

# From Reluctant to Ready

## How to Inspire Genuine Motivation in Every Eating Disorder Client

### Understanding Ambivalence in Eating Disorders

Research shows that verbal expressions of motivation and intent to change, while often valued by clinicians, are not reliable indicators of actual readiness or capacity for change. As clinicians, we need to navigate holding a pro-recovery stance while avoiding being overly invested in recovery.

### Core Clinical Principles for Working With Ambivalence

#### 1. Therapeutic Stance

- Maintain "non-attachment" to outcomes while expressing genuine care (don't be overly invested in behavioural change)
- Support clients regardless of their choices
- Use neutral, factual communication about consequences
- Be mindful of communicating warmth to reduce the risk of messages being received as cold or punitive
- Avoid control battles or imposed agendas
- Key phrase example: "I desperately want you to recover, but I don't need you to"

#### 2. Validation Framework

- Recognise all feelings as real and important
- Avoid using dismissive language such as "that's just the ED talking"
- Acknowledge that feelings make sense within context
- Understand that behaviours serve functions
- Validate distress without reinforcing harmful behaviours

#### 3. Working with Resistance and Denial

When facing client resistance or denial, consider:

- What function does the behaviour serve?
- What risks could arise from confrontation?
- How strong is the therapeutic alliance?
- Is addressing this necessary for the client's goals?
- Is the client psychologically and nutritionally ready?
- Where appropriate, explore these questions collaboratively with the client



## 4. Managing Common Challenges

### Response Strategies:

- Maintain neutral responses to ineffective connection-seeking behaviours
- Continue providing warmth despite therapy-interfering behaviours
- Distinguish between disruptive behaviours and self-regulation needs
- Address dishonesty strategically (choose your battles)
- Focus on building alliance before confronting difficult truths

## Evidence-Based Treatment Components

### Essential Elements

#### 1. Collaborative Inquiry

- Use Socratic questioning
- Maintain curiosity and openness
- Support individual discovery over highly directive approaches
- Practice systematic exploration

#### 2. Practical Interventions

- Provide targeted psychoeducation
- Examine symptom advantages/disadvantages
- Recommend experimental strategies (trying something different)
- Explore clients values

## Finding Balance in Treatment

### Find the Balance Between

- Providing unconditional positive regard while implementing necessary empathic confrontation
- Acknowledging severity while respecting client distress
- Supporting change while maintaining patience
- Meeting regulation needs while advancing therapy goals

## Clinical Recommendations

1. Focus on building strong therapeutic relationships
2. Maintain consistent boundaries (without rescuing dynamics or punitive consequences)
3. Hold realistic expectations
4. Recognise that change often occurs gradually
5. Value small progress steps
6. Support harm reduction when appropriate

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## When working with Complex Presentations

- Consider the impact of a trauma history
- Account for neurodivergent presentations (assess for neurodivergence if needed)
- Consider intersectionality such as cultural differences, gender identity, housing difficulties, etc.
- Work collaboratively with the client to distinguish between therapy-interfering behaviours and regulation needs
- Adapt communication style to client needs
- Maintain empathy without enabling

## Signs of Progress

Look for:

- Reduced frequency of therapy-interfering behaviours
- Increased openness to exploring change
- Better engagement in collaborative work
- Improved self-awareness
- Enhanced capacity for honest dialogue

**Remember: All clients deserve quality treatment, regardless of their current motivation level or readiness for change. Our role is to provide consistent, compassionate care while maintaining appropriate professional boundaries and realistic expectations for progress.**

## Practice Note

This guide aims to support clinicians in providing effective care while managing the complexities of ambivalence and resistance in eating disorder treatment. Regular supervision and ongoing professional development remain essential components of ethical practice in this challenging field

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