A case for humanistic therapies to be used by the NHS in the treatment of adult outpatients with moderate anorexia nervosa

Research proposal

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MA Year 2

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Background & context

WHAT IS ANOREXIA?

A severe psychiatric illness; challenging to treat

(W Frank & Shott, 2016; Zipfel et al., 2015)

SIGNS & SYMPTOMS

Behavioural, psychological & physical; co-morbidity of mental health issues

(BEAT, 2017; American Psychiatric Association, 2013; Academy for Eating Disorders, 2016; NHS, 2020a; World Health Organisation, 2019)

WHO IT AFFECTS

More females than males; no 'typical' demographic

(Pilgrim, 2019; O'Neill, 2018)

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Background & context

ASSUMPTIONS & PERCEPTIONS

Media is to blame, anorexia is voluntary/self-inflicted - stigma

(O'Neill, 2018; Bannatyne & Stapleton, 2018; Blodgett Salafia et al., 2015)

EFFECTS

Starvation; emaciation; life-threatening health problems

(Pilgrim, 2019; Harding, 2017; NHS 2020b)

TREATMENT

Psychoeducation; monitoring weight, mental and physical health

(NICE, 2017)

Background & context

TREATMENT

Focus on weight gain being key to recovery as a whole – essential to reduce physical effects of starvation

(NICE, 2017; Murray, Loeb & Le Grange, 2018)

Psychotherapy on an outpatient basis – CBT-ED recommended as sole intervention for mild to moderate anorexia as part of 'universal approach' to service delivery

(NICE, 2017; Matrics Cymru, 2017, pp. 6)

Background & context

EFFICACY

Widely investigated with RCTs (Linardon et al., 2017)

Gap identified between research and 'real world' settings, so studies have also looked at effectiveness of CBT-ED for adult outpatients to support trial findings (Rose & Waller, 2017)

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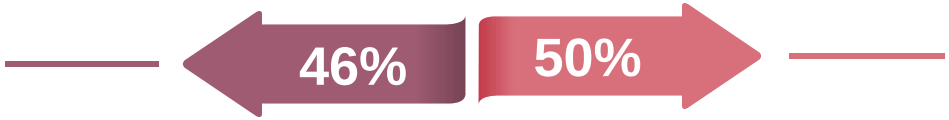
Background & context

(Jenkins, Morgan & Houlihan, 2019) (Frostad et al., 2018)

Percentage completing treatment

Percentage that dropped out



Main reason given for dropout

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Background & context

CURRENT LITERATURE

Good outcomes from therapy for adults with anorexia inconsistent (Byrne et al., 2017)

None of the psychological therapies endorsed by NICE (2017) are superior to the other, highlighting a need for other treatment options to be explored (Le Grange, 2016; Byrne et al., 2017)

A new generation of treatments could reach a larger cohort of patients (Munro, Randell & Lawrie, 2017)

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Background & context

CURRENT LITERATURE

Interest growing in more holistic forms of recovery in eating disorders (de Vos et al., 2017)

Supported by recommentations for more person-centred, relationship-based treatment

(Welsh Government Eating Disorder Service Review, 2018)

Highlighted by service users through their own experiences of CBT-ED (Rance, Moller & Clarke, 2015)

Background & context

CRITICISMS OF CBT-ED

Approach is overly focused on and driven by food and weight - 'Eating disorders are not about food, they're about life'

Participants wanted to be seen as a 'whole' person

Participants wanted to have a 'real' relationship with their therapist

Participants wanted to be able to explore the factors underlying their condition

(Rance, Moller & Clarke, 2015)

Background & context

SIGNIFICANCE & IMPORTANCE

Impact of Covid-19 on eating disorders – symptoms may have worsened for many as a means of providing control or safety over the situation

(Schlegl et al., 2020; Hempel, Vanderbleek & Lynch, 2018)

Changes to the DSM-V – criteria for diagnosis has been relaxed so it is likely more people are being diagnosed (Mustelin et al., 2016)

Aims & objectives

- To use the research previously discussed as a platform to explore the suitability of person-centred and emotion focused therapy as alternative approaches to CBT-ED in the treatment of adults with moderate anorexia on the NHS
- Highlight how they could meet the needs of many patients for whom current treatment methods may be unsuitable, as indicated by high dropout levels
- Discuss the feasibility of these approaches being introduced (evidence bases, funding for future research opportunities)

Aims & objectives

PERSON-CENTRED THERAPY

The concept of being seen as a 'whole' person, having a 'real' relationship with the therapist – discussed in terms of person-centred therapy: the importance of the therapeutic relationship, incongruence and how it relates to anorexia, conditions of worth, I-Thou principles

Being seen as 'whole' and not just 'anorexic' - links to how diagnosis can be stigmatising

Aims & objectives

PERSON-CENTRED THERAPY

The value of personal experience and the patient being the expert rather than the therapist or medical professional

Despite strong evidence, the likely outcome is that person-centred therapy will remain marginalised in mainstream health services because it is not evidence based

Aims & objectives

EMOTION FOCUSED THERAPY

EFT has a strong evidence base, which is what policy makers favour

Meets demand for more holistic, humanistic therapies

Helps clients access core pain, or deep underlying issues, which was identified as missing from current treatment options

Emotions are central to the development and maintenance of anorexia so a therapeutic approach that focuses on emotions could be a good fit

(Lavender et al., 2015; Blodgett Salafia et al., 2015)

Aims & objectives

EMOTION FOCUSED THERAPY

People with anorexia lack the ability to access and identify healthy emotions

Results in perception of emotional experience as aversive and overwhelming

Leads to a need for the eating disorder as a way of avoiding 'feeling'

(Dolhanty & Greenberg, 2009)

Anorexia is due to a lost sense of emotional self which can emerge and be integrated through EFT (Oldershaw, Startup & Lavender, 2019)

Aims & objectives

EMOTION FOCUSED THERAPY

Two-chair work for the critical 'anorexic voice' and to overcome self-interruptive splits by which the client blocks experiencing or expression of emotion

(Dolhanty & Greenberg, 2009)

Aims & objectives

ANTICIPATED OUTCOMES

EFT is more likely than person-centred therapy to be adopted by the NHS for the treatment of moderate anorexia in adults, if only because of its evidence base

More money needs to be made available for studies on eating disorders if there are to be new developments in treatments, which have been highlighted as sorely needed – studies on depression and anxiety receive the lion's share of funding (MQ, 2015)

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Methodology

Integrative literature review - using existing research to explore the future

(Torraco, 2016)

Library or online-based research

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Ethical considerations

Being overly critical of CBT-ED could be seen as biased, especially given that I am a humanistic counselling student – literature review will need to be balanced

Critically evaluate the Rance, Moller & Clarke study to demonstrate awareness of its limitations, achieve balance and avoid bias

Lends more credibility to the work

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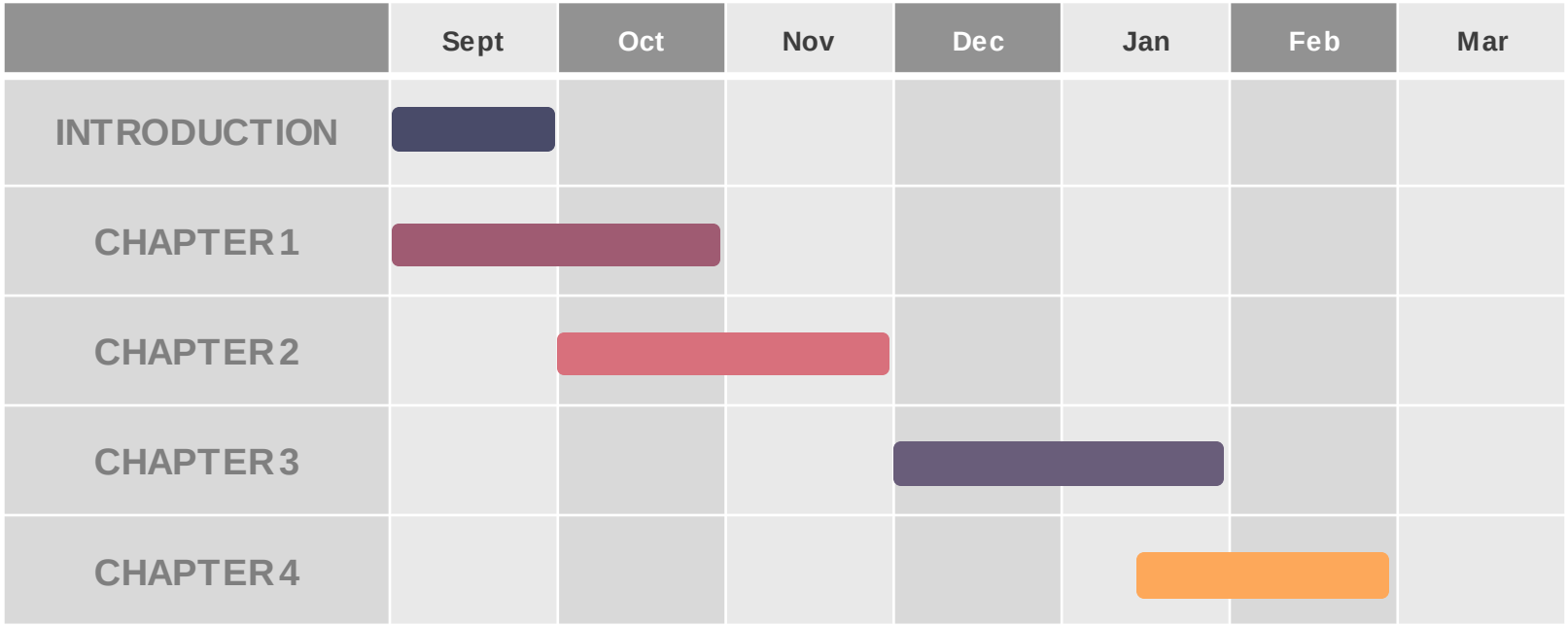
Proposed plan of work



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