

Finding a Nutritionist Skilled in Treating Eating Disorders by Karin Kratina, PhD, RDN, LDN, SEP

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This article is excerpted from *The Eating Disorder Sourcebook* and updated.

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 LDN will follow their name.

However, the most stringent accreditation is used nationally and is from the Academy of Nutrition and Dietetics (AND). You can count on a dietitian/nutritionist in any state who uses the initials RDN (Registered Dietitian/Nutritionist)¹ to be highly trained, as they must meet the Academy’s rigorous requirements.

1 In the past, the initials used were RD, and some Registered Dietitian/Nutritionists still use them. .

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RDN's complete a rigorous educational program which includes a Bachelor's of Science degree in nutrition and, now, also a Master's degree. RDN's also complete an extensive internship process.

The standard to become a Licensed Dietitian/Nutritionist (LD or LDN) is significantly lower.

Registered Dietitians/Nutritionists (RDN) are trained in "nutrition counseling," which includes completing nutritional assessments, evaluating quality of diet and educating clients regarding nutrition, metabolism and weight related concerns.

Not all RDN's (and almost no LD's) are trained to work with eating disordered clients. To work effectively with an eating disordered client, RDN's must to be trained in a "psychotherapeutic" counseling style.

RDN'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 cognitive distortions that cause and perpetuate eating disordered behaviors.

Some clients (often in the effort to avoid psychotherapy) will call a RDN instead of a psychotherapist, therefore, all RDN's must be able to evaluate the need for psychotherapy and be able to guide the client to a skilled psychotherapist.

Finding a Nutrition Therapist Who Specializes in Eating Problems

Finding a nutrition therapist who specializes in the treatment of eating problems is not always easy. One of the best places to start is to consult a healthcare provider (psychotherapist, physician, etc.) who specializes in eating disorders.

Other healthcare providers may be able to provide a good referral, but unless they have specialized knowledge of eating disorders, they probably will not know which nutritionist will truly be able to help. (In fact, the advice from a healthcare provider who does not understand the issues can be downright harmful.)

The next place to turn is the internet with a search for:

- eating disorder "registered dietitian" nutritionist, and
- disordered eating "registered dietitian" nutritionist

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Examine the RDNs (RDs) credentials. RDNs (RDs) who work with clients with eating problems are often highly specialized and will not treat multiple nutrition conditions. If “eating disorders” is listed beside a list of other conditions treated, they may not truly be a specialist.

Websites such as at [The Alliance for Eating Disorders Awareness](#) can also be helpful. Also, The Renfrew Center (a treatment center for eating disorders) maintains a fairly extensive referral network of RDN’s working with eating disorders (800-332-8415).

If a specialist is not available in your area, consider turning to phone sessions or online video conferencing to broaden your reach. Once again, the internet can be a valuable resource, as can healthcare providers, especially psychotherapists, who specialize in eating disorders.

When a specialist is not available, a skilled RDN should be considered. However, it is not always true that some help is better than no help. Misinformation can be worse than no information, especially when the person receiving the misinformation has an eating disorder.

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

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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](#).