

# Eating Disorder Role Statement

## Role Statement for Accredited Practising Dietitians practising in the area of Eating Disorders

Developed by members of the Eating Disorders Interest Group

### Introduction

Accredited Practising Dietitians (APDs) are recognised professionals with the qualifications and skills to provide expert nutrition and dietary advice. APDs are qualified to advise individuals and groups on nutrition related matters.

APDs have sound university training accredited by DAA, undertake ongoing professional development and comply with the DAA guidelines for best practice. They are committed to the DAA Code of Professional Conduct and Statement of Ethical Practice, and to providing quality service.

APD is the only national credential recognised by the Australian Government, Medicare, the Department of Veterans Affairs and most private health funds as the quality standard for nutrition and dietetics services in Australia. It is a recognised trademark protected by law.

### Purpose of this Role Statement

The purpose of this Role Statement is:

- To define the role an APD may fulfil when working in the area of Eating Disorders
- To promote the knowledge and expertise of an APD, broadly and in the area of Eating Disorders
- To advocate for dietetic services

### Knowledge and skills in this area of practice:

Entry level dietetic competencies ensure all APDs can conduct comprehensive assessments (assessment, diagnosis, intervention, monitoring and evaluation). Within a particular practice area, APD skills and knowledge will range from entry level to highly skilled. Within this continuum APDs can either fully manage the patient, seek support (clinical supervision, secondary consultation, mentor) to continue seeing the patient or choose to refer the patient on.

The following is a list of skills and knowledge required to work in the Eating Disorder area:

### Skills:

- Facilitation of the nutrition counselling process (engagement and education) involved in achieving physical re-nourishment and restoration of normalised eating behaviours.
- Counselling skills including (but not limited to) motivational interviewing skills.
- Skills in maintaining therapeutic/treatment boundaries given the long-term nature of therapeutic relationships.

- An ability to self-reflect on one's practice and your relationship with your client and to seek clinical supervision on a regular basis.

### **Knowledge:**

- Knowledge of the functional nature of Eating Disorders and its relationship with nutrition and eating behaviour.
- Thorough knowledge of body weight and health, child and adolescent physical, social and psychological development, human eating behaviour and body image.
- Thorough understanding of the health and nutrition consequences of eating disorders and their management, including the physiological and psychological effects of eating disorder behaviours (e.g. starvation, bingeing, purging, laxative abuse, excessive exercise) and management of refeeding syndrome.
- Understanding of psychological engagement and the client-centred/family-centred models used in the management of Eating Disorders and the role of the Dietitian in each of these treatment models. These may include (but not exclusively), Cognitive Behavioural Therapy, Dialectical Behaviour Therapy, Acceptance and Commitment Therapy, Family Based Treatment (commonly known as Maudsley), Adolescent Focused Therapy, Motivational Enhancement Therapy and Mindfulness.
- Understanding of psychotropic medication; use, side effects and nutritional interactions.
- A good understanding of team care processes and practices in mental health care.

### **Activities entry level APDs would conduct:**

- Identify potential eating disorder and eating disordered behaviours, address this with the client and act to refer to a medical practitioner for formal diagnosis, medical risk management and referral for mental health intervention.
- Assessing appropriateness of a referral considering level of risk of client's nutrition status, the individual's motivation to change and the suitability of inpatient or outpatient care.
- Promote a therapeutic engagement by expressing empathy, unconditional positive regard, congruence and actively listening to the client.
- Provide structure, education and therapeutic support to encourage a return to normal/healthy nutritional intake and eating behaviours.
- Regular clinical supervision with an appropriate clinician (either intra or inter-disciplinary).

### **Activities APDs working at a higher level would conduct:**

- Overseeing nutritional care of inpatients and outpatients with more severe eating disorders and being aware of specialist/support services available for people with eating disorders.
- Act as nutrition resource person for the support, education, training and development of others involved in the care of eating disorder patients.
- Support a multidisciplinary team for best practice management of the client, and be actively involved in treatment planning, team meetings and correspondence with other health professionals within the team.

Any individual practitioner should refer to the [Scope of Practice Decision Tool](#) to determine if a task is within their scope of practice.

### **Activities Dietitians working in this area of practice do not usually undertake:**

- Sole management and treatment of clients, without the involvement of a GP and (where possible) a mental health clinician.
- Practising in the Eating Disorders field without engaging in ongoing professional development to build on knowledge and skills and without clinical supervision.
- Providing psychological counselling outside their skill-base.

# Appendix 1

## Background

- Eating disorders are psychiatric conditions underscored by eating and body image concerns, which can have severe, long-term medical, physiological, psychological and social consequences. These conditions can impact every component of an individual's life and, for some, are potentially life threatening.
- About one in 20 Australians have an Eating Disorder and the rate in the Australian population is increasing. Eating disorders occur in both men and women, young and old, rich and poor, and from all cultural backgrounds.
- There are four specified Eating Disorders defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5); Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder and Other Specified Feeding and Eating Disorder (OSFED).
- Across the lifespan, best practice guidelines for treatment recommends a continuum of care ranging from primary level treatment (e.g. GPs, school counsellors) through to more intensive levels such as day-treatment and inpatient management<sup>1</sup>.
- Treatment should involve a multidisciplinary team with a dietitian forming an integral part<sup>2</sup>. Other essential members & their respective roles include
  - GP/Medical Practitioner – medical monitoring & management
  - Psychologist/Psychiatrist – psychological treatment, therapy and medication management
  - Client & Carers

## References:

1. NEDC. National Eating Disorders Framework: An integrated response to complexity. Commonwealth Department of Health and Ageing, 2012.
2. Ozier AD, Henry BW. Position of the American Dietetic Association: nutrition intervention in the treatment of eating disorders. *J Am Diet Assoc.* 2011; 111: 1236-41.

[Link to entry level competencies](#)