

BC Comprehensive Clinical Care Pathway for Child and Youth Eating Disorders

BC Pediatric Society - Journal Club

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Disclosures

Project Physician Leads:

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BC Children's Hospital QI Team:

- Erica Roberts (Project Manager)
- Justine Yu (Project Coordinator)
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Tech Support:

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Presenters:

- Dr. Tara Tandan, MD FRCPC, Pediatrics & Adolescent Medicine
- Dr. Katie Mitchell, MD, FRCPC, MPA, Adolescent Medicine

Relationships (all presenters) with commercial interests:

"I have nothing to disclose"

Objectives

1. Participants will develop familiarity with using Pathways and Compass BC to utilize the new “BC Child and Youth Eating Disorders Clinical Care Pathways” within their current clinical workflows

2. Participants will be able to summarize core concepts supporting the provision of inclusive & high-quality eating disorders care in areas of:
 - i. Early identification + Acuity assessment
 - ii. Health equity, diversity and inclusion
 - iii. Language and communication
 - iv. Navigating transition age care
 - v. Office-Based Parent Coaching (Emotion Coaching Skills)

Objectives (cont'd)

3. To describe existing and newly developed resources aimed at:
 - a. Improving information flow within healthcare teams (PCP, specialist, ER, allied health)
 - b. Connecting patients and carers to current & practical resources
 - c. Enhancing provider knowledge to support care across various clinical settings
 - d. Supporting efficient systems navigation and referral processes

Project Rationale: COVID-19 Impact

- Increased strain:
 - Patients and Families/Caregivers
 - Providers
 - Systems



Image:
CIHI.ca

Eating disorders shadow pandemic illuminated
urgent need for improvement in eating disorders care

Project Aim

- Creation of a **BC Clinical Care Pathway for Child and Youth Eating Disorders**
 - Clinical decision-making tool with embedded, locally tailored resources, links, tools and referral information targeting:
 - Practitioner knowledge, skills, competence & confidence
 - Need for one stop shop with resources for clinical practice, teaching & use by patients/caregivers
 - Improved shared care provision
 - Easier care system navigation

Lived Experience

- Patient Partner shares her lived experience:

<https://ubccpd.ca/2024-05-23-child-and-youth-eating-disorders-early-identification-and-practical-strategies>



A Tale of Two Pathways



Pathways BC: Point of Care Child and Youth Eating Disorders Pathway

Pathways BC is an online resource that provides providers quick access to current and accurate referral information, as well as access to hundreds of patient and clinician resources, community service and allied health information that is categorized and searchable.

Live Feb 27, 2024: Home of the new **BC Point of Care Clinical Pathway for Child and Youth Eating Disorders**



BC Point of Care Child and Youth Eating Disorders Pathway
Self Guided Tour (now or later): <https://pathwaysbc.ca/ci/7865>



Compass BC: Comprehensive Care Continuum Child and Youth Eating Disorders Pathway

Compass BC is a province-wide service inclusive of both web-based resources and options for specific case conferencing support, available to providers, with the goal of supporting evidence-based care for all BC children and youth (up to age 25) living with mental health and substance use concerns.

Launching by Summer 2024
BC Comprehensive Clinical Pathway for Child and Youth Eating Disorders

POC Pathway Launched Feb 27/24

<https://pathwaysbc.ca/>



- **Self Guided Tour:** <https://pathwaysbc.ca/ci/7865>

- **Recorded Tour of POC Pathway Demo (UBC Peds Grand Rounds):**



Comprehensive Pathway Coming to Compass BC ~ Summer 2024

www.CompassBC.ca

The screenshot shows the CompassBC.ca website interface. At the top, there is a navigation menu with 'Home', 'Education', 'News', 'FAQs', 'About', and 'Our Team'. The 'Education' menu item is circled in orange. Below the navigation is a search bar with 'eating disorder' entered. Underneath the search bar are 'Popular topics' including Anxiety, Depression, ADHD, Cultural Safety, and Substance Use. Below that are sections for 'Toolkits', 'Webinars', and 'Resources'. The 'Resources' section is circled in orange and contains three items:

- Eating Disorders Toolkit for Primary Care Settings:** Provincial Steering Committee. The Eating Disorders Toolkit: Standards of Practice in the Primary Care Setting (2nd Ed.) promotes early recognition of eating disorders and prevention of associated medical morbidity and mortality. PDF
- Eating Disorders in Primary Care: Webinar Presentation Slides:** BC Children's Hospital. Powerpoint slides from the October 4, 2023 Compass Program Webinar on Eating Disorders in Primary Care. PDF
- Clinical Practice Guidelines for Eating Disorders:** BC Ministry of Health. Evidence based clinical guidelines and tools for professionals from the Continuum of Care for Eating Disorders Service Provision in BC. PDF

Comprehensive Pathway Demo

BC Comprehensive Clinical Care Pathway for Child & Youth Eating
Disorders

Case: Mads

- **ID:** 14 years old, previously healthy, gender non - binary, they/them
- **RFA:** Anorexia nervosa
- **Comorbid Dx:** Generalized anxiety disorder
- **FHx:** Maternal aunt - Anorexia nervosa, early 20's
- **SSHADES:**
 - Enjoys animation, hopes to work for gaming company some day
 - Grade 9, high achieving
 - Lives with parents and younger brother in condo in Vancouver
 - Before activity restriction, competitive rower, misses teammates
 - Recently vapes to chill out
- **Parents:** Irina + Raymond (self-employed, own cleaning business)

Mads & Meal Time Refusal

Scenario 1:

- First follow up after Dx of ANR during hospitalization 2 months ago
- Mads appears anxious
- Irina appears overwhelmed, and says:
 - I know we have to do meal support with every meal, but it's so hard. By the end of the day Mads just flat out refuses to eat dinner!
 - I try explaining the importance of nutrition to them. I'm even making home-made Soy milk, because of their dairy sensitivity.
 - I don't know what else to do. I'm at the end of my rope. If this keeps up they are going to die and we are going to lose our business."
- Mads says: Mom, I hate coming here. You always make it sound like I am crazy, like I'm trying to wreck your life. You just don't get it!

Mads & Appointment Refusal

Scenario 2:

- Raymond + Mads attend another follow up visit together
- Raymond appears frustrated, saying:
 - We are trying our best to feed them, but they just keep getting sicker
 - I was so relieved to hear they have an intake date at our local eating disorders program next week, but now they are saying they are **refusing to go**
 - We can't afford to miss that appointment! I told them no cell phone for a year if they don't get in the car and go
- Mads appears sullen and says:
 - Dad, I'm not going to go to some program with a bunch of people I've never met, asking me a bunch of questions I don't want to answer, and pretending to get to know me while they really just want to make me fat

Mads & Suicidal Ideation at Mealtime

Scenario 3:

- Irina + Mads attend another office follow up together
- Irina is tearful and says:
 - I know we are supposed to get Mads to eat just one more bite, but **this week they started telling us they will kill themselves at night if we make them complete**
 - We have been doing our best, rotating one of us sleeping in their room each night, but we are so scared. We don't want them to die. We've cut out a few snacks, and they seem less stressed with this
- Mads is withdrawn and silent (crying quietly), mostly looking at the ground, their back half-turned away from Irina

Navigating Target Behaviours

- Wanting to Skip Meals
- Not wanting to attend appointments for ED
- Expressing SI when faced with food



Office-Based Parent Coaching

- Validate the Caregiver experience
- Review some of the Common Caregiver Motivation Traps to Avoid
 - Persuading, begging, guilt, shocking, convincing, threatening, bribing, bargaining
- Instead, Teach them
 - To Recognize and Name Emotions
 - To Accept Emotions and Ride the Wave
- Coach them in the Steps of Emotion Coaching

Primer: The Steps of Emotion Coaching

- **Step 1: Learning to Validate**
- **Step 2a: Support by Meeting the Emotional Need**
- **Step 2b: Support by Meeting the Practical Need / Adding in the “Dialectical Stance of Multiple Truths”**
- The order in which you move through these steps is very important

Sourced from: Lafrance, A., Henderson, K. A., & Mayman, S. (2020). Emotion-focused family therapy: A transdiagnostic model for caregiver-focused interventions. American Psychological Association. <https://doi.org/10.1037/0000166-000>

Video: Helping Families Navigate Emotional Dysregulation

Dr. Anita Federici, PhD. CPsych, York University, Owner and Clinical Director: The Centre for Psychology & Emotional Regulation - does lots of training for professionals on the topic of DBT in Eating Disorders

[Anita Federici - Eating Disorders and Emotion Dysregulation - Helping Families Navigate](#)

Play from 56:54 - 1:02:53

Validation

- Does not imply that you agree or like the other person's ideas, actions, words or perspective
- Does mean that you understand where the other person is coming from
- We can validate someone's feeling without validating their behaviour

Why Validate?

- Reduces anxiety - creates space for change and growth
- Improve relationships, especially when paired with apology - improved relationship with carers can challenge ED identity
- Emotion coaching for parents allows them to be aware of their own emotions, allowing better emotional management
- This allows them to be better emotion coaches for their children
- Creates space to use meal support strategies

Validation

The first skill of emotion coaching is to validate your loved one.

You can do so by transforming “**BUT to BECAUSE**”, and also use the word “**AND**”

Eg. When your loved one tells you they feel sad about missing out on a family holiday:

- Rather than leading with a typical response like: “I can understand why you might feel sad **but** there’s always next time.”
- You would first imagine why it would make sense for him/her to feel sad, and then convey your understanding using the word “**because**”
- Eg. “I can understand why you might feel sad **because** you know you’re going to miss out on the fun, **AND** you were really looking forward to this trip.”

Sourced from: Lafrance, A., Henderson, K. A., & Mayman, S. (2020). Emotion-focused family therapy: A transdiagnostic model for caregiver-focused interventions. American Psychological Association. <https://doi.org/10.1037/0000166-000>

Teaching Caregivers: Shortcuts to Validation

Here are some helpful phrases to get you started. Communicating with your loved one may feel unnatural at first, but it is like exercising a new muscle and it will get easier with time.

I get why you would feel _____ because X 3

I can see how that might make you feel _____ because X 3

It makes sense that you’re feeling _____ because X 3

I can only imagine how difficult this must be because... because X 3

No wonder you’re _____ because X 3

I can understand why you might feel _____ because X 3

“This is so _____” because X 3

Sourced from: Lafrance, A., Henderson, K. A., & Mayman, S. (2020). Emotion-focused family therapy: A transdiagnostic model for caregiver-focused interventions. American Psychological Association. <https://doi.org/10.1037/0000166-000>

Teaching Caregivers: Support Through Meeting Emotional Needs

Step 2a: Support – Meet the Emotional Need

- Every emotion has physical clues
- Every emotion has a specific emotional need
- Once the other feels validated, THEN you can offer emotional support
 - If your loved one is sad, offer them comfort (e.g., a hug)
 - If they feel angry, help them to communicate what it is they need (e.g., space, a boundary, to feel heard)
 - If they feel shame or anxiety, you can now offer reassurance and practical support
- Providing reassurance WITHOUT validation is ineffective
- When preceded by deep validation, reassurance is much more likely to have the desired effect

Teaching Caregivers: Support through Meeting Practical Needs

Step 2b: Support – Meet the Practical Need

- Finally, it's time for problem-solving!
- Problem solving WITHOUT first validating and meeting the emotional need is ineffective and breeds resistance (ie. moving right to fixing the problem when faced with an emotional challenge)
 - Your loved one may get frustrated, perhaps feeling like you aren't listening
- Only after you've validated and offered emotional support do you then support your loved one practically.

Comprehensive Pathway Resources Related to Emotion Coaching

- “How You **Communicate Matters**”
 - Language Awareness and Sensitivity Fact Sheet
 - Buttons at Top of Page:
 - Emotion Coaching for Caregivers
 - Empowering Caregivers to Support their Children & Youth with Eating Disorders: Emotions, Distress Tolerance and & Fostering Resilience (in progress)

- Landing Page 2
 - **Outpatient Management**
 - **Beyond Basics**
 - Provider, Patient & Caregiver Information
 - Treating Suicidality in Eating Disorders - How DBT Skills help families navigate suicide and self injury
 - Eating Disorders and Emotion Dysregulation (Full Video Dr. Federici)

Co-Design & Partnership Development

Vancouver Coastal Health **fraserhealth** **Providence Health Care** **island health** **Interior Health** **northern health** **First Nations Health Authority**

Provincial Health Services Authority **SharedCare** **Joint Collaborative Committees** **MSACW**

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REICHERT & ASSOCIATES **Ministry of Children and Family Development** **Ministry of Health** **FOUNDRY** **BC EMERGENCY MEDICINE NETWORK** **CHILD HEALTH BC** **BRITISH COLUMBIA PEDIATRIC SOCIETY**

Patient & Family Engagement

EATING DISORDERS TOOLKIT: Standards of Practice in the Primary Care Setting **2023**

Thank You to the Project Team and Attendees of this Webinar!

Primary Care Physicians:

- Dr. Shirley Sze, BMSc, MD, CCFP, FCFP, CAC (Palliative Care), LM
- Dr. Joan Fujiwara, BSc, MD

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- Tracy Monk, MD
- Cathy Lawson
- Michelle Briere
- Crystal Svensson

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- **Patient and Family Advisory**

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