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THE VICTORIAN CENTRE OF EXCELLENCE IN EATING DISORDERS

CEED is recruiting soon to replace our irreplaceable Manager, Claire Diffey, who has announced her resignation from June. For more details and to apply, Visit https://melbournehealth.mercury.com.au/Position no. 47265

Message from CEED Manager

The CEED team are off and running with a full calendar of work across the state in training, early/inter intervention projects and service system improvement. Requests to our ‘core business’ service of case consultations has been increasing and has continued this year with on average 3 new requests from across the state each week. Training has commenced with provision of FBT and CBT GSH, and our collaboration with EDFA for the brilliant team of Laura, Stephanie and Christina from the USA for TBT-S 4 day training (more on this inside). The intensive adolescent anorexia nervosa Multi-Family Therapy (MFT) program continues with the for first 2019 with Bendigo CAMHS in February and the second with Eastern CYMHS in April. The Roundtable for the Mental Health Royal Commission started the broad system focus for the year, and we are continuing to work with ANZAED, Butterfly and other groups on input to the Medicare planning for eating disorders services and new MBS item numbers which commence in November. CEED is a service with highly skilled, innovative, compassionate and passionate clinicians who innovate and work diligently to continually support the state to improve in services to eating disorders and their families, so it is with mixed feelings I have announced my departure from CEED. I will be handing over to the new leader in mid June.

Claire Diffey
Trauma and Eating Disorders

On March 12th, the team at CEED were privileged to have Dr Timothy Brewerton from South Carolina, USA talk via video conference about the interplay between trauma and eating disorders. You can see Dr Brewerton’s expansive CV and research background at https://www.drtimothybrewerton.com/

Dr Brewerton provided a range of statistics which show that trauma is likely to be present in patients we see with eating disorders, especially in those with binge/purge features. There are a range of theories for this but we do know that several risk factors that predispose toward PTSD also predispose to the development of EDs:

- Female gender
- Positive personal/family psychiatric history (genetic)
- History of childhood maltreatment/other prior traumas
- Trauma dose/severity
- Lack of social support
- Personality traits/temperaments
- Obsessive-compulsive personality disorder
- Avoidant personality disorder
- Perfectionism
- High harm avoidance
- Neuroticism
- Novelty seeking
- Negative emotionality
- Behavioral inhibition

In addition we see heightened perception of threat and reactivity to trauma in EDs

- Decreased distress tolerance (Corstorphine et al., 2007)
- Propensity to extreme fear conditioning and >normal resistance to its extinction (Strober, 2004)
- More likely to perceive hostile intent (McFillin et al., 2012)
- More facial emotion recognition (FER) errors, over interpreting fear as anger (Ridout et al., 2012)
- High levels of anxiety sensitivity; fear loss of control (Fulton et al, 2012)
- Overly concerned with consequences, exaggerated inhibition (Kaye, 2009)
- Exaggerated anticipatory anxiety (Strigo, 2011, Oberndorfer, 2011)
- High punishment sensitivity (Harrison et al., 2010)
- Impaired flexibility/set-shifting (Roberts, 2007)
- Sensitivity to uncertainty (Frank, 2011)
- Weak central coherence (Lopez, 2008)
- High disgust sensitivity (Aharoni & Hertz, 2011)
Dr Brewerton has developed guidelines for starting trauma treatment in ED Patients (adapted from Brewerton, 2004; Trim et al., 2017)

- Establish chronology/sequence of significant events/traumas/onsets.
- Educate about all disorders, current and lifetime.
- Identify functional links between disorders, e.g., binge eating, purging and starvation may serve as possible strategies to facilitate avoidance & numbing, decrease hyperarousal, and regulate trauma-related states (“selfmedication hypothesis”).
- Initially address the greatest danger, risk, and/or brain/body impairment.
- Establish that the patient is adequately nourished/nourishing and able to begin processing information emotionally and cognitively.
- When patient’s ED symptoms are significantly improving/relatively under control and patient demonstrates an adequate level of distress tolerance, can establish the patient’s readiness/willingness to begin trauma work.

Some of the potential trauma treatments Dr Brewerton took us through the evidence for were Trauma-focused CBT (for Children), Cognitive Processing Therapy, Eye Movement Desensitization and Reprocessing (EMDR) and Prolonged Exposure (PE) Therapy for PTSD.

A great article for reading more about all of this is:

Join the CEED team at ANZAED 2019 - we look forward to seeing as many of our stakeholders there as possible!
Temperament Based Therapy with Supports (TBT-S): Using neurobiology to inform treatment

CEED was thrilled to partner with Eating Disorders Families Australia (EDFA) to bring the developers of Temperament Based Therapy with Supports (TBT-S) to Melbourne in late February. We had over 90 clinicians and carers attend the one day workshop and 30 clinicians continue on for the 4 day training.

TBT-S is a model which draws upon the neurobiological underpinnings of eating disorders to help the person with the eating disorder and tier supports to understand how their symptoms can be explained by their temperament.

Temperament is an umbrella term involving biology, brain functioning, genetics and personality traits. For example, personality traits such as perfectionism, impulsivity, harm avoidance and determination are common among people with eating disorders.

Dr Hill says that when a person understands their unique temperament, “it helps them to realise why their tendency toward bingeing or purging or restricting from food, or need to over exercise, is occurring. We have developed ways to help clients and their supports to understand how and what is going on, and how they can address it and respond to it.”

Over the workshop and training, participants were encouraged to ask “How can you learn to use and express those personality traits productively instead of destructively?” What the TBT-S developers have found is that people’s motivation to actively participate in the treatment process increases because they no longer hold guilt, shame and loss about their inability to simply eat like everyone else, compared to usual treatments.

TBT-S has a strong focus on understanding what is going on in the brain. As participants, we got to experience specially designed activities/role plays that help loved ones to understand what it is like to have an eating disorder, as well has detailed explanations of what is going on neurobiologically and most importantly, how to explain that easily so others e.g. supports, can use this information.

TBT-S emerged after years of research at two sites in the United States, one in Ohio and the other at the University of California, San Diego. While the bulk of the research has been looking at Anorexia Nervosa, studies are now starting to look at Bulimia Nervosa and Binge Eating Disorder. TBT-S has been tested in open trials over the last four years that show promising initial results and one study into Anorexia Nervosa found significant acceptability and feasibility both at the end of treatment and follow up for TBT.

TBT-S is used in addition to therapies such as Cognitive Behavioural Therapy and Family-Based Therapy. TBT-S explores the root or foundation of the eating disorder, while CBT and FBT address the outward expressions of the illness.
We asked Dr Janet Lowndes from Mind Body Well for her thoughts about the TBT-S Training and methodology

1. **Were there any surprises in the workshop for you?**
   
   No surprises as I anticipated it would be a great workshop, but I can happily say it was the most informative and interesting training in eating disorder therapy I have attended in a very, very long time. I think this approach represents the future of Eating Disorder therapy - and therapists, clients and their families can all benefit from learning more about the neuroscience of eating disorders.

2. **In what way did this training affirm the current way you work?**
   
   I had already studied some neuropsychotherapy, and I found that this training provided great integrative knowledge on how to understand eating disorder cognitions and behaviours from a brain based perspective. The training really affirmed my understanding of the importance of working on behavioural change rather than just focusing on cognition - an underfed brain is very unlikely to change it’s thinking, without changing behaviours - and support people can be integral in assisting people to make and sustain behavioural change.

3. **What were key take home messages for you on how you work with clients with eating disorders?**
   
   a) Assisting support people to learn how to provide assistance when their loved one’s brain is being hijacked by eating disorder cognitions is extremely helpful. At those times it’s just too difficult for the person with the eating disorder to make change on their own, and their support people are extremely important - and they need very concrete strategies for how to assist
   
   b) Assisting the person with an eating disorder to learn to relate to their body in a healthy way is an important part of recovery
   
   c) We need to understand and work with the temperament and personality traits of the individual person, to meet their needs with very specific and personalised treatment planning
   
   d) When we approach eating disorder work from a brain based perspective it is more likely to be empowering and supportive to the client as we can work with them to help understand, challenge and change the repetitive patterns of the brain, using behavioural strategies

4. **How are you hoping to implement any skills or knowledge you gained in your service?**
   
   Four of our team members attended the training and we were all totally inspired. We are continuing to talk about how we can implement strategies and approaches from TBT-S in our practice. So far it is definitely influencing our individual client work, and we are developing some group programs to be implemented later this year.

5. **Would you recommend others doing this training in the future?**
   
   I already have! I’ve encouraged the rest of our team to do the training if it’s offered again here in Australia (which I really hope it will be). I’ve also spoken to Psychologists outside our practice who I supervise and highly recommended the training. I really believe this approach is the future of eating disorder therapy. Laura, Christina and Stephanie are all exceptional trainers and I would love to learn more from them, I might even attend the training again!
Predictors of Complications in Anorexia Nervosa and Atypical Anorexia Nervosa: Degree of Underweight or Extent and Recency of Weight Loss?
Whitelaw, Melissa et al. Journal of Adolescent Health, Volume 63, Issue 6, 717 - 723

Conclusions
In adolescents with restrictive EDs, total weight loss and recent weight loss were better predictors than admission weight of many physical complications. This suggests that future diagnostic criteria for AN place greater emphasis on weight loss.

Do autism spectrum disorder and anorexia nervosa have some eating disturbances in common?.

Conclusions
Eating behaviours known to be typical of ASD have previously not been explored and measured with a validated instrument in individuals with AN. Eating behaviours frequently seen in ASD seem to be far more common in AN than expected and seem to persist regardless of weight gain, whereas autistic traits in general decrease with weight gain.

Body dissatisfaction, internalised weight bias and quality of life in young men and women.
Puton, T et al, Quality Of Life Research. 2019; https://doi.org/10.1007/s11136-019-02140-w

Conclusions
The current findings suggest that internalized weight bias (IWB) is a stronger predictor of Quality of Life than body dissatisfaction (BD) in young people and that this is the case in both women and men and both normal-weight and overweight individuals. They support the view that IWB may warrant greater attention in intervention seeking to reduce the adverse impact of BD, including interventions for both eating disorders and obesity.

Congratulations to Dr Anthea Fursland who recently won the 2019 Academy of Eating Disorders Outstanding Clinician Award.

Dr Fursland has delivered CBT-E training here in Victoria for CEED previously and works in WA at the Western Australian Eating Disorders Outreach and Consultation Service (WAEDOCS). Australia is very lucky to have clinicians who are regularly recognised on the world stage! CEED learns from and enjoys our collaborations with experts from other states.
**Victorian Eating Disorder Research Network (VEDRN)**

It has been a wish for some time to have an avenue where eating disorders researchers throughout Victoria can come together to share their work, ideas for further collaboration on current work and into the future. The Million Minds research grant for 2019 having eating disorders as one of the three areas to be considered for applications prompted action in creating a forum for researchers to come together. The first meeting was in October 2018, with the network and meeting being planned and facilitated by:

1. Dr. Laura Hart, Centre for Mental Health, Melbourne School of Population and Global Health, and School of Psychology and Public Health, La Trobe University
2. Jennifer Beveridge, CEO, EDV
3. Claire Diffey, Manager, CEED

We were pleased with the interest and attendance with 14 researchers from a broad range of universities and research institutions being represented. Specific research areas included carers and siblings, clinical treatment, health economics, health promotion, digital health. The purpose of the VEDRN is to:

- Assist in establishing collaborations across common areas of interest
- Foster an environment of cooperation and support rather than competition
- Generate innovative multi-disciplinary ideas that could guide funding applications
- Support research teams to develop and apply for grant funding based in Victoria
- Mutual responsibility to work together and uphold these principles

The group welcomes anyone with an interest in eating disorders research to attend. VEDRN is also interested to have service providers participate, as service providers ideas on areas to be researched and involvement in research translation are critically important. Next meeting is May 17th 3 pm. Please contact Laura, Jen or Claire to discuss or email Reception@eatingdisorders.org.au if you wish to attend.

**Board Member opportunity**

Eating Disorders Victoria is looking for a new Board Member with ED clinical experience, particularly experience working in a leadership role as part of an ED service. For more information, please use this link to details on their website https://www.eatingdisorders.org.au/get-involved/employment-opportunities

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**Parent Volunteers Needed for a Research Study Understanding Recovery from an Eating Disorder**

Mayo Clinic researchers are conducting a study examining parents’ perspectives on eating disorder recovery. We believe that parents have valuable information about their children that can help us better understand eating disorder recovery and improve treatment outcomes. We would appreciate your input about recovery from an eating disorder. This online survey is for parents who:

- Have a child or a teen who was diagnosed with an eating disorder before the age of 18
- Have access to some data about their child’s heights and weights prior to diagnosis, at diagnosis, and after diagnosis (any measurement system is fine)

If you are interested in participating, please go to: http://bit.ly/ParentSurveyOfRecovery

We will be asking you questions about your child’s illness and aspects of recovery, including weights and heights if you have them. If you have growth records, it would be helpful to gather them before taking the online survey. The survey should take about 30 minutes to complete and will be anonymous.

You may share this message and link with anyone else or any group that you think might be interested in participating.

Understanding Carers’ Experience in Treatment for Their Child’s Eating Disorder
Principal Investigator: Jocelyn Lebow, Ph.D.
Additional Investigators: Erin Accurso, Ph.D., Leslie Sim, Ph.D., and Lauren Muhlheim, Psy.D.
Enlisting Carers in Adult Eating Disorder Treatment

**Facilitated by Belinda Caldwell and Joshua Watson**

**May 17th 2019**

**Registrations:** [https://www.trybooking.com/BBUFP](https://www.trybooking.com/BBUFP)

This workshop provides an opportunity for clinicians and services to discuss and explore how to harness the resource that is families and carers within adult treatment in order to achieve more effective recovery outcomes. There is growing evidence in that utilising families and supports in eating disorders treatment can support recovery oriented behaviours in the home setting with the aim of reducing hospital admissions and length of treatment. Effectively supporting families and carers is also known to reduce eating disorder symptoms and decrease carer burden.

Family Based Treatment for Adolescents with Anorexia Nervosa

**Presented by Michelle Roberton and Jessica Ryan**

**June 20th & 21st 2019**

**Registrations:** [https://www.trybooking.com/BBOAP](https://www.trybooking.com/BBOAP)

Family-Based Treatment (FBT) is recognised as the first line, evidence-based, early intervention model of care for adolescents with anorexia nervosa (AN). FBT for AN has been developed and researched worldwide since the 1990s. CEED has developed and delivered FBT training over several years to provide workforce development in this model to suit Victorian Service conditions. In the last ten years CEED has trained to over 1000 clinicians and provided service development and consultation support to implement the FBT model of care in many Victorian CAMH / CYMH Services.

Specialist Supportive Clinical Management (SSCM)

**Presented by CEED clinicians**

**September 13th 2019**

**Registrations:** [https://www.trybooking.com/BAAMX](https://www.trybooking.com/BAAMX)

Specialist supportive clinical management (or SSCM) is a psychotherapy with a growing body of evidence, showing promising potential for the treatment of anorexia nervosa. It has two distinct components: clinical management, which involves alleviation of the symptoms of anorexia nervosa, particularly focusing on weight gain via resumption of normal eating; and a supportive psychotherapeutic approach to issues identified by the patient as important, including life issues that may impact on the eating disorder. SSCM commenced as a credible and ethical control treatment in an RCT with CBT-E in adult outpatients with AN (McIntosh et al., 2005, 2006) as the TAU. Since then, SSCM has been included in other clinical trials, with results comparable to those of other evidence based treatments, and eating disorder specialist services in New Zealand and other countries are now using SSCM as a first-line treatment for anorexia nervosa.
CBT-E: Cognitive Behaviour Therapy for Eating Disorders

Presented by CEED clinicians
October 23rd & 24th 2019
Registrations: https://www.trybooking.com/BAAQC

This 2 day workshop provides a comprehensive introduction to Enhanced CBT (CBT-E), the latest version of the leading empirically supported, outpatient psychological treatment for eating disorders. The workshop draws on the work of Prof Christopher Fairburn, Director of the Centre for Research on Eating Disorders at Oxford University (CREDO), internationally recognised researcher and author, and Dr Anthea Fursland, researcher & principal psychologist of the Eating Disorders Program at the Centre for Clinical Investigations WA (CCI), and current president of the Australian & New Zealand Academy of Eating Disorders.


Presented by CEED clinicians
November 8th 2019
Registrations: https://www.trybooking.com/BAAMQ

CBT Guided Self Help is a highly structured yet client driven and collaborative therapy using evidence-based cognitive behavioural techniques to overcome Bulimia Nervosa (BN), Binge Eating problems (BED) and subclinical disordered eating. The model provides clinicians and clients with a time-limited, six step, cumulative framework for helping clients move to recovery.

Family Based Treatment for Adolescents with Anorexia Nervosa

Presented by Michelle Roberton and Jessica Ryan
November 14th & 15th 2019
Registrations: https://www.trybooking.com/ZZWN

Family-Based Treatment (FBT) is recognised as the first line, evidence-based, early intervention model of care for adolescents with anorexia nervosa (AN). FBT for AN has been developed and researched worldwide since the 1990s. CEED has developed and delivered FBT training over several years to provide workforce development in this model to suit Victorian Service conditions. In the last ten years CEED has trained to over 1000 clinicians and provided service development and consultation support to implement the FBT model of care in many Victorian CAMH / CYMH Services.
Meet the team

CEED’s fearless Manager is Claire. Claire is a credentialed mental health nurse, individual, couples and family therapist with over 30 years’ experience in the mental health sector, particularly in the Child and Adolescent Mental Health Services. She has extensive experience in consultation, education, training and service development in a broad range of service and educational systems. Family empowerment and recovery focused approaches are a central aspect of her and CEED’s work in supporting and collaborating with mental health services across Victoria in their delivery of eating disorders treatments.

Rachel Knight
Occupational therapist, Eating Disorders Senior Clinician

Rachel is an occupational therapist who has held various positions in the mental health sector in both Australia and the United Kingdom, including roles within specialist eating disorder programs (inpatient and outpatient). She has been involved in leading service transformation, driving culture change and building workforce capability. Currently, Rachel is completing her PhD exploring the acceptability of an integrated approach to eating disorders service delivery in Victoria. Rachel has also been leading our online early intervention tool Feed Your Instinct, as well as being the main CEED support for the North Western Mental Health Service Eating Disorders project.

Sarah is a registered Clinical Psychologist with experience in both the public and private sectors, predominantly in working with children and adolescents presenting with complex mental health difficulties. Sarah is passionate about setting up strong treatment networks and collaborations throughout the state, with skills in service development and multidisciplinary care and coordination. Outside of CEED, Sarah’s current clinical work is focused on supporting young people with overweight and obesity and she is completing her Masters in Nutrition. These clinical and research pathways underlie Sarah’s interest in the link between physical health and mental health and current care structures in this field.

Full team at CEED:

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
Jessica Ryan, Senior Clinician, Psychologist
Belinda Caldwell, Carer Consultant
Dr Campbell Thorpe, Consultant Psychiatrist
Jessica Jordan, Administrative Assistant