

Scaling up training in a leading psychological treatment for eating disorders: The online training of therapists in CBT-E

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Summary

This paper summarises therapist uptake and experience of using a web-based training programme in CBT-E. The highly scalable online training is offered cost-free to therapists, with the hope of increasing worldwide access to evidence-based treatments for people with eating disorders.

Introduction

There is a good evidence base for psychological treatments for eating disorders (Dalle Grave, Calugi, Conti, Doll, & Fairburn, 2013; Fairburn et al., 2009, 2013; Schmidt et al., 2015). Despite this, few people receive evidence-based treatment for eating disorders (Lilienfeld et al., 2013). This is the case in developed countries, and even more so in developing countries (Demyttenaere et al., 2004; Kohn, Saxena, Levav, & Saraceno, 2004).

Given that eating disorders are one of the most common mental health problems, with high mortality risks, the Public Administration and Constitutional Affairs Committee (2019) report, Ignoring the alarms follow-up: Too many avoidable deaths

from eating disorders, called on societies to take the provision of effective treatments for eating disorders seriously. Within this context there are various guidance documents and initiatives in England to address the training needs of the workforce in eating disorders services (e.g. Maudsley Learning, 2021; National Collaborating Centre for Mental Health, 2019; NHS England, 2019a, 2019b, 2019c).

A major barrier to receiving evidence-based treatment is the way that therapists are trained (Kazdin, 2017). Traditionally, training involves the therapist attending a workshop delivered by an expert in a specific psychological treatment, where the expert presents an overview of the intervention and its procedures. This can be resource intensive and expensive, as there may be large delegate workshop fees and travel expenses. Further, there are a limited number of experts who are available, or sufficiently experienced, to give workshops in certain specific treatments. In order to overcome these barriers that prevent patients from receiving evidence-based psychological treatment for eating disorders, The Centre for Research on Eating Disorders at Oxford (CREDO) developed an innovative and scalable web-based training programme (Fairburn & Cooper, 2011). The programme teaches therapists how to implement enhanced cognitive behaviour therapy (CBT-E). CBT-E is a National Institute for Health and Care Excellence (NICE, 2017) recommended treatment that can be used to treat individuals with all eating disorder diagnoses (Fairburn, Cooper, & Shafran, 2003).

Research to evaluate the web-based training has found it to be popular, effective and highly scalable (Cooper et al., 2017; Fairburn, Allen, Bailey-Straebl, O'Connor, & Cooper, 2017; O'Connor, Morgan, Bailey-Straebl, Fairburn, & Cooper, 2018). It

provides a means of simultaneously training almost unlimited numbers of geographically dispersed therapists at low cost, thereby overcoming several obstacles to the delivery of evidence-based psychological treatments. Further, it supports the NHS Long Term Plan goal of providing digitally enabled care (NHS England, 2019b).

The web-based training in CBT-E is now available cost-free to any eligible therapist who wants to receive training. Therefore, the aim of this research was to conduct an audit of the uptake and usefulness of the training over two years.

Methods

Participants

Therapists were eligible for the web-based training if they had already received training in the delivery of short-term psychological treatments; were working with patients with eating disorders; and were able to recruit one or more suitable training cases prior to starting the training.

Procedure

Eligible therapists contacted the team via email to declare their interest in the training. After an eligibility check, an account was created for the therapist. The therapist was asked to complete a brief survey before their account became active. This included demographic information and asked about professional background and experience.

Therapists were then provided with ongoing access to the web-based training at no cost.

After completing the core training modules, therapists were asked to email the team to request access to additional modules (see below). Before being given access to the additional modules, therapists were asked to complete another brief survey that asked about usability and experience of the training.

The Web-Based Training

The web-based training has been described in detail in previous research (Fairburn et al., 2017). It centres on the use of a specially designed interactive training website, which incorporates features to help trainees grasp key concepts and master the main procedures.

It has two main parts, The Course and The Library. The Course provides a linear, detailed and practical detailed description of how to implement the main focused form of CBT-E. The training consists of video-based modules that include a description of the topic concerned, accompanied by clinical illustrations, role-plays, learning exercises and handouts. The total length of The Course is approximately 10 hours and it is designed to be completed over a period of around six months, which is the time needed to treat a suitable patient.

The Library provides supplementary information about how to treat subgroups of patients using CBT-E, such as younger patients, underweight patients, and those who would benefit from using the broader modules.

Results were analysed using descriptive statistics and were broken down by financial year.

The research was judged to not require formal ethical approval from the Oxford Central University Research Ethics Committee.

Results

During the study period, from April 2018 to March 2020, 1,198 therapists commenced the web-based training in CBT-E. There were 588 new registrations in Year 1 (April 2018 to March 2019), and 610 in Year 2 (April 2019 to March 2020).

Approximately a third of therapists were working in the NHS (Y1: 197, 34%; Y2: 229, 38%). That included therapists from 41 different NHS trusts, spread across England, Scotland and Wales.

There was a large international interest in the training; therapists from 39 countries on 6 continents commenced the training over the two-year period. Therapists reported that they delivered CBT-E in 18 different languages. The highest number of trainees were from the United Kingdom (497, 40%), followed by the USA (157, 13%), Australia (108, 9%), Ireland (105, 9%), and the Netherlands (86, 7%).

The end-of-training feedback survey was completed by 165 therapists across the two years (Y1: 55; Y2:110). There was very positive feedback in both years of the

training. Nearly all respondents reported finding the training “very helpful” or “moderately helpful” (Y1:100%; Y2: 99%) and reported that they would recommend the training to other clinicians (Y1: 98%; Y2: 94%). Further, in both years the vast majority of trainees reported the website to be “very easy to use” or “moderately easy to use” (Year 1: 96%; Year 2: 98%).

There was also the option to leave qualitative feedback. Most of which was overwhelmingly positive. For example:

“I thought it was excellent. Really clear - good examples - showed you how to carry out activities. I learned a lot - which I can also generalise into my normal practice, not just with eating disorders”

“This training has helped me to grow as a clinician and helped me with my clients a great deal. I know it will positively affect my practice going forward and help to transform many lives. Thank you so much for offering this.”

There was also some feedback relating to areas of improvement. The main themes were to add more content, for example further clinical demonstrations for complex cases; the addition of summary versions of the videos, for users who were already familiar with the treatment; and there was the suggestion to present the training in other languages.

Discussion

The web-based training has provided a way of allowing over 1,000 geographically dispersed therapists to access standardised and evidence-based training in CBT-E over the two-year study period. This suggests the web-based training can help to reduce the evidence-base to treatment gap in the psychological treatment of eating disorders.

Demand for training has remained consistent and high over the study period. A large number of NHS therapists from a wide range of trusts have accessed the training, indicating that it is helping patients across the country to access an evidence-based treatment. Further, there has been a large international demand, where the training has supported therapists to deliver CBT-E in many non-English speaking countries. This suggests the web-based training has the potential to facilitate access to treatment for eating disorders in places where trained therapist are usually lacking, which can reduce the evidence-base to treatment gap in developing countries. Further, free training removes the cost and travel barriers that prevent many therapists from accessing evidence-based training. Web-based CBT-E training is therefore ideally suited to address the training needs of therapists during COVID-19, and in a post-pandemic world where online training is likely to become part of the norm.

The feedback from therapists about the usability and experience of the web-based training was overwhelmingly positive. Although, it did highlight some areas for improvement to the web-based training, such as adding further content for complex cases. There were multiple requests to translate the training into other languages to help to expand the reach of the training and support more global access.

The findings from the study should be considered in light of the fact that a relatively small proportion of therapists completed our end-of-training feedback survey. This is most likely because the survey is only sent out to therapists who contact us to let us know that they have completed the training and would like access to the supplementary training modules. We may be able to improve this rate of response in the future.

It should also be noted that demand for the training has exceeded expectations and resource capacity, meaning that there is typically a delay in therapists obtaining access. Therefore, even though the training is available for free, there are administrative and web-hosting costs that need to be considered as the project continues. Second, even though the training of therapists is scalable, other aspects of it are not, for example supervision. Trainees may be lacking an experienced supervisor in their existing setting, which may limit their ability to learn and deliver the treatment effectively. Unfortunately, supervision is not as scalable as training, therefore it is an area that requires future consideration. However, previous research of the web-based training has found that it increased objective clinical competence in CBT-E in a variety of real world clinical settings, where supervision arrangements varied (Cooper et al., 2017; Fairburn et al., 2017).

Implications

In conclusion, international eating disorder therapists are continuing to make use of the training and are reporting it is beneficial to their practice. In the current world,

scalable and remote training is more vital than ever. Web-based training can overcome major obstacles and help to ensure that more patients across the world will be able to access an evidence-based treatment.

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