

## The EBT Program Graduates Survey

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A questionnaire was developed by Dr. Bates in consultation with researchers at the University of Illinois at Chicago and the University of California San Francisco and the research was approved by the Human Subjects Institute Review Board at the University of Illinois at Chicago. The questionnaire was sent by mail to eligible program participants in June, 2002 and returned to Dr. Bates by August 15, 2002 and analyzed by her staff. The Institute for Health Solutions had no access to these data but was provided a summary of the findings that are described below. All the changes were highly statistically significant, at the  $p = 0.000$  level.

Of the 155 individuals who were sent questionnaires, 134 returned them, a response rate of 86 percent. Respondents were largely middle-aged white women. Mean age was 49 years and 75 percent of respondents were 40 to 60 years of age. Ninety-eight percent were female which reflects the past gender composition of Solution Groups. During the last year, far more men have sought Solution training. Ninety-five percent of respondents were Caucasian, which is consistent with the trends nationally for group health promotion interventions.

Forty-four percent of respondents had completed four EBT Advances Courses and 46 percent had completed five or more courses. The EBT Advanced Courses are the coursework of the method, however, participants can choose various forms of support. Forty-three percent had completed at least a year of telegroup support (audioconferencing group with an EBT Provider). Thirty-three percent had completed at least one year of support (in-person group with an EBT Provider). Seventeen percent completed the program through self-study or with self-help circles. At the time of questionnaire completion, respondents had used the method for an average of about 2.5 years and all respondents had used the method for at least one year.

Participant satisfaction was high with 96 percent rating the program as excellent or good and 91 percent responding that they would recommend the program to someone they cared about. Perceptions of improvements in health, happiness and a range of related variables were also high:

- 68 percent reported improved health
- 91 percent reported improved happiness
- 83 percent reported improved personal relationships
- 58 percent reported improved work relationships
- 76 percent reported improved coping with work stress
- 56 percent reported improved work productivity
- 69 percent reported improved exercise

The chart shown present the responses of subjects to questions about how often they engaged in an external solution prior to starting their EBT training and after receiving the training. There was a trend toward improvement in all rewards and all excesses. Participants responses were highly significantly different from how they were before the training and after participating in the training.

## UI-C EBT Survey Study

Stress-Related Outcomes at Retrospective Pretest (RPT) and Posttest (Post)

	Mean ± SD <sup>b</sup> at RPT	Mean ± SD <sup>b</sup> at Post	Mean change ± SD <sup>b</sup>	P <sup>c</sup>
<b>Overeating</b>	1.45 ± 0.63	2.93 ± 0.76	-1.48 ± 0.87	0.000
<b>Drinking Too Much Alcohol</b>	3.53 ± 0.78	3.88 ± 0.38	-0.34 ± 0.62	0.000
<b>Smoking Cigarettes</b>	3.81 ± 0.63	3.97 ± 0.21	-0.17 ± 0.66	0.000
<b>Overspending</b>	2.93 ± 0.97	3.60 ± 0.54	-0.67 ± 0.77	0.000
<b>Overworking</b>	2.37 ± 1.04	3.40 ± 0.62	-1.03 ± 0.93	0.000
<sup>a</sup> Item responses ranged from 1 (Almost Always) to 4 (Rarely or Never) <sup>b</sup> SD = standard deviation, <sup>c</sup> Paired samples t-test, two tailed				

The majority of respondents engaged in the external solutions of overeating, rescuing and obsessive thinking and only a minority of them reported excesses of drinking, smoking, spending, working, distancing and people pleasing. We considered a participant to have an external solution in a particular area if they indicated on the questionnaire that they engaged in it often or almost always. If

they indicated that they engaged in it never, rarely or sometimes, they were not considered to have an external solution. Of particular interest to use was the percentage of respondents who had an external solution baseline but did not after using the method. This finding turned out to be remarkably high and reasonably consistent regardless of external solution:

- overeating 92%
- excessive drinking 88%
- smoking 83%
- over spending 90%
- excessiveworking 82%
- rescuing 97%
- distancing 86%
- obsessive thinking 86%
- rescuing 72%

There are limitations to the reliability and generalizability of this survey, however, this report was positive regarding participant satisfaction with the method and perceived improvements in variables related to health and happiness.

First, a retrospective pretest method was used, which means that at one point in time participants were asked about how they were before and after the program. Although it would have been better to ask participants these questions before the program and after the program, two issues made this difficult. First, we wanted to ask program completers what their experience had been in the areas just discussed. Since it takes 1 to 2 years to complete the work, we did not have the time to do it. In addition, most, if not all of the skills and rewards have specific meanings learned in the program. It is very possible that asking someone before they started the program how often they experienced integration that they might feel integrated often, but after they were in the program and experienced a deeper integration, realized that they really hadn't experienced true integration before they started the program.

Second, when looking at the effects of an intervention, comparing the results of the participants to non-participants gives a better sense of whether the general public is

changing or that the change can be attributed to the intervention. Although we could not use a control group in this survey, the dramatic changes seen in rewards and excesses seem unlikely to be happening in the general population.

Third, the survey has not yet been tested for reliability and validity, so we don't know how well the questions that are about similar things such as skills, rewards, excesses relate to one another. In addition, we have not tested the validity of the survey, or how well it measures what we want to measure.

Finally, generalizability, or the confidence we have that we would see the same results in other groups of people, is limited to white women. We would expect that other white women would have similar results, but we don't know if women of color or men of all races/ethnicities would respond in the same way.

The results from this report which were collected, on the average, two and on half years after participants began using the method were somewhat similar to the results reported at two years in the six-year follow-up studies of the method. This is an important strength of these findings.