

Content Standards

The Content Standards outline specific areas of competency which need to be addressed within the three types of trainings:

- Introduction to eating disorders for health professionals
- Evidence-based eating disorder treatment model
- Evidence-informed dietetic practice for eating disorders

Specific content standards are provided for each type of training. Training providers are required to address each of the competencies within their training and provide supporting evidence when applying for approval of the training with NEDC. Templates are provided for training providers to utilise in their application.

This checklist has been designed to support training providers, service leaders, and clinicians align workforce development initiatives with the Content Standards outlined in the [National Framework for Eating Disorders Training – A guide for training providers](#).

Please see the Training Framework for a full reference list.

Content Standards:

Introduction to eating disorders for health professionals

Introductory training aims to provide health professionals with the knowledge and skill to effectively identify, respond, engage, and refer people experiencing an eating disorder, and provides basic knowledge about treatment approaches for eating disorders. It is not aimed to equip a health professional with the knowledge and skill to be able to provide treatment for people living with an eating disorder.

Introductory training should be designed for, and relevant to, all professional disciplines that provide healthcare for people experiencing an eating disorders. These professional groups include, but are not limited to, counsellors, dietitians, general practitioners, nurses, occupational therapists, peer workers, psychiatrists, psychologists, psychotherapists, and social workers.

The Guiding Principles should underpin and inform the development of introductory eating disorder training for health professionals.

At the conclusion of introductory training, a mental health professional or dietitian has acquired knowledge and skill in the following seven competency areas as described in the [NEDC workforce core competencies](#) and [ANZAED eating disorder treatment principles and general clinical practice standards](#).

Competency Area	Course Content	Notes: Align Standard with training
1. General knowledge of the clinical features of eating disorders and the individual experience of recovery	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 able 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	Course Content	Notes: Align Standard with training
2. Ability to identify warning signs of eating disorders and disordered eating and to conduct initial assessment within the scope of professional role	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. For further information, please see Table 1 of ANZAED practice and training standards for mental health professionals providing eating disorders treatment (5. Mental health assessment), and Table 1 of ANZAED practice and training standards for dietitians providing eating disorders treatment (3.1 Nutrition assessment) for specific areas of assessment.	
	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	Course Content	Notes: Align Standard with training
3. Ability to engage that person living with an eating disorder and their family/ supports in a non-judgmental manner and to motivate engagement with relevant health services and treatments	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	Course Content	Notes: Align Standard with training
<p>4. Ability to contribute to multi-disciplinary team assessment and care planning within scope of usual professional role</p>	<p>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 peer support workers.</p> <p>Please see The Care Team – for further information.</p>	
	<p>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:</p> <ul style="list-style-type: none"> • <u>Medical</u>: 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. • <u>Mental health</u>: 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. <p><u>Nutritional</u>: Nutrition intervention aims to support a person to reinstate normal eating behaviours required to achieve a regular, balanced, and sustainable approach to eating. 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.</p> <p>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.</p>	

Competency Area	Course Content	Notes: Align Standard with training
	<ul style="list-style-type: none"> • <u>Psychiatric</u>: eating disorders often co-occur with other mental health disorders. 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. 	
	<p>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.</p>	

Competency Area	Course Content	Notes: Align Standard with training
<p>5. Understand and work within the local stepped system of care to support the person experiencing an eating disorder and their families and supports to access the right level of care for their needs</p>	<p>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.</p>	
	<p>b. Understand the need for a personalised approach for all individuals, including culturally safe, inclusive, and respectful practice</p>	
	<p>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.</p>	
	<p>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</p>	
	<p>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</p>	

Competency Area	Course Content	Notes: Align Standard with training
6. Knowledge of current clinical practices and standards in the treatment of eating disorders	a. Understand the importance of early intervention for people experiencing an eating disorder	
	b. Awareness and knowledge of the standards for safe treatment. See ANZAED clinical practice & training standards for mental health professionals and dietitians providing eating disorders treatment and ANZAED eating disorder treatment principles and general 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	Course Content	Notes: Align Standard with training
7. Understand evidence-based treatment for eating disorders, including core principles	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 experiencing an eating disorder, families, and supports. See Table 1 of ANZAED eating disorder treatment principles and general clinical practice and training standards for further information.	
	b. Describe a range of evidence supported treatment modalities for eating disorders and their relevance to individual needs including CBT-E, CBT-Guided Self Help, FBT, SSCM, MANTRA, FPT, IPT. See Table 1 Recommendations for treating eating disorders (ED) summarised from current treatment guidelines taken from ANZAED eating disorder treatment principles and general clinical practice and training standards . NOTE: these models will be updated in line with recent evidence.	
	c. Knowledge of specific evidence-based pharmacological treatments for eating disorders	

Content Standards: Evidence-based eating disorder treatment model

Training in an evidence-based treatment model for eating disorders should be designed for professions providing mental health care and treatment. This includes (but is not limited to) counsellors, general practitioners, nurses, occupational therapists, psychiatrists, psychologists, psychotherapists, and social workers. In alignment with the Credential criteria, clinicians providing treatment for people experiencing eating disorders are required to have general mental health clinical experience.

To be eligible for the Credential, mental health professionals are required to be trained in at least one evidence-based treatment model for eating disorders. This does not imply that the clinician will only utilise the one model in their practice or that the model is utilised in isolation from other theoretical and therapeutic approaches, but that it provides them with the knowledge and skill in one specific therapeutic model and behavioural change sequence from which they can expand their knowledge and skill in providing eating disorder treatment.

The evidence-based treatment models included within the scope of the Credential are:

- Family Based Treatment (FBT)
- Enhanced Cognitive Behaviour Therapy (CBT-E)
- Cognitive Behaviour Therapy – Guided Self Help (CBT-GSH)
- Specialist Supportive Clinical Management (SSCM)
- Maudsley model of Anorexia Nervosa Treatment for Adults (MANTRA)
- Adolescent-Focused Therapy (AFT)
- Interpersonal Psychotherapy for Eating Disorders (IPT-ED)
- Focal Psychodynamic Therapy for Eating Disorders (FPT)
- Dialectical Behaviour Therapy for Eating Disorders (DBT-ED)
- Cognitive Behaviour Therapy for Anorexia Nervosa (CBT-AN)
- Cognitive Behaviour Therapy for Bulimia Nervosa (CBT-BN)
- Cognitive Behaviour Therapy for Binge Eating Disorder (CBT-BED)

On completion of the evidence-based treatment model training, clinicians should be equipped to begin to provide evidence-based treatment for someone with an eating disorder within that specified treatment model.

It is expected that all clinicians attending training in an evidence-based eating disorder treatment model have first completed an approved Introduction to Eating Disorders for Health Professionals training. It is not expected that training providers would revisit the introductory content in the treatment model training unless specifically related to the application of the treatment model.

In addition to the Guiding Principles, General Standards, and Content Standards, specific consideration should be given to the following areas when delivering training in an evidence-based treatment model:

- After completion of model training, what is the clinician's scope of practice to provide treatment for people experiencing an eating disorder?
- Training should sit within a professional development portfolio including supervision and continuing professional development to further enhance knowledge and skill in applying this model in practice. How can the clinician be supported in applying this knowledge and skill in professional practice?
- What might be the barriers and enablers for the clinician to be able to embed this treatment model in their practice?

Competency Area	Course Content	Notes: Align Standard with training
1. Theoretical underpinnings of the treatment model, including research and evidence	a. Outline the theoretical development of the model including the basic underpinning framework and thinking behind the factors which contribute to change	
	b. Outline and critically present the research supporting treatment efficacy, including remission rate and outcomes for different populations and diagnoses	
	c. Describe the diagnostic presentation/s for which the model has evidence. At a minimum, treatment should be specific to the person's age, diagnosis, and stage of illness.	

Competency Area	Course Content	Notes: Align Standard with training
2. Ability to deliver an evidence-based treatment for eating disorders	a. Be able to implement an evidence-based treatment modality for eating disorders. This includes: <ul style="list-style-type: none"> • Formulation • Core tenets of the treatment • Treatment sequence, including key treatment steps and goals • Clinical tools used within the model 	
	b. Be able to provide psychoeducation relevant to the person's clinical presentation. Communication and information should be provided to the person experiencing an eating disorder, families, and significant others. See Table 1 of ANZAED eating disorder treatment principles and general clinical practice and training standards for further information.	
	c. Measure treatment outcomes using methods that are standardised or of an accepted standard in the field. This includes measures such as monitoring weight, frequency of eating disorder behaviours, or eating disorder psychopathology with psychometric measures throughout treatment.	
	d. Understand the need for a personalised approach for all people experiencing an eating disorder. This includes scheduling treatment sessions at a frequency that matches the severity of the person's eating disorder, the treatment goals, and the treatment model being implemented.	

Competency Area	Course Content	Notes: Align Standard with training
3. Ability to engage with and support the person experiencing an eating disorder and family in a non-judgmental manner	a. Be able to demonstrate an empathetic understanding of high levels of ambivalence and fear of change in people experiencing an eating disorder, their families, and supports	
	b. Be able to arrive at a shared understanding of the illness with the person and their family and supports and reach a collaborative agreement on the approach to, and goals and topics of treatment	
	c. Be able to engage and work collaboratively with the person's family and supports throughout treatment and work within the limitations of confidentiality in those instances in which the person does not consent to family input or involvement	

Competency Area	Course Content	Notes: Align Standard with training
4. Ability to contribute to multi-disciplinary team planning and treatment	a. Within professional role and scope of practice, work collaboratively with professionals from other disciplines to implement and review the treatment plan	

Competency Area	Course Content	Notes: Align Standard with training
5. Problem solving and managing challenges within the provision of treatment	a. Implement strategies to enhance motivation for change	
	b. Be able to describe the contraindication/s for using the specific treatment model	
	c. Assess for and manage medical, nutritional, and psychiatric risk throughout treatment (as fitting within the clinician's scope of practice) and make appropriate referrals to other professions as required (for example, medical practitioner, dietitian, psychiatrist)	
	d. Be able to describe the most appropriate treatment setting for the treatment model within the stepped system of care for eating disorders. This includes recognising indicators for referral to a higher level of care (for example, as an inpatient or day patient) and the aim of each care level. See NEDC Eating Disorder Stepped System of Care for further information.	

Competency Area	Course Content	Notes: Align Standard with training
	e. Understand why, when, and how non-negotiables should be applied within the treatment approach	
	f. Recognise indications of relapse or poor response to the model-based treatment and be able to develop a relapse management plan with the person to re-access treatment services post-treatment	
	g. Understand and recognise the need for evidence-informed changes/adaptations to the implementation of the model when working with different populations, including when a person is experiencing a co-occurring mental health condition, is Aboriginal or Torres Strait Islander, from a culturally and/or linguistically diverse background, identifies as LGBTQI+, is neurodivergent, and/or has a disability.	

Content Standards: Evidence-informed dietetic practice for eating disorders

Training in evidence-informed dietetic practice for eating disorders should be designed for dietitians seeking to provide treatment for people experiencing an eating disorder or be a member of the multidisciplinary care team for people experiencing an eating disorder.

On completion of the training, dietitians should be equipped to provide appropriate, safe, and effective dietetic management and treatment for people experiencing an eating disorder.

The Framework expects that, at the conclusion of the training, a dietitian has acquired knowledge and skill in the following six competency areas as described in the [NEDC workforce core competencies](#) and [ANZAED practice and training standards for dietitians providing eating disorder treatment](#).

In addition to the Guiding Principles, General Standards, and Content Standards, specific consideration should be given to the following areas when delivering training in evidence informed dietetic practice:

- Into which component/s of the stepped system of care would the treatment best fit (e.g., treatment settings)?
- After completion of evidence-informed dietetic practice training, what is the dietitian's scope of practice to provide treatment for people experiencing an eating disorder?
- Training should sit within a professional development portfolio including supervision and continuing professional development. How can the dietitian be supported in applying this knowledge and skill in professional practice?
- What might be the barriers and enablers for the dietitian to be able to embed this treatment approach in their practice?

Competency Area	Course Content	Notes: Align Standard with training
1. Ability to conduct a nutritional assessment of children, adolescents, and adults in relation to eating disorders	a. Be able to take a preliminary case history relevant to disordered eating and eating disorders using culturally respectful practice and using dietetic assessment tools and tests as appropriate for the person	
	b. Be able to describe the range of physical and health-related issues (e.g., malnutrition, diabetes, osteoporosis) related to the experience of eating disorders and understand the significant physical risks associated with eating disorder behaviours, including the risk of death	
	c. Contribute to the nutritional assessment of children, adolescents, and adults in relation to eating disorders. This should include: <ul style="list-style-type: none"> • Food and nutrient intake • Food and nutrient administration • Medication and complementary/alternative medicine use • Knowledge and beliefs regarding body image disturbance, food and eating • Eating behaviour • Factors affecting access to food and food/nutrition-related supplies • Physical activity and function • Nutrition-related person-centred measures • Anthropometric measurements • Biochemical data, medical tests, and procedures • Nutrition-focused physical findings • Individual's history • Comparative standards <p>See Table 1 of ANZAED practice and training standards for dietitians providing eating disorders treatment.</p>	

Competency Area	Course Content	Notes: Align Standard with training
2. Ability to engage the person experiencing an eating disorder and their family/supports in a non-judgmental manner and to motivate engagement with relevant health services and treatments	a. Demonstrate an empathetic understanding of high levels of ambivalence and fear of change in people experiencing an eating disorder and use strategies to support them to overcome barriers to self-disclosure	
	b. Work flexibly and collaboratively with the person throughout treatment, being able to adapt the treatment approach to suit the person's needs at that time. This includes matching treatment intensity to the person's clinical presentation.	
	c. Engage and work collaboratively with families and supports and encourage the person experiencing an eating disorder to allow their family and supports to share information with the treatment team	
	d. Explain the range of education and support needs a person experiencing an eating disorder and their family and supports may require regarding nutritional management and rehabilitation	

Competency Area	Course Content	Notes: Align Standard with training
3. Ability to contribute to multidisciplinary team assessment and care planning within the scope of professional role	a. Understand the significance and importance of a multidisciplinary care team in providing treatment for people experiencing eating disorders and understand the key role and function that the dietitian plays within the team. Please see Appendix A – The Care Team – for further information.	
	b. Within professional role and scope of practice, work collaboratively with professionals from other disciplines to implement and review the treatment plan	

Competency Area	Course Content	Notes: Align Standard with training
<p>4. Understand and work within the stepped system of care to support the person living with an eating disorder and their families and supports to access the right level of care for their needs</p>	<p>a. Understand processes for and be able to refer people experiencing eating disorders to relevant services within the stepped system of care to address their physical, psychological, and nutritional needs. This includes acting on identified warning signs to facilitate a person's access to the appropriate mental health and medical review and/or support.</p> <p>See NEDC Eating Disorder Stepped System of Care for further information.</p>	

Competency Area	Course Content	Notes: Align Standard with training
<p>5. Knowledge of current dietetic and clinical practices and standards in the treatment of eating disorders</p>	<p>a. Knowledge of the standards for safe treatment.</p> <p>See ANZAED clinical practice & training standards for dietitians providing eating disorders treatment and ANZAED eating disorder treatment principles and general clinical practice and training standards.</p>	

Competency Area	Course Content	Notes: Align Standard with training
<p>6. Ability to make nutritional diagnoses and implement nutritional intervention</p>	<p>a. Identify specific nutrition problems and diagnoses resulting from the psychological and physical complications associated with an eating disorder (for example, malnutrition, micronutrient deficiencies). Note: these are not medical or psychiatric diagnoses</p>	
	<p>b. Knowledge of the management of malnutrition, including weight restoration and micronutrient deficiencies within the context of treatment for people experiencing an eating disorder</p>	
	<p>c. Awareness of the risks of re-feeding syndrome, the need for medical care in nutritional restoration, and the role of the dietitian in managing re-feeding syndrome</p>	

Competency Area	Course Content	Notes: Align Standard with training
	d. Identify and manage co-occurring nutritional and health-related conditions the person with an eating disorder may present with (for example, diabetes, pregnancy), including understanding risk associated with co-occurring conditions	
	e. Understand the importance of and be able to provide nutrition education relevant to the person's clinical presentation. Communication and information should be provided to the person experiencing an eating disorder, their family, and supports.	
	f. Provide nutrition counselling to the person and their family and supports. This may include, but not limited to, monitoring eating behaviour, beliefs and attitudes about food and health, and factors affecting eating behaviour and nutritional status.	
	g. Identify, plan, and implement nutrition interventions with the purpose of modifying the person's nutrition-related health status, behaviours, knowledge, and attitudes to achieve physical, psychological, and nutritional recovery	
	h. Conduct nutritional monitoring, taking into consideration the measurement of treatment adherence outcomes by other members of the multidisciplinary care team	
	i. Monitor progress and measure outcomes relevant to professional role	
	j. Treatment sessions should be scheduled at a frequency that matches the severity of the person's eating disorder, the treatment goals, and the treatment approach being implemented	

Building a safe, consistent and accessible system of care for people with eating disorders



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