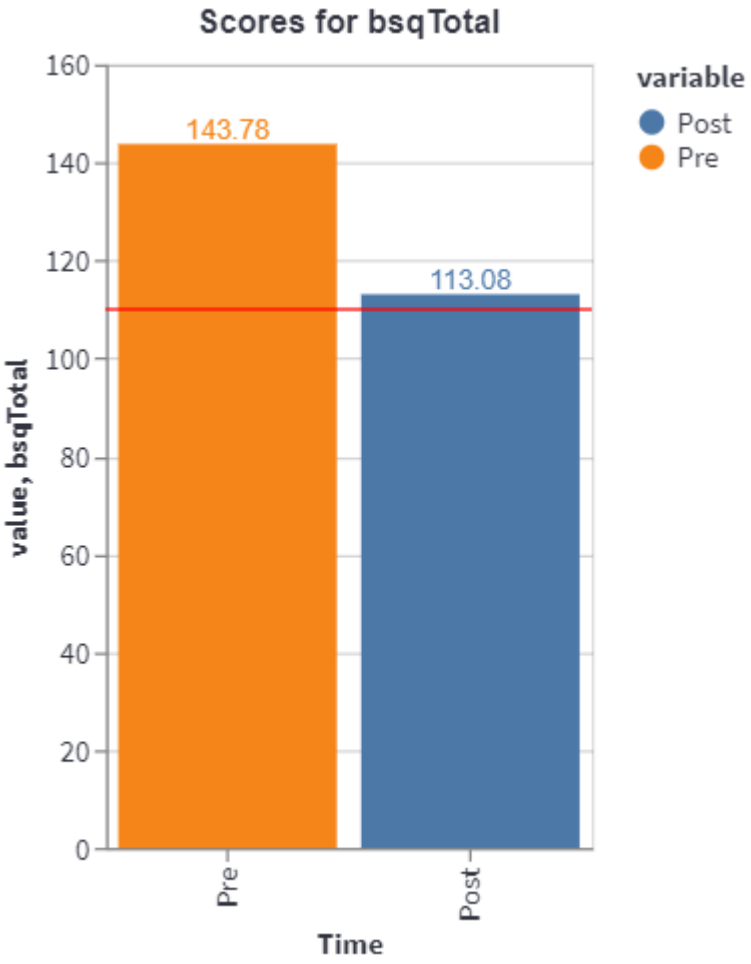
Figure 1. Reductions in Eating Disorder Symptoms as measured by the **Eating Attitudes Test** (e.g., anxiety about eating, preoccupation with food, vomiting, dieting, and weighing oneself frequently.



Body Shape

Figure 2 shows that when CFC patients complete inpatient treatment, their concerns about their body shape and size are much less intense and are very close to the non-clinical range for women (women without eating disorders score 110 and below on the BSQ). Although it does not quite meet this threshold, it again suggests a significantly decreased level of body image concerns, which would make a step-down in care appropriate.

Figure 2. Reductions in Unhealth Perceptions of Body Image and Shape as measured by the **Body Shape Questionnaire** (e.g. feeling too fat, wanting to be thinner, feeling ashamed of one's body).

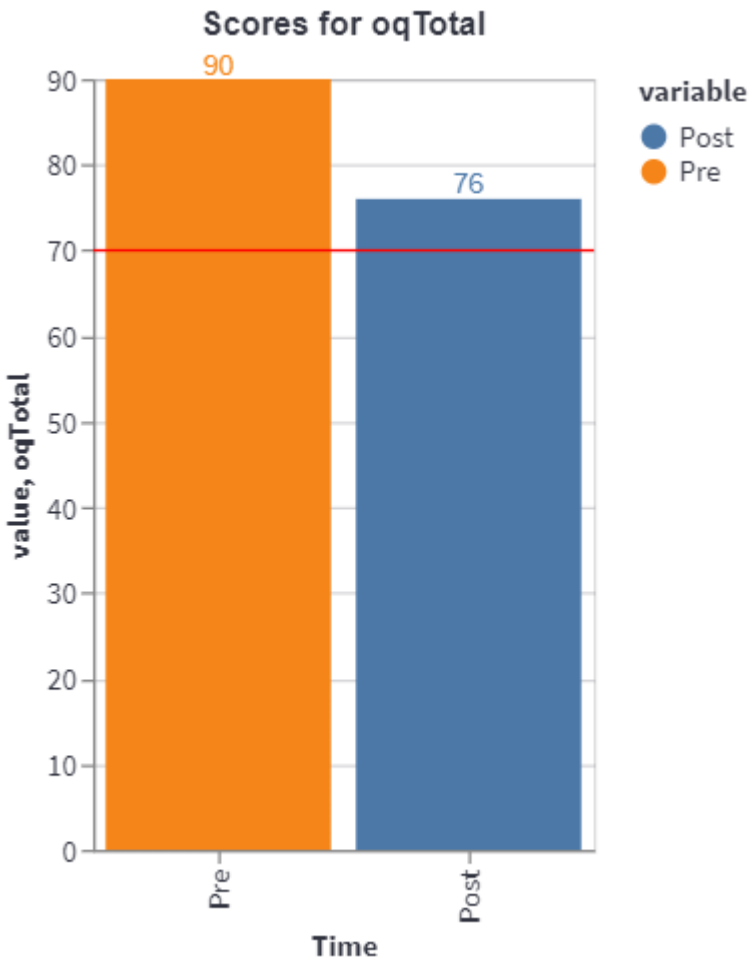


General Psychological Distress

The patients' level of psychological, relationship, and social role distress as measured by the standardized and widely used Outcome Questionnaire (OQ-45) also significantly decreased. In Figure 3 it can be seen that after participating in the CFC inpatient program, on average, patients' psychological distress (anxiety and depression symptoms), interpersonal relationship distress, and social role conflict were all much less intense. Although these scores are still in the clinical range, their levels of general psychological distress improved significantly and are indicative of reliable change (14-point decrease is the reliable change threshold). They also show large improvements in their interpersonal relations and feelings about their ability to

perform normal social roles. Similar to other measures, this suggests a need for ongoing care, but at a much less intensive level.

Figure 3. General Psychological Distress, Social Roles, and Interpersonal Relationships as measured by the Outcome Questionnaire 45 (OQ-45).

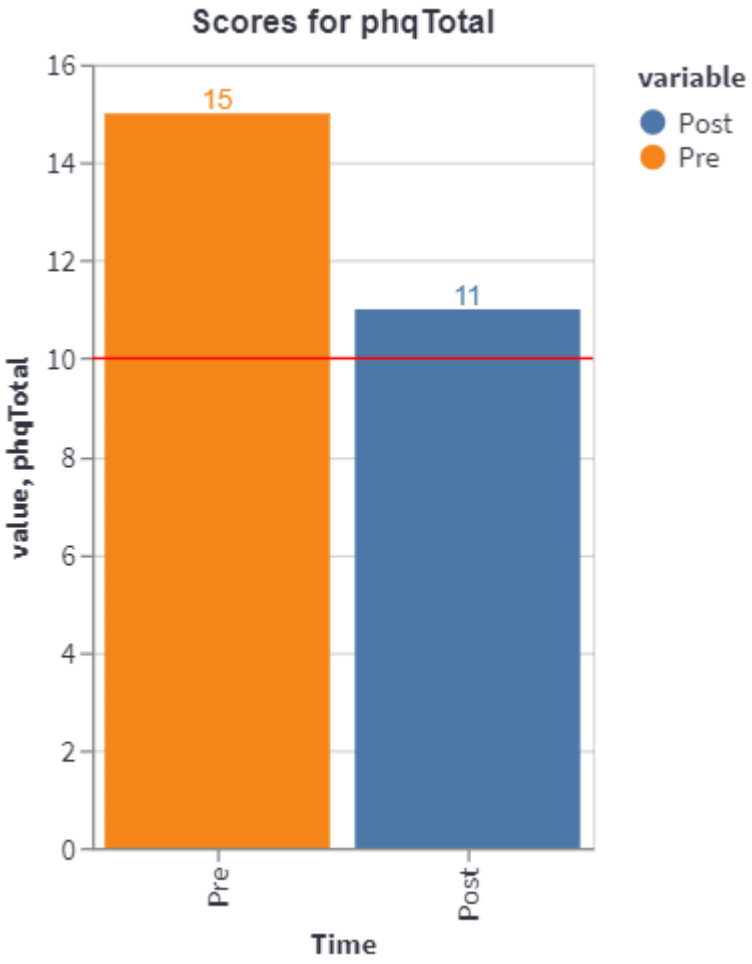


Depression

The patient's levels of depression were measured using the Patient Health Questionnaire-9 (PHQ-9). Figure 4 shows the results from the PHQ-9. These results suggest that clients experience a decrease in depressive symptoms going from moderately severe symptoms (15 and above) to the low end of moderate symptoms (10 and above). These changes also nearly meet the criteria for a clinically significant change (5 point decrease). Thus, although CFC is

primarily an eating disorder treatment facility, there still appears to be a decrease in depressive symptoms, but less so than on measures of eating disorders.

Figure 4: Depression scores as measured by the PHQ-9.



Discussion

The improvements in CFC patients' psychological well-being reported here are based on approximately 480 patients from January 1, 2021 to June 15, 2023. These data collectively provide strong evidence that on average, Center for Change patients get significantly better during their inpatient stay at the CFC in various domains. On average, patients made large improvements in their attitudes toward eating and in their perception of their body image. Changes were not as large in other areas, but still represented clinically meaningful decreases. These data provide evidence that the CFC inpatient program successfully helps the average patient make a "jump start" toward a healthier life by helping them make important and healthy changes in their symptoms, beliefs, and behaviors in a short period of time.

Conclusion

The vast majority of Center for Change patients achieve large improvements during their inpatient stay at the CFC. At the conclusion of treatment, the average CFC patient demonstrated significant improvements by the end of treatment in several areas of psychological functioning. These eating disorder treatment outcomes are equivalent and often superior to other responsible, scientifically valid reports of patient improvement that have been reported in the research literature. Center for Change is a place of hope and healing. Scientific treatment outcome research has documented this is true.

References

Richards, P. S., Baldwin, B., Frost, H., Clark-Sly, J., Berrett, M. E., & Hardman, R. K. (2000). What works for treating eating disorders? Conclusions of 28 outcome reviews. Eating Disorders: Journal of Treatment and Prevention, 8, 189-206.

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Yager, J. (1989). Psychological treatment for eating disorders. *Psychiatric Annals, 19 (9)*, 477-482.

Summary of Research Department Accomplishments

During the past 15 years, the Research Department at Center for Change has published 3 books, 5 book chapters, and 16 professional journal articles. Members of the Research Department and their collaborators have also presented research at numerous professional conferences. Center for Change has also sponsored 10 doctoral dissertations. The Research Department also provides regular treatment outcome reports to Center for Change administration and treatment staff to assist in performance improvement. A listing of publications and other scholarly contributions by members of the Research Department and their collaborators can be found at the following link: (CFC scholarship). **Note to website manager: The listing of publications and contributions is provided at the end of this document.**

Recently Completed Research Projects

Investigation of intuitive eating with patients in an eating disorder inpatient treatment program: A two-year prospective study. **Smith, M., Passmore, K., Richards P. S., Hawks, S., & Madanat, H. Presented at the International Conference on Eating Disorders (ICED) of the Academy for Eating Disorders (AED) on May 2, 2013 in Montreal, Canada. (already on website)**

Center for Change collaborated with research at several universities in the United States on a study concerning the helpfulness of teaching patients how to eat intuitively during their stay in the treatment program.

Summary of Study

Intuitive eating is characterized by eating based on physiological hunger and satiety cues rather than situational and emotional cues. Several psychologists, nutritionists, and health science professionals have argued that this style of eating is adaptive and research studies have shown that it is associated with positive self-esteem, body image, and weight maintenance and/or loss, as well as reduced cardiovascular risk and greater pleasure and less anxiety associated with eating. Nevertheless, there is limited evidence concerning the effectiveness of intuitive eating with eating disorder patients. Controversy exists in the eating disorders field concerning the question of whether it is possible for patients with eating disorders to learn how to eat intuitively, and whether attempting to teach this skill is helpful or harmful. We conducted a two-year prospective study where we evaluated whether teaching intuitive eating to patients in an eating disorder inpatient treatment program was effective.

Measures

- Intuitive Eating Scale (IES; Hawkes, Madanat, & Merrill, 2004), 30-item
- *Eating Attitudes Test* (EAT) (Garner & Garfinkel, 1979), 40-item
- *Body Shape Questionnaire* (BSQ) (Cooper, Taylor, Cooper, and Fairburn, 1987), 34-item
- *Outcome Questionnaire* (OQ-45.2) (Lambert, Okiishi, Finch & Johnson, 1998)
- *Theistic Spiritual Outcome Survey* (TSOS; Richards, Smith), 17-item

Major Findings and Conclusions

- Significant improvements in eating disorder patients' ability to engage in intuitive eating behaviors and attitudes.
- The analysis of the IES scores showed that the eating disorder patients' scores significantly increased between the time they were admitted to the Inpatient treatment program and transitioned into the Residential treatment program. Their scores also significantly increased between the time that they began the Residential treatment program and at the time they were discharged from treatment.
- As a group, the patients' increases in their ability to eat intuitively were large and clinically significant (the effect sizes were large and ranged from .68 to 1.44). The clinicians perceived that the patients' attitudes about food grew healthier during treatment (the effect size was large—.89).
- Dieticians also perceived that the patients' ability to eat intuitively improved during treatment, and that their attitudes toward food and eating became healthier during the course of treatment, although their estimates of patients' progress on these issues were more reserved (effect sizes ranged from .29 to .58).
- Patients' scores on the EAT, BSQ, OQ45.2, and TSOS all improved significantly between the time of admission and the time of discharge from the treatment program. These changes were large and clinically significant (three of the effect sizes were large and ranged from 1.02 to 1.91; the TSOS effect size was the only small one at .36).
- Patients' scores on all of these measures at the time of discharge fell into normal ranges, or close to it.
- At the time patients were discharged from the treatment program, the Hawkes Intuitive Eating Scale (HIES) correlated significantly with other indicators of positive treatment outcomes, including reduced eating disorder symptoms (as measured by the EAT),

improvements in patients' perceptions of their body size and shape (as measured by the BSQ), reductions in psychological symptoms such as depression, anxiety, relationship conflict, and social role conflict (as measured by the OQ-45.2), and improvements in what patients felt about their spirituality and moral congruence (as measured by the TSOS).

- In summary, the findings of our 2-year prospective study provide strong evidence that intuitive eating behavior and attitudes can be taught and learned in an inpatient and residential eating disorder treatment program, and that improvements in patients' ability to eat intuitively are associated with other important indicators of healing and recovery. That intuitive eating principles can be effectively integrated in a highly structured treatment in light of the many medical, nutritional, and psychological considerations, provides sound evidence for their incorporation in inpatient and residential eating disorder treatment.

There is a need to investigate whether intuitive eating skills and attitudes can be learned as effectively for different types of eating disorder patients. For example, do patients with anorexia nervosa, bulimia nervosa, binge-eating disorder differ in their ability to acquire intuitive eating skills, attitudes, and behaviors? Are there differences between adolescent and adult patients in their ability to acquire intuitive eating skills, attitudes, and behaviors?

Effects of providing patient progress feedback and clinical tools to psychotherapists in an inpatient eating disorders treatment program: A randomized controlled study. **(Simon, W., Lambert, M. J., Busath, G., Vazquez, A., Berkeljon, A., Hyer, K., Granley, M., & Berrett, M. (2013).** ***Psychotherapy Research, 23 (3)*****, 287-300. http://dx.doi.org/10.1080/10503307.2013.787497**

Center for Change recently collaborated with researchers from the Institute of Psychiatry and Neurology, in Warsaw, Poland, and Brigham Young University, in Provo, Utah, to investigate the effects of giving feedback to therapists about their patients' progress on the levels of patient improvement at the conclusion of treatment. Listed below is the reference and abstract for this recently published research study.

Abstract

Research on the effects of progress feedback and clinician problem-solving tools on patient outcome has been limited to a few clinical problems and settings (Shimokawa, Lambert, & Smart, 2010). Although these interventions work well in outpatient settings their effects so far have not been investigated with eating-disordered patients or in inpatient care. In this study, the effect of providing feedback interventions was investigated in a randomized clinical trial involving 133 females diagnosed with anorexia nervosa, bulimia nervosa, or eating disorders not otherwise specified. Comparisons were made between the outcomes of patients randomly assigned to either treatment-as-usual (TAU) or an experimental condition (Fb) within therapists (the same therapists provided both treatments). Patients in the Fb condition more frequently experienced clinically significant change than those who had TAU (52.95% vs. 28.6%). Similar trends were noted within diagnostic groups. In terms of pre to post change in mental health functioning, large effect sizes favored Fb over TAU. Patients' BMI improved substantially in both TAU and the feedback condition. The effects of feedback were consistent with past research

on these approaches although the effect size was smaller in this study. Suggestions for further research are delineated.

Research Studies Currently in Progress

Methodologies for Conducting Practice-based Evidence to Improve Patient Outcomes in an Eating Disorder Treatment Center (P. Scott Richards and Michael E. Berrett, Center for Change) *This study was presented at the annual convention of the Academy of Eating Disorders in March, 2014.

The evidence-based practice movement has become an important influence in mental health care systems and policy. Insurance companies, professional organizations, and the general public increasingly are expecting mental health practitioners to use treatment approaches that are supported by research evidence. The eating disorders treatment field is no exception, and recent publications and conference presentations have called for eating disorder professionals to base their practices on evidence-based treatment approaches.

In official resolutions, the American Psychological Association and American Medical Associations have defined research evidence broadly and affirmed that multiple types of research designs contribute to evidence-based practice, including practice-based (effectiveness) research, single-case repeated measurement designs, process-outcome studies, case studies, and randomized controlled trials (APA, 2006). At Center for Change, we have used and will continue to use a variety of research designs in our efforts to help develop the evidence-base concerning the effectiveness of our eating disorder treatment program and approaches. In the present study, we investigate the utility of an online assessment system and clinically adaptive outcome and process measures for (1) tracking on-going patient outcomes, and (2) providing therapists with weekly feedback about patient progress during the course of inpatient and residential eating disorder treatment. We also explore the usefulness of a therapist session checklist for linking treatment interventions and program components with patient progress during the course of treatment.

Role of Spirituality in Treatment and Recovery from Eating Disorders Study (by Carrie Fleischer, Brigham Young University)

Several scholars have recently theorized that the pursuit of pathological thinness manifested in modern-day women with EDs represents a misguided quest to resolve spiritual hunger, or in other words, to satisfy unmet spiritual needs (Richards, Hardman, & Berrett, 2007). Several survey and interview studies with patients and former patients indicate that many women regard spirituality as crucial resources in their treatment and recovery from EDs (Richards, Weinberger-Litman et al., 2011). In fact in a number of survey's specifically geared towards individuals going through eating disorder treatment stated that the number one write in answer for what would be helpful to treatment was help through pastoral counseling, praying and faith (Richards, Weinberger-Litmen et al., 2011). In one survey it was found that the use of spirituality in the treatment "gave…purpose and meaning, expanded sense of identity and worth, helped (patients) experience feelings of forgiveness towards self and others, and improved relationships with God, family and others" (Richards, Weinberger-Litman et al., 2011, p. 16).

The research that has been conducted to date has furthered our understanding of the importance of faith and spirituality in recovery from eating disorders. These studies form a foundation for further study of themes relating to eating disorders and spirituality. However, more insight is needed into why and how spirituality may aid in client recovery. The research to date lacks in-depth insight about the ways spirituality and religion may promote eating disorder treatment and recovery. The purpose of this qualitative study is to explore in greater depth former eating disorder patients' perceptions about what role faith and spirituality played in their treatment and recovery. Twelve former eating disorder patients who are considered in recovery have been interviewed and approximately 80 former patients completed an online survey about the role of spirituality in treatment and recovery. The qualitative data is currently being analyzed using qualitative research procedures.

Center for Change Professional Publications and Presentations

Books

Richards, P. S., Hardman, R. K., & Berrett, M. E. (2007). *Spiritual Approaches in the Treatment of Women with Eating Disorders*. American Psychological Association: Washington, D. C.

Richards, P. S., Hardman, R. K., & Berrett, M. E. (2000). *Spiritual renewal: A journey of healing and growth*. Center for Change: Orem, Utah.

Harper, T. O. P., Ford, J., Berrett, M. E., Hardman, R. K., & Richards, P. S. (2001). *Eating disorders: Physical, social, and emotional consequences: A high school curriculum about anorexia, bulimia, and compulsive eating.* Foundation for Change/Center for Change/Walz Communications: Orem, Utah. (Winner of a 2002 Telly Award).

Book Chapters

Richards, P. S., Hardman, R. K., Berrett, M. E., & Lea, T. (in press). Religious and spiritual assessment of trauma survivors. In D. F. Walker, J. Aten, & C. Courtois (Eds.). Spiritually Oriented Trauma Psychotherapy. Washington, DC: American Psychological Association.

Richards, P. S., Weingarten-Litman, S., Berrett, M. E., & Susov, S. (2013). Religion and spirituality in the etiology and treatment of eating disorders. In K. I. Pargament, A. Mahoney, & E. Shafranske (Eds.). APA Handbook of Psychology, Religion, and Spirituality (Vol. II, pp. 319 - 333). Washington, DC: American Psychological Association.

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Hardman, R. K., Berrett, M. E., & Richards, P. S. (2004). A theistic inpatient treatment approach for eating disorder patients: A case report. In P. S. Richards and A. E. Bergin (Eds.), *Casebook for a spiritual strategy in counseling and psychotherapy* (pp. 55-73). Washington, DC: American Psychological Association.

Peer-Reviewed Journal Articles

Simon, W., Lambert, M. J., Busath, G., Vazquez, A., Berkeljon, A., Hyer, K., Granley, M., & Berrett, M. (2013). Effects of providing patient progress feedback and clinical tools to psychotherapists in an inpatient eating disorders treatment program: A randomized controlled study. *Psychotherapy Research, 23 (3),* 287-300. http://dx.doi.org/10.1080/10503307.2013.787497

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Richards, P. S., Smith, M. H., Berrett, M. E., O'Grady, K. A., & Bartz, J. D. (2009). A theistic spiritual treatment approach for women with eating disorders. *Journal of Clinical Psychology: In Session, 65,* 172-184.

Gillett, K. S., Harper, J. M., Larson, J. H., Berrett, M. E., & Hardman, R. K. (2009). Implicit family process rules in eating-disordered and non-eating disordered families. *Journal of Marital and Family Therapy, 35 (2),* 159-174.

Edgington, S., Richards, P. S., Erickson, M. J., Jackson, A. P., & Hardman, R. K. (2008). Perceptions of Jesus Christ's atonement among Latter-day Saint women with eating disorders and perfectionism. *Issues in Religion and Psychotherapy, 32,* 25-39.

Berrett, M. E., Hardman, R. K., O'Grady, K. A., & Richards, P. S. (2007). The role of spirituality in the treatment of trauma and eating disorders: Recommendations for clinical practice. *Eating Disorders: Journal of Treatment and Prevention, 15,* 373-389.

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Richards, P. S., Hardman, R., Frost, H., Clark-Sly, J., Berrett, M., & Anderson, D. (1998). Spiritual issues and interventions in the treatment of patients with eating disorders. *AMCAP Journal, 23*, 121-144.

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Research Presentations

Richards, P. S., Berrett, M. E., McBride, J. A., & Sanders, P. W. (2014). *Using Internet-Based Adaptive Testing Technologies for Eating Disorder Treatment Planning and Outcomes Assessment*. Paper presented at the Academy of Eating Disorders International Conference on March 28, 2014, in New York City, NY.

Smith, M., Passmore, K., Richards P. S., Hawks, S., & Madanat, H. (2013). *Investigation of intuitive eating with patients in an eating disorder inpatient treatment program: A two-year prospective study.* Presented at the International Conference on Eating Disorders (ICED) of the Academy for Eating Disorders (AED) on May 2, 2013 in Montreal, Canada

Richards, P. S., O'Grady, K. A., Berrett, M. E., Hardman, R. K., & Bartz, J. D., Johnson, J., Olson, M. (2008). *Exploring the role of spirituality in treatment and recovery from eating disorders: A qualitative survey study*. Paper presented at the Academy of Eating Disorders International Conference on Eating Disorders, "Bridging science and practice: Prospects and challenges," May 16, 2008, Seattle, Washington.

Richards, P. S., & Hardman, R. K. (2006). *Healing the wounded hearts: A spiritual approach for treating women with eating disorders*. Invited plenary session presented at the semi-annual convention of the Association of Mormon Counselors and Psychotherapists, Salt Lake City, Utah, March 31, 2006.

Plowman, S., Williams, M., & Richards, P. S. (2005). *Self-esteem as a predictor of treatment outcome among women with eating disorders*. Paper presented at the annual convention of the American Psychological Association, Washington, DC, August 20, 2005.

Granley, H. M., Richards, P. S., & Nielsen, S. L. (2002). *Relationship of early termination with psychotherapy outcomes*. Paper presented at the annual convention of the American Psychological Association, August, 2002, Chicago, Illinois.

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Smith, M. H., Richards, P. S., & Maglio, C. J. (2002). *Examining the relationship between religious orientation and eating disturbances*. Paper presented at the annual convention of the American Psychological Association, August, 2002, Chicago, Illinois.

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Hardman, R. K., Richards, P. S., Cloyd, J. H., & Wagnon, K. (2001). *Prevalence of dysfunctional eating behaviors and beliefs among high school students: Implications for school counselors and school psychologists*. Paper presented at the annual convention of the American Psychological Association, August 24, 2001, San Francisco, California.

Richards, P. S. (2000). *Using spiritual interventions in an eating disorder inpatient treatment setting: Is it ethical, does it help, and why should we care*? Paper presented at the semi-annual convention of the Association of Mormon Counselors and Psychotherapists, October 5, 2000, Salt Lake City, Utah.

Richards, P. S., & Smith, T. B. (2000). *Development and validation of the Spiritual Outcome Scale*. Paper presented at the annual convention of the Society for Psychotherapy Research, Chicago, Illinois, June 23, 2000.

Externally Funded Research Grant

John M. Templeton Foundation ($30,000). Awarded November, 1998. Research study entitled "Evaluating the Efficacy of Spiritual Interventions in the Treatment of Eating Disorder Patients: An Outcome Study."

Completed Doctoral Dissertations/Theses Supported by Center for Change

Jorgenson, A. M. (2009). *Family predictors of long-term outcome following inpatient treatment for eating disorders*. Unpublished doctoral dissertation, Brigham Young University, Provo, Utah.

Plowman, S. (2007). *Self-esteem as a predictor of treatment outcome among women with eating disorders*. Unpublished doctoral dissertation, Brigham Young University, Provo, Utah.

Tobler, S. B. (2007). *Women's perceptions of parents, peers, romantic partner and God as predictive of symptom severity for eating disorders at an impatient treatment facility*. Unpublished doctoral dissertation, Brigham Young University, Provo, Utah.

Smith, M. (2006). *Images of parents, self, and God as predictive of symptom severity among women beginning inpatient treatment for eating disorders*. Unpublished doctoral dissertation, Brigham Young University, Provo, Utah.

Cloyd, J. (2005). *The Eating Disorder Survey: Psychometric characteristics and validity of a self-report eating disorder instrument for adolescents.* Unpublished doctoral dissertation, Brigham Young University, Provo, Utah.

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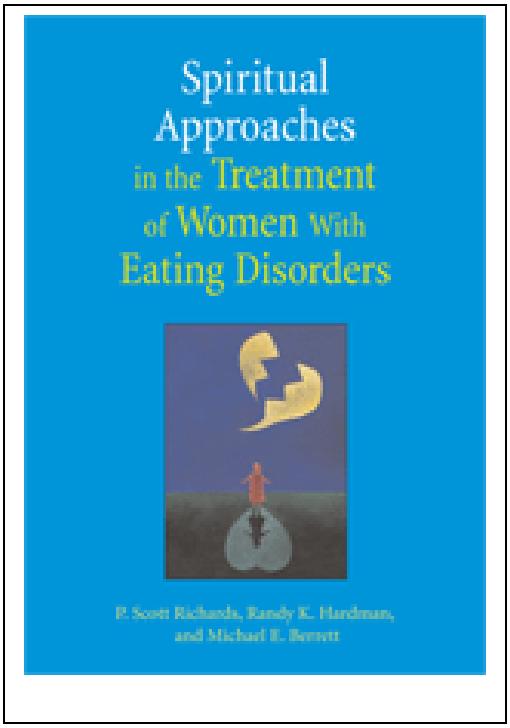

This book is for the practitioner who is curious about how to incorporate therapy that draws on clients' spirituality or religious background as a resource for recovery from eating disorders. There is growing empirical evidence that spiritual approaches to treatment are as effective, and sometimes more effective, than secular ones, particularly with religiously devout clients. In this book, the authors seek to be catalysts in building up the body of literature documenting the influence of client religiousness and spirituality on the development and maintenance of eating disorders, as well as recovery from eating disorders.

Drawing on their many years of clinical experience, the authors show how a theistic perspective of healing and change can enrich therapies currently in practice for eating disorders, such as individual, group, and family therapy and twelve-step programs. They propose an agenda for future research including valuable information on measures and research designs that will help investigators study the etiology of eating disorders as well as treatment outcomes, as they relate to client involvement in institutional and community religious life and clients' private devotion or expressions of spirituality.

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Book Review Corner

Angela Celio Doyle, PhD

Spiritual Approaches in the Treatment of Women with Eating Disorders
P. Scott Richards (AED member), Randy K. Hardman, and Michael E. Berrett
American Psychological Association, 2007 (304 pages)

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The vast majority of individuals in the world profess allegiance to a religious tradition (e.g., Christianity, Islam, Judaism), yet the role of religion and spirituality in eating disorders has been studied minimally. For example, less than 1% (n=8) of the 1,033 studies published in the *International Journal of Eating Disorders* from 1993 to 2004 included a measure of religion or spirituality (Richards & Bartz, 2006; cited p. 6). In *Spiritual Approaches in the Treatment of Women with Eating Disorders,* Drs. Richards, Hardman, and Berrett describe a growing interest in the crossover between science and religion as a welcome "zeitgeist" that may inform the understanding and treatment of eating disorders.

The authors present a theistic perspective on clinical practice and research that is meant to enhance rather than replace established approaches. To my knowledge, this is the only book available currently that systematically describes the role of religion and spirituality in the conceptualization and treatment of eating disorders. The religious and spiritual issues referred to within the book as etiological or maintaining factors include patients' feelings of spiritual unworthiness and shame, difficulty having faith, and deficits in spiritual identity. The authors hypothesize that these problems can lead to maladaptive eating disorder thoughts such as "My eating disorder will make me perfect" and "My eating disorder will compensate or atone for my past" (p. 47).

Spiritual Approaches is divided into five sections addressing: 1) theory and current research, 2) the theistic framework for eating disorders treatment, 3) the use of spiritual approaches in treatment, 4) research directions, and 5) patient perspectives. As detailed below, there are chapters of interest for researchers and clinicians alike.

Following the introduction, *Spiritual Approaches* opens with a succinct overview of relevant scholarship and research conducted to date. The next three chapters present the theistic view of eating disorders, the theistic view of therapeutic change, and multidimensional theistic treatment for eating disorders, which specifies how one might integrate the theistic approach with standard recommended treatments for disordered eating.

The chapter on *Religious and Spiritual Assessment* presents questions for clinical interviews and refers readers to many standardized measures, although psychometric data generally are not presented. *Spiritual Interventions for Individual, Group, and Family Therapy* provides 30 specific exercises for exploring spirituality in the process of overcoming an eating disorder. In another practical chapter for clinicians, the authors provide detailed information on a structured spirituality group and workbook that they have used in their inpatient/outpatient treatment center. Results from the authors' randomized, controlled study of their spirituality group are presented, with appropriate attention paid to the strengths and limitations of the study.

A chapter on *Twelve-Step Groups for Patients with Eating Disorders* provides practical tips on how to use such a group for individuals with eating disorders. It is a balanced chapter, presenting both the concerns associated with using a 12-step approach, as well as the potential benefits. *Recommendations for Research on Spirituality and Eating Disorders* is a superb resource for individuals interested in pursuing research projects in this area; specific research questions are posed, and methodological considerations are outlined. Three descriptive case studies are presented in the next chapter, bringing to life many of the concepts presented in the book. Finally, *Spiritual Approaches* closes with an uplifting chapter entitled *Patient Perspectives on the Role of Spirituality in Treatment and Recovery*, which provides qualitative accounts of how many women "perceive that faith in God and spirituality are essential in their treatment and recovery" (p. 274).

Some topics not included in *Spiritual Approaches* certainly were missed, but I was left eagerly anticipating growth in this area. Non-theistic belief systems are not covered, including Eastern religions, agnosticism and atheism, all of which may play a similarly important role in the conceptualization and treatment of eating disorders. The authors do point out that many concepts within *Spiritual Approaches* are relevant to these alternative belief systems and that with careful consideration the same concepts can be transferrable to non-theistic belief systems. Also, the book focuses on women with eating disorders, but it is not clear how much of what is presented is uniquely applicable to females.

Overall, *Spiritual Approaches in the Treatment of Women with Eating Disorders* is an essential book for clinicians and researchers interested in expanding their view of eating disorders and joining the movement towards the integration of spirituality and science.
