

Position Statement for Dietitians Working in eating Disorders

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Introduction

Eating disorders are complex physiological and psychological illnesses, with specific symptoms that are classified using strict diagnostic criteria, as outlined by the Diagnostic and Statistical Manual for Mental Disorders 5 (American Psychiatric Association 1994). Management of an eating disorder requires consideration of physiological, psychological, nutritional, psychosocial and behavioural perspectives. Nutritional counselling forms an important part of the care package and a dietitian is ideally placed to lead on the nutritional part of the treatment plan (RCP 2017, QED 2016, NICE 2017).

This paper aims to inform and support all dietitians who have contact at any level with patients with eating disorders. It provides guidance to ensure safe, effective and efficient dietetic practice. It does not address the specifics of dietetic treatment which are covered in the Mental Health Specialist Group Guide to Clinical Dietetic Practice in Eating disorders (2017). However, it does clearly depict the roles and responsibilities of the specialist eating disorders dietitian, and how non-specialist dietitians can gain further training, support and supervision to either become a specialist dietitian or continue to provide dietetic input to patients with an eating disorder safely. The following areas will be covered:

- Roles and responsibilities
- Knowledge, skills and training
- Clinical supervision
- Caseload management

Roles and Responsibilities

Eating disordered behaviours arise from psychological difficulties and are a way of attempting to cope and communicating distress. Making dietary changes may exacerbate difficult thoughts and/or feelings, and increase the likelihood of other risk taking behaviours e.g. self-harm, substance abuse etc. Dietitians should therefore avoid lone working and carrying inappropriate responsibility for patients with eating disorders, particularly individuals of a high physical and/or psychological risk (RCP MARSIPAN Checklist 2016). A collaborative team of professionals is required to best manage individuals with an eating disorder.

The specialist dietitian is an important member of the multi-disciplinary team (MDT); with the expert skills needed to address these complex disorders involving food, weight and appetite. As highlighted by the National Institute for Health and Clinical Excellence (NICE 2017), dietary counselling should be provided as part of a multi-disciplinary approach. Managing medical risk is not the sole responsibility of the dietitian, although the nutritional assessment is a key aspect of the medical risk assessment, especially during the process of refeeding and in the management of refeeding syndrome. The dietitian should ensure that other team members also share responsibility for managing physical risk e.g. General Practitioner (GP), or Psychiatrist. Dietary counselling is required to guide an individual back to normalised eating patterns and behaviours, but it is not a substitute for psychotherapy. Another team member is required to treat the underlying psychopathology e.g. psychologist, or specifically trained therapist. Dietitians should contribute to the shared formulation, and ongoing assessment of the eating problems.. It is best practice for patients to have a designated care co-ordinator, or lead Professional for the dietitian to work alongside to help assess and manage clinical risk. Dietitians who have undertaken the BDA /MHSG training for Care coordination, alongside local trust training can also undertake the role of lead professional. Assessment of complex or higher risk patients should be multidisciplinary, ongoing and comprehensive (RCP MARSIPAN, Checklist 2017).

Dietitians need to have a clear understanding of their own limitations, and seek support from the other members of the team when appropriate. Individuals with an eating disorder do struggle to disentangle their emotions from issues related to food, and so, dietitians may be faced with complex psychological issues. However, it is important that professional boundaries are kept at all times, and that the dietitian maintains a focus on food-related problems. Dietitians trained and supervised in Guided Self Help interventions can see lower risk patients e.g. Binge Eating disorder, and disordered eating, alone for this intervention, provided they receive adequate clinical supervision and refer onwards if treatment is unsuccessful.

A non-specialist dietitian can offer assessment, sign-posting and short-term education for individuals with an eating disorder and their carers providing they liaise with the other health professionals involved in managing the patient's medical and psychological care. Non-specialist dietitians should seek guidance and support from an experienced/specialist eating disorder dietitian for the duration of the short-term work, and recognise their own limitations. Longer-term treatment or treatment of severe or complex needs patient's needs to be addressed by a specialist service that includes a dietitian with specialist knowledge of eating disorders. The MARSIPAN report by the Royal College of Psychiatrists (2017) recommends that in-patient medical team's must contain a specialist dietitian preferably within a nutrition support team, and that any hospital that admits patients with Anorexia Nervosa must have a dietitian trained to provide care to such patients. Boundaries are exceptionally important; the dietitian may feel pressure to compromise on issues related to the calorie content, or the type of foods consumed. Recovery from an eating disorder often leads to the emergence of distressing feelings and increased anxiety that the individual would rather avoid. It can be useful to set the boundaries from the start of treatment, including what is negotiable, and what is non-negotiable, explaining a clear rationale for this and ensuring measures are not punitive.

Specialist eating disorders dietitians have a role in assessment, treatment, monitoring, support and education. The role in assessment is to determine nutritional status, estimate requirements for growth, eating patterns and behaviour, knowledge, food rules and beliefs, meal planning, shopping and cooking skills, motivation to change, and how underlying psychopathology impacts on eating behaviours and behaviour change. The dietitian develops the nutrition section of the treatment plan in consultation with the patient and MDT, and supports the patient and the MDT throughout implementation. This includes intensive one to one or family work, but also group work. The development of a good therapeutic relationship is essential as well as enhanced communication, behaviour change training and care and compassion to support nutritional rehabilitation.

Individuals with an eating disorder are believed to have a good comprehension of nutrition. However, research shows that individuals with an eating disorder have sound knowledge of the calorie content of foods, but disordered beliefs about food and poor understanding of the basics of healthy eating (Cordery and Waller, 2006). The dietetic role in education extends to offering support and education to health professionals, families, carers, non-specialist dietitians involved with patients with eating disorders, and the general public, through various mediums such as group work, presentations, and the media. Thus, the specialist dietitian must have advanced communication skills, as well as have an up-to-date knowledge of the evidence base to support their advice.

There is a paucity of research in the area of dietetics and eating disorders, although consensus papers recognise the valuable role of the dietitian in this field, and the core content of dietetic in-

Knowledge, Skills and Training

Working with patients with eating disorders requires a comprehensive level of knowledge and skill mix to meet the complex needs and challenges of this client group.

Specialist [dietitians](#) should have a sound knowledge of the development and maintenance of eating disorders in addition to an understanding of the physiological, psychological and medical aspects of a range of eating disorders. This needs to be underpinned by a broad understanding of mental health and psychological interventions and their application e.g. Motivational Enhancement Therapy, Cognitive Behavioural Therapy- Enhanced, Dialectical Behaviour Therapy, Interpersonal Therapy, and Psychodynamic/Psychoanalytic Psychotherapy and manualised approaches such as SSCM (Specialist supportive Clinical Management) and MANTRA (Maudsley Anorexia Treatment for Adults). Enhanced communication, counselling and motivational interviewing skills are vital, especially since not all individuals with an eating disorder are motivated to change their behaviours, and ambivalence is a core condition in Anorexia Nervosa. Many patients with eating disorders will also suffer from personality disorders, obsessional compulsive disorders and Autism Spectrum conditions. Further training in these areas can be beneficial in supporting behaviour change.

Dietitians should therefore address their ongoing training needs via a personal development plan and an annual appraisal to ensure that they are adequately skilled to work in this area. A list of recognised post graduate training and qualifications are given below..



Post registration training and education – suggested criteria for eating disorders role

Criteria	Essential	Desirable
Communication skills	Advanced training e.g. level 1 and 2 (@ Dymna Pearson) or evidence of equivalent training. Motivational Interviewing-Introduction.	Level 3 + behaviour change training or Masters modules e.g. @ Leeds Beckett University / Nottingham University Motivational Interviewing 1 day plus course
Knowledge about eating disorders e.g. aetiology, neurobiology, physiology, risks, comorbidities, treatments etc	BDA introduction to MH, ED and LD Other 1 day + course by recognised provider	Post registration training qualification e.g. PG Cert ED, Masters that included eating disorders dissertation/modules.
	Clinical supervision from experienced eating disorders Dietitian	
	Attendance at regional group meetings	Attendance at regional and national meetings
Psychological approaches training	1-2-day course in core psychological approach delivered by service e.g. DBT, CBT-E, FBT, GSH, etc. E.g. an Introduction to this way of working.	Full training in core psychological approach delivered by service e.g. DBT, CBT-E, FBT, SSCM, MANTRA etc by a recognised training provider.
Secondary psychological approaches training		Training in any of the following: Mindfulness, Compassion Focused Therapy, Cognitive Remediation Therapy etc
Training to support Avoidant Restrictive Food Intake Disorder	1-2-day intro course in Sensory training or ASD	SOS training, Food Channing
Safeguarding	Basic training	
Care coordination/lead professional		Leeds Beckett University/MHG training

Clinical Supervision

Working with patients with eating disorders can be both personally and professionally demanding. Typically, patients may present as distressed, anxious and/or depressed. As previously stated, patients may struggle to disentangle their emotional distress from more practical dietetic matters. Dietitians are therefore regularly confronted with challenging psychological issues. Furthermore, patients may evoke particular emotional responses in the professional, and at times this may influence the therapeutic process.

Access to regular and good quality clinical practice supervision from an experienced eating disorders dietitian and other MDT members is important. This will enable reflection on clinical practice and time to consider emotional and relationship issues, which may arise during consultations. Practice supervision can be available in a number of different ways, including one to one, group, face-to-face, or on the telephone (BDA MHSG 2017)². Some practice supervision may therefore need to be provided from outside the dietetic profession, such as within psychological services. If this is the case, it is essential that the supervisor has a clear understanding of both professional and clinical dietetic issues as practice supervision can include caseload management and professional management.

In addition to individual supervision, MDT supervision is needed, which allows an enhanced team approach and assists in maintaining clear professional boundaries. Working in a team can bring difficulties, such as differing priorities/ideas, splitting, issues with communication, and so on. The dietitian will need to overcome these challenges to effectively collaborate with the team. MDT supervision is a medium to assist in this process.

Caseload Management

Caseload management is important due to the complex and challenging nature of this patient group. Through consultation with specialist eating disorder dietitians who are members of the Mental Health Specialist Group of the British Dietetic Association , safe caseloads have been proposed as 0.5-1.0 whole time equivalent dietetic time for a 10-12 bedded inpatient unit specialising in the treatment of eating disorders. This range reflects the varying role of the dietitian within inpatient services. For example, some services will heavily rely on dietetic input in all areas related to nutrition within the unit, whereas some services may have other health professionals, such as OT and nursing staff, with a special interest in nutrition and appropriate

training, who are able to support the role of the dietitian in these settings. Furthermore, supporting complex needs patients through behaviour change is time consuming, requires the development of a good therapeutic relationship, and the need for frequent on-going support to ensure treatment outcomes are met. As a result, typical caseloads should not exceed five complex needs patients per day, or twenty per week. This needs to be considered when agreeing dietetic time in outpatient services.



References

- American Dietetic Association (2006) 'Position of the American Dietetic Association: Nutrition intervention in the treatment of anorexia nervosa, bulimia nervosa, and other eating disorders' *Journal of the American Dietetic Association* 106, (12) 2073-2082 .
- American Psychiatric Association (2013) 5th Edition. *Diagnostic and Statistical Manual of Mental Disorders*. Washington DC: American Psychiatric Association
- American Dietetic Association (2006) 'Position of the American Dietetic Association: Nutrition intervention in the treatment of anorexia nervosa, bulimia nervosa, and other eating disorders' *Journal of the American Dietetic Association* 106, (12) 2073-2082
- British Dietetic Association Mental Health Specialist Group (2017)¹ :Care coordination/Lead Professional Guidance for Dietitians.
- British Dietetic Association Mental Health Specialist Group (2017)² Clinical Supervision Guidance for Dietitians Working in Mental Health, eating disorders and Learning Disabilities.
- British Dietetic Association Mental Health Specialist Group (2015) Outcome tools kit
- British Dietetic Association Mental Health Specialist Group Workforce Scoping –Annual report.
- Cordey H, and Waller, G. (2006) Nutritional Knowledge of Health Care Professionals Working in Eating disorders. *Eating disorders Review*, (14) pp. 462-467
- Hadigan, C. M., Anderson, E. J., and Miller, K. K. (2000) 'Assessment of Macronutrient and Micronutrient Intake in Women with Anorexia Nervosa' *International Journal of Eating Disorders* 28, 284-292
- Mehler, P. S., and Anderson, A. E. (2010) *Eating Disorders: A guide to medical care and complications* London: The John Hopkins University Press
- Mitnacht AM1, Bulik CM. (2015) Best nutrition counselling practices for the treatment of anorexia nervosa: a Delphi study. *Int J Eat Disord*. Jan;48(1):111-22. doi: 10.1002/eat.22319. Epub 2014 Jun 27.
- National Institute for Health and Clinical Excellence (2017) *Eating Disorders: Core interventions in the treatment and management of anoxia nervosa, bulimia nervosa and related eating disorders* London
- Quality Improvement Scotland: Eating disorders Scotland Recommendations for Management and Treatment. (2006) which has an appendix on the role of the dietitian www.nhshealthquality.org/nhsqis/files/EATDISORDER_REP_NOV06
- Royal College of Psychiatrists and Physicians (2016). MARSIPAN; Management of really Sick Patients with Anorexia Nervosa. Council report CR162
- Royal College of Psychiatrists and Physicians (2016). Junior MARSIPAN; Management of really Sick Patients with Anorexia Nervosa. Council report CR16
- Royal College of Psychiatrists and Physicians (2016).MARSIPAN checklist
- Royal College of Psychiatrists and Physicians (2015) Quality Network for Eating Disorders (QED) <http://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/ccqprojects/eatingdisorderservices/ourstandards.aspx>

Recommended reading list

European Eating Disorders Review. The professional journal of the Eating Disorders Association published bi-monthly by John Wiley and Sons, Ltd.

Fairburn CG. *Cognitive Behaviour Therapy and Eating Disorders*. New York: Guilford Press, 2008.

Fairburn CG. *Overcoming Binge Eating (Second Edition)*. New York: Guilford Press, 2013

Herrin, M and Larkin M (2013) *Nutritional Counselling in the Treatment of Eating Disorders*. Brunner-Routledge.

International Journal of Eating Disorders. An official publication of The Academy for Eating Disorders. USA.

Institute of Psychiatry: For health and education professionals. Web downloads include risk assessment tables and BMI tables: www.iop.kcl.ac.uk/sites/edu/?id=73

Morgan, J. (2008) *The Invisible man: A self help guide for men with eating disorders, compulsive exercise and bigorexia*.

Nash, J. (1999) *Binge No More: Your Guide to Overcoming Disordered Eating*

Schmidt, U., and Treasure, J. (2016) *Getting Better Bit (e) by Bit (e): A Survival Kit for Sufferers of Bulimia Nervosa and Binge Eating Disorders*. Psychology Press Ltd.

Treasure, J., Smith, G., and Crane, A. (2007) *Skills-based learning for caring for a loved one with an eating disorder: The new Maudsley method*. Routledge.

Waller, Cordery, Corstorphine, Hinrichsen, Lawson, Mountford, Russel (2007) : *Cognitive Behavioural Therapy for Eating Disorders: A Comprehensive Treatment Guide*



Guidelines

British Dietetic Association Mental Health Specialist Group (2017) Clinical Supervision Guidance for Dietitians Working in Mental Health, Eating disorders and Learning Disabilities.

British Dietetic Association Mental Health Specialist Group Workforce Scoping –Annual report.

American Dietetic Association (2006) 'Position of the American Dietetic Association: Nutrition intervention in the treatment of anorexia nervosa, bulimia nervosa, and other eating disorders' *Journal of the American Dietetic Association* 106, (12) 2073-2082 .

British Dietetic Association (2017) Safe Staffing, Safe Workload Guidance.

National Institute for Health and Clinical Excellence (2017) *Core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders*. London

Quality Improvement Scotland: Eating disorder guidelines published in (2006) which has an appendix on the role of the dietitian www.nhshealthquality.org/nhsqis/files/EATDISORDER_REP_NOV06

Royal College of Psychiatrists (2004) *Guidelines for the Nutritional Management of Anorexia Nervosa* London: Royal College of Psychiatrists. Council Report CR130.

Royal College of Psychiatrists and Physicians (2016). MARSIPAN; Management of really Sick Patients with Anorexia Nervosa. Council report CR162

Royal College of Psychiatrists and Physicians (2016). Junior MARSIPAN; Management of really Sick Patients with Anorexia Nervosa. Council report CR16

Royal College of Psychiatrists and Physicians (2016).MARSIPAN checklist

Royal College of Psychiatrists and Physicians (2015) Quality Network for Eating Disorders (QED) <http://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/ccqipprojects/eatingdisorderservices/ourstandards.aspx>

Royal College of Psychiatrists and Physicians (2015) Quality Network for Community Eating Disorder services for children and young people (QNCC-ED) <http://www.rcpsych.ac.uk/pdf/2nd%20link.pdf>

Continuing Professional Development

In considering the continuing professional development requirements of dietitians working in eating disorders, training courses/conferences and organisations are detailed below. This is not an exhaustive list.

Scottish Eating Disorders Interest Group: <http://www.sedig.org/events/sedig-carers-conference-2017>

Managed Clinical Network for Eating Disorders North Scotland http://www.nhsgrampian.co.uk/nhsgrampian/EDSnew.jsp?pContentID=4123&p_applic=CCC&p_service=Content.show&

B_eat. This is the official eating disorders registered charity, providing information and help on all aspects of eating disorders for sufferers, carers and professionals. Further details are available from www.b-eat.co.uk

AnorexiaBulimiaCare. An eating disorders organisation, providing information and help on all aspects of eating disorders for sufferers, carers and professionals. Further details are available from <http://www.anorexiabulimiare.org.uk>

Behaviour Change Skills level 1-3. These courses include enhanced communication, and motivational and counselling skills to support behaviour change, which are essential for all specialist eating disorders dietitians, and are supported BDA. For further details, contact Dympna Pearson at dympna.pearson@ntlworld.com

BDA Mental Health Specialist Group. This is a specialist group of the BDA that has over 200 dietitians working in the field of mental health, eating disorders and learning disabilities. The web site has an excellent resource section and membership includes regular e-mail updates in this clinical area. Further details are available from www.dietitiansmentalhealthgroup.org.uk

BDA Mental Health Specialist Group: Introduction to Mental Health course. This includes an introduction to working in mental health and eating disorders; suitable for those beginning to work in this area. Further details are available from www.bda.uk.com

Leeds Beckett University in collaboration with MHSG: Post graduate Certificate in Eating Disorders: Multidisciplinary Practice in Eating Disorders, Design and Delivery of Psychological Therapies, and Introduction to CBT. These can be accessed as standalone modules as well.

Leeds Beckett University in collaboration with MHSG. Care-coordination/Lead Professional Role training (annual event in July)

Counselling skills. Details of accredited courses are available from the British Association for Counselling and Psychotherapy at www.bacp.co.uk

Cognitive Behaviour Therapy- Enhanced. Further information and details of nationwide courses are available from the British Association for Behavioural and Cognitive Psychotherapists at www.babcp.com.

Cognitive Behaviour Therapy- Enhanced www.ednet.co.uk

International Conference on Eating Disorders London in March. This conference is run biannually and will appeal to those interested in the assessment and treatment of people with eating disorders and who would like to learn more about the very latest developments in this field.

Continuing Professional Development continued .

Motivational Enhancement Therapy. The Eating Disorders Unit of the South London and Maudsley NHS Trust offers regular courses in the management and treatment of eating disorders.

Regional Eating Disorder Interest Groups. These are regional groups run by dietitians, offering peer support and supervision, as well as an opportunity to share resources and examples of best practice locally. Further details are available from www.dietitiansmentalhealthgroup.org.uk. On the website, click on the RIG tab to see the contact details of your local group.

