BC Comprehensive Clinical Care Pathway for Child and Youth Eating Disorders

BC Pediatric Society - Journal Club

July 9, 2024





SharedCare Joint Collaborative Committees COLLABORATE ON HEALTH IN BC







Disclosures

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Relationships (all presenters) with commercial interests:

"I have nothing to disclose"

Objectives

- Participants will <u>develop familiarity with using Pathways and Compass BC</u> to utilize the new "BC Child and Youth Eating Disorders Clinical Care Pathways" within their current clinical workflows
- 2. Participants will be able to <u>summarize core concepts</u> 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:

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

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.

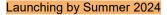
Live Feb 27, 2024: Home of the new BC Point of Care Clinical Pathway for Child and Youth Eating Disorders





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

Compass BC is a province-wide service inclusive of both webbased 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.



BC Comprehensive Clinical Pathway for Child and Youth Eating Disorders



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

POC Pathway Launched Feb 27/24

https://pathwaysbc.ca/



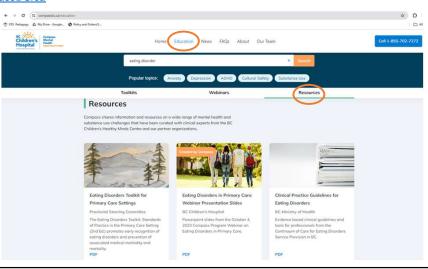
- Self Guided Tour: https://pathwaysbc.ca/ci/7865
- Recorded Tour of POC Pathway Demo (UBC Peds Grand Rounds):



Comprehensive Pathway

Coming to Compass BC ~ Summer 2024

www.CompassBC.ca



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 <u>no cell phone for</u> 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 <u>order</u> 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

<u>Anita Federici - Eating Disorders and Emotion Dysregulation - Helping</u> Families Navigate

Play from 56:54 - 1:02:53

Validation

- <u>Does not</u> 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	becaus	se 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)



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

Primary Care Physicians:

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- · Dr. Joan Fujiwara, BSc, MD

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Tech Support:

Bruce Hobson, MD

Pathways BC Team:

- Tracy Monk, MD
- Cathy Lawson
- Michelle Briere
- Crystal Svensson
- Clinical Advisory Group
- Patient and Family Advisory

Acknowledgements:

- DAHM/BCCH EDP:
 - Dr. Pei-Yoong Lam
 - Dr. Jennifer Mooney
 - Dr. Jennifer Coelho (UBC ED Research Cluster & Audrey Tung (RA support)
- Division of Psychiatry
- Compass BC
- BC Prov ED Network
- Fraser Health Pediatrics
- UBC-CPD
- MCFD
 - Foundry BC
- **Funding Support:** Shared Care, JCC Health Systems Redesign, MASES