## Welcome to the PEACE community

Long journey starts from the simple step

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## More detailed information about PEACE:



- ✓ Our website <u>www.peacepathway.org</u>
- ✓ Book is published in 2021
- ✓ Peer-reviewed publications (up to 40 only from my research lab)
- ✓ Social media
- ✓ Special issue on Autism and Eating Disorders European Eating Disorder Review 2022

PEACE •	=	
	PEACE Publications	

Twitter: @PEACE\_pathway Facebook: @PEACE\_pathway

Instagram: @PEACE\_pathway



# PEACE www.peacepathway.org

USERS

24

5

2

COUNTRY

Australia

Ireland

United States

United Kingdom

Day 1 up t 50



COUNTRY	ACTIVE USERS	
United Kingdom	19K	
United States	2.4K	
Australia	2K	
Canada	795	
Italy	650	
Ireland	561	
- New Zealand	279	



In six months up to 29 000

## Anorexia Nervosa and Autism

CrossMark

Curr Psychiatry Rep (2017) 19: 41 DOI 10.1007/s11920-017-0791-9

EATING DISORDERS (S WONDERLICH AND JM LAVENDER, SECTION EDITORS)

#### Autism Spectrum Disorder in Anorexia Nervosa: An Updated Literature Review

Heather Westwood<sup>1</sup> · Kate Tchanturia<sup>1,2,3</sup>

- Over-representation of Autism in AN
- Poorer treatment outcomes, higher illness severity, longer illness duration
- Need for treatment adaptations

## What about other ED?

Systematic reviews in process Makin<sup>1,2,4, ^</sup>, Valeria Mondelli<sup>1, 2</sup>, and Kate Tchanturia<sup>1,3,4,5</sup>



Psychiatry Research 326 (2023) 115272

Analysis of symptom clusters amongst adults with anorexia nervosa: Key severity indicators



Zhuo Li $^{\rm a,1},$  Jenni Leppane<br/>n $^{\rm e,1},$  Jessica Webb $^{\rm b},$  Philippa Croft $^{\rm b},$  Sarah Byford $^{\rm c},$  Kate Tchanturia $^{\rm a,b,d,*}$ 

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### PEACE pathway development started from AN/Autism overlap:

PEACE O Pathway for Eating disorders and Autism developed from Clinical Experience (Adamson et al (2020 BMJ) Kinnaird et al (2019 Int Rev of Psychiatry) see <u>www.peacepathway.org</u> publication section

## Patients (AN/Autism)



Emma Kinnaird<sup>1</sup>, Caroline Norton<sup>2</sup> and Kate Tchanturia<sup>1,2,3,4</sup>



# Autism and ED-s why we invested time and energy?

Similar cognitive signature Emotion expression difficulty Alexithymia Social Anhedonia Social Anxiety

Research evidence High proportion of autism in ED Longer duration of illness

Poor ED and Functional outcomes Longer use of Clinical services

Clinical Reality/Audit

#### **Adaptations:**

Reasonable adaptations Environment Communication Sensory awareness/strategies Longer processing time Visual aids

NEEDS

# Autism barrier to accessing treatment

# Problems with treatment

## Poor engagement

## Sensory difficulties

## How do we know PEACE was helpful?





National Autistic Society



## Easy and Hard Tweaks

Website recourses, autism screen, Sensory screen, basic toolbox, communication passport, huddles

Working on lived experience network, Adapting recourses (IP/OP/Community) Developing new recourses

Outcome research and funding

Influencing policy



an Open Access Journal by MDPI

Implementation Insights from the PEACE Pathway Across UK Eating Disorder Services

Kate Tchanturia; Dimitri Chubinidze; Fiona Duffy; Emy Nimbley; Zhuo Li; Joanna Holliday

Nutrients 2025, Volume 17, Issue 9, 1532

## Questions to early adopters:

- What core elements of PEACE are you interested in adopting? Which aspects might need to be adapted to your context?
- What skills and capabilities might you need as an adopter to implement PEACE? What resources, training or coaching might you need?
- Would you be willing to share your learning and be part of the PEACE community of practice to continuously improve this way of working?

## Main areas to think about



the same sizes and round buimps Seem too soft not harsh endugh.

Does this object accurately represent your experience? If not, what changes would you suggest? Answer: YES Q& IF LOOKS SPUKY Q. A. d. LID COMP







Confident and competent team!

### Communication

My Communication Passport
HELLO
x x x Mexil would be you to communicate with me
What support do I need communicating in-group settings:
Service reads (a.g. my analysis (a.g. to und. found. found. found. for the served and how you can agging mag).
My gweld it hereit, and shergits are:
Cher hing you hout how allout me.
My diffesi and things that Lithuggis with, and how you can support me:
Main-message that I would like you to know.
Tau can support me tau:

### Sensory sensitivities



Treatment adjustments







## What is a peace huddle?

- The PEACE huddle is a meeting that happens once a week to discuss anything related to PEACE.
- We meet every Thursday at 11:00-11:30am and for us this is held over teams.
- Everyone is invited from all branches of the service (inpatients, outpatients, day services, ETT) and all disciplinaries (Psychologist, medics, nursing team, dieticians, OTs).
- We encourage people to join as often as possible though understand people have busy schedules so aren't always able to join on a weekly basis.



## How is the huddle used?



the Puzzle in Implementing Clinical Innovation for the Eating Disorder and Autism Comorbidity?

Katherine Amanda Smith<sup>1</sup> and Kate Tchanturia<sup>1,2,3\*</sup>

Pathway for Eating disorders and Autism

developed from Clinical Experience

<sup>1</sup> Department of Psychological Medicine, King's College London, Institute of Psychiatry, Psychology and Neuroscience, London, United Kingdom, <sup>2</sup> South London and Maudsley National Health Service (NHS) Foundation Trust, National Eating Disorder Service, London, United Kingdom, <sup>3</sup> Department of Psychology, Illia State University, Tbilisi, Georgia

## How is this helpful?

We can continue to learn from each other and others with lived experiences with Autism and eating disorders, and carers with loved ones who are autistic with eating disorders

We can make plans for the dissemination and implementation of PEACE across our service and other services through research, conferences, and networking.

We can reflect on the PEACE resources and the website and continue thinking about how we can improve this for our service and others.

Extending to ADHD pathway (Work in progress)



Pathway for Eating disorders and Autism developed from Clinical Experience

## In 2024...

- Huddles have been used to reflect on the work and the bigger pictures of the work.
- Lived experience and guest speakers sharing their journeys and all the positives that we can continue working on and areas that still need work.
- We have taken feedback on board and make PEACE resources editable when downloaded from the PEACE website. We have also been gathering feedback on the PEACE website to think about further changes that can be made.
- Many case reflections on the patients that we support within SLAM











## Helpful resources

PEACE Pathway – Home

PEACE Pathway - Resources for those with an Eating Disorder and Autism

PEACE Pathway – Clinician Resources

PEACE Pathway - Carers Resources



## Sensory Screening, group protocols, papers (www.peacepathway.org)

#### Sensory Summary

Mark where you think you are on the below scales. Hypersensitivity means you are <u>highly</u> sensitive to sensations and may try and <u>avoid them</u> where possible; hyposensitivity means you have <u>lower sensitivity</u> and may try to <u>seek out</u> these sensations. There are examples below each scale. If you think you are neither hyper/hyposensitive and have no sensory differences, mark yourself in the middle as a 5.

## Image: Constraint of the second system of

#### Smell



		1
(Hyposensitive)	(No sensory	(Hypersensitive)
	differences)	

If I am hyposensitive, I might really like watching bright light displays. If I am hypersensitive, I might prefer to have lights dimmed or turned off.

#### Sound



If I am hyposensitive, I might turn my music up loud and dislike silence. If I am hypersensitive, I might dislike loud spaces and put my hands over my ears.

#### Touch



#### Texture



1

If I am hyposensitive, I might really enjoy the feeling of certain food textures in my mouth (such as liking crunchy food). If I am hypersensitive, I might strongly dislike and avoid eating certain food textures (such as mashed potato). Stakeholder interviews suggested:

identifying sensory differences could benefit both autistic patients and their clinicians in adapting treatment.







South London and Maudsley NHS Foundation Trust



# Colleen Alford from Children's hospital Westmead Sydney Australia example of early adoption internationally

I wanted to get in touch and give you an update on how I've been integrating what I learnt from visit to London.

- I have been able to implement weekly PEACE huddles. These have been an invaluable opportunity to discuss patient care, autism related resources, and plan Out of the Box groups and other autism-specific parts of our service.
- We have purchased a couple of Purrbles and are using these with patients.
- We are in the process of turning our service orientation pack into a social story
- We are now using the Communication Passport with all our patients, not just our autistic patients
- Fiona Hollings has agreed to do a recorded talk for us that we can use with our patients about her experience and how autism can present differently to the 'stereotypical' view of autism

It's been very exciting to be able to implement so many PEACE pathway principles and ideas after seeing them in person in February.

Thank you again for your generosity and hospitality. It was a wonderful experience!







### THE TEAM







Pathway for eating disorders and autism developed from clinical experience



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## Thank You

Professor Kate Tchanturia Kate.Tchanturia@kcl.ac.uk KEEP CALM AND SEEK PEACE









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