

Finding a Nutritionist Skilled in Treating Eating Disorders

by Karin Kratina, Ph.D., RD, LD/N

According to the American Psychiatric Association, nutritional rehabilitation is critical in the treatment of anorexia and bulimia. This need can be overlooked since most individuals with eating disorders know a great deal about nutrition, often significantly more than their therapist's. Unfortunately, much of this knowledge is distorted in such a way that it often supports eating disordered behavior. For instance, it is a fact that bananas are more calories-dense than other fruits. A client may translate this as "bananas are fattening"... which becomes "If I eat a banana, I will get fat." The decision is then made not to eat bananas.

These unrealistic beliefs and cognitive distortions become entrenched and will remain so until successfully challenged. Most therapists deal minimally with these issues due to the fact that they have many other issues to discuss and/or due to lack of knowledge in this area. A certain level of expertise is necessary when dealing with eating disordered individuals, especially those who are "nutritionally sophisticated." Therefore, a nutrition specialist is a necessary addition to the treatment team.

Dietitian or Nutritionist?

In some states, anyone can call themselves a "nutritionist," so there is no way to distinguish by this title alone who has training and competency and who does not. Some states require nutritionists to be licensed, in which case the letters LD or LN will follow their name. The most stringent accreditation is from the American Dietetic Association (ADA). Those who complete ADA's requirements use the initials RD behind their name. RD's and usually LD's are trained in "nutrition counseling," in which they evaluate quality of diet and educate clients regarding nutrition, metabolism and weight related concerns.

Not all RD's (or LD's) are trained to work with eating disordered clients. To work effectively with an eating disordered client, RD's must be trained in a "psychotherapeutic" counseling style. RD's trained in this style are often (informally) called "nutrition therapists." They typically receive professional supervision from a trained therapist and work with a multidisciplinary treatment team exploring and challenging the mental distortions that cause and perpetuate the eating disordered behaviors. Some clients (often in the effort to avoid psychotherapy) will call a RD instead of a psychotherapist, therefore, all RD's must be able to evaluate the need for psychotherapy and be able to guide the client to a skilled psychotherapist.

RDs can be found in the yellow pages of the phone book or at the local hospital. Often therapists who specialize in eating disorders can refer to skilled RD's. The ADA has a Consumer Hotline which has a listing of RD's who specialize in eating

disorders however the list is not extensive (800-366-1655). The Renfrew Center (a treatment center for eating disorders) maintains a fairly extensive referral network of RD's working with eating disorders (800-332-8415).

Selecting a Nutritionist

Interviewing a nutritionist is important to evaluate his or her credentials, special expertise, experience and philosophy. Review the following list to formulate questions for the interview.

An effective nutrition therapist should:

- Work with a treatment team
- Be in regular contact with a client's therapist
- Know skilled therapists, psychiatrists, physicians and exercise counselor's and be able to refer the client if necessary
- Understand that treatment takes time (sometimes years) and patience
- Know how to provide effective interventions **without** a meal plan
- Be able to guide a client to a solid understanding of hunger, fullness and satiety, and teach them to use these signals to be able to successfully manage food and weight
- Work with a flexible meal plan that does not get caught up in calories or weighing and measuring food
- Be able to address body image concerns (with or without weight loss)
- Understand that "I feel fat" is not a feeling, and be able to help the client understand this and eventually "decode" the fat feelings
- Receive, or have received, extensive professional supervision

An effective nutrition therapist should not:

- Use rigid meal plans
- **Need** to use a meal plan to help a client change their food
- Expect clients to be able to follow meal plans
- Indicate the client will not need therapy
- Encourage a client to lose weight
- Suggest that certain foods are fattening, forbidden or addictive
- Tell the client they must avoid certain foods
- Support a low calorie diet of any kind (certainly a diet of 1,200 or less is not conducive to recovery, some would say 1,500 or less)

Excerpted from: The Eating Disorder Sourcebook by Carolyn Costin, available at www.gurze.com. Article downloaded from www.nutritiontherapy.com.