

News digest of latest research and thinking, produced by Schoen Clinic Mental Health Group.

INTRODUCTION

This is the seventh edition of the *Research Informer* and it is a moment to reflect and celebrate. We open with the news that the forthcoming International Eating Disorders Conference will feature ten different research presentations from our group.

This is unprecedented in terms of breadth and quantity. It is a reflection of how we think about and value research – not as a ‘nice to have’ extra, but as something that is integral to our work. Most of the conference presentations are from Newbridge but both Chelsea and York are fast developing their audit programmes.

We are constantly curious about how well our interventions are working. We are not afraid of undertaking research that tells us what needs to be improved, as well as what is working well. I am particularly pleased to reflect on the fact that the Schoen Clinic team of presenters is comprised of nurses, occupational therapists, dietitians together with the psychology team. We have always strived to make research a whole service endeavor open to all staff. I have long advocated that the best ideas come from practitioners working at the ‘coal face’ who are best placed to identify what interventions are needed and how they can be developed. We support this through our Research Group which is open to all.

In this edition, we also continue to look to the research to consider questions and difficulties. The Me Too movement and the Ofsted report in June this year on sexual harassment in schools has opened up deeply significant discussion. We consider what it means within the field of eating disorders. We also consider the question of parental self-efficacy and what the research tells us.

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Schoen Clinic research is centre stage at international conference

by Jenny Hudson, communications specialist, Schoen Clinic, Newbridge

Schoen Clinic teams have had ten pieces of novel research and practice leadership accepted for the forthcoming international eating disorders conference.

No other hospital group has such a significant research prominence at the London International Eating Disorders Conference 2021 which is taking place in December. The conference is the landmark event within the eating disorders field, focusing on key developments in research and practice.

“This is really unprecedented and is the culmination of a huge focus on audit and research during the past five years,” said Professor Hubert Lacey, director of research for Schoen Clinic.

“We are seeing the result of embedding a research culture in our services: recognising the value of research and

supporting our staff across all professions to develop their own ideas and conduct audit. As a whole group, we can feel very proud of both the breadth and the substantial quantity of our research being presented at this conference, which is the benchmark for work in the eating disorders field. I would particularly like to thank everyone presenting at the conference and I would welcome anyone who would like to get involved in future work to join our Research Group.”

The conference taking place in December this year brings together specialists in eating disorders from across the world. Schoen Clinic mental health specialists will be presenting one workshop, four oral papers and five posters; nine of the projects are from Schoen Clinic Newbridge.

continued on page 3



What do we know about the link between sexual harassment and eating disorders?

by Amelia Clark, assistant psychologist, Schoen Clinic, Chelsea

The Me Too movement has highlighted the scale of sexual assault and harassment and the multiple, lasting impacts it has on individual lives.

Recently in the UK, an Ofsted review highlighted endemic sexual harassment in schools. This raises important questions for professionals in our field because a link between the experience of sexual harassment, assault and abuse, and eating disorders is recognised. What do we know about this link?

Sexual objectification is the act of treating someone as an object simply to be looked at, valued or judged solely based on their appearance. This sort of behaviour can be seen, for example, in hateful online comments about the looks of contestants on Love Island and young people sharing nude images of class members to their peers. Tylka & Sabik (2010) found sexual objectification increased body surveillance, body comparison and reduced self-esteem. When people become more aware of their own body shape and weight, there is a tendency for them to disparage any perceived imperfection. Body shame can follow with compulsive checking behaviour, all of which may contribute to the development of an eating disorder.

It is not yet fully understood whether girls are more at risk than boys of sexual harassment precipitating an increased eating disorders risk. One study of students by Chiodo found that sexual

harassment is linked to a risk of problematic dieting for girls, but not for boys. Similarly, Buchanan highlighted sexual harassment is a risk factor for weight/shape concerns and disordered eating and found these risks were stronger for women.

However, other research has found equal effects of sexual harassment on both genders; Romito suggests the most significant thing in terms of creating an eating disorders risk is the severity of the sexual harassment, rather than the victim's gender.

As there is an association between self-esteem and eating disorders risk, it follows, that supporting and developing an individual's self-esteem could be protective against the effects of sexual harassment. This is one of the reasons we emphasise self-esteem in our treatments and have developed a novel group programme. However, targeting self-esteem alone will not tackle the root cause of difficulties, which is the act of sexual harassment itself. In making assessments and in our work, we need to be mindful of the possibility of sexual harassment as being part of the causal factors in an eating disorder. We may not think of recognising and discussing sexual harassment as a core focus of our work; this could mean the opportunity for young people to reflect on and speak about their experiences is missed and could then remain an unresolved factor in their eating disorder pathology.

Schoen Clinic research showcased at international conference

continued on from page 1

The theme of the workshop is: a nurse-led clinical model for the inpatient management of severe eating disorders; the use of critique, audit and special management techniques by multi-disciplinary teams.

Wide ranging presentations from Schoen Clinic encompass: a randomised controlled trial (RCT) of a novel 'practical body image' therapy for adolescent inpatients with anorexia nervosa; an audit on the impact of Covid-19 on outcomes for young people within inpatient treatment; a RCT of a novel self-esteem group; development of an adolescent version of the Eating and Meal Preparation Skills Assessment; evaluation of an intervention to address compulsive exercise (NEAT); an evaluation of occupational therapy facilitated meal preparation and social

eating sessions; a presentation on how to approach evaluating outcomes for Schoen Clinic Chelsea day case service and an evaluation of changes in ethical food choices during inpatient treatment.

Additionally, Schoen Clinic research will be showcased at another key forum within the field. The Newbridge Prognosis Score is being presented at the Child and Adolescent Research Consortium meeting in London in November.

The Newbridge Prognosis Score is a tool designed to provide a prediction of likely outcome based on a number of indicators at admission to inpatient care, such as percentage BMI for age, duration of illness, previous admissions and motivation. It has been developed to help services to understand the relationship between presentation at admission and outcomes.

Study investigates the impact of Covid lockdowns on eating disorder symptoms

by Gurdeep Aulakh, Assistant Psychologist, Schoen Clinic, Newbridge

COVID-19 and lockdown have raised many questions about mental health impacts and at Schoen Clinic Newbridge, research is examining whether young people have been struggling more with eating disorders symptoms during this period.

We have looked at differences in admission severity and discharge severity of eating disorder symptoms for those accessing treatment at Schoen Clinic Newbridge before and after the first UK lockdown period. We also explored whether there is a difference in how well young people do throughout their treatment before and after the lockdown period.

So far, we have found young people admitted during and after the lockdown period had more severe eating disorder symptoms. In addition, the young people reported a slight increase in severity of symptoms at discharge. We also found that there was less of a change in some eating disorder symptoms for those who received treatment following the UK lockdown period.

These findings might mean that young people are struggling more during and just after the lockdown periods. During lockdown periods young people are subject to different difficulties and stressors such as greater exposure to media outlets, difficult family dynamics or uncertainties around COVID-19. It is also possible that the absence of school and college routines during lockdown created a greater opportunity to engage in eating disordered behaviours such as excessive exercise or purging. There are currently difficulties in accessing appropriate treatment which leaves symptoms becoming progressively worse.

The results could also demonstrate that there is an impact for young people accessing standard in-patient treatment following the COVID-19 lockdown; this might be due to the adaptations in treatment, such as therapy having to move online, group work suspended at times and home leave being reduced.

Parental self-efficacy: what is it and why does it matter?

by Lydia Maurel, assistant psychologist, Schoen Clinic Chelsea

The family is often closely involved in the care and treatment of adolescents with eating disorders: parents and carers often have to develop a new skill set in a short amount of time to help support their child. As parents can find themselves stuck in negotiations and arguments with their child that can leave them feeling disempowered (Giles et al., 2021), it is important to consider how treatment can guide them through these experiences.

Parental self-efficacy refers to the parent's belief in their ability to care for their child with an eating disorder (Byrne et al., 2015). Home conflicts and adolescents being secretive around food can contribute to low parental self-efficacy and self-blame. Research by Lafrance Robinson et al. (2013) found that improvements in parental self-efficacy predicted improvements in adolescent eating disorder symptoms and reduced depression and anxiety symptoms.

How does parental self-efficacy improve adolescent eating disorder outcomes?

Research by Strahan et al. (2017) suggests that increasing parental self-efficacy can help reduce self-blame that parents may experience. Especially when intensive treatment is in place, parents may fear their child responding negatively and engaging less with treatment. This can subsequently influence parents to promote enabling behaviours, such as allowing their child to control family meals and routine. Increasing parental self-efficacy can reduce feelings of parental guilt and fear, combined with

supporting young people to accept parental control over food.

In addition to improving adolescent outcomes, research also suggests that increased parental self-efficacy is associated with reduced parental distress (Sim et al., 2009). Adolescent eating disorders can have wide-reaching negative effects on families and parents often have to steer the whole family through these experiences. Therefore, increasing parental self-efficacy can improve family wellbeing and provide an emotionally stable home for adolescents, including siblings of young people with eating disorders.

What does having self-efficacy feel like?

Some parents may experience self-efficacy as feeling confident in how to support their child at meal times, or their ability to set boundaries. It is important to recognise, high parental self-efficacy does not mean that parents must always succeed; it is very important for parents to acknowledge setbacks are sometimes inevitable and do not reflect on their caring abilities. Parents need to feel they are useful and important in their child's recovery.

Whilst various treatment approaches may be helpful in improving parental self-efficacy, research by Sadeh-Sharvit et al. (2020) shows that family-based therapy is associated with increased parental self-efficacy. Family therapy approaches can improve parental self-efficacy by validating parents' experiences and difficult emotions, providing parents with the tools to engage in more helpful behaviours and more individualised support for parents.



The 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. It is open to all staff working in Schoen Clinic mental health group and is held via zoom, so easily accessible from all locations.

The next meeting is at 1pm on November 17th. For further details, contact amy.coop@newbridge-health.org.uk

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