

Pathway for Eating disorders and Autism developed from Clinical Experience

Exploring identity in a group context

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South London and Maudsley National Eating Disorders Day Services

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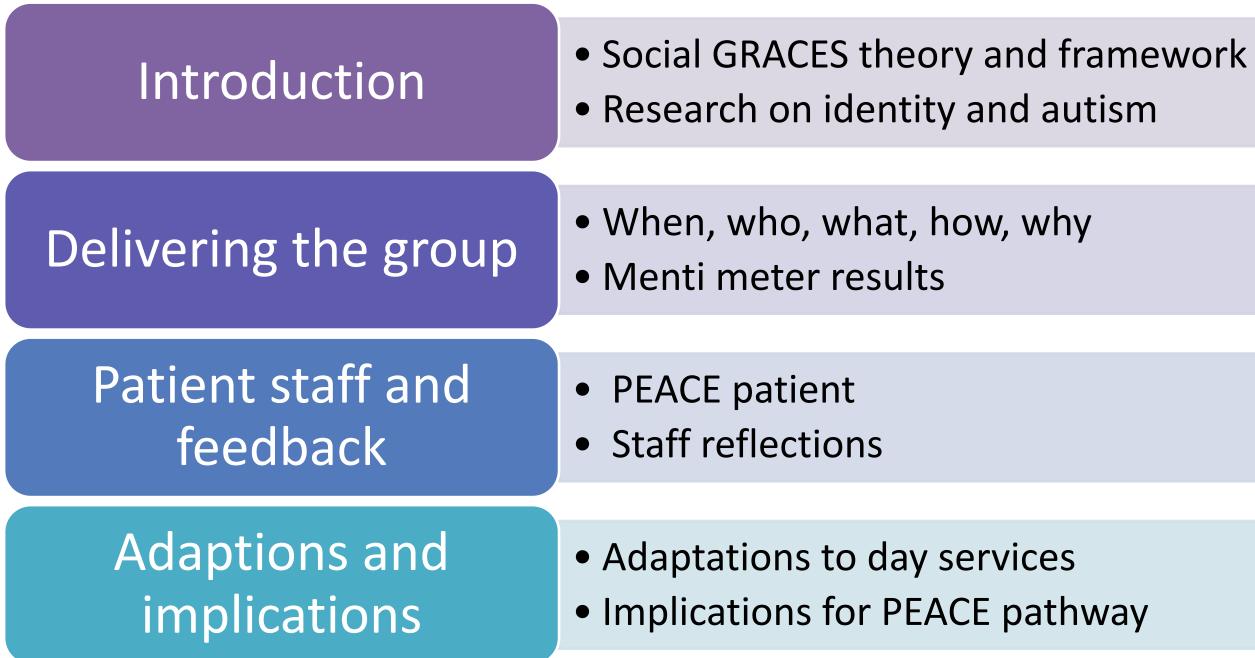
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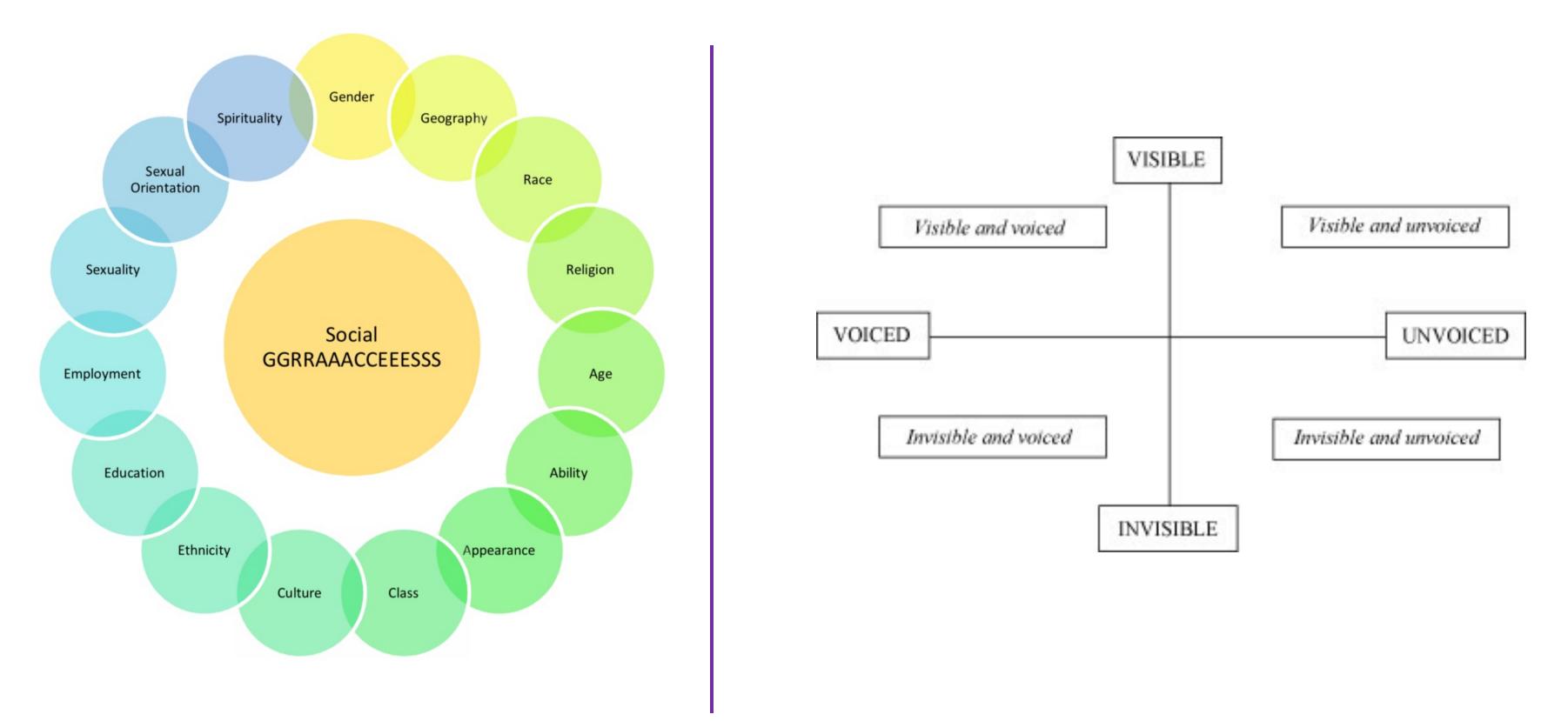




Outline of presentation



What is Social GRACES?



Research on identity and autism

Challenges in Autism	Diverse social, educational and occupation Co-occurring mental health or psychiatric o
	2019; Robertson, 2009)
Social Identity Theory	Self concept = personal characteristics + ch members (Tajfel & Turner, 1979)
	Negative perceptions of differences vs acc
Autism Social Identification	Autism social identification positively asso negatively associated with depression (Cod Ability to identify with autism can have a p
Importance of Social GRACES group	Research on autism and sexuality, sexual of Opportunity to explore these parts of thei Staff can learn more about the patients = i

- nal challenges
- conditions = poorer quality of life (Lai et al
- characteristics shared with other group
- cepting differences
- ociated with personal self-esteem, and oper, Smith & Russell, 2017)
- positive impact
- orientation, culture and ethnicity
- ir identity in a safe space
- inform care

Delivery of the group

When

- November 2020 (10 sessions)
- August 2021

Who

- Patient demographics
- 1 male and 1 female facilitator from diverse background
- Both involved in the discussion and activity

What

- Provides a safe space for patients to speak about their identity
- Acknowledge how all intersect with each other
- Explore and discover who they are

How

- Followed a consistent structure each week
- Review of last session
- Introduction to new GRACE
- Menti meter
- Discussion
- Takeaways

Why

- In response to the BLM and Me too movements
- Patients bringing it up topics in group spaces
- Positive feedback
- Identity formation

What GRACES stood out for our patients?



November 2020- 6 participants

sexual orientation age Appearance ability ab

August 2021-8 participants

PEACE Patient feedback

I really enjoyed using the Mentimeter! It allowed thoughts and opinions to be shared in a more anonymous way, which I appreciated because I can sometimes find it challenging to share things in groups due to a fear of judgement or embarrassment. I also quite liked the visual depiction of everybody's contributions put together and I thought it was quite a unique and fun addition to the group.

> I liked the structure of Social GRACES and it was definitely one of my favourite daycare groups! I particularly liked the way every group was dedicated to a different GRACE as it allowed a very focused discussion on the particular topic and there was something different to look forward to each week.

Social GRACES impacted my perception of the identity of others in a very positive way. I felt as though everyone was incredibly honest, open and vulnerable and that they shared aspects of their identity they would not disclose or speak about in groups otherwise, which definitely contributed to a stronger sense of connection within the group.



Staff feedback and reflections

- Hopes and fears How safety was created
- Breaking down power imbalances between clinician and patient
- Everyone's ability to be open and vulnerable
- Acknowledging their own bias
- Building confidence in themselves to explore their own identity

Other considerations

Is there any aspect of your identity that you feel is important for us to know about you, that will help to best meet your needs? E.g. gender, sexual orientation, race, religion, culture, class, disability, education, employment...

Having diagnosis of autism important to identity.

Can help to explain how I react to things and explain how I do things. Don't always share this

This is me – who I am and what matters to me

Please tell us about yourself so we can get a better idea of you as a person, you might like to write about your family or other important relationships (i.e. partners, friends, community), your cultural background, your spirituality or faith, your education or employment, your priorities, your hobbies, and other values that would be helpful for us to know as a team.

Family- close with parents and extended family (cousins, aunt and uncle)

Education- really like studying when it's interesting, would like to go back to university in 2020, would like to become a secondary English teacher (really enjoy reading, good connection with English teacher in sixth form and this inspired me to become like them), do enjoy classics but miss studying English. Wouldn't want to go back to Oxford (associate with illness).

Days out with mum- cinema, theatre, museums and exhibitions

Hobbies/likes- arts, reading, crafts (when in hospital and found this really helpful)

Faith-brought up as Christian but not sure what to believe in personally (change mind a lot)

Values- animal welfare, do care about the environment but can be stressful thinking about it in depth, compassion (important to put self in other people's position), passion, experiencing new things

Adaptions made to our day service

- prevention.

 Information gathering- including other considerations in the assessment, completing a "this is me" form with them, facilitating social GRACES group.

 Information sharing- clinical supervision and formulation, staff more aware of patient's identity.

 Applying the information- can be used in 1:1 OT and therapy, care planning, goal setting, employability, relapse

Future implications for the PEACE pathway

Idea for delivering similar group in different service

Reflective portfolio based on social GRACES

Future research and training

Outreach work in the community

Empowering individuals to explore their identity

Confidence building for life after discharge

References

Burnham, J. (1992) Approach–method–technique: making distinctions and creating connections. Human Systems, 3: 3–27.

Burnham, J. (1993) Systemic supervision: the evolution of reflexivity in the context of the supervisory relationship. Human Systems, 4: 349–381

Caldwell-Harris, C., Fox Murphy, C., Velazquez, T., & McNamara, P. (2011). Religious Belief Systems of Persons with High Functioning Autism. Proceedings Of The Annual Meeting Of The Cognitive Science Society, 33(33).

Cooper, K., Smith, L., & Russell, A. (2017). Social identity, self-esteem, and mental health in autism. European Journal Of Social Psychology, 47(7), 844-854. doi: 10.1002/ejsp.2297

Cresswell, L., & Cage, E. (2019). 'Who Am I?': An Exploratory Study of the Relationships Between Identity, Acculturation and Mental Health in Autistic Adolescents. Journal Of Autism And Developmental Disorders, 49(7), 2901-2912. doi: 10.1007/s10803-019-04016-x

Ennis-Cole, D., Durodoye, B., & Harris, H. (2013). The Impact of Culture on Autism Diagnosis and Treatment. The Family Journal, 21(3), 279-287. doi: 10.1177/1066480713476834 George, R., & Stokes, M. (2017). Gender identity and sexual orientation in autism spectrum disorder. Autism, 22(8), 970-982. doi: 10.1177/1362361317714587

Lai, M., Kassee, C., Besney, R., Bonato, S., Hull, L., & Mandy, W. et al. (2019). Prevalence of Co-Occurring Mental Health Diagnoses in the Autism Population: A Systematic Review and Meta-Analysis. SSRN Electronic Journal. doi: 10.2139/ssrn.3310628

Tincani, M., Travers, J., & Boutot, A. (2009). Race, Culture, and Autism Spectrum Disorder: Understanding the Role of Diversity in Successful Educational Interventions. Research And Practice For Persons With Severe Disabilities, 34(3-4), 81-90. doi: 10.2511/rpsd.34.3-4.81

Robertson, S. M. (2009). Neurodiversity, quality of life, and autistic adults: Shifting research and professional focuses onto real-life challenges. *Disability Studies Quarterly, 30*(1).

Thank you for listening!

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