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| Institution: University of Sheffield | | |
| Unit of Assessment: A-04 Psychology, Psychiatry and Neuroscience | | |
| Title of case study: The development and implementation of evidence-based cognitive-behavioural therapy for eating disorders in routine clinical practice | | |
| Period when the underpinning research was undertaken: 2012–2020 | | |
| Details of staff conducting the underpinning research from the submitting unit: | | |
| Name(s): Glenn Waller | Role(s) (e.g. job title): Professor of Clinical Psychology | Period(s) employed by submitting HEI: 2012–present |
| Period when the claimed impact occurred: 2013-2020 | | |
| Is this case study continued from a case study submitted in 2014? N | | |
| <p>1. Summary of the impact (indicative maximum 100 words)</p> <p>Research undertaken at the University of Sheffield has resulted in effective and cost-effective Cognitive-Behavioural Therapies for Eating Disorders (CBT-ED) being implemented in NHS training with a national curriculum and competence framework for clinicians.</p> <p>The primary impact of this research is on health and wellbeing, with economic implications, through enhancing treatment outcomes and quality of life of many of the UK's 1.25 million eating disorder sufferers and many more internationally.</p> <p>Specifically, the underlying research has had impact on:</p> <ol style="list-style-type: none"> 1. Healthcare policy 2. Clinical practice 3. Practitioner training 4. Increase access to therapies for patients | | |
| <p>2. Underpinning research (indicative maximum 500 words)</p> <p>Context</p> <p>BEAT (the UK's eating disorder charity: https://www.beateatingdisorders.org.uk) estimates that approximately 1,250,000 UK individuals suffer from an eating disorder at any one time. BEAT notes that eating disorders have substantial personal, economic and health costs, with the annual burden on the UK economy estimated as £13-17 billion per annum. This picture is reflected across high-income countries, and requires the development of effective treatments that can be delivered widely and at low cost.</p> <p>Research</p> <p>The National Institute for Health and Care Excellence (NICE, 2017) concluded that CBT-ED is the most effective therapy for most adults with eating disorders (recovery rate c.50% in clinical trials). However, CBT-ED is relatively long and expensive, and is rarely delivered appropriately</p> | | |

[R1]. Consequently, national and international recovery rates in routine practice are substantially lower than in trials (15-20%). Our research has addressed the delivery of CBT-ED, aiming to realise its potential to treat eating disorders and alleviate their costs to sufferers and society.

This includes designing new methods of delivery; implementing these new methods into routine practice (e.g. in the NHS); and addressing problems in existing delivery of CBT-ED:

1. Designing new methods of delivery

Research at Sheffield [R2] has developed and tested CBT-Ten (CBT-T), a 10-session form of CBT-ED (normally 20 sessions, as recommended by NICE). CBT-T was designed for delivery within Improving Access to Psychological Therapies (IAPT) services and in specialist eating disorder settings internationally, and to enhance clinician adherence. CBT-T is as effective as 20-session CBT-ED [R2], even when delivered by less experienced therapists. Patient involvement in the development and monitoring of CBT-T shows that it is well received [R3]. Because of the speed of clinical change in CBT-T, we have also developed a brief measure (the Eating Disorders-15) to track rapid improvements, which is now used internationally. This brief therapy for eating disorders (CBT-T) is now manualized and published by Routledge (Waller et al., 2019), and has been accompanied by national and international training (in 10 countries to date).

2. Implementing these new methods of delivery in routine practice

Clinicians routinely dismiss lab-based therapy findings as irrelevant to 'real-life' clinical settings. However, our research has shown that the lab-based outcomes of CBT-ED can be reproduced in routine clinical settings, nationally and internationally [R4]. This research has influenced NICE, national, and international guidelines, and policy regarding best practice in treating eating disorders [R5]. Consequently, CBT-T is now incorporated into the UK IAPT services syllabus and national clinical competences, rolled out into national training and practice across England from November 2020.

3. Problems in existing delivery of CBT-ED

Our research has shown that clinician characteristics (e.g. clinicians' anxiety, dislike of manualised treatment) influence their adherence to CBT-ED protocols, impairing therapy outcomes relative to the use of evidence-based approaches [R1]. We have shown that targeted training on the use of effective techniques reduces clinician 'drift' in CBT-ED [R6]. This has informed the development of training courses and manualized approaches to reduce clinician 'drift'.

3. References to the research (indicative maximum of six references)

- R1. Waller, G.** (2016). Treatment Protocols for Eating Disorders: Clinicians' Attitudes, Concerns, Adherence and Difficulties Delivering Evidence-Based Psychological Interventions. *Current Psychiatry Reports*, 18(4), 1–8. <https://doi.org/10.1007/s11920-016-0679-0>
- R2. Waller, G., Tatham, M., Turner, H., Mountford, V. A., Bennetts, A., Bramwell, K., Dodd, J., & Ingram, L.** (2018). A 10-session cognitive-behavioral therapy (CBT-T) for eating disorders: Outcomes from a case series of nonunderweight adult patients. *International Journal of Eating Disorders*, 51(3), 262–269. <https://doi.org/10.1002/eat.22837>

- R3.** Hoskins, J. I., Blood, L., Stokes, H. R., Tatham, M., **Waller, G.**, & Turner, H. (2019). Patients' experiences of brief cognitive behavioral therapy for eating disorders: A qualitative investigation. *International Journal of Eating Disorders*, 52(5), 530–537.
<https://doi.org/10.1002/eat.23039>
- R4.** Turner, H., Marshall, E., Stopa, L., & **Waller, G.** (2015). Cognitive-behavioural therapy for outpatients with eating disorders: Effectiveness for a transdiagnostic group in a routine clinical setting. *Behaviour Research and Therapy*, 68, 70–75.
<https://doi.org/10.1016/j.brat.2015.03.001>
- R5.** Slade, E., Keeney, E., Mavranouzouli, I., Dias, S., Fou, L., Stockton, S., Saxon, L., **Waller, G.**, Turner, H., Serpell, L., Fairburn, C. G., & Kendall, T. (2018). Treatments for bulimia nervosa: a network meta-analysis. *Psychological Medicine*, 48(16), 2629–2636.
<https://doi.org/10.1017/s0033291718001071>
- R6.** Wright, C., & **Waller, G.** (2019). The impact of teaching clinicians about implementing exposure therapy with patients with eating disorders: A nonrandomized controlled study. *International Journal of Eating Disorders*, 53(1), 107–112.
<https://doi.org/10.1002/eat.23171>

4. Details of the impact (indicative maximum 750 words)

1. Impact on healthcare policy

Our research has been cited as having improved practice in NHS Trust policies (reduction in waiting lists [**S1**]; enhanced outcomes [**S2**]) and in information for patients/carers (e.g. Cumbria, Sheffield, Gloucestershire).

UK policies influenced by our research:

- DoH policy: Department of Health citing [**R4**] concluded that CBT-ED is effective in everyday settings and should be offered routinely by NHS-commissioned eating disorder services (over 100 in England) [**S3**].
- NICE guidelines:
 - a. Research on the viability of CBT-ED and delivery problems [**R4**] cited in the 2017 **NICE guideline on the treatment of eating disorders** [**S4**], informed the recommendation for the development of briefer therapies, such as CBT-T.
 - b. The resultant 2018 **NICE Quality Standard** [**QS175**], Standards 2 & 3, recommended CBT-ED across eating disorders [**S5**].
- NHS Commissioning guidelines: The 2019 **NHS National Collaborating Centre for Mental Health** recommends CBT-ED should be a core offer for patients with eating disorders. It includes a case study of how CBT-T based on Sheffield research [**R2**; **R3**] enabled a service to see a greater number of people and reduce waiting times substantially, without compromising on care and recovery rates [**S6**].

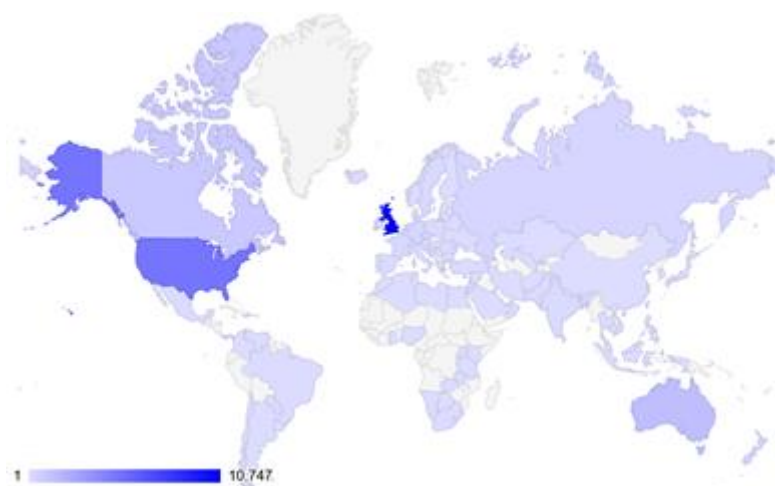
The Academy for Eating Disorders (2020) has summarised international guidelines on eating disorder therapies. CBT-ED is recommended for adults in the UK, Germany, France, Netherlands, Canada, Australia, New Zealand, Denmark, and USA, and for children and adolescents (UK, Germany, Denmark, Netherlands). This is the first international guide on

evidence-based psychotherapeutic interventions for eating disorders, designed to inform clinicians anywhere in the world, of the best psychological therapies for eating disorders [S7]. The guide mentions Sheffield research [R2] on brief therapies as a means to ensure wider access to therapy [S7].

2. Impact on clinical practice

CBT-ED and CBT-T (based on Sheffield research) has entered clinical practice in UK and international settings [S8, S9]. In an audit of CBT-T uptake, 35 centres reported that over 160 clinicians had delivered CBT-T to over 3500 patients in the 16 months since its roll-out.

The research has led to the publication of a CBT-T (2019) manual, enabling wide implementation. It has sold over 1,000 copies to date. The CBT-T manual and website [R2; R3] allow clinicians to download materials for use with patients. The website had c.100,000 visits by 10,500 visitors in the first 16 months, with c.23,500 downloads of research-based, clinical material for clinician and patient use (protocols, psychoeducation, measures, etc). The map below shows distribution of downloads, demonstrating widespread international use. This work has been recognised with an award from the International Academy of Eating Disorders in 2020, stating that it: “has the potential to change clinical practice worldwide by halving the time it takes to deliver CBT from 20 sessions to just 10”.



3. Impact on practitioner training

Sheffield research [R2; R4] has driven training of clinicians and teams in CBT-ED and CBT-T across 35 UK NHS Trusts and internationally (e.g. USA, Canada, Australia, New Zealand, Ukraine, Norway, Sweden, Netherlands, Mexico, Iceland, Ireland, Italy, Russia). Additionally, Waller has provided online training on how to deliver evidence-based CBT-T and CBT-ED via telehealth during COVID-19 (British Psychological Society; Academy for Eating Disorders; British Eating Disorder Society).

The NHS has established a national training programme for CBT-ED and CBT-T, based on our research and policy recommendations. NHS England (NHS Improvement and Health Education England) has provided £7m funding for national training for eating disorders, under the new IAPT Severe Mental Health Problems curriculum and core competences [S10]. CBT-ED [R4; R5] and CBT-T [R2; R3] are core therapies in the training, in line with NICE recommendations. A ‘supervise the supervisor’ model will ensure national sustainability. This programme started in

November 2020, and will deliver training of 300-400 clinicians in CBT-ED/CBT-T and associated training for c.160 clinical supervisors. NHS commissioning policy means that eating disorders services receive enhanced funding if they participate in the training.

4. Increase access to therapies for patients

The provision of CBT-ED and CBT-T (based on Sheffield research [R2; R4]) provide wider access to therapies for patients nationally and internationally. The roll out of the new national NHS-funded IAPT curriculum brings these therapies to a further c.15,000-25,000 patients per year in England alone (c.150-250 patients annually in each of c.100 services). Patient experience of CBT-T to date shows positive impacts, high acceptability, and low attrition (c.20%, below the rate of 25-50% for longer therapies). Most importantly, it has strong outcomes, which are comparable with those of therapies that are far longer and more expensive (60% of completers in remission) [S2; R2; R3; R4].

5. Sources to corroborate the impact (indicative maximum of 10 references)

- S1. 2Gether NHS Foundation Trust, Gloucester (2019). *Board Meeting and Public Consultation meeting, 27 March 2019* (p.398-399).
- S2. North West Psychological Professions Network (2019). *CBT-T for non-underweight eating disorders: SYEDA outcomes* (pp.48-66).
- S3. Department of Health (2015). *Annual report of the Chief Medical Officer, 2014. Health of the 51% - Women*. London: Department of Health (p.47).
- S4. National Institute for Health and Care Excellence (2017). *Eating disorders: Recognition and treatment. Full guideline [NG69]*. London: NICE guideline, pp.14-15
- S5. National Institute for Health and Care Excellence (2018). *Eating disorders: Quality standard [QS175]*. London: NICE.
- S6. NHS National Collaborating Centre for Mental Health (2019). *Adult Eating Disorders: community, inpatient and intensive day-patient care. Appendices and helpful resources*. London: NCCMH. (Appendix B, pp.8-9 and Appendix J, p.42)
- S7. Academy for Eating Disorders (2020). *A guide to selecting evidence-based psychological therapies for eating disorders*. Washington, DC: Academy for Eating Disorders.
- S8. Letter of support for CBT-T and CBT-ED research in UK eating disorders service (Southern Health NHS Foundation Trust).
- S9. Letter of support for CBT-T and CBT-ED research in international eating disorders service (Centre for Clinical Interventions, Perth).
- S10. National Health England and NHS Improvement. (2019). *NHS National curriculum for cognitive behavioural therapy for severe mental health problems*. London: NHS England.