

# Qualitative Evaluation of the PEACE Pathway: What clinicians think?

Zhuo Li

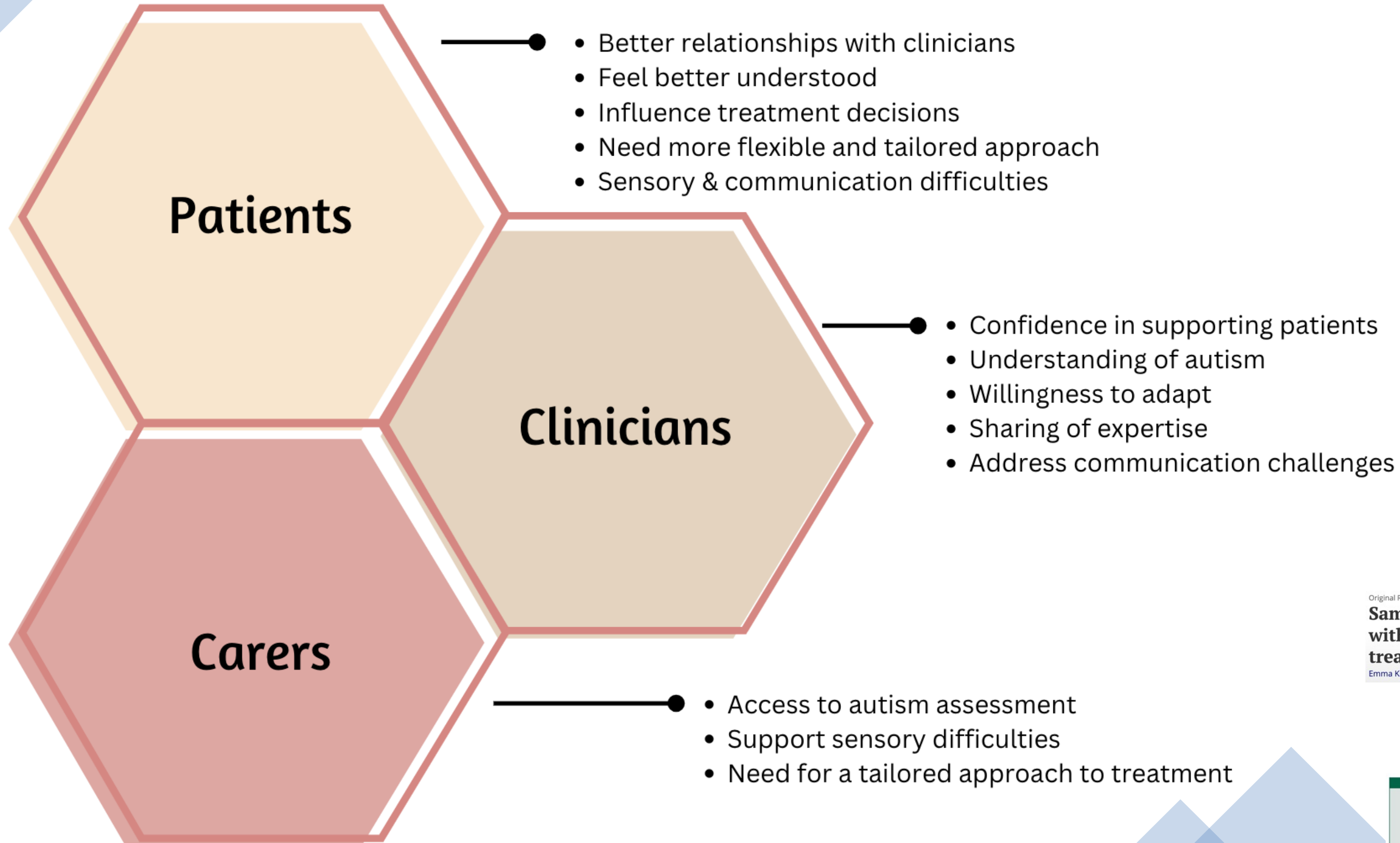
[zhuo.li@kcl.ac.uk](mailto:zhuo.li@kcl.ac.uk)

Department of psychological medicine  
Institute of Psychiatry, Psychology and Neuroscience  
King's College London

Supervised by: Prof Kate Tchanturia and Prof Sarah Byford

# PEACE: Pre-implementation

Stakeholder needs assessment




Original Research

**Same behaviours, different reasons: what do patients with co-occurring anorexia and autism want from treatment?**

Emma Kinnaird , Caroline Norton, Catherine Stewart & Kate Tchanturia 

RESEARCH ARTICLE

Open Access

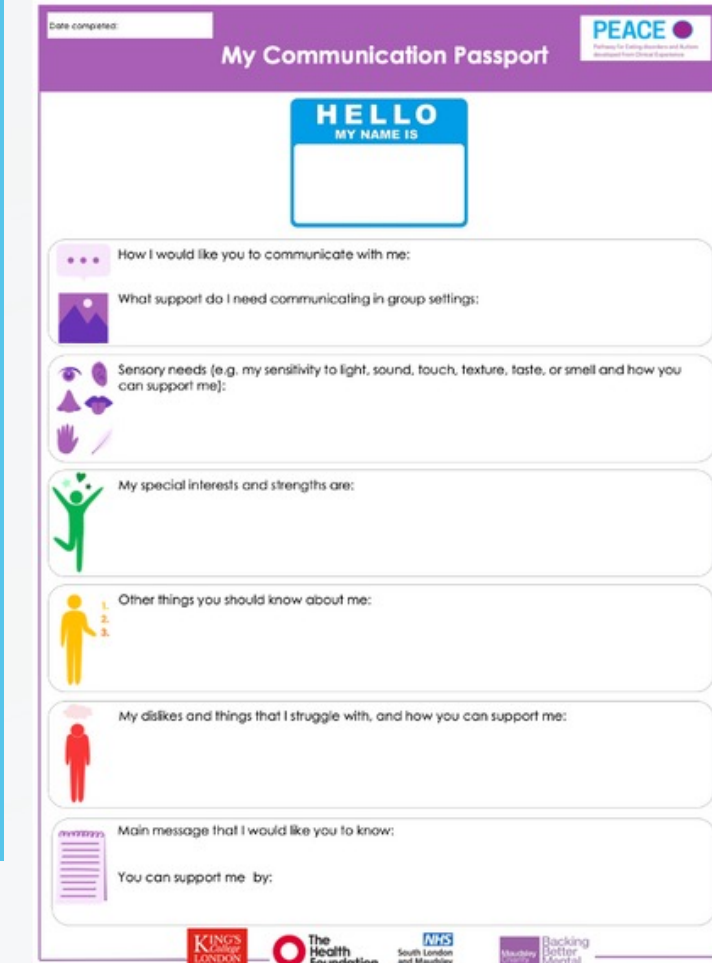
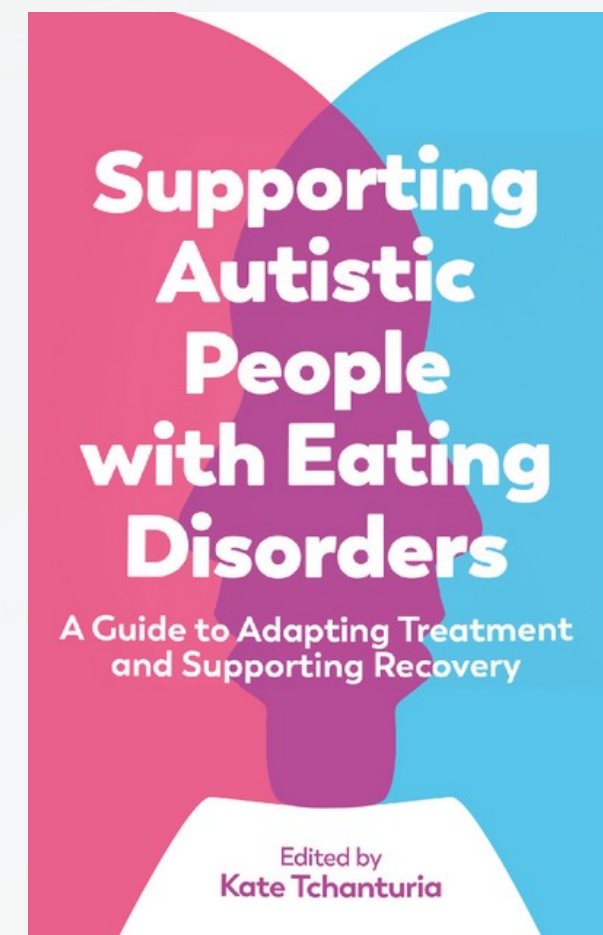
Clinicians' views on working with anorexia nervosa and autism spectrum disorder comorbidity: a qualitative study 

Carers' views on autism and eating disorders comorbidity: qualitative study

James Adamson\*, Emma Kinnaird\*, Danielle Glennon, Madeleine Oakley and Kate Tchanturia

# PEACE PATHWAY

- **Development: needs assessments**
- **Clinician training and regular PEACE huddles**
- **Autism trait screening: AQ-10 & SRS-2**
- **Supporting sensory needs**
- **Communication passport**
- **PEACE menu**
- **Supporting carers**



The form is titled 'My Communication Passport' and includes a 'HELLO MY NAME IS' section. It has several sections with icons and text prompts: 'How I would like you to communicate with me:', 'What support do I need communicating in group settings:', 'Sensory needs (e.g. my sensitivity to light, sound, touch, texture, taste, or smell and how you can support me):', 'My special interests and strengths are:', 'Other things you should know about me:', 'My dislikes and things that I struggle with, and how you can support me:', 'Main message that I would like you to know:', and 'You can support me by:'. At the bottom, there are logos for Kings London, The Health Foundation, South London and Maudsley NHS Foundation Trust, and Backing Better Mental Health.

# QUALITATIVE EVALUATION

## *Interview*

- 16 clinicians (clinical psychologists, counselling psychologists, consultant psychiatrists, psychology assistants, dietitians, family therapists, and occupational therapists) interviewed
  - Benefits of the PEACE Pathway
  - Challenges in implementation
  - Areas where further improvement is needed

# Themes

## Benefits

Clinical benefits

Service benefits

- Understanding patients perspective
- Flexibility and individualisation
- Treatment engagement
- Helps all patients, autistic or neurotypical
- Improved awareness and knowledge
- Increased confidence
- Team collaboration and communication
- New resources available

## Challenges

Treating ED vs accommodating for autism

Rolling out at different levels of care

Care team schedule conflicts

Pressure to meet patients' needs

Consideration of other comorbidities

Patients' reaction to possible autism

## Future needs and suggested improvement

Aftercare and community support for autism

Better autism screening procedure

More PEACE menu options (e.g., vegan, hyposensitivity...)

More structured guidance to adapting treatment

# Benefits and Challenges

## BENEFITS

Patients' perspectives

Flexibility and individualisation

Treatment engagement

Resources, awareness, knowledge

Confidence

Collaboration

*"We were able to go on to more complex work because she felt like we were listening and her needs were being met."*

*"It really brought the team together across the services."*

## CHALLENGES

Conflicts with existing protocol & goals

Different levels of care

Schedule conflicts

Pressure to meet patients' needs

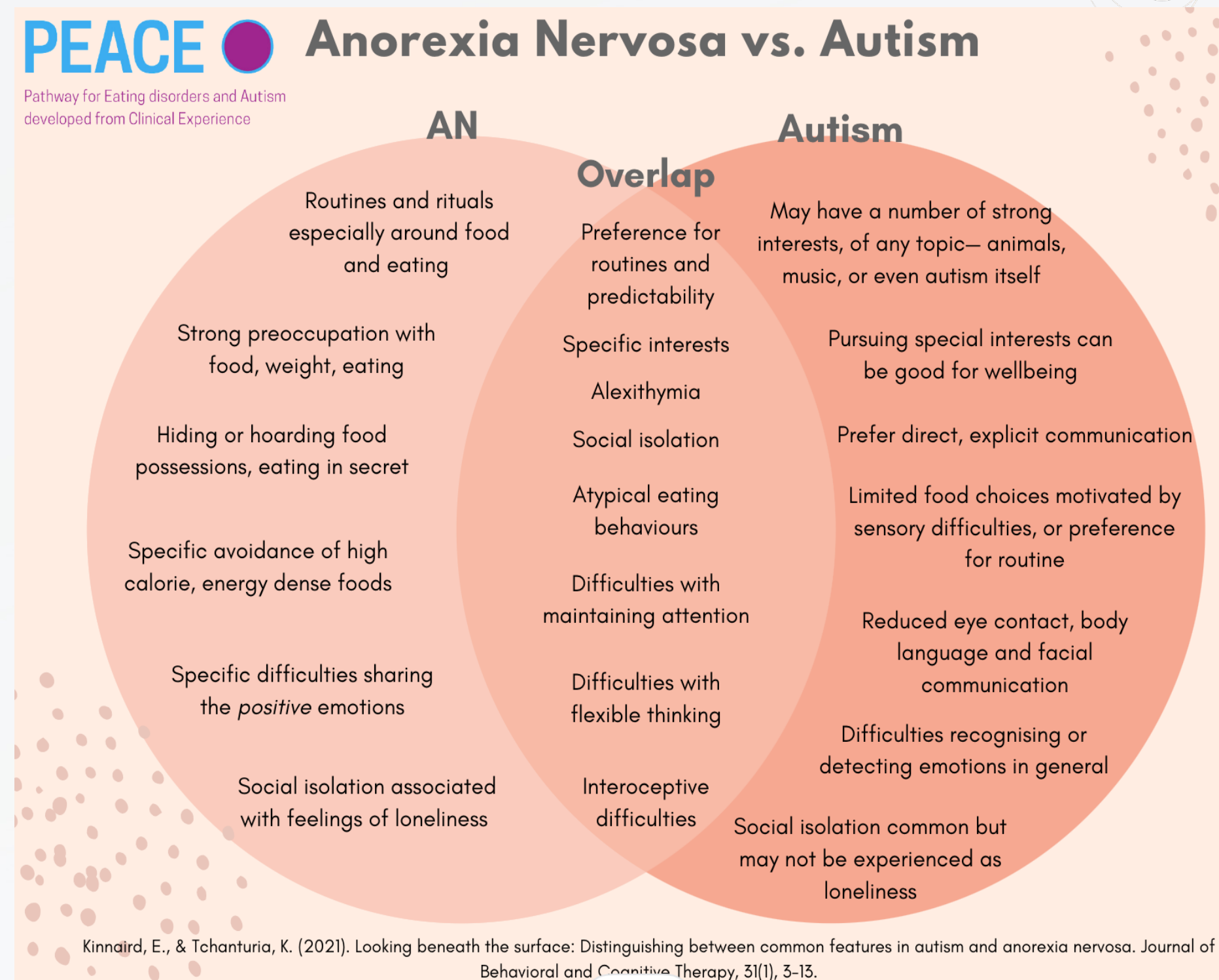
Consideration of other comorbidities

*Use bland menu vs increase variety*

*"Important to adjust what can be adapted on the inpatient ward to when they come to day services, or outpatients, [where] we are not able to meet that level of adaptation."*

# Disentangling ED and autism

- Dilemmas in decision-making: whether to make adaptations?
- Important: discuss and formulate adaptations on a **case-by-case** basis + ensure **peer support**
- Theoretical frameworks:
  - Model of autism-related mechanism underlying restrictive eating (Brede et al., 2020)
  - Distinguishing between autism and anorexia nervosa (Kinnaird & Tchanturia, 2021)

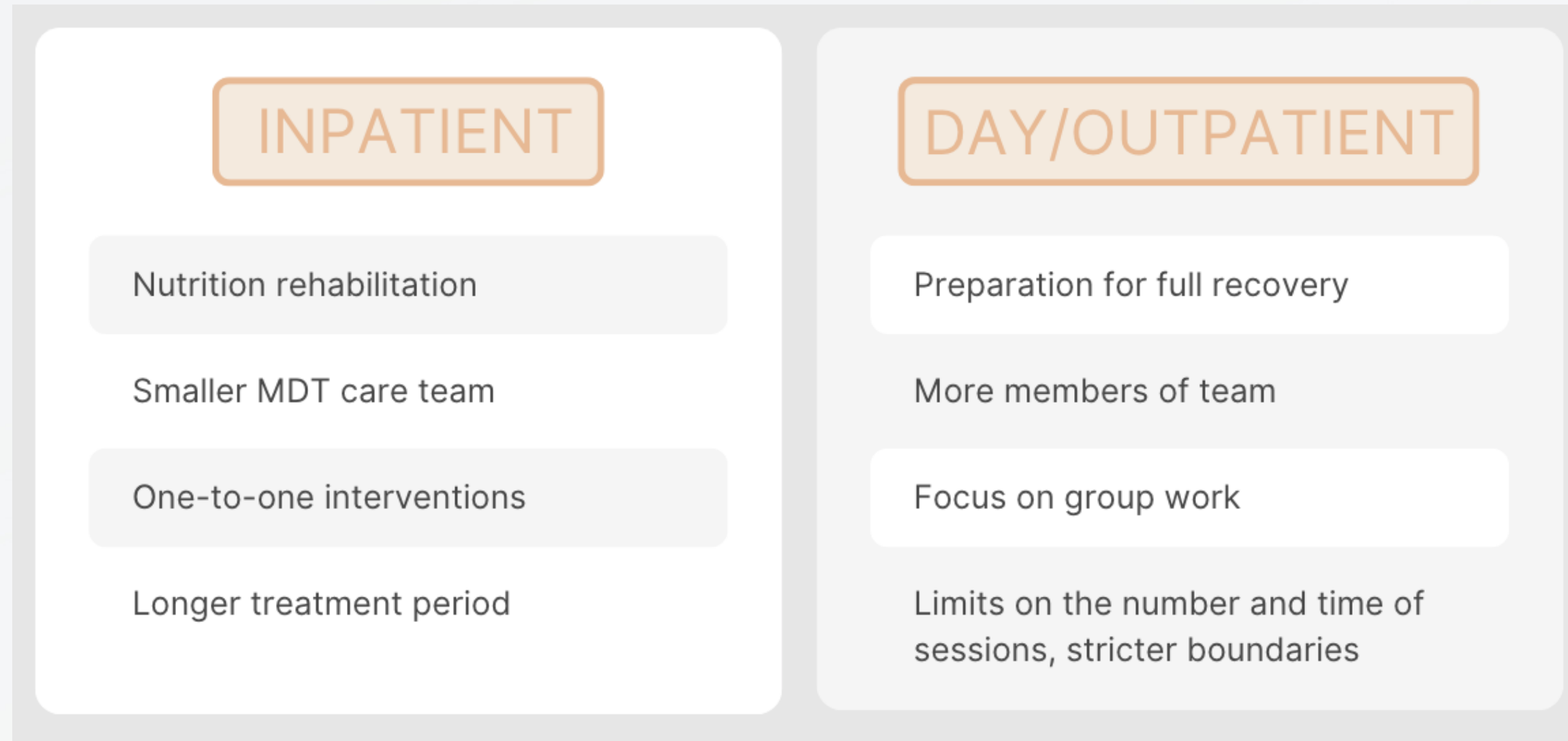


Brede, J., Babb, C., Jones, C., Elliott, M., Zanker, C., Tchanturia, K., . . . Mandy, W. (2020). "For me, the anorexia is just a symptom, and the cause is the autism": Investigating restrictive eating disorders in autistic women. *Journal of autism and developmental disorders*, 50, 4280-4296.

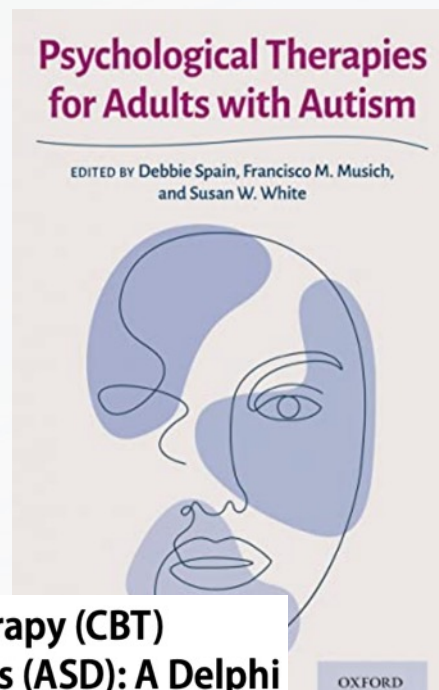
Kinnaird, E., & Tchanturia, K. (2021). Looking beneath the surface: Distinguishing between common features in autism and anorexia nervosa. *Journal of Behavioral and Cognitive Therapy*, 31(1), 3-13.

# Different levels of care

- Day/outpatient vs Inpatient: Team structures and approaches differ



- Adjust PEACE for outpatient and day services:
  - Prioritise support aimed at group communication; community support
  - Adapting language, structure, CBT-specific adaptations
  - Constant tailoring, reviewing and supervision



**How to Optimise Cognitive Behaviour Therapy (CBT) for People with Autism Spectrum Disorders (ASD): A Delphi Study**

Debbie Spain<sup>1</sup> · Francesca Happé<sup>1</sup>

Published online: 14 December 2019  
© The Author(s) 2019



# Future directions

## More structured, manualised guidance

- PEACE includes a wide range of resources and adaptation guidelines that can be flexibly tailored to cases
- Barriers for clinicians who prefer structured guidance



## Supporting Autistic People with Eating Disorders

A Guide to Adapting Treatment and Supporting Recovery

Edited by  
Kate Tchanturia

## Better screening procedure for autism

- AQ-10 not a good predictor of diagnosis in clinical sample (Ashwood et al., 2016)
- Also consider: sensory sensitivities, developmental history, social interactions, follow-up assessments and clinical observations

## Improvement in aftercare and community support

- Resources and support become very limited after discharge
- Need for more efficient autism diagnostic and aftercare services



PEACE Team



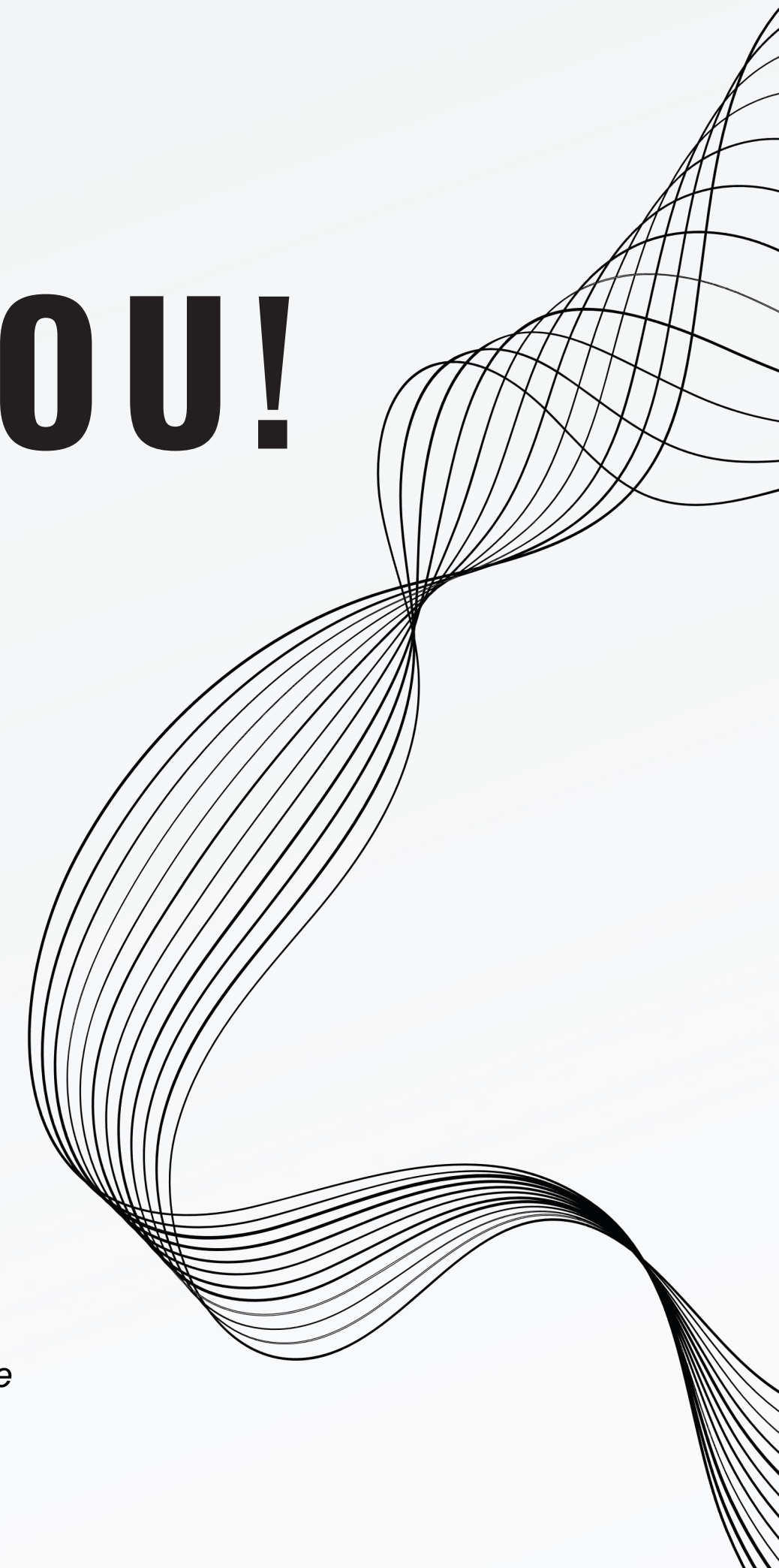
*Prof Kate Tchanturia  
Professor of Psychology in Eating Disorders  
Department of Psychological Medicine  
IoPPN, King's College London*



*Prof Sarah Byford  
Professor of Health Economics  
King's Health Economics  
IoPPN, King's College London*

*Chloe Hutchings-Hay  
Psychology Practitioner  
Eating Disorders Outpatients Service  
Maudsley Hospital, SLaM NHS  
Foundation Trust*

# THANK YOU!



# Reference

- Ashwood, K., Gillan, N., Horder, J., Hayward, H., Woodhouse, E., McEwen, F., . . . Wilson, C. (2016). Predicting the diagnosis of autism in adults using the Autism-Spectrum Quotient (AQ) questionnaire. *Psychological medicine*, *46*(12), 2595-2604.
- Adamson, J., Kinnaird, E., Glennon, D., Oakley, M., & Tchanturia, K. (2020). Carers' views on autism and eating disorders comorbidity: qualitative study. *BJPsych Open*, *6*(3), e51.
- Brede, J., Babb, C., Jones, C., Elliott, M., Zanker, C., Tchanturia, K., . . . Mandy, W. (2020). "For me, the anorexia is just a symptom, and the cause is the autism": Investigating restrictive eating disorders in autistic women. *Journal of autism and developmental disorders*, *50*, 4280-4296.
- Kerr-Gaffney, J., Harrison, A., & Tchanturia, K. (2020). The social responsiveness scale is an efficient screening tool for autism spectrum disorder traits in adults with anorexia nervosa. *Eur Eat Disord Rev*, *28*(4), 433-444. doi:10.1002/erv.2736
- Kinnaird, E., Norton, C., Stewart, C., & Tchanturia, K. (2019). Same behaviours, different reasons: what do patients with co-occurring anorexia and autism want from treatment? *International Review of Psychiatry*, *31*(4), 308-317.
- Kinnaird, E., Norton, C., & Tchanturia, K. (2017). Clinicians' views on working with anorexia nervosa and autism spectrum disorder comorbidity: a qualitative study. *BMC Psychiatry*, *17*(1), 292. doi:10.1186/s12888-017-1455-3
- Kinnaird, E., & Tchanturia, K. (2021). Looking beneath the surface: Distinguishing between common features in autism and anorexia nervosa. *Journal of Behavioral and Cognitive Therapy*, *31*(1), 3-13.
- Li, Z., Hutchings-Hay, C., Byford, S., & Tchanturia, K. (2024). A qualitative evaluation of the Pathway for Eating disorders and Autism developed from Clinical Experience (PEACE): clinicians' perspective. *Frontiers in psychiatry*, in press.
- Spain, D., & Happé, F. (2020). How to optimise cognitive behaviour therapy (CBT) for people with autism spectrum disorders (ASD): A Delphi study. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, *38*, 184-208.
- Tchanturia, K. (2021). *Supporting Autistic People with Eating Disorders: A Guide to Adapting Treatment and Supporting Recovery*. London: Jessica Kingsley Publishers.
- Tchanturia, K., Smith, K., Glennon, D., & Burhouse, A. (2020). Towards an improved understanding of the anorexia nervosa and autism spectrum comorbidity: PEACE pathway implementation. *Frontiers in Psychiatry*, *11*, 640.