

## Academy of Nutrition and Dietetics – Weight Management DPG

### Craving Change Inc. Sponsored Webinar

January 19, 2023

#### Webinar Questions

**How do you cope with electronic medical records--Do you fill in the record as you talk to them or do you wait until finished with the session....**

Wendy

*I position my keyboard and monitor so that I can make eye contact and practice active listening with the client while I'm typing. I do however, spend the initial portion of my appointment conversing with the client without documenting in the EMR. Then I inform the client that I will be typing some information into their medical record while we're speaking for the remainder of the appointment, as needed.*

**What do you do for people who equate alcoholism to how they behave around food? They are adamant that they can't just eat one cookie, eat one piece of cake, etc?**

Wendy

*This will depend on the discussion with the client, but I'll sometimes ask them to identify their most troublesome 'trigger' food. I'll suggest that they can use the 'all-or-nothing' approach with this food if it helps them feel more 'in charge' of their eating behavior but to use a more flexible approach with other foods, even if they're not nutrient-dense.*

*Another strategy that we use in the Craving Change® program is the 'delay-distract'. In this case, if they eat a cookie, they give themselves permission to eat a second cookie without guilt but only after waiting a short period of time, say 30-60 seconds. During that time, they're encouraged to distract themselves by doing something at a distance from the cookies or by doing an activity that requires mental concentration. Sometimes, this gives the client enough time to ride out the craving for the second cookie or to talk themselves out of it. This approach takes repetition and a gradual increase in the length of time for the delay to build resistance to the urge to eat more cookies.*

Colleen

*I agree with both of Wendy's suggestions, and would also suggest a concept that comes from the "Don't Diet, Live It" workbook by Marcus & Wachter. They explain that some people may feel more comfortable if they set "loving limits", for now. For instance, deciding, "for now, it's too upsetting to have cookies in the house, it can really throw me off, so I will enjoy them when I'm out if someone offers them to me, but I won't buy them at the grocery store to bring home." This decision can be re-examined once the client feels more skillful and confident as they work on making other changes. Or they might decide that this is a moderate approach that works best for them longer-term. It's a temporary limit set with kind and moderate self-talk.*

*What's important about the concept of "loving limits" is mindset. Telling oneself, "I can't have cookies at home because I'm weak and stupid and can't control myself" is NOT HELPFUL. Nor is, "I can never buy those."*

### **Does the AND have any classes on CB coaching for RD's?**

Wendy

*Not that I'm aware of. We would encourage you to review our online training and certification program that includes a comprehensive facilitator's manual and a wealth of client resources.*

### **Any ideas for working with children?**

Wendy

*I would suggest starting with a simple technique that helps children become more aware of their eating behavior. The illustrated children's book that I wrote entitled, 'Is this stomach, mouth or heart hunger?' introduces children to the concept of three kinds of hunger. The book includes an appendix for parents, health educators and teachers that provides suggested positive, healthy responses to the three kinds of hunger. There is a free downloadable Companion Guide and numerous, accompanying handouts and activity sheets at [www.cravingchange.net/4kids](http://www.cravingchange.net/4kids)*

**If you have time, can you quickly run through a situation? I get a lot of "I'm addicted to white sugar and I will never give it up and I don't know how you're going to help me..." I'd love to hear how you would respond to that**  
**Actually, slide 26 helps answer this**

Colleen

*The concept of "food addiction" is rather controversial in the literature. My stance as a psychologist is that there is nothing to be gained by trying to talk someone out of this belief. Especially at first when they're not feeling skillful or confident. I would acknowledge, normalize, and validate, and then teach them the cognitive-behavioral approach to work towards understanding the eating behaviors that they DO feel more confident that they can start modifying.*

*With people who do have addictions to various things (substances, certain behaviors, etc), there is a whole lot to learn in recovery that is more than the "addiction" itself. Learning new ways to respond to difficult feelings, understanding when they're likely to be more vulnerable (When they're alone? When they're with certain people in their lives? When they have a lot of work or family stress?), setting boundaries, or learning other ways to comfort/soothe/nurture themselves, etc. When people are feeling more skillful at understanding their urges, vulnerabilities, and self-care, hopefully they might then consider re-visiting some of their beliefs around white sugar, etc.*

**Thank you for the great content!! I work in weight management as a dietitian. Are there any resources you have developed for working with clients? Such as handouts, worksheets, etc? I think my clinic would be very interested!**

Wendy

*Absolutely!! Our Craving Change® program is an ideal adjunct for a weight management clinic. As I mentioned, the program is mandatory for clients attending several bariatric surgery clinics in Canada.*

*A clinician or a clinic may become licensed to use the Craving Change® program in their practice – with individual clients, as part of another education course or as a stand-alone workshop series, in-person or virtual.*

*An individual clinician license includes a 158-page Facilitator's Manual, client workbooks, online clinician training and certification (~11 hours), and workshop resources such as Powerpoint slides and evaluation forms. You also have access to an online library full of supplemental, downloadable client handouts and worksheets.*

*Please visit [www.cravingchange.net](http://www.cravingchange.net) for more information and to sign up for our most popular eating self-awareness tool.*

**Regarding the All or Nothing Thinking list - are items 5 & 8 examples that do not align with All or Nothing? If they are All or Nothing, would you please help me understand how they are?**

Wendy

*Great question! The All-or-Nothing questionnaire includes a combination of statements/thoughts that are and are not 'all-or-nothing'. You're correct that items 5 and 8 are examples of more moderate thoughts and are not examples of an all-or-nothing thought distortion.*

**I would like to hear strategies for behavior maintenance when behaviors have been changed however weight did not change.**

Colleen

*Another great question! We know that people have huge and often very unrealistic expectations and goals around weight loss (some studies cite hopes for losing at least 25% of their weight) that are almost never met or maintained. This of course can be extremely discouraging for people, which in turn can affect their motivation to maintain the healthy changes they've made. Most people do not want to hear that weight maintenance is a positive and healthy goal, given that most of us continue to gain weight as we age. It's okay to validate their disappointment and frustration (whatever emotion they're expressing.) Don't "at least" them.*

*In addition to (of course) lots of positive reinforcement and education around sustained behaviour change (including connections with others who are making and maintaining*

*similar changes), I would recommend helping clients connect these behavior changes to their personal values and accomplishments (hopefully this helps highlight to them the scope of their changes and the other advantages of the changes.)*

*Some questions/comments could include:*

- Are they feeling more comfortable in social settings with food now?*
- Are they feeling more comfortable setting limits and boundaries around food? What helps them stick with these changes?*
- Are they proud of the changes they've made?*
- Have they noticed a change in their 'emotional eating' (Wendy and I call this 'heart hunger')? If so, what have they learned about other things they can do when they're upset?*
- Are they feeling more knowledgeable about how advertising and food marketing and portions affect their goals?*
- Are they enjoying being more active? In what ways?*
- Is being more active helping them feel physically stronger? More independent?*
- If they look a few years into the future, would they rather be behaving as they were when they first came to the clinic, or would they rather be behaving as they are now? Why/why not?*
- What are the advantages of continuing to behave this way? What are the disadvantages?*