Case Study: Ruth

▸ "The numbers do not lie"

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PEACE ●
Pathway for Eating disorders and Autism
developed from Clinical Experience

Personal History

- 20-year-old Female

- Grew up in London with parents and two older brothers

- Both brothers academically gifted

- ED since 2017 (age 15)

- Diagnosed with Autism in 2018 (age 16)

- Dyslexia

- Under CAEDS from 2018-2019 with anorexia nervosa (AN), family therapy.

  Weight restored to BMI 19.4

- Stressors of GSCE exams and social isolation

- Left home to study Sports Science at Liverpool University 2022 -

  significant deterioration within 3 months leading to admission

Inpatient Unit

- PEACE menu (bland, predictable) tends to choose very similar foods consistently - mainly ate beans on toast and deconstructed the meal while eating

- Initially high anxiety anticipating nutrition, often distressed (30mins prior to mealtimes)

- Did not touch second course (fruit/yoghurt) for several months

- On admission very dependent on parents for reassurance and support –

  (daily reassurance she was the thinnest person they knew)

- Self-harm cutting/scratching and picking at wounds (often visible)

- Body checking +++ - took photos of body when anxious

- Made use of ice packs while eating

Clinical Audit measures

Admission:

- AQ10 score: 7 (cut off=6)
- CORE 10: 22 (moderate to severe)
- WSAS score: 22 (moderately severe)
- Admission BMI: 12.4

Admission from 18 months

(did not complete discharge audit questionnaires)

- Discharge BMI 15.8

Communication Tools

How I would like you to communicate with me:
Writing things down (for me to do this)
talking (one to one, I get overwhelmed in groups)

Sensory needs:
Figit toys

My special interests and strengths are:
Football
gym
baking/cooking

Other things you should know about me:
3 close friends, Noah and JP and Joey.

My dislikes and things that I struggle with and how you can support me:
talking
expressing how I feel — emotion cards
— other naming emotions

Main message that I would like you to know:
You can support me by: with my eating disorder — helping me to love myself — helping me with body image concerns

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GREEN: Feeling OK
- Watching Netflix and Youtube (e.g. football, sidemen, beta squad)
- Colouring in her colouring in book
- Will engage in conversation
- Will be able to go for a walk

Staff: if she is on green leave her to do her thing, there is no need for additional checks.
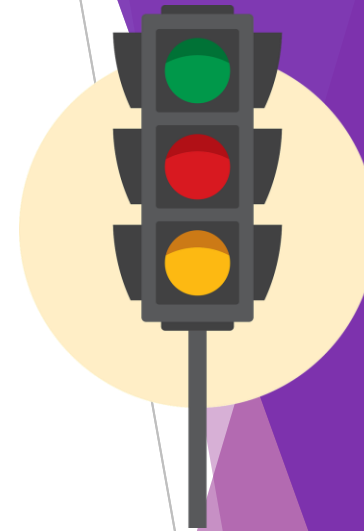
AMBER: Feeling a bit anxious
- She's stressed out because she is overwhelmed. She might start crying
- She's a bit quieter
- Give shorter answers
- Isolate herself in her room
- Would be able to go for a walk

Staff: check on her, ask her questions about how she is feeling and let her talk. If she doesn't like or trust a staff member she will tell them she is ok. She will try to find a staff member she trusts to talk to. Remind her to take a deep breath if she is crying. Ask her to point to emotion words on the emotion word list, invite her into a communal area to do a distracting activity/game (she likes Jenga), encourage her to talk about football.

RED: Feeling very anxious
- She will be crying (it would be hard to calm her down)
- She wouldn't answer questions at all or have a conversation
- She would be able to ask for help but only from people she trusts
- Would not be able to go for a walk
- Would not be able to watch Youtube, do colouring in

Staff: welcome to into her room and calm her down (for staff she trusts). Remind her to take a deep breath if she is crying. Ask her to point to emotion words on the emotion word list, invite her into a communal area to do a distracting activity/game (she likes Jenga), encourage her to talk about football. If the above does not work, sit there with her in silence if she is unable to answer questions (do not talk at her).

I need support today.

(not urgent)

-Distractions

-Ice pack

I need support now.

(feeling unsafe)

I can only talk to some people, so please just help distract me!

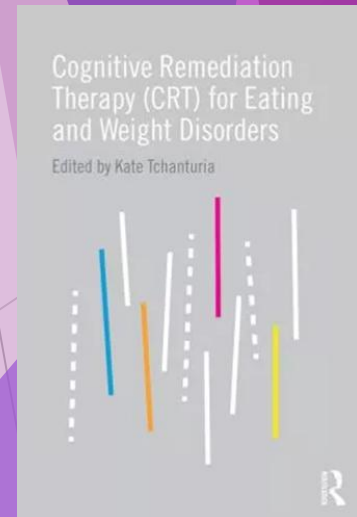e.g. games, ice pack

Cognitive Remediation Therapy (CRT)

➢ Manualized therapy focusing on *how* we think rather than *what* we think

Aims to improve: Cognitive flexibility, big picture thinking, multi-tasking

Adaptations for Ruth:

➢ Using visual tools & metaphors

(object-based reflections, special interest like football, what would a coach do?, need for flexibility in football players)

➢ Reducing sensory overload (low lighting, breaks, fidget toys, breaks from masking)

➢ Supporting communication needs (written summaries, closed questions).

➢ Reflection and emotional insight may be limited in Autism due to alexithymia, which requires creative and flexible approaches!

➢ Strengths based identity: separating AN and Autism, acknowledging Autism strengths

Challenges:

➢ Dyslexia

➢ Avoiding therapy when anxious

➢ Emotions and eating disorder specific reflections

➢ Goal setting -> shifted to concrete and meaningful goals like football coaching and owning a dog

Ruth's goals

Ruth was able to identify her priorities for psychological work:

► To get normal parts of me back – happy and not anxious all the time

► Help with low mood

► To speak to myself nicely again (AN voice is loud, and I tend to be mean to myself)

► Help with feelings about body

Ruth attended 58 individual sessions

Manageable

Emotion Thermometer –

Intensity of emotions

Emotions:

Worthless
Overwhelmed
Panic
Petrified
Terrified
Stressed
Fear
Scared
Nervous
Irriated
Worried
Afraid

Sensations: how does it feel, what are you doing?

Crying and Restless (would feel hot and wouldnt want to speak)
Can't sit still
No eye contact.
Heart beats fast
Breathing fast
Sweating

Restless. wouldn't be able to keep good form of eye contact. heart would feel a little bit faster. World feel a little bit hotter would sweat more
I would feel fidgiting. Would feel hot, hands sweating
- would be able to speak and keep some form of eye contact

↑Managable

Making Use of Special Interests

- Football fanatic, Arsenal supporter, no anxiety at live football matches
- Journals details of matches (like a sports journalist)
- Watches old matches as distraction
- Likes the teamwork and comradery

The Challenge – my personal dislike of football and absolute lack of knowledge!

- Tried thinking about how a good coach would support anxious team members
- Tried linking nutrition with recognising the physical strength and resilience required to work in sports

Supporting Communication in Therapy

"Spiderman is anxious because he always has to respond to calls for help; Iron Man is caring because he helps Spiderman."

Challenges

▶ Ruth found it difficult to answer open questions

▶ Answers often single words or "don't know

▶ Uncomfortable to focus on thoughts or feelings (nail biting/fidgeting throughout)

▶ Refusal to discuss meals or weight – would literally leave conversations if staff attempted

Strategies

▶ Emotion metaphors (CREST)

▶ Therapy reviews – questions in writing in advance

▶ Invitation to Ruth to bring an ally from the wider team to therapy sessions

▶ Written check-in form

▶ Working with "The voice": *I am worthless because I will always have anxiety*

Written Check-In Sheet

What am I thinking and feeling today?

Worthless   the voice loud and isnt going away
have no hope
Saying i dont deserve to be here low   Saying i have no future

On a scale of 1 to 10 how distressing/loud is the voice today?
Where 1 means relatively quiet, easy to ignore it; and 10 means very loud, constant, impossible to ignore

Chad it all night and   8 - Very loud and isnt going away
didnt get a proper night
sleep like usual) ← Kept waking because someone was sie talking to me
UP   felt like

How is self-harm at the moment?
e.g. having thoughts but not acting on them / self harming the usual amount / self harm is more frequent and/or more serious

Did it more today

Any questions for Claire?

My Safety (tick the most relevant)

		Tell Claire a little bit more detail out
Thoughts of not wanting to live	✓	Life feels just Pointless atm
Thoughts plus thinking about ways to end life		Worthless Just dont get a break atm
Thoughts plus preparing to take action e.g. making plans or buying/gathering items to end life with		finding it hard
Intention to act on plans to end life in near future		voice very loud and giving me a headche

Distractions:
The Dice Game

▶ Game was predictable and had a particular rhythm

▶ Ruth valued having something non-verbal to focus on

▶ Provided relief from eye contact

▶ Ruth was very kind and tolerant when I made mistakes and corrected me

▶ Ruth seemed to enjoy my victory dance whenever I rolled 21

Understanding your Gloomy Glasses

Can you recall a recent positive event, however small?
How hard is it to identify one?
How many can you recall?

Watching Euros.

Now compare this with what happens when you try to recall a recent negative event.
How hard is it to identify one?
How many can you recall?

Life in general.

What obstacles do you face in trying to notice and recognise positives?

If not for Euro's would have struggled.
Since depression.

How do you think the gloomy glasses/negative bias affects how you feel on a day to day basis?

Awful   Anxious
Depressed   Alone.

What about over the longer term?

If not depressed;

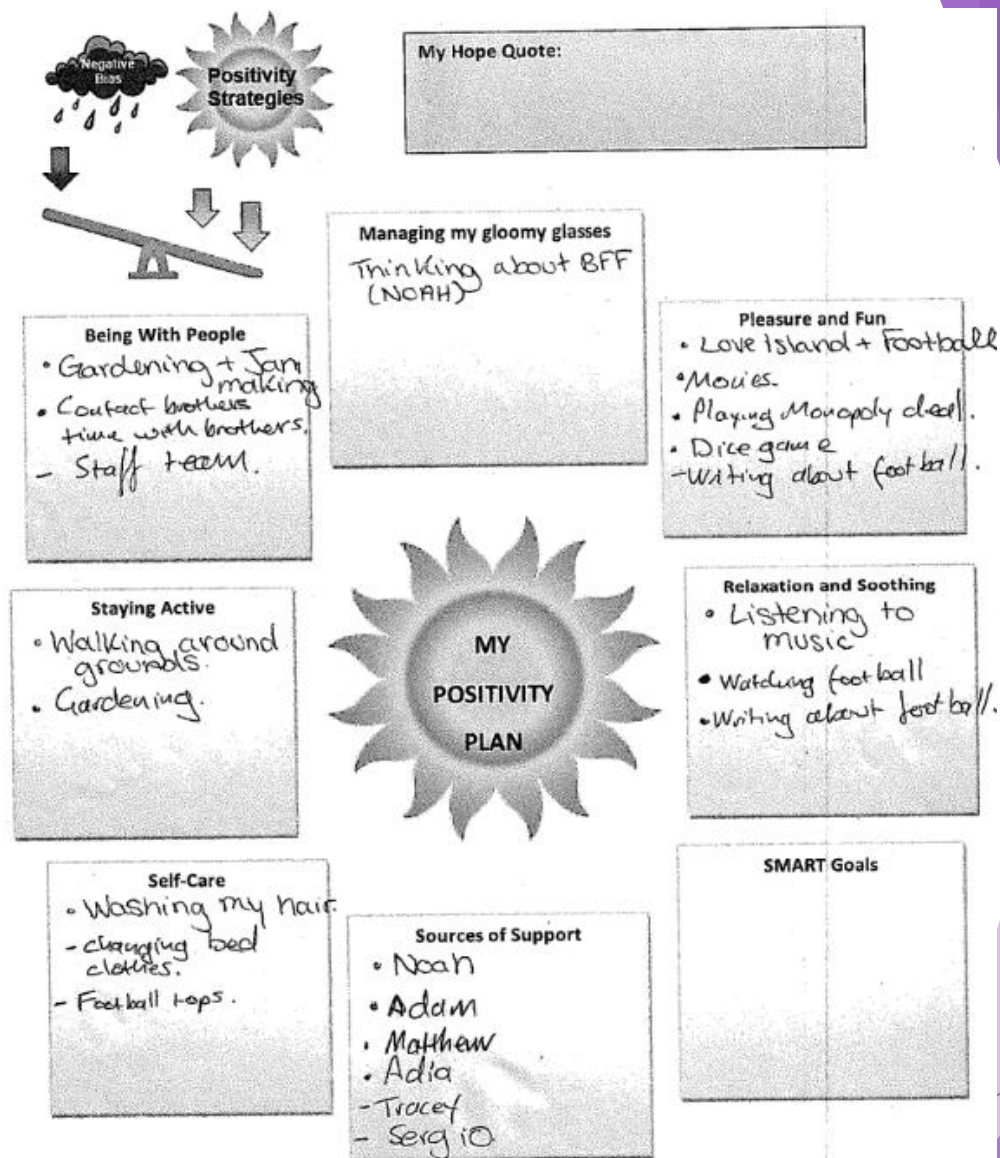Suicidal
Depressed
No point.

What is the point of being alive?
Can't see a future for self.

How does your low mood affect how you feel physically and what you feel like doing?

Physical Sensations	Behaviours
Slow	Be by myself. *
Tired	Don't want to do anything
Move slowly	Can't be arsed self-care. - taking care of room - doing laundry. Hard to make conversations. Crying -

Working with Low Mood

Positivity Plan

- My Hope Quote
- Managing My Gloomy Glasses
- Pleasure and Fun
- Relaxation and Soothing
- SMART Goals
- Sources of Support
- Self-care
- Staying active (healthy not compulsive)
- Being With People

Negative Bias

Positivity Strategies

My Hope Quote:

Managing my gloomy glasses
Thinking about BFF (NOAH)

Pleasure and Fun
- Love Island + Football
- Movies.
- Playing Monopoly cheel.
- Dice game
- Writing about football.

Being With People
- Gardening + Jam making
- Contact brothers time with brothers.
- Staff team.

MY POSITIVITY PLAN

Staying Active
- Walking around grounds.
- Gardening.

Relaxation and Soothing
- Listening to music
- Watching football
- Writing about football.

Self-Care
- Washing my hair
- changing bed clothes.
- Football tops.

Sources of Support
- Noah
- Adam
- Matthew
- Adia
- Tracey
- Sergio

SMART Goals

Inspired by CCI Healthy Me worksheet

In-patient Treatment Overview

▶ Treated informally on admission, initial positive trajectory, weight gained very slowly followed by very slow loss

▶ Parents not wanting her home unless she could be independent in all activities of daily living and at a healthy BMI > unrealistic; parents burnt out?

▶ Eventually secured offer of placement in ED residential rehab outside London which Ruth liked, and parents supported

▶ Ruth unable to stop slow weight loss despite placement being threatened, was able to indicate she could not take this responsibility for herself

▶ MHA used to reverse weight loss; Ruth worked well with concrete messages "you have no choice; you have to eat this"; "the numbers do not lie"

Positive Behavior Support Plan

These are important to me

My difficult situation:
(For example, an event or situation that increases me to be at unease and find it harder to cope, such as loud noise or a bad experience)

Having to complete meals.

My challenging behaviour usually has a function and it is to:
(For example, if I am frustrated and overwhelmed that I cannot do something as it is too complicated for me, I might throw my pillow as I want to be removed from the situation)

Might struggle to eat enough. → reduces feelings of guilt and shutsy the voice (anorexia)

Behaviours I might display:

Early warning signs:
(For example, skin picking, not speaking or rocking)

Crying; go quiet; body checking, stay in room, restless.

If early warning signs are not noticed I might: struggle more with
(For example, my voice will get louder)
meals and hearing voice. (anorexia).

What can I do to avoid this difficult situation:
(For example, early communication and reviews, have time out, certain environments avoided, interac styles)

Use different strategies. → ice packs help, be during + after meal
– listening to music.
– watching football, films, you t

What you can do to support me – Positive support strategies:

When I am showing early warning signs:
(For example, ask me what is wrong or distract me by...) try and get me out of
1. by making conversation about things I'm interested
2. offer to play a game with me.
3. If the situation has escalated:
(For example, talk in a calm voice, give me space but keep me in sight)
Give me space but check on me; distract me;
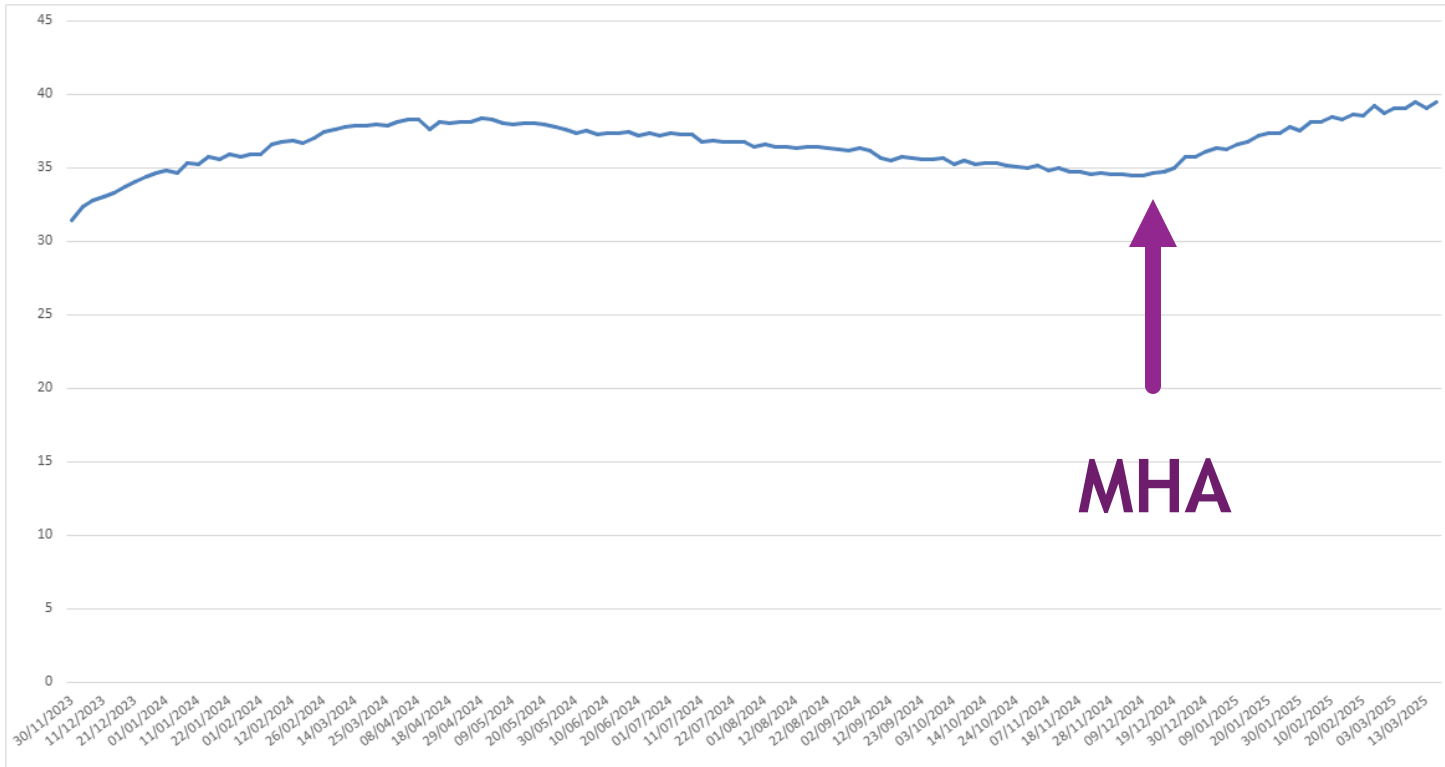Numbers don't lie; You got no choice;
Afterwards:
(For example, encourage me to play my music)
Chat to me about other distracting

PBS plan contributed by Yaverth Danik and Katherine Smith (Project Managers – Peace Pathway)

King's College London · The Health Foundation · NHS South London and Maudsley NHS Foundation Trust · Backing Better Mental Health

5

► Part of extended wellbeing passport

► Aims to support individuals to manage/reduce challenging behaviors

► 1st attempt Ruth focused on struggling in crowded places

► Ruth saw the benefit in creating this for meals/nutrition prior to discharge

Inpatient Weight Trajectory

Significant Moments

- Playing a hoop toss game together in first few weeks of admission – building rapport

- Ruth realising I really would stop sessions/offer a neutral activity if she indicated it was too much – building trust/predictability

- Mutually agreeing to remove the dice game as an option as it was too comfortable and easy to avoid trying to talk about thoughts and feelings – coming together

- Ruth protecting me from "threat" of karaoke at ward Christmas event - *"Claire doesn't want to!" - role reversal*