The Treatment Team & role of Nutrition Therapist

Outline

Advantages

Disadvantages

Team members

Nutrition Therapist

The Team

Psychotherapy remains the centerpiece of Tx

Treatment today consists of combo of:

medical, nutritional & psychiatric therapy

may include movement, music, art & dance therapy

Multidisciplinary team provides the most effective treatment.

Multifactorial issues addressed concurrently

Advantages of The Team

The treatment provider delivers treatment corresponding to their training

The patient benefits from the pooling of knowledge of several people

The team models a “family” that collaborates, is respectful of each other and solves problems together, & includes men and women.

Advantages of The Team

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Knowing there is a team may give the patient an increased sense of security and confidence

There is shared responsibility for the treatment of the patient

By having team goals rather than just one aspect of care enables the person to better understand how food- and weight-related behaviors interface with psychological, psychiatric, nutritional, medical and dental issues.

Disadvantages of the Team

Logistical problems for the person getting treatment if offices not in close proximity

Communication among members may be difficult

may not have mutually convenient times to talk

The patient may not like one of the team members

Disadvantages of the Team

Some members may have difficulty collaborating with others

“Sharing” a patient can be perceived as threatening to the stability of an individual’s practice

Insurance may cover some members but not others, so patient may not be able to afford to see all team members

The Development of the Team

Started in 1982

First team members were the physician and psychologist

Then psychiatrist

Then nutritionist

Then dentist

Nutrition Educator vs. Nutrition Therapist

**Educator**

Provide information

Meeting is brief. No ongoing Tx

Factual basis

Minimal development of a relationship

No discussion of feelings or psychological issues

Goal & agenda w/ little input from patient

**Therapist**

Ongoing Tx

Relationship develops

Level of involvement is individualized

Important to understand patient and patient’s beliefs & feelings

Traditional medical model training

Medical model of patient care

Short-term interventions to convey education

Minimal relationship develops

Quickly develop and implement “plan of care”

Best when education is the goal

Diabetes, HTN, celiac dz

Psychotherapy model of patient care

Long-term care

Significant relationship develops & is a key part of the therapeutic process

Treatment plan is highly individualized and evolves over time

The Nutrition Therapist

Overview

Sequential step-by-step behavior change more effective than sudden drastic changes

Psychotherapy w/o nutrition therapy is inadequate (same as nutrition therapy w/o psychotherapy)

The amount and intensity of each treatment varies from person to person based on:

degree of psychopathology

extent of disruption of eating behaviors

Role of the Nutrition Therapist 8 basic principles

Recognize client’s symptoms & DSM-5 criteria

Evaluate client’s current eating patterns

Estimate and determine client’s appropriate weight goal

Support client as he/she tries new eating behaviors

Help client normalize eating patterns

Help client understand connection between emotions and behaviors

Teach client how to maintain healthy body weight

Work together w/ other professionals for Tx

Patient Expectations

“Develop healthier eating style”

“Reduce my fear of weight gain”

“To gain weight”

“To eat on a regular basis w/o gaining a lot of weight”

“Be able to eat w/o being afraid that I am going to get fat”

“To have more energy”

Common problems between nutritionist and ED patient

Confusion regarding expectation

Becoming part of the problem rather than part of the solution

Power struggles

Confusion regarding expectation

Describe RD’s philosophical approach

Explain RD’s role on Tx team

Options for Tx, number of appointments, duration of Tx

Explore pt’s expectations for nutrition therapy

May expect RD to take responsibility for their behavior change

Often want a food plan during first session

“Tell me exactly what to eat so I won’t gain wt”

Explain that Tx is a collaboration: both have a say, make decisions, share responsibility

Becoming part of the problem rather than part of the solution

ED patients often quickly form highly dependent relationships

Need to set limits to prevent unhealthy situations

Problems that develop between pt and RD may mimic family dynamics - look for approval, needy, dependent, passive, hostile...

May result in RD resenting behavior of pt (neediness) then relationship deteriorates

Common unresolved issues for nutritionist that may influence nut therapy

Anger w/ women

Anger w/ men

A need to be in control

Inability to resolve conflict

Competition w/ people at a lower body weight

Lack of compassion for those w/ emotional or psychological problems

Power struggles

When nutritionist and pt each perceive “my philosophy & the way I want our relationship to be defined is the right & best one, & I want you to conform to my plan.”

No one wins

Nuts and bolts of collaboration w/ therapist

Initial intake by therapist w/ referral to nutritionist

Pt signs a release allowing team members to talk to each other

Often changing eating behaviors triggers new behaviors & feelings.

Can give heads up to anticipate possible trouble or when behaviors diminish.

Learning family dynamics, issues w/ authority, control & h/o abuse.

Who should weigh?

Counseling the ED Pt

Unresolved issues w/ authority figures

Building trust

Unresolved issues w/ authority figures

Painful relationship w/ person of authority: parent, teacher, coach, employer

Leading to feelings of rejection, neglect, abuse, abandonment or hurt

Fears being judged or rejected

May lead to:

Control or withholding info

Present info to “make RD like him/her” thus reveal only info s/he thinks the RD wants to see & withholds info that makes him/her look like a “bad” person

Or full self-disclosure to encourage rejection by RD before a relationship is formed

Or pt believes s/he is expected to be “perfect”

Use The Recovery Model to show perfection is not expected

Building trust

Extremely important

Demonstrates nutritionist’s values and accepts whole person

Reinforce confidentiality except w/ members of the Tx team

ED pts are very slow to trust

Summary

Very big job

Must be a counselor

Defined areas of expertise

Develop

Trusting relationship

Confidentiality

Be savvy to their manipulative ways