



# Content Standards for Eating Disorders Training

## Training Provider Checklist

### Introduction to eating disorders for health professionals

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: General knowledge of the clinical features of eating disorders and the individual experience of recovery

### Course Content

Incorporated  
into training

- a. Understand the current diagnostic criteria for eating disorders and the clinical features of related appearance, feeding and eating conditions, and equip practitioners to be able to distinguish differential diagnoses
- b. Be to describe eating disorders, their progression and impact on a person's psychological and physical health, function, and quality of life
- c. Understand the risk factors that contribute to the development of eating disorders, including awareness of populations at high risk for developing an eating disorder
- d. Be able to describe the range of physical complications related to eating disorders and understand medical risks associated with eating disorder behaviours across diagnostic presentations, including the risk of death
- e. Be able to explain the health impact of rapid weight loss, and/or very low BMI on cognition and overall health, including information on starvation syndrome
- f. Be aware of health and mental health conditions which can co-exist with eating disorders. This includes but not limited to diabetes, polycystic ovarian syndrome, mood disorders, anxiety disorders, post-traumatic stress disorder and trauma, substance use, autism spectrum disorder, obsessive compulsive disorder, and non-suicidal self-injury.
- g. General knowledge of developmentally appropriate eating, nutritional principles, and relationships with food and how these relate to disordered eating and eating disorders
- h. Understand the concept and experience of recovery for a person, relating to the opportunity for choice and being able to live a meaningful, satisfying, and purposeful life

## Competency Area 2: Ability to identify warning signs of eating disorders and disordered eating and to conduct initial assessment within the scope of professional role

### Course Content

Incorporated  
into training

- a. Be able to recognise the signs of disordered eating and eating disorders
- b. Be able to screen for eating disorders using valid and reliable screening tools
- c. Use assessment tools and tests as appropriate for the diagnostic presentation and the professional discipline of the treating clinician (e.g., EDE-Q, EDI, RMI, HEADSS, EAT-26, BEDS-7)
- d. Contribute to the comprehensive assessment of children, adolescents, and adults in relation to eating disorders and within the scope of usual professional role
- e. In completing the assessment, using a strengths-based approach, collaborating with the person to identify their strengths, risks for relapse, and individual needs for support

### Competency Area 3: Ability to engage the person living with an eating disorder and their family/supports in a non-judgemental manner and to motivate engagement with relevant health services and treatments

Incorporated  
into training

#### Course Content

- a. Demonstrate an empathetic understanding of ambivalence and fear of change as they relate to recovery in people experiencing an eating disorder and understand strategies to overcome barriers to self-disclosure a person may experience. Be aware of the complex interplay between therapeutic alliance, readiness for change, self-efficacy, and early behaviour change.
- b. Understand the role of families and supports in assessment, engagement, treatment, and recovery support for children, adolescents, and adults
- c. Engage family and supports and work collaboratively with them throughout the assessment and referral process
- d. Work within the limitations of confidentiality if the person experiencing an eating disorder does not want family or supports involved in care and treatment

### Competency Area 4: Ability to contribute to multi-disciplinary team assessment and care planning within scope of usual professional role

Incorporated  
into training

#### Course Content

- a. Understand the significance and importance of a multidisciplinary team (MDT) in treatment and the role of each member. At a minimum, the MDT should consist of a medical practitioner (GP or other) and a mental health professional (i.e., those professions eligible for the Credential: counsellors, general practitioners, mental health nurses, nurse practitioners, occupational therapists, psychiatrists, psychologists, psychotherapists, and social workers). A dietitian is also often part of the treatment team. Other professions that may be involved in the treating team include (but are not limited to) psychiatrists, paediatricians, dental practitioners, exercise physiologists, other health professionals and medical specialists, and support workers. [Click here](#) for more information on the care team.

## Competency Area 4: Ability to contribute to multi-disciplinary team assessment and care planning within scope of usual professional role

### Course Content

Incorporated  
into training

- b. Have a working knowledge of medical, mental health, nutritional and psychiatric impacts of eating disorders and associated treatment approach for each area. This includes:
- Medical: eating disorders can result in serious medical consequences. Medical assessment and monitoring by a medical practitioner with eating disorder knowledge is required for all people experiencing an eating disorder.
  - Mental health: eating disorders are characterised by disturbances in behaviours, thoughts, and attitudes towards food, eating and body weight and shape. Core principles involved in mental health treatment include behaviour change, behavioural experiments, counselling skills, modifying cognitions, managing affect, and addressing underlying perpetuating factors.
  - Nutritional: Nutrition intervention aims to support a person to reinstate normal eating behaviours required to achieve a regular, balanced, and sustainable approach to eating [13]. Dietitians play an important role in eating disorder treatment, supporting a person and their family and supports to understand the interaction between nutrition and wellbeing, and supporting someone to change their eating behaviour as aligned with the treatment and recovery goals [2].  
Clinicians should have a basic knowledge of nutritional issues relevant to eating disorders (e.g., regular eating, consequences of starvation or low energy availability, effects of binge eating and compensatory behaviours, body weight, paediatric growth charts, refeeding syndrome), the importance of nutritional rehabilitation, and understanding of the importance of weight and health recovery.
  - Psychiatric: eating disorders often co-occur with other mental health disorders [14]. Clinicians should have an awareness of common co-occurring psychiatric presentations, and the ability to assess and respond to a risk of harm to self, and suicidal ideation. An assessment by a psychiatrist, preferably one experienced in eating disorders, is recommended where risk is identified, a complex formulation and treatment plan is required, and/or when medication is required.
- c. Understand how to establish a care team consistent with the person's eating disorder diagnosis and treatment model being delivered, including the range of professions required to safely address all aspects of illness. The roles of each member and process for communication should clearly be documented, and a care team coordinator nominated if appropriate.

## Competency Area 5: Understand and work within the local stepped system of care to support the person living with an eating disorder and their family and supports to access the right level of care for their needs

Incorporated  
into training

### Course Content

- a. Demonstrate knowledge of the stepped system of care for people experiencing an eating disorder and be able to apply this to the local context to identify and map services and systems available (e.g., acute medical hospitalisation, specialist eating disorder programs and units, intensive outpatient, peer mentoring). This includes indicators for referral for a higher or lower level of care and the aim of each level of care. [Click here](#) for more information on the stepped system of care.
- b. Understand the need for a personalised approach for all individuals, including culturally safe, inclusive, and respectful practice
- c. Demonstrate knowledge of supports and resources available for people experiencing eating disorders and their families and supports. This should include information on Medicare services available across all types of eating disorders, and lived experience supports.
- d. Understand processes for and be able to support referral, communication, and transfer between services and service providers to address a person's physical, psychological, and nutritional needs, ensuring continuity of care
- e. Identify signs of risk (medical and psychiatric) and be able to link the person in with the appropriate psychiatric and medical review and/or support, including referral to a hospital emergency department

## Competency Area 6: Knowledge of current clinical practices and standards in the treatment of eating disorders

Incorporated  
into training

### Course Content

- a. Understand the importance of early intervention for people experiencing an eating disorder
- b. Awareness and understanding of the standards for safe treatment. [Click here](#) to access the ANZAED clinical practice and training standards.
- c. Knowledge of the clinical practice guidelines for treatment of DSM-5 feeding and eating disorders. At a minimum, treatment should be specific to the person's age, diagnosis, and stage of illness.

## Competency Area 7: Understand evidence-based treatment for eating disorders, including core principles

Incorporated  
into training

### Course Content

- a. Understand the importance of and be able to provide psychoeducation relevant to a person's clinical presentation. Communication and information should be provided to the person living with an eating disorder, families, and supports.
- b. Describe a range of evidence supported treatment models for eating disorders and their relevance to individual needs including CBT-E, CBT- Guided Self Help, FBT, SSCM, MANTRA, FPT, IPT
- c. Knowledge of specific evidence-based pharmacological treatments for eating disorders

## References

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