The Psychotherapist's Role on an Interdisciplinary Treatment Team for Adults with an Eating Disorder by Kathyrn Cortese, LCSW, ACSW, CEDS

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As a psychotherapist, whether your credentials define you as a PhD, PsyD, or EdD psychologist, licensed clinical social worker (LCSW), marriage and family therapist (LMFT), or licensed professional counselor (LPC), if you have decided to treat eating disorder client/patients, you know one thing is certain: eating disorders are complex bio-psycho-social disorders. Because eating disorders and complexity are inseparable, it is preferable for effective treatment to assemble a treatment team. (The term client is primarily used in this document, although "patient" is widely recognized as an appropriate term.)

The many challenges the eating disorder client and the treatment team face include medical status, co-morbidities, medication use and management, the role of exercise, nutritional assessment and planning, the individual's psychology, family involvement, socio-cultural issues, trauma, and others.

Whenever an eating disorders client comes to you for therapy, part of your care is to help your client "buy into" the value of a treatment team approach until such time as the individual's stability across all planes reduces the need for the various members. Certainly, there are individuals who present for therapy and may only need certain professionals from different disciplines involved in their care. Others may need a full cadre of professionals. In addition to professional care, involvement with family and loved ones adds to the value of the treatment team.

Case example:
A pleasant, 27 year old female presents in your office for help with her "anxiety." As you develop discussion in this initial session, you learn your client's anxiety symptoms, in her words, include "vomiting." With further exploration, it becomes more clear that your client engages in binge/purge behavior that began after college graduation when she started her job. Quick math tells you this has been active for approximately 5 years. She reports this occurs every evening from Sunday through Friday. Although her friends and family know she is anxious, she has not revealed the bingeing and purging to anyone. You recognize her situation is serious. Now your job is to maintain engagement and artfully educate and support her in the need to set up an appointment with a medical doctor who has expertise in the treatment of eating disorders. This is one way the development of a treatment team begins.

Sadly, as a psychotherapist, based on the demographics of your locale, access to other professional providers may be limited, and you may find yourself wearing a number of hats, i.e., being responsible for additional roles to support your client.

When access is available, a well-formed and well-informed treatment team includes the adult with the eating disorder diagnosis, this adult's partner/spouse/loved one(s), medical

doctor(s), psychiatrist, psychotherapist, and nutritionist/dietitian. It may be necessary for you to be the one who amasses this treatment team and educates your client as to why these people are the optimal recovery support team.

Why is the adult with the eating disorder diagnosis on the treatment team? Oddly, some psychotherapists don't include the client as a formal member of the treatment team. Your client's participation on the treatment team is essential. Every member of the treatment team has responsibilities. Clearly, the goal for all concerned is the client's recovery. Although your client may not be fully on board with this goal, this, as with any other information known to the client, is valuable for the treatment team. All members of the treatment team are engaged to advocate for the client and this is part of the client's role, as well. Part of your work as the psychotherapist may include partnering with your client for him/her/them to learn the skills necessary so this individual can advocate for his/her/their needs.

Why include the family or loved ones on the treatment team? These people have a stake in the client's recovery – they love and/or care about him/her/them. They are, hopefully, supporters and observers. Some may live with your client and are able to provide collateral history and information. Some may choose to maintain a distance and not get involved. This is their prerogative. You and your client will best know whom to include along the way to recovery, formally or informally.

Why does your client require a medical doctor or doctors? The insidious nature of any eating disorder will rob your client of good judgment and therefore, in order to ensure medical monitoring, a medical doctor needs to be involved. Oftentimes, as a psychotherapist, you are aware of the medical doctors in your area who have expertise in treating eating disorders. If you don't know who these physicians are, do the research necessary to identify them and develop a collegial connection. If your client opts to use the services of a practitioner you don't know, please get a signed release to speak with your client's physician as you would with any professional with whom you communicate on the case. Speak with this physician and learn his/her/their protocol in treating eating disorders. Other relevant parts of this conversation include – how often your client will meet with the doctor; will the doctor be taking weights and vital signs; will this include orthostatic blood pressure, what types of lab work will the doctor order, does the doctor support the HAES®– Health at Every Size – philosophy, etc.

Case example: An adult female with bulimia is open to your suggestion to meet with a physician for her medical status. She would like this to be her PCP who has been her doctor for about 10 years. The client is comfortable with this doctor. After authorization to discuss her case, you have a conversation with the doctor. The doctor states she doesn't know that much about eating disorders but is willing to help her patient. As you continue to talk, she asks you what lab work should be done for a good understanding of her patient. One of the lab values you suggest can be useful is an amylase level. Amylase is an enzyme that is produced by the pancreas and salivary glands. Although not always indicative, an elevated amylase level may reveal purging behavior. Also, people who purge sometimes appear to have "chipmunk cheeks" due to enlarged salivary glands. The

physician asks you what it will mean if the level is elevated. This question leaves you feeling uneasy about the doctor's understanding of eating disorders. At this point, the doctor assures you of her willingness to speak to colleagues and do reading to learn more about the medical impact of eating disorders on the body. You readily sense her earnest desire to truly be there for this patient. Based on your client's trust in this PCP, you conclude it's worth starting out with this doctor on board, knowing that it won't take much time to know if this is appropriate or if the team needs someone with more experience.

Consider a psychiatrist. Psychiatrists are licensed physicians who specialize in the treatment of mental, behavioral, and emotional disorders. They assess, treat, and monitor an individual's mental health. They also can prescribe medications. Because eating disorders are mental health disorders and can be accompanied by other mental health disorders, like anxiety, mood disorders, and PTSD. A psychiatrist's training and expertise brings a great deal to the treatment team. As the psychotherapist, you may need to educate, encourage, and support your client when the recommendation of a psychiatrist is made. Mental health remains highly stigmatized. You can guide your client in supporting this decision. A useful example is the diagnosis of diabetes. People have open minds about meeting with an endocrinologist for treatment, guidance, and support with diabetes, because the endocrinologist specializes in this area. The same applies to psychiatrists and the brain.

What about a nutritionist/dietitian? Unique to the experience of eating disorders is the fact that people need to eat to survive. What to eat; what not to eat; how much to eat; how little to eat; when to eat; when not to eat; snack/no snacks; desserts/no desserts; how many calories; how often to weigh; what about fluids – are just a few of the concerns that can flood the mind of an individual with an eating disorder. Eating disorder recovery leads to making peace with food. As you know, eating disorders span a range of diagnoses, body sizes, genders, ethnicities, and cultures. It is imperative to include a nutritionist who has expertise in the treatment of eating disorders. As with the physicians on your treatment team, get to know and team up with the dietitians who are knowledgeable and hopefully, specialize in this area. Those who specialize in the treatment of eating disorders know how challenging eating disorders can be. Please recognize how tempting it can be for an individual with an eating disorder to seek advice from people who don't have the background and training in the treatment of these life-threatening illnesses.

Case example: You learn your very bright, animated, and clever client has opted to meet with a local dietitian. You also learn that the dietitian has developed a specific diet for your client to follow. As your client shares her meal plan, you hear a rigid pattern that reinforces your client's fears, limits the amount of fats, requires special mixes, and establishes a target weight. As your antennae go up, you remember, "Do no harm." It's time to use your skills to disengage your client from this professional and set her up with a seasoned nutritionist.

As a psychotherapist treating individuals with eating disorders, you are an individual with an advanced degree; you have interned; and you have likely worked with individuals, couples, families, and groups. Have you asked yourself why you have chosen to treat eating disorders? There are reasons and it's important for you to be able to answer this question. Your responses will guide you in knowing your strengths, limitations, vulnerable areas, professional and personal traits, countertransference challenges, and why you want to help. Do you harbor any weight or other biases? If so, take the steps necessary to develop and cherish a non-judgmental acceptance of everyone.

As a member of a helping profession, it's important for you to keep your need to be needed in check. You know boundaries in your personal life. Boundaries are also a significant area of your professional life. I assume you are fully aware of your boundaries as a practicing psychotherapist, but how do you regard the boundaries of the members of your treatment team. Members bring expertise in their discipline. Do you respect this? Some important boundaries that need to be established and honored include – who will weigh the client? Who will determine the when and how of exercise? Who will discuss nutritional needs? Who is to be included on emails, sessions? Do these all seem simple and straightforward? They aren't. Psychotherapists sometimes find themselves weighing their clients at the same time the physician and nutritionist are. Psychotherapists sometimes find themselves recommending exercise protocol because the client and her family really want the client to get back to running. Psychotherapists can find their clients draw them into making statements and decisions that are not theirs to make because the client really likes the therapist and the therapist really likes the client. In the area of boundaries, your role as the psychotherapist is to determine where you start and where you stop with your client. It may be necessary for you to address some boundary violations with your client and/or another member of the treatment team. Please recognize that one of your skills is that of good communicator. This involves both listening and transmitting. And, it applies to your role as a boundaried member on a treatment team.

Case example:
Your client is a thirty-something male with anorexia nervosa. He ran cross-country in high school and college. His treatment team has limited his exercise to meditative yoga. He has increased his food intake and has gained some weight. He explains that he's been very fidgety lately and if he could just exercise by adding in some running he knows he would feel better. He states that running always helped him with his depression. He knows he could concentrate better if he ran 5 miles a day. You, too, ran cross-country in high school. You remember how training always helped you focus and diminished your stress. You agree with him that the running would help and suggest he start with 3 miles per day. It's not until you share this with the physician and dietitian on the treatment team that you realize you were pulled into the eating disorder's wiles and, as a result, suggested an activity that would intervene in more than one negative way. A) You gave permission to a client who is not in a position to add in this type of exercise. B) You gave permission to a client who may incur harm with this activity. C) You gave permission to an individual who now knows there may be ways to get you to collude with the eating disorder. What is positive about this is that it gives you the opportunity to work this error

out with the treatment team and take ownership. This also allows you to bring your misstep to your client's attention. Hopefully, you will present this to your client in a way that reveals and instructs how sly and deceitful any eating disorder is.

What, then, is the scope of involvement for the psychotherapist who is working with an adult client with an eating disorder? In your role, you will likely meet with your client on a more frequent basis than the other professionals on the treatment team. In a way, you may be the "quarterback" due to the amount of information available to you. Your responsibilities include the appropriate protocols for any psychotherapist.

- Defining and maintaining confidentiality
- Clearly communicating your fees, insurance involvement, when payments are due
- Specifying the lengths of time for an individual, couples, family sessions
- Being specific about your availability outside of scheduled appointments – telephone calls, texts, emails, etc.
- Maintaining your license and qualifications
- Maintaining thorough chart records and psychotherapy notes
- Staying current on evidence-based treatments, research, and theory
- Utilizing educational opportunities – workshops, conferences, webinars, podcasts, etc.
- Developing an appropriate treatment plan
- Continually clinically assessing/evaluating your client's status and progress
- Developing treatment goals and objectives

In addition, your role may require you to be the catalyst for intra-treatment team communication and suggestions.
An effective psychotherapist on an eating disorders treatment team will

- Raise questions and suggestions for treatment with your client and the treatment team. You are in the unique position to explore various treatment plan options in order to educate, explain, and procure reactions and feedback that can help inform the client, you, and all members of the treatment team of challenges, compliance, refusals, etc.

  Case example: You have been working with a 45 year old female diagnosed with binge eating disorder. She has a history of depression and was treated effectively with an SSRI in the past. She reports her last use of this SSRI was about 3 years ago. She is manifesting depressive symptoms - lethargy, sleeping 12 to 15 hours per day, has lost interest in knitting, which always brought her joy, is not accepting invitations to social outings. You ask her more about her experience with the SSRI in the past. You ask her further how she would feel about starting an anti-depressant now. She agrees this would be helpful. You suggest a

psychiatrist with whom you have a working relationship. She accepts this recommendation and states she will call the psychiatrist and request an appointment ASAP. You ask her to authorize a release for you to speak with the psychiatrist, if she would like. She is pleased to learn you are willing to do this. At some point after the session, you fax the authorization to release to the psychiatrist and follow this up with a telephone conversation at a time convenient for you and the psychiatrist or send an encrypted email. After meeting with the psychiatrist, she starts a trial dose of an SSRI prescribed for her.

- Support your treatment team members' professional decisions or work out any differences with team members before making any major recommendations to your client
  These collaborative examples include:
    - Medication recommendations via the prescribing physician
    - Dietary/nutritional changes via the nutritionist
    - Exercise protocols via the physician and nutritionist or other appropriate professional
    - Frequency of appointments with the other professionals on the treatment team determined by each treating professional
    - Recommendations for a higher level of care
    - Recommendations for a lower level of care
- Educate your client about the challenges of eating disorders
    - Splitting is a common occurrence in psychotherapy and can involve any number of players. Your ability to monitor this will aid in the effective treatment of your client. A cohesive, reality-based experience for your client provides an opportunity for self-knowledge growth marked by a sense of safety and security within the treatment team. Less conscious factors may be involved which lead to your client's need to split.

      Case example: Your 31 year old female client with bulimia reports that during her last appointment with the psychiatrist, this psychiatrist called her fat and told her she needed to lose weight. She continues to tell you about this experience and states she will never go back to this doctor. She goes further and tells you if you don't give her another referral, she will not make another appointment with you. You know this psychiatrist quite well and are pretty sure she would not make comments like this. You are able to work this through with your client, such that she knows you

will speak with the psychiatrist to learn what her experience was. Your client is willing to wait this out and hear what you have to say at your next session. When you speak with the psychiatrist, you learn your client was very weight focused during their last session and had asked the doctor to prescribe a weight loss drug. The doctor told the client this would not be in her best interest and declined. You are aware that historically, your patient's mother would routinely start her on a new diet and took her to Weight Watchers at age 12. Interestingly, in your conversation with the psychiatrist you learn she informed your client of her pregnancy and a future maternity leave. You are struck by the amount of material that is active in your client's splitting and projection. You can guide your client through her anger with her mother that you two have taken on in the past, as well as her fears of abandonment and rejection. You are grateful during your next appointment that your client really doesn't want to leave the team and was startled by the number of the emotions that were triggered in her psychiatry appointment.

- Explain and discuss with your client why certain decisions were made by the treatment team.
- Stay on your side of the fence when working with your client and the treatment team.
- Inform your client at the start that information regarding him/her/them will be shared amongst the treatment team.
    - Share with the treatment team
        - Your recommendations for the frequency and length of psychotherapy sessions based on your assessment of the client's need
        - Your client's progress, triumphs, symptom improvements, regressions, and relapses
        - If you notice symptoms in your client that suggest the presence of co-morbidities
        - Your recommendations for family or couple's therapy
        - Your recommendations as to whether family or couple's therapy is to be part of your role or that of an additional provider(s)
        - Disclosures that may be forthcoming, which indicate past or on-going trauma, substance use and abuse, as within the eating disorder population the incidence of these components are more likely
        - Concerns about self-harm and/or suicide

Consistent communication will not only make for effective care for your eating disorder client, but also provide a solid, trusting "environment" in which your client can grow. Various factors may lead you to recommend an appointment with your client to include other members of the treatment team. Although somewhat challenging to pull together, the benefits of such a session can be life-altering. Some examples of when to call for this type of session include an intervention to avoid a higher level of care, extreme splitting, brainstorming ideas to attain goals, etc. Having the client present, allows this individual to use his/her/their voice such that it will be received with respect and value. The client's fears, concerns, questions can thus be acknowledged, validated and, hopefully resolved by the team.

Another area where your communication skills will enter is if your client requires a higher level of care. Whether the appropriate setting for your client's needs and status is Intensive Outpatient (IOP), Partial Hospitalization Program (PHP), Residential Treatment, or Inpatient care, your ability to provide relevant information regarding your client's history, need for another level of treatment, co-morbidities and diagnoses, medications, previous hospitalizations, compliance, family support and dynamics, triggers, etc. is vital. Speaking directly with your client's program therapist is preferred. At that time, it is appropriate for you to ask about communication from the program's end. Will it be weekly? Who will place the calls? How is discharge planned? Will there be a discharge summary? Different facilities have different protocols for these questions. The more information you have, the more you improve the likelihood of smoother transitions for your client into and out of a program. These transitions can be remarkably difficult. Your client needs support. As your client prepares for discharge from the higher level of care, ensure that he/she/they has appointments scheduled with all team professionals in place before discharge. This avoids lapses in care for your client and also assures your client that the treatment team welcomes her/him/them back. Procure all relevant information regarding discharge from the program spokesperson. What are the recommendations for frequency of appointments with each team professional, meal times, grocery shopping, exercise, return to work, etc.? Having this information helps your client know you plan to co-operate and support the treatment methods that aided in your client's health and level of function. You and the outpatient treatment team will determine when and how to modify these recommendations.

As a psychotherapist, you recognize the need for on-going self-assessment. When working with individuals with eating disorders, the challenges and complexities are serious. The personal traits that led you to this role beg for certain features. Some of these include –

- Hope for recovery – One of the sad elements of any eating disorder is the ability of any eating disorder to wear people down, to erode them of any optimism, to feel shame and hopelessness, and to become self-defeating. It is your job to truly believe that recovery is possible. It is your job to maintain this hope despite what is going on. When your clients come to you, they need to "see" that hope in your eyes and feel it in your spirit. Perhaps you have recovered from an eating disorder. Your personal and professional knowledge that full recovery is possible can go a long way when your client wants to give

up and give in to the eating disorder. You may find that along the way you were the only person who truly believed they would recover. Your belief will sustain them.

- An Open Mind – Your eating disordered client came to you for many reasons. If you aren't in a position to hear some graphic details about an individual's food, eating, and body habits, this probably is not the place for you. Your attention needs to be focused, recognizing the need for symptom description from your client but not to a degree that this becomes a way to avoid therapy. Your open mind needs to stay accepting and non-judgmental. Trauma is ugly and unfortunately is too common. Part of your role is your ability to remain genuine, while "holding" the intense emotions that are involved in trauma so that your client can give words to unspeakable events, knowing you are fully present. Some therapists reveal their emotions through their body language, through words, through empathy, through tears. What ever form of expression you take, please be sure it doesn't "take over the room." Your client's experience and emotions need to have the time, space, and attention necessary for this type of work.
- Weight bias – Search your soul. It's hard to imagine anything more destructive to an individual's recovery from an eating disorder than to seek therapy from a professional with weight bias. If you find you carry this, don't be surprised if you do. You, too, are a member of society that has been deluged by the weight loss, fashion, and beauty industries to believe what they have determined to be "standards." Take the steps necessary to be aware of your bias, and work to rid yourself of it. A good place to start is with Health At Every Size® (HAES). Avoid negative comments about your body or commiserating about the amount of food you ate over the weekend. This may seem obvious, but America's common parlance is ripe with these types of comments.
- Patience – Because eating disorders are complex, they don't "go away" easily. You need to have the patience to help support your clients through the varied paths their recoveries will take.

Case example:
Your client has been meeting with you for 3 years. Over this course of time, her treatment plan included twice weekly sessions, a weekly appointment with her nutritionist, a monthly appointment with her psychiatrist, and an appointment with her PCP every 2 weeks. You schedule a couple's session with your client and her husband because your client has shared her husband has been critical of her treatment lately and they aren't making any progress when they have discussed this. In this session, your client's husband voices his lack of empathy as "she still throws up." He knows she was date raped as a teenager. He knows her eating disorder has been active for 12 years. He knows she struggles with bi-polar disorder. He asks, "When will this stop?" Imagine how differently your response would be if you did not have patience for the process of

recovery. Imagine the impact on your client, her husband, and their relationship if you were not in a position to appreciate his concerns and educate the husband. You are potentially in the position of opening a pathway of support or closing a passage to recovery. Your abilities to be patient and supportive of recovery with its twists and turns, ups and downs, zigs and zags are important parts of your skill set.

- Attention – Each of your clients is indeed an individual in every sense of the word. Your attention to your clients' transmitted communications, be they verbal or nonverbal, needs to be acute. Eating disorder clients' words, mannerisms, body language, themes, avoided topics, omissions, emails, texts, letters, preferences, seating arrangement and spacing, eye contact, and emotional expressions are telling you something. Eating disorders like to speak in code. It is part of your role to help decode these messages.

  Case example:
  Your client with bulimia is in a deepening relationship. These two people have been together 9 months and she has noticed every time she comes home from a date with this person she starts searching through her cupboards. She notices she feels hungry at these times but never finds anything she "wants" to eat. She finds she'll just eat anything "that's there." She also reports that her eating at these times seems frenzied. She will rip at a package of food. She will hurriedly devour what she has selected and barely tastes it. She knows something is going on, but is struggling to decode what is happening. Over the next few sessions, you two dissect this behavior. She is able to deepen a bit with each exploration. Ultimately, she recognizes her hunger and searching involve what isn't active in this relationship. Part of her enjoys the company of this person, yet she wants "more." Fortunately, her curiosity is sufficiently motivated by previous therapeutic insights that she wants to more fully understand the "more." As a therapeutic team, you now have the opportunity to learn more about the need, give "it" a name, and eventually find a positive to have it satisfied.

- Communication – It is often part of the eating disorder recovery process to develop healthy communication skills. Communication involves both listening and transmitting information. As you and your client decode certain aspects of the eating disorder, you will find you two share the opportunity to develop solid listening skills. Interestingly, eating disorder clients can be amazing friends and good listeners. But, they may not be able to listen to themselves very well. Helping your clients become aware of their needs, develop a language for their needs, utilize assertiveness skills to speak their needs, and value their needs will all support your client in clear, direct transmissions. One of the skill sets you will teach and practice with your clients is interoceptive awareness. Interoceptive awareness is one of the ways clients can meaningfully "listen" to themselves.

Through interoceptive awareness, we can detect and interpret the physical sensations that come from the body. Helping your clients tune in to these messages will connect them to various biological states, like hunger and fullness, as well as psychological and emotional states.

> Case example:
> The client mentioned in the example above in the section on "attention" employs interoceptive awareness. Her ability to use her skills to tune in to her sensations of hunger, to observe her frenzied behavior, and to recognize this state is being driven by an emotional/psychological need. She has developed insight to "listen" and learn. With her acceptance of this state, she sees an opportunity to get to know herself better. She can be present with herself and realize she does not need to rely on distractions to block whatever may be calling her attention. As she continues to explore this state both in and outside of her therapy sessions, she comes to know a number of things in regard to this relationship. The person with whom she is involved has many attractive traits. She knows she is drawn to get closer to this person and finds this somewhat frightening, but that isn't "it." With time and her interoceptive awareness, she comes to appreciate her real fear is about the other person's occasional bouts of anger, during which objects can be thrown and verbal assaults occur. Although few and far between, she gains enough clarity and understanding to empower herself to give voice to her fears and concerns. This sense of empowerment supports her in having an on-going conversation with her significant other to help sort through what she now recognizes as a warning sign.

- Attunement – Your role is to attune to the individual, the person. The presence of the eating disorder can often be so well formed that this "entity" or "identity" would prefer you to tune in to "it" rather than the personhood of your client. Your ability to connect with the self of your client is part of the recovery process and serves as a model as your client goes about the work of identifying and connecting with his/her/their authentic self. Recovery involves an establishment of or the re-establishment of a real self. As the psychotherapist, you are privileged to be in the position to support your client as he/she/they come to know, accept, establish a relationship with, enjoy, and appreciate the real self.
- Empathy – This is another trait that will serve your client well over time. In your relationship with your client, maintaining empathy and strength to support and limit set is essential. Some psychotherapists can be thrown by the medical, emotional, and/or personal experiences of their clients. Find the line that helps you hold your eating disorder client responsible and rouses accountability. This is a skill set you also model and pass on to your client. Wonderful research is being done on the role of self-compassion in eating disorder recovery. Your empathy can articulate the type of self-talk you want to encourage in your client to assist in their self-compassion and recovery efforts.

Case example: You have been working with a 51-year-old female for about 2 years. She has been relieved to learn that she has an illness with a name, Binge Eating Disorder. She has taken steps to educate herself on BED. Over your time together, she has divorced a verbally abusive husband and has reconnected with her adult son and his family. Together you've heightened her awareness to the negative messages she sends herself regarding her body and her eating. As you sit together one day, she enters your office spewing statements like, "I hate myself." "I can't believe I said that." "It's because I'm stupid and disgusting." Your ask her to take some breaths before any conversation. She complies and gradually and visually her distress softens. You ask her what just happened. She explains that her self-directed tirade was the aftermath of an episode with her son during which her son accused her of favoring one of her grandchildren over the other. She is pleased that during her relaxation or mood-transition breathing she "heard" herself being self-demeaning and quickly shifted to self-compassion. This momentary shift led her to a place of calm with self-statements like, "Those kids are a handful and you did the best you could." "You are a good grandma and love both grandchildren." "Perhaps my son was having a bad day and his words had little to do with me." "I like that I try my best with his family."

- Curiosity – Some of the assets of curiosity include naturalness, a willingness to learn, authenticity, an open mind without expectations, humility, and lack of judgment. Curiosity provides a fertile environment for exploration and promotes the kind of exploration your client will appreciate and learn.
- Ethics – Your profession has its own set of ethics. In the eating disorders field, as a psychotherapist, you will find ethical dilemmas unique to this patient population.
    - Thought needs to be put into the decision around self-disclosure if you have had an eating disorder. If you decide this disclosure is appropriate for your client, you need to also consider how, when, and how much you disclose. Always be guided by what is in your client's best interest.
        - Your client's right to autonomy, privacy, and confidentiality are sacred. But how do you respond if your client needs a higher level of care and refuses? Do you discuss this with the client's family members/loved ones? You have a duty to protect and prevent harm. What if your client requires hospitalization and refuses? Do you know about the rules governing involuntary admission to hospitals? What about competency and decision-making? Some eating disorder clients have cognitive impairment due to the illness.
        - Dual relationships are ethically improper. How do you handle chance meetings at the grocery store, the gym, etc.?
        - How and when do you introduce the idea of palliative care?
- Cultural sensitivity – Fortunately, as the field of eating disorders continues to develop, we are aware that eating disorders do not discriminate based on gender, age, race, religion, sexual orientation, socioeconomics,

geographical area, ethnicity, or culture. Providing access to care for treatment of an eating disorder client requires cultural sensitivity as it applies to many areas of your client's life. Some of these areas are family traditions, meals, meal preparation, body image concerns, religious holiday rituals, family dynamics, and mental health and weight stigma.

- Flexibility – What do you know about your own flexibility in life? Does this matter in your work with eating disordered clients? Yes. Oftentimes, rigidity and perfectionism are part of your client's eating disordered traits. Your ability to demonstrate flexibility and its benefits, as well and your ability to develop a healthy frame of reference for your client regarding their rigidity/flexibility will help support recovery.
- Skill set and knowledge base. Are you growing as you spend more time with your eating disorder clients? Has your own therapy been a valuable experience? Do you participate in individual or peer group supervision/consultation? Are you consistently reading journals, articles, books, blogs in print or online specific to eating disorders? Are you taking time to listen to Eating Disorder specific podcasts? Are you trained in the current evidence-based treatments? Do you attend Eating Disorder conferences, workshops, etc.? Would you consider becoming a Certified Eating Disorder Specialist (CEDS) via iaedp?

Do you stay current on insurance-related matters?

  - Insurance benefits can boggle anyone's mind. Based on your connection with insurance panels, you will need to be able to advocate for coverage on your client's behalf.
  - When speaking with an insurance representative, be prepared with a thorough history, all diagnoses, a specific treatment plan and goals, current medications, criteria for a higher level of care, and more if required by the insurance company. You may need to educate this insurance agent on the serious and valid reasons your client needs coverage.
  - Direct your client or the family to thoroughly discuss benefits as they apply to eating disorders with the insurer.
  - Suggest your client ask for a case manager to follow the case. Empower your client to have the insurance agent be as specific as possible with what is/is not covered and why. If a needed service is not covered, encourage your clients to ask what needs to happen in order for this service to be covered.
  - Document all communication and ask your client to do the same, recording dates, times, names, etc.
  - Do not be afraid to appeal insurance decisions or support your client in this endeavor.
- Know your limitations. There are many, many factors that are part of eating disorder treatment. If you don't know something, admit it. Then, go about the business of learning more about this

"something." Ask questions and decide if you would like to develop your skill set in this area.

Case example:
Your 32-year-old male with anorexia nervosa meets with you accompanied by his wife. They are interested in using the Maudsley Anorexia Treatment for Adults (MANTRA). You are not trained in FBT for children or adults. You can discuss the client's reasons for this approach and conclude this is or is not a valid option for him. You share that you are not certified in this method and offer the contact information for area professionals who could assist him with this, if this is the route they choose to take. You can certainly explain your approach to eating disorders treatment and answer their questions that are within your scope.

- Self-care - Your ability to recognize the balance or imbalance in your life, personally and professionally can likely impact your role in a variety of areas. You know when you are "on your game." If you are feeling the signs of burnout, you've probably pushed yourself too far.
  - Some symptoms of burn-out include insomnia or hyper somnolence, anxiety, irritable mood, depression, physical problems, changes in appetite, fatigue, forgetfulness, undo anger, and problems with concentration.
  - As a practicing professional, you know your personal resources are finite and need recharging. You likely have ways to remedy stress and/or burnout. Please use them regularly.
  - Periodically, ask yourself questions like - Where is my stress coming from? Can I change any of these stressors? If so, how? Are my physical, mental, emotional, and spiritual needs being met? Am I carrying too many responsibilities? How do I feel about my workload? Is it too much, too light? What changes to my practice would benefit me? Is time off needed? Do I like the structure of my day? Have I built in some down time? Where do I find joy? Am I taking the time to have this joy in my life? How is my social life? What's going on financially? Do I need to seek help? Do I recognize and employ the value of mindfulness techniques? You value the worth of your clients; do you value yourself as much or more? Etc.
  - Attending a conference or a workshop can add stimulation and energize you and your practice based on the information and new ideas gained, the people with whom you connected, and the change of scene.

Your role as a psychotherapist on an eating disorders treatment team is invaluable. You are the conduit, the quarterback, the cheerleader, the reinforcer, enforcer, carer, strength provider, emotional sustainer, wellspring of reassurance, spokesperson, sanctioner, recovery booster, bridge for communication, healing contributor, and advocate. You have chosen to take on the complicated work of being a part of eating disorders treatment and recovery. Your clients are amazingly unique and wonderful people. Please be grateful that you have the opportunity to work with this population. Each individual is a treasure. You will have the mutual adventure of aiding and abetting each other's wisdom and growth. Enjoy your journey!

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