

Meta-competences for working with people with eating disorders

Therapist stance

An ability to maintain a stance that is consistently collaborative, client-led and appropriately flexible

An ability to practice in a manner that is congruent with the current evidence base, and to use clinical judgment to decide:

when and how to integrate emerging evidence with current practice

whether, when and how to work beyond the evidence base

Engagement

An ability to balance the instillation of hope that change is possible and that interventions will be helpful, against the need to convey a sense of realism regarding the likely challenges of therapy

An ability to judge whether and how best to explore indirect but challenging expressions of ambivalence regarding the value of therapy and of making changes (e.g. minimising difficulties, hostility or unresponsiveness)

An ability to judge whether and how to persevere when engagement is threatened by factors characteristic of eating disorders (e.g. clients for whom the consequences of disordered eating are egosyntonic)

An ability to judge when a sufficiently trusting relationship has been established and the client is ready to begin focusing on weight and eating

Assessment and formulation

An ability to adopt a flexible and responsive approach to assessment that balances the need to obtain information against the client's readiness and willingness to share this with the therapist

An ability to select the most appropriate measures of progress and routine outcome monitoring, and to judge how and when these should be administered

An ability to judge the key issues in a client's presentation and their implications for treatment

An ability to judge the likely ways in which a client's characteristics might impact on the delivery of therapy, and any adaptations that may be required, for example, taking into account the client's:

developmental stage (e.g. young adults)

previous experience of therapy

gender identity

ethnicity

belief systems

co-occurring physical and mental health issues

When constructing a formulation and planning treatment, an ability to reflect the interplay of biological, psychological and social factors in the development and maintenance of the client's difficulties

An ability to draw on a formulation to identify the most appropriate focus and sequence of interventions that are most likely to achieve change, and to ensure that this sequence is congruent with the client's perceptions of what would be most useful to them

Therapy delivery

An ability to adapt therapy to each client's needs and presentation, showing flexibility in applying treatment and assessment protocols, while still delivering the necessary elements, including:

an ability to judge when and how to balance adherence to a 'protocol' against the need to attend to any issues which arise in the therapeutic alliance

An ability to maintain a consistently task-focused approach while:

being sensitive to (and being directed by) the client's needs and capacities

maintaining a consistent sense of collaboration with the client

An ability to judge when and how to respond to physical health issues consequent on disordered eating (e.g. through adaptations of the therapy, and/or through referral for medical intervention)

An ability to judge the optimum focus of when comorbidity is present, e.g. when to:

maintain a focus on the identified core disorder

adapt therapy to address comorbidity, and where possible to integrate this with work on the core disorder

sequence treatments (e.g. addressing one disorder at a time)

An ability to judge when and how to involve family members/carers in the therapy

Nutrition

An ability to judge how to apply the nutritional element of the specific therapy protocol in response to the individual client's nutritional needs

Using supervision

An ability to manage and tolerate the inevitable personal feelings elicited by challenging behaviours (e.g. hostility, inexpressiveness, 'people-pleasing', lacking motivation) and to recognise when support or supervision is necessary in order:

to continue working effectively

to ensure that decisions about the best way forward are taken on the basis of careful reflection (e.g. whether to persist, adapt or stop the intervention)