

# Treatment approaches supported at SEDS

When considering which treatment approaches to adopt at SEDS, there were three important considerations.

**First**, the approaches should be supported by evidence and accepted as the most appropriate treatments for specific developmental stages. This level of acceptance is indicated by inclusion in the various treatment guidelines produced around the world, including:

- > The National Institute of Clinical Excellence (NICE): <http://guidance.nice.org.uk/CG9>
- > Royal Australian and New Zealand College of Psychiatrists: <https://www.ranzcp.org/Mental-health-advice/guides-for-the-public/Anorexia-nervosa.aspx>
- > American Psychiatric Association: <http://www.psychiatryonline.com/content.aspx?aID=138722>
- > National Eating Disorders Collaboration: <http://www.nedc.com.au/media/>

**Second**, we understand that different people respond to different types of treatment, even if they are experiencing the same eating disorder, and we will seek to individualise the treatment journey of each individual seeking a service.

Third, working with people to restore nutritional health, regardless of body mass index, is a necessary foundation for all treatment approaches. Lack of adequate nutrition and use of behaviours that damage physical functioning impact adversely on both emotion and thinking and therefore needs to be addressed as part of helping any treatment approach become more effective.

The types of treatment likely to be discussed with people seeking an assessment with SEDS include the following:

## Self-help approaches

Self-help approaches are typically based on self-help books using a Cognitive Behavioural Therapy approach and ideally can be delivered by a therapist working with the person to implement change. This may require combination with other approaches, such as nutritional advice or medical monitoring.

## Family Based Therapy

Family approaches are most appropriate when adolescents, young adults and children are suffering from an eating disorder, especially where the disorder involves low weight. The aim of the family approach is to empower the parents to re-establish adequate food intake and associated health improvements in their child and to then gradually help the young person manage this more independently. Following a return to health, remaining concerns are addressed such as anxiety or low self-worth.

## Psychotherapy

Emphasis during psychotherapy is placed on thoughts, emotions, behaviours, patterns of thinking, motivations and relationships. It can include models such as Cognitive Behavioural Therapy, Dialectical Behavioural Therapy, Interpersonal Psychotherapy, Mindfulness Based Cognitive Therapy where comorbid depression exists, and Motivational Interviewing.

## Medication

Medication-based approaches are often vital when someone with an eating disorder also has another type of disorder or illness, such as depression, anxiety, insomnia or psychosis. This is known as a co-morbid disorder. Medications can be prescribed by psychiatrists or by medical doctors and GPs and should only be used in conjunction with another treatment approach.

## Inpatient and day patient programs

While recovery occurs over the long-term, it is not uncommon for some people with eating disorders to require more intensive support at times during their recovery journey. This may be required to ensure physical safety or to help kick start the person's ability to more independently manage their nutritional health. These programs will focus typically focus on helping people develop better skills for nutritional management and coping with the triggers that undermine this management, so that work can be continued in an outpatient setting.

## For more information

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