COLLEGE OF DIETITIANS
OF ALBERTA

College Statement: Restricted Activity of Psychosocial Intervention

What?	Registered Dietitians no longer require authorization from the College to work with clients/patients with disordered eating patterns and/or eating disorder diagnoses.
Who?	This change applies to all Registered Dietitians who work with or plan to work with patients/clients with disordered eating patterns and/or with an eating disorder diagnosis.
Why?	Following the review of this restricted activity, including the practices of Dietitians working in inpatients, outpatients, the community and private practice, the College has concluded that Dietitians do not perform *restricted* psychosocial interventions (i.e. psychotherapy) when working with clients/patients with disordered eating or eating disorder diagnoses. Dietitians are not performing psychotherapy or other therapies with the intention to treat the underlying psychopathology, in particular with acute or grossly impaired clients/patients. Although Dietitians use medical nutrition therapy, various supportive behaviour modification techniques, strategies and psychosocial interventions that are not considered *restricted* psychosocial interventions, according to the government's definitions, performing psychotherapy is not within the scope of Registered Dietitians.
Where?	This change applies to Dietitians working in all practice settings in Alberta.
When?	Effective immediately. Dietitians will no longer be required to seek authorization from the College, nor to complete a restricted activity CCP learning plan related to work with eating disorder clients/patients. Of note, as with any area of practice, Registered Dietitians must work within their personal level of competence, and should not perform any task that is beyond their level of competence.

See the following appendix for more detailed information.

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Position Statement: Restricted Activity of Psychosocial Intervention

Are RDs performing restricted psychosocial interventions when working with patients/clients with eating disorders or disordered eating? The College evaluates the current situation in Alberta.

In 2002 when the College was proclaimed under the *Health Professions Act*, Registered Dietitians and Registered Nutritionists (RDs) were given the authority to perform several of the 18 restricted activities (RA), outlined in Schedule 7 of the *Government Organizations Act* (*GOA*, 2000). Based on consultation with members at that time, the College determined members were performing the following restricted activity:

> "2(1)(p) to perform a psychosocial intervention with an expectation of treating a substantial disorder or thought, mood, perception, orientation or member that grossly impairs
>
> (i) Judgment
> (ii) Behavior
> (iii) Capacity to recognize reality, or
> (iv) Ability to meet the ordinary demands of life"

This restricted activity was deemed applicable to dietetic practice as described in Section 10(1) of the *Registered Dietitians and Registered Nutritionists Profession Regulation* which states that authorized RDs:

> "(f) perform psychosocial intervention(s) if a regulated member is providing psychonutrition therapy in the treatment of disordered eating patterns;"

Psychonutrition therapy was defined for this restricted activity as the integrated application of psychotherapy and medical nutrition therapy in treating the underlying psychopathology of persons with disordered eating patterns (no reference; used in the competence indicator list for the Restricted Activity of Psychosocial Interventions 2002 and *The Professional Practice Handbook for Dietitians in Alberta*'s 1st edition). **Medical Nutrition Therapy** is defined as the use of a specific nutrition service to treat an illness, injury or condition, involving (a) assessment of the client's nutritional status and (b) treatment, which includes nutrition therapy, counseling or use of specialized nutrition supplements.

The College determined that RDs were performing this RA when they provide psychonutrition therapy in the treatment of "disordered eating", and that RDs may "not use psychotherapy" when treating other disorders such as dementia, schizophrenia, etc. as such treatment is beyond the scope of dietetic practice (*The Professional Practice Handbook for Dietitians in Alberta*, 1st edition). RDs were thought to be performing this RA when both of the following were present in treating disordered eating:

Appendix:
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1. Psychonutrition therapy was being used to treat the underlying cause (psychopathology) and included use of (but not limited to): behavior modification; cognitive therapy; body image therapy, anger management; and aversion therapy.

2. The client being treated has a substantial disorder of thought, mood, perception, orientation or memory that grossly impairs judgment, behavior, and capacity to recognize reality or meet the ordinary demands of life (may be characterized by an eating disorder diagnosis in the DSM or Global Assessment of Functioning (GAF) assessment).
(*The Professional Practice Handbook for Dietitians in Alberta*, 1st edition).

RDs deemed competent at the outset of the Regulations were grandfathered in under the RA. In terms of the evolution and performance of the RA to date, it is noteworthy that a limited number of members have subsequently obtained the RA. A total of fifty-seven RDs have obtained authorization since 2002; currently twenty-six RDs hold authorization.

A review of requests and calls coming to the College office revealed that the greatest hindrance to authorization was supervisor availability; further exploration with RDs working with eating disorder clients and patients identified the lack of clarity around the definitions of "psychonutrition therapy", "substantial disorder", and "gross impairment", all of which lead to confusion around which RDs require the RA in which circumstances.

In 2013, the government published its review and update of the definition of restricted psycho-social interventions, and came up with a grid to more clearly define it. The document produced included the following clarification:

- Not all psychosocial interventions are restricted. To qualify as a **restricted** psychosocial intervention, the **following two components must be present**:

    1. **Practitioner intent**: In a restricted psychosocial intervention, the practitioner expects or *intends to treat the patient with interventions designed to ameliorate the underlying disorder* rather than focussing on assisting them to function more resourcefully.
        - To treat using psychotherapeutic interventions appropriate to treat the underlying disorder (eg. **cognitive - behavioural therapies, behaviour modification, psychotherapy**)

    2. **Patient Condition:** For a psychosocial intervention to be a restricted psychosocial intervention the patient *must have a substantial disorder that grossly impairs* (i) judgment, (ii) behaviour, (iii) capacity to recognize reality, or (iv) ability to meet the ordinary demands of life." These individuals are at risk as their condition is such that they are unable to judge the appropriateness of the intervention and the risks of not adhering to it. They may also be at risk because they are unable to provide themselves with or obtain those things that sustain life such as food, shelter etc. or otherwise function in society. This also puts their health and safety

at risk. Examples of such conditions include but are not limited to severe depression, disabling anxiety, schizophrenia, drug or alcohol induced psychosis and acute withdrawal from drugs or alcohol.

- Therefore, a restricted psychosocial intervention = **Treating** or planning the treatment of a patient with a **substantial** disorder where their judgment, behaviour, capacity to recognize reality or meet the ordinary demands of life is **grossly impaired.**

Of note, eating disorder diagnoses (and/or disordered eating) are not identified within the above list of substantial disorders/conditions that grossly impair judgment, behavior, capacity to recognize reality or ability to meet the ordinary demands of life, nor is there definition for "substantially disordered" or "grossly impaired". Both of these factors contribute further to the confusion regarding the RA's usefulness to our profession and to that of our clients.

Gross impairment may be judged in different ways; however, no one way has been agreed upon. Using the Global Assessment Functioning Scale, for example, where a score of 20 or less suggests a risk of harm to self or others, may indicate a person who is too ill and therefore not ready for behaviour modification. For someone with a severe eating disorder, such as anorexia nervosa, medical instability may be the focus of an acute admission to hospital. Other psychiatric sources define gross impairment as psychosis (American Psychiatric Association, 2015), hallucinations or delusions (which may or may not be associated with eating disorders), however again suggests a psychiatric situation where the person is not ready for therapeutic interventions.

Discussions with RDs experienced in working with eating disorder diagnoses indicate most RDs work as part of, or have access to, interprofessional teams which is the preferred scenario in the treatment of eating disorders, and that include mental health therapists/psychologists/psychiatrists. The role of the RD is therefore most often focused on the nutritional repletion and health of the individual, using supportive strategies and techniques based on therapeutic approaches used by mental health colleagues, when the patient/client is ready, rather than focusing on ameliorating the underlying psychopathology.

Summary and Conclusions:

Firstly, it is clear that the wording in our Regulations (related to "disordered eating" and "psychonutrition therapy") has been problematic; psychonutrition therapy has no known definition outside of College use for this specific purpose only, and "disordered eating" may not best describe the clients/patients with the most substantial disorders, and/or those who are grossly impaired.

Secondly, the government's document defines restricted psychosocial interventions as: "treatments such as CBT, behavior modification, counseling and supportive psychotherapy, and psychoanalysis", and of the two components required for performance of a restricted psychosocial intervention, it appears from our work that RDs in general are **not**:

1. Intending to treat the underlying condition with cognitive - behavioural therapies, behaviour modification, psychotherapy, nor are they

2. Using therapeutic strategies to treat grossly impaired individuals (acute stage of illness/medically unstable).

Our review indicates RDs use components of these therapeutic treatments to help patients change their eating behaviors when they are at a point in their treatment when they are capable of doing so, but RDs are not performing these techniques in isolation with the intention of treating the underlying psychopathology.

It is clear that RDs **are** assisting and supporting treatment of clients and patients along the continuum of health, from disordered eating behaviors to eating disorder care, and that RDs are providing both nutrition care and behaviour change strategies which are supportive to the overall care and treatment of the patient/client.

The College's conclusion is that RDs do not perform restricted psychosocial interventions when working with disordered eating or eating disorder patients and clients **because they are not performing psychotherapy or other related psychological therapies with acute/grossly impaired clients/patients**. It is also the College's conclusion that RDs are using medical nutrition therapy with eating disorder clients along the continuum of care, including patients and clients with eating disorders, and RDs are using behavior change and supportive techniques in their practice along with medical nutrition therapy to enhance and support the health of their patients and clients when it is appropriate to do so.

In addition to this College conclusion, it remains clear that RDs working with eating disorder clients must have additional education to work within their competence, skill and knowledge base to safely and ethically practice in this specialty area of dietetic practice, as is the case in any area of specialization.

The College will be working with stakeholders to determine further guidance for RDs working in this specialty area, within the RD scope of practice.

If you have any further questions, please contact the College office.