

Castlewood

Treatment Centers for Eating Disorders

ST. LOUIS, MO | MONTEREY, CA | BIRMINGHAM, AL

Creating a Collaborative Approach Between Therapists and Dietitians In the Treatment of Eating Disorders

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What we will cover today

- Definitions of different types of eating disorders
- Roles within the treatment team
- Importance and difficulties of collaboration
- Splitting
- Joint sessions
- Group Therapy
- Nutrition Groups
- Significance in the work place

Objectives

- Review Eating disorder definitions
- Provide clinicians with a variety of tools that will help create a cohesive team between therapist and dietitian in order to better meet the client's needs
- Offer a philosophy of treatment that incorporates a team approach
- Propose tools to deal with splitting, projection, and other maladaptive attachment strategies
- Provide strategies for co-facilitation of groups

Eating Disorder Diagnosis

- Anorexia Nervosa
- Bulimia
- Binge Eating disorder
- PICA
- Avoidant/Restrictive Food Intake Disorder
- Rumination Disorder
- Other Specified Feeding or Eating Disorder
- Unspecified Feeding or Eating Disorder

Definitions: Anorexia Nervosa

- Restriction of energy intake relative to requirements, leading to a significantly low body weight in the context of age, sex, developmental trajectory and physical health.¹
- Intense fear of gaining weight or of becoming fat, or persistent behavior that interferes with weight gain, even though at a significantly low weight.
- Disturbance in the way in which one's body weight or shape is experienced.

Definitions: AN Specify Type

- Restricting Type: Within the last 3 months the client hasn't engaged in recurrent episodes of binge eating or purging behaviors. Weight loss is primarily through dieting, fasting and/or excessive exercise.
- Binge Eating/Purging: Within the last 3 months the client has engaged in recurrent episodes of binge eating or purging behaviors (self-induced vomiting or the misuse of laxatives, diuretics, or enemas).

Bulimia Nervosa

- Recurrent episodes of binge eating ¹
- A sense of lack of control during the episode
- Chronic compensatory behaviors in order to prevent weight gain
- These both occur at least 1 x per week for 3 months
- Self esteem is vastly influenced by body shape and weight
- The disturbance doesn't occur exclusively during episodes of AN

Definitions: Binge Eating Disorder

- Recurrent episodes of binge eating. ¹
- Binge eating episodes are associated with at least 3 requirements
 - Eating rapidly compared to normal
 - Eating until uncomfortably full
 - Eating large amts of food when not physically hungry
 - Eating alone because of shame/embarrassment
 - Feeling disgusted with oneself, depressed or guilty afterward
- Binge eating occurs at least 1 x weekly for 3 mo
- Not associated with compensatory behavior

Definitions: Other specified feeding or eating disorder

- Symptoms characteristic of a feeding and eating disorder that cause clinically significant distress in social, occupational or other areas of functioning, but do not meet full criteria for any of the disorders in the diagnostic class.¹

Importance of Collaboration

- Standard clinical practice over the past 30 years (Taylor & Francis 2015)
- Mental health provider and nutritionist address two primary aspects of the ED; underlying issues and the client's relationship with food and their body. (Taylor and Francis 2015)



Study: Impact of Team Approach in College Students with Eating Disorders

- 235 participants with eating disorders
- Measured the differences between having a treatment team or individual mental health professional
- Results: clients that work with a therapeutic team stay in treatment longer, utilize both individual and group therapies, as well as end up taking psychotropic medication for treatment.

Difficulties with Collaboration

- Gray areas with clinical roles
- Splitting
- Difference in Opinion
- Lack of Communication



Ways to Ensure Scope of Practice



- Define Roles
- Communicate
- Discuss areas of confusion

Defining Roles in Residential Treatment

- Therapist
 - Conceptualizing case and identifying treatment plan
 - Stabilization
 - Combination of behavioral and affective work with ED behaviors
- Dietitian
 - Stabilization, weight goals, decrease behaviors
 - Autonomy with challenges
 - Collaboration with therapist to bring in behaviors into therapy

Group therapy with RD and therapist

Therapist Role

- Facilitate the group process through open ended questions
- Help clients to connect to emotions and with one another
- Promote feedback to tap into deeper emotions and underlying functions

Dietitian Role

- Encourage client to discuss behaviors that client may not be speaking to
- Bring in ways client's agenda relates to his or her relationship with food
- Counter false nutrition information

Group Examples

- Nutrition Group
 - Have clients discuss top ten ED nutrition beliefs and talk through misconceptions
 - Teach about the facts and encourage clients to use what they learn to facilitate recovery
- Eating Disorder Group
 - Have clients start to explore the function of specific eating disorder behaviors
 - Identify eating disorder core beliefs in order to start to explore the origin of the eating disorder
 - Related to trauma?
 - Attachment strategy

Transference and Countertransference

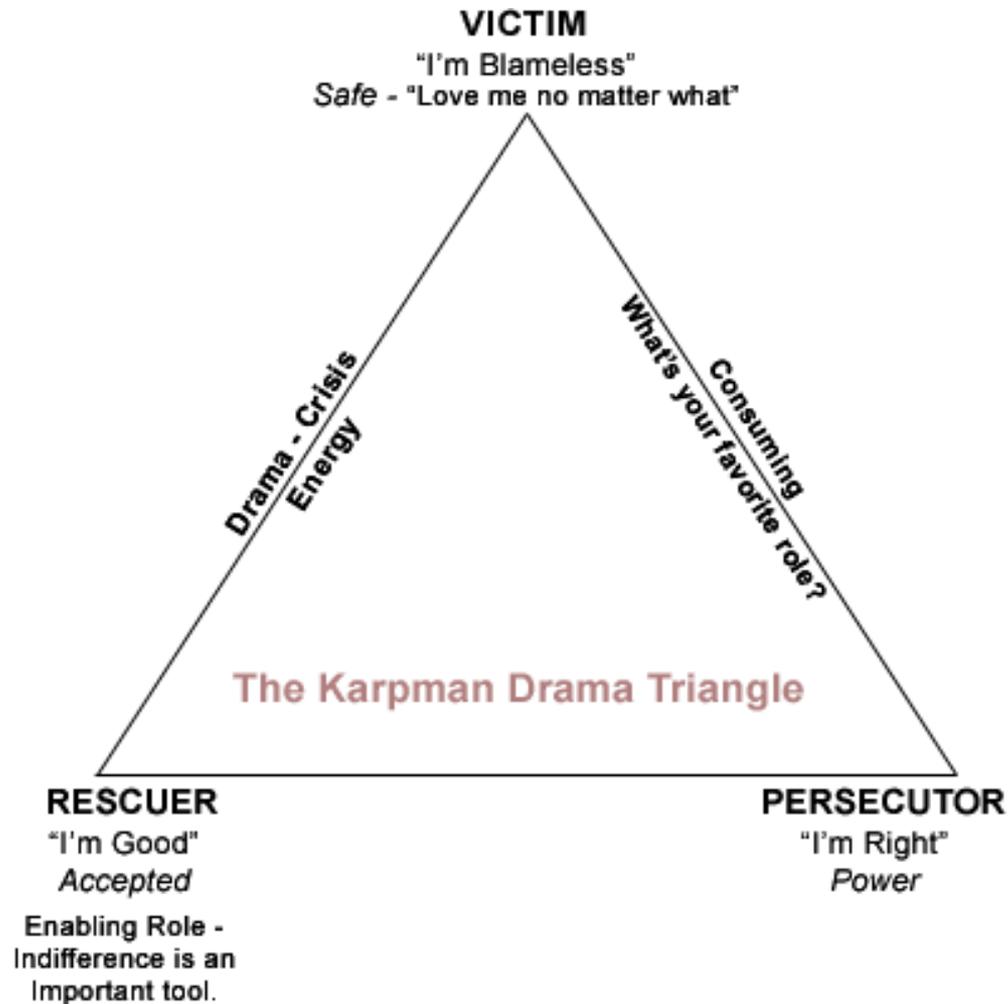
- In groups
 - As facilitators discuss a plan prior to group
 - Transference/countertransference what's the plan
 - Whoever is not the bad guy can step in and intervene with the goal of helping the client and/or understanding the transference
- Outside of groups
 - Joint sessions
 - Meetings with team: it's okay to pause and come back to the conversation

Splitting

- Rapport
 - “My dietitian doesn’t listen to me”
 - “I’m only going to talk about behaviors with my dietitian”
- ED behaviors
 - Telling one member of the team about a behavior and not the other
 - Reporting misinformation
- Privileges
 - Wanting privileges approved despite behaviors
 - Wanting special accommodations



Triangle



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Interventions for Splitting

- Joint sessions
 - Goals:
 - Transparency and clarity around treatment objectives
 - Be direct about discrepancies
 - Create boundaries for expectations
 - Specific Goals
 - Client agreements
 - Follow Through

Interventions for Splitting cont'd

- Communication with the rest of the team
 - Nursing, direct care, psychiatrist, group facilitators
 - Client meeting with the clinical director or lead therapist



- Agendas
 - Write out all of the overt and covert ways my ED is active
 - What is the function of devaluing my treatment team?
 - What does being dishonest do for me and how does it keep my trapped in my eating disorder?

Interventions for Splitting cont'd

- Group Interventions
 - Have the client present previous agendas in group
 - Expressive group:
 - “Where am I in relationship to my team members”
 - Act out the triangle
 - Community members discuss concerns with the client

Differences in Opinion Among Treatment Team

- Discuss treatment goals on day one
- Communicate about changes or differences within the team versus with the client and/or family
- Despite differences, come to a conclusion to present to the client

Communication

- Meetings
 - Daily discussion
 - Weekly Treatment Team Meetings
- Discuss any privileges with team before discussing with client
- Bring in a neutral party to discuss difficult situations

Conclusion

- It is vital to clients' recovery to work with a treatment team to cover the variety of needs and complications that are involved in eating disorder treatment
- It is essential that we as professionals learn to work to collaborate, challenge and learn from one another

Questions??

Resources

- Eating Disorders: “Assessing the Impact of an Eating Disorders Treatment Team Approach With College Students,” 23:45-59, 2015. Copyright Taylor & Francis Group, LLC. ISSN: 1064-0266 print/1532-530X online, DOI: 10.1080/10640266.2014.959847
- Eating Disorders : “ Promoting Optimal Collaboration Between Mental Health Providers and Nutritionists in the Treatment of Eating Disorders,” 21:185-205, 2013. Copyright Taylor & Francis Group, LLC. ISSN: 1064-0266 print/1532-530X online, DOI: 10.1080/10640266.2013.779173
- Setnick, J. “The Eating Disorders Clinical Pocket Guide” 2013
- ¹American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders. Fifth Edition. Arlington, VA, American Psychiatric Association, 2013.