Teaching Students, Interns, and Paraprofessionals Non-Diet Approaches to Weight Management

Society for Nutrition Education Weight Realities Division

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Speakers

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Teaches:
• Nutrition Counseling and Education
• Medical Nutrition Therapy
• Careers in Dietetics
Speakers

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Teaches:
• Nutrition Counseling & Education
• Nutrition Education for Educators
Speakers

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Professor & DI Director
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Teaches:
• Lifecycle Nutrition
• Community Nutrition
• MS level Nutrition Education
Outline

• Definitions: Non-Diet, Health at Every Size℠, Intuitive Eating, Eating Competence
• Differences between diet and non-diet approaches
• Evidence in support of non-diet approaches
• 5 Steps for incorporating non-diet approaches into curriculum
  1. Educate yourself and your faculty
  2. Determine your own philosophies
  3. Develop and implement curricular changes
  4. Evaluate changes
  5. Share success stories with others and HAES community
• Non-Diet Stories from Chico State & Iowa State
• Barriers to incorporating non-diet approaches
Non-Diet Defined

3 Well-Known Non-Diet Resources

1. Intuitive Eating / Mindful Eating / Attuned Eating
   - Emphasizes eating in response to physiological cues
     • using hunger and satiety as regulators of food intake (intrinsic) as opposed to dietary guidelines (extrinsic)

2. Health at Every Size℠
   - Celebrating the natural diversity of body sizes and shapes.
   - Eating in a flexible manner that values pleasure and honors internal cues of hunger, satiety, and appetite.
   - Finding the joy in moving one’s body and becoming more physically vital.

Tribole and Resch, 1996
3. Eating Competence
   - Competent eaters are positive, comfortable, and flexible with eating and are matter-of-fact and reliable about getting enough to eat of enjoyable and nourishing food
     1. Eating attitudes
     2. Internal regulation
     3. Food acceptance
     4. Contextual skills

Satter, J Nutr Educ Behav, 2007
Evidence Supporting Non-Diet

• Mann and colleagues reviewed the 7 long-term diet studies
  – 3 found significant weight loss in the intervention group
  – Average weight loss: 1.1 kg (2.4 pounds)

• Bacon conducted a randomized controlled trial comparing diet to non-diet approach
  – Participants in diet program lost wt, gained it back
  – Participants in non-diet approach didn’t lose wt, yet witnessed improved blood lipids and BP

• Physical & psychological damage caused by weight cycling

Strychar, et al. JADA, 2009
# Diet vs. Non-Diet Defined

<table>
<thead>
<tr>
<th></th>
<th>Diet Paradigm</th>
<th>Non-Diet Paradigm</th>
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<tbody>
<tr>
<td><strong>Weight</strong></td>
<td>• Achieve ideal weight</td>
<td>• Body will seek its natural weight when individuals eat in response to cues</td>
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<tr>
<td></td>
<td>• Lose 5-10% of current weight</td>
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<tr>
<td><strong>Hunger</strong></td>
<td>• Attempt to suppress or ignore hunger (will power)</td>
<td>• Physical cues to eat are valuable and relied upon</td>
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<tr>
<td><strong>Exercise</strong></td>
<td>• Exercise to lose weight</td>
<td>• Listen to the body, seek play and natural movement- not connected to weight loss</td>
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<tr>
<td><strong>Food</strong></td>
<td>• Good/bad, legal/illegal, should/shouldn’t</td>
<td>• ALL food is acceptable</td>
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<tr>
<td></td>
<td>• Quantity/quality determined by external source</td>
<td>• Quantity/quality are determined by responding to physical cues</td>
</tr>
<tr>
<td></td>
<td>• Cups, ounces, calories, exchanges, food groups</td>
<td>(hunger/fullness, taste, well-being, blood glucose)</td>
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<td><strong>Self Esteem</strong></td>
<td>• Self-esteem will improve with weight loss (doesn’t happen though)</td>
<td>• Self-esteem will improve with self-determined eating/movement</td>
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<tr>
<td></td>
<td></td>
<td>• Bodies come in all sizes and are naturally beautiful</td>
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A Day in the Life of a Chico State Student

- Human Nutrition Course
  - Introduced to diet and non-diet approaches through lecture
- Lifecycle Nutrition Course
  - Food and Feelings Workbook
- Nutrition Counseling and Education
  - Intuitive Eating
- MNT
  - Review background of energy balance, set point theory
  - Discuss wt loss medications, surgeries & MNT post surgery
  - Discuss applying non-diet approaches individually
- Community Nutrition
  - Health at Every Size℠
A Day in the Life of an Iowa State Student

• Nutrition Counseling & Education (Campus & online)
  – Related Course Modules
    • Competent Eating
    • Disordered Eating (3 hour workshop)
    • Weight Realities/Health at Every SizeSM
  – Eating Journal
    • Readings, videos, exercises
  – Counseling Project

• Nutrition Education for Educators (Online)
5 Steps for Incorporating Non-Diet Approaches into Curriculum

1. Educate yourself and your faculty
   - Read books
   - Read articles
     • Eating Competence
       - Eating Competence: Definition and Evidence for the Satter Eating Competence Model
     • Health at Every SizeSM
       - Weight Science: Evaluating the Evidence for a Paradigm Shift
         » Bacon and Aphramor. Nutrition Journal 2011, 10:9
       - Diets and our Demons: Does Anything Really Work?
         » Matz. Psychotherapy Networker, Jan/Feb 2011
   - Visit Websites
     • Haescommunity.org
     • Intuitiveeating.org
     • Ellynsatter.com
5 Steps for Incorporating Non-Diet Approaches into Curriculum

2. Determine your own philosophies and biases
   • HAES approach differs significantly from societal messages and traditional dietetics and public health approaches (e.g., Dietary Guidelines, MyPyramid, Let’s Move! Campaign)
     • Obesity prevention campaigns can stigmatize fat people
   • Can the approaches co-exist?
     • “Intuitive eating makes so much sense! Listening to our bodies- I love it!”
     • “Self-acceptance is so important, as is having a positive body image.”
     • “But my client really needs to lose weight.”
   • HAES paradigm shift is a journey
WARNING
CHUBBY KIDS MAY NOT OUTLIVE THEIR PARENTS
stopchildhoodobesity.com

WARNING
FAT KIDS BECOME FAT ADULTS.
stopchildhoodobesity.com

WARNING
BIG BONES DIDN'T MAKE ME THIS WAY. BIG MEALS DID.
stopchildhoodobesity.com

WARNING
HE HAS HIS FATHER'S EYES, HIS LAUGH AND MAYBE EVEN HIS DIABETES.
stopchildhoodobesity.com
Survey Question:
Please indicate which statement best represents how you teach weight management.

**Philosophies**

**Philosophy A:** Counting or tracking calories, nutrients or exchanges; belief that some foods are unhealthy and should be avoided; conforming to structured physical activity that follows exercise guidelines for weight loss; always using an instrument to monitor body weight or body composition; restricting food intake based on recommended portion sizes or calorie plans.

**Philosophy B:** Keeping overall calories, nutrients, or exchanges in mind when choosing foods, allowing for occasional discretionary calories with conditions, aiming for regular physical activity that follows exercise guidelines for weight loss, often using an instrument to monitor body weight or body composition, using recommended portion sizes and meal plans as a guide for nutrition.

**Philosophy C:** Recognizing the big picture of energy balance, and occasionally considering calories, nutrients, or exchanges when choosing foods; believing there are no bad foods, but implementing methods to cut down on mindless eating; limiting amounts of calorie dense foods; aiming for slight increases in physical activity to lose or control weight, both structured and unstructured; sometimes using an instrument to monitor body weight or body composition; monitoring portion sizes based on recommendations, eating times correspond with times of hunger.

**Philosophy D:** Recognizing the big picture of energy balance, but only rarely considering calories or nutrients when choosing foods; gives self permission to eat energy dense, nutrient poor foods in moderation, including enjoyable regular physical activity when possible in order to increase calorie expenditure; rarely using an instrument to monitor body weight or body composition; meal timing and quantity are consistent with intensity of hunger and fullness with little regard to recommended portion sizes.

**Philosophy E:** Not considering calories, nutrients, or exchanges when choosing foods; gives self full permission to eat based on taste preference, dietary variety, and effect on satiety; physical activity is not aimed at calorie expenditure, but is done regularly in enjoyable ways because it feels good and increases sensitivity to hunger cues; never monitoring or considering body weight or body composition; food choices and amounts are based on their effects on energy levels and mood.
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### Results: Teaching Philosophies

#### Figure 3. Teaching Philosophies (%)

<table>
<thead>
<tr>
<th>Diet</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Between A&amp;B</td>
<td>2%</td>
</tr>
<tr>
<td>B</td>
<td>16%</td>
</tr>
<tr>
<td>Between B&amp;C</td>
<td>30%</td>
</tr>
<tr>
<td>C</td>
<td>32%</td>
</tr>
<tr>
<td>Between C&amp;D</td>
<td>16%</td>
</tr>
<tr>
<td>D</td>
<td>1%</td>
</tr>
<tr>
<td>Between D&amp;E</td>
<td>1%</td>
</tr>
<tr>
<td>E</td>
<td>3%</td>
</tr>
</tbody>
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**Non-Diet**
5 Steps for Incorporating Non-Diet Approaches into Curriculum

3. Develop and implement curricular changes
   • Revise old slides
   • SNE Weight Realities HAES PowerPoint
     www.sne.org/documents/WR_HAES_PPT.pdf
   • Add non-diet books and articles along with opportunities to reflect
     ➢ On-line reflections
       ▪ Make anonymous and public
       ▪ Sample questions
         1. Describe someone in your life who has hit diet bottom. How do they fit the description of "diet backlash"?
         2. The authors offer several tips on how to be more conscious while eating and to "feel your fullness". Write about one take home message for yourself or for a client from this chapter to become more in tune with fullness cues
     ➢ Essays
     ➢ Large and small group discussions
5 Steps for Incorporating Non-Diet Approaches into Curriculum

3. Develop and implement curricular changes cont.
   • Use critical thinking to analyze gov’t materials and ADA’s NCP materials to assess if they are HAES friendly
     • Example 1: New Dietary Guidelines:
       • Maintain calorie balance over time to achieve and sustain a healthy weight
     • Example 2: Nutrition Diagnosis Terminology
       • Overweight/Obesity
   • Apply non-diet approaches to nutrition counseling
     • Incorporate intuitive eating into mock counseling appointment
     • Discuss disordered eating and body image with clients
   • Incorporate into discussions on diversity and discrimination
     • Size discrimination
5 Steps for Incorporating Non-Diet Approaches into Curriculum

4. Evaluate Changes
   • Graded assignments & use of psychometric instruments
   • Psychometric Instruments
     • Intuitive Eating Scale (IES)
       • I stop eating when I feel full (SA…SD)
       • I can tell when I’m slightly hungry (SA…SD)
       • I follow eating rules or dieting plans that dictate what, when, and/or how much I eat. (SA…SD)
     • ecSatter Inventory (ecSI)
       • I am relaxed about eating (A…N)
       • I feel it is ok to eat the foods that I like (A…N)
       • I eat as much as I am hungry for (A…N)
       • I have regular meals (A…N)

4. Evaluate Changes cont.
   • Use of assessment instruments to measure changes in food attitudes pre to post, continued…
     • HAES
       • I would rate my current attitude toward a HAES approach to health promotion as (very negative…very positive)
       • I believe the HAES approach to health promotion is “evidence-based,” i.e., is based on scientific research (SA…SD)
       • I feel that one of my responsibilities as a health professional is/will be to help end the obesity epidemic by promoting caloric restriction and exercise for overweight and obese people (SA…SD)
       • I would rate my ability to use a HAES approach to health promotion in individual counseling as (no ability …excellent ability)
5 Steps for Incorporating Non-Diet Approaches into Curriculum

5. Share your success stories and build community
Non-Diet Stories from Chico State

• A Pilot Study to Determine the Impact of Non-Diet Approach Books on Intuitive Eating Scale Scores among College Students at a northern California university
  – Vanessa Welden, Dawn Clifford, & Michelle Neyman Morris

  Lifecycle Nutrition:  
  n = 44

  Nutrition Counseling & Ed:  
  n=32

• Intuitive Eating Scale (IES) pre and post
Non Diet Stories from Chico State

• Results:
  – There was a significant increase in total mean IES scores in both nutrition courses pre to post test (p < 0.001)
  – Student quotes:
    • “Since I started the book, I have already noticed that I am doing a much better job of listening to my hunger and fullness cues to tell me when and how much to eat. In addition, I have become more in-tune with what foods my body is actually craving, and by doing so I realized that I generally crave healthier foods instead of foods high in fat and sugar like I previously thought.”
    • “If I were a nutrition teacher, I would absolutely require my students to read this book because it helps them relate to the struggles that their patients face concerning food.”
    • “I feel more prepared to deal with chronic dieter clients and counseling in general… I always thought that counseling was more structured, like “eat this” and “eat that,” but I have learned that counseling is more than just nutrition. It is helping the whole person live happily and healthily.”
Non Diet Stories from Chico State

• Results:
  – Student quotes continued:
    • “My thoughts have changed significantly since I finished reading this book for good. I am going to admit and be human; I was very unhappy with my weight and very upset with myself for not being able to drop the pounds. Reading this book and posting discussion was like therapy for me. I realized that the problems with dieting was not me but the program itself.”
    • “Almost 100% of the information about emotions in this book can be applied to everyday life, even in a person without disordered eating behaviors. Recognizing the rational and irrational beliefs behind emotions makes dealing with them much easier.”
    • “The most valuable thing that this book has taught me is that it is okay to feel. Now if I go for a snack I ask myself if I’m truly hungry or if there might be an underlying feeling that I’m going for it.”
Non-Diet Stories from Chico State

• Reading Health at Every Size: The Surprising Truth about Your Weight Improves Non-Diet Approach Knowledge & Attitudes among Dietetics Students
  – M. Neyman Morris, A. Roitman, & J. Schneider

• Community Nutrition (n=20) (intervention)
  – Read text
  – Participated in class discussion, activities, writing

• Human Nutrition (n=46) (control)
Non-Diet Stories from Chico State

• Results
  – Intervention subjects significantly increased their understanding of (p<0.001), and perceived ability to counsel clients (p<0.05), and design programs (p=0.001) using a HAES approach from pre to posttest
  – Also less likely to agree that it will be their professional responsibility to promote caloric restriction among overweight people from pre to posttest (p<0.05)
Non-Diet Stories from Iowa State

• Study to assess how a non-diet curriculum influenced dietetic students at a midwestern university

• Eunice Bassler, MS, RD; Amy Welch, PhD; Warren Franke, PhD; Michelle Roling, M.Ed

• Nutrition Counseling & Education course (n=65)

• ecSatter Inventory (ecSI) pre and post
Non-Diet Stories from Iowa State

• Results:
  – Significant increases ($p < .01$) in ecSI total score (from $31.06 \pm 5.65$ to $36.26 \pm 5.46$) and sub-scores for all four (eating attitudes, food acceptance, internal regulation and contextual skills) of ecSatter components across the course
  – Student quotes:
    • “Before taking this class, I ate just enough to satisfy my hunger. I thought that by eating the minimum, I was showing my self-discipline. Instead it left me tired and hungry. At first, when I decided to try eating a little more, it was unpleasant to feel full. However, after a few weeks I actually found it nice to leave the table feeling satisfied and knowing that I wouldn’t be rummaging around for food again in a couple of hours.”
    • “As I started to learn more about competent eating, I began to take more time to have undistracted, planned meals. Part of being undistracted meant clearing off the table so that I could eat there instead of on the sofa. Besides just being sure that meals were structured and planned, I was more open to trying new recipes.”
Non Diet Stories from Iowa State

• Results:
  – Student quotes continued:
    • “Once I learned more about competent eating, I realized my past has been full of disordered eating. Food often was not positive for me. I am glad to say that all changed! Once I found the solution of just enjoying food, I began to eat foods that I once was afraid of. Eating for me today is much better than it was before. It’s now a priority to sit down and take time to enjoy food.”
    • “The most rewarding thing about learning about competent eating is the difference it has made in my mom’s life. My mom has been overweight for most of my life, and she has struggled with losing weight and then gaining it back plus some. However, this semester, I’ve been able to share the competent eating principles with my mom, and by changing the way she thinks about eating, she has lost over twenty pounds by making very small, sustainable changes. The weight isn’t what is important, it’s how much better she feels about herself. It’s great to see my mom respecting herself more and putting more time into caring for herself. I never would have imagined that this one course would make such a change in my life and the lives of my family.”
Barriers to Incorporating Non-Diet Approaches

• Textbooks
  – “Those who are overweight or obese should set as their goal an initial weight loss of about 10% of their body weight over a six-month period at a rate of about 1 to 2 pounds lost per week.”
  
  – “The recommended approach is for patients to reduce their energy intake by 500 to 1000 kcal/day.”
  
  – “After six months of weight loss, achieving additional weight loss beyond the initial 10% requires further energy restriction and increased energy expenditure, which many patients find difficult to maintain over a long period of time.”
Barriers to Incorporating Non-Diet Approaches

• Student exposure to dieting via the media/culture
• Faculty/Preceptor resistance to change
• MNT related dietary restrictions
  – Challenge incorporating non-diet approaches
  – Can’t always rely on hunger/fullness cues
    • Anorexia Nervosa, chemotherapy, etc.
  – Opportunities to expand food acceptance
• Conflict with government public health policy
• It’s an uphill battle: fat politics
  – $58 billion dollar diet industry and ties to “obesity experts”
  – Books: Paul Campos’, The Obesity Myth and Eric Oliver’s, Fat Politics
Resources

- Brown, LB. Teaching the “Health at Every Size” Paradigm Benefits Future Fitness and Health Professionals. *Journal of Nutrition Education and Behavior*, 41, 144-145.
Organizations

- Association for Size Diversity and Health (ASDAH)
  - www.sizediversityandhealth.org
- Society for Nutrition Education (SNE)
  - Weight Realities Division
    - www.sne.org/documents/WR_Resources.pdf
- National Association to Advance Fat Acceptance (NAAFA)
  - www.naafa.org
- Haescommunity.org
- Intuitiveeating.org
- Ellynsatter.com
Conclusions

• Diets don’t work; new evidence-based approaches are needed.
• Non-diet approaches can be effectively incorporated into dietetics curriculum and nutrition education interventions.
• Barriers exist but we have to start somewhere!
Questions?