



# Content Standards for Eating Disorders Training

## Training Provider Checklist

### Evidence-based eating disorder treatment model

The [National Framework for Eating Disorders Training – A guide for training providers](#) (the Framework) was developed by NEDC in collaboration with training providers across Australia. Its purpose is to align with the [ANZAED Eating Disorder Credential](#) criteria and national standards, ensuring consistency and quality across the training required for the Credential. The Framework seeks to guide the development of training which engages, inspires, and equips the workforce with the knowledge and skill to safely and effectively respond to, and provide treatment for, people living with an eating disorder. Establishing consistency and quality in trainings will contribute to clearer learning and professional development pathways for clinicians, resulting in a stronger workforce able to respond to increasing demand.

The Training Framework can be used by all training providers to improve quality and consistency so that eating disorder training is evidence-based, inclusive, and based on best practice care for people experiencing eating disorders. The Framework outlines General and Content Standards which the training must meet to be approved through the [NEDC Training Approvals](#). In addition, thirteen Guiding Principles are specified which should underpin all training.

**The Content Standards are specific competency areas that must be addressed within each of the three types of trainings described within the Training Framework. All training providers are encouraged to apply the Content Standards when developing or providing any training in eating disorders information and care. Please use the checklist below when developing your training.**

## Competency Area 1: Theoretical underpinnings of the treatment model, including research and evidence

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into training

### Course Content

- a. Outline the theoretical development of the model including the basic underpinning framework and thinking behind the factors which contribute to change
- b. Outline and critically present the research supporting treatment efficacy, including remission rate and outcomes for different populations and diagnoses
- c. Describe the diagnostic presentation/s for which the model has evidence. At a minimum, treatment should be specific to the person's age, diagnosis, and stage of illness.

## Competency Area 2: Ability to deliver an evidence-based treatment for eating disorders

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into training

### Course Content

- a. Be able to implement an evidence-based treatment modality for eating disorders. This includes:
  - Formulation
  - Core tenets of the treatment
  - Treatment sequence, including key treatment steps and goals
  - Clinical tools used within the model
- b. Be able to provide psychoeducation relevant to the person's clinical presentation. Communication and information should be provided to the person experiencing an eating disorder, families, and significant others.

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### Course Content

- c. Measure treatment outcomes using methods that are standardised or of an accepted standard in the field. This includes measures such as monitoring weight, frequency of eating disorder behaviours, or eating disorder psychopathology with psychometric measures throughout treatment.
- d. Understand the need for a personalised approach for all people experiencing an eating disorder. This includes scheduling treatment sessions at a frequency that matches the severity of the person's eating disorder, the treatment goals, and the treatment model being implemented.

## Competency Area 3: Ability to engage with and support the person experiencing an eating disorder and family in a nonjudgmental manner

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into training

### Course Content

- a. Be able to demonstrate an empathetic understanding of high levels of ambivalence and fear of change in people experiencing an eating disorder, their families, and supports
- b. Be able to arrive at a shared understanding of the illness with the person and their family and supports and reach a collaborative agreement on the approach to, and goals and topics of treatment
- c. Be able to engage and work collaboratively with the person's family and supports throughout treatment and work within the limitations of confidentiality in those instances in which the person does not consent to family input or involvement

## Competency Area 4: Ability to contribute to multi-disciplinary team planning and treatment

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into training

### Course Content

- a. Within professional role and scope of practice, work collaboratively with professionals from other disciplines to implement and review the treatment plan

## Competency Area 5: Problem solving and managing challenges within the provision of treatment

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into training

### Course Content

- a. Implement strategies to enhance motivation for change
- b. Be able to describe the contraindication/s for using the specific treatment model
- c. Assess for and manage medical, nutritional, and psychiatric risk throughout treatment (as fitting within the clinician's scope of practice) and make appropriate referrals to other professions as required (for example, medical practitioner, dietitian, psychiatrist)
- d. Be able to describe the most appropriate treatment setting for the treatment model within the stepped system of care for eating disorders. This includes recognising indicators for referral to a higher level of care (for example, as an inpatient or day patient) and the aim of each care level. [Click here](#) for more information on the stepped system of care.
- e. Understand why, when, and how non-negotiables should be applied within the treatment approach

## Competency Area 5: Problem solving and managing challenges within the provision of treatment

### Course Content

- f. Recognise indications of relapse or poor response to the model-based treatment and be able to develop a relapse management plan with the person to re-access treatment services post-treatment
- g. Understand and recognise the need for evidence-informed changes/adaptations to the implementation of the model when working with different populations, including when a person is experiencing a co-occurring mental health condition, is Aboriginal or Torres Strait Islander, from a culturally and/or linguistically diverse background, identifies as LGBTQI+, is neurodivergent, and/or has a disability.

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into training

## References

Please see pages 41-42 of the [National Framework for Eating Disorders Training – A guide for training providers](#) for the full reference list.