

THE UNIVERSITY OF CALGARY
FACULTY OF MEDICINE
DEPARTMENT OF PSYCHIATRY
PRESENTS
THE 2004 SEBASTIAN K. LITTMANN RESEARCH DAY
FRIDAY March 05, 2004
VILLAGE PARK INN

- ABSTRACT FORM -

To be submitted by Friday, February 13, 2004 to Dr. Scott B. Patten, Department of Psychiatry, Peter Lougheed Centre, #3644, 3500 – 26 Ave. NE, Calgary, AB. T1Y 6J4

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Title: Arnika Centre for Dual Diagnosis, One Year Diagnostic Results of a Community Based Psychiatric Clinic for Intellectually Disabled Persons

Author(s): Susan Carpenter

Presenter(s): Susan Carpenter, Barbara Pitcher

Abstract: Arnika Centre is a community based clinic supported by Persons with Developmental Disabilities and The Calgary Health Region. It serves late adolescents and adults with both an intellectual disability and a mental health concern. Analysis of data retrieved from the first year of service in the Calgary region reveals some interesting observations of the level of intellectual disability, the most prevalent diagnoses, and further opportunities to develop service in the Calgary Region.

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Title: Child and Adolescent Mental Health Program Study: Workplace Cultural Competency & Service Utilization by Culturally Distinct Groups in the Calgary Health Region

Author(s): David Cawthorpe, Abduhl Rahman, Chris Wilkes

Presenter(s): David Cawthorpe

Diversity competence is a priority in the Calgary Health Region for all services including mental health. While diversity is a concept with a wide definitional range, one area that historically has been a focus nationally, provincially and regionally is the development of competence in the area of cultural diversity. According to the gold standard of cultural or diversity competence, a target group should have access to and receive a given service in proportion similar if not equal to that of the host population. With this standard in mind, the first steps in understanding system competency is the ability to measure the baseline rates to service access and utilization by target groups. Additionally, it is important to measure other aspects of the service system's competency.

Based on data from the Child and Adolescent Mental Health and Psychiatry Program, we undertook to measure baseline rates of service access and utilization by target groups. Target groups were identified in the database as having a first language other than English. Other aspects of the service system's competency (cultural competency policy and procedure awareness, staff values attitudes and beliefs) were also measured.

The results are presented and discussed in terms of how these data may be refined and employed to monitor the effectiveness of community-level interventions designed to improve access to services for marginalized groups.

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Title: Improving Patient Flow for Schizophrenia/Psychosis Patients:

Author(s): Ian Champion, Lisa Stewart

Presenter(s): Ian Champion, Lisa Stewart

The Schizophrenia Continuum of Care Project is part of the CHR Regional Collaborative Initiative examining patient flow across the service continuum. The Collaborative provides teams with the structure and support to test small process changes within their programs/services. Representatives from programs/services serving the Schizophrenia/psychosis population within the region have worked on defining, mapping and testing criteria related to admission, discharge and referral between services. Criteria for assessing patient readiness for another level of care has also been developed and tested against existing caseloads. The test sample revealed that barriers exist for discharging patients to another level of care. Some of these barriers include (1) patient needs a level of care that is not available in the community, (2) patient lacks a family physician, (3) patient is not willing to be moved to another service. The Project team has developed a number of possible solutions to facilitate transfer to another level of care. Examples of these solutions are (1) to liaise with physicians in the community to build capacity in treating patients with schizophrenia/psychosis, (2) to establish a process whereby patients discharged to a family physician could quickly access appropriate level of support should they begin to decompensate.

The collaborative framework and Improvement model will be reviewed and the specific learning and programs changes that have been identified will be presented.

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Title: Craving in Pathological Gambling: A Functional MRI Study

Author(s): D. Crockford, B. Goodyear, J. Quickfall, J. Edwards, N. el-Guebaly

Presenter(s): David Crockford

Objective: Functional Magnetic Resonance Imaging (fMRI) has identified specific brain regions activated with the experience of cravings for substances in chemically addicted patients. Studying pathological gamblers by fMRI would not only help identify potential underlying neurobiologic factors contributing to the persistence of pathological gambling, but also may act as a means to study the vulnerability to addictions without the potential confounding effects of substance intake.

Method: Ten DSM-IV pathological gamblers were compared to 10 matched healthy control subjects via BOLD fMRI of the brain. Using a repeated block design, participants were exposed to an audiovisual stimulus consisting of a video designed to induce craving for gambling, alternating with a matched neutral control video or a gambling task.

Results: Male pathological gamblers displayed consistent and significant increased blood flow to the right dorsolateral prefrontal cortex, right ventrolateral prefrontal cortex, bilateral medial temporal structures (hippocampal and parahippocampal gyri), and bilateral visual and dorsal parietal cortices compared to control subjects. The differential pattern of activation for pathological gamblers was associated with a significantly different mean craving response for gambling.

Conclusions: Similar to findings with substance use disorders, male pathological gamblers displayed brain activation in regions associated with the experience and application of contextual memory during subjective craving for gambling. These results suggest that selective priming of salient memory pathways may underlie the persistence of addictive behaviors.

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Title: Designing cohorts of gamblers... a trip to Mars!

Author(s): N. el-Guebaly, D. Hodgins, G. Smith, R. Williams, V. Williams, D. Schofpflocher, R. Wood

Presenter(s): Nady el-Guebaly

Gambling is a normative activity in the Alberta population, with 82% of the adult population having gambled in the past year. Upon creation in 1999, the Board of the Alberta Gaming Research Institute commissioned a set of literature reviews in the biopsychosocial, sociocultural, policy and economic domains of gambling research. A controversy in interpreting the significance of various domain variables and the lack of cross-over studies was highlighted and support was received on March 23rd, 2001 for a major collaborative project.

Longitudinal studies are the optimal methodology for understanding the factors that determine behaviors and the onset of disorders. The design to study factors that promote responsible gambling and/or make people susceptible to problem gambling hard to accommodate time and resource constraints.

The present project intends to study prospectively 2000 Albertans over a 5-year period from 2004 to 2009. There will be 5 age cohorts with 400 in each cohort: 13-15 year olds; 18-20 year olds; 23-25 year olds; 43-45 year olds; and 63-65 year olds. Fifty percent of each cohort will be derived from the general population and fifty percent from a 'high risk' sample of individuals who are at elevated risk for developing gambling problems because of the greater amount spent on gambling.

The presentation outlines the methodological hurdles initially encountered as well as the experience in meeting the expectations of 4 consecutive sets of reviews.

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Title: Services utilization patterns for young children with autistic spectrum disorders

Author(s): John McLennan, Mouhammed Halat, Michelle Caza

Presenter(s): Mouhammed Halat

Objective: To determine service utilization patterns of young children with autistic spectrum disorder (ASD) attending specialty centres

Method: A parent-report survey was sent to parents of children six years of age and under who had been seen at one of seven specialty centres in Canada. Data for children identified by the parent as having an ASD were extracted from the overall sample. Univariate and bivariate analysis were performed on the utilization data. In addition, detailed service utilization maps were constructed for two children also recruited from two different specialty centres.

Results: Parents of 63 children with ASD completed the survey. Family doctors were the most common professional seen first. Paediatricians were the main referrals source for a broad array of professionals. Speech and language pathologists were the most frequent recipient of referrals. Hearing screenings were the most commonly reported test. Speech therapy, followed by occupational therapy, was the most common treatments received. Fifty-nine percent of the children were reported to have received Intensive Behavioural Interventions. There was minimal variation between patterns across the two provinces and urban versus rural residence. Service utilization maps demonstrated the complexity of the pathways traversed by some parents with children with ASD

Conclusions: There are substantial variations in professional services received by children with ASD. Developing explicit best-practice pathways may provide a standard from which to guide service organization and evaluate patterns of services received.

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Title: Major Depression Epidemiology

Author(s): Scott Patten

Presenter(s): Scott Patten

Background: In the past, psychiatric epidemiology has focused on static rates and frequencies such as prevalence and incidence. While such estimates are useful, they do not provide an adequate picture of the epidemiology of this disorder. **Objective of the Presentation:** To present an overall description of the epidemiology of this condition. **Study Methods:** Data employed in this analysis derived from several national surveys, most notably the National Population Health Survey and the Canadian Community Health Survey. Markov models were used to refine estimates of incidence and episode duration. **Results:** Major depression was found to be a very common condition, with an annual prevalence of approximately 5% and a point prevalence of approximately 1-2%. A very large number of people develop new episodes each year, approximately 3% of the population. The majority of these episodes, however, recover within a few weeks. The probability of recovery declines progressively, following an exponential pattern, as episodes become longer in duration.

Conclusions: The features of major depression in the community are different than the impression gained from working in clinical settings. Many episodes occurring in community populations are self-limited. The epidemiological “picture” in the community is a highly dynamic one: the prevalence at any point in time represents a rapid inflow to a “prevalence pool,” coupled with a rapid outflow from it. A minority experience protracted episodes and these should be the target of psychiatric intervention.

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Title: Neurobiology of marijuana use: a review of neuroimaging data

Author(s): Jeremy Quickfall, David Crockford

Presenter(s): Jeremy Quickfall

Marijuana is one of the most commonly abused illicit substances and is associated with cognitive, mood, anxious, and psychotic phenomena. Recently, data has begun to emerge with regards to possible effects that marijuana has on structural and functional aspects of the brain. Notably, results have been most consistent in frontal, limbic/paralimbic, and cerebellar regions in functional imaging studies, and specific correlations have been made between these regions and clinically identified drug-related effects such as depersonalization, disrupted internal 'time-keeping' and short-term memory. The findings of anatomically-based neuroimaging studies will be reviewed and correlated with some of the neuropsychiatric and neuropsychological literature. Theories on the effects of marijuana on neural circuitry and how these effects lead to the discussed results will be presented, as well as possible directions for future research.

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Title: Helping the gambler, helping yourself: Minimal treatment approaches for concerned significant others of problem gamblers

Author(s): Steven A. Skitch, David C. Hodgins, Karyn Makarchuk, Kylie L. Thygesen, Erin K. Cassidy

Presenter(s): Steven Skitch

The present study examined the efficacy of a minimal treatment approach to assist the concerned significant others (CSOs) of problem gamblers. A randomized controlled trial was conducted to compare the efficacy of two minimal interventions and a control condition. The interventions were both based upon a cognitive-behavioural approach called Community Reinforcement and Family Training (CRAFT) that has been successfully used with CSOs of substance abusers. The first minimal intervention group received the Self-help workbook (based on the CRAFT approach) via the mail and the second minimal intervention group received the Self-help workbook plus telephone support. The control condition received an information package describing available treatment resources. One hundred and eighty-six participants (82% female, 56% spouses) were recruited from Ontario, Alberta, Manitoba, and Newfoundland and were randomly assigned to one of three groups: control, workbook, or workbook plus telephone support. Variables assessed were: gambling involvement and consequences, personal and relationship functioning, whether the gambler entered treatment, and satisfaction with the program. Participants were followed-up at 3 months and 6 months post-intervention. Overall, participants reported significant improvement in all areas (i.e., personal and relationship functioning, consequences related to gambling, gambling behavior) at both the 3 and 6-month follow-up. The data demonstrated differences in favor of the interventions in three areas: days reported gambling, number of people satisfied with the program, and number of people who had their needs met. Although there were some limitations to this study, the results do provide evidence that brief interventions can lead to reduced gambling behavior, consequences, and personal and relationship distress.

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Title: Melancholy and Depression in Western Visual Art

Author(s): Carmen Thompson, Keith Dobson

Presenter(s): Carmen Thompson

Psychological research has addressed the relationship between the visual arts and melancholy, but has tended towards explorations of the artist as a melancholic figure. Throughout history, visual depictions of the melancholic persons and melancholy have been commonplace. However, analysis of this work tends to remain in the domain of art history. The primary goal of the current research was to initiate an exploration of pictorial representations of melancholy and depression from a psychological perspective. The formulation of a novel methodology for the collection and analysis of images was central to this study. Specific questions and areas of investigation were generated through a thematic analysis in which the 184 images that had been collected were categorized on the basis of apparent themes and sub themes. Of interest, were the reoccurrence of specific signs and symbols, chronological changes in the imagery, and differences in representations of the artistic subject based on gender. An overview of these areas is presented, and specific categories and examples are discussed.

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Title: Outcomes of individuals with major depressive episode(s) in the general population

Author(s): JianLi Wang

Presenter(s): JianLi Wang

Objectives: In depressed individuals who used and did not use mental health services, to (1) compare the demographic, psychosocial and clinical characteristics; (2) estimate the risk of MDE in a 6-year follow-up period; (2) identify the factors associated with the persistence/ recurrence of MDE.

Methods: This was a longitudinal analysis. Data from the longitudinal cohort of the Canadian National Population Health Survey (NPHS) were used. Subjects with depression were classified into two groups by mental health service utilization at baseline. Depression was measured by the WHO's Composite International Diagnostic Interview – Short Form for Major Depression in the NPHS. The proportions of persistence / recurrence of major depressive episode(s) (MDE) in the cohorts within 6-year period were estimated. The factors related to the outcome were investigated.

Results: In the 6-year follow-up period, 49.8% of participants with Treated depression developed subsequent MDE; 28.7% of those with Untreated depression reported MDE. Multivariate analyses showed that, among those who reported the use of mental health services, childhood and adulthood traumatic events and functional impairment were related to the recurrence of MDE. Among those who did not use mental health services, reported negative life events and the severity of depressive symptoms were predictive of the Recurrent MDE.

Conclusions: The risk of the recurrence of MDE and associated factors differ in mental health service users and non-users. Future studies need to confirm these results and to identify service barriers for those who do not use the services and who are at a high risk of MDE.

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Title: A Pilot, Open-label Trial of Gabapentin for Smoking Cessation: Interim Findings

Author(s): William White, David Crockford, Scott Patten, Nady el-Guebaly

Presenter(s): Will White

Background: Cigarette smoking is a leading preventable cause of morbidity and mortality. Useful treatments are limited in number and efficacy. Two human case reports and animal studies suggest a rationale for gabapentin (GBP) as a potential aid to smoking cessation. **Objectives:** This pilot study aims to obtain data (estimate of treatment effect size, confidence intervals, sample size calculations) required to plan a definitive trial. Interim data are presented from the partial sample who have completed the study to-date. **Methods:** 20 smokers were randomized to open-label GBP or bupropion SR (BPR) along with brief weekly counselling for smoking cessation. The primary outcome variable was abstinence. Secondary outcome variables were smoking reduction and change in withdrawal severity. Participants documented daily smoking and withdrawal symptoms and attended weekly follow-up for six weeks. Self-reported abstinence was verified by urine cotinine assay. At study completion, the final sample will include 40 participants. **Results:** Rates of abstinence, smoking reduction, withdrawal severity, and tolerability of medications for the two groups are compared. These preliminary data were not analyzed for statistical significance. **Conclusions:** Similarities and differences in efficacy and tolerability between the two medications are suggested. Outcome data from the final study sample will allow sample size calculations for an adequately powered trial. The open-label study design and lack of a placebo control group limit interpretation of findings. Were GBP proven more efficacious than placebo in a future study, GBP could have a role to play in smoking cessation, especially in patients who do not tolerate BPR or when BPR is ineffective or contraindicated. Individualized dosing and combination therapy might improve tolerability / efficacy of both agents. The authors are unaware of other prospective studies of this indication for GBP.

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Title: **The Community Extension Team (CET): Pilot of a new intervention to improve continuity of care for the severely mentally ill.**

Author(s): Adair CE, McDougall GM, Mitton C, Gardiner H, Alarie R, McKenzie M, Coleman M, Rawlings S, Steer T.

Presenter(s): Carol Adair

Background Assertive community treatment (ACT) teams have been shown to be cost-effective (improving health outcomes and reducing admissions and ER visits) for the very low functioning, often homeless, mentally ill (SMI). However, for slightly higher functioning SMI individuals, who may be at risk only at prominent care transition points (such as at hospital discharge), such approaches (based on 1:10 staff/patient ratios) may be too costly, long-term and intensive. The CET was developed as a short-term, lower intensity (approximately 1:30 staff/patient ratio) intervention and piloted in Calgary over a 5-month period in 2002. The team served as a bridge between existing gaps in service, providing community-based assistance with access, linkage to needed medical and social supports, ensured access and adherence to medication, and maintained contact during waiting periods for regular community or outpatient services.

Methods Adults (aged 18-65) with SMI (chronic psychotic or mood disorders) were recruited from a previous cohort study, inner city clinics and hospital discharges. 68 patients were randomized to either the CET intervention or usual care (the mixed set of services including discharge planning and regular referrals that are currently offered). Outcomes included symptoms, functioning, quality of life, self-reported general health, hospital admissions, ER visits, distress line calls, and suicide attempts using descriptive comparisons in an intention-to-treat analysis.

Results 81% of both groups were followed to 5 months (30/37 and 25/31 respectively). No significant differences were found on age or sex at baseline. Symptoms, hospital admissions, inpatient days, and suicide attempts were all lower in the intervention group. Community functioning, disease-specific and generic quality of life, self-reported health, and observer-reported global functioning were all higher in the intervention group. However the intervention group also had, unexpectedly, more crisis calls and ER visits. These findings are promising but are pilot findings only; the study was underpowered to confirm the statistical significance of differences. Further examination of possible reasons for the unexpected findings are continuing using chart reviews and exploratory sub-group comparisons and plans are underway for a larger, cost-effectiveness study.

Conclusion CET is a new model of community support that may improve continuity of care and outcomes for the SMI which warrants further investigation.

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FRIDAY March 04, 2004
VILLAGE PARK INN

- ABSTRACT FORM -

To be submitted by Friday, February 12, 2005 to Dr. Scott B. Patten, Department of Psychiatry, Peter Lougheed Centre, #3644, 3500 – 26 Ave. NE, Calgary, AB. T1Y 6J4

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Title: High Risk for Emotional Disorders and Academic Achievement among Canadian and Mauritian High School Students

Authors(s): Alladin, A., Robinson, H., Bissoonauth, K., Thomas, U., Chong, V., West, D., Cunningham, S.

Presenter(s): Assen Alladin & Shaylyn Cunningham

In this presentation we present results that re-examine the cross-cultural study of Canadian and Mauritian High School Students using an expanded Canadian sample that includes urban students. Using results from the Beck Anxiety Inventory (BAI), the revised Beck Depression Inventory (BDI-II), and the Beck Hopelessness Scale (BHS) we examine the relationship between grade achievement and risk for emotional disorders.

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Title: The SNAPSHOT Project of the Psychiatric Assessment Service

Authors: Lynch, P., Don Angus, D.

Presenter: Don Angus

- Find out what is revealed by the SNAPSHOT PROJECT of the Psychiatric
- Assessment Service at FMC.
- How do the REFERRAL and TRIAGE processes work to eliminate the dreaded
- INAPPROPRIATE referral?
- Who are the patients eliminated and why? What about the Missing Data?
- How different are the nice patients referred from Community Physicians
- from the unwashed Emergency Room referrals?
- What are the popular presenting problems these days?
- What is revealed by the DSM IV Diagnoses given to patients from the
- community versus the ER and especially what about those GAF differences?

- Does the SCL90R tell us anything?
- WARNING! Could be boring.

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Title: Clinic for Mind-Body Medicine: The Integrative Management of Medically Unexplained Symptoms

Author(s): Bakal, D., Coll, P., Schaefer, J., Anderson, K.

Presenter(s): Donald Bakal, Patrick Coll

An integrated clinical model of medically unexplained symptom (MUS) management is presented that is based on collaboration between Psychology, Psychiatry and Internal Medicine. The model represents a more sophisticated mind/body paradigm than is currently practiced in stepped care approaches. The clinical framework utilizes somatic awareness as the guiding interventional strategy. Somatic awareness involves the direction of attention to bodily experience for the purpose of achieving health. Somatic awareness is a significant step beyond current therapy in terms of mind/body integration. The model is consistent with evidence-based medicine and relies on psychobiological processes that are common to patients with MUS. The theoretical framework emphasizes the psychobiological determinants of central sensitization. There has been a shift in emphasis away from the search for physical factors underlying MUS and more emphasis on nonspecific pathophysiological mechanisms associated with sensitization. Anxiolytic and opioid drugs are not encouraged for the control of MUS, largely because of their potential to exacerbate the sensitization processes behind the symptom(s). The psychobiological model, with its emphasis on symptom severity and somatic awareness, serves to help mental health and medical professionals integrate clinical services within a unified framework.

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- ABSTRACT FORM -

Title: Failure to Detect Attentional Bias towards Body Shape Words among Men and Women

Author(s): Baxter, A.E., von Ranson, K.M.

Presenter(s): Amy E. Baxter

The essence of the cognitive perspective is that an individual's attitude towards his or her physical attributes have schematic qualities and will bias the manner in which stimuli related to body shape are processed. Vitousek and Hollon (1990) suggest that body shape concerns are characterized by attentional biases towards schema-congruent information and away from counterschematic information. For example, individuals with high body dissatisfaction are theorized to process information pertaining to negative body image (i.e., schema-congruent information) more extensively than they process information associated with positive body image (i.e., schema-incongruent information), which in turn reinforces their negative beliefs about their own body. Cognitive tasks are theorized to reduce problems of demand characteristics and response bias because deliberate denial of body image issues is unlikely to affect one's response to a cognitive task (Vitousek & Orimoto, 1993).

Few studies have examined gender differences in attentional bias towards words relating to body appearance, weight and shape. Previous studies that have examined gender differences (e.g., Ben-Tovim, Walker & Douros, 1993) have failed to consider that key elements of body shape ideals differ between men and women in presenting word lists that focus exclusively on the dimensions of fatness and thinness and that ignore the dimension of muscularity. Instead of desiring a thin figure, men typically desire a muscular, heavy body shape (McCreary & Sadava, 2001).

To expand our knowledge of gender-specific cognitive risk factors for body dissatisfaction, the present study examined gender differences in the information processing of adjectives describing three categories of body shape (i.e., fat, thin, and muscular). Sixty-two male and 64 female undergraduate students were administered a Visual Probe Detection Task (VPDT) and completed the Drive for Muscularity Scale (DMS; McCreary et al., 2002) and the Drive for Thinness (DT) subscale of the Eating Disorder Inventory (EDI; Garner, Olmsted, & Polivy, 1983). Despite the fact that self-report data indicated men had more body concerns related to muscularity ($p < .05$) and women had more concerns related to body weight and shape ($p < .05$), neither gender displayed an attentional bias towards body shape words in the attention task ($p > .05$). We conclude that these data do not support Vitousek and Hollon's (1990) theory of schema-congruent information processing with respect to body dissatisfaction among non-clinical men and women.

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Title: The Effect of a Brief Motivational Enhancement Intervention on Binge Eating: Preliminary Findings

Author(s): Cassin S., von Ranson K.

Presenter(s): Stephanie Cassin

Psychotherapy is based on the premise that individuals suffering from psychological disorders genuinely desire change in their lives. This assumption is often unfounded in the case of ambivalent individuals with substance use and eating disorders, however, which may help account for high rates of treatment failure (Miller & Rollnick, 2002; Vitousek, et al., 1998). Motivational enhancement therapy (MET), a brief intervention which seeks to resolve ambivalence and enhance intrinsic motivation for change, was designed with the goal of tailoring treatment based on clients' needs. It is now considered an empirically supported intervention for alcohol and substance use disorders (Miller et al., 1998), with some studies documenting that as little as 15 minutes of MET can result in benefits that endure over one or more years (Burke et al., 2003). Recently, MET has been adapted for use with individuals suffering from anorexia nervosa and bulimia nervosa, with encouraging results (Feld et al., 2001; Treasure et al., 1999). To date, no published studies have examined the efficacy of MET in individuals with binge eating disorder (BED).

The present longitudinal treatment outcome study aims to reduce binge eating and associated psychological disturbance by providing MET to individuals with BED. During Phase I of the study, a self-help manual and single session MET protocol were developed for treatment of BED. During Phase II of the study, which is currently underway, 100 individuals with BED are being recruited from the community to examine the effectiveness of the intervention. Participants are randomly assigned to one of two groups. Those in the MET group receive a 90-minute session of MET and the self-help manual whereas those in the non-MET control group receive only the self-help manual. Group differences in eating self-efficacy (i.e. confidence that one can resist the temptation to overeat) and confidence, motivation, and readiness for change are assessed immediately following the intervention. It is hypothesized that the MET group will report greater eating self-efficacy and confidence, motivation, and readiness for change, as well as decreases in binge eating frequency. Preliminary findings from the study (approximately 20-30 participants) will be presented.

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