

Emerging adulthood and identity development in eating disorders

Learning from FREED (First Episode Rapid Early Intervention for Eating Disorders) and MANTRA (Maudsley Model of Anorexia Nervosa Treatment for Adults)

South London and Maudsley NHS Foundation Trust
NHS
Dr Karina Allen
 Eating Disorders Service, South London and Maudsley NHS Foundation Trust
 Centre for Research in Eating and Weight Disorders, Institute of Psychiatry, Psychology and Neuroscience, King's College London

1

Overview

- What is emerging adulthood?
- Why does it matter in eating disorders?
- How do we consider emerging adulthood and identity development in evidence-based eating disorder treatment?

2

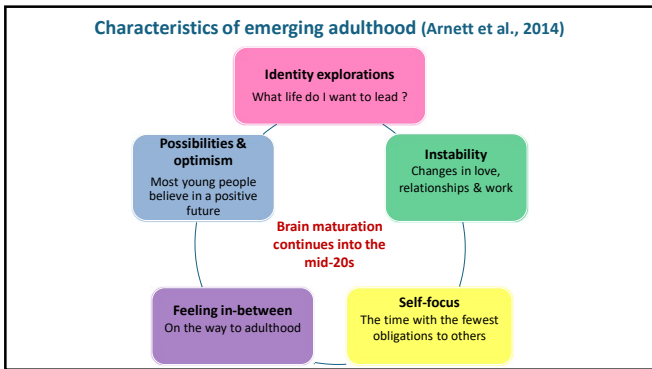
Overview

- What is emerging adulthood?
- Why does it matter in eating disorders?
- How do we consider emerging adulthood and identity development in evidence-based eating disorder treatment?

3

Developmental period ~ age 18 to 25 years
 Distinct in terms of demographic characteristics, subjective experiences, and identity formation and exploration

4




5

“I would there no age between ten and three-and-twenty, or that youth would sleep out the rest; for there is nothing in the between but getting wenches with child, wronging the ancientry, stealing, fighting.”

A Winter's Tale, Shakespeare, 1623

6



“The imagination of a boy is healthy, and the mature imagination of a man is healthy; but there is a space of life between, in which the soul is in a ferment, the character undecided, the way of life uncertain, the ambition thick-sighted; thence proceeds mawkishness.”

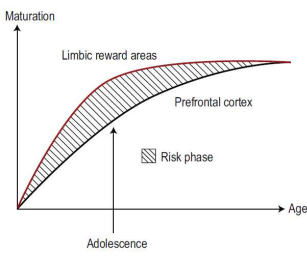
John Keats

7

A quick poll...

8

The maturation processes of subcortical & prefrontal brain areas lead to an imbalance of neural networks in adolescence and emerging adulthood



This applies to prefrontal cortex development *and* connections between the prefrontal cortex and subcortical structures

Casey et al. (2008), Annals of the NY Academy of Sciences

9

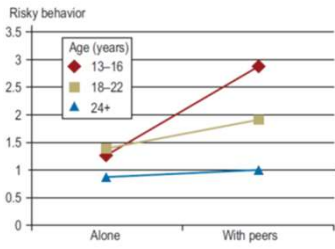
The developing brain - challenges

- Risky decision making is more likely to occur in adolescence and emerging adulthood than in childhood or adulthood
- Heightened by personal situations and the presence of peers
- Influenced by (altered) risk evaluation and emotional reactivity, rather than impulsivity per se
- Reward processing favours immediate over delayed rewards

(Casey et al., 2008; Gardner & Steinberg, 2005; Riedijk & Harakeh, 2018)

10

Influence of peers on risky behaviour (driving simulation)



Age (years)	Alone	With peers
13-16	~1.2	~2.8
18-22	~1.3	~1.8
24+	~0.9	~1.0

Gardner & Steinberg (2005), Developmental Psychology

11

The developing brain - strengths

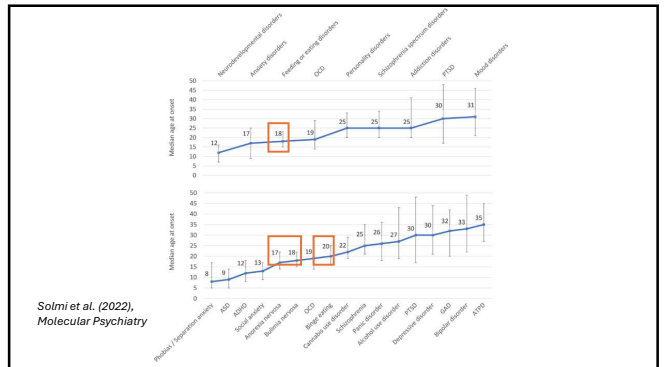
- A developmental period that is “wired for innovation” (Dougherty & Clarke, 2017)
 - Collaborative, creative and curious
 - Willing to experiment, take action and take risks
- Identity synthesis is a positive and protective part of emerging adulthood
 - Commitment to a set of identities with integration into one’s sense of self

12

Overview

- What is emerging adulthood?
- Why does it matter in eating disorders?
- How do we consider emerging adulthood and identity development in evidence-based eating disorder treatment?

13



14

The developing brain

15

Journal of Eating Disorders

“I’m not a teenager, I’m 22. Why can’t I snap out of it?”: a qualitative exploration of seeking help for a first-episode eating disorder during emerging adulthood

Rachel Potvin^{1*}, Amelia Austin², Karina Allen³, Vanessa Lippman⁴ and Ulrike Schmidt^{1*}

Abstract
 Background: Eating disorders (EDs) typically have their onset during adolescence or the transition to adulthood. Emerging adulthood (18–29 years) is a developmental phase which conceptually merges with adolescence but also has unique characteristics. It is increased independent. Emerging adults tend to come to ED awareness later in life than adolescents, and emerging adulthood unique characteristics may contribute to such delays.
 Objectives: This study aimed to explore attitudes towards ED symptoms, and their implications for help-seeking, amongst emerging adults receiving ED treatment through FRED, an early intervention care pathway.
 Methods: Participants were 14 emerging adults (mean age 20.6 years, SD=2.0) at currently receiving specialist treatment for a first episode, recruited in 3 years (US). Semi-structured interviews relating to experiences of help-seeking were conducted, and data were analysed thematically.
 Results: Symptoms significantly shaped awareness and feelings of isolation from ED because were key emotional phases prior to help-seeking, each of which had distinct implications for help-seeking.
 Conclusions: Emerging adults with first-episode EDs show a distinct set of help-seeking-related challenges and experiences for help-seeking for others help-seeking of transitions self-fulfilling. This research might be used to inform the development and evaluation of interventions which aim to facilitate help-seeking amongst emerging adults with first-episode mental EDs.
 Keywords: Eating disorders, Bulimia nervosa, Anorexia nervosa, Help-seeking, Emerging adulthood

16

- Valued coping**
"I didn't necessarily see it as a problem, it was a way of dealing with anxiety"
- Reappraisal over time**
"At the beginning it felt like a choice...now...I can't help it"
"It starts affecting everything else"
- Stigma**
"It's embarrassing"
- Uncertainty over how to seek help or share difficulties**
"I just couldn't speak about it...I didn't really know what to say"
- Reluctance to involve family**
"I tried very much to handle it by myself"

17

Journal of Youth and Adolescence (2022) 51:16–29

Identity Development and Social-Emotional Disorders During Adolescence and Emerging Adulthood: A Systematic Review and Meta-Analysis

Rachel Potvin^{1*}, Amelia Austin², Lauren Robinson³, Hannah Webb⁴, Karina L. Allen³, Ulrike Schmidt^{1*}

Abstract
 Depression, anxiety and eating disorders (“social-emotional disorders”) are common during adolescence/emerging adulthood, periods of intense identity development. Despite this, there are few reviews of existing research on the relationship between symptoms of these disorders and ongoing identity development. This study systematically reviewed, narratively synthesized and meta-analyzed longitudinal investigations of the relationship between identity synthesis/ confusion and depression, anxiety and eating disorders symptoms during adolescence/emerging adulthood. Three databases (PsychInfo, Medline, Embase) were searched. Study quality was systematically appraised, findings were qualitatively synthesized and random-effects meta-analysis. 20 studies (55% “fair” quality, 45% “poor” quality) were identified, including 15,787 participants (54.2% female, mean age = 14.68 years, range 10–29 years). The narrative synthesis found evidence of bidirectional relationships between identity synthesis/confusion and depression, anxiety and eating disorder symptoms. Meta-analysis and meta-expressions of a sub-sample of studies (N = 9) indicated no significant associations between identity synthesis or confusion and anxiety or depression symptoms. More high-quality research is needed before firm conclusions can be drawn.
 Keywords: Identity development • Mental health • Adolescence • Emerging adulthood • Depression • Anxiety

18



How does all of this fit with your experiences?

Any interim reflections / questions?


19

Overview

- What is emerging adulthood?
- Why does it matter in eating disorders?
- How do we consider emerging adulthood and identity development in evidence-based eating disorder treatment?


20

 FREED consists of a **service model** and **care package** that can be integrated into any existing evidence-based eating disorder service



- Designed to be suitable for 16 to 25-year-olds with an eating disorder of up to 3 years duration
- Rapid, person-centred, evidence-based care
- Compatible with any existing evidence-based eating disorder therapy
- FREED is about reducing waiting times for treatment (service model) and tailoring treatment to the specific needs of emerging adults with a recent onset ED (care package)


21


Early intervention = early detection of (emerging) disease, **together with easy undisturbed access to care**, followed **by rapid provision of illness and developmental** stage-specific, proportionate **and personalised** intervention, for as long as necessary and effective **and by services that are inclusive and youth- and family-friendly and span the peak period of onset** (McGorry et al., 2018; Schmidt, 2023).





Prof Pat McGorry

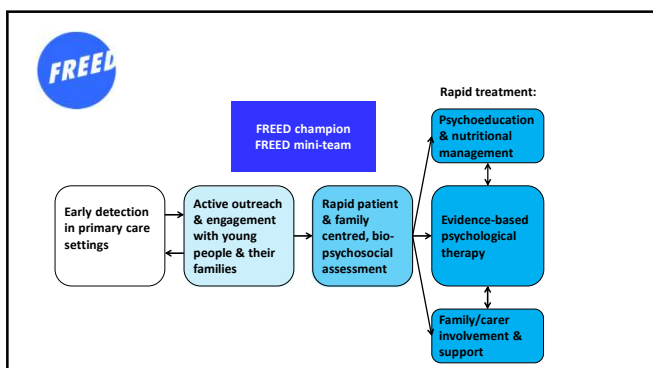




Prof Ulrike Schmidt

22



23

FREED was **informed by research showing that...**

- ED treatment may be **most effective within the first 3 years**
- ED symptoms have neurotoxic effects, which mean that **the brain changes over time** so symptoms become more habitual
- Emerging adults** have unique developmental and treatment needs

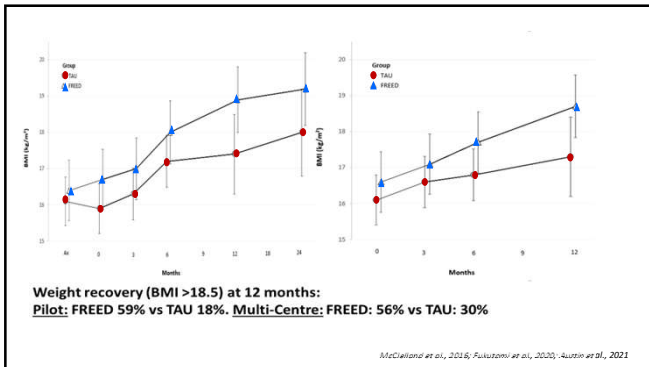
Studies have shown that compared to treatment-as-usual, FREED...

- Reduces waiting times and Duration of Untreated Eating Disorder (DUED)** by 32-40%
- Produces **faster symptom improvements**
- Reduces the need for day- and inpatient care** by 35%
- Fosters **positive engagement** by young people and their families
- Is experienced as **collaborative and person-centred care**
- Offers **cost savings** of £4,400 per patient

Schmidt et al., 2016; Steinglass & Walsh, 2016; Treasure et al., 2015

Allen et al., 2022; Austin et al., 2022; Brown et al., 2018; Flynn et al., 2021; Fukutami et al., 2020; McClelland et al., 2018; Richards et al., 2022

24



25

FREED Care package adaptations

Assessment adaptations:

- Focus on determining eating disorder onset
- Greater emphasis on family involvement
- Exploration of social media / app use
- Provision of personalised, youth-friendly psychoeducation
- Initial goal setting
- Formulation of an initial nutritional care-plan

Treatment adaptations:

- Greater emphasis on family involvement
- Greater emphasis on early change
- Proactive engagement and more flexibility if appropriate
- Continued attention to social media / app use
- Attention to transitions (from child/adolescent services, to university, out of home)
- Attention to emerging adulthood

26

FREED Starting off well

Motivational interviewing style	Information in different formats
Collaborative, curious, compassionate, empathic, affirming, reflective, asking permission	Handouts, diagrams, images, video/podcast links

27

FREED Starting off well

“You may not feel ready to fully recover yet, but what initial steps could we take?”	“You may not want to focus on eating yet, but are there areas of your life you’d like to think about together?”
E.g., Eating more regularly, talking to others about difficulties, trying to manage anxiety in non-ED ways, taking a multi-vitamin...	E.g., Managing emotions, relationships, identity

28

FREED Psychoeducation two ways...

“You know, you’re putting your health at risk by not eating enough. The fact you’re not getting menstrual periods means you’re at risk of osteoporosis in the future.”

29

FREED Psychoeducation two ways...


“Would it be alright if we talked a bit about how weight and bones are related? ...

You might already know that when you’re not getting your menstrual period, this influences your bones. Every month that you don’t have a period is a month where your bones get a bit weaker.

The good news is that you can build bone density until your mid-20s, so there is a window of opportunity to reverse this.”

30

FREED



“...Amy’s explanation of the physiological reason behind bingeing was extremely helpful, as well as her explanation of the body’s need for calories to operate...the brain needing around 500 calories a day to function. Something about this information has really helped me, to the point where I have intentionally eaten more calories on a daily basis ever since, having had this explained to me.”

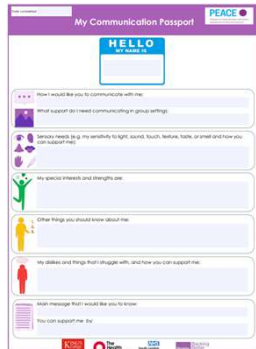
– FREED patient following assessment

31

FREED Starting off well

Communication passport
[\(https://www.peacepathway.org/\)](https://www.peacepathway.org/)


PEACE Pathway for Eating disorders and Autism developed from Clinical Experience



32

FREED Family / close other involvement


- Actively encouraged from outset (e.g., when booking in assessment) and reviewed intermittently
- Developmentally tailored and attuned
- Different ways of approaching involvement
 - Treatment planning
 - Treatment involvement/support
 - Information sharing (psychoeducation, formulation, session summaries)
 - Carer support
 - Ending planning



33

FREED Social media and apps

- Ubiquitous and ever-evolving
- May be perceived as helpful (e.g., recovery blogs, wellness sites) or recognised as problematic (e.g., pro-ED accounts, online comparisons, calorie counting/step tracking)
- Easily missed if not asked about
- Can be a progression from ED-focused use, to recovery-focused use, to less (or social) use
- Educate about algorithms!



34

Does TikTok contribute to eating disorders? A comparison of the TikTok algorithms belonging to individuals with eating disorders versus healthy controls

S.Griffiths, EA.Harris, G.Whithead, F.Angelopoulos. Body Image. 2024. Elsevier

While users with eating disorders were slightly more likely to ... +23 % versus controls), their algorithms were far more likely to ... that the TikTok algorithm might exacerbate eating disorder ...

The dangers of the rabbit hole: Reflections on social media as a portal into a distorted world of edited bodies and eating disorder risk and the role of algorithms

JAHarrop, JA.Evans, JK.Thompson, TL.Tyka. Body Image. 2022. Elsevier

... run TikTok accounts, and they found these accounts quickly tended to rabbit hole users into more niche internet content which was less moderated by TikTok staff ... TikTok sends users ...

Association between engagement with appearance and eating related TikTok content and eating disorder symptoms via recommended content and appearance ...

L.Dordzilo, BE.Bodas. Journal of Eating Disorders. 2024. Wiley Online Library

... the context of TikTok, a video and algorithm based platform ... and/or eating themes, appearance and/or eating hashtags ... Given that TikTok algorithms include indices based on users' ...

TikTok and Eating Disorders: Delineating Directional Associations Between "What I Eat in a Day" Videos and Disordered Eating

SR.Stockard. 2024. Sigmund Freud

... the precision of the TikTok algorithm to pinpoint interests appears to populate personalized "For You" pages with #WEED videos for those in whom the content may be most harmful



35

FREED Transitions

Core to emerging adulthood

Literal: From child/adolescent services, out of school, out of home, to university, to work...

Developmental: Decision-making, relationships, identity...

36



37

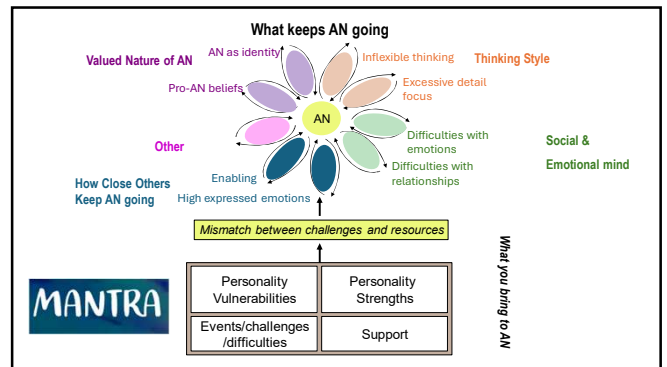
FREE Working creatively

- Adjusting session frequency and timing
- Doing exposure in session / outside the therapy room (eating, body image work...)
- Between-session communication where appropriate
- Using drawing / artwork / objects in addition to traditional talking and worksheets
- Review sessions while at university
- Involving flatmates / friends / work colleagues

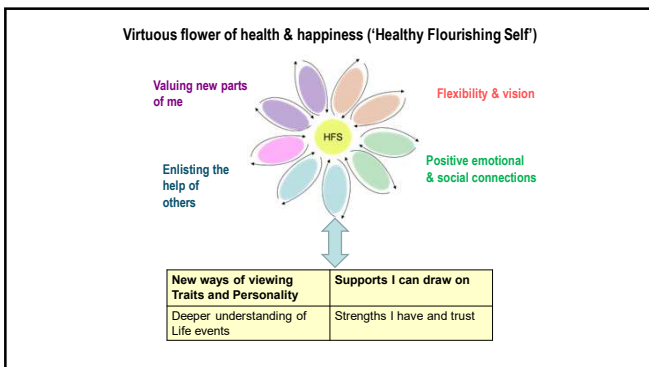
38

If you could redesign your service / practice to optimally suit emerging adults with eating disorders, what would you do?

39



40



41



42


MANTRA evidence base

One of three first-line psychological therapies for anorexia nervosa in adults (NICE, 2017)

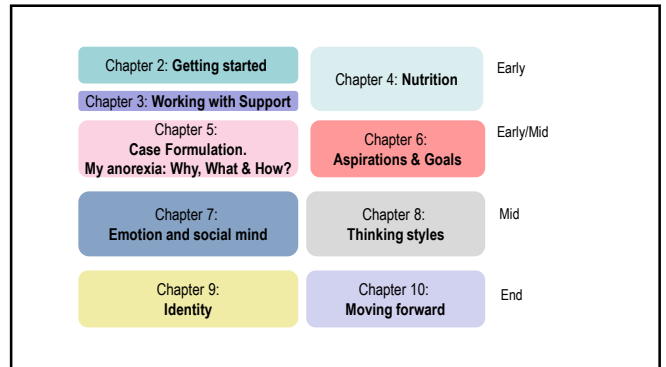
- Comparable efficacy and effectiveness relative to CBT-E and SSCM
- No reliable moderators/mediators identified as yet (we don't know who will do better with MANTRA vs. CBT-E vs. SSCM)

Emerging evidence for use with adolescents (Wittek et al., 2021)

- Comparable to the adult version but with parental involvement systematically planned



43



44

Chapter 2: **Getting started**

*How important is it for you to change?
How confident are you in your ability to change?*

Not at all Very much


0	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Reflection

Why have you given yourself this score, rather than 0 or 10?
 What could enable you to have a higher score?
 What would you notice about yourself if you had a higher score?
 What resources would you have to draw on to get to a higher score?
 Would other people be able to help you get to a higher score?


45

Chapter 2: **Getting started**





46

Chapter 3: **Working with Support**



Living alongside an eating disorder is exhausting
 Common to experience high anxiety and frustration; and to eventually accommodate or enable or withdraw from illness

47

Chapter 4: **Nutrition**

- (Repeated) Assessment of medical risk (weight, bloods, other indicators)
- Patient's & close others' assessment of risk and ability to change
- Motivational interviewing style education about:
 - Daily energy needs for maintaining or gaining weight
 - The consequences of starvation
 - What to eat/healthy eating, bingeing/overeating
- 'A day in the life of my stomach'
- Supports & blocks to safe-guarding nutritional health
- Nutritional change plan

This is woven into the therapy, when possible

Self-monitoring/food diaries are not usually part of the treatment

48

Chapter 7: Emotion and social mind

Relationships in Context

Task:
Place yourself at the centre of the diagram and then add the other people in your life. Include family and friends, people who are alive or dead, people who live near or far. Place people according to how close you feel to them. Now, choose a different colour and do the same task again, but this time think about your relationships were before anorexia started.

Reflection:
What have you learnt from this?
Any surprises?
How have your relationships changed since your anorexia started?

49

Chapter 7: Emotion and social mind

The Hidden Parts of Me

"Anger, jealousy and regret are feelings I regularly feel but do not express them as they are too powerful to share and may be too upsetting for others"

"I... crave reassurance and intimacy, yet fear that it will never happen"

Task:
Set aside some time (max 20 mins) to write about "the things others don't see, hear or notice about me". Write this as a letter to a friend, real or imaginary.

50

Give time in session for them to read the letter
Explore content but also process – what it was like to write it, to read it, to reflect on it
How much of the content had they allowed themselves to think on or share previously?

51

Making emotions work for you

Emotions tell us what we need

- People experiencing sadness need.....
- People experiencing anger need.....
- People experiencing shame need.....
- People experiencing fear need.....
- People experiencing disgust need.....
- People experiencing envy need.....
- People experiencing jealousy need.....
- People experiencing guilt need.....

• When I experienceI need.....

Chapter 7: Emotion and social mind

52

Chapter 8: Thinking styles

- Thinking *about* thinking
- Patients need to be on board with the idea of changing their thinking
- Once they are, there are opportunities to be creative and playful – experiment!

Cognitive Flexibility and Attention to Detail

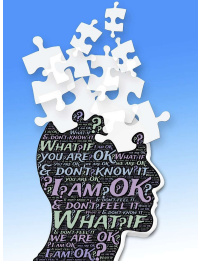
<p>Ordinary people With the 'Oh sod it' factor</p> <p>Global</p> <p>Not such a great combo</p>	<p>High flexibility</p> <p>Positive perfectionism (e.g. the best researchers)</p> <p>++attention to detail</p>
<p>Low flexibility</p>	<p>People with AN OCPD</p> <p>• fear of mistakes • Extreme standards</p>

53

Chapter 9: Identity

54

- Who do I want to be beyond AN?
- What might life look like after AN?
- Who do I want to be around?
- How do I want to spend my time?
- How do I get there?
- Who can help me get there?



55

Developing new ways of being



Which well-known figures, characters from books and films, or friends/family members/acquaintances do you admire?

Who comes to mind when you think of someone who lives life in a meaningful and nourishing way?

Who do you know who can be happy and content, but also accept and tolerate negative emotions?


56

- What are the **qualities and values** of those I admire? How do these link with my previously identified values?
- What do these individuals **do** that you admire?
 - Can you brainstorm the things you used to love but no longer do; or things you've never tried but have always secretly wanted to do?
 - **What would you need to believe about yourself and the world to make these dreams possible?**
 - What **goals** does your Healthy Flourishing Self have for the **next 5 years** (think about interpersonal relationships, career/work, hobbies, health...??)
 - What **rules** will your Healthy Flourishing Self **live by**?
 - Which **people** in your life will allow you to develop?

57

In session:

- Drawing
- Imagery / visualisation
- Chair work



At home:

- Writing
- Letter writing
- Collages (print or digital)
- Drawing/painting
- Shoebboxes
- Photography
- Music / playlists

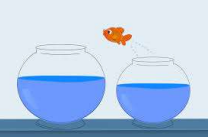
58

Embodying new ways of being

Come to the next session embodying your Healthy Flourishing Self

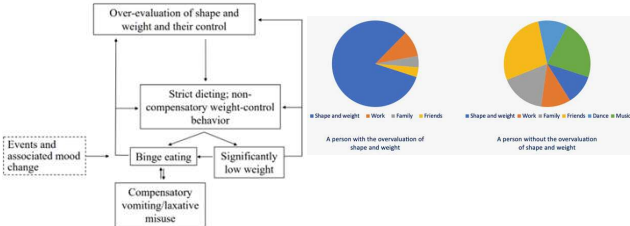
Can we separate out anorexia and your Healthy Flourishing self and hear from each in turn? (Chair work)

Write a letter from the perspective of your future Healthy Flourishing Self:
 A sense of what your life will look like
 Consider how your relationships will look
 How you will manage setbacks
 Consider how your feelings may change over time



59

What about CBT-E (and other treatments)?



The diagram illustrates the cycle of CBT-E (and other treatments). It starts with 'Over-evaluation of shape and weight and their control', which leads to 'Strict dieting: non-compensatory weight-control behavior'. This behavior leads to 'Binge eating', which then leads to 'Compensatory vomiting/laxative misuse'. Both 'Binge eating' and 'Compensatory vomiting/laxative misuse' lead to 'Significantly low weight'. 'Significantly low weight' then leads back to 'Over-evaluation of shape and weight and their control', completing the cycle. The diagram also includes two pie charts: one for 'A person with the overvaluation of shape and weight' and one for 'A person without the overvaluation of shape and weight'. The legend for the pie charts is: Shape and weight (blue), Work (orange), Family (yellow), Friends (green), Dance (purple), Music (pink).

60

Emerging adulthood in CBT-E and other treatments

- Extra attention to motivation (pros/cons of change, letters to/from future recovered vs. ED self)
- Diversifying domains for self-evaluation / identity
- Enlisting support from others where appropriate
- Challenging fears and experimenting with ED rules (leaning on innovation and creativity!)
- Learning to manage emotions differently
- Working on self-esteem / relationships

61

'Sarah'



Sarah is a 23-year-old white cisgender woman presenting for ED treatment for the first time. She is in her final university year.

Over the last 18 months, Sarah's eating has become progressively more restrictive and her exercise has increased. She has lost approximately 15kg. Her flatmates and family became very concerned. They prompted her to see her GP, who referred her for treatment. She is seen through the local team's FREED pathway.

62

At assessment, Sarah relates to many of the features of emerging adulthood. She describes not knowing who she 'really is' or what she wants to do after university. Her degree in history means there are many possible routes and deciding which to take seems 'paralysing'. Sarah also reports feeling like she doesn't fully fit in with her friends, and is embarrassed to have never had a long-term romantic relationship. She found the transition from school to university easy but describes the prospect of finishing uni as terrifying.

Sarah reports being involved with running and swimming since secondary school and says she has always been slim. At the same time, she recognises that things have changed in recent years. She now tracks her steps and exercise obsessively. She reports finding it easier to not eat when she is overwhelmed. She also admits to liking her weight loss even though part of her knows it is not healthy. She knows her friends and family are concerned but hasn't known how to discuss things with them.

Sarah relates to the MANTRA formulation and agrees to trial MANTRA therapy. She did not permit close others to join her assessment but has said this could be explored in therapy.

63

Thinking of what we've discussed today...

How might you tailor MANTRA to Sarah's age and stage – an emerging adult with a recent-onset eating disorder?

How might you support Sarah to explore her identity and Healthy Flourishing self?

64

General reflections / discussion

65

Summary

What is emerging adulthood?

Why does it matter in eating disorders?

How do we consider emerging adulthood and identity development in evidence-based eating disorder treatment?

MANTRA



66

Emerging adulthood is a developmental period highly relevant to those with eating disorders

- Because of when EDs develop; the unique needs of emerging adults; and the potential bi-directional links between identity formation and EDs

FREED is an evidence-based early intervention model designed for emerging adults, but many of the principles can generalise to different services/settings

- E.g., pro-active engagement; attending to the concept of emerging adulthood, transitions, family involvement, social media...

MANTRA may be particularly well suited to emerging adults with AN because of the core focus on motivation and module on identity

- But ideas from MANTRA may also apply in other treatment models

67

Take away reminders

- Emerging adulthood for **engaging and enthusiastic**
- FREED for **flexible and free-ing**
- MANTRA for **motivational and (finding) myself**

68

South London and Maudsley  NHS Foundation Trust **Thank you!** 

karina.allen@slam.nhs.uk / karina.allen@kcl.ac.uk

 Ulrike Schmidt	 Danielle Glennon	 Giulia Di Clemente	 Jess Griffiths	 Ulrike Schmidt	 Janet Treasure
 Katie Richards	 Regan Mills	 Lucy Hyam	 Lucy Gallagher	 Helen Startup	 Mary Franklin-Smith

69