

# From Structure Comes Freedom:

Working with a Meal Plan in Eating Disorder  
Recovery/Returning to the Wisdom of Our Body

*More specifically....*

**How/Is it possible to move (back)  
towards Intuitive/Conscious Eating once  
diagnosed/treated for an eating  
disorder???**

# Introduction



- \* Anastasia Nevin MS RD RYT
- \* Registered Dietitian/Nutritionist and Yoga Teacher in NYC
- \* Owner of Anastasia Health LLC, a full-time Manhattan based nutrition and yoga private practice treating men and women struggling with eating disorder, disordered eating and body image issues
- \* Phoenix Rising Yoga Therapy training, Restorative Yoga and Ayurveda, integrating movement, breath, mindfulness, and body awareness through an integrative healing
- \* Psychology degree from Stanford University, Nutrition MS RD from Columbia University
- \* Worked as Lead Nutritionist/Yoga Therapist at Monte Nido's EDTNY, helped found NYC program
- \* IOP Nutritionist/Yoga Therapist at Renfrew Center NYC

# Myths about Food and Recovery

- \* “Just eat the food” mentality
- \* Eating Disorder is just a way of seeking attention
- \* All people with eating disorders are extremely thin
- \* Eating disorders are about vanity
- \* Eating disorders are a result of poor parenting
- \* A person with an eating disorder can choose to stop whenever they want

# Challenges to Eating for the Eating Disorder Patient

- \* Food for the ED patient is the “enemy”
- \* Fear of weight gain\*\*\*!!
- \* Gastrointestinal Pain/Delayed Gastric Emptying
- \* Increased Distress/Anxiety
- \* Hypermetabolism
- \* Poor Body Image
- \* Increased urge to use ED behaviors to compensate (restricting, purging, laxatives, exercise)

# Eating Disorder Statistics

- \* Eating Disorders are a daily struggle for 10 million female and 1 million males in the U.S.
- \* 4 out of 10 individuals have either personally experienced an eating disorder or know someone who has (National Institute of Mental Health)
- \* 50% of teenage girls and 30% of teenage boys use unhealthy weight control behaviors such as skipping meals, fasting, smoking cigarettes, vomiting and taking laxatives to control their weight
- \* 25% of college-aged women engage in bingeing and purging as a method of managing weight
- \* Over 50% of teenage girls and 33% of teenage boys are using restrictive measures to lose weight at any given time
- \* “Canary in a coal mine” concept

# Relating to Food During an Active Eating Disorder

## Anorexia Nervosa

- \* Characterized by weight loss due to excessive dieting and exercise, sometimes to the point of starvation
- \* Someone with anorexia can never be thin enough and continues to see him/herself as “fat” despite extreme weight loss
- \* Fear of gaining weight, distorted body image, preoccupation with counting calories, only allow themselves tiny portions of specific foods, may prefer eating alone/ eating very slowly/ food rituals
- \* Refusing to eat certain foods, such as carbs or fats
- \* Restrictive Type: Individuals with this type of anorexia limit the amount of food they eat, also tend to exercise excessively to assist in weight loss
- \* Binge Eating/Purging Type: Individuals who are first diagnose with the restrictive type of anorexia and then begin to regularly engage in binge eating and purging behaviors that are more commonly linked with bulimia nervosa

# Relating to Food During an Active Eating Disorder

## Anorexia Nervosa

- \* Avoiding mealtimes or eating in front of others
- \* Denial of hunger
- \* Eating only “safe” foods, usually those low in calories and fat/ Orthorexia
- \* Preparing meals/food for others but refusing to eat them
- \* Pretending to eat and hiding not eating from others
- \* Fear of Eating in Public
- \* Denying extreme thinness is a problem/comments about “fat”
- \* Perfectionist, need for control, need to please or be liked
- \* Physical: Menstrual irregularities or amenorrhea (loss of menstruation), Constipation/abdominal pain, frequently feeling cold, irregular heart rhythms, low blood pressure, bone loss (osteopenia, osteoporosis), dry or cracked skin

# Relating to Food During an Active Eating Disorder

## Bulimia Nervosa

- \* Marked by cycles of extreme overeating, or bingeing, followed by purging or other behaviors to compensate for overeating
- \* Associated with feelings of loss of control about eating
- \* Purging Type: Individuals with this type of bulimia will have an episode of binge eating followed by self-induced vomiting, abuse of laxatives and/or diuretics to avoid gaining weight from the binge
- \* Non-purging type: Individuals who have an episode of binge eating and then use other behaviors to offset the behavior, such as fasting or excessive exercise

# Relating to Food During an Active Eating Disorder

## Bulimia Nervosa

- \* Eating until the point of discomfort or pain, often with high-fat or sweet foods, and usually in secret
- \* Self-induced vomiting, denial of hunger, denial of self-induced vomiting
- \* Skipping meals, avoiding eating in front of others, dieting/fasting
- \* Constantly thinking about food
- \* Excessive gum, mint or mouthwash use
- \* Going to the bathroom after eating or during meals
- \* Food hoarding, stealing, hiding food
- \* Large amounts of food disappearing in a short time
- \* Feeling out of control in eating behavior
- \* Physical: abnormal bowel functioning, damaged teeth + gums, severe tooth decay, acid reflux, swollen salivary glands, irregular heartbeat, sores or calluses on knuckles or hands, menstrual irregularities or loss of menstruation, tearing of esophagus from excessive vomiting

# Relating to Food During an Active Eating Disorder

## Binge-Eating Disorder

- \* This eating disorder is characterized by recurrent consumption of large amounts of food without purging, fasting, or excessive exercise and with feelings of loss of control about food (does not try to compensate)
- \* Feeling out of control, guilt, shame, increased distress about episode, positive feedback loop
- \* Oftentimes overweight or obese
- \* Almost as common in men as in women, more common in older people, more than teens and young adults

# Relating to Food During an Active Eating Disorder

## Binge-Eating Disorder

- \* Eating to the point of discomfort or pain
- \* Eating faster during binge episodes
- \* Hoarding food, or hiding large quantities of food in strange places
- \* Skipping meals or avoiding eating in front of others
- \* Constantly dieting but rarely losing weight
- \* Frequently eating alone
- \* Feeling eating behavior is out of control
- \* Feeling depressed, disgusted or upset over amount eaten

## Eating Disorder Exist on a Spectrum

All disordered eating shares in common a disconnection from the wisdom of our body, including innate cues such as physical hunger and fullness, which takes daily practice and repetition to recover

# Role of Registered Dietitian/Nutrition Therapist in Eating Disorder Recovery Process

- ★ Part of Multi-Disciplinary Team (therapist, medical doctor, psychiatrist, etc.)
- ★ Teaches ways to change food, exercise and weight-related behaviors
- ★ Educates about normal vs. unusual food intake patterns, hunger patterns, metabolism and somatic symptoms
- ★ Helps becomes aware of physiological, biological and emotional reactions to food and exercise
- ★ Assists in understanding connection between emotions and behaviors
- ★ Guides client in ways to develop a healthy relationship with food, working towards normal eating patterns and eventually maintaining a healthy weight

# What is “Normal” Eating?

According to Ellen Satter RD, ACSW:

- \* Normal eating is being able to eat when you are hungry and continue eating until you are satisfied. It is being able to choose food you like, eat it, and truly get enough (not just stop eating because you think you should)
- \* Being able to use moderate constraint in food selection to get the right food, but not being so restrictive that you miss pleasurable foods
- \* Eating three meals a day most of the time, but also choosing to snack when hungry. It is leaving some cookies on the plate because you know you can have more tomorrow or eating more now because they taste wonderful
- \* Trusting your body to make up for variations in eating
- \* Takes up some time and attention but it only one aspect of your life
- \* Normal eating is flexible. Food intake varies in response to emotions, schedule, hunger and proximity to food

# “Conscious Eating”

Carolyn Costin, 8 Keys to Recovery from an Eating Disorder:

- \* *“When you practice conscious eating you place an emphasis on awareness of your body signals, incorporate general education about nutrition, take into account any relevant health information, and eat the foods you truly enjoy”*

## Conscious Eating Guidelines:

Ex:/ Be conscious of your hunger. Eat when moderately hungry; don't wait until you are famished

Ex:/ Eat regularly, Do not skip meals, and if possible, don't go over four hours without eating

Ex:/ Allow yourself to eat all foods (unless allergic, etc.)

*...So how do we get there?.....*

# RD/Nutrition Therapist and Patient Process in Recovery

- \* Food is the Coping Mechanism!
- \* “Legalizing Food” is a process to eliminate deprivation and guilt or to replace rigid and restrictive patterns of eating with more gentle and flexible ones
- \* “Good” vs. “Bad” Foods (your body does not gain weight from 300 calories of yogurt and fruit any more or less than it does from 300 calories of pasta and meatballs)
- \* Challenging Fear Foods and Food Rituals
- \* Portion Distortion/Rate of Eating
- \* Eating Socially
- \* Separating negative emotions from food, not allowing negative feelings to impact what or how you eat
- \* Asking client what their goals are?

# Key Aspects of Nutrition Therapy Process

- \* Can vary based on level of care (Hospital, Inpatient, PHP, IOP, OP)
- \* Meal Plan/ Food Journals are a mindfulness tool
- \* Exchange system/Maudsley/Calories/Eyeball
- \* Typically meal plan consists of 3 meals and 3 snacks
- \* Getting rid of the scale
- \* Reaching and maintaining healthy weight (determined by treatment team)
- \* Establishing a healthy exercise routine

# Meal Plans

- \* A meal plan can be a useful first step toward beginning to eat more or regain control over behaviors such as bingeing/purging
- \* A meal plan is a structured way of determining ahead of time what and how much you are going to eat each day
- \* Should not support obsessive tendencies that reinforce disorder
- \* Each meal contains protein, fat and complex carbohydrate needed for nutritional balance

# Metabolism and ED

- \* When body undergoes stress, it reacts to defend itself. Partial or total starvation is a form of physiological stress. A food intake below 1200 calories/day or maintaining a weight below your set point range will decrease your metabolic rate
- \* As your metabolic rate decreases, work output of heart per minute is reduced 50%, muscle tone declines, body temperature decreases, blood sugar levels decrease, all chemical reactions in body slow down which lead to decreased energy, cold body temperature, and possibly maintaining weight by eating very few calories
- \* The longer the period of dieting/restriction/purging the longer it takes to normalize
- \* Effects of starvation physical: sleep disturbance, weakness, gastrointestinal disturbances, hyperacidity to noise and light, hypothermia, decreased basal metabolic rate, reduced T3 levels, reduced body temperature
- \* Metabolic rate will NOT return to normal until weight is within set-point range

# Exchange System

- ½ Pita bread
- ½ c Couscous
- ½ c Corn
- ½ c Peas
- ½ c Mashed potato
- ½ Med baked or sweet potato
- 1 Pancake/1sl French toast/1 Waffle
- 3 T Wheat germ
- 3 Graham crackers
- ½ c Croutons

1 c Lentil or Bean soup = 2 oz meat equivalent

## Common Meat Portions

- ✓ 1 c Cooked beans
- ✓ ¾ c Hummus
- ✓ ¾ c Tofu
- ✓ ½ c Tuna
- ✓ 3 oz Chicken, beef, fish
- ✓ 3 T Nuts or seeds
- ✓ 2 T Peanut butter
- ✓ 3 sl Bacon

## FATS (4/day)

- 1 t. Oil (canola, olive, soybean, safflower)
- 1 t. Soft margarine or butter
- 1 t. Mayonnaise
- 1 T Cream cheese
- 1 T. Salad dressing (regular)
- 2 T Sour cream
- 2 sl Bacon
- 8 Olives
- 1 T. Nuts/seeds (almonds, sunflower, peanuts, walnuts)
- 1/8 Avocado
- 1 T Peanut butter

## MILK PROTEIN (2/day)

- 1 c Milk
- 1 c Yogurt
- 1 ½ oz Hard cheese (cheddar, mozzarella, parmesan, cheddar)
- ¼ c Shredded cheese
- 2 oz (~3 slices) of Sliced processed cheese (American)
- ½ c Ricotta cheese
- ½ c Cottage cheese

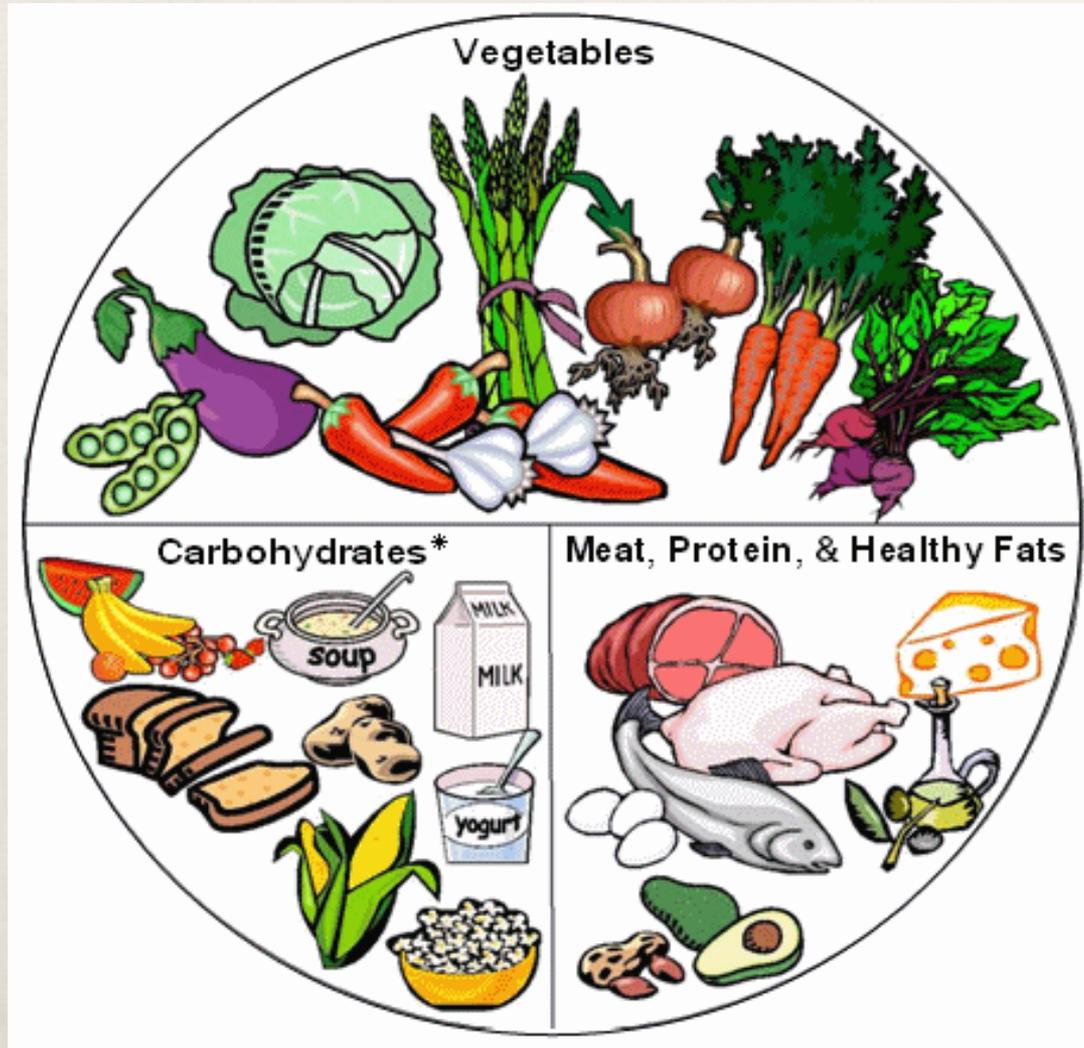
## FRUIT (2/day)

- 1 Whole piece fruit (small - medium)
- 1 c Applesauce
- 32 Seedless grapes
- 1 c Sliced/diced canned fruit

## VEGETABLES (1.5/day)

- 1 c Cooked vegetables (or ½ c for vegs that compact when cooked [ex: spinach])
- 1 c Raw vegetables
- 2 c Lettuce

# Plate Method



# Eyeball Portioning

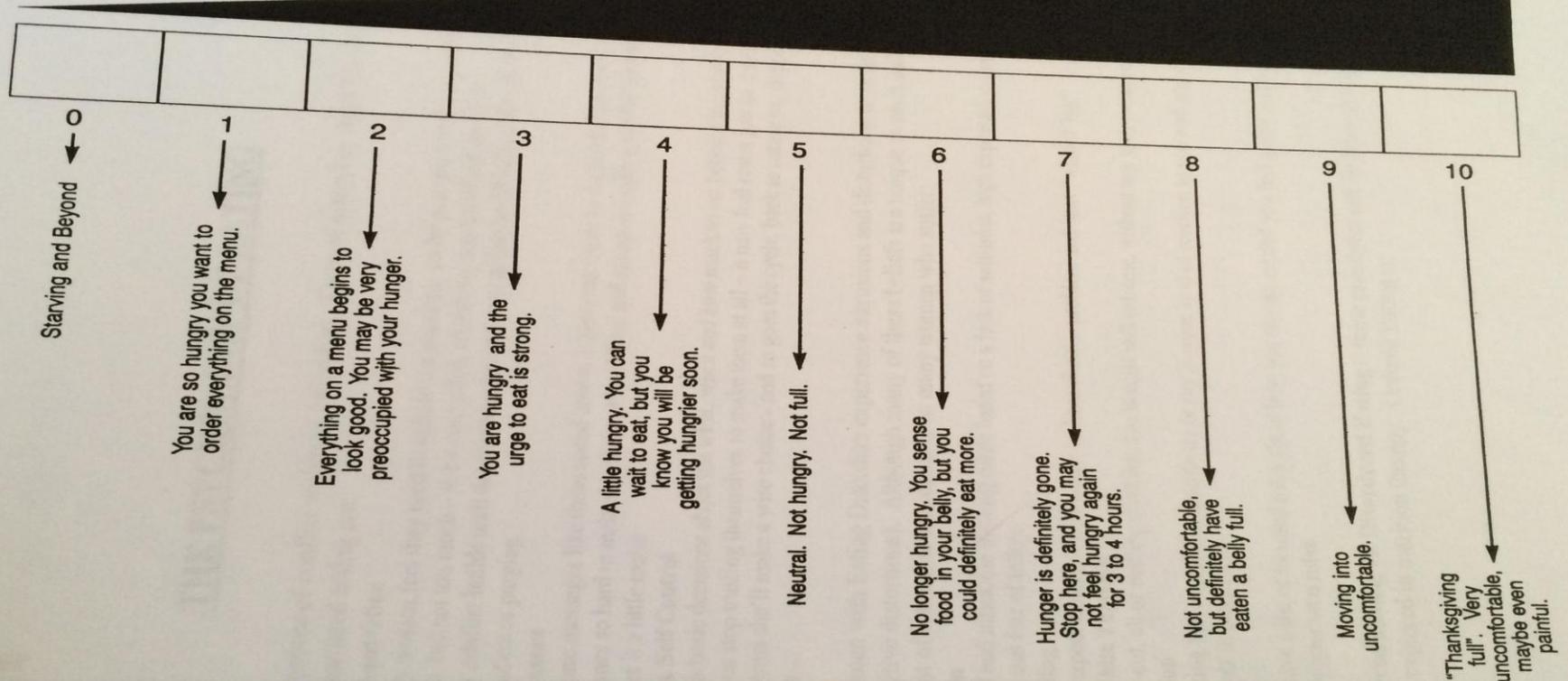
Hand Symbol	Equivalent	Foods	Calories
	<b>Fist</b> 1 cup	Rice, pasta Fruit Veggies	200 75 40
	<b>Palm</b> 3 ounces	Meat Fish Poultry	160 160 160
	<b>Handful</b> 1 ounce	Nuts Raisins	170 85
	<b>2 Handfuls</b> 1 ounce	Chips Popcorn Pretzels	150 120 100
	<b>Thumb</b> 1 ounce	Peanut butter Hard cheese	170 100
	<b>Thumb tip</b> 1 teaspoon	Cooking oil Mayonnaise, butter Sugar	40 35 15



# Hunger and Fullness

It takes the body at least 20 minutes to recognize its present state of hunger or satiety

## BASIC HUNGER/SATIETY SCALE



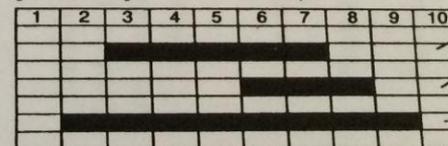
This is a rough guideline to introduce you to the Hunger/Satiety Scale. Use these descriptions loosely, hunger and satiety are very subjective experiences. Refine these descriptions by discussing them with your counselor.

To use this scale, rate your hunger level before you eat and again when you are finished eating. It could look like a graph\*. If you do this each time you eat, you will become more familiar with your eating patterns, especially if you discuss it with another person. Move away from

using your head to decide your eating patterns and towards listening to your body.

\* Example

The graphs represent:



A meal where you eat from a 3 to a 7.

A meal where you began eating when you were not hungry, eating from a 6 to 8.

Eating from a 2 to 9, from very hungry to uncomfortably full.

## Importance of Carbohydrates

*“Eating carbs will make me fat and gain weight”*

- \* Energy for brain function (brain can only use glucose)
- \* Energy for nerve cells, muscles/tissues, cell production
- \* Breathing, temperature regulation, contraction and relaxation of heart muscles
- \* Provide fiber for healthy digestive tract
- \* Some fibers can help to lower blood cholesterol
- \* Carbohydrates are our body's first form of quick and usable energy

# Importance of Protein

- \* Building block for bone, teeth, cells
- \* Provides strength to artery walls
- \* Promotes growth of hair, nail, skin; enzymes to aid digestion, help regulate hormones, transport vitamins minerals and oxygen throughout the body
- \* Wound healing, ligaments, tendons, organs; antibodies!
- \* Enzyme production to aid digestion and build structures
- \* Facilitate chemical reactions in body
- \* Helps regulate hormones
- \* Maintains fluid volume and acid-base balance
- \* Transports substances such as vitamins, minerals and oxygen around the body

# Importance of Fats

*Does eating dietary fat lead to more fat stores in our body?*

- \* Keeps the body warm
- \* Protects the organs from shock
- \* Needed for muscle contraction
- \* Helps regulate hormones/ menstrual cycle
- \* Contributes to cell structure
- \* Add flavor and taste to food
- \* Aids in absorption of fat-soluble vitamins (A, D, E, K)
- \* Research studies have shown that when people do not consistently eat sufficient amounts of fat (less than 45 grams per day) they have higher levels of depression

# Role of Family and Supporters

- \* Environment: making meals therapeutic, relaxed atmosphere
- \* Offering a non-diet approach (dieting is a risk factor)
- \* Refraining from commenting on food or appearance during meal
- \* Modeling normal eating
- \* Keeping conversation off food (patients sensing stress), not making comments about themselves or own body image
- \* Practice “Truth without Judgment”
- \* COMPARISON “comparison is the thief of joy”, acknowledging all bodies are different
- \* Celebrating other aspects of SELF outside of physical appearance and weight

# Signs of Recovery + Relationship to Food

- \* Behaviors at the table
- \* Listening to internal cues
- \* Flexibility with timing and foods
- \* Variety
- \* Spontaneity
- \* Weight/Scale

# Reasons to Throw out the Scale

- \* Weight fluctuates as much as 3-5 pounds each day depending on your activity level, fluid intake, and phase of your menstrual cycle
- \* The scale cannot tell the difference between body fat pounds and muscle pounds. Muscle weighs more than fat. If you have a muscular body type you can expect to weigh more
- \* You are more than your body
- \* Weighing yourself makes you focus on the result, not the process. It's the positive changes in eating habits and attitude that equal success

# Practicing Mindfulness

- \* Discover healthy ways to connect to body/ movement
- \* Yoga and Eating Disorders



# Practices to Honor Your Body's Wisdom

- \* Honor your hunger, feel your fullness, challenge the food police (guilt or critical self talk)
- \* Cope with your emotions without using food
- \* Choose food that will satisfy both your body and your mind
- \* Respect your Body and your body's natural weight
- \* Set the table in a pleasant manner (flowers, candles, music)
- \* Express gratitude for receiving nourishment
- \* Stay present: eat without distractions
- \* Breathe: take a few breaths and center yourself before eating
- \* Savor the aromas and tastes of your foods as you eat
- \* Pause in the middle of eating for at least two full minutes
- \* Notice how you feel when you're finished eating
- \* Create a "gesture" of being finished

# Love After Love

The time will come when,  
With elation you will greet yourself arriving  
At your own door, in your own mirror  
And each will smile at the other's welcome  
And say, sit here. Eat.  
You will love again the stranger who was yourself.  
Give wine, Give bread, Give back your heart  
To itself, to the stranger who has loved you  
All your life, whom you have ignored  
For another, who knows you by heart  
Take down the love letters from the bookshelf,  
The photographs, the desperate notes  
Peel your own image from the mirror  
Sit. Feast on your life.

-Derek Walcott