Welcome to the second edition of CONNECTED

CEED’s role is strengthening the system of care to provide excellence in eating disorder treatment. To achieve our vision CEED supports the establishment of a clear and accessible system of care for clients and carers with eating disorders; that facilitates early identification and a responsive service system. CEED works on assisting the mental health and broader health system in the provision of and continued development of treatment and care for eating disorders clients and their families.

CEED’s Vision:
Victorians will have access to a world-class system of care for the treatment of eating disorders

Latest News from CEED

- Michelle Roberton and Claire Diffey were invited to present Engaging Families and Carers in the service development and treatment of eating disorders on June 19th to 150 clinicians and carers at the CEDD NSW State-wide forum
- In June Belinda Caldwell, CEED Carer Consultant, presented in the UK on “Helping families find their mojo” to South and North Wales mental health clinicians in Abergele, North Wales and to clinicians at the Royal Edinburgh Hospital CAMHS
- Rachel King, CEED senior clinician, is presenting at Monash Health’s Social Media and Healthy Development Day on 20th July 2017
- CEED clinicians Dr Emma Spiel & Dr Rachel Gold are working with Gippsland Centre Against Sexual Assault on a group program for people with trauma and disordered eating, and also providing a staff seminar on recognising and responding to disordered eating
- Videos from the recent At Home with Eating Disorders conference for families and carers hosted by The Butterfly Foundation and F.E.A.S.T are now available at http://bit.ly/2tay7Mc
- Dr Beth Shelton, CEED Senior Clinician, has completed a collaborative project with the Australian Ballet School (ABS) which developed the ABS Early Intervention in Eating Disorders Guideline 2017
Being at ICED 2017 Prague as a Carer/Carer Consultant was a fascinating experience. The conference as a whole was a rich and diverse program of sessions which explored a range of topics, services, issues and treatment modalities. The three sessions which I found most interesting or beneficial were:

1. Cincinnati Children’s Hospital presentation on an inpatient intervention for carers which was designed to use an admission for medical instability as a unique opportunity to kick start FBT. They did this through the provision of psychoeducation, troubleshooting, meal coaching, behaviour plan development and parental empowerment. The intervention resulted in significant increases in parental self-efficacy, increased weight at 4 weeks post admission, and they found increased self-efficacy and increased weight gain at 4 weeks predicted weight restoration at 3 months.

2. South London and Maudsley NHS Foundation Trust (SLaM) FREED project which is a flexible early intervention service model to reduce the duration of untreated eating disorders in young adults. Components included a 48hr screening call, assessment within 2 weeks; which includes the family, focusses on psychoeducation and formulation of an initial nutritional care plan and goal setting. They deliver a range of developmentally tailored interventions, including self-care components. The family involvement includes carer specific sessions, online carer’s intervention, carer skills workshops and family therapy. A unique feature of the service focusses on transition to management in life, transition between services and preparation for university.

3. Weight, Health, and the Growing Brain: Contemporary Considerations in Treatment Goal Weight Determination for Children and Adolescents with Restrictive Eating Disorders. Presented by a paediatrician, dietitian, researcher and parent – 4 different perspectives of target weight determination and issues were presented in an extremely practical and useful session. Dr Rebekah Peebles reflected that the term ‘ideal’ in IBW was misleading and clinicians all vary in their assessment of this, and the link between weight, menstrual function for girls and cognitions was highlighted. Evidence was presented that early weight gain predicted better outcomes and weight is associated with better psychological improvement independently of psychological interventions. A key message was to not underestimate caloric requirements in refeeding and that energy needs increase during recovery and remain high for a long time. Finally, the parent presenter raised the concept of “state” as a marker of target weight/recovery and that families are the custodians of this type of information. She encouraged greater knowledge transfer between caregivers and the treatment team in assessing when ideal weight has been reached.

Learnings from ICED 2017 Prague: Belinda Caldwell

ICED 2017

June 8-10

June 7: Clinical Teaching & Research Training Day
Prague Congress Centre | Prague, Czech Republic

This seminar will provide an introduction to Schema Therapy (ST) for eating disorders. ST combines cognitive, behavioural, psychodynamic and experiential strategies into one unified, systematic approach to treatment. ST is designed to target enduring and self-defeating patterns characteristic of personality disorders, chronic depression and other long-standing pervasive psychosocial difficulties.

The ST eating disorder model was developed to address a treatment gap, given a proportion of people with eating disorders do not respond to cognitive behavioural therapy (CBT; CBT-E; Fairburn et al., 1995; Fairburn and Harrison, 2003). ST specifically addresses the schema-level beliefs that underpin chronic and persistent pathology in treatment-resistant eating disorders, and attends to the high level of co-morbidity in the eating disorder population (Hudson et al., 2007; Blinder, 2006). On Friday the 4th of August, 9–10:45am. Registrations: CEED website
Do you have a complex case you want advice on? A case which is challenging the team? Advice on options for treatment or care planning?

CEED senior clinicians provide consultation to Victorian specialist public mental health services and clinicians working with clients who have an eating disorder or an emerging eating disorder. The consultation service aims to enhance the capacity of Victoria's health system to respond to the early intervention, treatment and rehabilitation needs of those with an eating disorder and their families.

CEED can provide one-off consultation and advice or CEED clinicians are able to have more comprehensive and ongoing involvement in case planning through participation in care team meetings within the service or facilitating case planning meetings with the shared agreement between different services/clinicians. Such support is commonly useful where cases are complex and there are multiple clinicians and services involved; and are aimed at achieving a more comprehensive approach to the care of the individual and their family. In addition, CEED can offer planned and regular group case consultations for clinicians/teams from a service. The consultation service is available Monday to Friday from 9am to 5pm. Consultations can be provided via telephone, face to face, on site visits or via video-conference where possible.

How to access CEED consultation and education services:
1. The easiest way is to complete the online Request for Consultation Form which is automatically emailed to CEED direct on completion. Click Here to access the form.
2. Or you can download a Request for Consultation & Training Word Form and fax or email to CEED. Download the form from the Resources and Links page on our website www.ceed.org.au
3. If using the Word form, completed forms should be faxed to CEED on (03) 8387 2667 or email to ceed@mh.org.au. Alternatively call the CEED Team on: 03 83872673

Facilitator Training for Collaborative Care Skills Workshop (CCSW) for carers of people with eating disorders
7th & 8th September 2017

CEED and Deakin University have partnered to offer facilitator training to a limited number of mental health clinicians and subsequent implementation support to services across Victoria in order to deliver an evidence based eating disorders carer intervention program, known as Collaborative Care Skills Workshop (CCSW). CCSW is an evidence-based intervention that aims to improve carers' wellbeing, coping strategies and problem solving skills by modifying communication patterns and teaching carers the basic principles of motivational interviewing.

For further information on the CCSW facilitator training and how to apply for clinician/s within your service to be skilled up to run these workshops, please visit the CEED training page: http://ceed.org.au/training-and-events

NEW TRAINING: Multi-Family Therapy for Adolescent Anorexia Nervosa

Multi-Family Therapy for Adolescent Anorexia Nervosa (MFT-AN)
9th, 10th, 11th & 12th October 2017

CEED is excited to be offering an intensive training workshop in Multi-Family Therapy for AN (MFT-AN). The training is available to clinicians from Victorian specialist mental health services as part of CEED’s work in establishing a skilled, sustainable workforce to provide MFT-AN across Victoria. The training will be facilitated by Andrew Wallis, clinical specialist social worker and family therapist from the Eating Disorder Service, The Children's Hospital at Westmead (CHW). In 2014, CHW were the first service in Australia to systemically integrate MFT-AN as an additional treatment option for young people with AN.

This is a rare opportunity for clinicians and services to further develop their response and treatment and recovery for adolescent AN. There has been a great response to the training opportunity and now just 3 places remain available. For more information, please visit the CEED training page: http://ceed.org.au/training-and-events
Introducing Dr Rachel Gold, Eating Disorder Clinician

1. What does your role at CEED entail?
   My role at CEED as a senior clinician encompasses a range of activities such as: secondary consultation, training and service development.

2. What are you working on at the moment?
   At the moment my main focus is secondary consultations and training to clinicians working in mental health. I’m really enjoying meeting a range of clinicians across Victoria working with people with complex presentations including an eating disorder. I’m also preparing to deliver FBT and CBT-E training as well as a seminar for how to utilise schema therapy in the treatment of eating disorders.

3. What are you passionate about or aspire to do within the ED field?
   My main passion is increasing accessibility to treatment. This, I believe, can be achieved in two main ways:
   ♦ supporting people who are affected by an eating disorder to recognise that treatment and recovery is possible; and,
   ♦ supporting clinicians to feel confident in treating eating disorders.
   There are particular skills and knowledge required to treat eating disorders (as with any disorder) but with some extra support or study, most clinicians already have the skills to support client’s with an eating disorder!

4. Where do you see ED treatment in 10 years time?
   In 10 years’ time I hope that eating disorder treatment is much more broadly available and integrated into services across the whole system of care (e.g. from private and primary care clinicians into our tertiary services). I think there will also be a much greater awareness of the higher prevalence of binge eating disorder compared to anorexia and the need to identify and treat this disorder (as well as restrictive eating disorders).