Psychological effects of working with traumatized clients in nutrition counseling on nutrition professionals

Franziska Puzik, Christoph Klotter, Wolfram Trautmann

Abstract

It is already known that occupational fields that primarily work with traumatized individuals can cause various stress risks. In this study, the extent to which a client's trauma can impact nutrition professionals in nutrition counseling was examined. Using a qualitative research approach, six interviews with nutrition professionals were conducted and analyzed. The data revealed both positive and negative impacts on the interviewed participants (PT). Furthermore, it was clear that the clients often tell the PT about their traumatization. These profound trauma symptoms and consequences can have an influence on the entire counseling process. In addition, the high value of the PT in the work with traumatized clients became visible. These results provide insight into working with traumatized clients in nutritional counseling and offers suggestions for further research. Additionally, the relevance of an investigation in the field of secondary trauma as well as the necessity for improvement to the training and qualification possibilities for nutrition professional was highlighted.

Keywords: nutrition counseling, trauma, nutrition psychology, psychology, nutritional behaviors, self-care, secondary trauma

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Introduction

Nutritional psychology and communication are an increasingly relevant component of dietetics and therefore belong in every nutrition professional's toolbox. The goal of nutritional psychology is to analyze and systematize the relations between the psyche and eating behaviors [1]. For example, the observations of how certain foods, social circumstances, or societal norms affect our psyche. But what happens when the psyche is suffering from symptoms such as anxiety, panic attacks, depression or burnout?

Causes for a mental illness can be, among other things, overwhelming and stressful events that can lead to an exceptional mental state of emergency, also known as trauma [2]. The symptoms and consequences of traumatization can make it difficult to work with affected clients in counseling [4]. This can also affect the counselor-client relationship. For example, the relationship building can be influenced by a client's feelings of fear, loss of control, powerlessness, or insecurity. [5] In addition, clients may openly express their suffering, which can be overwhelming to the counselor if inadequately trained. This can further negatively influence the mental state of the client [2]. But how does the client's traumatization affect the counselors themselves?

It is already known from professional groups, such as psychotherapists, psychiatrists or social workers, that working with traumatized people can be burdensome [6]. During the treatment process it can lead to overstraining, reactivation of own trauma, psychosomatic effects, development of secondary trauma or other stress related symptoms.

Secondary trauma describes a "natural, predictable, treatable and preventable, undesirable consequence of working with suffering peo-

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Trauma

- In psychological terminology, a trauma is a psychological injury, which can develop emotional, cognitive, behavioral and somatic effects [3].
- Trauma is a "stressful event caused by confrontation with threatened or actual death, serious injury or endangerment of physical integrity (...) and is usually characterized by intense fear, helplessness or horror " [2].
- Distressing emotional or somatic experiences impair the ability to feel safe and connected and can lead to nervous system dysregulation.
- The extent to which traumatizing experiences traumatize the affected person, depends on subjective factors such as personal coping resources, internal perception and many other factors [2].
- Trauma can be classified in two dimensions. The first dimension differentiates by frequency into Type-I, Type-II and medically induced trauma. The second dimension differentiates between accidental and interpersonal trauma [2].
- Types of trauma: shock trauma, secondary trauma, developmental trauma, attachment trauma, microtrauma, birth trauma, prenatal trauma, transgenerational trauma, etc. [4].

ple" [7]. This is used in psychology to describe the phenomenon in which trauma can be indirectly transferred from victims to responders [7]. Literature often compares the symptoms of secondary trauma to those of Post-Traumatic Stress Disorder (PTSD). The main symptomatology includes intrusions, avoidance behavior, and hyperarousal. Risk factors for developing secondary trauma are one's own traumatization, unstable mental health, low sense of coherence, and high empathy [8]. Literature considers several professional groups to be at risk of secondary traumatization, but nutrition professionals are not mentioned [4]. Therefore, the aim of this study was to fill the research gap regarding the potential effects on nutrition professionals.

Research question:

„What are the psychological effects on nutrition professionals when working with traumatized clients in nutrition counseling?"

Methodology

In this study, a qualitative, exploratory research approach was used because there is no empirical data available on the effects of traumatized clients on nutrition professionals. Due to the sensitivity and subjectivity of the topic, a qualitative research approach to capture perspectives "from the viewpoint of the practitioners" [9] is suitable to answer the research question.

Qualified nutrition professionals who regularly work with traumatized adult clients were interviewed about their work with traumatized clients using a guideline. "Regular" and "traumatized" were not defined in the sampling of participants. The PT was asked to independently consider in advance whether regular contact with traumatized adult clients occurs. The participants were recruited through the author's personal contacts, an internet search, contact with professional association groups and through the snowball method. The guideline was structured in five thematic clusters:

In the first cluster, "Work experience/professional life," the focus was on the participants' careers and the general work conditions. The second cluster, "Preparation for counseling," focused on questions about individual preparation for the counseling session and associated emotions of the PT. The third cluster, "Counseling," referred to the differences between counseling clients with and without trauma. In addition, questions were asked about the participants' reactions in certain situations, necessary skills, and the emotions that occur as a result. In the next cluster, "Counselor-Client-Relationship," the focus was on the role of the relationship as well as the differences to the client's relationship with other professions. The last cluster, "Mental health," included questions about secondary trauma and the participants' self- and institutional care. The set of questions was chosen to be as open as possible in order to obtain a wide perspective from the experts on how they deal with the client's trauma and the effects on themselves. The pretest was followed by twelve weeks of data collection in the form of expert interviews via video call. The time span of the interviews ranged from 25 to 66 minutes. Afterwards, the collected data were transcribed, evaluated, and discussed using a qualitative content analysis described by Mayring [10]. As no data on the research subject was available at the time of the study, the inductive category formation according to Mayring [10] was applied. The software "MAXQDA" was used to paraphrase the individual statements. This was followed by the step of generalization. In the first step of the reduction, the statements were summarized into categories and subcategories. These were then revised and sorted to map the results in a category system.

Results

A total of six female nutrition professionals were interviewed (five female dietitians and one female oecotrophologist). At the time of this study, three of the participants were employed in psychosomatic rehabilitation centers and three were self-employed. The employed PTs belong to an interdisciplinary team of physicians, psychotherapists and other therapists. At the time of the interview, all the freelance participants were in the process of completing a depth psychology training for nutrition professionals. The PTs ranged from 29 to 47 years old.

Motivations for working with traumatized clients

The most frequently mentioned reason for working with traumatized clients was interest in the subject area of psychology. The deepening of the subject area was predominantly due to the frustration that the PTs could not achieve success in nutritional counseling through isolated knowledge transfer about nutrition. Two of the participants did not give a specific reason.

Resources for nutrition professionals working with traumatized clients

All the PTs indicated that they had not received any qualifications for working with traumatized clients through their apprenticeships or studies.
The low qualification at the beginning of their career led to uncertainty, stress, and fear in working with the clients. Furthermore, the limited availability of qualitative continuing education opportunities for nutrition professionals was criticized. During their career some further education and training courses in the field of (nutrition) psychology were completed, which had a positive effect on the consultation, the PT and the interaction with the clients.
Competencies that were learned were, for example, the recognition of trauma, trauma-sensitive counseling methods, an understanding of the client's behavior and coming to terms with their own trauma. All participants confirmed that setting limits as well as the promotion of self-care are important competencies for the protection in the work with traumatized clients.

The counseling process with traumatized clients

The participants stated that the client's trauma is usually not known before the start of counseling. The trauma usually becomes visible during the course of the intervention. Common trauma symptoms and consequences that the PTs notice during counseling include eating disorders, anxiety disorders, depression, tremors, control compulsions, tension, cognitive impairment, dissociation, self-deprecation, and suicidal thoughts. Counseling was described as challenging, distant, demanding and profound. Additionally, the PTs expressed feelings ranging from anxiety and stress to gratitude and pride. It was evident from the interviews that trauma has a significant role in counseling. The trauma influences the implementation and structure of the counseling as well as interactions between counselors and their clients.
In the course of time, all participants developed their own sensitive way of working with the clients. The initial focus was on building a counselor-client relationship based on trust and empathy, which is the most important foundation for working with traumatized clients. The PTs also mentioned that the intervention was time consuming, which meant that fewer nutrition related measures could be communicated and implemented.

"[...] a bit tricky or rather it is a balancing act. [...] that a lot of things can tip over very quickly in terms of mood. [...] You can say the wrong thing very quickly. [...] It is much slower because you often get away from the topic and have to lead back again and again. That's why you don't make progress that quickly for a long, long time. Often you hardly get to interventions. [...]" (PT 5)
(„[…] ein bisschen heikel, oder beziehungsweise es ist ein Balanceakt. […] dass sehr vieles ähm sehr schnell kippen kann von der Stimmung. […] Man kann sehr schnell was Falsches sagen. […] Es ist halt sehr viel langsamer, weil man auch ganz oft vom Thema wegkommt und immer wieder zurückführen muss. Deswegen kommt man halt lang, lang nicht so schnell voran. Häufig kommt man kaum zu Maßnahmen. […]")
(TN 5)

The participants named empathy and expertise in the field of (nutritional) psychology as the most relevant competencies for working with traumatized clients.

Clients express their experiences of trauma during nutrition counseling

During the counseling sessions, the majority of the clients opened up to the PTs about their trauma. The knowledge about an existing traumatization was described by the participants as an instrument to better understand the behavior of the clients. The PTs confirmed some clients are less open to doctors and psychotherapists than to nutrition professionals. The reasons given for this were too little time and empathy on the part of the physicians as well as lower hierarchies and less pressure in nutrition counseling. One of the participants added that it was reported several times that clients were more emotional and open in nutrition counseling because the "hurdle" was lower than in the conversation with psychotherapists.

"[...] One told me "I have been seeing a psychologist irregularly for ten years. He still doesn't know that I have bulimia". That was five minutes into the first session. Yes, that happens sometimes [...]" (PT1)
(„[…] Eine hat mir gesagt " ich bin seit zehn Jahren unregelmäßig beim Psychologen. Der weiß bis heute nicht, dass ich Bulimie hab". Das war nach fünf Minuten im Erstgespräch. Ja das passiert ab und zu Mal […]") (TN 1)

Physical and mental impact on nutrition professionals

Frequently mentioned effects due to the confrontation with the client's trauma were severe mental, emotional and physical exhaustion. According to the PTs, multiple counseling sessions in a row were not possible. The participants reported that overwhelming topics or situations that they had experienced themselves could be brought up by the clients trauma.

Additionally, the trauma of the clients often accompanied some of the participants in their daily lives for years. The issues that triggered strong emotional distress among the PTs were severe traumas caused by sexual, psychological and physical violence during pregnancy and childhood as well as expressions of suicidal or homicidal thoughts during counseling. The PTs are often confronted with details of the traumatic experiences.

"*[...] I had a client who was raped by her father. Children came out of it. They raised them together. [...] And that also made the clients symptoms, who could not eat and always felt disgust when she ate. That makes it very difficult. [...] So how can you make eating appealing to someone or promote selfcare for them when their disgust is so central? Yes, that has overwhelmed me. [...]*" *(PT 3)*

(„[…] Ich hatte eine Patientin, die von ihrem Vater vergewaltigt wurde. Es sind Kinder daraus entstanden, die sind gemeinsam aufgezogen worden. […] Und das machte dann aber auch die Symptome bei der Patientin, ähm die nicht essen konnte und immer Ekel verspürt hat beim Essen. Das macht es sehr schwer. […] Also wie kann man jemandem das Essen schmackhaft machen oder eine Fürsorge für einen fördern, wenn, wenn der Ekel da so ganz zentral ist? Ja, das hat mich überfordert. […]") (TN 3)

At the beginning of the occupation, the participants experienced increased feelings of compassion, emotional stress and helplessness. Over time, these feelings decreased due to the increasing professional competence as well as gratitude and joy in working with the clients. The participants placed a high value on selfcare. In addition to hobbies, family and free time as a balance to work, supervision and interaction with colleagues were also mentioned as important anchors. The employed participants criticized a lack of institutional care on the part of their employers.

The topic of secondary traumatization was not known by the participants. However, they saw a possible risk for the development for nutrition professionals, after the topic was explained. The PTs mentioned different assumptions that could increase the risk. Several indicated that their own trauma could be a risk factor. Other characteristics that were mentioned were the constant confrontation with the client's trauma and the lack of competence in setting boundaries.

Additionally, high empathy, compassion, lack of professional competence, and low self-care were added as risk factors. Another participant suspected that the risk in the freelance sector was higher than in the employed sector. All six participants assessed their own risk of secondary traumatization as low. The reasons given by the participants were no traumatic past, regular exchange with colleagues, and supervision.

Discussion

The impacts on nutrition professionals

The results strongly indicate that the PTs can be affected by the client's trauma throughout the entire counseling process.

Both the increasing experience as well as specific training and continuing education had a positive influence on the work with the clients. This could indicate that through higher qualifications prior to the start of the career, a more professional handling could be ensured and the negative effects reduced.

Regarding the impact on counseling, it becomes clear that even if the traumatization is not addressed by the clients, the symptoms still affect the intervention which can lead to a decreased focus on nutritional therapy. The resulting lack of time as well as the reduced success of (various) interventions can increase the feeling of exhaustion among nutrition professionals. Furthermore, some of the participants were confronted with suicidal thoughts, dissociation, or other trauma symptoms without being accordingly prepared, which could also increase the feeling of being overwhelmed and helpless.

Besides the direct impacts on the physical and mental health, the counseling activity has also indirectly affected the mindsets and attitudes of the participants. For example, it was pointed out that the concept of the apprenticeship as well as the concept of nutritional counseling should be revised. The PTs requested a stronger focus on nutrition psychology and communication. The concern is also expressed by other nutrition professionals in the literature [1, 11]. The comparison with the definition of nutrition counseling from the German Nutrition Care Process (GNCP) implies that nutrition communication does have a significance in nutrition counseling [12]. Nevertheless, the question of the weighting remains unclear. Since the line between nutritional counseling and psychotherapy can become blurred when working with traumatized clients, and the results of the interview indicate that this is the case for all PTs, this requires an adjustment of the job profile to expand the competencies of nutritional professionals accordingly. Crossing this line was influenced by employment, working in interdisciplinary teams, time requirements, and differences in participants' basic psychological knowledge. However, all participants confirmed that certain areas, for which nutrition professionals do not have competences, must not be exceeded. The

relationship plays a significant role in working with traumatized clients. There is a possibility that the relationship as well as the counseling may be a potential danger for the client's recovery if the counselor is untrained or chooses an inappropriate way of dealing with the client [2]. This supports the PTs' request for more specific training opportunities for nutrition professionals.

The role of nutritionists in the therapy of traumatized clients

Additionally, regarding the support that the PTs can provide to the clients in terms of the nutritional issues, it became clear that the clients can also benefit from an interpersonal relationship. The openness of clients to talk to PTs about their trauma may indicate that they feel safe during the counseling session [13].

The fact that nutrition professionals are often utilized by clients when coping with trauma increases the relevance of informed participation of nutrition professionals in overall trauma therapy. In a study that explored the role of dietitians in the therapy of anorexia and bulimia nervosa, similar results were obtained. It was stated that the clients were able to establish an intensive and confidential relationship with the dieticians, that they were preferentially consulted for anxieties and problems, and that there was a desire for a higher frequency of appointments by the clients. The reason given was the flat hierarchy that would not often exist in the psychotherapist-client relationship [14].

This assumption was also confirmed by the participants. The trauma pedagogical concept mentions various principles as a foundation for working with traumatized clients. One of the principles is transparency, which focuses on a sensitive approach to structures, hierarchies, and power relations. This can play a significant role with traumatized individuals [15]. It can be concluded that clients who have been victims of power abuse, for example, can be more open in counseling situations with flat hierarchies than in settings where there is an imbalance of hierarchy.

In the interviews, there were several reports of situations in which clients were able to use nutritional counseling to work on or uncover an existing trauma. This supports the demand for a greater focus on nutritional psychology for dealing with and recognizing trauma in nutrition counseling. This concern is reinforced by the following statements: "*With basic knowledge of trauma, trauma-informed resource exercises, trauma-sensitive counseling techniques and in cooperation with psychotraumatologists, nutrition professionals can make an important contribution to the recognition and management of PTSD.*" *[16].*

"*Trauma therapy is only one way to help traumatized clients. In addition, there are several things that all professional helpers who work with this group of clients, can do: They can approach these clients with an open mind and strive to understand them empathically, [...] honor them as experts in their own stories, and help them cope with current difficulties that result from their history. [...]*" *[2]*

(„Mit dem Grundwissen zu Trauma, traumapädagogischen Ressourcenübungen, traumasensiblen Beratungsstil und in Kooperation mit Psychotraumatologen können Ernährungsfachkräfte einen wichtigen Beitrag zum Erkennen und Bewältigen von PTBS leisten." [16].)

(„Traumatherapie ist aber nur eine Möglichkeit, um traumatisierten Patienten zu helfen. Darüber hinaus gibt es einiges, was alle professionellen Helfer, die mit dieser Patientengruppe arbeiten, tun können: Sie können diesen Patienten offen begegnen und sich bemühen, sie empathisch zu verstehen, […] sie als Experten ihrer eigenen Geschichte würdigen und sie bei der Bewältigung aktueller Schwierigkeiten, die aus ihrer Geschichte resultieren, unterstützen. […]" [2].)

A positioning from the German professional societies for nutrition (DGE) is not available in this regard. In the GNCP, however, nutrition counseling is assigned functions in assistance and support processes. Thereby it is described that nutritional counseling can help to "*regain balance and the ability to function after crises and critical life events*" *(„Wiedererlangen von Gleichgewicht und Handlungsfähigkeit nach Krisen und kritischen Lebensereignissen" [12].)*

Secondary traumatization in the professional field of nutrition professionals

Compared to the risk factors and symptoms of secondary trauma, the PTs statements show that the preconditions for its development can be found. To make an assertion about the significance in the professional field of nutrition professionals, further research must be conducted.

As an important aspect to prevent secondary trauma in the work with traumatized clients, Gräbener [2] describes the importance of self-care. In addition, Gräbener [2] confirms the importance of institutional care, which in the present study was not given to all PTs. Institutional care defines the care that is provided to workers as part of the employment. For example, it includes regular supervision, intervision, continuing education, and training as well as an open work environment [2]. Gräbener [2] argues that "*Professional helpers must not be left alone in their work with traumatized clients. They need support from colleagues as well as supervisors.*" *[2].*

(„Professionelle Helfer dürfen in ihrer Arbeit mit traumatisierten Patienten nicht alleine gelassen werden. Sie benötigen Unterstützung von Kollegen ebenso wie von Vorgesetzen." [2].) Based on the data of the study, it can be concluded that nutrition professionals need to be prepared for working with traumatized clients during their training and need to be supported in their daily work to reduce the risk of secondary traumatization. The lack of attention to nutrition professionals in the research of the secondary trauma should be reconsidered.

Conclusion

This study showed that working with traumatized clients affects both the participants and the nutritional counselors to various extents. The experiences of the PTs demonstrates that counseling with traumatized clients requires a sensitive approach and professional competence, for which their training had not prepared the participants. Regarding the counseling, the data indicates that excluding trauma in nutritional counseling can be a hindrance to the success of the intervention. Additionally, trauma symptoms can have a far-reaching impact on counseling. Expertise in this area could be helpful in uncovering specific behaviors as well as ensuring a professional approach.
Overlaps between nutritional counseling and psychotherapy can lead to uncertainties in interacting with clients. Nutritional counseling cannot replace psychotherapy. However, the increased inclusion of nutritional psychology and communication can improve the success of counseling. The delimitation of the psychological approach and the delegation of clients to psychotherapists can also lead to more than just an organizational problem.
By "rejecting" and "redirecting" clients, a crisis of trust can occur in the relationship between counselor and client. This can reduce the success of the intervention since a trusting relationship is highly relevant in working with traumatized clients.
It would be beneficial to have greater consideration and a clear position on working with traumatized clients as a nutrition professional by the German professional associations.
Additionally, the relevance of the cooperation and position of nutritionists in trauma-specific, interdisciplinary teams can be strengthened.
Furthermore, the question arises – to what extent can nutrition professionals achieve protective and positive affects for themselves, the counseling, and the clients through better education about recognizing and dealing with trauma? In this regard, the results can be interpreted in the sense that there is a high need for training in the field of (nutritional) psychology for nutrition professionals. This training should consist of both continuing education opportunities as well as an increased emphasis on the topic in apprenticeships and university studies. Important learning contents are counseling skills, basic psychological knowledge, and self and institutional care.
Regarding the determination of the risk for the development of secondary traumatization, the available data still is too limited. Nevertheless, parallels could be found which show a relevance for further studies in the field of nutrition professionals. Furthermore, it was apparent that the participants considered both their own and institutional care as an elementary factor for the protection against stress through the work with traumatized clients. In summary, this study provides an initial approach to the topic of the impact of working with traumatized clients on nutrition professionals. Further research is needed: the importance of working with traumatized clients in dietetics needs to be further researched and made visible. To verify the results presented in this study, additional work must be conducted using both qualitative and quantitative approaches.

Limitations

Limitations of the study result from the low variability of the PTs. This can be seen from the predominant proportion of dieticians and the same depth psychological training in all three freelance participants. In addition, no male nutrition professionals could be recruited. Furthermore, due to the low number of participants and the recruitment of professionals who consciously work with traumatized clients, it is not possible to make generalized statements about the entire professional field. For further surveys, a quantitative approach in the form of a questionnaire to assess the possible symptoms and risk factors of secondary traumatization and other risks could be helpful.

Conflict of Interest
The authors declare no conflict of interest.

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