Season's Greetings & a Happy New Year

Message from CEED Manager

I imagine your year has been a full and busy one as it has been at CEED, and I hope you are able to have a break to spend time with loved ones in the coming months. The CEED team has been very productive and working with many services across Victoria, from early intervention through to planning for management of complex and enduring eating disorders. In 2018 CEED welcomed new team members and our first team baby.

We have continued to deliver a broad range of trainings and to work with national and interstate partners in developing workforce competencies. CEED is supporting the increasing work of adult mental health services and primary care in planning pathways and service responses. This enables ongoing building of the continuum of care as this links with the service innovations in CAMHS/CYMHS over the past decade to build the continuum of care. The significantly higher level of requests to CEED for complex case and carer consultations also denotes the increased work of services in eating disorders.

Join with us again in 2019 to continue building a world class system of care for Victoria.

Claire Difley
Festive Greetings from the Team

Wishing you holiday time for fun and relaxation with family and friends, doing the things you enjoy most. Looking forward to working with you in 2019.

Claire

Thanks to all of you who connect with us at CEED across the year. We appreciate you! Have a wonderful Christmas.

Beth

May you and your family enjoy all the warmth this season has to offer. Have a wonderful holiday and a new year filled with joy in all things Social and Work!

Josh

I hope this time of families coming together can be a time of joy & small blessings for those caring for someone with an eating disorder (and all clinicians!)

Belinda

Enjoy this special time with your friends and family, and looking forward to seeing you all refreshed and reinvigorated for another successful year in 2019.

Sarah

Wishing you a fantastic break spent with great people, doing the things you enjoy most. Looking forward to seeing you in 2019.

Rachel

Wishing you all a happy and safe holiday season spent with loved ones!

Jess J

Wishing everyone the opportunity to slow down away from day to day hustle and bustle, and enjoy some time connecting with loved ones

Campbell

The festive season can be a time of sensory overload for many of us - remember to keep your own needs and preferences in mind over the silly season!

Alex

The festive season can be a difficult time for people with eating disorders and body image concerns. Look after yourselves & each other!

Jess R

Enjoy this special time with your friends and family, and looking forward to seeing you all refreshed and reinvigorated for another successful year in 2019.

Sarah

Wishing you time over the summer season to relax and connect with loved ones. See you in 2019.

Michelle

Claire Diffey, Manager
Dr Beth Shelton, Senior Clinician, Psychologist
Michelle Robertson, Senior Clinician, Dietitian
Rachel Knight, Senior Clinician, Occupational Therapist
Josh Watson, Senior Clinician, Social Worker

Sarah Trobe, Senior Clinician, Psychologist
Alexandra Hillman, Senior Clinician, Occupational Therapist
Jessica Ryan, Senior Clinician, Psychologist
Belinda Caldwell, Carer Consultant
Dr Campbell Thorpe, Consultant Psychiatrist
Jessica Jordan, Administrative Assistant
Historic announcement for Eating Disorders

CEED welcomes the announcement made by the Federal Government on Sunday 9th December of funding for a new Medicare item number for eating disorders for up to 40 psychotherapeutic sessions and 20 dietetic sessions for those with serious eating disorders. While we are still to learn further details of the proposal, this investment provides welcome recognition of the seriousness of eating disorders and the devastating consequences they have on sufferers and their families.

Prime Minister Scott Morrison said, “One of the things we have to do is raise the level of awareness about this and the understanding that it is real. It is real. We are pleased to do our bit, to step up and do our part. It is our commitment. I’m so glad that Greg has seized upon this and made that happen.” Health Minister Greg Hunt echoed his remarks saying, “Today is about saving lives and protecting lives. This is the day Australia says we hear, we get it and it will never be the same again.”

Jana Pittman, InsideOut Institute Ambassador, who has a lived experience of an eating disorder herself for many years, presented the reality of living with an eating disorder and noted the impact on her family - “My main concern is that no one else has to endure what I did, having an illness that was stigmatised, hidden, shameful and with very few available treatment options that I could see or find.”

Fiona Ryan, mother of Tess Ryan who lost her life to an eating disorder, spoke incredibly eloquently about the experience of caring for someone with an eating disorder, spending five long years trying to save her daughter’s life. Tessa lost her battle with anorexia nervosa at the age of 17.

CEED will continue to be a strong advocate for clinicians and services and contribute our voice to the planning and execution of this initiative, in particular reflecting how this can best intersect with our public services who provide such excellent eating disorders care.
Reflections on progress made in Eating Disorders Prevention

Prof Susan Paxton, Emeritus Professor, La Trobe University, School of Psychological Sciences and Public Health

Prevention is the Holy Grail of the eating disorder field and although we are making progress, we certainly have a long way to go. When working in prevention, the dominant approach has been to try to reduce risk factors for eating disorders, with the assumption that if risk factors are reduced, the pathway to an eating disorder will be disrupted. We have developed quite an extensive understanding of risk factors, but the more we learn, the clearer it is that everyone’s path into an eating disorder is different and the factors that increased their risk interact and are highly complex.

The risk factors for development of an eating disorder are complex and include: genetic and biological factors; individual temperament and psychological state (including low self-esteem, depressive symptoms and perfectionism); and social environment factors (including peer, media and family appearance-focused environments). Further down the path are body image concerns and dieting behaviours. As yet, we have little understanding about how we could intervene with biological factors and frequently individual temperament factors require more intensive intervention. So prevention efforts mainly have focused on assisting young people to cope with their social environment in a positive way, hoping to improve body image and reduce dieting, thereby disrupting one pathway to an eating disorder.

However, with the advent of the internet, social environments have changed enormously, and it has been difficult for researchers to keep up with this. In particular, for young people, the development of social media and social networking sites has changed the way they interact and view the world. This presents a new set of challenges for prevention.

Social media is a wonderful way to connect with others, but we are discovering that it can also be toxic for body image. Social media is both a media and a peer environment that is typically highly visual and interactive. It is also one in which appearance is important to perceived success, especially for girls. Selfies may be scrutinised and judged by others, and comments and the number of ‘likes’ received for postings are regarded as measures of personal success and acceptance or failure and rejection.
Reflections on where we have come in Eating Disorders Prevention (continued)

Not surprisingly, young people frequently spend hours on social media comparing themselves and their lives to the postings of others and preparing photos for posting to present their body and life in the best light possible. In this competitive and unreal world, young people become hyperconscious about their body and anxious that their appearance fits the social media ideal, and consequently engage in unhealthy body change behaviours.

Building on an encouraging pilot study, we have been exploring the effectiveness in reducing eating disorder risk factors of a four-lesson classroom social media literacy intervention for grade 7 and 8 girls and boys we call SoMe. Theoretically, schools are ideal settings for universal prevention as they offer the opportunity to engage with large numbers of young people in a learning environment at a time when body image and related eating behaviours are still developing. However, we have learnt that there are practical drawbacks to classroom settings as well. Due to pressures on the curriculum, the allocated time with students is invariably short, the lessons must be engaging to a very wide cross-section of young people including to both boys and girls, and there is little opportunity to work intensively with individuals. We have endeavoured to take these things into account when developing SoMe.

SoMe aims to build social media literacy in young people. Media literacy refers to the ability to take a critical approach to viewing media and includes being critical of the idealised appearance images presented in media as well as an awareness of the role of advertising and strategies used to increase the desirability of a product. Social media literacy extends this idea and refers not only to an understanding of commercially generated content but also peer and celebrity generated content and the unreal world presented. Importantly, we know that young people who have high levels of social media literacy are more likely to have positive body image.

It is too early to know whether this program is having similar effects as our pilot. However, it is exciting that both male and female students seem really to engage with it. For example, one boy (13 years old), in response to a question about whether he thought the lessons had changed the way he reacted to social media, noted: “There’s certainly things when I’m scrolling through profiles and I think is that an actual real example of what’s happening or have they photo shopped it or have they done something to the photo, something like that.”

Looking towards the New Year, it is a good time to reflect on the progress we are making. Although we have much to learn, I think we are developing strategies to address the new social media environment. I am also very much encouraged that there is also a younger generation of researchers who are using these new technologies in positive ways, such as developing apps to support prevention and early intervention of eating disorders. Keeping up with the changing social world is certainly a challenge, but it also offers many exciting opportunities to explore.
Working with Eating Disorders in an Adult Generalist Mental Health Service - a real life story

Alicia Reilly & Bianca Botteccchia, Eating Disorder Clinicians, Inner West Area Mental Health Service

Inner West Area Mental Health Service is a local mental health service that provides support and treatment to adults living with a mental illness. In early 2018 we have seen a significant shift in the care of treating individuals with eating disorders. NorthWestern Mental Health has been committed to ensuring this cohort of individuals has access to community mental health services in addition to specialist services within our area when required. Within our community clinic there has been two new roles established in February 2018, an Eating Disorder Specialist (Senior Clinician) and an Eating Disorder Clinician. The focus of these roles includes primary and secondary consultation for clients with eating disorders and capacity building for the provision of treatment to clients with eating disorders within the community setting. These roles are an integral part of our service and identifying the importance of eating disorders becoming part of our core business at local area mental health services. The enthusiastic support of management and clinical leadership at a local and network level in providing operational support to the roles has been invaluable to ensuring the change has been seamless and that we are well supported in our roles.

Enhancing knowledge and clinical skills has been an essential component of our roles when working with this client group. Clinicians working within a mental health service utilise individual strengths and discipline experience to provide high quality care to a diverse group of clients. We have greatly valued the opportunity to further our knowledge in the treatment of eating disorders through consultation and training from specialist services including The Victorian Centre of Excellence in Eating Disorders (CEED) whom have been a primary support of our roles.

We have been fortunate enough to have attended the Australian and New Zealand Academy for Eating Disorders (ANZAED) eating disorder conference in August, completed training in Cognitive Behavioural Therapy - Guided Self Help and Specialist Supportive Clinical Management, and had access to training packages online in addition to an abundance of resources from CEED and other organisations. This role has provided reassurance and identified the existing skills that are utilised in our day to day practice, highlighting that all clinicians have the skills to work with this client group.
We are using similar approaches when treating all clients with mental illness, including eating disorders. When providing care to clients we focus on a recovery model of care to ensure all care is client centred and empowering clients to be the driver of their treatment and care. Establishing the therapeutic relationship, ensuring all clients are respected and feel they are heard is an essential part of our role, as well as assessing mental state, risk and physical health. Involving family and loved ones is a significant part of our work and ensuring they are provided with support when required. We recognise that one approach will not be suitable for all clients with eating disorders and the flexibility for treatment planning and consultation with specialist services is available.

The importance of collaboration with medical staff, general practitioners and other private supports is an important part of our work particularly in relation to the medical management of this client group. Care co-ordination is required, as there are often multiple services involved and the key role of area mental health services is taking the lead to ensure all parties involved have a clear plan and role.

Balancing the promotion of autonomy and choice for clients, with managing risks and the need for assertive intervention at times, particularly around managing physical health risks has been an area of learning. The need for the use of the Mental Health Act at times can pose challenges around engagement and establishing rapport, acknowledging that this is a new context for our clinical service.

The new roles have been exciting and fulfilling, enabling us to enhance overall knowledge and skills to work with a diverse and rewarding group of clients. Other clinicians are now working with clients with eating disorders and have been enthusiastically receptive to the shift in care to a community setting and local training has been well attended. We look forward to continuing to work with individuals experiencing eating disorders to provide treatment and support within the community setting.

*Inner West Area Mental Health Service is one of the community teams of North Western Mental Health, based in Moonee Ponds and seeing adults people with a significant level of disturbance, psychosocial need or concern regarding a risk to themselves or others as a result of a mental illness. For more information go to https://www.nwmh.org.au/professionals/services/adults/adult-community-teams*
Learning from you: CEED Stakeholder Survey 2018

We asked and you told us! Thank you to everyone (99 of you) who took the time to provide us with such helpful, detailed and constructive feedback on our education and training, consultation, service development and communications. We are very proud that, on balance, our stakeholders really value the work we do and were extremely complimentary about our work. The constructive criticism has been heard and incorporated into our planning for 2019.

Degree to which CEED’s education and training services met your needs

88% Mostly or completely met my needs

Degree to which CEED’s consultation services met your needs

89% Mostly or completely met my needs

Degree to which CEED’s service development services met your needs

78% Mostly or completely met my needs

Such an important part of my journey as a clinician who has only over the last 4 years become trained in a passionate about treating clients in our rural community with eating disorders. Couldn’t have done it without CEED training and the assistance of secondary consults to increase skills and confidence.

CEED is extremely valuable within the system of care particularly for rural services. Having an easily accessible service to provide resources, training and consultation enables better care for the individual with an ED and in supporting friends and family.

Extremely valuable - they are so specialised and have the resources to provide an expert service where many other organisations are focussed on clinical and have very little resources and time to provide the service that CEED provides.
From your experience utilizing CEED’s case consultation services, to what extent do you agree with the following:

- The service provided by CEED was supportive and useful: 25.00% Strongly disagree, 75.00% Disagree
- The needs and request of myself/my service were explored and understood: 27.78% Strongly disagree, 72.22% Disagree
- Response by CEED clinician was appropriate and helpful to my needs/requests: 27.78% Strongly disagree, 72.22% Disagree
- My request was responded to in a timely manner: 35.29% Strongly disagree, 64.71% Disagree
- Website consultation request process was straightforward: 52.63% Strongly disagree, 47.37% Disagree

Ideas for improvement included considering:
- a more inclusive approach of different disciplines in our training
- expanding online options for training for rural clinicians and services
- thematic group case consultations e.g. topic or demographic based
- providing up to date research summaries in our e-news or newsletter

At CEED we want to deliver what our stakeholders want and need, so please contact us at anytime with suggestions or feedback to ceed@mh.org.au

You like what we do? Come work with us

Eating Disorders Clinician / Senior Clinician

Would you like to work in our vibrant, committed team and contribute to the mainstreaming of eating disorders treatment across mental health services in Victoria? CEED is a collaborative, innovative and dedicated multi-disciplinary team, and are seeking two dynamic, highly motivated, compassionate, recovery focused clinicians - Mental Health Nurse, Clinical Psychologist, Occupational Therapist, Dietitian or Social Worker- who enjoy and thrive working in a vibrant and creative team to join the team.

There will be two positions available and advertised from January 7th 2019.

1. Permanent .8 EFT position
2. Fixed Term part time .6 to .8 EFT position (to 30/6/2019)

The positions are based at the Royal Park Campus of Melbourne Health, with travel throughout Melbourne and Victoria as needed. A career development and secondment opportunity; and job sharing will be considered.

Please phone or email for more information: Claire Diffey on 03 8387 2668 or 0422276317 or Claire.diffey@mh.org.au

Applications will be open on the Melbourne Health e recruit system from January 7th 2019: https://melbournehealth.mercury.com.au/
And what a year for training!

In 2018, as a team, we have delivered the below training program of events which demonstrate the depth and breadth of our training program. Over 900 people attended our training events or educational sessions, with an average satisfaction rating of 4.6/5

- Cognitive Behavioural Therapy-Guided Self Help (CBT-GSH) headspace
- CBT-GSH Bendigo headspace
- Royal Children’s Hospital CAMHS Professional Development Day - Early Identification & Intervention for Disordered Eating in a CAMHS Context
- e-headspace e-chat - Eating Disorders
- Master of Psychiatry Eating Disorders unit (MPM), University of Melbourne
- Early Identification of Disordered Eating for Dietitians
- Understanding & working with eating disorders for graduate psychiatric nurses
- Family Based Treatment (FBT) 2-day training (April)
- Beyond Diets (8 sessions)
- Child & Adolescent Psychiatry Course (CAPC) (4 sessions), University of Melbourne
- Then, Now and Beyond Youth Eating Disorders Forum
- Body Image Concerns in Young People workshop
- Community Reference Group - Eating Disorders
- CBT-GSH for NorthWestern AMHS
- NWMH psychiatrist training - Medical management of people with eating disorders
- ANZAED 2018 Conference workshop: Exploring the use of sensory approaches in the field of eating disorders
- ANZAED 2018 pre-conference workshop: Lived Experience workforce in eating disorders
- ANZAED 2018 Conference Breakfast Debate - “Courageous Conversations”
- ANZAED 2018 Lived Experience Seminar
- Developmental Psychiatry Course (DPC) - lecture
- Warnambool - Eating Disorders screening, assessment, and stepped care system
- Motivational Interviewing in Eating Disorders
- CBT for Avoidant Restrictive Food Intake Disorders (CBT-ARFID) workshop
- Specialist Supportive Clinical Management (SSCM) workshop
- Enrolled Nurses Conference - Eating disorders in acute care: empowering enrolled nurses
- CBT-E 1-day workshop (Warnambool)
- CBT-E 2-day workshop (Melbourne)
- Eating Disorders and Party Drugs (conference)
- FBT 2-day training (November)
- Nurses & Midwives Regional Conference - Responding to eating disorders across the system of care - what is your role?
- MultiFamily Therapy- AN 4 day training

*You guys do amazing work, and the knowledgeable and energetic team is the absolute heart of your organisation*

*I am not always able to attend training days so I would appreciate more online training/webinars*

*Currently I find CEED training largely related to psychologist’s role. It would be great to see more multidisciplinary approach in training*

*CEED have always provided the training our service has required - potentially some further engagement with higher management would be helpful to communicate CEED’s recommendations for service delivery*
Upcoming Training

Temperament Based Therapy with Supports (TBT-S) 1 day workshop

Dr Laura Hill, Dr Stephanie Knatz Peck and Dr Christina Wierenga

February 25th 2019

In a one day format, clinicians and carers will learn about the following:
- Basics of neurobiology of eating disorders
- Menu of traits & heritability
- Developing neurobiology literacy (clinicians and carers)
- Using neurobiological understanding to work with the person with AN & their family/supports
- Negotiating and developing behavioural contracts
- Helpful tools for family/supports and clients

Carers will come away with greater understanding about what is driving the eating disorders and valuable skills for working with their loved one.

Clinicians: please note that the one day event is Day 1 of the 4 day training. It will set the basics upon which the rest of the training will draw from.

EDFA has deliberately brought clinicians and carers together for this day to recognise that both are critical members of the team and can learn from each other as well as the TBT-S presenters.

Temperament Based Therapy with Supports (TBT-S) 4 day training

Dr Laura Hill, Dr Stephanie Knatz Peck and Dr Christina Wierenga

February 25th - 28th 2019

The 4 day training will provide you knowledge and skills to provide TBT-S in more extensive settings, such as a 5-day format, or in weekly inpatient and outpatient individual and group settings. By the end of the training you will understand:
- What, why, how and when to apply TBT-S
- Temperament and brain-based skills for both client and supports
- Temperament and brain-based explanations for symptoms and using skills
- Optimal use of the multifamily* format in TBT-S
- Demonstrations of experiential activities highlighting symptoms

It is a highly interactive training that offers continual opportunities to practice new clinical language and treatment tools.

Walk away at the end of this training able to both deliver the 5-day intensive multi family format and/or incorporate the experiential components and principles of neuroscience into your existing treatment delivery model

To register: www.edfaevents.com
Upcoming Training

Rural training opportunity:
Family Based Treatment for Adolescents with Anorexia Nervosa

Presented by CEED clinicians Michelle Roberton and Jessica Ryan

March 28-29 2019 In Albury - in conjunction with North East Hume CAMHS.
Registrations welcomed from clinicians outside NE Hume CAMHS.

Family-Based Treatment (FBT) is recognised as the first line, evidence-based, early intervention model of care for adolescents with anorexia nervosa (AN). This 2 day workshop provides clinicians with the basics in providing this treatment model.

The workshop aims to have participants gain:
- a background understanding of the historical influences on the development of FBT
- a thorough understanding of FBT practice assumptions and treatment phases
- capacity to set up and conduct FBT with a young person and their family
- capacity to address clinical dilemmas that arise during FBT
- understanding of how to implement FBT as an integrated care model across local CAMHS and Paediatric Services

Registrations opening January 15th 2018

For more information visit www.ceed.org.au/training-and-events

Meet our 1000th FBT training participant, Bridie Carlisle, with the CEED trainers Jess and Michelle and CEED Manager, Claire Diffey.

Andrew Wallis from Westmead Children's Hospital facilitating Multifamily Therapy-AN training

US expert, Dr Jennifer Thomas, training clinicians in CBT-ARFID