

CONSUMER CHECKLIST



WHAT IS THIS CHECKLIST ABOUT?

Getting treatment for an eating disorder can be a daunting process given that most people know little about eating disorders and effective treatments. It can also feel uncomfortable to ask too many questions of health professionals. We think, however, you need to find someone with who you, and your loved one or support person, can work with. Treatment and recovery can be a long process, and it's important to make sure you are working effectively with your health professionals over the long term. We encourage you to ask the questions in this checklist before you start your treatment journey.

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What observations can I make, and what questions can I ask, to ensure that the therapist and I can work together effectively?

Present? Issues to consider, and example questions (*italicised*) you can ask.

ACCREDITATION/REGISTRATION: You can check this before attending any appointments

- Do you have professional registration, and can you provide up to 40 Medicare-rebated psychology sessions?*
- Do you specialise in treating eating disorders, and receive regular training and supervision in this area?*
You can also check they are listed on Australia and New Zealand Academy of Eating Disorders
https://www.xcdsystem.com/ANZAED/member_directory/

IS THIS THERAPIST THE RIGHT PERSON TO HELP ME?

- How much change do you expect from me over therapy?*
Change is best be driven by a therapist who you can trust and respect AND who will actively encourage you to change. Remember, recovery will be a challenging process.
- Do you focus on changing my eating initially and then look at the issues that cause/maintain the problems with my eating? Do you have to weigh me?*
All recommended therapies address eating and weight normalization early in treatment.
- How will therapy take into consideration my culture/ disability/ gender/ age/ fears about change/ experience with previous treatment?*
Observe whether the therapist is willing to discuss your concerns, fears and questions about therapy?
Or is there a “just trust me” attitude?

IS THIS THE RIGHT THERAPY FOR ME?

- Is this the right therapy for me?*
Can the therapist explain which is the right treatment for your age and diagnosis, based on evidence and their experience?
- How many sessions does a client typically need of the therapy you offer in order to achieve substantial benefit?*
Treatment should range between 10- 40 sessions, typically weekly, some twice weekly in early stages.
- Can you tell me how many of your clients benefit and in what ways and to what degree?*
The therapist can outline how many of their clients benefit and to what degree of benefit most receive from the therapy.
- Which of the eating disorder therapies listed do you have expertise in?*
Does the therapist offer the treatments funded by Medicare (see Appendix A)?

OTHER IMPORTANT ASPECTS OF TREATMENT

- Can my family be involved in therapy and how? What if I don't want them to know something that I share with you?*
How are parents, siblings and significant other people involved in the treatment process? How are any privacy concerns handled?
- I would like to see a dietitian as well, is this OK?*
How does the therapist involve your GP/doctor and other disciplines (e.g., dietitian, psychiatrist, paediatrician, exercise physiologist) as needed?
- What do you recommend for after- hours treatment if I have a crisis?*
Are the arrangements for after-hours contact clear, whether with the therapist or by provision of other service details (e.g., Butterfly helpline, emergency departments)?
- How do I know if my treatment is being effective and how is this assessed?*
Does the therapist measure your individual progress?
- What happens if I am not getting better or I start going backwards?*
The therapist is clear about what happens if the therapy is not benefiting you.
- Apart from the main therapy, are there other approaches you add if I need them?*
What are the therapist's attitudes toward adjunct/additional treatments e.g., medication, mindfulness, cognitive remediation therapy?

What Types of Answers Should You Expect to Hear?

ACCREDITATION/REGISTRATION

The therapist has professional registration and is eligible to provide up to 40 Medicare-rebated sessions.

The therapist specialises in treating eating disorders and receives regular training AND supervision in this area.

IS THIS THERAPIST THE RIGHT PERSON TO HELP ME?

You feel you can trust and respect the therapist AND they are clear that they will actively encourage you to change. They expect you to benefit substantially no matter how long you have had the eating disorder. Anxiety about change is natural and they will collaborate with you about the order and size of change.

The therapist addresses eating and weight normalization early in treatment: this includes discussing food, regular eating, and weighing in each session so together you can examine the impact of eating on your weight in order that you can get better acquainted with your body and work with it rather than against it.

The therapist is willing to discuss your concerns, fears and questions about therapy, and can adapt what they do to make sure that it accommodates you but they also have a clear rationale for what does not need to be changed.

IS THIS THE RIGHT THERAPY FOR ME?

The explanations should cover material provided in Appendix A.

Treatment will range between 10 to 40 sessions, typically weekly, you will be seen for more sessions if you are more underweight as the weight gain process takes a longer time than most people predict.

About 30% of clients will start therapy but don't complete it, and those who do complete gain substantial benefit in terms of eating and quality of life and mood. Some people are symptom free at the end of treatment, others are still working on their progress they have made.

The therapist offers the treatments funded by Medicare (see Appendix A).

OTHER IMPORTANT ASPECTS OF TREATMENT

The therapist encourages you to involve family and significant others as you feel able because extra support in your environment helps you change faster, and early change is important for good outcome. The therapist can explain to you what information needs to be shared with others (given your age and where your safety can't be assured) and what does not need to be shared.

The therapist always involves your GP/doctor and other disciplines as is helpful or required.

The arrangements for after-hours contact clear.

The therapist asks specific questions about your eating at each session which they discuss with you about your progress, and at times they will give you longer questionnaires to complete so they can see how you are progressing in a variety of important areas such as mood, or quality of life.

The therapist does not keep trying what doesn't work but has a plan for doing something different (e.g., moving to another therapy in the Medicare list, adding something, taking time out from this therapy to go to hospital or day hospital if more intensity is needed).

The therapist is open to the use of adjunct/additional treatments once the presence of early progress and change is assessed and seen to be adequate or not.

Appendix A: Therapies that might work for you. Ask the therapist how they offer these therapies.

Name and Description of the therapy (you will be weighed in each session)	Strength of Evidence ¹	Which eating disorders?
Cognitive behaviour therapy (CBT)		
Effective CBT includes the following elements: monitoring of eating, introducing regular eating, psychoeducation, exposure to feared foods, elimination of dieting, experimenting with different behaviours. Homework is central; therapy is what occurs outside the therapy room 168 hours a week.	Strong	Adolescent or adult AN, BN, BED, ARFID
Family Based Treatment (FBT) including whole family, parent only or separated therapy		
FBT targets food restriction and family meals as well as other family/adolescent issues. The therapist will provide psychoeducation and help parents to take initial responsibility for the child/adolescent's eating and then progressing to more independent eating.	Strong	Child, Adolescent, and Youth AN
Adolescent Focused Therapy		
Initially, the therapist actively encourages the patient to stop dieting and to gain weight by setting weight goals and emphasizing the need to change these behaviours. Patients then learn to identify and define their emotions and, later, to tolerate affective states rather than numbing themselves with starvation.	Weak	Adolescent and Youth AN
Specialist Supportive Clinical Management (SSCM)		
SSCM has two parts to each session. In the first half there is a focus on what has been happening with your eating and progress with decreasing problem behaviours. In the second half you discuss issues that are of concern to you that you think impact on your eating, including (but not limited to) emotional coping, interpersonal relationships, and life challenges.	Strong	Adult AN
Maudsley Model of Anorexia Treatment in Adults (MANTRA)		
MANTRA is accompanied by a client workbook that looks at the costs and benefits of change, it offers specific advice and information about nutrition, it involves your family as much as possible, and it examines factors that can trigger or maintain problems: thinking styles, emotional problems, and identity.	Strong	Adult AN
Interpersonal Therapy (IPT)		
IPT does not address eating directly but deals with problems in interpersonal relationships (e.g., loss/grief, role transitions, role disputes, and social skills deficits) and how to overcome these, as this is considered a major issue that maintains problems with eating. It takes longer to work than CBT.	Strong	Adult BN and BED
Dialectical Behavioural Therapy (DBT)		
Many DBT approaches take a skills training approach and teach you lots of skills to deal more effectively with troubling emotions. This is usually done in a group setting but can be conducted in individual settings. The full DBT approach also includes weekly meetings with a therapist.	Medium	Adult BN and BED
Focal psychodynamic therapy (FPT)		
FPT targets intra- and interpersonal maintaining factors e.g., low self-esteem. The therapist will explore beliefs about oneself (schema), apply elements of IPT (see above), and set goals for behavioural change.	Medium	Adult AN

1 As assessed across a variety of treatment guidelines included Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for the treatment of eating disorders, National Clinical Guidelines (Denmark), Clinical Practice Guidelines (France), S3-guidelines for Assessment and Treatment of Eating Disorders (Germany), Practice Guidelines for the Treatment of Eating Disorders (Netherlands), Clinical Practice Guidelines for Eating Disorders (Spain), NICE Eating Disorders: Recognition and Treatment (United Kingdom), Practice Guidelines for the Treatment of Eating Disorders (USA). All therapies are also recommended for variants of AN, BN and BED as well.

