Setting Up a Treatment Team for Eating Disorders in the Community

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1. Some general principles for the treatment of people with eating disorders

- Eating disorders include females and males, underweight and normal weight – so services need to screen anyone suspected of having eating disorder symptoms.
- Clients are often reluctant to present to treatment for an eating disorder (shame, embarrassment) – therefore engagement from the start is important.
- Problems with motivation and ambivalence are often core features of an eating disorder – this does not mean that client not suitable for some sort of intervention or treatment

2. Setting up and defining the roles of the treatment team

- A *multi-disciplinary approach* is essential to ensure individual gets combined medical and psychological care. Different roles include:
    - A designated *coordinating clinician/ primary clinician* - oversees community treatment for client which includes: setting up treatment plan with client; communicating with multi-disciplinary team and organising reviews; ensuring that medical and mental health risk is being monitored; involving families and carers if appropriate; facilitating additional care options if needed. Most likely to also offer therapeutic treatment – could range from supportive psychotherapy or motivational enhancement therapy to targeted eating disorder interventions (i.e. CBT-E and Maudsley family-based therapy)
    - *General practitioner* – oversees medical management for client. Many services make GP monitoring an essential component or 'non-negotiable' element of treatment and set up this expectation with the client from the beginning of therapy. The frequency of medical appointments usually determined by the GP based on client's medical risk. There are several supporting documents and guidelines available in the 'policies and protocols' section on the CEDD website (http://cedd.org.au/health-professionals/test-health-professionals-clinical-resources-tools/developing-services/policy-protocol-guidelines/).
    - There are several other clinicians that are often included as part of the multi-disciplinary team: dietitian, psychiatrist, paediatrician, physician.
    - In collaboration with the client, it is important to set up a *Communication Plan* between treatment team to define roles/responsibilities, communicate client risk and avoid splitting between clinicians – ideally, contact should occur at the beginning of treatment, at 13-week (or similar) review periods and at discharge. At the beginning of treatment, it is helpful to determine: (i) who will weigh the client and how will this information be communicated to them? (i.e. BMI band, actual weight, blind weighed); (ii) how will clinicians communicate if client does not attend treatment? (disengagement from treatment can indicate increased risk) and (iii) is a treatment escalation plan required if medical and/or mental health stability decreases?

3. Setting up service processes

- Identify access points into service and be mindful that the treatment process starts with the referral. Eating disorder specific triage should assess mental health *and* medical risk (e.g. BMI, laxative use, purging frequency). It may be necessary to refer to community GP in the interim if they are being placed on a wait-list for the service.
- Setting up protocols for medical and mental health risk management – these are likely to be similar to existing policies for mental health risk management (e.g. initial assessment, ongoing review and intervention for deliberate self-harm and suicidality as needed). Ways to manage medical risk include: comprehensive baseline medical assessment (GP) – your service may consider a Proforma to send to GPs to complete before client

commences treatment; clinician and client awareness of medical symptoms that may indicate need for immediate medical assessment (e.g. fainting, dizziness); 'Emergency Plan' in place if necessary.

- Clinicians working with people with eating disorders in the community should be aware of 'Indicators for an Inpatient Admission': these guidelines can be found on the CEDD website:
    - For Adults: http://cedd.org.au/wordpress/wp-content/uploads/2015/04/Adult-indicators-for-admission.pdf
    - For Children & Adolescents: http://cedd.org.au/wordpress/wp-content/uploads/2015/04/Adolescent-inpatient-criteria.pdf
- Other tips for setting up treatment with the client: establishing 'non-negotiables' *(Josie Geller)* with client from onset can be a helpful way to set-up treatment expectations (e.g. attending GP appointments, frequency of weight monitoring). It is way of collaboratively and respectfully outlining what is expected from the client whilst also maximising client autonomy.

4. Supporting clinicians

- Supervision important to assist with risk, complexity, transference/countertransference, clinician reflection, maintaining hope and clinician well-being.
- Be aware of available resources and support – (e.g.) Local Eating Disorder Coordinator, tertiary outreach support services (adult – RPA; child & adolescent – Children's Hospital Westmead), resources on CEDD website