



PSYCHO-EDUCATIONAL THERAPEUTIC INTERVENTION STRATEGY (PETS)

EXECUTIVE SUMMARY REPORT 2017

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INTRODUCTION

During 2016 & 2017 Therapy Partners was commissioned to deliver a pilot project which encompassed a whole system approach to support children and young people with Eating Disorders. The support was planned to extend beyond the reach of traditional services to include families and other professionals.

Promoting and protecting the emotional wellbeing of children, young people and their support networks recognises that early intervention is key to successful outcomes which our results have confirmed.

Therapy Partners provided timely and local interventions in order to achieve the best possible recovery outcomes, in line with the NHS Five Year Forward View¹ which emphasizes the need for early intervention and services to be integrated and provided close to people's homes. This also is supported by the Kent Local Transformation Plan for Children, Young People and Young Adults' Emotional Wellbeing and Mental Health²

The overall strategy for PETS was underpinned by feedback received from all the people worked with, either individually or in groups, including the people who attended training seminars.

The overwhelming response was that help received at the time of need influenced satisfaction and engagement.

Three-dimensional multi-faceted support was offered in the following ways:

1. **TARGETED SUPPORT FOR INDIVIDUALS** on a one-to-one basis by providing 20 sessions of solution focused, evidence-based CBT-E³ therapy within a week of referral at a convenient location for the young person. Receptive families were also engaged in the process incorporating the New Maudsley Method⁴.
2. Facilitated **PEER SUPPORT GROUPS** for parents and or carers, and young people based on a psycho-educational approach. Key themes, together with strategies for building resilience were offered to participants to help facilitate more functional interpersonal relationships. In addition, young people were offered peer support as a follow-up treatment after one-to-one therapy.
3. **AWARENESS TRAINING** and a **PSYCHOEDUCATIONAL VIDEO** was developed and delivered for different groups of people. Young people were given training on building resilience, positive body image and given strategies to help maintain their wellbeing.

¹ NHS (2014) 5 Year Forward Review

² NHS (2016) Local Transformation Plan for Children and Young People's Mental Health and Wellbeing Year 1 Delivery Plan Update

³ C. G. Fairburn (2008) Cognitive Behaviour Therapy and Eating Disorders, New York: The Guildford Press.

⁴ J Treasure, U. Schmidt and P. Macdonald (2010) The Clinician's Guide to Collaborative Caring in Eating Disorders: The New Maudsley Method, Hove: Routledge

TARGETED SUPPORT FOR INDIVIDUALS

INITIAL ASSESSMENT CRITERIA

- Safe to manage as outpatients
- Have disordered eating patterns with significant impairment
- Have a BMI greater than 16

SERVICE SPECIFICATION

‘Provide a solution focused, enhanced Cognitive Behavioural Therapy (CBT-E) (Fairburn 2008) approach to children and young people (CYP) to aid recovery, build resilience and to help CYP live their lives to the full.’

DELIVERY OF SERVICE

CBT-E Therapy was provided for 35 young people between the ages of 13 and 25 who met the assessment criteria. Demand for service was much higher than anticipated. 100% of accepted referrals were seen face-to-face within 5-10 days at a venue convenient to them.

EVALUATION METHODS

Three types of evaluation methods were used for the programme to evidence improvements. These included the Eating Disorder Examination Questionnaire (EDE-Q)⁵ and the Clinical Impairment Assessment (CIA)⁶ together with a self-assessment questionnaire to determine satisfaction and perceived improvement in well-being.

Scores were taken at the start, mid and end point of treatment for both of these measures with a mid-treatment evaluation between therapist and young person generally undertaken around session 7/8.

‘I feel much better about myself now and I realise that I eat unhealthily. I know what to do about it now’- Young person, Dartford

RESULTS AND RECOMMENDATIONS

One significant insight from assessment has been that successful outcomes and completion of treatment are positively correlated to the young person’s level of engagement and motivation rather than third party instruction and concern.

Better outcomes were achieved through a multi-dimensional approach, engaging with families, schools and third sector staff to enhance the general well-being of both the young person and the parent/carer in all cases.

Offering support as a small, local organisation, allowed us the flexibility to act swiftly where required, enabling a family centric individual approach; ultimately removing some of the barriers to recovery.

A direct example of this family centric approach was the family of an individual who was receiving one-to-one support, where all family members had experienced severe trauma and loss, together

⁵ Fairburn & Beglin (2008): Eating Disorder Examination Questionnaire

⁶ Bohn & Fairburn (2008): Clinical Impairment Assessment

with financial difficulties. By working alongside local charities and writing to this particular family’s landlord, imminent eviction from the family home was averted, thereby directly removing a major cause of distress.

Those who benefitted from the PETS project have since returned to university, gained employment and report improved relationships with peers and family members, in addition to experiencing less social isolation. A number of clients have since become actively involved in our Rewrite-your-story charity, which is testament to the improved well-being and engagement experienced as a result of taking part in the pilot.

‘I feel a lot better, and have not 'thrown up' for months, I don’t want to and don’t even think about it anymore even if I feel that I’ve eaten too much’- Young person, Ashford

Eating Disorder Examination Questionnaire (EDE-Q)

As evidenced from the table, 96% of those treated either recovered, improved or maintained their current status. Overall, 57% improved & 25% recovered to community norms.

DECLINED	MAINTAINED	IMPROVED	RECOVERED
4%	39%	32%	25%

Weight

The average EDE-Q weight domain score was 4.26. By the end of treatment, this had decreased significantly (99% CI) by 1.40 points to 2.86.

Eating

The average EDE-Q eating domain score was 3.77. By the end of treatment, this had decreased significantly (99% CI) by 1.44 point

Shape

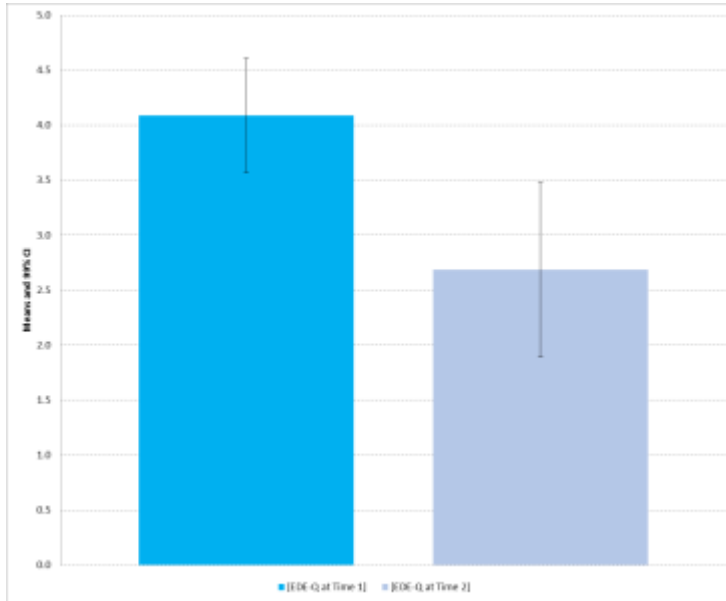
The average EDE-Q shape domain score was 4.78. By the end of treatment, this had decreased significantly (99% CI) by 1.43 points to 3.35.

Restraint

The average EDE-Q restraint domain score was 3.53. By the end of treatment, this had decreased significantly (99% CI) by 1.34 points to 2.19.

Overall

The average EDE-Q score was 4.09. By the end of treatment, this had decreased significantly (99% CI) by 1.40 points to 2.69. (See graph)

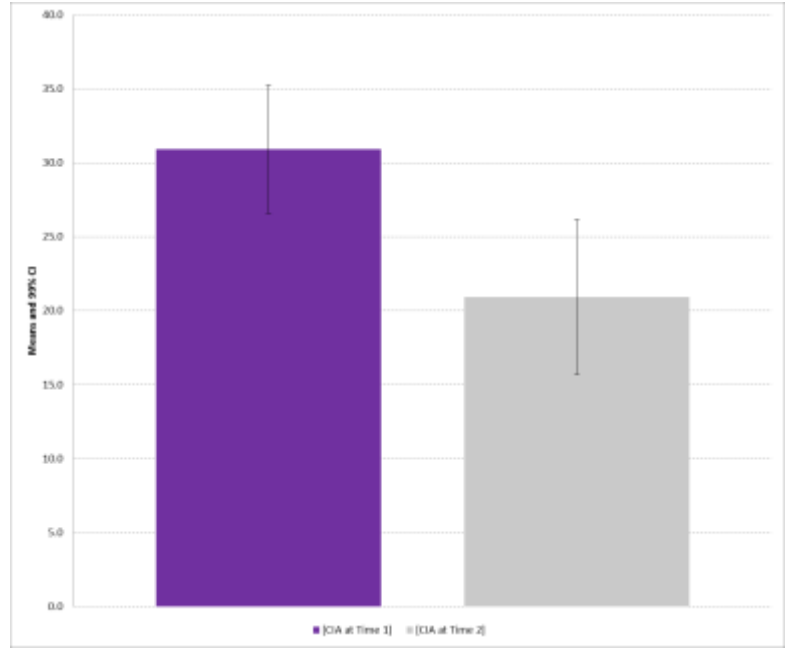


Clinical Impairment Assessment Questionnaire (CIA)

In terms of overall CIA scoring improvement from commencement to ending: 80% showed an improvement.

DECLINED	MAINTAINED	IMPROVED
8%	12%	80%

At time one, the average CIA score was 30.91. By the end of treatment, this had decreased by 9.99 points to 20.92. This decrease was not significant (95% CI).



'I have learnt that weight and appearance aren't everything and to focus on other things. I value myself much more as a person now. I always thought that I was over-eating but reviewing the sheets has been very helpful, even though I found it awkward and embarrassing to start with' - 23-year-old, Canterbury

Improvement in Emotional Wellbeing

Improvement in emotional wellbeing was gaged through end of treatment questionnaire responses. Results indicated that 60% of those treated had an overall improved mental wellbeing

DECLINED	MAINTAINED	IMPROVED	REFERRED ONWARDS/UNCLASSIFIED
6%	17%	60%	17%

PEER SUPPORT GROUPS

SERVICE SPECIFICATION

‘Facilitated peer support groups for parents and carers of CYP with ED using a psychoeducational approach to enable understanding of the key themes of ED, build resilience, and lessen the adverse impact ED has on families.’

DELIVERY OF SERVICE

Therapy Partners used systemic therapy methods within a psychoeducational setting, working to foster resilience and understanding within the families and individuals who support the young person with an eating disorder.

Individuals in therapy enquired about the possibility of meeting others experiencing similar issues to combat the feeling of loneliness and isolation, a prominent theme throughout individual therapy sessions. Although outside of our funding capabilities, we ran four peer support sessions, 2 in each locality. These groups held a maximum of eight people and were carefully managed. The groups brief was to discuss emotions, families, and emotional intelligence strategies, removing the emphasis away from food and Eating Disorders, due to a competitive nature of the illness. The name EAT (Emotions and Thoughts) were devised for these groups.

EVALUATION METHODS

Progress was viewed in terms of the development of communication systems and interaction between each person in the family or relationship and their levels of personal wellbeing. End of therapy feedback and questionnaires were used to evaluate the benefit of the peer support groups.

‘It’s amazing. I don’t feel like I am the only one. I can see that I’m not a failure by getting this, anyone can and for so many reasons. I love the fact that my voice is being heard. Why should I be ashamed or feel guilty?’ – Peer Support Group Member

RESULTS AND RECCOMEDATIONS

Participants identified that learning outcomes from support included;

- Better understanding of how their family functions
- The ability to identify strengths and weaknesses within their own family system
- Setting goals and devising their own strategies to resolve problems
- Developing communication skills, facilitating open conversation between family members.
- Strengthening of the family unit

Although peer support groups have proven to be beneficial in enhancing personal wellbeing for those who participated, and represent an ideal way to support a young person with an eating disorder, geographical challenges arose when attempting to organize suitable locations impacting on attendance for all.

Pragmatically, the peer group support represented a stepped down level of support which proved useful for the families and young person and more cost effective than one-to-one work.

Therapy Partners would recommend providing this type of support within primary care, working alongside secondary care colleagues.

'Without Therapy Partners, I would have no support for our problems because other services I've been referred to haven't offered anything.' - Mum, Ramsgate

AWARENESS TRAINING

SERVICE SPECIFICATION

'Equip carers with the skills and knowledge needed to support and encourage children and young people and help prevent barriers to recovery...

Enhancing emotional intelligence in the client families whilst improving social and human factors...

Increase awareness amongst school staff and equip them with the knowledge to support them to identify students who may have an eating disorder'

DELIVERY OF SERVICE

A total of 83 people attended the training and it was delivered to and modified for following audiences;

- Parents and carers
- 3rd sector organisations
- school staff

The training course content was developed in line with the New Maudsley Method, focusing on the main themes surrounding ED, including;

- What is an eating disorder? – A summary.
- Who gets an eating disorder and why?
- What type of carer are you, what is your automatic 'go to style' when supporting someone?
- Traps we all fall in when working with an individual with an ED that actually maintain the patterns of behaviours in an Eating Disorder.
- How to adapt your behaviours and carer/supporting style to best support a young person with an Eating Disorder

'I felt like I'd struck gold when I went to your training. I can't thank you enough. I'd realised that I'd been doing everything the wrong way. Now I have a structure to work with.' - Training attendee currently supporting young person with an ED in supported housing.



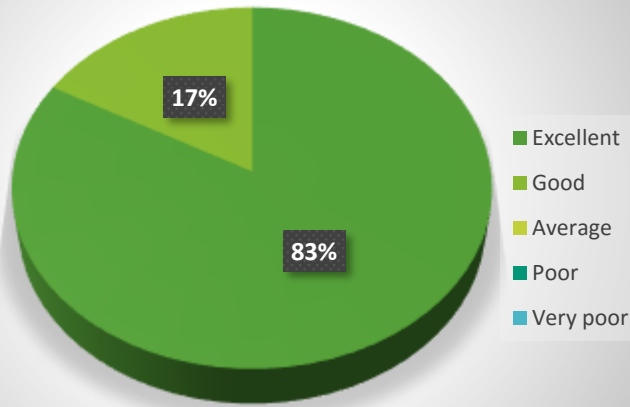
EVALUATION METHODS

A training evaluation questionnaire was used to ascertain the training outcomes, including raised awareness, understanding of eating disorders, the ability to identify someone with disordered eating, and local signposting information.

RESULTS AND RECCOMENDATIONS

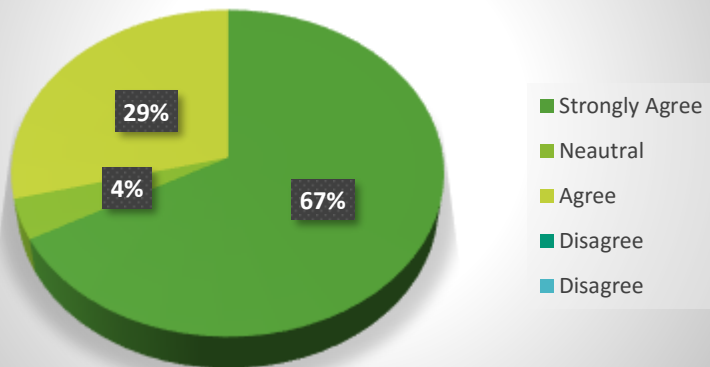
'I work with a woman who is suffering with Anorexia Nervosa & following the course I have been conscious of my actions and re-acting accordingly. This is proving to have a positive effect on our relationship. I have ordered the book which you advised and this should be arriving shortly.' - Social Inclusion co-ordinator for Carers Organisation

How do you rate the training overall?



100% of those who attended training rated it good or higher, with 83% of participants rating it as excellent.

I will be able to apply the knowledge I learned



96% of Participants felt they would be able to apply the knowledge gained from the professional training.

'I found the training informative and an enjoyable session the lived experience and the information I gained will really help me with my work supporting young people.' - Support Worker, Children's Charity.

PSYCHOEDUCATIONAL VIDEO

Feedback we received throughout the project indicated the need for an educational video raising awareness of eating disorders, featuring young people with lived-experiences as it would engage and resonate with both those seeking support and professionals alike.

The campaign highlighted within the video 'Rewrite Your Story' promotes a positive message regarding recovery from eating disorders. The website, www.rewriteyourstory.org.uk, was developed containing valuable information to raise awareness and signpost for those seeking support.

The video, which was shown at training and awareness events run by Therapy Partners has currently received over 3,400 views via Facebook, can be found on the website, www.rewriteyourstory.org.uk



'I think it is powerful, obviously using real life examples will resonate with young females and they are very honest as to their individual issues, etc. I like the length (10 mins) long enough to get the message across but not too long so as to lose focus, very professionally done as well.' - Mental Health Professional, East Kent

PARTNERSHIP WORKING

Through joint working protocols to ensure continuity of care for our client pathway, Therapy partners worked closely with a range of professionals, individuals and organisations to aid and support the recovery and transition of the young people and their families. (A full list is provided in our full report)

Partnership working consisted of the sharing of advice and information whilst collaborating on consultations and training between;

- Primary, secondary and tertiary care
- Schools, colleges and youth services
- Professional care settings delivering recognition or identification and management of eating disorders for CYP.

Examples of partnership working include referrals from GP's, schools and third sector organisations and engagement with local community mental health teams and Early Help Services.

ACHIEVEMENT OF KEY TARGET AIMS

Alongside the above outcomes within the three main areas of delivery, Therapy Partners have achieved the following key target aims set out by the PETS specification;

- Enhanced emotional intelligence in the client families whilst improving social and human factors.
- Reduced demand on secondary care Children's & Adolescent Mental Health services (CAMHS).
- Person centred, collaborative and client-led experiences.
- An evidenced-based treatment protocol with measurable outcomes
- Reduced stigma of mental illness.
- Accessibility in the community or at clients' home at a time to suit client's lifestyle which has included evenings and weekends sessions and, telephone and online support.
- Peer Mentoring Support from young people who have recovered from an Eating Disorder (lived-experience)
- Appropriate endings, signposting and follow up.

OVERALL SUMMARY

- The Level of presenting clinical need far exceeded expectations for a 20-session treatment in most cases.
- The majority of older clients presented with complex, entrenched and enduring ED's often with complex co-morbidities.
- Family dynamics and support networks were almost always an issue.
- There is clear need for early intervention with support required for younger patients from 10 years upwards.
- Many young people present with a BMI lower than 18.5
- Those with enduring ED's represent a challenge to make lasting change to the ED mind-set and would benefit from the 40-week broad version of treatment (Fairburn, 2008).
- Significantly underweight patients are also likely to require a longer treatment of 40 weeks due to the protracted time it takes to increase weight into the healthy range at 500 calories per day.
- It is evident that treatment will be more effective if the ED is not established and thereby lends itself to early intervention.
- Early accurate assessment of the young person's engagement to treatment is critical to successful outcomes.
- The effect of social media, the media and movements like 'clean eating' threaten to increase the numbers of young people presenting with eating problems in the future and their attendant mental health co-morbidities.
- A stepped down transitional support mechanism would be recommended post treatment

PETS LEGACY



RE-WRITE YOUR STORY

This pilot was the inspiration for launching the charity, Rewrite Your Story, in order to continue Therapy Partner's work both within the local Kent community, and further afield, especially with children and young people, offering support, guidance and therapy.

After achieving positive outcomes with the PETS project, receiving many referrals and treating patients quickly, reaching over 2,500 young people through school assemblies and presentations and providing eating disorder awareness training for professionals, it is evident there is high demand for these services.

Our aim is to support children and young people suffering from eating disorders, and those close to them including parents, friends and teachers. Our work has a special focus on early intervention and quick referral to treatment time.

Through our charitable work, we intend to spread an important message of positivity, good health and wellbeing offering help and support across the South East of England.

www.rewriteyourstory.org.uk

www.therapypartners.co.uk

As an organisation Therapy Partners are keen to work alongside other agencies to roll out early intervention services using evidenced based best practice strategies to support young people and their families. Please contact the author aheyes@therapypartners.co.uk