THE NEWBRIDGE RESEARCH

INFORMER

SCHOEN CLINIC Newbridge

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Bringing you the latest news from the Newbridge Research Group

INTRODUCTION

Every disaster, seemingly without benefit, has its silver lining. The last war, in addition to its indefensible horrors, gave us computers, safe aeronautics and major developments in health care. These medical advances, which ranged from modern surgery and blood transfusions to antibiotics, created a healthier and longer-living society. This coupled with vastly increased social spending and a change in the role of women – again both the result of the war – evolved into the developed world we recognise today.

It's too soon to be sure of all the benefits of this pandemic or of all the changes in the way we will work as a result of it. Some are clearer, however, and this issue of The Informer explores them. Psychotherapy is going through a seismic change in its delivery and there can be no going back. The techniques aren't sorted, as Jessica in her interview makes clear, but in five years' time it is probable that all anorectic sufferers will receive some or all of their psychological therapies online.

How will it affect us? We should expect some of our patients to receive their psychological treatment from therapists based in other units, and vice versa. Therapies will become more specialised as a result and it won't be possible for any one therapist to practise them all. When the NHS was founded, all surgeons were general surgeons; now, none are.

The take-home message is that Newbridge and its staff should ensure they continue to foster new ideas, continue to develop and test the new styles of working such that patients, resident beyond our buildings, will seek our help and ensure our future.

Prof Hubert Lacey MD MPhil FRCPsych
Medical Advisor and Research Director, Schoen-UK

Digital treatment in a Zoom world: what works best and what have we learnt?

by Natasha Cogings

In these extraordinary times, remote therapies using videoconferencing software have emerged as contemporary solutions to the current contact restrictions. Our colleagues at Schoen Germany found that former inpatients with Anorexia and Bulimia Nervosa accessed increased videoconferencing-base therapy and telephone contact during Covid-19. Now that therapies have been delivered for some time using videoconferencing, some important research has been published showing what is working well and what may be more challenging.

A recent article summarised the recommendations of clinicians delivering Cognitive Behavioural Therapy (CBT) to those with eating disorders. The paper includes considerations regarding technical issues and software choices. They discuss that video software can be daunting for those with significant body image concerns and that a slow approach should be taken to build up to this. The authors further suggest ways in which monitoring records, diaries and diagrams can be shared remotely including the therapist sharing their screen and using email. Interestingly, they note that Covid-19 has the potential to assist CBT related techniques as there is increased opportunity for unpredictable situations and thus positive risk taking. Indeed, virtual settings can provide the individual with an opportunity to wear avoided and less challenging clothing before challenging this anxiety face-to-face.

Similar guidelines have been produced for remote Family-based therapy (FBT). Indeed, there is the increased risk of technological difficulty with multiple people on remote sessions. Crucial information in FBT such as body language or nonverbal communication can be lost in virtual FBT. To eliminate difficulties, the authors suggest that pre-treatment sessions with families are implemented, using the same software to allow for familiarisation of the technology. In all remote therapies they recommend a plan in case of technological disruptions. They also highlight the importance of setting

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clear expectations that everybody is present in the therapy, albeit virtually and that all parties have access to a confidential and quiet space and any acute safety concerns are addressed.

Whilst there have been several research papers publishing guidance for the adaptation of remote therapies within the community, there is limited literature outlining the transition to remote therapies for inpatient eating disorder settings. Stanford Hospital have outlined their adaptations for the treatment of adolescents unique to inpatient settings. These included the importance of finding a private and professional space. The hospital provided iPads to patients in order to access therapy sessions, and when required Zoom links were sent to nursing staff who assisted with facilitating the sessions. They also noted that using video links provide patients with unique opportunities to challenge anxieties around looking at oneself on the screen.

Overall, eating disorder services continue to develop innovative ways of working in order to strive to support patients despite a lack of published guidance.

What is it like doing Cognitive Behavioural Therapy for eating disorders digitally?

by Natasha Cogings and Jessica Grant

Natasha Cogings spoke to Jessica Grant to understand the implications of COVID lockdowns on the transition to delivering remote therapies. Jessica is a Cognitive Behavioural Therapist at Schoen Clinic, Newbridge House.

What are the advantages of conducting CBT remotely?

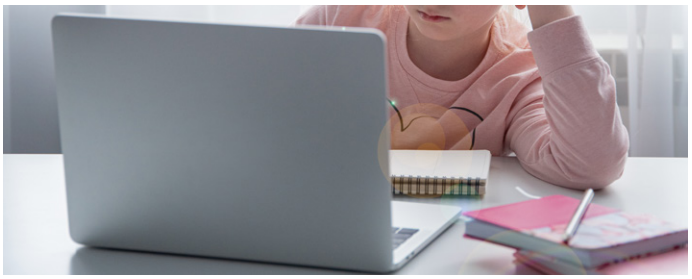
The advantages of remote CBT can depend on the stage of treatment that the young person is at. For individuals who might be at home, remote therapy can be used to address any challenges they have been facing at home, which weren't apparent on the unit. This can help to develop discharge and risk management planning. It's also much easier to get parents involved in the therapy treatment. Joint CBT-E can be booked in as well as involving the parents in the challenges the individual faces.

What are the disadvantages of conducting CBT remotely?

Technical problems can have a significant impact on remote sessions. No matter how engaged a young person is or how well the session is planned, if signal is not great it can make it really hard to be therapeutic or even just complete a session. Some sessions had to change to phone calls, because of being unable to hear each other. Individuals were able to adapt really well, but it does impact the quality of therapy.

CBT-E therapy uses worksheets and this can be difficult to give to patients remotely and thus impact the quality of therapy also.

The biggest disadvantage is when working with a young person for the first time. Not having any initial face-to-face contact can make it much harder to develop a therapeutic relationship. Body language cannot be seen so well via video or over the phone at all, which is important to help develop a relationship.



How do you feel personally about doing therapy remotely?

My overall experience has been that trying to organise remote sessions is much more difficult than being able meet with a young person and then see them face-face. In addition, there are time consuming tasks such as making calls to book in sessions or sending invites. I found that remote video sessions work much better than phone-calls. Facial expressions are really important for a therapeutic relationship. Remote sessions can also be more accessible for therapists, such as working from home for COVID safety.

Do you feel there needs to be more recommendations for clinicians conducting CBT remotely?

There are some very useful guidelines provided by Schoen Clinic and the British Association for Counselling and Psychotherapy to support therapists and patients to adapt to remote therapy. The biggest difficulty can sometimes be the young person's motivation or stage of treatment. Often patients who are motivated to recover do well to manage adapting to remote sessions. It has been very helpful to discuss this transition to remote working and any associated anxieties in supervision and reflective practice. Working together as a team has also been a great support in organising and planning remote therapy.

The Newbridge Research Group meets once a month and staff of all professional groups are very welcome to attend. You can discuss ideas you may have for research and receive guidance and support for research work. Our next meeting is Wednesday 21st April at 1pm.
Upcoming meetings: 21 April, 19 May and 16 June, all at 1pm.

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