The Challenge and Reward of Working with Addicts

Anne S. Hatcher, EdD, RD (ret), CACIII, NCACII

Considering this quote from Dr. Weil might affect the way we think about addiction and addicts. Addicts are persons who are surviving the best way they know, just as other citizens do. There is a culture of addiction that William L. White, M.A. described as "a way of life, a means of organizing one's daily existence and a way of viewing people and events" (2). It is a way of talking, walking, dressing, gesturing, believing, mating, working, playing, thinking and seeing that separates people who are "in the life" from those who are not.

White summarized the essence of an addict's values as follows (2):

- The drug comes first
- Everyone's on the make
- Don't trust anyone
- Don't feel (feel the drug rather than feel emotion)
- Avoid responsibility by projecting blame
- Every interaction is a potential hustle
- Cultivate excitement through risk
- Violate taboos
- The image is the message
- Cunning over conscience

Core activities of the addict's daily life are "hustling, copping, getting off and avoiding busts, burns, rip-off and hassles." Hustling involves manipulating every situation for the addict's personal gain. A major aspect of hustling involves depersonalization of human relationships and places value on money and physical possessions as a means of acquiring drugs. When an addict goes into recovery, a major part of withdrawal is giving up the hustle (2). Early in recovery, clients will attempt to "hustle" the health care providers. They can be very convincing when telling the provider that they understand information presented, when in fact, they have no understanding or intent to follow instructions. Rather than recognizing the bodily changes resulting from substance abuse and taking steps to improve health, there might be a tendency to portray themselves as victims who need others to take responsibility for their care. All of these factors impact the approach to treatment.

In the past ten years, research has presented a picture of addiction that differs widely from the information on which treatment had previously been based. For many years, addiction was thought to be a "disease of choice." In other words, this disease was the result of intentional use of alcohol, drugs or a combination of substances. Based on that information, health problems resulting from use/abuse were the user's fault. Since the addict chose to use those substances, he/she could "just say no and stop." Current thinking is that some individuals are more likely than others to develop addictive behaviors along with the resulting changes in the brain and other organs. To some extent, genetics is an issue; children of alcoholics and drug addicts might...
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Submissions: Articles about successful programs, research, interventions and treatments, meeting announcements and educational program information are welcome and should be forwarded to the editor by the next deadline.

Future Submission Deadlines
Spring 2010..............................February 1, 2010
Summer 2010 ...................................May 1, 2010

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Individuals not eligible for ADA membership may apply to become a “Friend of BHN” for the subscriber cost of $25.00. A check or money order should be made payable to ADA/DPG #12 and sent in care of the BHN Treasurer (see officer contacts in this newsletter).

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From the Chair
Andrea D. Shotton, MS, RD

Thank you to all the members that volunteered their time and efforts toward the 2009 Food& Nutrition Conference & Expo (FNCE) this year. It was an exciting event and your membership enthusiasm spread to other FNCE participants who not only increased membership but expanded BHN’s publication distribution. Several BHN Members donated their publications for the FNCE auction, which became a huge success: Shirley Ekvall PhD, FAAMD, FACN, RD, Jessica Setnick MS, RD, CSSD, Ruth Leyse-Wallace PhD, RD, Molly Kellogg MS, RD, LCSW, and Anne Hatcher EdD, RD. Again, it cannot be said enough, thank you for your membership recruitment and your diligence in volunteerism for BHN.

Your volunteerism this year and last has also led to ADA approval of two committees to develop SOP/SOPP. The Eating Disorders SOP/SOPP committee has been working diligently this year and the Intellectual and Developmental Disabilities SOP/SOPP committee has just begun the process. Watch the website for further discussions on BHN’s SOP/SOPP committees. In addition, BHN’s student committee chair, Sarah Hoffman has set up a Facebook page for members to post further discussions or blogs along with the Executive Committee updates.

As BHN moves forward towards more webinars, SOP/SOPP, and educational publications, there will be many positions available for BHN members to volunteer their expertise and skills. We continue to look forward to an exciting year of progress towards our growth with you on board!

Your chair,
Andrea D. Shotton

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BHN Candidates 2010

The BHN DPG is pleased to present the slate of candidates for office for the 2010 - 2011 year. Online voting begins February 1, 2010.

Chair-elect:
Charlotte Caperton-Kilburn, MS, RD, CSSD, LDN

Secretary:
Cynthia Rutkowski, MA, RD, FADA
Charlene Dubois, MPA, RD

Nominating Committee:
Melody Rankin, RD, LD
Nancy Casad, MS, RD, LDN
Patricia Novak, MPH, RD, CLE
Kim Fox, RD, LD, CDE

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American Dietetic Association
The Challenge and Reward continued from page 1

The effects of drug dependence treatment are optimized when patients remain in continuing care. The National Institute on Drug Abuse in their Principles of Drug Addiction Treatment recommends at least three months in treatment (5). Regular visits at specific intervals to monitor progress in lifestyle changes, including nutritional changes, appear to be the ideal mode of treatment. The individuals seen in addiction treatment programs or in clinics are, for the most part, intelligent persons. While the addict may have brain damage due to falls or the impact of drugs, and may be limited in education, these clients have survived in spite of numerous adverse situations in their lives. Intelligence and the survival skills already developed can be utilized when teaching new life skills.

Changing the lifestyle that accompanies substance acquisition and use takes years of intentional work. As professionals working with these clients, it is easy to get involved in their “game.” Early in recovery, their attitude is that giving up drugs is a major commitment. Their current dietary patterns are well established and have assured survival. For them, asking that a major dietary change be made is too much. As with other aspects of recovery, small dietary changes over a period of time are essential to long-term treatment.

Those of us working with addicts in recovery are also challenged to use innovative ways of teaching clients about nutrition. Standard handouts that resemble previous ones are likely to be discarded immediately. Handouts that are different in appearance, have an emotional impact through pictures, a quote, a little known fact or a recipe are more likely to be retained and reviewed.

Involving family members or significant others in the nutrition education group or one on one session reinforces the information and helps support persons understand more about health and recovery. Whenever possible, schedule short meetings with clients and limit the information presented. Acknowledge dietary changes no matter how small and present ideas for other small changes. Encourage group members to exchange ideas and offer each other support for behavior changes that support recovery can enhance dietary improvement.

REFERENCES:

2. White W, Pathways from the Culture of Addiction to the Culture of Recovery. Center City, Minnesota: Hazelden; 1996.

Behavioral Health Nutrition (BHN) Represented at the 28th Meeting of the American Overseas Dietetic Association

On April 24, 2009, BHN Public Policy Liaison, Charlotte Caperton-Kilburn, MS, RD, CSSD, LDN, Board Certified Specialist in Sports Dietetics spoke at the 28th American Overseas Dietetic Association meeting in Kuala Lumpur, Malaysia. Charlotte was among invited faculty from around the world that presented to approximately 300 attendees from 32 countries on Global Opportunities for the RD: Translating Evidence Based-Research into Practice.

Charlotte spoke with colleague Susie Langley, MS, RD, CSSD from Canada on the application of the American Dietetic Association (ADA), Canadian Dietetic Association (CDA) and the American College of Sports Medicine (ACSM) new position paper Nutrition and Athletic Performance released in March 2009. She presented a case study application of the position paper which included aspects of behavioral health nutrition practice. Charlotte shared BHN pamphlets with attendees during the three day conference.

According to Charlotte the 22 hours of flying was worth the effort for not only the wonderful speaking opportunity but for also uniting with family living in Kula Lumpur following the conference. Charlotte extends her appreciation for the speaker stipend awarded to her by BHN.
“Nutritional and Sensory Processing Factors that Affect Mealtime” Food & Nutrition Conference & Expo (FNCE) 2009 Priority Session was Enlightening!

By: Paula Cushing, RD, Developmental Disabilities Resource Professional

BHN’s session at the ADA FNCE in Denver was a great opportunity for dietitians to increase their knowledge of sensory processing and its impact on food habits. Patricia Novak, RD, LD, a BHN member, and Dr. Winnie Dunn, OTR described how RDs can work on an interdisciplinary health care team to design treatment plans that address the neurobehavioral processes affecting food choices and nutritional health.

“Are you a Seeker, Avoider, Bystander, or Sensor?”

Dr. Dunn, author of Living Sensationally: Understanding Your Senses, started off the session by describing four general sensory patterns that affect brain activity. A person’s sensory processing can impact feeding and eating. Determining a person’s sensory pattern can help the clinician to know areas to focus on, identify factors that affect mealtime, and determine the best intervention.

- **Seekers** have many projects going on at once and enjoy creating excitement and change all around them. General characteristics include making noises with the mouth like humming or popping their gum, walking around barefoot, wearing strong perfume, trying new food textures, and enjoying spicy foods.

- **Avoiders** want more of the same thing and nothing more, often creating routines to keep life peaceful and manageable. They might leave the room when a crowd gathers, keep their work spaces clean and sparse, use utensils and wash hands a lot when cooking and have narrow food choices. They prefer to eat at home, order take out and homemade food choices. They prefer to eat at restaurants, preferring off-peak hours and low lighting, and describing details of textures or flavors in their mouths.

- **Sensors** are well organized and keep track of everything. They notice what is going on and have precise ideas about what is acceptable. Other characteristics include picking the same foods at restaurants, preferring off-peak hours and low lighting, and describing details of textures or flavors in their mouths.

Dietitians should be part of the functional and interdisciplinary approach to feeding disorders. Dr. Dunn stressed that OTs need RDs to be creative in meeting the needs of the individuals with sensory processing disorders, so the nutritional value is improved and the person’s nutritional needs are met.

Patricia Novak continued the session with how to integrate sensory profiles in nutrition intervention. A person’s sensory profile is essential to consider when developing a nutrition care plan and can apply to all individuals, particularly premature infants, individuals with autism spectrum disorders, allergies, and neurolologic (stroke, migraine), psychiatric, and eating disorders (over and under weight.). Patricia explained how eating is dependent on the regulation of sensory input from both external and internal environments. External environment includes proprioceptive factors (supportive seating, texture), smells, visual (color, shape of foods), and sound (biting/chewing, television, music). The internal environment includes sense of taste, smell, hearing/visual acuity, and level of arousal as well as gastrointestinal issues (constipation/reflux).

We also learned some strategies to use to assist with weight gain and sensory-based weight control programs. Some final points we were left to ponder included:

- Sacred foods generally should not be changed or changed gradually and with consent
- Do not hide ingredients in foods, rather build interest and trust
- Consider strategies to utilize to encourage acceptance
- Change environment
- Preparatory exercise/rituals
- Structured regular meal
- No one food is essential.

Nutrition intervention can begin with graded introduction of food, starting from where the child is (i.e. in the room with the food, food on plate, food smelled, food touched, food licked, food kissed, food in the mouth and removed to food eaten and swallowed at home.) Progress is determined by the child’s level of comfort and development. Expanding a child’s repertoire of foods may include indirect exposure to food through books, play, and cooking for others. Maintaining the texture of the food but changing the flavor, color, or smell or maintaining flavor and then changing the texture may be other approaches to try.
Renal Dysfunction in Patients with Eating Disorders

By: Therese Shumaker, MS, RD, LD

Renal and electrolyte abnormalities have been reported in as many as 70% of patients with eating disorders during the course of their illness, which manifest in various ways. Abnormalities include decreased glomerular filtration rate, high blood urea nitrogen, electrolyte disturbances, urolithiasis and pitting edema (1). The electrolyte disturbances include hypokalemia, hyponatremia, hypercalcemia, hypomagnesemia and hypophosphatemia.

Renal insufficiency in eating disorders has been reported to be induced by hypokalemia relevant to vomiting or laxative abuse. Patients with anorexia or bulimia develop major electrolyte abnormalities primarily as a result of purging, and sometimes these conditions have serious medical consequences (2). Patients with eating disorders have reduced glomerular filtration rates secondary to volume depletion and malnutrition. Kidney stones are relatively common in patients that have eating disorders, as the purging behaviors and chronic dehydration increase the risk of stone formation. (3).

Hypokalemia is the most clinically important of the electrolyte abnormalities, since it can produce serious and potentially life threatening conditions. With vomiting, there is a loss of potassium itself, but more important is the effect of loss of stomach acid through vomiting, leading to a shift of potassium from the extracellular space into the cells lowering the level even more. Laxative abuse causes diarrheal solute loss, in particular the loss of potassium and can have serious implications if the loss is profound and rapid (1).

Compulsive vomiting and chronic laxative abuse initiate a viscous cycle that contributes to a life-long pattern of abuse, for some only terminated by death. The primary event in the cycle is the loss of body water with subsequent hypovolemia. The kidney attempts to maintain blood volume through conservation of water, mainly accomplished by retention of sodium (4). The patient may then experience excessive fluid retention which is uncomfortable for the patient with an eating disorder, and even a small amount of weight gain is frightening. This rebound edema may cause a state of panic in the patient, which often initiates the viscous cycle of binging and purging.

Results on laboratory tests are often perfectly normal, even in the face of considerable wasting of body tissues. The compensatory mechanisms are significant and laboratory abnormalities may not be observed until the illness is far advanced (3).

Restoration of metabolic and physiological homeostasis is the first step in the treatment of a patient with an eating disorder. Until this is accomplished the patient cannot benefit from nutritional and psychological interventions (5). The dietician must be able to recognize and manage the acute medical complications of eating disorders. These complications are most often the result of starvation or severe fluid and electrolyte abnormalities and pose major threats to the patient.

Few patients require the establishment of a trusting relationship with the dietician more than those with eating disorders (2). Without the establishment of a good rapport, compliance is poor and a major factor in treatment failure with this population.

About the author: Therese Shumaker, MS, RD, LD is the Public Relations Chair for BHN. She is a clinical dietician at the Mayo Clinic in Rochester, MN and works in dialysis. Therese has presented at the National Kidney Foundation in Nashville and in Michigan on the topic of Eating Disorders and Dialysis. Please send your comments or questions to: shumaker.therese@mayo.edu or (507) 255-3119.

References
BHN Publications:

The Adult with Intellectual and Developmental Disabilities
This resource tool is designed to provide an overview of nutrition in individuals with intellectual and developmental disabilities. The resource guide is contained on one CD-ROM as a 209 page PDF file.
BHN Member Price: $28.00

Psychiatric Nutrition Therapy
This resource guide is intended for anyone working in the four practice areas within Behavioral Health: Nutrition: mental illness, eating disorders, addictions, and those with intellectual and developmental disabilities who also require psychiatric care. The resource guide is contained on one CD-ROM as a 170-page PDF file.
BHN Member Price: $28.00

Nutrition & Addictions
This is a 244-page manual of information about addiction and drugs of abuse, including legal, illegal and pharmaceutical drugs, alcohol, nicotine, caffeine, and more. Patient educational handouts on nutrition and recovery topics are also included.
BHN Member Price: $24.95

Notes from the Psychiatric Resource Professional... Linda Venning, MS, RD

Many dietitians find the ADA Nutrition Care Manual, published by the American Dietetic Association, a valuable online resource. This manual meets Joint Commission Hospital Accreditation Standards. It has been named the preferred diet manual of Healthcare Facilities. Several major changes for Nutrition Care have been released as 2009 updates. This enables dietitians to continue to be the primary source of sound science based nutrition information for our clients.

One of the major changes has been for the Behavioral Health Section. This user friendly, easy to navigate, up to date section, helps dietitians in providing Nutrition Care Plans for Cognitive Disorders, (Alzheimer’s, dementia,) Substance Abuse, Eating Disorders and Mood Disorders. The update includes specific information for each step of the Nutrition Care process, a Nutrition Risk Form designed for Behavioral Health and a meal plan example for client education. The new Schizophrenia section provides an overview of the disease process including diagnostic criteria, biochemical and nutrient factors, examples of PES nutrition diagnosis, nutrition goals with suggested interventions, fluid needs, nutrition prescriptions with recommendations that are supported with many valuable references.

Omega 3 fatty acids discussion summary from the listserv
A recent listserv discussion involved the use of omega-3 fatty acid supplements for the management of stress, depression and post traumatic stress syndrome. There are many studies to suggest the benefit of using omega-3 fatty acids for the prevention and treatment of psychiatric disorders, however there is still not enough reliable evidence to form a clear conclusion regarding the efficacy of use compared with standard treatments. The American Psychiatric Association states that the evidence is not strong enough for use of omega-3 fatty acids as treatment for schizophrenia.

There is promising initial evidence for the use of omega-3 fatty acids for the treatment of depression that will require confirmation with larger, well designed studies. The National Institutes of Health recommends consuming foods that provide at least 650 mg of omega-3 fatty acids for supporting mental health. American Heart Association recommends eating fish (particularly fatty fish) at least two times a week. Nutrition care plans should include offering these nutrient dense protein sources such as mackerel, lake trout, herring, sardines, albacore tuna and salmon to meet nutrition goals.

There is strong evidence to support the health benefits of omega-3 fatty acids in the management of high blood pressure, hypertriglyceridemia and secondary cardiovascular disease prevention. It is noted that high intakes could cause excessive bleeding in some people.

Future Webinars Planned
Watch for BHN’s webinar opportunities to gain knowledge and interact with nutrition professionals on behavioral health issues. The following webinar topics have been scheduled. More details at www.bhnndpg.org

February 22, 2010 Nutrition and Addictions
March 21, 2010 Nutrition and the Brain
Evidence-Based Practice and Health Reform Discussed by the House of Delegates

Fall 2009 House of Delegates Meeting

The American Dietetic Association members look to the House of Delegates (HOD) to make decisions about the profession of dietetics. The House meets twice a year, during which mega issues are discussed. Mega issues are overriding issues of strategic importance that the profession needs to address within the next 5-10 years. The Fall 2009 HOD Meeting occurred October 16 and 17 in Denver, Colorado in conjunction with FNCE 2009. Dialogue sessions focused on two issues - the importance of evidence-based practice and the role of the Registered Dietitian and Dietetic Technician, Registered in health reform.

Evidence-Based Practice

Strategies for overcoming the barriers related to access and utilization of evidence-based practice resources were identified. They include increasing education for practitioners; offering incentives to practitioners, employers and institutions; and marketing resources to practitioners, employers and institutions. The HOD approved a motion requesting that by May 2010 the Evidence-Based Practice Committee develop a comprehensive marketing plan, in conjunction with other ADA organizational units. The plan will consider the identified barriers and prioritized strategies for access and use of evidence-based practice resources.

Health Reform

With national policy makers focusing on health care reform, it was important for the HOD to discuss how to engage ADA members as an integral part of future health reform. Delegates felt that the following principles will aid in our goal to reach out to law makers and spread the message that that nutrition services are an essential component of comprehensive health care: enhance communications from ADA and affiliates to mobilize members; develop and promote consistent messages on ADA’s stance on health reform; utilize social marketing techniques to enhance member participation in health reform activities; offer education and tools to improve member confidence to participate in advocacy activities; and evaluate member participation in advocacy activities to determine effectiveness.

Through the motion passed by the HOD, all ADA members are encouraged to respond to legislation related to health reform in all “calls to action” by the Association. The Legislative and Public Policy Committee (LPPC) is charged with taking an influential leadership role in all future public policy activities that will assure the inclusion of the RD in legislation and regulations. LPPC has been asked to plan legislative training programs to address this urgent need of the membership. Affiliate dietetic associations and DPGs need to collaborate and build partnerships within and outside the Association to effectively position health reform and all critical legislative and policy issues related to the role of the RD as leaders in food policy and nutrition services.

Spring 2010 HOD Meeting

The Spring 2010 HOD Meeting will be conducted in a web based environment and is scheduled for May 1 and 2, 2010. The two topics that are scheduled to be discussed during the meeting are related to management and to health literacy.

Delegate Contact Information

Each state and area of practice are represented by one or more delegates. Your BGN Delegate is Leslie P. Schilling, MA, RD, LDN in Memphis, TN. Phone: 901-628-8102, Email: leslie@schillingnutrition.com. Questions about the HOD can also be sent to HOD@eatright.org
There are six ADA procedural steps for developing BHN-IDD Practice Standards. They are:
1. Pre-proposal
2. Proposal approval
3. Training Calls
4. SOP/SOPP development (IDD committee is at this stage)
5. Practice consensus
6. Review and revision

Once developed, Practice Standards will be implemented through:
1. Article and Standards approval by ADA and publication in the Journal
2. Communication phase to DPG credentialed practitioners
3. ADA educational platform and CEUs offered.

Updates on BHN Practice Area Progress and Summary Of Member Open Discussion Input:

Intellectual and Developmental Disabilities (IDD)

BHN Resource Professional Paula Cushing and BHN Newsletter Editor Diane Spear Co-Chair the BHN IDD SOP/SOPP Work Group. Work Group members are:

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<th>Name</th>
<th>Credentials</th>
<th>Residence</th>
<th>Type of Practice</th>
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<tbody>
<tr>
<td>Catherine Conway</td>
<td>MS, RD, CDN, CDE</td>
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<td>Management, clinical, community, consultation</td>
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<tr>
<td>Joan Guthrie Medlen</td>
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<tr>
<td>Patricia Novak</td>
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<td>Texas</td>
<td>Clinical</td>
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<tr>
<td>Sharon Lemons</td>
<td>MS, RD, LD</td>
<td>Texas</td>
<td>Community</td>
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This committee’s work is being guided by ADA Quality Management Director Sharon McCauley, and QM Manager Cecily Byrne. Marsha Stieber serves as the Scope of Dietetics Practice Framework Sub-committee Advisor. The IDD work group is currently engaged in development of standards of practice, procedural step 4.

Fifteen BHN Members participated in the IDD FNCE Open Discussion and gave this input to the committee:

**Question:** How can the work group achieve practice consensus with feedback from members and non-members?

**Member input:** Survey Monkey will be beneficial. Include in the surveys IDD RDs that are not members of ADA or BHN (contact Easter Seals organizations, AAIDD, State Licensure offices, Pacer.org, Medicare or Medicaid #s, State IDD organizations, BHN newsletter/announcement, and other DPGs and all ADA Member Interest Groups.)

**Question:** Once completed, to whom should we communicate BHN-IDD practice standards?

**Member input:** State agencies, American Association of Pediatrics (as a reviewer?), MDs for adults with IDD, DMHMR & geriatrics, and peer review.

**Question:** Once completed, how should BHN communicate these standards?

**Member input:** BHN newsletter article, FNCE presentations, Affiliate or DPG meetings, Webinars, ADA state affiliate meetings, local or district meetings, listerv, e-blast, poster sessions for other organizations, send to state agencies (DMHMR, WIC, Headstart), didactic internships, preceptors, guest speaker for classes, liaison student chair for BHN, social media, licensure state boards, if no license then to state affiliates and filter to continued on page 9
local, provider agencies, hospital-based RDs, societies (for ASD, Down syndrome, etc.), AUCD, your own agency. Also, provide tools to present standards; provide a cover letter to describe RD role and job responsibilities; have a page on the website to state we are in process of developing and to contact Co-chairs with comments or ideas. **Question:** Other ideas on these steps?

**Member input:** The biggest issues in development: (1) standards to incorporate NCP, (2) defining levels of practice.

### Eating Disorders (ED)

Mary M Tholking, MEd RD LD of Cincinnati, Ohio and Amanda Mellowspring, MS, RD, LD of Texas are Co-Chairs of the BHN-ED SOPP Work Group. Work Group members are:

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<tbody>
<tr>
<td>Suzanne Girad Eberle</td>
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<td>Karen Balnicki Wetherall</td>
<td>MS, RD, LDN</td>
<td>Tennessee</td>
<td>Clinical &amp; Education</td>
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This committee’s work is being guided by ADA Quality Management Director Sharon McCauley, and QM Manager Cecily Byrne. Patricia Steinmuller serves as the Scope of Dietetics Practice Framework Sub-committee Advisor. The ED work group is currently engaged in SOPP development, procedural step 4. Four BHN Members participated in the ED-FNCE Open Discussion and gave this input to the committee:

**Question:** Once completed, how should BHN communicate these standards?

**Member input:** ADA Website – note location of all SOP/SOPP and their value; BHN newsletter and all other DPGs or those especially related to ED, i.e. SCAN, Weight Management, Diabetes, and Pediatrics; all RD email-blast; ADA & The Journal announcing which issue they will be in; Webinar for BHN and all RDs/DPGs; Electronic surveys that peak interest – knowledge of levels of practice.

Help in realizing what level we practice and how to consider this when assessing ourselves.

Team approach – how to identify, incorporate and serve reliably.

Know when to refer to a specialist!!

Know what is beyond your Scope of Practice. Then the questions –

- How do you know who is a specialist?
- How do you locate a specialist?

Discussion about refeeding – what is normal eating/current thinking / incorporation.

How do we learn/what is known/how do we use what is available about ED?

These suggestions were received via e-mail by members unable to attend the Open Discussion session: Pre-FNCE can something be added or used to encourage/advertise/consider; discourage unhealthy eating; instead encourage and support the use of eating and physical activity behaviors that can be maintained on an ongoing basis; promote a positive body image; encourage more frequent, and more enjoyable, family meals; encourage families to talk less about weight and do more at home to facilitate healthy eating and physical activity; assume that overweight teens have experienced weight mistreatment and address this issue with teens and their families.

### Addictions

BHN has not yet established a committee to develop SOP SOPP for this practice area. BHN Public Relations Chair Therese Shumaker coordinated discussion on this topic. Contributing members were Anne Hatcher, Mary E Kuester, and Katie Garriott.

**Member input:** Dietitians need a foundation in Nutrition to work in the field of addictions (RD), but they also need knowledge of nutrient toxicity and deficiency; pharmacology/neuroscience; counseling skills; Motivational Interviewing; Mindful Eating; addiction.

We agreed that we need to do the following:

1. We need to reach out to those in the addiction practice - Develop a Blog to gather information - net work with others in the field, find out what others are doing, thinking - Increase use of the listserv for addiction related issues
2. We need a resource library
3. Use Survey Monkey to get practice consensus on issues, and to gather information from others in the field
4. Develop standardized practice assessments
5. Utilize the newsletter as a means of communication, with contact people.

### Mental Illness

BHN has not yet established a committee to develop SOP SOPP for this practice area. Member Ruth Leyse Wallace led members in open discussion of future development and implementation of such standards.

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Student Corner: Now is the Time to Get Involved

The perfect time to get involved with your professional association – the American Dietetic Association – is now, while you are a student. Volunteering your time and skills is a great way to network and meet more seasoned dietitians that can assist you now, as well as later – think mentors and future employment.

There are lots of ways to get involved through the ADA Student Council, your affiliate or district dietetic association, dietetic practice groups and member interest groups you belong to.

As an ADA student member you can submit articles or recipes to the Student Scoop which is the online student newsletter published five times during the school year (September, November, January, March and May). If you are interested in doing this, send an e-mail to ADAStudentCouncil@eatright.org with the topic you would like to write about and the issue you are interested in. You can find the Guidelines for articles as well as copy due dates online at: http://www.eatright.org/Members/content.aspx?id=8117

There is a volunteer leadership position available at each Commission on Accreditation for Dietetics Education (CADE) program – Student Council Liaison (SCL). SCLs serve as a contact for ADA membership staff and the ADA Student Council Advisory Committee (SCAC). They communicate ADA student member initiatives, messages and other information to Student Dietetic Associations/Clinics and other students. They do monthly reports about what is happening at their school. These reports are posted on the Student Community of Interest (COI) so students get an idea of what their peers around the country are doing. A volunteer form and description of the position can be found on the student COI. There is a limit of two SCLs at a program.

Student members can also run for a position on the SCAC. The SCAC works to increase student membership in ADA, create and promote opportunities for student involvement in ADA, develop and contribute to student communication vehicles as well as facilitate networking among students, student dietetic associations and professionals. Students can self nominate but need to meet specific requirements. The nominations are due December 1 of each year and posted in August on the Student Community of Interest.

The BHN Student Committee Volunteer Form and all documents pertinent to the Student Committee position are located in the Student Committee folder on the Behavioral Health Nutrition website (www.bhnadpg.org). If you are not a member of BHN, please join through ADA.

If you want to become involved at the local level, contact your affiliate or district dietetic association and offer your time and talents. Affiliates can always use enthusiastic volunteers. You can find contact information on the affiliate’s Web site. There is a list of all affiliates on the ADA Web site at http://www.eatright.org/Members/content.aspx?id=8352.

Respectfully Submitted,
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well as the amount of information learned and remembered. Information into consideration when planning a webinar, work- tion must grab the attention of the audience. By taking this Public speakers have found that the first 30 seconds of the presen- hooked within the first 3 minutes of the film for it to be successful. Film makers are taught that the audience needs to be students remember facts. Correlating information with an emo- meaning. Real world examples embedded in the information help the person who memorizes information without understanding its and stores the information in that context will learn it better than who focuses on the meaning of the presented information if the new information does not fit, it might be discounted as unimportant. A learner who focuses on the meaning of the presented information and stores the information in that context will learn it better than the person who memorizes information without understanding its meaning. Real world examples embedded in the information help students remember facts. Correlating information with an emo- tional experience will increase the chance that it will be remem- bered. Film makers are taught that the audience needs to be hooked within the first 3 minutes of the film for it to be successful. Public speakers have found that the first 30 seconds of the presen- tation must grab the attention of the audience. By taking this information into consideration when planning a webinar, work- shop or lecture, we should be able to enhance the presentation as well as the amount of information learned and remembered.

Integrative Mental Health Conference March 22-24, 2010 Biltmore Resort & Spa in Phoenix, Arizona

The 2010 Integrative Mental Health Conference, sponsored by the Arizona Health Sciences Center at the University of Arizona and presented by the Arizona Center for Integrative Medicine, is the first conference of its kind to assemble leaders in integrative mental health (IMH), creating a new field and framework with which to promote mental well-being.

Attendees will learn how to treat their patients within a new paradigm of integrative mental health care that utilizes scientifi- cally proven alternative methods in combination with drugs and traditional therapy to address patients’ physical, psychological, and spiritual needs.

For more information: www.azcim.org/IMHC or phone 520-626-7832

BOOK REVIEWS:
By Anne S. Hatcher, EdD, RD (ret), CACIII, NCACII

Reynolds, G. (2008). Presentation Zen. New Riders Pub. At a recent workshop for addiction studies educators, presentations on effective ways of reaching students utilized two books. The ideas for Power Point presentations from Presentation Zen changed the way many of us looked at developing slides and how we use those slides to effectively reach our audience. Reynolds suggests that photographs are more effective ways of catching the attention of those viewing our presentation. Gathering appropriate photo- graphs is somewhat time consuming and the end result seems to be well worth the effort. The other challenge in developing slides using his suggestions is that no slide should have more than six words. If slides have many words, students can read them faster than the instructor can talk. Once the information is read, their attention is lost. The author encourages those of us who teach to know the topic well, discuss it effectively and use slides to anchor the information by providing important concepts plus images that reinforce the significance of the information.

Medina, J. (2008). Brain Rules. Pear Press. Dr. Medina’s book complements the concepts from Reynold’s book. He describes the way the brain learns and stores informa- tion. He noted that information is remembered best when it is elaborate, meaningful and in context. The brain matches new information with current knowledge or experiences. If the new information is meaningful, it might be discounted as unimportant. A learner who focuses on the meaning of the presented information and stores the information in that context will learn it better than the person who memorizes information without understanding its meaning. Real world examples embedded in the information help students remember facts. Correlating information with an emo- tional experience will increase the chance that it will be remem- bered. Film makers are taught that the audience needs to be hooked within the first 3 minutes of the film for it to be successful. Public speakers have found that the first 30 seconds of the presen- tation must grab the attention of the audience. By taking this information into consideration when planning a webinar, work- shop or lecture, we should be able to enhance the presentation as well as the amount of information learned and remembered.

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PROFESSIONALS

Steadfast Binge Eating Disorder Association (BEDA)
2010 National Conference
March 4-6, 2010
Baltimore Renaissance Harborplace Hotel
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Behavioral Health Nutrition

Behavioral Health Nutrition
A dietary practice group of the American Dietetic Association

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