Do Friendships between Adolescents on Eating Disorder units hinder Recovery?

Anja Malmendier-Mühlschlegel
Juliet K. Rosewall
Jared G. Smith
Pippa Hugo
Background

- Audit: Young people identified each other as major source of support, clinicians’ perspective varied
- Description of “peer contagion” in residential treatment settings
- Inpatient experience: positive and negative effects of peer friendships
- Vulnerability factors to peer contagion: peer rejection which often applies to young people with Anorexia Nervosa (AN)
- Social isolation and dysfunction are factors associated with chronicity of AN
Study Hypotheses

1) Young people with AN who endorsed a greater motivational stage will report their friendships with fellow patients to be of higher quality, compared to those at a lower motivational stage.

2) Young people with AN who endorsed a greater motivational stage will report greater satisfaction with these friendships on the ward.
Method

• 30 female young people recruited from 3 inpatient units
• Measures:
  Motivational Stage of Change for Adolescents Recovering from an Eating Disorder (MSCARED)
  McGill Friendship Questionnaires (MFQ-RA and MFQ-FF)
  “Friendship Questionnaire”: a set of questions tapping into friendship and support in an inpatient environment, emotions when exposed to others with AN
• Descriptive Statistical Analysis: controlled for age, association Motivational Stage/Friendship Functions+Satisfaction/Peer Treatment Support
Results

30 participants: mean age = 15.07, mean BMI centiles = 13.46

Motivational Stage of Change
Pre-contemplation N = 1 (3.3%); Contemplation N = 8 (26.7%); Preparation N = 1 (3.3%); Action N = 15 (50.0%); and Maintenance N = 5 (16.7%). N=0 recovery stage.
Friendship Questionnaire

Friendship and Peer Support on the Ward

1. My friends will help me when it becomes hard to follow my own programme.
   - Frequency: 7

2. My friends will help me not to give in to my Anorexia.
   - Frequency: 5

3. I share my anorexic ideas and feelings about eating with my friends.
   - Frequency: 7

4. Friends on the ward will help me with things outside my Anorexia.
   - Frequency: 6

5. I share interests outside my Anorexia with my friends on the ward.
   - Frequency: 6
Friendship Questionnaire

Who or What is Experienced as Helpful in Following the Treatment Plan?
<table>
<thead>
<tr>
<th>Measure</th>
<th>Mean (SD)</th>
<th>Range</th>
<th>Association with stage of change (rho)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MFQ-RA (-4 to 4)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive Feelings/ Satisfaction</td>
<td>2.11 (1.62)</td>
<td>-2.56-3.81</td>
<td>.037</td>
</tr>
<tr>
<td><strong>MFQ-FF (0 to 8)</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Stimulating Companionship</td>
<td>6.20 (1.31)</td>
<td>2.40-7.60</td>
<td>.161</td>
</tr>
<tr>
<td>Help</td>
<td>5.93 (1.36)</td>
<td>2.40-7.60</td>
<td><strong>.379</strong>*</td>
</tr>
<tr>
<td>Intimacy</td>
<td>6.24 (1.28)</td>
<td>3.80-8.00</td>
<td><strong>.387</strong>*</td>
</tr>
<tr>
<td>Reliable Alliance</td>
<td>5.83 (1.78)</td>
<td>1.00-8.00</td>
<td>.257</td>
</tr>
<tr>
<td>Self-Validation</td>
<td>5.71 (1.39)</td>
<td>2.60-7.40</td>
<td><strong>.405</strong>*</td>
</tr>
<tr>
<td>Emotional Security</td>
<td>5.96 (1.36)</td>
<td>3.20-7.80</td>
<td>.342</td>
</tr>
</tbody>
</table>

Note: MFQ-RA = McGill Respondent’s Affection, agreement ratings on Positive Feelings/ Satisfaction subscale ranged from -4 = very much disagree to 4 = very much agree; MFQ-FF = McGill Friendship Function, frequency ratings on subscales ranged from 0 = never to 8 = always; * p < .05.
Results

• Treatment support by friends positively associated with all friendship functions

• Sharing anorexic ruminations showed no association with friendship functions but
  Friends helping “when it becomes hard to follow my own program” and “not to give in to my Anorexia” positively associated with all friendship measures

Eating Behaviors, 2016 http://dx.doi.org/10.1016/j.eatbeh.2016.06.010
Conclusion

• Positive association between ward friendships/motivation/perceived peer support

• Indicates that negative peer effects are not inevitable

• What factors promote positive peer influences /reduce negatives (under-investigated components of inpatient treatment like functioning of the therapeutic team/ adult supervision/ contingencies)

• Is friendship building worthwhile exploring as a focus for treatment?

• Potentially relevant beyond inpatient treatment i.e community settings that involve contact of young people with Anorexia Nervosa
Acknowledgements

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