

## Adapting interventions for younger clients

Adapting interventions for younger people requires a good understanding of child and adolescent development and the communication skills to put this understanding into practice.

Several sections of the UCL competence framework for working with children and adolescents expand on the competences set out in this section. They can be accessed as appendices on the Eating Disorders competence framework webpage:

- Knowledge of development in children, adolescents and of family development and transitions
- Ability to communicate with clients of differing ages and developmental levels
- Ability to engage and work with families, parents and carers
- Ability to recognise and respond to concerns about child protection

The complete Psychological Interventions in Child and Adolescent Mental Health Services framework is available at: [www.ucl.ac.uk/CORE/competence-frameworks](http://www.ucl.ac.uk/CORE/competence-frameworks)

An ability to draw on knowledge that the clinical features of eating disorders in young adults are similar to those seen in adults

An ability to draw on knowledge that outcomes for young adults may be better than for adults (because there has been less time for medical complications to develop and for psychological issues to become embedded)

An ability to draw on knowledge of the importance of early intervention, given the risk that prolonged eating disorders in adolescence can lead to long-term medical harm (e.g. impaired growth, permanently lowered bone density)

An ability to draw on knowledge that therapies need to be adapted to take account of:

the young person's cognitive, emotional and developmental stage

the fact that they are usually living in, and dependent on, their family

An ability to draw on knowledge of adolescence as a developmental stage that usually includes:

moving towards independence

developing social networks and relationships

adjusting to puberty and sexuality

An ability to draw on knowledge that in young people with eating disorders there can be:

a move towards greater (rather than less) dependence on parents

withdrawal from social and romantic relationships

a loss of (or failure to develop) sexual interest

difficulty developing an individual identity

a loss of outside interests

An ability to draw on knowledge that the style of treatment should encourage greater autonomy, helping the young person take control and make choices for themselves (in all areas of their lives)

An ability to adapt the language and materials used in therapy to the client's cognitive level and developmental stage

An ability to address the client's motivation, particularly where they have not initiated the referral and may not wish to engage in treatment

An ability to focus on helping client's develop supportive peer relationships, particularly where problematic social relationships have left them feeling insecure or with low self-esteem (and turning to controlling eating as a way of exerting control)

An ability to involve significant others in the intervention (such as parents and siblings), keeping them informed of treatment and involved in the intervention, and:

an ability to ensure that involving others is not perceived by the young person as threatening their autonomy in the longer term

An ability to liaise closely with other physical and mental health professionals who are involved in the care of the young person