

Evaluating the Efficacy of a Mentor-based Program for Eating Disorders

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Efficacy of Mentor Model

- **Alcoholics Anonymous**
 - Efficacy Research (Straussner & Byrne, 2009; Cloud et al., 2006; Pagano et al., 2004, 2007, 2009)
 - Helping Others Contributes to Long Term Outcome (Pagano et al, 2009)
- **Eating Disorder Prevention Program**
(Becker et al., 2008)

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- Online pro-recovery website that offers a mentor-based program
- Members have to commit to working towards recovery and that all discussions are recovery-oriented

Mentor-based Programs

- Mentor is defined as an eating disorder professional or someone who has recovered from an eating disorder (ED symptom free from 12 months or more).
- Volunteer mentors are pre-screened by a team that includes lay and licensed professionals
- Pairs commit to communicate at least once a week

Purpose of this Study

- To conduct a preliminary evaluation of a mentor-based program.
 - Unmatched Mentees
 - Matched Mentees

Sample

- Over a 3 month period:
- 34 mentors (56% of the total)
- 49 unmatched mentees (82% of the total)
- 58 matched mentees (61% of the total)

Mentors

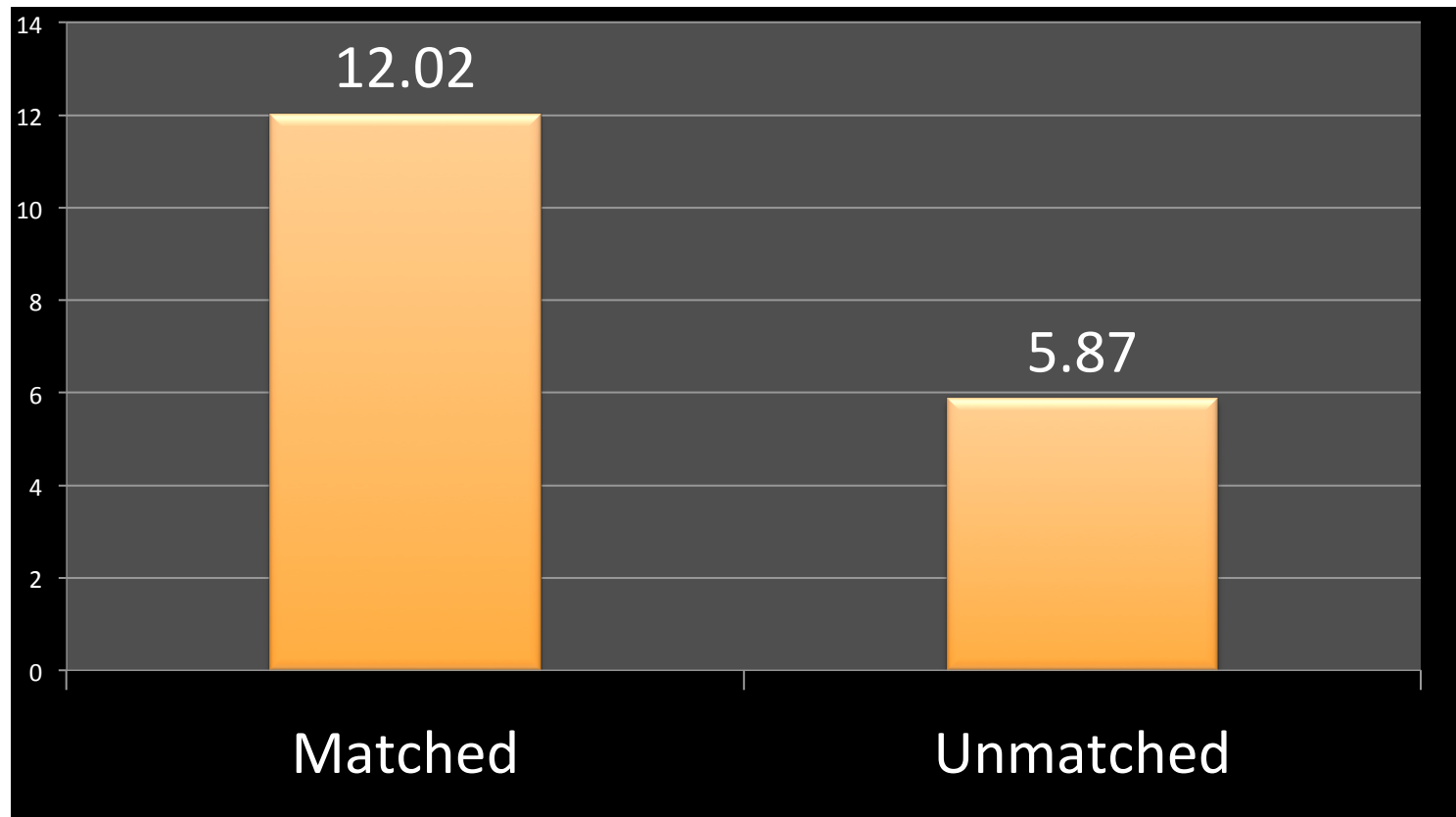
- 24 recovered individuals; 10 non-ED professionals
- Age range from 21 – 55
- 93.8% are living within the United States
- Average years recovered: 8 (SD = 6.00)

- 56% Anorexia Nervosa
- 38% Bulimia Nervosa
- 15% Binge Eating Disorder
- 38% ED NOS

Mentees

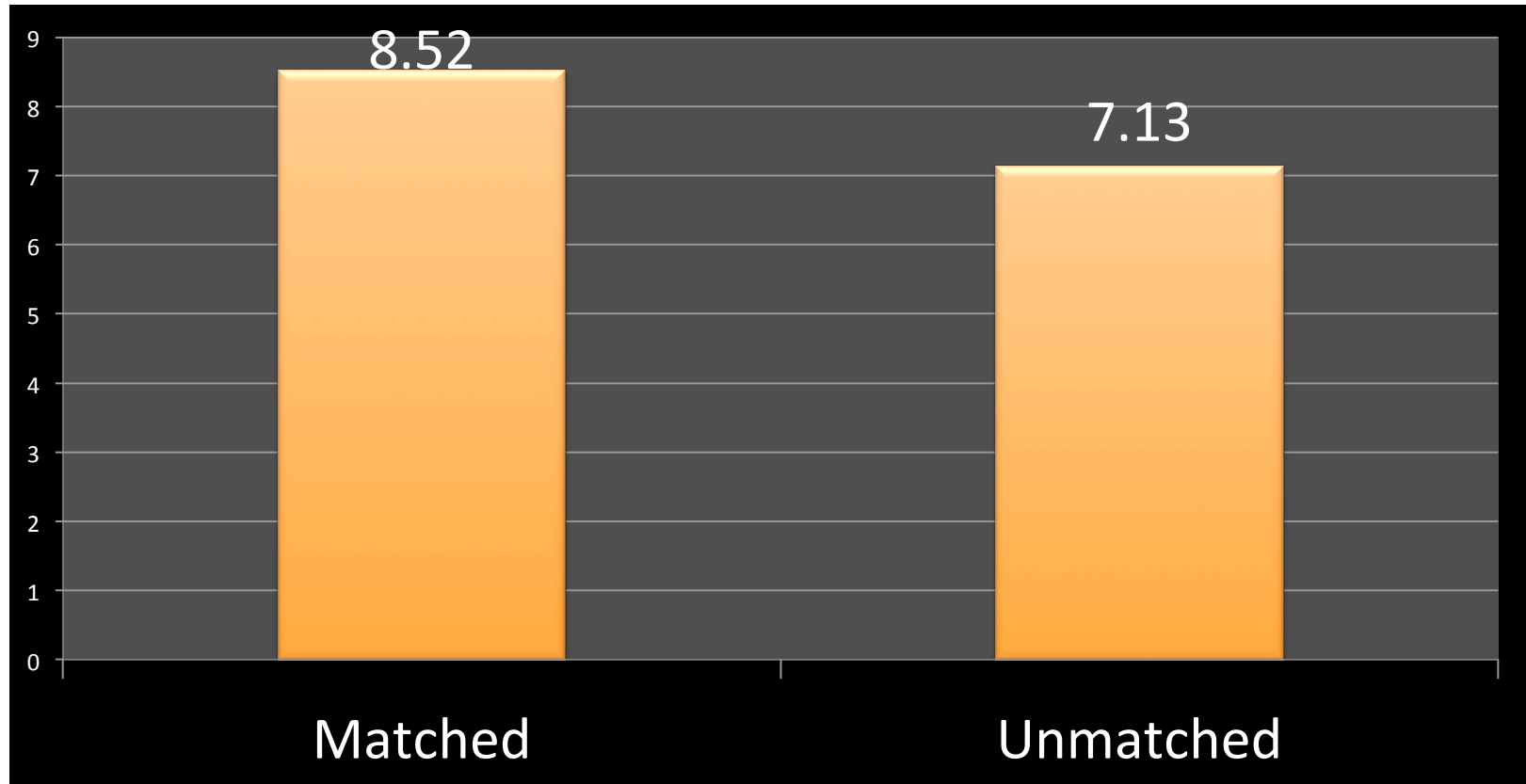
- Average Age: 28 (SD = 8.64)
- Illness Duration: 12.29 years (SD=9.73)
- 56% Anorexia Nervosa
- 33% Bulimia Nervosa
- 13% Binge Eating Disorder
- 38% Eating Disorder NOS
- Significant group differences on symptom severity $t(209) = -2.89, p < .02$

The Impact of Mentoring on Quality of Life: Future Outlook



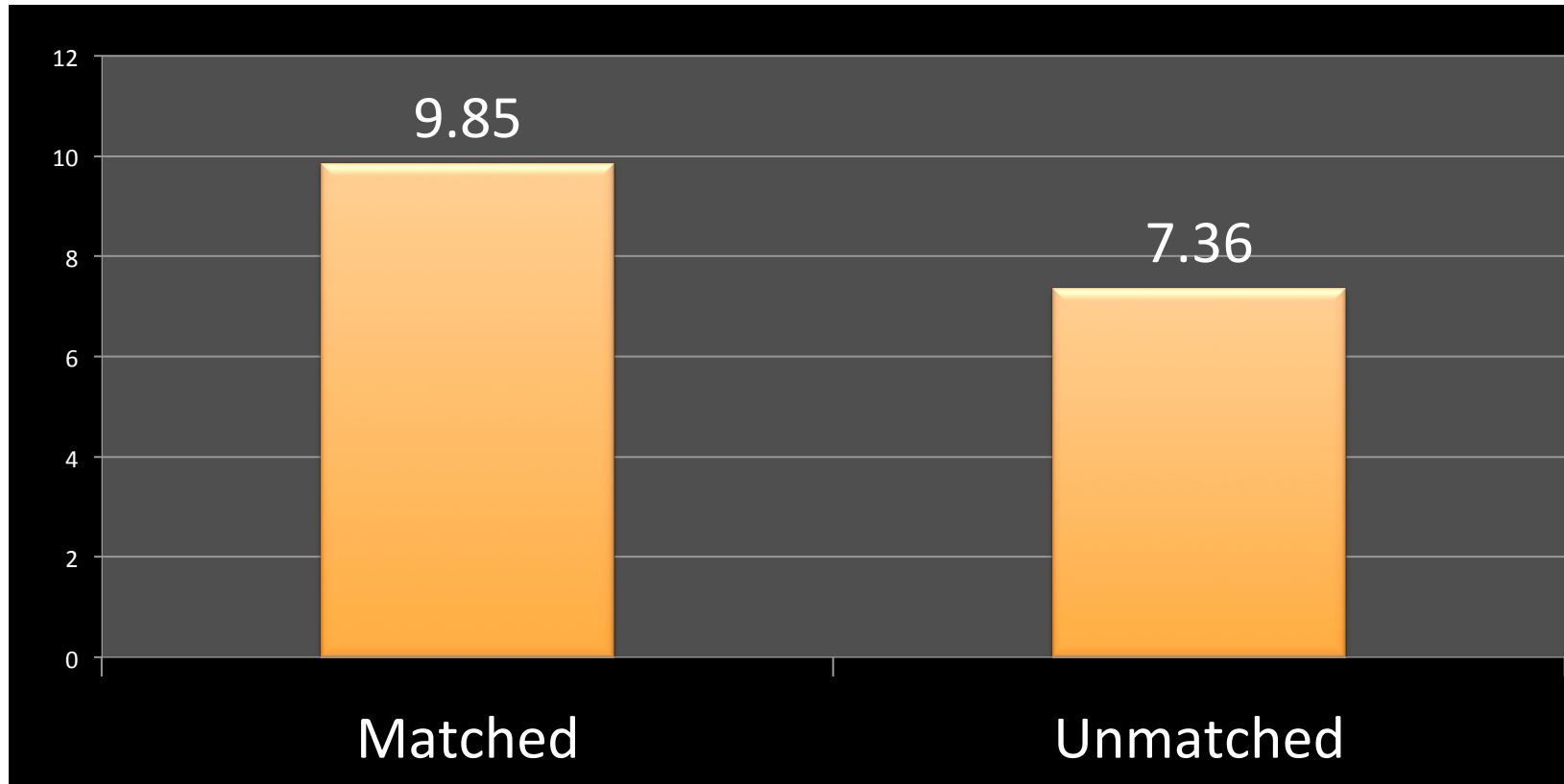
$$B = .47, t = 13.54, p < .01$$

The Impact of Mentoring on Quality of Life: Cognitive



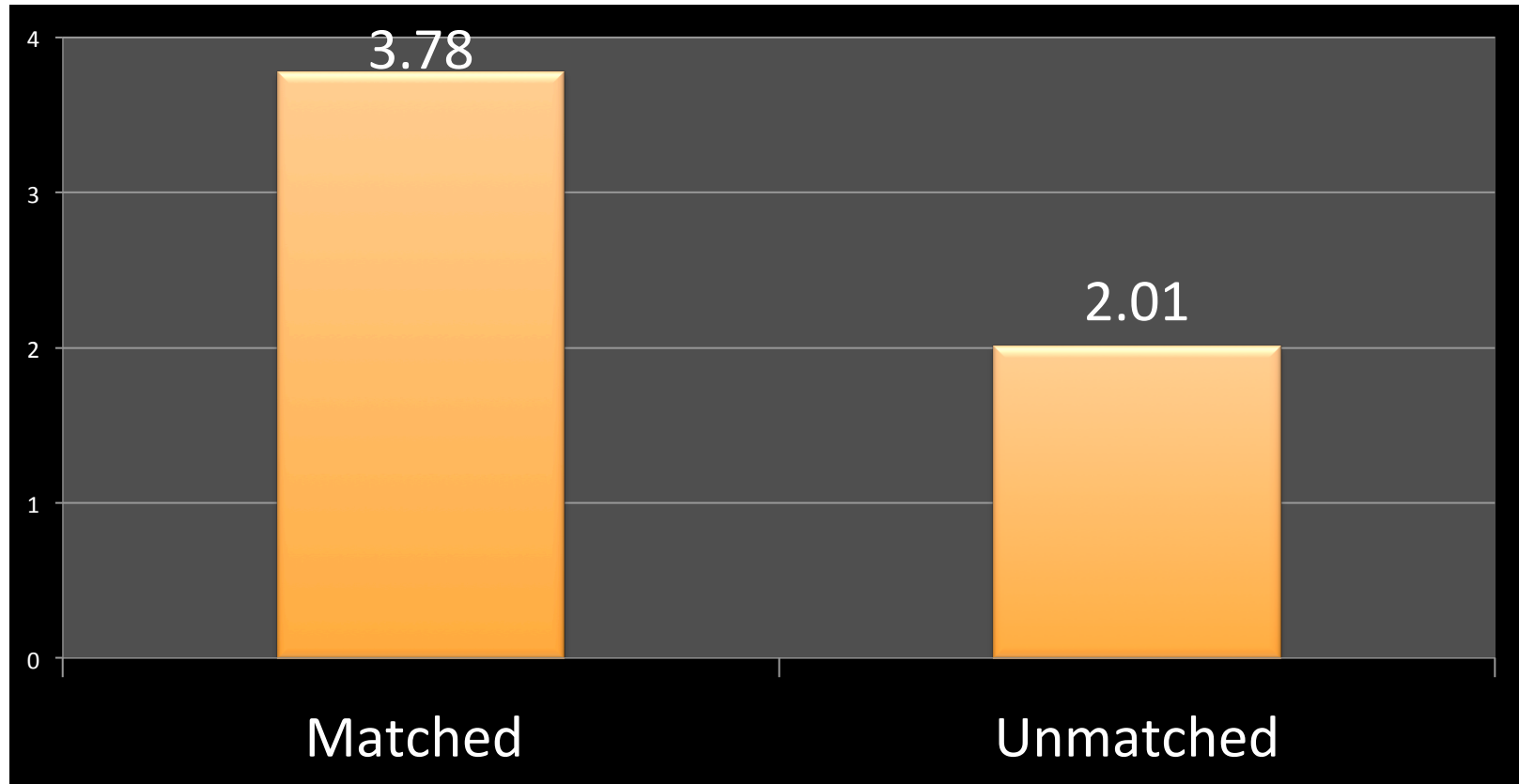
$B = .21, t = 2.10, p < .04$

The Impact of Mentoring on Quality of Life: Relationship with Others



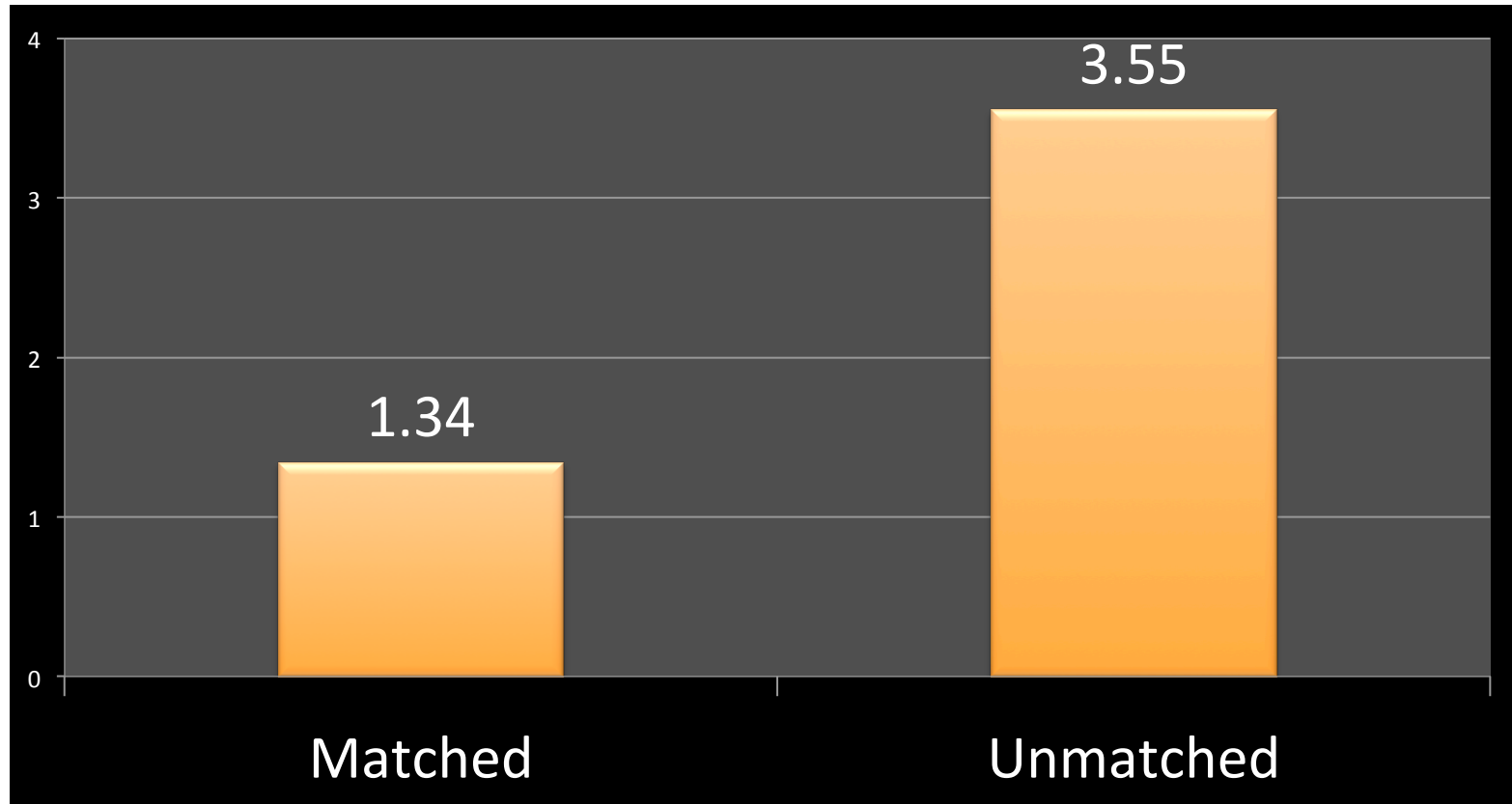
$B = .27, t = 3.01, p < .03$

Impact of Mentoring on Motivation to Recover



$B = .11, t = 1.91, p < .05$

The Impact of Mentoring on Treatment Compliance



$B = .33, t = 5.96, p < .01$

Summary of Results

- Mentoring program seems to influence
 - Future outlook, cognitive functioning, interpersonal relationships, motivation, and session attendance
- Mentoring program does not influence
 - Thin ideal internalization, restrained eating, urge to engage in weight control behaviors, family, appearance, leisure, psychological and emotional health, eating issues, vocation, values & beliefs

What are the most current mentoring needs?

- 95% of mentees report needing support with co-occurring recovery issues (trauma, abuse, self-harm, depression, anxiety)
- 91% need support with body dissatisfaction
- 90% need support with learning to name and deal with emotions
- 86% need support with food-based socializing, managing relapses, and weight stabilization

What do Mentors and Mentees Discuss?

- The most frequent topics discussed with mentors according to mentees are:
 - Choosing recovery
 - Staying committed and motivated
 - Treatment Compliance
 - Managing or reducing ED thoughts and behaviors
 - Dealing with triggers from family and environment

Impact of Mentoring on the Mentor

- 87% (21 out of 24) of Mentors believe mentoring positively impacts their own recovery process by:
 - Strengthening the skills they learned in recovery
 - Solidifying the steps required towards recovery
 - Reminding them where they were and how far they've come

Who might benefit from a mentoring program?

- Individuals who are committed to getting better
- Individuals who are in treatment
- Individuals who are willing to comply with the action oriented component of the program

- Individuals who are able to understand how some statements may be triggering for others and refrain from stating.

Questions?

- Thank You
- Questions?