



**BODY
DYSMORPHIC
DISORDER
FOUNDATION**

Structured Support Group Pilot: Evaluation and Impact Report

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Overview

- The Structured Support Group (SSG) Project was initiated in March 2018
- The aim of the SSG project was to increase access to evidence-based, NICE recommended treatment and support
- We also wanted to explore the role of peer support in BDD treatment
- There have been 3 iterations of the pilot project

NICE Guidance (CG31)



Obsessive-compulsive disorder and body dysmorphic disorder: treatment

Clinical guideline [CG31] Published date: 29 November 2005

- 1.5.1.5 Adults with BDD with mild functional impairment should be offered a course of CBT (including ERP) that addresses key features of BDD in individual or group formats. The most appropriate format should be jointly decided by the patient and the healthcare professional.

Implementing NICE Guidance (CG31)

- From our beneficiaries, we know that the reality of accessing NICE recommended support and treatment can be difficult
- The structures of NHS service provision (IAPT, CMHTs, Highly Specialised Services) means that people often ‘fall through the gaps’

Procedure

- **Pilot 1:** face-to-face, 12 weeks, 3 Peer Facilitators, 1 Project Lead
Programme content included 7 modules: 5 based on CBT-BDD Model, 1 on Compassion Focused Therapy (CFT) as well as 1 on recovery focused self-management. 2 weeks were dedicated to introductions/conclusions and 3 were focused solely on ERP Behavioural Experiments
- **Pilot 2:** online (Skype), 20 weeks, 2 Peer Facilitators, 1 Project Lead
Programme content included 20 modules: 8 based on CBT-BDD Model, 4 on Compassion Focused Therapy (CFT) (including self-soothing strategies and personal strengths), 3 on recovery focused self-management and 1 on the role of perfectionism. 4 weeks were dedicated to consolidating module knowledge and assessing confidence with new content. ERP Behavioural Experiments were integrated into the programme from week 7.
- **Pilot 3:** online (Zoom), 20 weeks, 4 Peer Facilitators, 1 Lead Facilitator, 1 Project Lead
Programme content included 20 modules as per Pilot 2.

Training & Supervision

- **Pilot 1:** Project Lead and Peer Facilitators all trained in core principles of CBT-BDD by Dr Rob Willson and Prof David Veale, Project Lead delivers training on group procedures and policies i.e. facilitation skills and safeguarding. Weekly pre/de-brief offered with Project Lead.
- **Pilot 2:** Project Lead and Peer Facilitators all attend CBT-BDD ‘refresher’ training with Dr Rob Willson, Project Lead delivers training on group procedures and policies i.e. facilitation skills and safeguarding. Weekly pre/de-brief offered with Project Lead.
- **Pilot 3:** Project Lead and new Peer Facilitators all attend CBT-BDD training with Dr Rob Willson, Project Lead delivers training on group procedures and policies i.e. facilitation skills and safeguarding. Weekly pre/de-brief offered with Lead Facilitator and monthly supervisions with Project Lead.

Participants

- Pilot 1: 6 -> **3** (50% attrition)

Gender: Female – 2; Male – 1

Ethnicity: Caucasian (3)

Age Range: 21 - 46

- Pilot 2: 16 -> **8** (50% attrition)

Gender: Female – 6; Male – 2

Ethnicity: Caucasian (5); Black British (2); British Asian (1)

Age Range: 18 – 62 years old

- Pilot 3: 34 -> **23** (32% attrition)

Gender: Female – 19; Male – 4

Ethnicity: Caucasian (20); Black British (2); Black Latina (1);

Age Range: 19- 48 years old

Data collection

- **Pilot 1:** Weekly AAI, + pre-/post-intervention BIQ
- **Pilot 2:** Weekly AAI, + individual goal setting and review pre-/post-intervention
- **Pilot 3:** Weekly AAI, + qualitative survey post-intervention

Data analysis: Quantitative (Pilots 2&3*)

**Quantitative results from pilot 1 not included due to shorter programme*

<u>Timepoint</u>	<u>N</u>	<u>AAI Score:</u> <u>M(SD)</u>
Baseline (Week 1)	27	29.3 (5.7)
Mid-point (Week 10)	12	18.16 (6.8)
Post-intervention (Week 20)	13	14.6 (7.1)
Follow-up (Week 26)	11	14.5(5.2)

Data analysis: Qualitative themes (Pilots 1, 2 & 3)

- **Reduction in BDD symptomology**
 - *Increased quality of life*
- **Looking forward to the future**
 - *Peer support*
- **Sharing common experiences**

Data analysis: Qualitative examples (Pilots 1, 2 & 3)

- *“Excellent course which has helped me enormously. My heartfelt gratitude to the people who devised the course, the facilitators and the other participants.”*
- *“The group was amazing to help me see that I am not alone, to gain perspective on how BDD affects my day to day life and to find compassion for myself and the group for how it impacts us, daily. This I found to be the most powerful element of the group and course content”*
- *“It’s given me hope – things can improve”*
- *“I’ve struggled with intimacy for a long time, but now I’ve made significant progress with my relationship – I’ve even become engaged which I previously believed I was not worthy of”*
- *“Because I love myself more, I’m more compassionate to other people – including my daughter – which means our relationship has improved”*
- *“Extremely helpful, structure was excellent and the sessions were invaluable to have input from those with lived experience of recovery and those going through similar experiences”*

Data analysis: Qualitative examples continued...

- *“Speaking to people who not only understand but are on the other side of their treatment made me feel hopeful and like part of a community.”*
- *“It just makes such a difference to be able to see that recovery is possible and to have the benefit of input from someone who has come across the same issues/cynicisms on their recovery journey. It drives it home that it IS something that can be achieved.”*
- *“I feel that I have achieved my short term goals most days, or at least gained the knowledge I need to achieve them. I am actively using the cbt tools to help achieve my medium & long-term goals.”*
- *“To a large extent the programme helped me to achieve some of my goals, there are still many areas of difficulty but I feel equipped now to tackle them in my own time when it feels right to.”*
- *“Considerably better, I can walk around and take public transport without feeling stressed/hot/panicky about my appearance and when I recognise the feelings try to knock at the door I know how best to handle them.”*
- *“It is so reassuring to hear how other people have dealt with their BDD and how they have been able to manage it. And it gives me the strength to know I can do this too.”*

Peer Facilitator Feedback:

“I found facilitating the groups to be a hugely valuable experience. The training we received was comprehensive and extensive, and put us in good stead for facilitating (speaking as someone with minimal experience)! Though some weeks could be challenging for participants, as the programme progressed, I felt that everyone became more open and frank with how they found the more difficult subjects. Being a facilitator has had a positive impact on my own mental health and perception of body image. Working through the 20 week programme encouraged me to confront my own preconceptions and challenge myself about my own thought process, which I found to be an incredibly valuable experience.”

Peer Facilitator Feedback:

“I found volunteering for the CBT-BDD groups to be such an invaluable opportunity to provide some much-needed support for people living with such an unfortunately unknown yet debilitating condition. Being able to see so many people make progress with their BDD was arguably one of the most rewarding things I've ever done. The programme also allowed me to identify my own safety behaviours and unhelpful thinking styles and provided me with the tools to tackle these in my day-to-day life. Volunteering has definitely had a positive impact on my mental wellbeing and I would recommend it to anyone who was thinking about signing-up.”

Peer Facilitator Feedback:

“Last time round, I found facilitating the groups to be positive for my own mental health and BDD. It feels good to be able to help others going through something I truly understand and can empathise with. I also find it empowering to turn a very negative experience into a means of helping others. It was challenging at times, as it can inevitably bring up difficult emotions or personal memories. Overall, I loved getting to know the participants and being part of their journey. I also developed my own facilitation skills and knowledge around BDD in others.”

Conclusions

- CBT-BDD Online programme is effective in improving BDD symptomology – and effects seem to be maintained 6 weeks post-intervention
- Secondary outcomes include: Improved quality of life and improved social-emotional functioning
- Peer support is beneficial both for the participants of the group **and** the peer facilitators

Funding

- The cost for running the 20 week CBT-BDD Online Group Programme is: **£2,932.31**
- These costs can be broken down into: remuneration for 6 months for the Project Lead (**£1,633.98**) plus 6 weeks of reporting and evaluation (**£338.33**), as well as 5 months for the Lead Facilitator (**£960**)
- A place for one participant on the 20 week CBT-BDD Online Group Programme is valued at: **£84**

The future of the project

- Subject to funding,
- Increase referrals from specialist services for step-down/re-referrals/waitlist i.e. St George's, the Maudsley
- Be the 'go-to' waitlist intervention – especially given pandemic related strain on statutory services
- Help more people with BDD access evidence-based treatment – in an environment where online support is ever more acceptable due to the pandemic.
- Improve uptake from ethnically diverse participants – learn from the Maudsley's work with OCD
- Participants have established a user-led zoom group – scope to collaborate with the BDD Foundation to provide monthly CBT professional support