The Role of Nutrition Therapy & Education in the Recovery Process

Ashlee Benson, MS, RD, LDN
Clinical Director
Canopy Cove Eating Disorder Treatment Center

Who performs nutrition therapy & counseling?

Registered Dietitian/Nutritionist (RDN)

- Completed the minimum of a Bachelor's degree granted by a U.S. regionally accredited college or university, or foreign equivalent;
- Met current minimum academic requirements (**Didactic Program in Dietetics**) as approved by the Accreditation Council for Education in Nutrition and Dietetics (ACEND) of the Academy of Nutrition and Dietetics;
- Completed **a supervised practice program** accredited by the Accreditation Council for Education in Nutrition and Dietetics (ACEND) of the Academy of Nutrition and Dietetics;
- Successfully completed the **Registration Examination for Dietitians**;
- Complies with Continuing Education and Professional Development guidelines for licensure maintenance

eat right® Academy of Nutrition and Dietetics

Overview of Eating Disorders

- Anorexia Nervosa
- Bulimia Nervosa
- Binge Eating Disorder
- Other Specified Feeding or Eating Disorder
- Avoidant Restrictive Feeding & Eating Disorder
- Orthorexia

CANOPY COVE
A CHRISTIAN-BASED EATING DISORDER TREATMENT CENTER

Answering the "Why" for Nutrition Therapy

- Medical Nutrition Therapy – therapeutic approach to treating diet-related medical conditions; performed by Registered Dietitian
- Recognized by the American Psychological Association and Academy for Nutrition & Dietetics as an essential component in the treatment of eating disorders
- Enhances motivation to facilitate cooperation in resuming normalized eating patterns
- Provides ongoing support to patients & their families
- Keys Study – explored impact of malnutrition on cognitive and emotional states

CANOPY COVE
A CHRISTIAN-BASED EATING DISORDER TREATMENT CENTER

Goals of Nutrition Therapy

- Normalize relationship with food
- Eliminate disordered eating behaviors
- Address nutritional needs/weight restoration
- Learn to trust body's internal cues to determine hunger and fullness
- Challenge negative thought patterns about food/weight
- Debunk nutrition myths and create critical consumers of media

CANOPY COVE
A CHRISTIAN-BASED EATING DISORDER TREATMENT CENTER

Disordered Eating Behaviors

- Chronic/severe dieting
- Eliminating specific food items
- Eliminating entire food groups or categories of foods
- Obsessive calorie counting, monitoring of nutrition labels or precise measuring of foods
- Labeling foods as good vs. bad, safe vs. unsafe
- Difficulty eating around other people or in social situations
- Extreme anxiety and uncertainty when making decisions about food

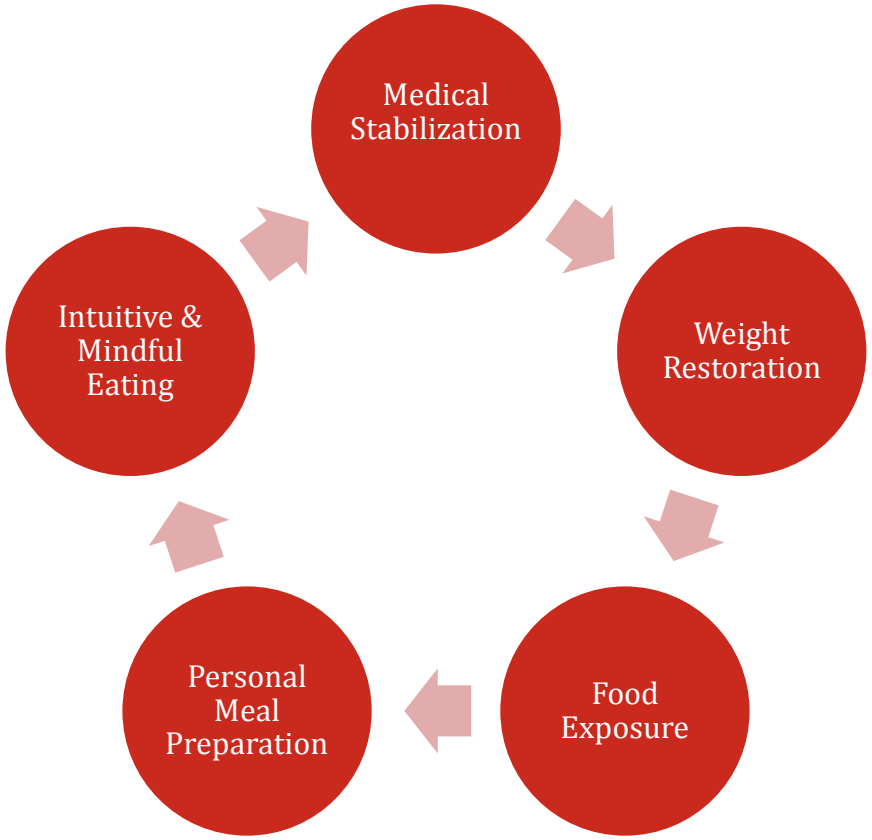
CANOPY COVE
A CHRISTIAN-BASED EATING DISORDER TREATMENT CENTER

Nutrition Education Topics

- Physiology (How the body works)
- Effects of Purging & Laxative Abuse
- Dieting Myths
- Physical Consequences of the Eating Disorder
- Effects of Starvation

CANOPY COVE
A CHRISTIAN-BASED EATING DISORDER TREATMENT CENTER

Phases of Nutrition Therapy

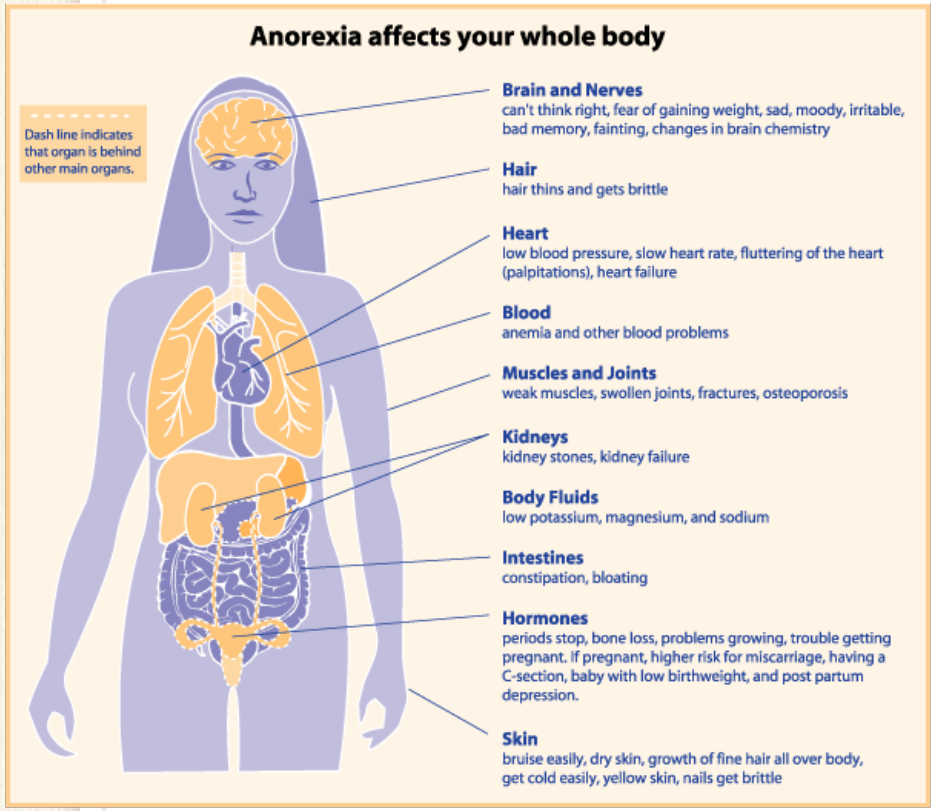


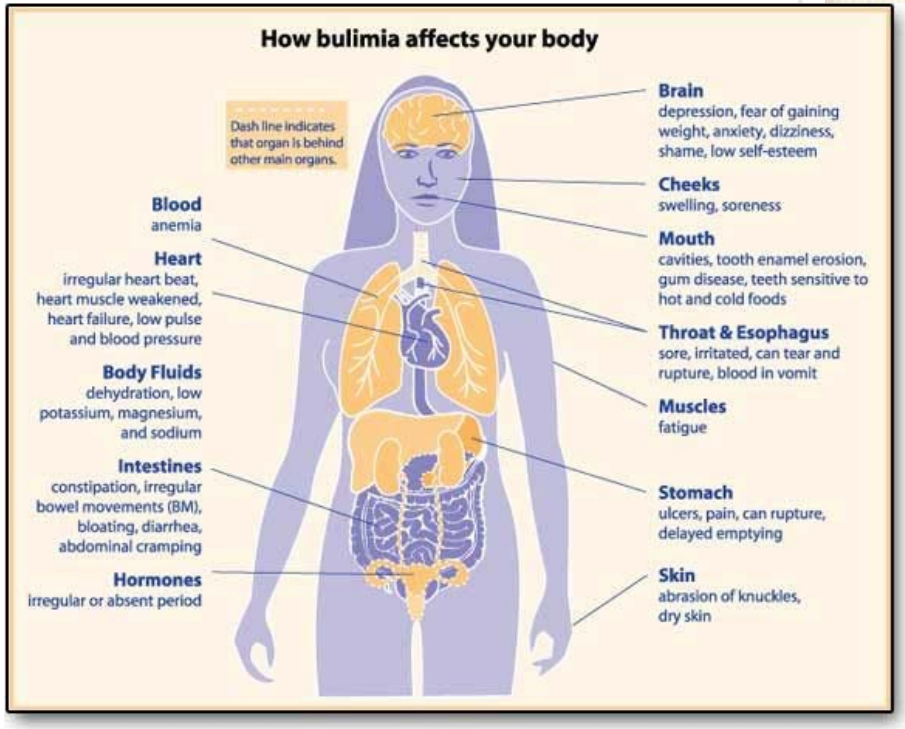
CANOPY COVE
A CHRISTIAN-BASED EATING DISORDER TREATMENT CENTER

Phase 1 – Medical Stabilization

CANOPY COVE
A CHRISTIAN-BASED EATING DISORDER TREATMENT CENTER

Medical Complications of Eating Disorders





Phase 2 – Weight Restoration

CANOPY COVE
A CHRISTIAN-BASED EATING DISORDER TREATMENT CENTER

Slow and Steady…

- Gradual calorie increases every 2-3 days as tolerated
- Menses Restoration
- Weight gain benchmarks
  - 2-3 lbs. per week in inpatient/residential settings
  - 1-2 lbs. per week in outpatient settings
  - Accepting weight gain that is non-linear
- Establish minimum weight guidelines that necessitate a higher level of care
- Provide support and reassurance for physical and emotional discomfort
- Blind weights recommended

CANOPY COVE
A CHRISTIAN-BASED EATING DISORDER TREATMENT CENTER

Phase 3 – Food Exposure

CANOPY COVE
A CHRISTIAN-BASED EATING DISORDER TREATMENT CENTER

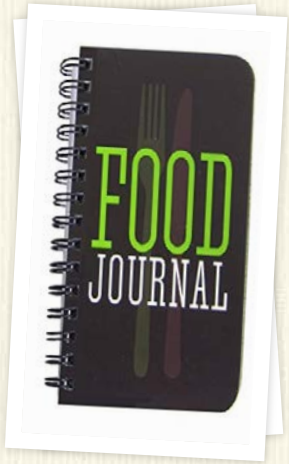
What's the Big Deal?

- Challenging anxiety and guilt surrounding specific foods
- Identifying foods that were misused (avoided or overconsumed) when controlled by the eating disorder
- Incorporating into structured meal plan with therapeutic support during and after food exposure
- Changing the perspective
  - Joy vs. Fear
- Challenge thoughts behind emotions using thought restructuring techniques
- Encourage follow-up exposure sessions depending on level of distress experienced during initial session

CANOPY COVE
A CHRISTIAN-BASED EATING DISORDER TREATMENT CENTER

Phase 4 – Personal Meal Planning

CANOPY COVE
A CHRISTIAN-BASED EATING DISORDER TREATMENT CENTER



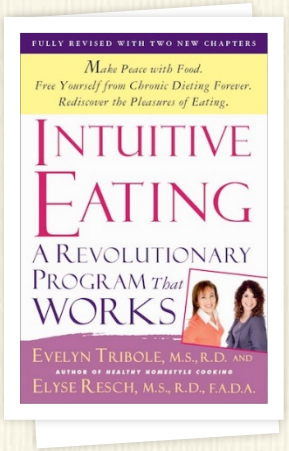
Transitioning Responsibility from Dietitian to Client

- Individualized Meal Plan
- Menu Planning for Self and Family
- Understanding portioning tools, i.e. Exchange System
- Grocery Store Tours
- Food Journals to Monitor Compliance and Variability with the Meal Plan
- Social Dining Experiences

CANOPY COVE
A CHRISTIAN-BASED EATING DISORDER TREATMENT CENTER

Phase 5 - Intuitive/ Mindful Eating

CANOPY COVE
A CHRISTIAN-BASED EATING DISORDER TREATMENT CENTER



10 Principles of Intuitive Eating

1. Reject the Diet Mentality
2. Honor Your Hunger
3. Make Peace with Food
4. Challenge the Food Police
5. Respect Your Fullness
6. Discover the Satisfaction Factor
7. Honor Your Feelings without Using Food
8. Respect Your Body
9. Exercise – Feel the Difference
10. Honor Your Health

CANOPY COVE
A CHRISTIAN-BASED EATING DISORDER TREATMENT CENTER

Recovery Model for Treatment of Eating Disorders

- Identifies the eating disorder as a symptom of deeper, unresolved issues
- Aims to allow clients to identify and effectively confront these issues and the emotions they produce
- Once this is accomplished, the eating pattern and relationship with food stabilizes
- Hope that you can "recover" from an eating disorder, rather than remaining in the perpetual process of "recovering"
- Encompasses personal growth and development of life management skills (More than just behavioral change)

CANOPY COVE
A CHRISTIAN-BASED EATING DISORDER TREATMENT CENTER

Questions & Comments?

Thank You