# PEACE pathway progress and Future

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*Consultant Clinical Psychologist/ Principal Investigator of PEACE Pathway*

*King's College London*

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PEACE

Pathway for Eating disorders and Autism developed from Clinical Experience

# PEACE is peaceful and creative collaboration/coproduction of autism friendly eating disorder treatment pathway:

PEACE

Pathway for Eating disorders and Autism developed from Clinical Experience

Health care professionals

Patients, families autism experts

January 2019 first meeting

South London and Maudsley NHS
NHS Foundation Trust

KING'S College LONDON

peacepathway.org

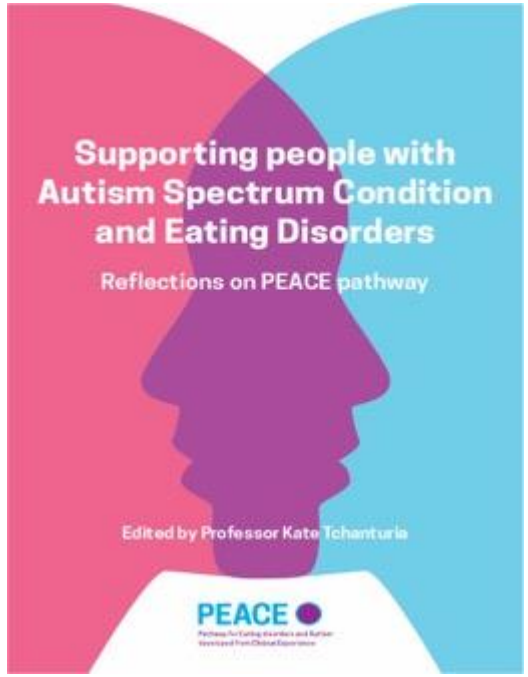
# More detailed information about PEACE:

- Book is published: March 2021
- Peer-reviewed publications (up to 30)
- Social media
- Our website **peacepathway.org**

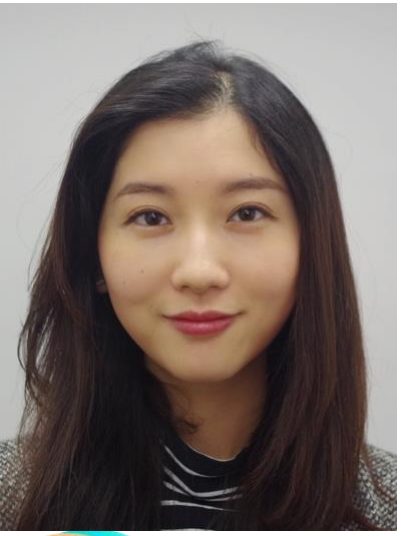
Twitter: @PEACE_pathway

Facebook: @PEACE_pathway

Instagram: @PEACE_pathway



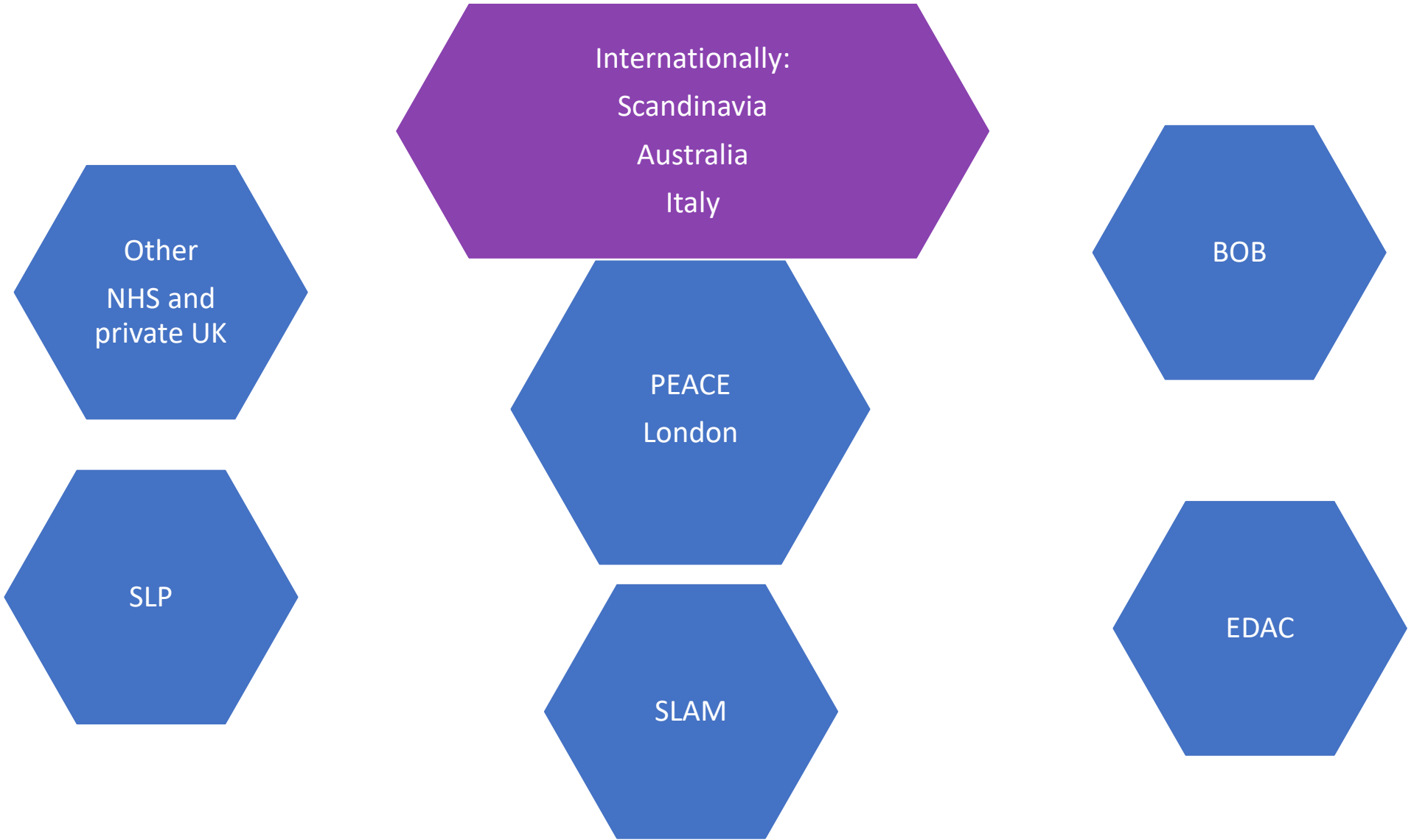

# How do we know PEACE was helpful?



- What clinical audit tells us
- What NAS told us?
- What Clinical team tells us
- Evaluation of the PEACE
- What numbers – economical costing tells us
- What social media/e-mails tell us
- What families tell us

National Autistic Society | Accredited 2020

# Scaling up PEACE

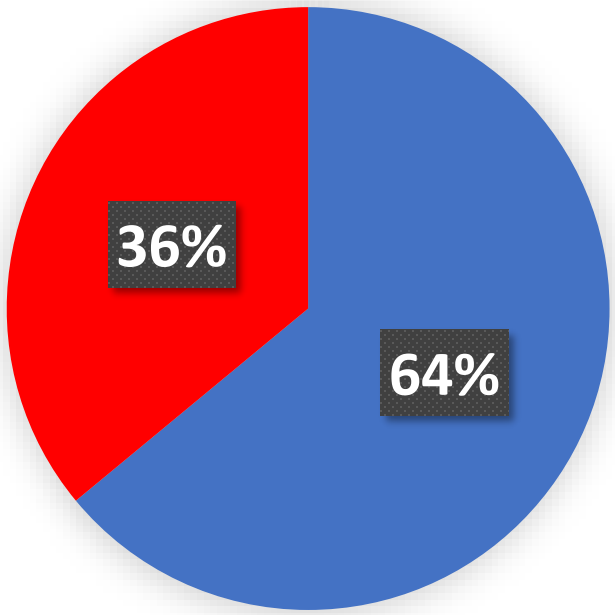


# Clinical reality

Audit data from Maudsley

South London and Maudsley NHS
NHS Foundation Trust

# Clinical Audit Data in our own clinical service




*Original Article*

autism

Autism
1–8

DOI: 10.1177/1362361317722431
journals.sagepub.com/home/aut
SAGE

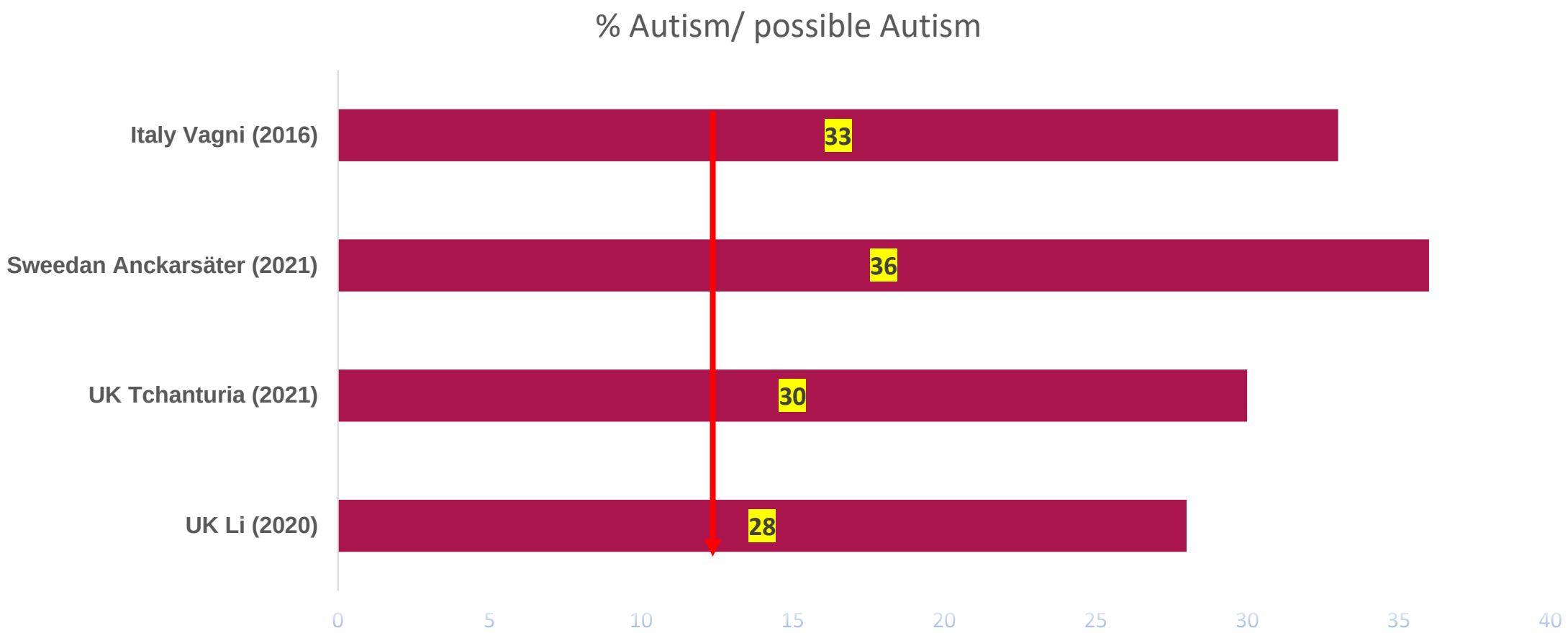
## Characteristics of autism spectrum disorder in anorexia nervosa: A naturalistic study in an inpatient treatment programme

**Kate Tchanturia[1,2,3], James Adamson[2], Jenni Leppanen[1] and Heather Westwood[1]**

**Abstract**

Previous research has demonstrated links between anorexia nervosa and autism spectrum disorder however, few studies have examined the possible impact of symptoms of autism spectrum disorder on clinical outcomes in anorexia nervosa. The aim of this study was to examine the association between symptoms of autism spectrum disorder and eating disorders, and other psychopathology during the course of inpatient treatment in individuals with anorexia nervosa. Participants with anorexia nervosa (n = 171) completed questionnaires exploring eating disorder psychopathology, symptoms of depression and anxiety, and everyday functioning at both admission and discharge. Characteristics associated with autism spectrum disorder were assessed using the Autism Spectrum Quotient, short version. Autism spectrum disorder symptoms were significantly positively correlated with eating disorder psychopathology, work and social functioning, and symptoms of depression and anxiety, but not with body mass index. Autism Spectrum Quotient, short version scores remained relatively stable from admission to discharge but there was a small, significant reduction

# Approximately third of our patients with AN have autism or possible Autism




Huke V et al 2013 systematic review- 22% community based sample 24% Swedish and UK studies (N=7)

# Female autism phenotype

- Autism in females looks different – harder to identify

  (Van Wijngaarden-Cremers, 2014)

  Less repetitive and stereotyping behaviour

- Camouflaging

  (Bargiela, Steward, & Mandy, 2016)

  Especially high-functioning females

- Why is this an important question?

  Lack of diagnoses /

  wrong diagnoses may impact people

# Anorexia Nervosa and Autism

Curr Psychiatry Rep (2017) 19: 41
DOI 10.1007/s11920-017-0791-9

EATING DISORDERS (S WONDERLICH AND JM LAVENDER, SECTION EDITORS)

## Autism Spectrum Disorder in Anorexia Nervosa: An Updated Literature Review

Heather Westwood [1] · Kate Tchanturia [1,2,3]

- Over-representation of Autism in AN
- Poorer treatment outcomes, higher illness severity, longer illness duration
- Need for treatment adaptations

Psychiatry Research 326 (2023) 115272

Contents lists available at ScienceDirect

Psychiatry Research

journal homepage: www.elsevier.com/locate/psychres

### Analysis of symptom clusters amongst adults with anorexia nervosa: Key severity indicators

Zhuo Li [a,1], Jenni Leppanen [e,1], Jessica Webb [b], Philippa Croft [b], Sarah Byford [c], Kate Tchanturia [a,b,d,*]

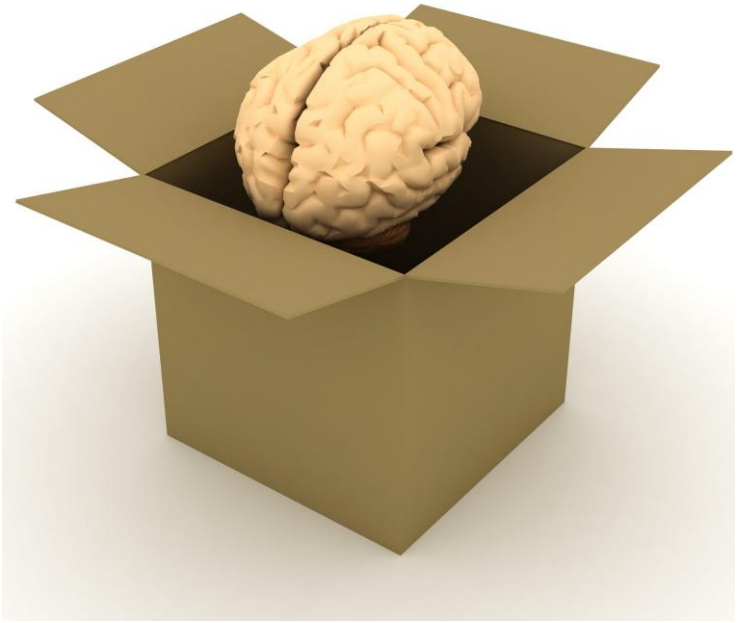
[a] King's College London, London, Department of Psychological Medicine, Institute of Psychiatry, Psychology, and Neuroscience, UK
[b] National Eating Disorders Service, South London and Maudsley NHS Foundation Trust, London, UK
[c] King's Health Economics, Health Service and Population Research Department, Institute of Psychiatry, Psychology & Neuroscience, King's College London, London, UK
[d] Psychological Set Research and Correction Center, Tbilisi State Medical University, Tbilisi, Georgia
[e] Department of Neuroimaging, Institute of Psychiatry, Psychology, and Neuroscience, King's College London, UK

# Research based evidence, clinical audit data, clinical observations

**Thinking inside the box**

**SYMPTOM Management!**


**Thinking outside the box?**



# Before development of PEACE we did needs assessment!

Patients (AN/Autism) ✓

Qualitative interviews

Carers ✓

✓ Clinicians

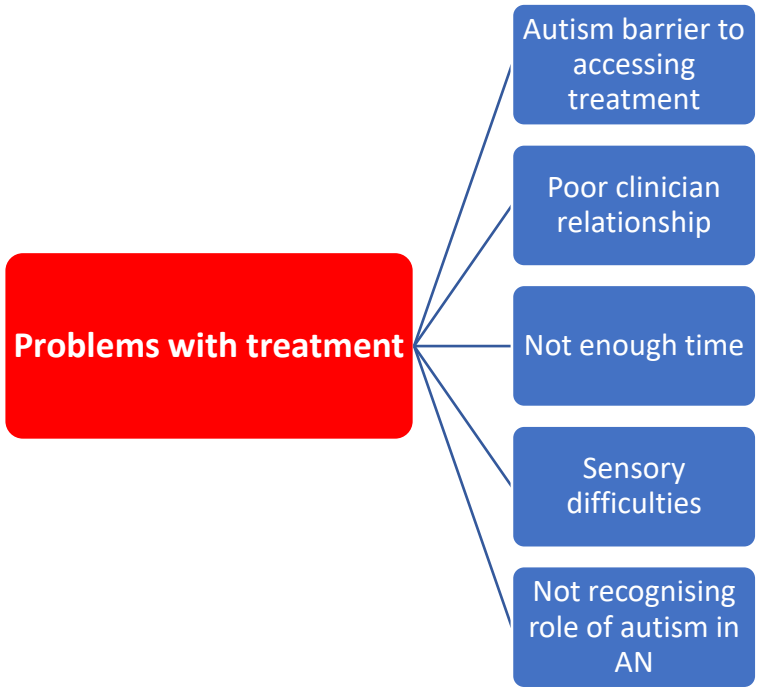
RESEARCH ARTICLE Open Access

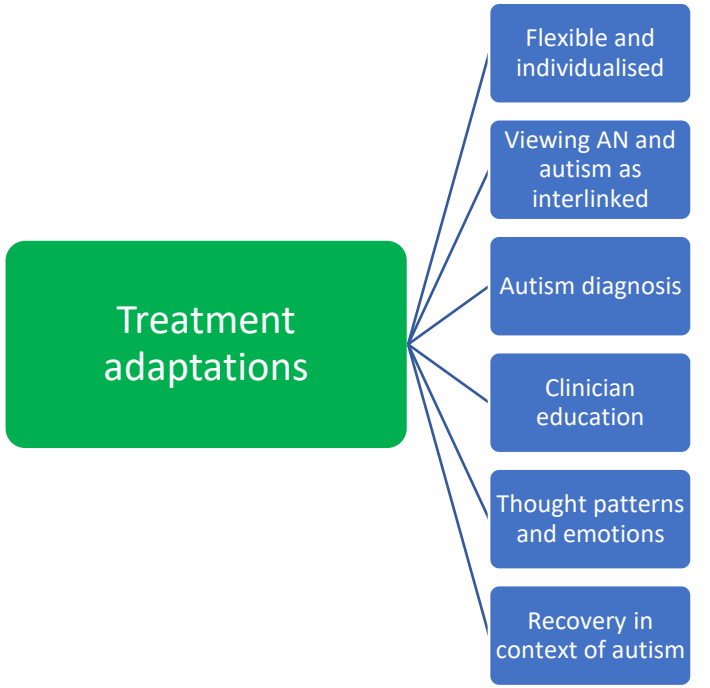
Clinicians' views on working with anorexia nervosa and autism spectrum disorder comorbidity: a qualitative study

Emma Kinnaird[1], Caroline Norton[2] and Kate Tchanturia[1,2,3,4*]

# What do patients with co-occurring anorexia and autism want from the treatment?

PEACE
Pathway for Eating disorders and Autism developed from Clinical Experience




Kinnaird E, Norton C, Stewart C, Tchanturia K (2019)

PEACE

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# Main Adaptations/Adjustments

**“The combination of autism and starvation is like autism on steroids”**

01 Communication

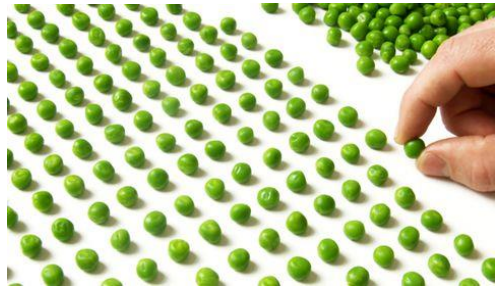
02 Sensory system

03 Emotion regulation

04 Focus on thinking styles, not

05 Separate autism from the MH condition (incorporate special interests)

Sensory
Nutritional
Communication

**Recourse developments**
**Implementation**

# What all stakeholders would like to improve

## Table 1: Overlap with Patients, Staff & Carers

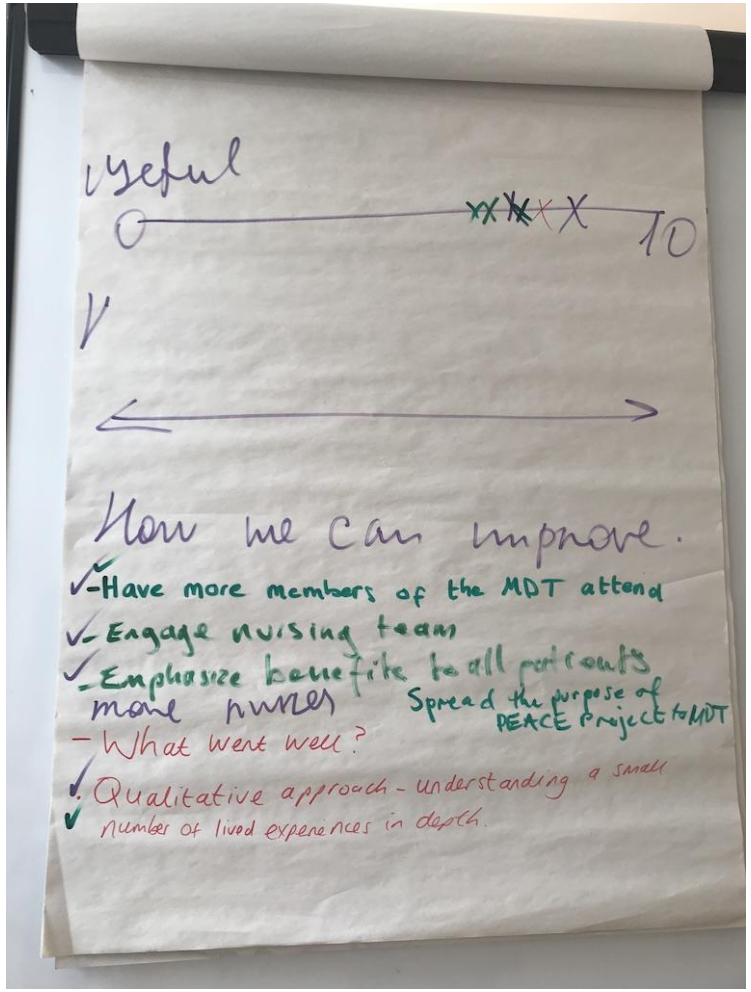
| Patients | Staff | Carers |
|---|---|---|
| AN & ASD Interlinked | AN & ASD Interlinked | AN & ASD Interlinked |
| Sensory Difficulties | Sensory Difficulties | Sensory Difficulties |
| Not enough time / clinician rapport | Takes longer to build rapport | Takes longer to build rapport |
| Flexible and individualised treatment | Adaptions and specific modifications | Flexible and individualised approach |
| Difficulty getting diagnosis | No clear pathways for assessment | Difficulty getting diagnosis |
| Clinician education | Clinician education | Clinician education |

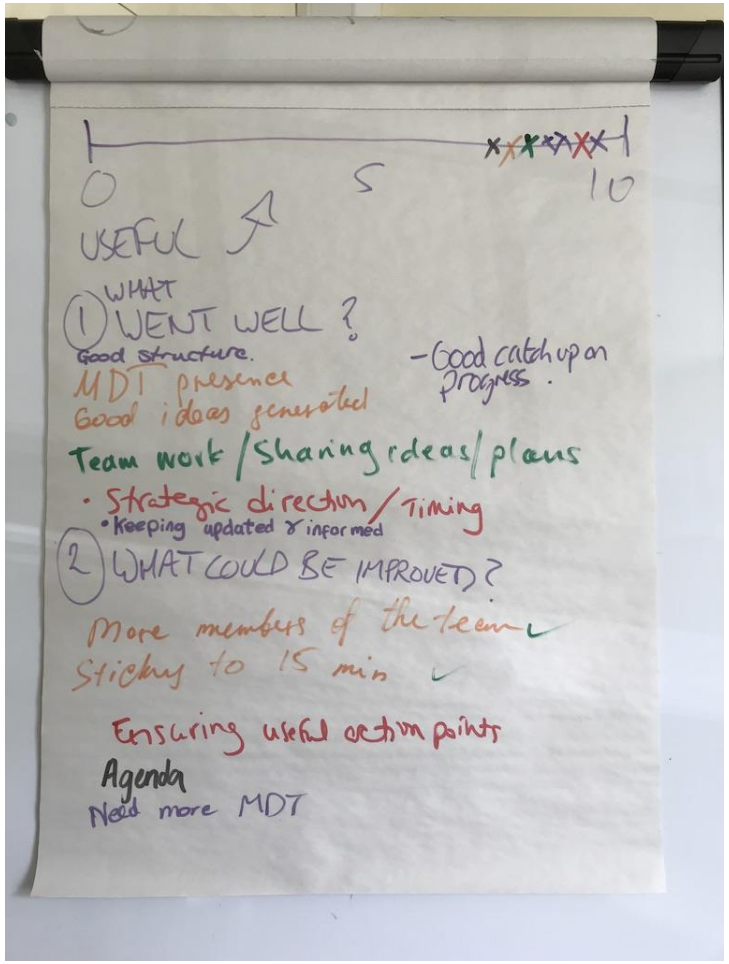
V

# PEACE pathway implementation in the clinical work


- PEACE- gained momentum and it has really helped at bringing the MDT together”
- “I am now thinking about things I might not have thought about”
- “Extended huddles are very important”
- “Looking back at previous patients, I wish I had known then what I knew now”
- “I have now included questions around it in my standardised assessment”

# Huddles short and frequent meetings the best way to implement changes in team culture!





**Are Huddles the Missing PEACE of the Puzzle in Implementing Clinical Innovation for the Eating Disorder and Autism Comorbidity?**

*Katherine Amanda Smith [1] and Kate Tchanturia [1,2,3]**

[1] Department of Psychological Medicine, King's College London, Institute of Psychiatry, Psychology and Neuroscience, London, United Kingdom, [2] South London and Maudsley National Health Service (NHS) Foundation Trust, National Eating Disorder Service, London, United Kingdom, [3] Department of Psychology, Ilia State University, Tbilisi, Georgia

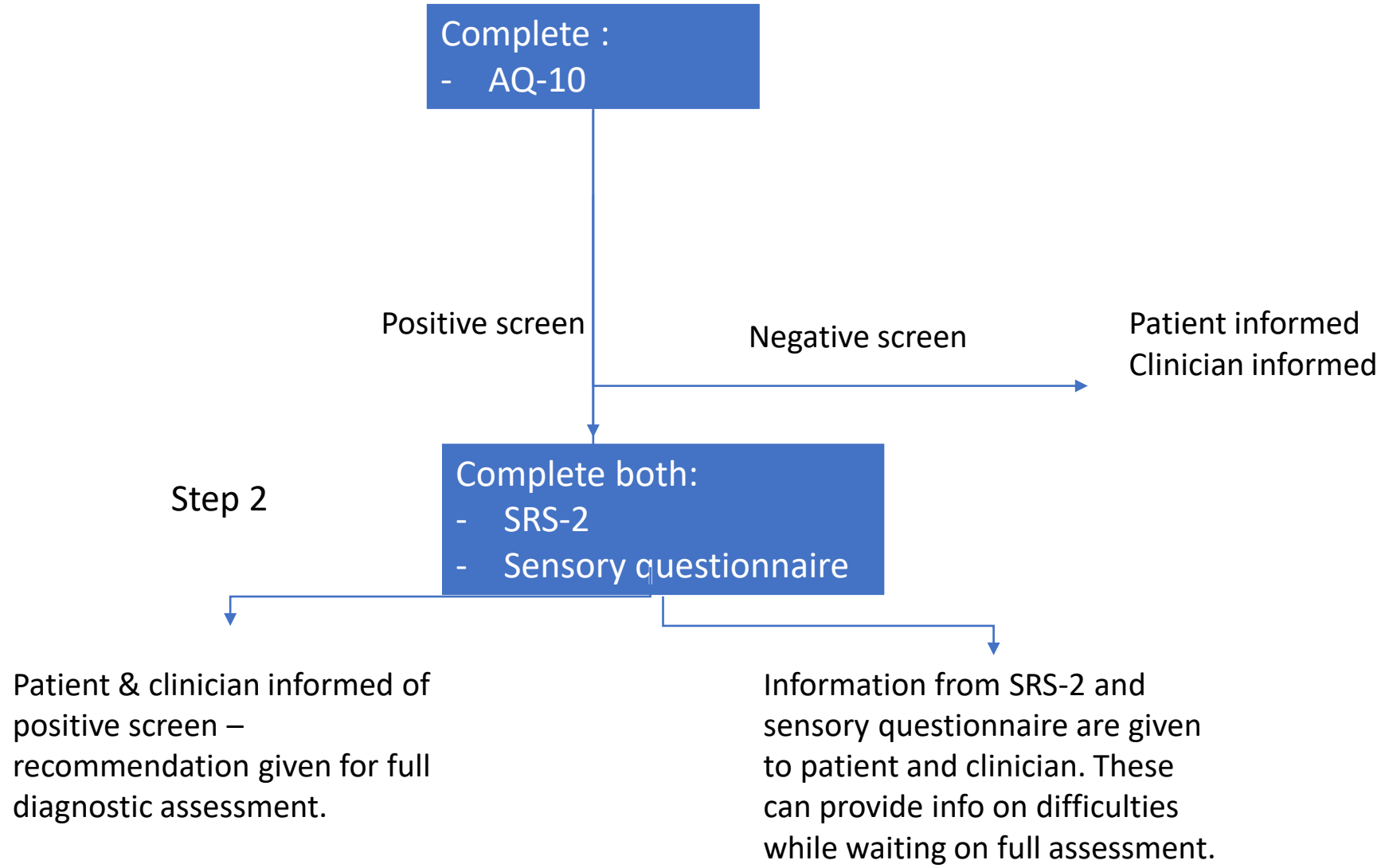
# Assessment?

Does it matter formal diagnosis?

Do we have recourse?

Is there pragmatic solution?

# How it is possible to manage autism assessment/audit within specialist services?



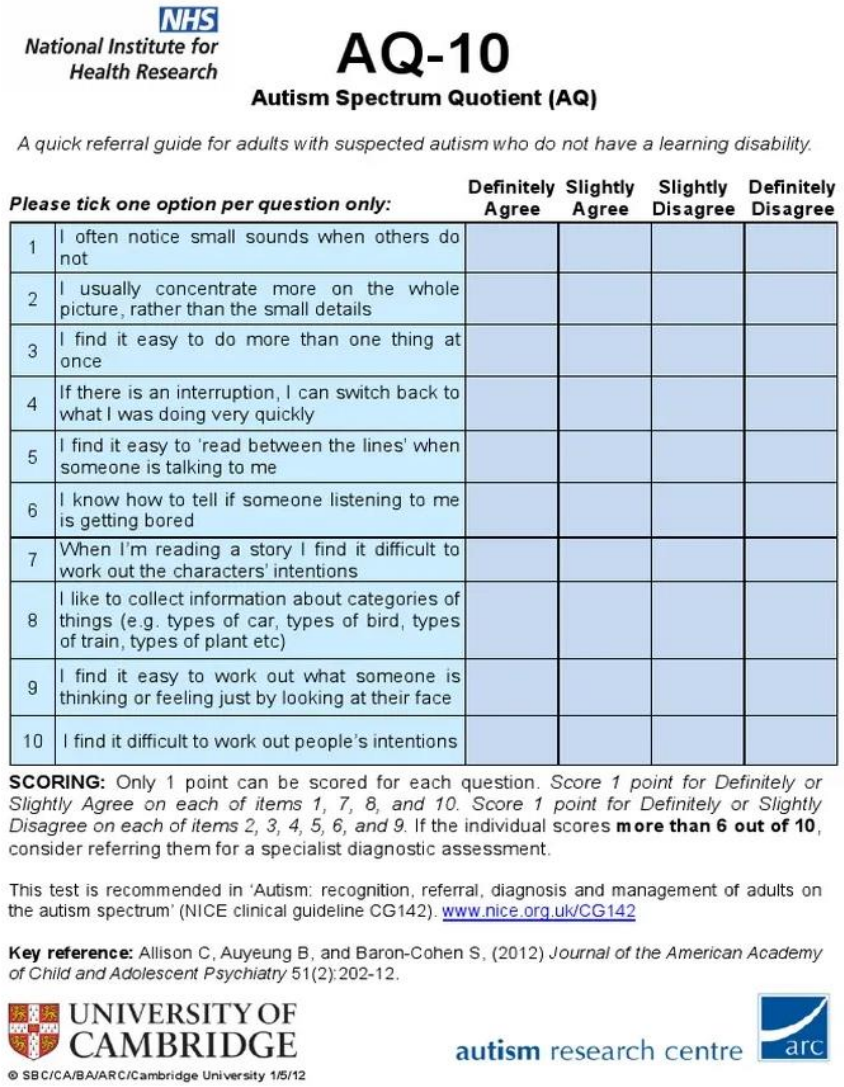
# The ED service audit: AQ10

- Within the first two weeks of admission, patients are asked to fill in an audit pack. They are then asked to complete the same measures on discharge so we can compare scores.

- Feedback from these comparisons (pre/post treatment) demonstrate how well individuals responded to their treatment here

- Several different psychological measures including…

- The AQ-10: 10 questions, scores of 6+ indicate high autistic traits



NHS National Institute for Health Research

**AQ-10**

**Autism Spectrum Quotient (AQ)**

*A quick referral guide for adults with suspected autism who do not have a learning disability.*

| ***Please tick one option per question only:*** | | **Definitely Agree** | **Slightly Agree** | **Slightly Disagree** | **Definitely Disagree** |
|---|---|---|---|---|---|
| 1 | I often notice small sounds when others do not | | | | |
| 2 | I usually concentrate more on the whole picture, rather than the small details | | | | |
| 3 | I find it easy to do more than one thing at once | | | | |
| 4 | If there is an interruption, I can switch back to what I was doing very quickly | | | | |
| 5 | I find it easy to 'read between the lines' when someone is talking to me | | | | |
| 6 | I know how to tell if someone listening to me is getting bored | | | | |
| 7 | When I'm reading a story I find it difficult to work out the characters' intentions | | | | |
| 8 | I like to collect information about categories of things (e.g. types of car, types of bird, types of train, types of plant etc) | | | | |
| 9 | I find it easy to work out what someone is thinking or feeling just by looking at their face | | | | |
| 10 | I find it difficult to work out people's intentions | | | | |

**SCORING:** Only 1 point can be scored for each question. *Score 1 point for Definitely or Slightly Agree on each of items 1, 7, 8, and 10. Score 1 point for Definitely or Slightly Disagree on each of items 2, 3, 4, 5, 6, and 9.* If the individual scores **more than 6 out of 10**, consider referring them for a specialist diagnostic assessment.

This test is recommended in 'Autism: recognition, referral, diagnosis and management of adults on the autism spectrum' (NICE clinical guideline CG142). www.nice.org.uk/CG142

**Key reference:** Allison C, Auyeung B, and Baron-Cohen S, (2012) *Journal of the American Academy of Child and Adolescent Psychiatry* 51(2):202-12.

UNIVERSITY OF CAMBRIDGE

autism research centre arc

# Social Responsiveness Scale, 2nd edition (SRS-2; Constantino, 2012)

- 65-item screening questionnaire assessing symptoms associated with autism.
- The SRS-2 identifies social difficulties associated with autism and quantifies its severity.
- Although the SRS should ***not*** be used in isolation for autism screening or diagnosis, the subscale scores may be useful for designing and evaluating eating disorder treatment.
- Recommended by NICE guidelines

| 1 = NOT TRUE | 2 = SOMETIMES TRUE | 3 = OFTEN TRUE | 4 = ALMOST ALWAYS TRUE |
|---|---|---|---|

1. I am much more uncomfortable in social situations than when I am by myself. ① ② ③ ④
2. My facial expressions send the wrong message to others about how I actually feel. ① ② ③ ④
3. I feel self-confident when interacting with others. ① ② ③ ④
4. When under stress, I engage in rigid or inflexible patterns of behavior that seem odd to people. ① ② ③ ④
5. I do not recognize when others are trying to take advantage of me. ① ② ③ ④
6. I would rather be alone than with others. ① ② ③ ④
7. I am usually aware of how others are feeling. ① ② ③ ④
8. I behave in ways that seem strange or bizarre to others. ① ② ③ ④
9. I am overly dependent on others for help with meeting my everyday needs. ① ② ③ ④
10. I take things too literally, and because of that, I misinterpret the intended meaning of parts of a conversation. ① ② ③ ④
11. I have good self-confidence. ① ② ③ ④
12. I am able to communicate my feelings to others. ① ② ③ ④
13. I am awkward in turn-taking interactions with others (for example, I have a hard time keeping up with the give-and-take of a conversation). ① ② ③ ④
14. I am not well coordinated. ① ② ③ ④
15. When people change their tone or facial expression, I usually pick up on that and understand what it means. ① ② ③ ④
16. I avoid eye contact or am told that I have unusual eye contact. ① ② ③ ④
17. I recognize when something is unfair. ① ② ③ ④
18. I have difficulty making friends, even when trying my best. ① ② ③ ④
19. I get frustrated trying to get ideas across in conversations. ① ② ③ ④
20. I have sensory interests that others find unusual (for example, smelling or looking at things in a special way). ① ② ③ ④
21. I am able to imitate others' actions and expressions when it is socially appropriate to do so. ① ② ③ ④
22. I interact appropriately with other adults. ① ② ③ ④

# What all stakeholders would like to improve:

## Table 1: Overlap with Patients, Staff & Carers

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# Sensory Screening

Based on stakeholder interviews suggesting identifying sensory differences could benefit both autistic patients and their clinicians in adapting treatment.

We have found that patients with high autistic traits rate themselves as more hypersensitive.

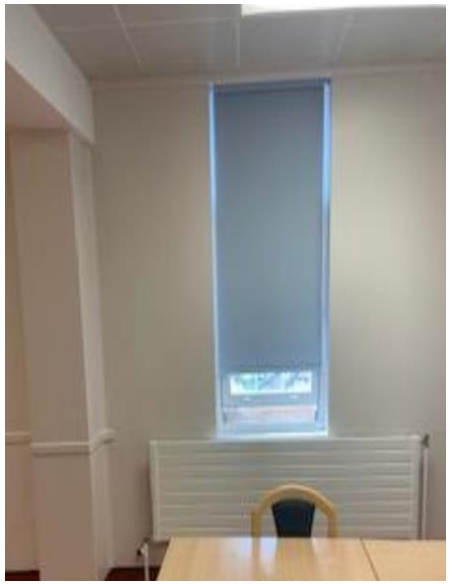

**Patient Feedback:**
*"It can be very helpful to discover what a particular person likes or dislikes and will help to create an environment comfortable for people who suffer from eating disorders especially during meals."*

Tchanturia et al (2021) Sensory wellbeing workshops for inpatient and day-care patients with anorexia nervosa - Neuropsychiatry 10.1007/s40211-021-00392

# Environmental Adaptations

*Little things can make a big difference*

"Go easy on the walls"
- Patient Feedback



"I really like the changes the PEACE team made to the dining room as it **looks and feels so much more like a calmer environment**"
- Patient MW

# Example from the dietician working on PEACE pathway

She told me of some of her sensitivities around food:

Texture "the biggest" - cannot tolerate soft, mushy and "blobby" foods, such as porridge, mash, particularly any soft foods with a mix of textures, such as quiche. She has "flash backs" about being asked to eat quiche.

Smell - she recoils from the smell of food, both hot and cold foods

Taste - prefers less highly flavoured foods but thinks this less important than the above
Brands - she prefers branded food (ketchup etc), her sisters think she should be more concerned about the costs

# Sensory workshops can be developed more:

**Self-soothing strategies we add more to learn to live sensationally!**

**Collaboration with human robotics and King's College Engineering department**

*nutrients* MDPI

*Article*

## Introducing a Smart Toy in Eating Disorder Treatment: A Pilot Study

Dimitri Chubinidze [1,2], Zhuo Li [1], Petr Slovak [3], Julian Baudinet [1,4], Emmanuelle Dufour [2] and Kate Tchanturia [1,2,5,*]

[1] Department of Psychological Medicine, Institute of Psychiatry, Psychology and Neuroscience (IoPPN), King's College London, London SE5 8AF, UK; dimitri.chubinidze@kcl.ac.uk (D.C.); zhuo.li@kcl.ac.uk (Z.L.); julian.baudinet@kcl.ac.uk (J.B.)
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[4] Maudsley Centre for Child and Adolescent Eating Disorders (MCCAED), Maudsley Hospital, London SE5 8AZ, UK
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* Correspondence: kate.tchanturia@kcl.ac.uk; Tel.: +44-077-0804-6640

# Take Home Message

Understanding, recognising and adapting around sensory differences is beneficial for both autistic people with EDs, and EDs only

We find sensory passports helpful!

# Communication difficulties

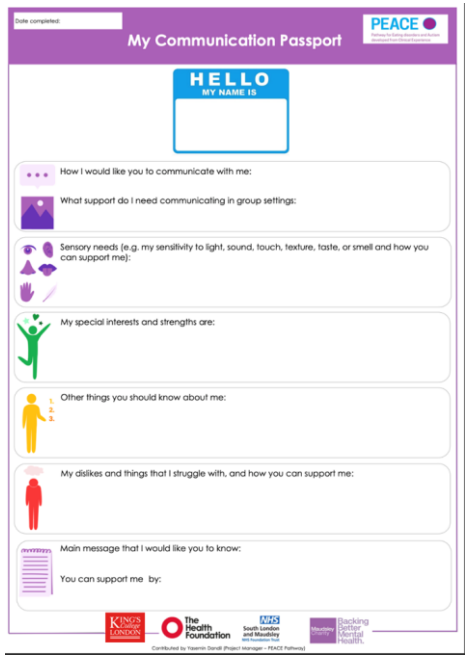
## Adaptations

### Communication passport

- Prefer written information?
- Visual aids?

### Adapt communication

- Use direct language.
- Leave time for the person to answer
- Offer options or choices where possible
- Use visual support
- Break things down

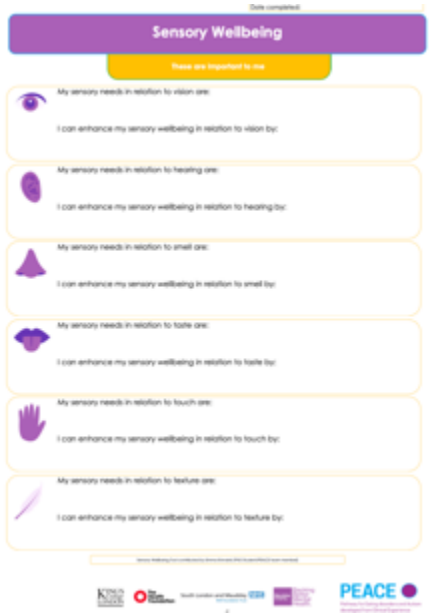


# Some of the resources we have developed for autistic patients

4. Psychoeducation materials

## Communication Passport


## Sensory Wellbeing




## Collaborative Formulation

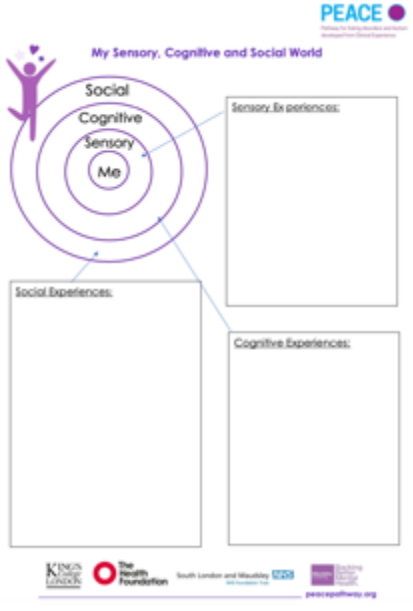

## Wellbeing During COVID-19


## Wellness Recovery Action Plan

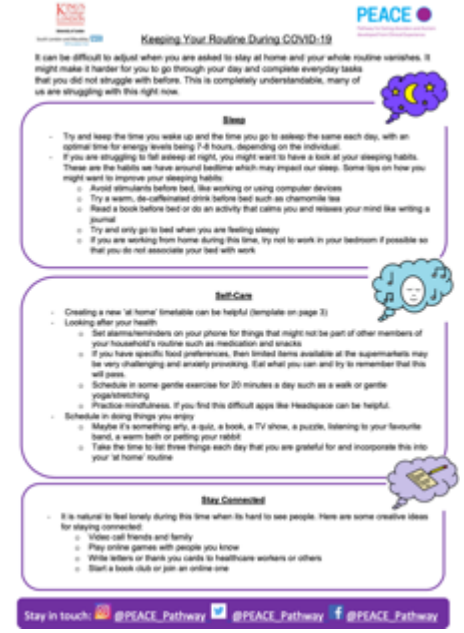

## Wellbeing Communication Passport


## Positive Behaviour Support Plan


## My Sensory, Cognitive & Social World




## Keeping your routine During Covid-19




## Lapse and Relapse Prevention Plan

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Principal Investigator

Katherine Smith

Former Project Manager

Yasemin Dandil

Former Project Manager

Dr Emma Kinnaird

PhD Student / PEACE Researcher

Zhuo Jo Li

PhD Student / PEACE Researcher

Nike Oyeleye

Assistant Psychologist (Inpatient)

Anna Carr

Assistant Psychologist (Step-up)

Dr Claire Baillie

Senior Counselling Psychologist

# We have a great multidisciplinary team

# making team work-dream work

Dr Amy Harrison

Clinical Psychologist and Specialist Family Worker

Caroline Pimblett

Dietician

Kate Williams

PEACE Dietetic Advisor

Isis McLachlan

Occupational Therapist

Jake Copp-Thomas

Occupational Therapist

Cindy Toloza

Assistant Psychologist (Day Care)

Brandon Southcott

Staff Nurse

# Thank you


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www.peacepathway.org

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# References

## (Selected references. For more see www.peacepathway.com):


- Tchanturia, K., Adamson, J., Leppanen, J., & Westwood, H. (2019). Characteristics of autism spectrum disorder in anorexia nervosa: A naturalistic study in an inpatient treatment programme. *Autism : the international journal of research and practice*, *23*(1), 123–130. https://doi.org/10.1177/1362361317722431
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- NAS good practice guide: https://s2.chorus-mk.thirdlight.com/file/24/asDKIN9as.klK7easFDsalAzTC/NAS-Good-Practice-Guide-A4.pdf