ANZAED
AUSTRALIA & NEW ZEALAND
ACADEMY FOR EATING DISORDERS

Clinical practice and training standards for mental health professionals on the treatment of eating disorders

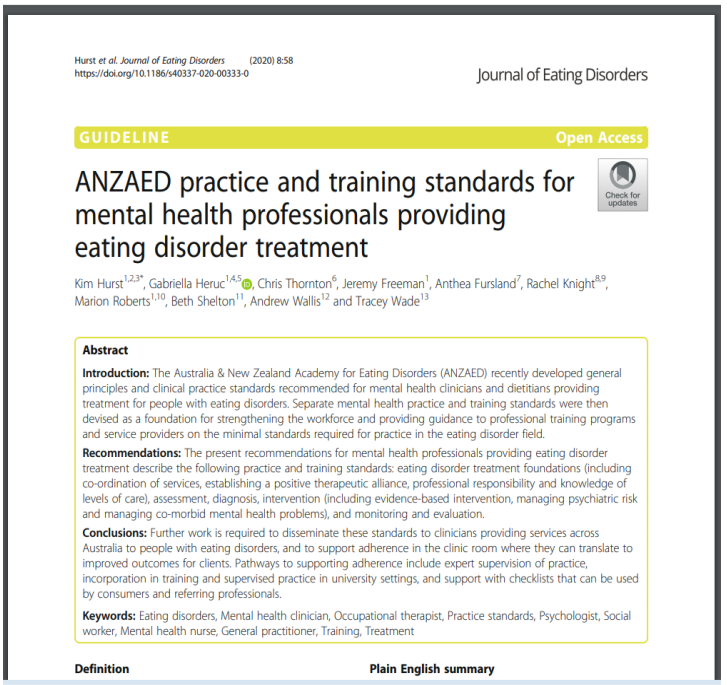
Presenters: Dr Kim Hurst & Dr Andrew Wallis

About ANZAED

- The Australia & New Zealand Academy for Eating Disorders (ANZAED) is the peak body representing and supporting the activities of all professionals working in the field of eating disorders and related issues in prevention, treatment and research
- ANZAED has members from all professional disciplines in New Zealand and all states and territories of Australia.
- Our services are open to members and non-members
- ANZAED and the National Eating Disorders Collaboration (NEDC) are partnering to establish a credentialing system for eating disorder treatment professionals in Australia. Credentialing is a way to recognise professionally qualified clinicians with specific knowledge, training and experience to treat eating disorders
- Visit ANZAED's website at www.anzaed.org.au for further information

ANZAED Membership

- Networking and collaboration
- Access to educational webinars to learn from international and national experts in the field:
  - Free monthly webinars monthly for members
  - Access to library of all past webinar recordings
- Scholarship opportunities
- Reduced registration fees to the ANZAED Autumn Workshop Series; ANZAED Annual Conference and other standalone workshops
- Reduced group online consultation fees
- Free listing in Member Directory



Hurst *et al. Journal of Eating Disorders* (2020) 8:58
https://doi.org/10.1186/s40337-020-00333-0

Journal of Eating Disorders

GUIDELINE Open Access

ANZAED practice and training standards for mental health professionals providing eating disorder treatment

Kim Hurst[1,2,3*], Gabriella Heruc[1,4,5], Chris Thornton[6], Jeremy Freeman[1], Anthea Fursland[7], Rachel Knight[8,9], Marion Roberts[1,10], Beth Shelton[11], Andrew Wallis[12] and Tracey Wade[13]

Abstract

Introduction: The Australia & New Zealand Academy for Eating Disorders (ANZAED) recently developed general principles and clinical practice standards recommended for mental health clinicians and dietitians providing treatment for people with eating disorders. Separate mental health practice and training standards were then devised as a foundation for strengthening the workforce and providing guidance to professional training programs and service providers on the minimal standards required for practice in the eating disorder field.

Recommendations: The present recommendations for mental health professionals providing eating disorder treatment describe the following practice and training standards: eating disorder treatment foundations (including co-ordination of services, establishing a positive therapeutic alliance, professional responsibility and knowledge of levels of care), assessment, diagnosis, intervention (including evidence-based intervention, managing psychiatric risk and managing co-morbid mental health problems), and monitoring and evaluation.

Conclusions: Further work is required to disseminate these standards to clinicians providing services across Australia to people with eating disorders, and to support adherence in the clinic room where they can translate to improved outcomes for clients. Pathways to supporting adherence include expert supervision of practice, incorporation in training and supervised practice in university settings, and support with checklists that can be used by consumers and referring professionals.

Keywords: Eating disorders, Mental health clinician, Occupational therapist, Practice standards, Psychologist, Social worker, Mental health nurse, General practitioner, Training, Treatment

Definition **Plain English summary**

Overview

- Background
- Development of the ANZAED standards
- 9 Mental health-specific clinical practice standards
  - ❖ ED treatment foundations
- Translating training standards into practice
  - ❖ Eating Disorder Clinician Credential (EDCC)
- Q&A

Background

- Eating disorders are severe, complex and often debilitating mental health conditions
- Affecting approximately 16% of adults, 8–15% of adolescents & children as young as 5 years
- EDs are often associated with serious psychological, social & physical complications, poor quality of life, high mortality
- A well-coordinated MDT is often required, placing significant financial burden on individuals, families, services and societies
- To date, tertiary health education programs have provided limited training in eating disorders, and graduates enter the workforce with inadequate skills needed to work in this field
- Patients need the earliest possible access to evidence-based treatment delivered by a competent workforce

Method of development

- 9 MH (Psych, SW, OT) + 8 Dietitian; >10yrs experience within the ED field
- Based on published evidence *(including NEDC Core Competencies)* and clinical experience
- Consultation and review process
  - ✓ANZAED 2019 Conference in Adelaide via a public face-to-face consultation workshop (n = 100)
  - ✓Broader public feedback, via online consultation
  - ✓International expert advisors, professional bodies (various disciplines) and consumer and carer groups also provided edits
  - ✓The National Eating Disorders Collaboration (NEDC) Steering Committee
  - ✓Finally the ANZAED's Executive Committee

Aims

To provide guidance on the important treatment principles and minimum general clinical practice and training standards for mental health and dietetic professionals who provide treatment to individuals with an eating disorder

Mental health-specific clinical practice standards

1. Co-ordination of services
2. Establishing a positive therapeutic alliance
3. Professional responsibility
4. Knowledge of levels of care
5. Mental health assessment
6. MH diagnosis
7. MH intervention
8. Managing risk
9. Monitoring & evaluation

1. Co-ordination of services

- MH clinician needs to understand the significance, importance and role of a MDT in treatment
- Work collaboratively and consistently within their professional scope of practice
- Ensure effective communication between all parties
- Explain the limits of confidentiality
- MH clinician should join with the patient and family (where possible) to establish treatment non-negotiables.

2. Positive Therapeutic Alliance

3. Professional responsibility

Developmentally sensitive family & person centred approach

PD & supervision

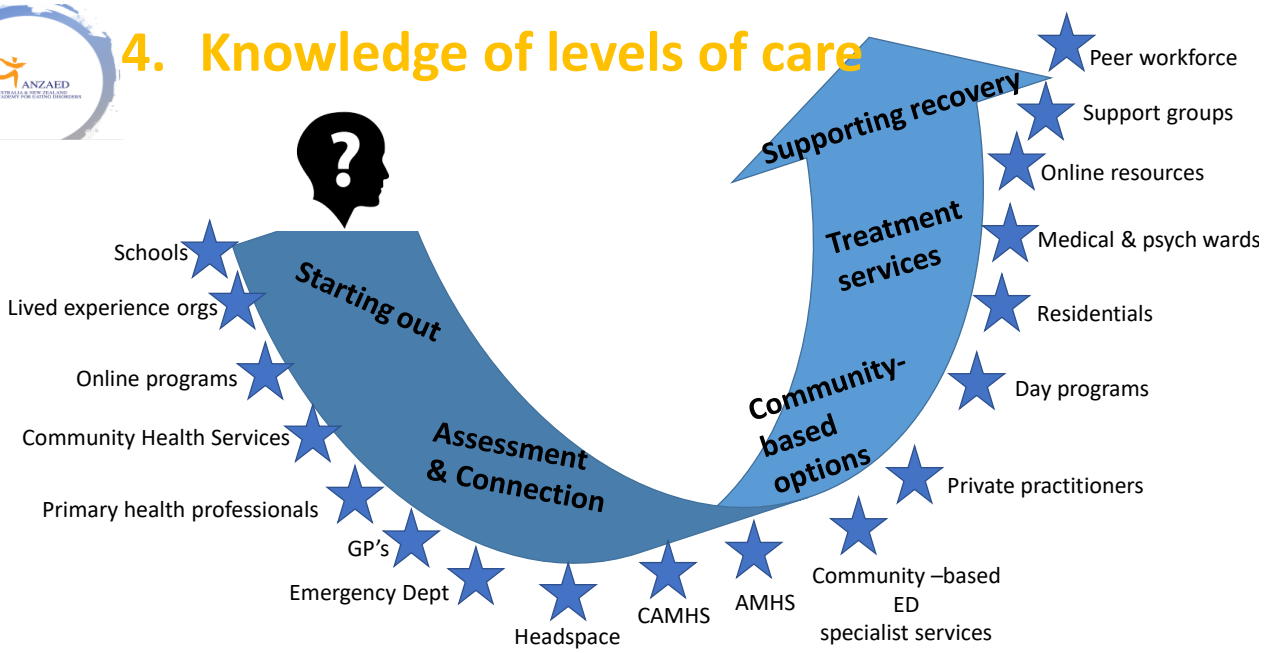
Professional boundaries / scope of practice

Culturally sensitive

Impact of stigma & weight bias

Code of ethics

4. Knowledge of levels of care



5. Mental health assessment

- Confirm or refute diagnosis or diagnoses,
- Explore elements of risk
- Develop a case formulation, which informs the treatment plan and priorities.
- General assessment (e.g. demographics)
- Assess ED symptoms
- Be aware of the impact of nutritional status on mood and anxiety
- Eating behaviours & motivation to change these

- Core manifestations of the ED
- Psychometric assessments
- Psychiatric comorbidity
- Mental state assessment
- Psychosexual functioning
- Maintaining factors
- Medical assessment information
- Body, weight & shape changes
- Strengths & resources for the patient
- Engage significant others

6. Mental Health diagnosis

Categories of Feeding and Eating Disorders in DSM-5

Anorexia nervosa — Characterized by an intense fear of gaining weight or becoming fat and a distorted body image that leads to extreme dieting.

Binge eating disorder — Characterized by recurring episodes of eating large amounts of food in a short time and a sense of lack of control over eating during the episodes.

Bulimia nervosa — Marked by frequent binge-eating episodes followed by inappropriate behaviors to avoid weight gain (e.g., self-induced vomiting; misuse of laxatives, diuretics and other medications; fasting; excessive exercise).

Avoidant/restrictive food intake disorder (ARFID) — Persistent failure to meet appropriate nutritional and/or energy needs associated with significant weight loss or failure to gain weight, substantial nutritional deficiency, dependence on enteral feeding and marked interference with psychosocial functioning.

Feeding and eating disorders not otherwise specified — Includes atypical anorexia nervosa (not yet underweight), purging disorder (no binges), subthreshold bulimia nervosa, subthreshold binge eating disorder and night eating syndrome.

- Develop a case formulation including preliminary hypotheses about predisposing, precipitating and maintaining factors
- Noting the individual's strengths and protective factors.
- The case formulation should be based on the evidence-based treatment model being used by the clinician.
- The formulation should be collaboratively co-authored with the patient and significant others if relevant, and form the foundation of treatment.

7. Mental health intervention

Components of effective treatment would usually include:

- ✓ Weighing of the patient at each appointment and sharing that information with them;
- ✓ Reviewing eating and disordered behaviours;
- ✓ Establishing regular eating;
- ✓ Eliminating restrictive eating;
- ✓ Identifying antecedent variables (triggers) to eating disorder behaviour;
- ✓ Working with families or significant others to support the patient towards recovery, in a developmentally appropriate way (for children or adolescents this will include eating disorder-focussed family therapy);
- ✓ Provision of alternative coping strategies to replace the eating disorder – this is likely to involve seeking support and strategies to manage affect and relational triggers;
- ✓ On an ongoing basis, addressing issues of motivation, body image and quality of life.

8. Managing risk & co-occurring MH problems

- Identifying and managing suicidality **is imperative at all levels of care**.
- Risk factors for suicide - previous suicide attempts; deliberate self-harm; substance abuse; comorbid depression; additional mental illness; social isolation; lack of fear of death; access to medication and others means of harm; increased family conflict; thinking that they are a burden; impulsive traits; experiences of trauma (including but not limited to post-traumatic stress disorder); severity of eating disorder and recent rapid weight loss.
- Protective factors (e.g. support networks, positive sense of identity and cultural heritage, effective coping and problem-solving skills) should also be identified.
- If psychiatric risk is identified, clinicians should liaise with the members of the MDT to determine the appropriate course of action (e.g. review by psychiatrist or send the patient to the emergency department for assessment).
- Manage co-occurring mental health diagnoses across the course of treatment - providing concurrent treatment or referring to another professional for follow up and management.

Monitoring & evaluation

- Include a measure of treatment adherence and outcomes using methods that are standardised or of an accepted standard in the field such as monitoring weight, binge-purge frequency, or eating disorder psychopathology with psychometric measures.
- Once therapy concludes, the mental health clinician should develop a follow-up plan that matches the severity of the current ED presentation and the treatment model being implemented.

Training components for evidence-based psychotherapy practice

Workshop content
Workshops on a specific evidence-based model should contain the following:
• An up-to-date research review for the model's inclusion as an evidence-based model in the relevant clinical practice guidelines
• The core concepts of the model and its underlying theory
• The structure and phases or stages of the treatment
• Information consistent with the published manual if manualised and address issues of model efficacy
• Recommendations on the implementation and application of the model in different practice settings and within a multidisciplinary team
• A reflective component for clinicians to appreciate how they may need to change their practices to reflect the model being taught
• A significant practice component in the form of video demonstration, role play, case scenarios or similar, to enable the translation of theory to practice

Translating training into practice

Translating training into practice

- Recognize the need for post training support that matches existing clinical experience
- Newer clinicians will need additional support to develop both foundational and model specific skills
- Model specific clinical supervision is an important key component of translating training to practice
- Supervision at the highest standard will involve –
  - Video /audio review that develops micro skills in a model

Informing the Eating Disorder Clinician Credential (EDCC)

- The EDCC is formal recognition of qualifications, knowledge, training and professional development activities needed to meet minimum standards for delivery of safe and effective eating disorders treatment
- Criteria for the EDCC are built on the NEDC Workforce Core Competencies and the ANZAED Clinical Practice & Training Standards
  - ➢ Prescribe the minimum knowledge, practical skills and experience required of mental health and dietetic professionals to successfully respond, treat and manage eating disorders
  - ➢ Constitute a basis for content of professional development and training
- Considerations of safety and risk for the consumer have been central in the development of the EDCC criteria

Why have an eating disorder clinician credential (EDCC)?

- To help people experiencing eating disorders locate the right treatment at the right time, increasing the chance of timely intervention and positive treatment outcome
- To enable clinicians to achieve recognition for their skills and experience
- To enhance the effectiveness and consistency of treatment for eating disorders in Australia
- To build the eating disorders workforce and promote workforce development and training

Conclusion

- Alongside the general and dietetic-specific practice standards, these MH standards will inform the criteria for the new Eating Disorder Clinician Credential (EDCC)
- The 3 published papers detail the knowledge, practical skills and experience required to competently manage and treat patients with an eating disorder
- They also outline the expectations and content needed in training programs to support clinicians attaining these standards

Acknowledgements

The Practice Standards Working Group
Gabriella Heruc (Dietetics Co-chair), MNutrDiet, PhD, APD
Kim Hurst (Mental Health Co-chair), BSocSci (Hons), PhD
Anjanette Casey, BHSci (Nut&Diet)(Hons), APD
Kate Fleming, GradDip (NutrDiet), APD
Jeremy Freeman, MA (ClinPsych)
Anthea Fursland, MSc (ClinPsych), PhD, FAED
Susan Hart, MNutrDiet, PhD, APD
Shane Jeffrey, BSc, GradDip (Nut&Diet), APD, ASD
Rachel Knight, BOccTher
Michelle Roberton, GradDip (Dietetics), Grad Dip (HlthEd), APD
Marion Roberts, MClinPsych, PhD, MNZCCP
Beth Shelton, DPsych
Garalynne Stiles, MSc, NZRD
Fiona Sutherland, MSc (Nutr&Diet), RYT, MDA
Chris Thornton, MClinPsych
Andrew Wallis, MFT, PhD, MAASW
Tracey Wade, MClinPsych, PhD

Acknowledgements

ANZAED Executive Committee
ANZAED staff members, Jeremy Freeman and Rini Das for their administrative support
ANZAED Past Presidents Committee
Dietitian's Association of Australia
Occupational Therapy Australia
Australian Psychological Society
Royal Australia and New Zealand College of Psychiatrists
Eating Disorders Queensland (EDQ)
Eating Disorders Families Australia (EDFA)
Butterfly Foundation
ANZAED Consumer and Career Committee
National Eating Disorders Collaboration Steering Committee
Expert advisors and all who provided feedback during the face-to-face and online consultation process

Where to find the articles

ANZAED eating disorder treatment principles and general clinical practice and training standards
Heruc, G., Hurst, K., Casey, A. *et al.* ANZAED eating disorder treatment principles and general clinical practice and training standards. *J Eat Disord* **8,** 63 (2020). https://doi.org/10.1186/s40337-020-00341-0

ANZAED practice and training standards for dietitians providing eating disorder treatment
Heruc G., Hart, S., Stiles, G. *et al.* ANZAED practice and training standards for dietitians providing eating disorder treatment. *J Eat Disord* **8,** 77 (2020). https://doi.org/10.1186/s40337-020-00334-z

ANZAED practice and training standards for mental health professionals providing eating disorder treatment
Hurst, K., Heruc, G., Thornton, C. *et al.* ANZAED practice and training standards for mental health professionals providing eating disorder treatment. *J Eat Disord* **8,** 58 (2020). https://doi.org/10.1186/s40337-020-00333-0