

When The Manual Doesn't Work

Your Person-Centred Guide to Eating Disorder Treatment that Actually Fits Each Client

This guide offers practical strategies for implementing person-centred approaches in eating disorder treatment, emphasising collaboration, flexibility, and meeting clients where they are in their journey.

Meet Clients Where They Are

Skills to understand and work with varying levels of motivation:

- Recognise that ambivalence about recovery is normal and valid
- Work with the client's current level of readiness rather than pushing for change
- Focus on building trust and understanding before pursuing active change
- Value small steps and celebrate client-defined progress
- Maintain hope while respecting the client's pace
- Support harm reduction approaches when appropriate
- Understand that motivation fluctuates throughout recovery

Used Shared Decision Making

Empower clients as active participants in their recovery:

- Collaborate on treatment goals and priorities
- Discuss treatment options and their rationale
- Respect client autonomy in decision-making
- Regularly review and adjustment of treatment plans together
- Accept when clients aren't ready for certain interventions

Moving Beyond Manualised Treatment

The Value of Flexibility

While evidence-based protocols provide valuable frameworks, effective treatment often requires adaptation to individual needs. Consider:

- Using treatment manuals as guides rather than strict rules
- Adapting intervention timing based on client readiness
- Incorporating client feedback about what works for them
- Not insisting on a certain manualised intervention when the client has indicated it is unhelpful
- Remaining open to alternative approaches when standard interventions aren't effective
- Recognising that recovery isn't linear

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Comprehensive Assessment and Treatment Planning

Always Go Beyond the Eating Disorder

Effective treatment addresses the whole person:

- Assess for underlying trauma and attachment issues
- Consider developmental experiences and family dynamics
- Explore identity and personal values
- Consider intersectionality - BIPOC, LGBTQAI+, etc.
- Evaluate interpersonal relationships and social support
- Screen for co-occurring mental health conditions

Include a Quality of Life Focus

Treatment should address practical life challenges that impact recovery:

- Housing stability and living situation
- Financial stressors and employment concerns
- Relationship difficulties and social isolation
- Educational or career goals
- Daily living skills and independence
- Focus on improving quality of life rather than symptoms alone

Sensory and Somatic Considerations

Many clients with eating disorders have unique sensory needs:

- Conduct thorough sensory assessments
- Explore texture aversions and preferences
- Consider environmental sensitivities
- Assess for possible neurodivergent traits
- Develop individualised coping strategies for sensory challenges



Weight-Neutral, Person-Centred Care

Move Beyond Weight-Centric Treatment

A weight-neutral approach prioritises overall wellbeing:

- Focus on behavioural and psychological healing rather than weight markers
- Recognise that health exists at many sizes
- Emphasise quality of life improvements over body measurements
- Support body acceptance and body neutrality
- Help clients develop a more peaceful relationship with food and movement

Redefine Recovery Markers

Consider diverse indicators of healing:

- Improved relationship with food and eating
- Enhanced body awareness and acceptance
- Better emotional regulation
- Increased engagement in meaningful activities
- Stronger interpersonal relationships
- Greater flexibility in eating patterns according to the individuals goals (and not neuronormative standards)
- Improved sleep and energy levels
- Enhanced capacity for self-care

Practical Implementation Strategies

Assessment Tools

- Non-weight-focused quality of life measures
- Body relationship assessments
- Trauma screening measures
- Sensory profile assessments
- Relationship and support network mapping
- Regular feedback forms
- Motivation and readiness assessments

Treatment Planning

- Collaborative goal-setting worksheets or discussions
- Flexible treatment timelines
- Regular progress reviews
- Client-led agenda setting
- Crisis and safety planning that incorporates client input
- Plans that accommodate varying motivation levels



Progress Monitoring

- Regularly checking in with the client
- Client satisfaction surveys
- Adjustment of approaches based on feedback
- Documentation of collaborative decision-making
- Recognition of non-linear progress

Creating Safety and Trust

Establish a therapeutic environment that promotes openness:

- Validate the complexity of recovery
- Acknowledge the protective role of eating disorders
- Create space for ambivalence about change
- Respect client timing and pacing
- Build trust through consistent responsiveness
- Accept and work with resistance rather than challenging it

Conclusion

Person-centred eating disorder treatment requires ongoing flexibility, deep listening, and genuine collaboration. By moving beyond rigid protocols and addressing the whole person, clinicians can create more effective and lasting recovery outcomes. Remember that each client's journey is unique, and meeting them where they are - including in their motivation for change - is essential for meaningful therapeutic work.

This guide is meant to support clinical decision-making while maintaining appropriate professional judgment and adherence to ethical guidelines. Adapt recommendations based on your clinical setting, professional scope of practice, and individual client needs.

