Participant’s experiences of an online cognitive behavioural therapy package for bulimic type disorders: A community based study.

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Background

Bulimia nervosa is an eating disorder characterised by recurrent episodes of binge eating and reversing behaviour and has many psychological, physical and social consequences. Cognitive behavioural therapy (CBT) is recommended in the National Institute for Clinical Excellence guidelines for the treatment of bulimia nervosa (1). Due to a number of limitations with traditional face to face CBT, computerised CBT self-help packages have been developed and have shown to result in some improvements in bulimic symptoms (2). Computed delivery makes CBT more accessible to patients and can be used in the privacy of an individual’s own home, and at their convenience. The aim of the study was to investigate community recruited participant’s experiences of an online CBT based package for bulimic type disorders – ‘Overcoming Bulimia Online’.

Methodology

Procedure: 9 participants were interviewed. 8 of these interviews were included in the final analysis. All of these 8 individuals were females who had used the ‘Overcoming Bulimia Online’ CBT package as part of a RCT. The mean age of this sample was 33.9 yrs. The interviews were semi-structured and a topic guide was used to probe issues such as: participant’s reasons for choosing the self-help approach, their experience of using the online package, motivational issues whilst using the package, how the intervention compared to other treatments they had accessed in the past and finally aspects of the online research process.

Analysis: The telephone interviews were recorded, transcribed verbatim and analysed using the inductive systematic thematic analysis (TA) process outlined by Braun and Clark (3). Having two researchers (CM¹ and CM²) carry out the coding and identification of themes limited to some extent the subjective nature of the analysis.

Conceptualising eating disorders

"...there’s a standard joke that people who are bulimic are failed anorexics ... and that’s an extra thing that you carry around with you".

"I thought I was just a horrible, horrible person".

Help-seeking

"Yeah I’ve been turned, turned away by I think it’s 4 GPs who’ve all said it’s not a problem.”

"and stuff like that...it’s not ‘I’m not into group sessions something would be open to’.

Privacy

"...there’s nobody else in my life day to day that I’ve told about this’.

"And there’s something about you know it being hidden and awful that it’s not helpful isn’t it. It just feeds itself’.

Progress and recovery

"It’s the first time that I feel that I’m getting somewhere with this whole eating thing”

"...it’s not just something that you can get over in 8 weeks’.

Results and Discussion

Several themes were identified during analysis. Help-seeking: Many participants referred to previous treatments they had received, often expressing dissatisfaction with these. Another prominent aspect of this theme was the various barriers which participants described as limiting their access to help. The intervention: The online self-help package was generally useful to participants and many stated that they liked the convenient and flexible nature of the approach, however motivation was often a challenge. Motivation: Maintaining the drive to use the package and overcoming difficulties whilst using it were issues discussed by many participants. The support worker was often cited as an aid to motivation. Participant engagement: Many participants saw taking part in the study as both an opportunity to help themselves but also to contribute to the literature with the desire to help others. The online nature of the study was generally acceptable, despite occasional technical difficulties. Privacy: Privacy was discussed by all participants and seemed to be the main advantage of the online self-help approach. Conceptualising eating disorders: Participants talked about their feelings about BN and the perceived stigma associated with eating disorders. Acceptance and recognition of the problem was important for some participants. Progress and recovery: Many participants noticed both subtle and significant changes in their eating problems with some stating that they were largely asymptomatic. There was the suggestion that further support may be needed following the 8 week online intervention.

Conclusions: Participants valued the chance to take part in the study and receive access to a treatment that was seen as convenient, private and flexible. Many participants appreciated the input of the support worker, outlining the fact that the support worker aided motivation and also added some human interaction to the intervention. However, this telephone/email/text based support was not adequate for some participants. The need for privacy was apparent in relation to help-seeking, the perceived advantages of online self-help and use of the package, and the need for privacy and secrecy often hindered participant’s progress in receiving both professional help and social support. Finally, many participants made comments relating to changes and improvements they had noticed with regard to their eating problems; these improvements varied in magnitude. It is clear from these findings that online self-help is a desirable and acceptable treatment option for some individuals with bulimic type eating problems, despite some difficulties with motivation and implementation of some elements of the package.