Young people’s feedback of individual Cognitive Remediation Therapy in an inpatient eating disorder service: a qualitative study

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Young people’s experience of individual cognitive remediation therapy (CRT) in an inpatient eating disorder service: a qualitative study

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Background

CRT is an intervention that aims to improve cognitive functions (set-shifting; central coherence).

Current literature shows promising results regarding CRT efficacy for AN.

However there is a paucity of studies considering the use of CRT in Young People (YP).
The study

- To explore YP’s experience of the intervention at RWH, London (UK).

- To evaluate what they appreciated, found challenging and learnt during CRT.

- To develop the intervention from a service users’ perspective, tailoring the sessions to the needs of YP.
Rhodes Wood Hospital

*RWH is a specialist treatment centre for children and adolescents aged 6-18 who need hospital treatment for an eating disorder.*

*Currently we have 36 inpatient beds, 24 commissioned by NHS England, 6 additional and 6 private pay.*

*The service treats young people from all over the UK and overseas.*
Sample

- A total of 70 written feedback letters following a cycle of 8 individual CRT sessions.
- All participants were female aged 11 to 17 (M = 14.8; SD=1.6); (WfH %: M=78.1; SD = 7.8, range 63.9-110.1).
- All were sequentially admitted to RWH with a diagnosis of AN (DSM-5).
The intervention

- 8 individual CRT sessions, twice weekly.

- Involving tasks, exercises, games and puzzles.

- Focusing on the improvement of their cognitive flexibility and their ability to look at the ‘big picture’ as opposed to details.

- The structure of CRT was based on CRT Manual developed by Tchanturia (2015); CRT Resource Pack (Lindvall; 2011).
Methods

- Thematic analysis.
- Adopting an inductive approach, driven by the data.
- The analytic process involves a progression from description to interpretation.
- 6 higher-order themes, each with lower-order themes were identified.
Higher-order themes [YP N (%)]

- Engaging aspects of CRT – 36 (51)
- Identifying thinking skills – 34 (48)
- Relevance to real life situations – 9 (12.8)
- Encountering personal challenges – 14 (20)
- Making sense of the rational of CRT – 15 (21.4)
- Suggestions for further improvements 20 (28.5)
Engaging aspects of CRT

“I enjoyed the games and the creative exercise. It gave me a bit of space from everything else.”

They liked

- The games (e.g. Rush Hour; Illusion Tasks).
- Learning more about how their mind worked and their thinking styles.
Identifying thinking skills

“I think the most helpful things was working on my ability to block things out as I have been able to put that into practical use, such as blocking out unhelpful things at the table and focusing on one thing.”

They found it helpful practicing cognitive inhibition skills and find a balance between big picture vs. details.
Relevance to real life situations

“I would like to thank you for your time and support on coping with problems and issues in everyday life outside of the ED, which may apply when I am discharged and face real life again.”

They commented that they applied CRT to their routine, school and work planning.
Encountering personal challenges

“I discovered that I do not like changes, but over the course of CRT I attempted to change small things. Most of them felt weird, but some changes were good and did not make a difference to my daily routine.”

CRT was described as challenging and stimulating especially when they tried to use alternative thinking styles.
Making sense of the rational of the CRT

“I have to admit that I do not feel that the sessions have contributed to my recovery or helped me in relation to any of my struggles, but they have been fun at times...”

Where YP struggled with CRT, they also seem to struggle to engage in other aspects of the programme and relate what they practiced in CRT to their symptoms.
Suggestion for further improvements

“I think that CRT could be improved by having more and longer sessions because they are so much fun. I also think that it would be interesting to do some group as well as individual.”
Summary

- YP reported enjoying CRT.
- They described increased learning about their thinking styles and skills from the activities undertaken during therapy.
- Some participants were able to apply learning outside of therapy and, less frequently to difficulties related to the illness.
- A few struggled to understand the goals of CRT, asking for more information about the purpose.
Discussion

- Results suggest CRT is a useful intervention for YP with AN.
- It could facilitate their engagement in the treatment, while tackling neuropsychological processes underlying psychological symptoms of AN.
- Specific elements of the intervention were perceived as beneficial by YP. Other areas may require adaption.
- This study will allow clinicians to further develop the intervention from a service users’ perspective, tailoring the sessions to the needs of YP.
Limitations and directions for further research

- Further research into the effectiveness will help understand neuropsychological and treatment outcomes for YP.
- More in-depth qualitative research will allow greater insight into YP engagement with the therapy.
- It will also allow differentiation of outcomes and experiences for adolescents and children.
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