



## Peer Coaching: Engaging in a relationship beyond ED

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## Context

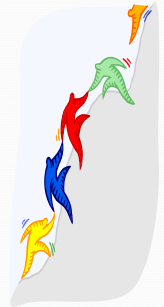
- Newly funded Eating Disorders Service in South Western Ontario – London Health Sciences Centre/WOTCH
- Treatment Team consists of
  - Psychiatrist, Psychologist, Nurse Practitioners, Social Workers, Nurses, Mental Health Workers and Recreational Therapist
- Assessments started in July 2012
- Outpatient Groups started August 2012
- Procured space for program starting November 2012
- Day Treatment to commence January 2014
- Residential Services - space, staff and program 2013

## Back Ground

- Response to treatment of eating disorders continues to be a challenge
- Recovery rates varying between 25-70% with adolescents showing the most encouraging response rates (Guarda, 2007)
- Treatment drop out rates remain a high

## Engagement Interventions

- clinicians continue to seek interventions that support:
  - Engagement in treatment
  - Commitment to behavioural change
  - Strategies to keep individuals in treatment



## Bolstering rates of improvement

- Tapping into the circle of support
- Family based therapy (Eisler et al., 1997)
- Spouse assisted group had improved outcomes compared with individual control group (Barlow, 1984)
- Challenges or barriers to these options:
  - Illness effectively isolates people
  - Loss of social network
  - Resource intensive
  - Not everyone has family in their circle of support

## Consumer led initiatives

- Recovery from addiction – model of recovered individual paired with an individual starting their sobriety
- Self-Help Groups
- Consumer Groups
  - Mutual support
  - Firsthand knowledge of the experience
  - Credibility as role models

## Peer Support Models

- Fibromyalgia - reconstruction of identity, illness acceptance and improved coping, in person support (Sallinen et al., 2011)
- Depression – BDI scores improved, decreased hospital admitt/stays, measures of disability, quality of life and psychological health also improved via peer telephone support (Sledge et al., 2011).
- Diabetes Control – decreased HbA1c (8 started insulin tx) compared with NCM control (Heisler et al., 2010).

**METHOD:**  
Prospective  
naturalistic design

**Hypothesis:**  
That helping and receiving help from other ED clients will decrease drop out rates and pre/post measures on peer coaching questionnaire will improve.



## Measures:

- Day Treatment Group Drop out rates
- Peer Coaching Questionnaire (Pre/Post)
- EDI – 2
- Patient Satisfaction Questionnaire

## Peer Coaching

- Clients attending Day Treatment (DT) will be educated and supported with the process of peer coaching at the outset of group treatment
- Assigned to peer coaching dyad as they commence DT
- Asked to support each other at least once within DT time or by telephone each week to support the other person in completing homework, symptom change and the spirit of “moving forward”



## Peer Coaching Model

- **Training:** Clients will receive written and verbal directions in “how to be a peer coach” and the “do’s and don’ts” of coaching
- Moving forward
- Doing the “tough” stuff
- Listening
- Coached by DT staff for difficulties within the relationship
- Feedback
- Pushing the experiment
- Positive support

## Peer Coaching – Don’ts

- Be my “mini-doc or therapist”
- Nag me
- Dump on me
- Call me if you’re in crisis or suicidal
- Overwhelm me with advice
- Break confidentiality – beyond the boundaries of DT team and group

## Peer Coaching – Do's

- Call me at the established times and in designated group time
- Be genuine and sincere
- Give me feedback & encouragement
- Give me helpful suggestions
- Help me to break it down
- “cheer” me on with my success

## Peer Coaching Relationship



- Make it work for you
- See it as part of your ongoing homework
- Build skills in working at a positive relationship

## Pre and Post Questionnaire

- I believe the peer coaching will assist me to further meet my goals.
- I think I will be a good peer coach.
- I believe being a peer coach will cause me to be more discouraged.
- Being a peer coach will have a positive impact on my symptoms.

## What are the potential gains of peer coaching?

- Faster engagement with the group
- Improved retention in treatment
- Improved homework completion
- Improvement in symptoms

## RESULTS?

- Data collection to start soon.
- Stay Tuned!
  - QUESTIONS
  - COMMENTS
  - INPUT WELCOMED



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