

## **NYCNEN Meeting Notes- November 22, 2013**

*Workshop Goal: To introduce nutrition professionals to the concept of intuitive eating.*

**Rosanna Campitiello, MS, MEd, RD, Chair of NYCNEN:** Introduction of NYCNEN, Membership benefits

**Rachel Knopf & Lisa Zullig, NYCNEN November Meeting Co-chairs:** We're grateful to be organizing the meeting and we're excited for the speakers we have.

**Rachel:** Intuitive Eating vs. Mindful Eating; An exercise in mindfulness: "Paying attention to what's happening in the present moment on purpose and without judgment".

***Self Attuned Eating and the Culture Vulture-* Andrea Gitter, MA, LCAT, BC-DMT:** Self attuned eating is similar to intuitive/mindful eating, but with 2-prongs: 1) The focus on working towards emotional literacy- Letting ourselves feel our feelings without judgment and deal with them, 2) How to live through the feelings- Paying attention to body cues for hunger/satiation; When we deny certain foods we set up a deprivation cycle that results in a disordered relationship with food/obsessive thinking/behavior and berated thoughts and feelings toward ourselves; When we pay attention to body signals we can break the deprivation cycle and build a positive self-image; Eating in response to hunger and satiation is a natural, trust-building exercise; How do we counter a media's messages that promote unhealthy body images? Eating in response to hunger and satiation which can include eating anything, but not everything.

***Intuitive Eating for Diabetes-* Laura Cipullo, RD, CDE, CDN, CEDRD:** (PowerPoint will be made available) Intuitive eating is about self-care and not weight loss. Intuitive eating is slightly different than mindful/self-attuned eating. Both include compassion, developing awareness and saying no to dieting, but IE is based on 10 distinct principles characterized by: eating for physical rather than emotional reasons, relying on internal hunger and satiety cues, and unconditional permission to eat; There are no "good" or "bad" foods, use internal self-regulation via the hunger fullness scale; differences between physical, behavioral and emotional hunger

- Hunger Fullness Scale for Clients with Diabetes
- "Habitual Nourishment" is a way to redefine "diet"—It's about how you alter your lifestyle and not something you start and then stop
- American Diabetes Association (ADA)- There's no "one size fits all" diet; instead try to attain individualized glycemic goal/meet individual needs
- Research on improving diabetes self-management through acceptance; A study compared diabetic patients using education and mindfulness approaches, 3 months later, mindfulness group had better coping strategies and better methods for self-care
- Mindfulness-Based Stress Reduction- 8-week study using MBSR associated with improved glycemic control in type 2 diabetes mellitus and improved ability to deal with stress triggers

- Mindful eating intervention study- After 9 weeks, less insulin resistance than those who received conventional weight loss education
- Intuitive Eating and Diabetes- Health at Every Size HAES
- Teaching clients- When evaluating clients initially, meet them where they are
- Meal planning, mindful eating, cognitive behavioral therapy food and blood glucose log, can also introduce meditation apps
- Activity- Eating m&m's or chips- How do they taste and feel when eating mindfully? When you're more aware while you're eating, you may find you don't actually like the foods you thought you did

***Born this Way: Tips for Protecting the Natural Intuition of Eating in Children- Jill Castle, MS,***

**RD:** Intuitive eating is hardwired into infants when their born; parents are responsive to hunger, but not necessarily fullness

- Clara Davis study- Allowed infants to self-select food which showed that using a trust model of feeding is beneficial
- Infants hardwired to like sweet, fat and salty foods, dislike bitter tastes including vegetables, cry when hungry and pull away when they're full;
- How can we promote healthy weight and eating for children?
- Why are unhealthy eating habits formed? Lack of nutrition know-how, child development- parents should know the milestones (picky eating is normal for toddlers), food landscape- preschoolers becoming obese because of options available, parent history- moms who were picky eaters are concerned their children will be, lack of cue recognition and feeding practices- two most important sources
- Attachment- Parents should be focused on this for first 2 years of child's life, it is the foundation for responsive feeding, if parent is not attached they cannot be effective with responsive feeding
- Cue recognition- parents need to get to know their babies, oftentimes, crying babies get fed unnecessarily
- Self-feeding- When a lot of learning occurs for infants, family style meals- important for manners, socialization, infants should be brought to eat with family; nutrition learning at its peak during school-age years; teens can learn about intuitive eating
- Prompting/pushing- authoritarian-style of feeding where parent pushes child to eat what parents think they should eat → this interferes with child's ability to self-regulate; picky kids can become more picky or induce overeating
- Rewarding- "Finish your milk and you can have ice cream" → causes shift in value system towards the sweets, can incentivize with non-food reward

- Restricting- limiting candy from access, for example, may increase child's desire for that candy; instead demystify sweets
- Controlling- Parents being too controlling can interfere with self-regulation
- Authoritative Feeding style- structure, boundaries and reasonable choices around food
- Division of responsibility- Parent: what to feed, when to feed, where to feed, child: whether to eat and how much they're going to eat,
- Structure- 3 meals a day plus snacks, children are allowed to have multiple opportunities to eat, but they can decide whether they want to eat or not
- Food variety should be selected by parents, larger variety important
- Parent worries- feed into how they feed their children

-“Intuitive eating begins in the high chair and maintaining it is key.” How we feed children feeds to how well they eat.

**Group Activity- Andrea Gitter, MA, LCAT, BC-DMT- Guided imagery**

**Panel Q&A:**

*Q: How can you practice mindful eating while on medication that inhibits that?*

**Laura:** Meal planning is important, re-learning when to eat is important as well

*Q: (For Jill) Breastfeeding after 3 months allows babies to learn to self-regulate, but maternity leave doesn't necessarily allow that, what do you recommend for clients?*

**Jill:** Teaching parents how to feed children well and how to eat responsively; breastfeeding/bottle-feeding/spoon-feeding can all be used as a responsive parent

*Q: (For Jill) What incentives would you use other than food as rewards after meals?*

**Jill:** The most important message is to not use food as a reward after eating food. Whatever motivates your child is what will work in addition to structure. We can be creative in finding what's best for our children (Also the 90/10 rule can apply: 90% of foods are nourishing/growing food 10% are “fun” foods).

**Laura:** It's the act of encouraging the child to try that's important not necessarily the food they want to eat.

*Q: What can I tell my diabetic clients that want a “quick fix”?*

**Laura:** You can give them the dialogue or words to talk about why they don't necessarily want to change their behavior. These are their decisions. It won't work if they're expecting someone else to do it for them.

**Andrea:** Sometimes they have to live out that experience. It's their relationship with food that they're working on and not just diabetes.

**Workshop Wrap-up, Announcements, Networking**

Thanks to the speakers and participants