PEACE PATHWAY CONFERENCE · 20 MAY 2026

From Listening *to Innovation*

A patient-informed pathway from sensory inquiry to clinical application

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listen → calibrate → build

PEACE Pathway for Eating disorders and Autism developed from Clinical Experience

NHS South London and Maudsley NHS Foundation Trust

King's College London

ONE KING'S IMPACT

UKRI Engineering and Physical Sciences Research Council

Medical Research Foundation

NIHR Maudsley Biomedical Research Centre

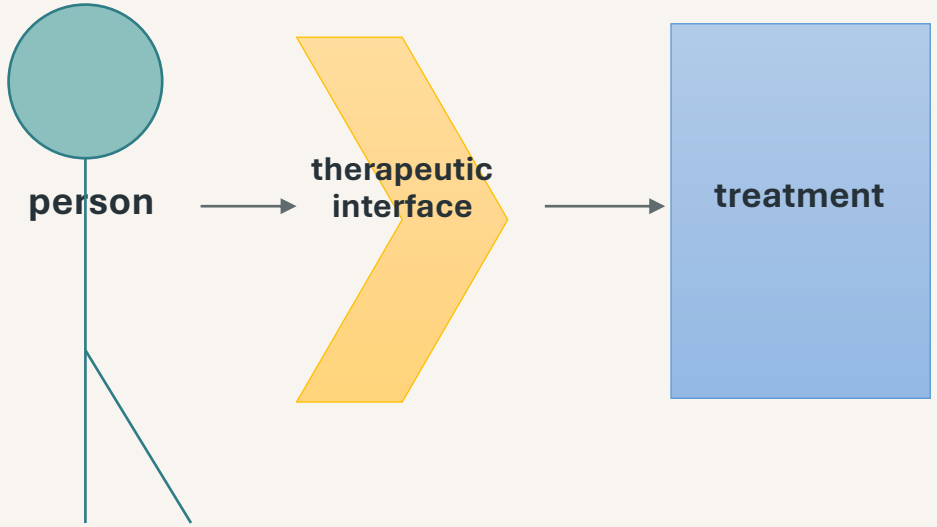
Maudsley Charity Backing Better Mental Health.

Treatment is experienced through conditions

The “content” of treatment is only one part of the encounter

When a neurodivergent individual enters treatment, they also encounter:

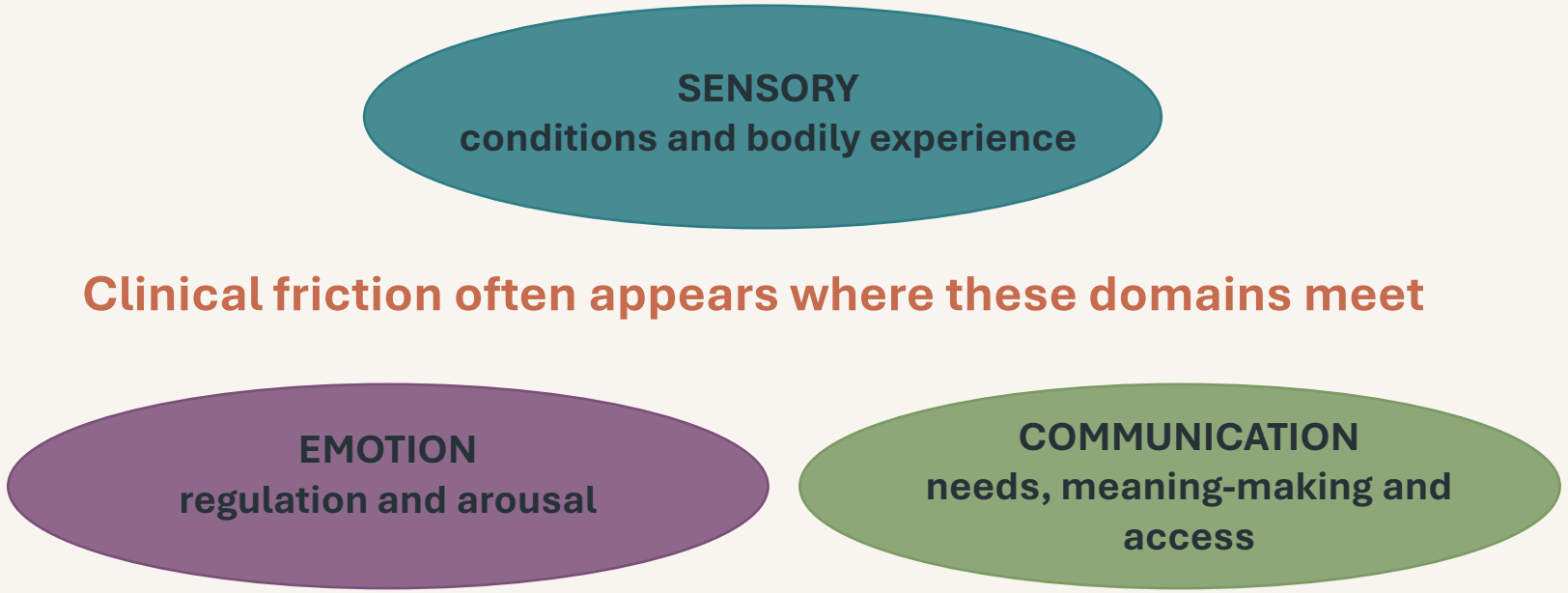
- **sensory conditions** — lighting, sound, texture, smell, temperature
- **communication format** — spoken, written, visual, group, one-to-one
- **pace and rules** — waiting, transitions, uncertainty, safety protocols
- **regulatory demands** — how distress is expected to be managed



Calibration = Changing the Interface

Sensory experience is embedded within emotional and communicative processes

In PEACE research, sensory experience repeatedly intersects with emotion regulation and communication



Sensory input can amplify distress and shape eating-related avoidance

Regulation may need embodied, in-the-moment supports, not only verbal strategies

Communication tools make invisible needs visible and reduce cognitive load

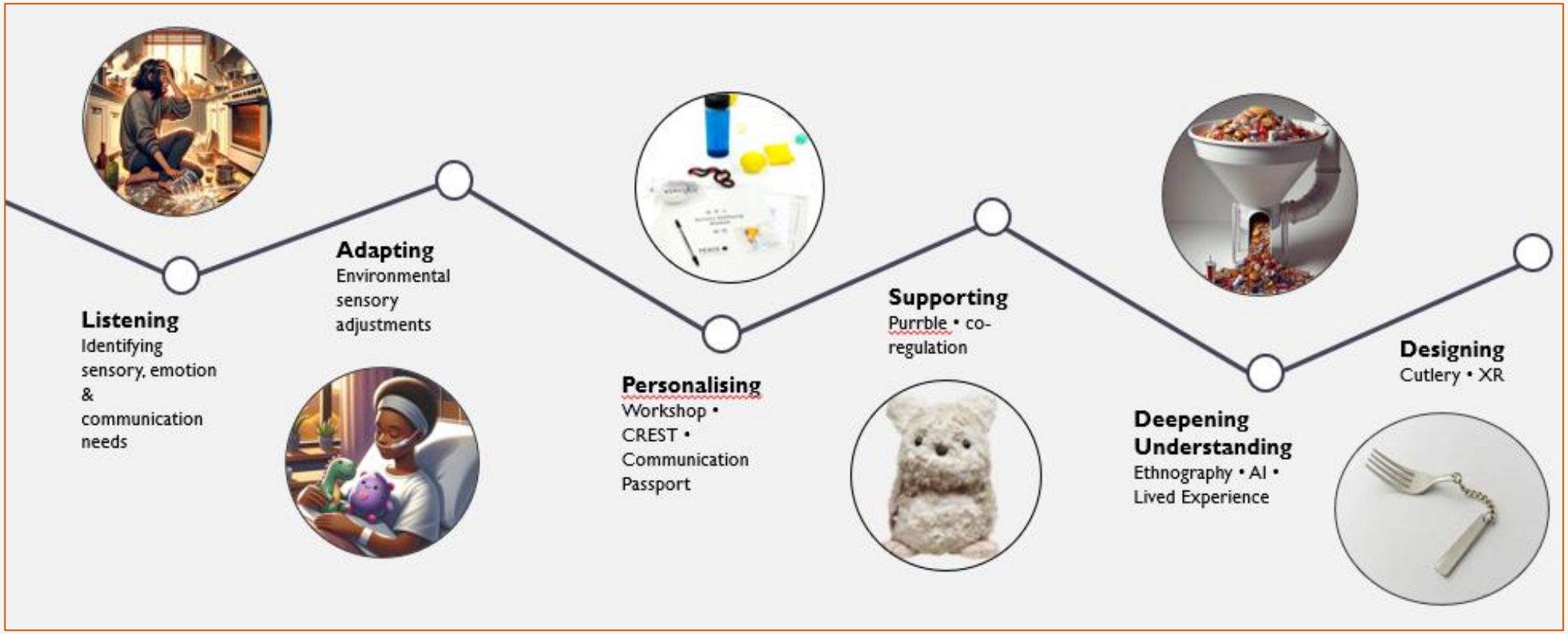
Evidence base: sensory workshop; communication passport; Purrble studies; AI-assisted visual elicitation.

PEACE: from adaptation to calibration

PEACE website

Implementation paper

A neurodivergent-informed research and implementation framework



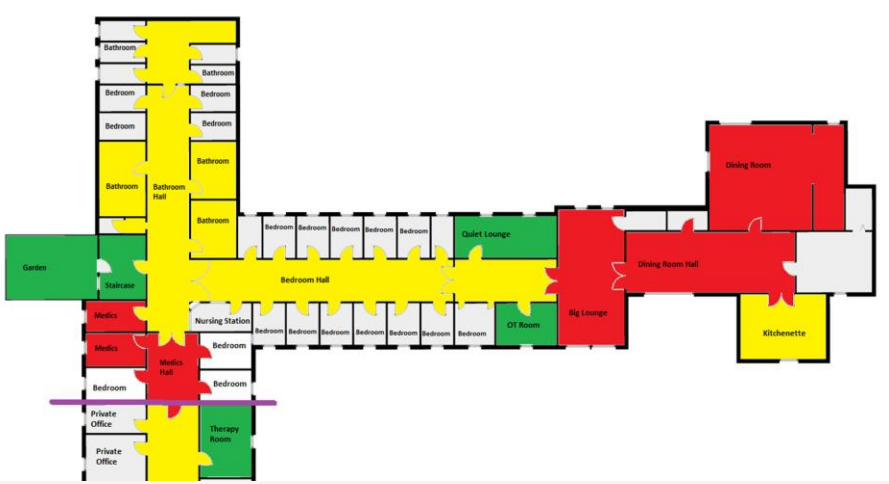
LISTENING ADAPTING PERSONALISING SUPPORTING DEEPENING DESIGNING

Assessment	Communication	Sensory	Nutrition	Lived Experience	Staff Learning

Sensory work operates across multiple implementation domains rather than as a standalone intervention.

Listening and adapting: the sensory landscape of treatment

The ward is not a neutral backdrop - it can regulate, overwhelm or trap



Mapping spaces by sensory feel

What patient listening showed

Entrapment — locked doors, keys, observation cues and spatial restriction could amplify loss of agency

Ambivalence — the same environment could feel protective and threatening

Sensory islands — soothing spaces existed, but often as isolated pockets rather than a coherent journey



Dual Nature of Snow Leopard



Velvet Cushion of Discomfort



Sticky Rubber Ball of Struggles



Cracked Gray Square



Trapped Body in a Small Space



Isolated Blue Sphere



Bittersweet Cracker with Jam

Practical implication: calibration must be systemic - not only “add a quiet room”, but reduce sensory extremes, transitions and unpredictability

Chubinidze, D., Zesch, E., Sarpong, A., Li, Z., Baillie, C., & Tchanturia, K. (2024). The sensory landscape and embodied experiences in anorexia nervosa treatment: an inpatient sensory ethnography. Journal of Clinical Medicine, 13(23), 7172..

Sensory landscape

Personalising: making needs actionable

Workshop Passport

Two patient-facing tools show how sensory and communication needs become care planning resources

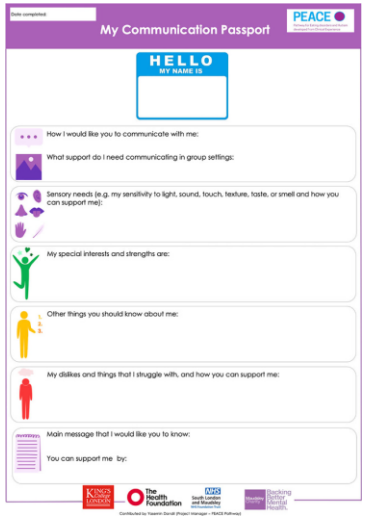
Sensory Wellbeing Workshop

- Psychoeducation about sensory systems and regulation
- Hands-on exploration of materials and sensory items
- Personal sensory self-care kits and take-home strategies
- Online and face-to-face formats both evaluated as useful

regulation learned through doing

Communication Passport

Analysed 38 completed passports to understand preferences, sensory needs, dislikes, support needs, strengths and identity



“Don’t talk to me like I am an illness”

communication as access, not deficit

Li, Z., Chubinidze, D., Croft, P., Webb, J., Sarpong, A., Zesch, E., & Tchanturia, K. (2025). “Don’t talk to me like I am an illness”: exploring patients’ needs using the communication passport in an eating disorder service. neuropsychiatrie, 39(1), 28-35.

Embodied regulation through Purrble

Pilot PTSD study

A socially assistive robot as a sensory-emotional bridge



Socially Assistive Robot with a responsive heartbeat

It supports attentional deployment and response modulation through touch, rhythm and caring-for-the-device

Pilot study
Nutrients 2024

Acceptability and integration into sensory/emotional routines

→

ED + PTSD
PLOS ONE 2025

Nightmares, sensory overload, comfort and emotional isolation

→

Waitlist RCT
EEDR 2026

Feasible; high retention; signal on depression and motivation

Key idea: not a replacement for therapy - an external, embodied regulatory interface that can be used in the moment.

Chubinidze, D., Li, Z., Slovak, P., Baudinet, J., Dufour, E., & Tchanturia, K. (2024). Introducing a smart toy in eating disorder treatment: a pilot study. Nutrients, 16(4), 467.
Chubinidze, D., Li, Z., Croft, P., Nodding, B., Slovak, P., & Tchanturia, K. (2025). "Calming the nightmares": A qualitative study of a socially assistive robot for sensory and emotional support in individuals with eating disorders and PTSD. Plos one, 20(6), e0325469.
Chubinidze, D., Li, Z., Gundogan, A., Allen, K. L., Slovak, P., & Tchanturia, K. (in press). A socially assistive robot for outpatient eating disorder waiting-list support: A mixed-methods feasibility randomised controlled trial. European Eating Disorders Review.

Deepening understanding: from speech to visual-sensory meaning

AI-assisted visual elicitation and sensory reflection for emotion communication

1. Patient describes emotional experience through sensory language
2. Researcher/team translates metaphors into prompts
3. AI generates options for reflection
4. Patient selects, rejects and refines meaning with therapist



Mechanisms we are exploring

- externalising emotions
- embodied emotional resonance
- collaborative meaning-making
- emotional granularity

Ethical frame: AI generates material; the patient curates meaning; the therapist holds the therapeutic frame

AI visual elicitation

Chubinidze, D., Perry, C., & Tchanturia, K. (2025). Artificial intelligence-assisted visual elicitation in anorexia nervosa: Qualitative case studies. neuropsychiatrie, 39(3), 144-154.

Designing everyday interfaces: sensory-friendly cutlery

Small objects can shape comfort and engagement



31 items evaluated through structured sensory object-elicitation workshops

Accepted: Frontiers in Psychiatry

24 participants across four workshops

70% of Top-3 rankings were metal items

0 wooden/paper items in Top-3 rankings

spork consistently rejected as a hybrid form

cutlery as active sensory interface

Practical implication: do not automatically interpret material preferences as eating-disorder rituals.
Hold sensory need and ED risk in parallel

Chubinidze, D., Meyer, A., Makin, L., Sterling, K., & Tchanturia, K. (in press). Exploring sensory aspects of cutlery in neurodivergent-informed eating disorder care. Frontiers in Psychiatry.

Three practical takeaways for services

What can colleagues take back to their own teams?

1

Listen earlier

Screen sensory and communication needs at assessment

2

Externalise needs

Use workshops, passports, objects and visual methods to make embodied experiences shareable

3

Calibrate interfaces

Monitor and adapt sensory conditions, communication formats and regulatory supports

A neurodivergent-informed pathway is not a list of accommodations. ***It is a learning system for calibrating the conditions of care.***

RESOURCES · NEXT DIRECTIONS

Where to find the evidence — and where this work is heading:

Scan for resources

PEACE website

Implementation

Workshop

Passport

Purrble pilot

Purrble PTSD

Sensory landscape

AI visual elicitation

Chubinidze, D., Meyer, A., Makin, L., Sterling, K., & Tchanturia, K. (in press). Exploring sensory aspects of cutlery in neurodivergent-informed eating disorder care. Frontiers in Psychiatry.

Chubinidze, D., Li, Z., Gundogan, A., Allen, K. L., Slovak, P., & Tchanturia, K. (in press). A socially assistive robot for outpatient eating disorder waiting-list support: A mixed-methods feasibility randomised controlled trial. European Eating Disorders Review.

Where we are heading

Cutlery development

moving from first-stage evidence to prototype refinement and testing

Digital / XR dimensions of care

Using digital environments as extensions of physical care to make treatment more attuned to individuals' sensory, regulatory, and communication profiles

Interface calibration

turning patient-informed evidence into design specifications, resources and implementation support

Thank you