

Questions Frequently Asked

by Registered Dietitians considering becoming a licensed counselor

This is a collaborative project last updated in November 2013. The sections in italics are the words of one person. The rest is a collaboration.

What degree do you recommend?

The options are: master's in social work, master's in counseling psychology, master's in marriage and family therapy, community counseling or pastoral counseling, doctorate in psychology (PsyD), or PhD in psychology. It depends on your state and on what programs are convenient for you. Ask therapists in your area. They will likely know which local graduate programs provide the best training for therapy, which ones tend to attract those who will go on to licensure, etc. Depending on your state, the academic programs will probably provide the requirements toward either an LPC (Licensed Professional Counselor), LCSW (Licensed Clinical Social Worker) or Licensed Psychologist. Explore the specifics for your state; for example, which licenses are reimbursed by insurance and at what rate. Contact local mental health institutions and nonprofits to find out whom they hire.

I went to my local library to find information about the closest programs to me and the librarian was very helpful. That is actually how I chose my school.

Pros and cons of going on for the license as a mental health professional compared with just getting a degree or taking courses or workshops?

Ask yourself if you want to provide psychotherapy and to practice independently. If you do, the license will be essential. If your goal is only to become a better nutrition counselor, the license will not be important and may be a waste of time and energy.

It's helpful to be clear about why you might want to acquire a therapy credential.

Is it because you really want to be a therapist (and you want to stop working as a nutritionist)? Most RD/Therapists who I know did not intend to give up nutrition counseling work, at least not completely. I'm not sure what their motivations were, but I imagine that some were motivated for the same reason I was – to improve my “helping” skills. I realized that how I was counseling, and how I was trained to counsel, was not only not very effective, but some aspects of it seemed to be harming clients. In particular, my helping-people-by-telling-them-what-to-do was really starting to feel uncomfortable. I started to realize that, while some clients wanted nutrition information, most really needed a type of support that I didn't feel skilled at providing – therapist-type support.

What I learned in Social Work school has been helpful, and my field placement experiences and training (at an eating-disorder facility) have been extremely helpful. Since acquiring my therapy degree, I have still only worked as a nutritionist. (I call myself a nutrition therapist, mainly because much of my work has been in the ED field, and that's the name/title most ED RDs use.) But I know I am a better nutritionist because of my therapy training.

Having a better understanding of psychology definitely helps me feel more comfortable with my counseling work. But, is it possible to enhance your counseling skills without getting a degree (and spending the time and money)? I think it is! Motivational interviewing is a bridge toward more truly therapeutic relationships with clients. So if one of the main reasons you're thinking about getting a therapy credential is to be better able to help clients, then step one would be to get some MI training. This will help you move away from the traditional "telling people what to do" RD model and move into the more effective role of self-care collaborator.

– An RD, LCSW who works primarily with eating disorders

What other options are there if I just want to be a better nutrition counselor?

Training in motivational interviewing will upgrade counseling skills.

- Motivational Interviewing Network of Trainers:
www.motivationalinterviewing.org
- Dietitians who are members of MINT:
www.MollyKellogg.com
www.TrainingWithDrEllen.com

Health coach training is another option. Health coaches do not obtain a state license. There are some certificate programs. Here are two coach training programs that are designed for credentialed health professionals.

- Wellcoaches: www.wellcoachesschool.com
- Duke Integrative Medicine Health Coaching: www.dukeintegrativemedicine.org/patient-care/integrative-health-coaching

What does it take to become licensed as a mental health professional?

It varies by state. Carefully examine the requirements and ask plenty of questions of people who have gone through it recently in your state because it really varies.

Here is an example of what it takes to become an LCPC in Maryland:

- MS program 60 credits that met all the state course requirements. (Make sure your program includes all the courses the state requires.)
- 1000 hours supervised clinical training during the MS. Individualized supervision as well as group.
- Pass the National Certified Counselor exam.
- 2000 hours of direct client counseling after the MS. Supervision of 100 hours. If approved, 50 hours' group supervision and 50 hours' individual.
- At least two years' practice after MS before you can apply for licensure even if you finished all requirements before the two years.
- If you are lucky, you can find a job that will pay you for the 2000 post-MS hours. Usually the pay is low.

Here is an example of what it takes to become an LPC in Tennessee:

- Completion of an MA program 60 credits that met all the state course requirements. After the degree, the following tasks are required:
- 1500 hours of face-to-face client contact in a "clinical setting."
- 1500 hours of other types of experience (including supervision, training, paperwork, collateral contacts, phone calls and other activities that are related to the profession but are not direct client contact).
- 150 hours of supervision: 50 hours' group supervision and 100 hours' individual supervision of an LPC.
- Three tests passed: NCE, NCMHCE, and jurisprudence all offered through NBCC
- At least two years' practice after MA before you can apply for licensure even if you finished all requirements before the two years.

In Pennsylvania, the requirement for NCC is 2000 hours of client counseling, but for the LPC it is 3000 hours.

Will I be able to bill more under the RD or therapist credential?

It depends on the state and the insurance company (if you accept insurance). It also depends upon your license. For example, some insurance companies will pay more to an LCSW than an LPC. In most cases, a PhD psychologist is reimbursed more than a social worker or an LPC.

Will I earn more?

Probably not. Many of us have found that no jobs require our dual credential so we end up overqualified as either a dietitian or a therapist and our extra credential does not bring a higher salary. That said, you may be able to make somewhat more than you do now if you are in private practice or choose to go into practice. Gaining the extra credential is more about being more

competent and expanding what you can do than about increasing your income. So, consider carefully: What is your goal?

How would I mesh the two roles? Could I do both nutrition counseling and therapy with some clients?

In the State of Maryland I can NOT practice as a MNT and LCPC for the same patient. So I am very careful not to do MNT but to offer my expert advice for treating mental health issues with a better diet in general. For example, with a therapy client with depression I can talk about insulin and serotonin, or the importance of paying attention to how proteins affect binges or moods. I would not teach them how to count carbs and work on diabetes. When a nutrition client is clearly overeating because of a mental health issue, if they are not in a crisis mode, we will work on their diet first and when that is under control we will start therapy. If I feel there is any conflict I will refer them out for therapy. If the client wants to start therapy right away I will refer them out for diet.

– A Maryland RD, LCPC

Many of my clients have active eating disorders such as Anorexia or Bulimia. The team approach is most effective. I learned the hard way that it just does not work well to attempt to do both therapy and nutrition counseling with those struggling with eating disorders. I choose to take the dietitian role with these clients and partner with therapists in my area. I find that it CAN work well to do both roles with those who struggle with disordered eating left over from years of dieting or whose mental health struggles have led to a disordered relationship with food. I agree with Patricia that if the client needs MNT this is best separated out.

–An RD, LCSW who works primarily with eating disorders

Practicing as a licensed therapist and dietitian, I incorporate the two when I am working with individuals with mental health issues like depression, anxiety etc, because quality of nutrition, sleep, activity are as important as developing management skills such as coping and communication.

Individuals struggling with eating disorders need to be assessed and treated by a team of ED-trained professionals including a psychotherapist, nutrition therapist, and psychiatrist.

There are costs and benefits when you can fulfill the roles of a nutrition therapist and a psychotherapist as one clinician. The costs include blurred boundaries between the two different sessions. Especially with clients with personality disorders who may need more firm boundaries and structure to avoid extending their chaos and dysfunction onto one clinician seeing the individual for two different sessions. This could also be a setup for unhealthy transference for patients and “burnout” for the clinician.

The benefits may include convenience. For example, in geographic areas with very few ED-trained professionals. Or a parent of a teen may need to make two different appointments with two different professionals while juggling work and other family commitments. It may be easier to see one professional for back-to-back sessions. It's also easier for the parents to receive feedback from one clinician from a dual perspective as opposed to calling two professionals.

In any case, it would be essential for the dually licensed clinician to complete an assessment and see if working as both will be beneficial to the patient. From my experience, working as a dually licensed clinician has been more effective with the chronic dieters/compulsive overeaters/binge eaters and some of the bulimics. Anorexia is a challenge especially with those that have an intense fear of restoring weight.

–An RD, LCSW

As an Integrative and Functional Medicine Dietitian I feel it is appropriate to provide both MNT and psychotherapy for the same patient. This would be not much different from a psychiatrist who might be providing psychotherapy and medication-management care for the same patient; an integrative and functional medicine RD/Psychotherapist, too, can provide Integrative/Functional Medicine MNT and Psychotherapy for the same patient.

–An RD, CDE, CPT, CS

Would I give up my RD credential?

Most of us have not. It's up to you to decide.

Being an RD allows you to really help a person biochemically alter their system and empowers your clients to need lower dosages and ultimately fewer side effects. It is a win-win.

I feel that our factual scientific expertise is helpful in combatting the often misguided clients who are confused by the fitness and dieting messages, especially when combined with a Mind-Body Connective approach. The CSSD is a solid base for the athletic population for the sports specific information as well. So, I feel, after all my dietetics training that it would be a shame to give up a credential that most people recognize.

Those willing to hear from dietitians who want to ask more questions:

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