CEED’S VISION IS THAT VICTORIAN’S WILL HAVE ACCESS TO A WORLD CLASS SYSTEM OF CARE FOR THE TREATMENT OF EATING DISORDERS

Innovations in Eating Disorders

Message from Acting CEED Manager

The theme for this newsletter is "Innovation". Of course the greatest creative opportunity we have in the eating disorder field is for clinicians, consumers and carers to work together to build understanding of the experience of living with an eating disorder, care and recovery.

This month we connect you with some of the latest innovative collaborations and ideas, be it translating neuroscience into treatment or building treatment that better fits the complexities we are finding emerging.

All of the innovations we showcase here also have family at the centre of the solution which is a strong value of our organisation.

We also provide a summary of the recent ANZAED 2018 conference which the full team attended as part of our commitment to ensuring we are up-to-date with the evidence, treatment models and issues arising for the sector.

Michelle Robertson
The CEED team attended the 16th annual ANZAED 2018 conference in Melbourne, coming back inspired, invigorated and full of new ideas. The theme for the conference this year was Courageous Conversations: Furthering Understanding, Embracing Change and these were in abundance! We are very happy to share with our stakeholders any of the information and knowledge we gleaned from this conference - just email or call!

CEED staff attended or presented at the following pre-conference workshops:

1. What do I do next? Strategies for Managing Slow Progress, Co-morbidities and Suicidality in Eating Disorder Treatment with Dr Lucene Wisniewski
2. Adolescent and Parent Treatment (APT) for Anorexia Nervosa and Atypical Anorexia Nervosa with Linsey Atkins and Maria Ganci
3. Dietitians at the intersection: hormones, athletes and gut health with Terrell Bruere, Katherine Shone & Melainie Rogers
4. Partnering in Practice: exploring the role of the lived experience (consumer and carer) in eating disorder treatment - lived experience presenters, including CEED Care Consultant Belinda Caldwell.

The conference commenced with Dr Lucene Wisniewski’s plenary. Lucene also ran a number of workshops in and around the conference which several CEED staff attended. The focus was on the use of DBT in eating disorders and treating the ‘hard to treat’ group of patients. Key messages included:

1. Clients with complex eating disorder presentations (e.g. suicidal behaviour, interpersonal difficulties and Borderline Personality Disorder) often fall through the cracks in services. They are often turned away from services, or treatment only focuses on one element of their difficulties, rather than working with them more holistically.
2. Other first line treatments (such as CBT-E) can be integrated into a DBT model to provide a framework for working with people with complex eating disorders, and comorbid diagnosis.
3. DBT provides a way for clinicians to work with therapy interfering behaviours with a clear structure rather than putting client’s in the too hard basket.
Taking on the challenge of hosting an early event after the conference cocktail event the night before, CEED hosted a Breakfast session on the Saturday "Courageous Conversation: Specialist and Generalist Eating Disorders Services: Two Sides of the Same Coin of Building Blocks to Recovery?" facilitated by Dr Beth Shelton. Michelle Roberton and Sarah Trobe performed in starring roles as Professor Experty von Specialist and Ms Equity MacAccess, presenting their rather polarised views on the merits of specialist and generalist care for eating disorders. the audience cheered and booed with great gusto.

We then heard from service leaders from Australia and New Zealand presenting service development, carer and consumer views. Filled with challenging ideas, interspersed with hilarity, it was a great way to start the second day of the conference.

The second day full program commenced with a keynote from Clementine Ford, a Melbourne based speaker, feminist and journalist with a lived experience of an eating disorder. She narrated her own story of growing up, developing an eating disorder and challenged us to consider the gender nuances of the experience of body and how that interfaces with eating disorders.

CEED staff presented 2 workshops - Alex Hillman and Jess Ryan conducted a workshop Exploring the use of Sensorimotor Approaches in the field of Eating Disorders and Belinda Caldwell co-delivered a workshop on Learning from the Lived Experience: Courageous Conversations. Belinda also co-presented with Austin ACED team on the PEACED project. With plenaries on Stigma and Trauma & Eating Disorders; networking opportunities; a choice of 21 workshops, over 80 short research and clinical papers; and 30 posters, the conference had plenty for us to attend and learn from.

For more details on all the sessions, see the conference website: http://conference.2018.anzaed.org.au
A more treatment-contextual approach to Body Image Treatment?

On July 12th CEED team members Dr. Beth Shelton, Dr. Emma Spiel and Belinda Caldwell ran a one day workshop, 'Working with Body Image Concerns of Young People'. The process of developing the workshop was interesting for a few reasons:

1. The workshop was a true co-production between carers and clinicians. Belinda surveyed families about their experiences of body image during their young person’s AN treatment. The results were very interesting and helpful. Beth and Emma drew on their knowledge of body image from research and clinical experience.

2. We decided to focus on body image in a somewhat different way to treatment as usual. We have the view that body image work is often seen as something separate to the main flow of treatment - an add on, usually towards the end of treatment. We were interested in how we could address body image across the length of treatment, not interfering with eating behaviour goals, but helping young people and families handle the distress better. We wanted to embed a body image perspective across the length of treatment.

3. We spoke to Daniel le Grange as perhaps the leading proponent of Family Based Treatment for young people with AN. We put the families’ data to him and suggested ways that body image understanding and interventions could be usefully integrated in the FBT sequence of treatment.

What did families say?

Forty families filled out an online questionnaire. Families and carers reported extremely high levels of distress at their child’s body image concerns, that it was a very challenging issue to manage at home and was very disruptive to family functioning. Families reported that the process of managing their child’s distress over body image was also challenging for their own body image. They also indicated strongly that they would welcome support for this from the clinical team.

Family reported ways that body image distress showed up at home: emotional distress, intense self-criticism, social disconnection, avoidance of seeing images of self, checking (mirror, photos, social media, own body), challenges with clothing.

We also surveyed clinicians. They reported that body image concerns are difficult for them as well. They said that body image distress is a feature of almost all their cases, up, that they often try address it, but are somewhat uncertain what exactly to do or say.

It would be very interesting to put the questionnaire questions to young people themselves. We are working from the hypothesis that young people and families having better understanding of body image issues and being better able to manage body image distress might help with the difficult process of refeeding, and help with family relationships. This perspective is supported by our work in Multifamily Therapy for AN (MFT-AN).
So - what did we do in the workshop?

The aim of the training was to:
- Consider the role of body image as a maintaining factor for an eating problem within a case formulation
- Understand the rationale for both individual and family-based strategies aimed at addressing body image
- Be positioned to appropriately target and implement individual and family-based body image interventions to assist young people to create a more accepting and balanced relationship with their body, and move toward recovery.

We addressed family-based body image interventions, particularly for the refeeding phase of treatment, as well as addressed body image as a part of a well-rounded formulation for the young person, and looked at individual body image interventions.

We developed a number of resources including a session structure to use in FBT for addressing body image concerns and an infographic for clinicians to work through with families. Each participant received a Body Image and Young People Resource Pack, including the framework and infographic to the right. It was a lively workshop with over 40 attendees. We are looking to build on this and run the workshop in 2019.

Helpful tips for clinicians assisting families included:
- Listen to families experiences of body image problems during ED treatment
- Focus where body image distress is getting in the way of weight restoration/eating normalisation

Help families by:
- Increasing families understanding of body image concerns with psychoeducation & discussion
- Assisting families to recognise and help their young person manage body image distress
- Exploring parents’ own body image concerns (without the young person present) if they are getting in the way of modelling body acceptance for their young person
Temperament Based Therapy with Supports (TBT-S): New multi-family model of treatment for adults

Currently there is no eating disorder treatment that specifically addresses the biological temperamental factors that are fundamental to eating disorders. There is no current eating disorders therapeutic approach that explains why these factors are expressed in a common way in those with eating disorders compared to those who do not have this illness. In addition, just as it is easier to address one small problem at a time, it has been easier to treat one individual at a time. However, since eating disorders have been proven to be a biologically based mental illness, the complexities of the illness require more specialized treatment and more persons present to manage and reshape the illness. Supports (family and/or friends) are critical in the treatment process of eating disorders, especially anorexia nervosa, for both adolescents and adults due to the usually present egosyntonicity and lack of motivation. Supports need to know the why, how, when and what of the illness, along with their loved ones, in order to know what to do and what not to do to work with these challenges. (See: Innovations in Family Therapy for Eating Disorders Novel Treatment Developments Patient Insights and the Role of Carers)

A new treatment approach has been developing over the past eight years and tested in open trials over the last four. It is now available for clinicians. The research findings have found significant acceptability and feasibility both at the end of treatment and follow up. (See: https://www.ncbi.nlm.nih.gov/pubmed/2972047). As of 2018 the new treatment has been named: Temperament Based Therapy with Supports (TBT-S). This therapeutic approach addresses the temperamental contributing and maintaining factors of eating disorders which include genetic, neurobiological, character traits and other biological factors; and includes families/supports in the treatment process. This treatment originated and was developed by Walter Kaye, MD, Stephanie Peck, PhD and Christina Wierenga, PhD at The Eating Disorders Center for Treatment and Research at UC San Diego and Laura Hill, PhD at The Center for Balanced Living in Columbus, Ohio, USA.
A new interactive eating disorder online text has been written detailing the background of the TBT-S approach and provides the Client/Support Manual, clinical handouts, PowerPoints, clinical tools and a 3-D body/brain software at www.brainbasedeatingdisorders.org.

TBT-S is unique in three ways - the way it uses neurobiological understandings to work therapeutically with the person with the eating disorder; upskills the persons support network to allow for them to proactively support recovery; and brings together family/support units in a multi-family format to treat multiple persons at the same time while also drawing on the benefits of peer support and learning.

CEED would like to see TBT-S available to people with AN and their families in Victoria as we believe it has a number of benefits not currently accessible. It involves families as a critical resource, using psycho-education for both the person with the illness and their families to tailor treatment plans. It can be done as a one-week intensive program with 5-7 families/support units, after which the person can return to their local outpatient team. This provides a concentrated effort, developing a clear behavioural contract/shared action plan with the person and their supports and developing an ongoing meal plan which works for the person etc. Alternatively it can be adapted as a series of one day multi-family workshops or even spread out over a series of half day workshops. Clinicians also learn many skills/activities which can be incorporated in more traditional one-on-one treatment methods.

CEED is collaborating with Eating Disorders Families Australia (www.edfa.org.au) who are bringing out TBT-S developers Dr Hill, Dr Knatz-Peck and Dr Wierenga to Australia in February/March to deliver the training for this model. Melbourne is one of only two sites undertaking the full 4 day training which will enable clinicians and services to deliver the full program. Day 1 of the 4 day program is an Introduction to TBT-S and will be available to attend as a one day only event for clinicians and carers.

More information will be available shortly on http://www.ceed.org.au/training-and-events
Upcoming Training

Motivational Interviewing for Eating Disorders

Co-produced: Andrew O’Sullivan; training consultant, MHTDU NWMH and CEED clinicians, Dr Sarah Trobe and Jess Ryan

October 12th 2018

In eating disorder patients, readiness to change has emerged as a significant predictor of treatment adherence and treatment success. Individuals with eating disorders are often ambivalent about recovery, and treatment refusal, dropout, and relapse are common amongst this group. Motivational interviewing is a client-centred approach, aimed at enhancing intrinsic motivation to change, by exploring the client’s ambivalence. Motivational approaches allow the client to play a more active role in their recovery by acknowledging their position as an expert of their own experience and allowing them to have a sense of control over their recovery process. This workshop will explore addressing motivation and readiness to change as an essential component of treating an eating disorder.

Cognitive-Behavioural Therapy for Avoidant/Restrictive Food Intake Disorder (CBT-ARFID)

Presented by Dr Jennifer Thomas and Kendra Becker

October 16th 2018

Jenny and Kendra, in collaboration with their colleague Kamryn Eddy, have recently developed and manualized a novel treatment—Cognitive Behavioral Therapy for ARFID (CBT-AR)—that has been studied at the Massachusetts General Hospital in the United States (funded by the American Psychological Foundation and the Hilda and Preston Davis Foundation). CBT-AR can be offered in an individual or family-supported format and comprises four stages: (1) psychoeducation and early change; (2) treatment planning; (3) addressing maintaining mechanisms (including sensory sensitivity, fear of aversive consequences, and/or apparent lack of interest in eating or food); and (4) relapse prevention over 20-30 sessions.

CBT-E: Cognitive Behaviour Therapy for Eating Disorders

Presented by CEED clinicians, Dr Beth Shelton and Michelle Roberton

October 24th & 25th 2018

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 world experts in research and clinical practice. It will provide a comprehensive introduction & overview of CBT-E including client engagement, early behaviour change, addressing obstacles to change, the transdiagnostic approach, and a demonstration of behavioural & cognitive interventions used in CBT-E. Didactic, interactive and experiential opportunities are provided.

To register: http://www.trybooking.com/BXKG
Multi-Family Therapy for Adolescent Anorexia Nervosa

Presented by Andrew Wallis, Westmead

October 30th - November 2nd 2018

CEED is excited to again be working with Andrew Wallis, clinical specialist social worker and family therapist from the Eating Disorder Service, The Children’s Hospital at Westmead, to offer an intensive training workshop in Multi-Family Therapy for AN (MFT-AN). The training utilise material from the Maudsley MFT training with attention to the Australian context.

Participants will:

- learn the key MFT-AN treatment concepts,
- experience the activities used in the 4-day workshop
- understand the facilitation skills needed for successful implementation

The workshop will run as an experiential group so participants will see the facilitation skills demonstrated and have an opportunity to practice. Many participants from the 2017 MFT training reported that the workshop was very helpful for their work as FBT clinicians.

CEED are seeking Expressions of Interest to attend the training from clinicians and services who are looking to build on their responses and resources for treatment and recovery of adolescents with AN and their families. To register your interest, please contact Sarah Trobe (03 8387 2094) or see the CEED website for further information: http://ceed.org.au/training-and-events

Family Based Treatment for Adolescents with Anorexia Nervosa

Presented by CEED clinicians Michelle Roberton and Jessica Ryan

November 22-23 2018

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 getting started on 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

To register: http://www.trybooking.com/BXKG
Meet some of the team

Welcome Josh Watson  Social worker

This month we welcome Josh Watson to the team. Josh is an experienced mental health clinician having practiced in CYMHS and headspace where he developed a keen interest in working with young people experiencing eating disorders and their families. Josh hopes to help improve access to appropriate treatment for eating disorders including early intervention.

Prior to working in mental health, Josh worked as a youth worker, running leadership and mentoring programs. He’s also a former Yarra Ranges young citizen of the year.

Josh is an avid photographer and enjoys exploring and capturing stunning landscapes.

Claire Diffey  Mental Health Nurse and Family Therapist

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.

Jess Jordan  Admin Officer and Executive Assistant

The friendly voice on the end of the phone when you call our main line is Jess. She also keeps our office and events running smoothly so the rest of us can focus on our work. Jess graduated from a Bachelor of Psychology earlier this year and is currently completing her Masters of Counselling.

Full team at CEED:

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

Sarah Trobo, 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