



news Nutrition

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Introduction

Adults who have issues with dieting—who tend to think of and label different foods as “good” or “bad”—interfere not only with their own nutritional health, but also with their children’s. With the prevalence of eating disorders, from anorexia and bulimia to binge and compulsive overeating, it is imperative that parents, caregivers, teachers and politicians encourage children to develop healthier behaviors, including the consumption of moderate foods that cultivate a healthy lifestyle.

The fall 2011 Whole Nutrition Newsletter highlights this widespread concern, focusing on how parents and adults can acquire the tools, such as basic feeding skills, neutral language and sample meal plans, to promote healthy eating habits in their children or the children they care for. Lending her expertise to the ongoing conversation, Christina Carrad, ATE-BC, LPC, LCAT shares with our readers how the influence of family relationships affects the development of eating disorders like anorexia and obesity.

After reading this newsletter, I urge all of you take a moment to set a goal. Ask yourselves how you can make a positive impact on how younger generations view food. Then go out, and do it.

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A Blueprint for Your Child’s Nutritional Intake

By Laura Cipullo, RD, CDE

Parents today seem to take a black and white approach to their children’s nutritional intakes, otherwise known as diets. While some deprive their children of all food containing what’s now considered unhealthy for fear of weight-gain and obesity, like products containing white flour and high fructose corn syrup, the rest of the parent population only provides their children with refined and fast food. If you fall into either of these categories, you may be doing your child a disservice.

As a parent, it is important to learn how to negotiate these opposing ideals without crossing any lines. Of course, an intake of only processed food is unhealthy. Yet, on the other end of the spectrum, depriving a child of all processed food and encour-

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Family Pathology and Eating Disordered Behavior

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There are many contributing factors to eating disorders. This article will focus primarily on familial issues.

Eating disorders are extreme emotions, attitudes, and behaviors surrounding food and weight issues. They incorporate serious

emotional and physical problems that can have life-threatening consequences for both males and females. Often an eating disorder is developed as an unhealthy coping skill to deal with life stressors. Many clients describe that the beginning of their eating disordered behaviors started during child-

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aging dieting can negatively impact their relationship with food as well, resulting in bingeing and overeating when in the presence of those otherwise forbidden items. One landmark study, referred to as the Growing Up Today Study (GUTS), found that girls younger than 14 years of age who frequently dieted were more likely to purge, binge eat and harbor concerns about weight than peers who did not. Additionally, girls under the age of 14 whose mothers had histories of an eating disorder were almost three times more likely to purge at least weekly (1).

So how can you design the optimal blueprint for your child's nutritional intake? Parents must determine how to strike a balance—a grey zone between the two extremes—neither supplying their children with sugar-laden food nor teaching them that this kind of food is dangerous.

First, you'll want to begin by instituting this new mindset slowly. Step one: Teach your children that food is food. They eat food, they eat snacks, and they eat meals. An example of this would be to explain that an apple is an apple, and chocolate is chocolate. An apple is a fruit that is high in vitamin C and fiber. Chocolate, on the other hand, is highly sweet and low in overall nutrition, though it does have a small dose of antioxidants (in children's words, "cold fighting O's"). By teaching a child that "food is food," you eliminate the notion of "treats," "good food" and "bad food." Avoid labeling food with these morals and values, as this is likely to encourage eating disordered thinking. If a child is able to learn that chocolate is chocolate—it is not a "bad food" or something to be rewarded with, instead it is a food choice with less nutritional value than an apple and natural peanut butter—then you are presenting them with

a choice between two real, viable options. The ultimate message that can be taken away from this exercise is that all food can be eaten sometimes. The sometimes quantifier varies amongst each food.

Breaking It Down

Breakfast

The first meal of the day can be identified as such, or it can be called breakfast. Labeling meal-time may not be necessary, as some children eat two mini meals in the morning: one right before leaving for school and another during mid-morning snack-time in the classroom. The most important goal of this morning meal is simply to get your child to eat.

Start by offering them two options, as choice allows children to feel in control. Ask them, "Do you want cereal and yogurt or eggs for breakfast?" If presenting them with two choices is not appropriate for your situation, you may also ask your child what he or she wants to eat, prompting them with a few examples to get them thinking about food: "Do you want pancakes or waffles or cereal?"

If your child chooses not to eat breakfast on a daily basis, then it is OK to find a compromise. The goal is to meet halfway, determining a point where you are both comfortable with the final decision. You may try asking whether they are willing to eat a yogurt or a plain waffle before or on the bus. When you ask for their input, you will quickly learn that children have preferences too, and there is a reason why they may have initially resisted the idea of this first meal. Also keep in mind that children may have difficulty with textures or associate certain foods with choking or vomiting based on past experiences.

Breakfast should incorporate the three
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hood or adolescent years as a way to deal with emotional and relational issues.

While there is no single cause of eating disorders, concern about weight and body shape always plays a role. The root of the disorder may stem from a combination of factors including familial, genetic, cultural, emotional, and personality issues. Parents should be aware of the impact that family has on their child and work towards creating a healthy familial environment.

Family pathology is a major contributor to eating disorders. Some individuals with eating disorders live in or come from families that exhibited dysfunctional or negative behaviors. Common familial issues are substance abuse, marital discord, emotional abuse, physical abuse, sexual abuse, neglect, domestic violence, and divorce. An eating disorder can be experienced as a way to add structure and control to an experience that feels out of control. Some people turn to an eating disorder after experiencing a trauma (the death of a loved one, rape, an accident, burglary, etc) as a way to feel in control of their lives and their bodies. Many clients describe a “numbing” feeling that they get from restricting, bingeing, purging, overeating, or over-exercising that helps them escape from and deal with unpleasant situations.

When faced with family discord, trauma, or abuse, it is important to recognize that although your child might not be showing outward signs of distress this does not mean they are not internally struggling. Often children and teenagers develop eating disorders slowly, and the disorder goes unnoticed by parents until there is a significant entrenchment of the behavior and possible medical complications. It is critical that you get professional help for your child, for your fam-



ily to work together, and for your child to develop healthy coping skills to create a stable home environment.

Research shows that children and teenagers who have healthy self-esteem and positive coping skills have an overall better quality of life. Teenagers with a low self-esteem, on the other hand, significantly struggle with everyday life experiences (a fight with a peer, a break-up, etc.) and sometimes turn to unhealthy coping skills in order to come to terms with a personal setback.

Self-esteem is directly connected to body image. Body image is a person’s perception and experience of their physical appearance. Self-esteem is a person’s perception of their self as a whole and their overall sense of worth as a person. Low self-esteem contributes to distorted body image, and distorted body image therefore cannot be corrected until self-esteem issues are resolved.

Self-esteem (positive or negative) is developed over time. Childhood experiences play

a vital role in developing our sense of self-worth. A child that is continually criticized will likely feel as though they have to continuously strive for perfection. How parents handle successes and failures contributes to either a positive or negative self-esteem. If parents or authority figures view failures in academics, sports, or activities as a failure of the child, the child learns to determine their self-worth through achievements. This can lead a child to develop a perfectionist mentality and seek affirmation through achievement. Both mentalities of perfectionism and achievement can lead to an eating disorder as the child strives for the perfect body.

Healthy self-esteem is developed in children who are praised in an authentic and genuine manner while growing up. These children are treated with respect, listened to, and given physical affection. They have experienced successes and failures in school, sports, and activities. When a failure is han-

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dled appropriately it helps the child develop positive coping skills.

Mistreatment, harsh criticism, physical or emotional abuse, unrealistic expectations, or the inappropriate management of failure can all lead to low self-esteem. A child with low self-esteem never thinks that they are good enough; they experience a negative inner voice, are very critical of themselves (and sometimes others), and have difficulty acknowledging accomplishments.

Low self-esteem can cause problems in relationships, create inactivity, underachievement, stress, anxiety, and can cause depression. Low self-esteem can also contribute to negative coping skills (eating disorders, substance abuse, abusive relationships, etc) as the individual does not think that they deserve to be treated well. Many people develop eating disorders because they do not feel that they measure up, and they go to extremes to “fix” themselves to try and fit in.

As mentioned, the importance of family in the prevention of eating disorders is a crucial element. In the June issue of *Pediatrics*, Barbara Fiese—a professor of human development and family studies at University of Illinois and director of the university’s Family Resiliency Center—along with postdoctoral research associate Amber Hammons, reviewed 17 recent studies on eating patterns and nutrition involving more than 182,000 children and adolescents. The study shows that teens who eat at least five meals a week with their families are 35 percent less likely to engage in disordered eating than teens who do not. Children in the study who ate at least three meals a week with their families were 12 percent less likely to be overweight. In addition they were 24 percent more likely to eat healthy foods and have healthy eating habits

than children who did not have three meals a week with their families.

“For children and adolescents with disordered eating, mealtime provides a setting in which parents can recognize early signs and take steps to prevent detrimental patterns from turning into full-blown eating disorders,” Professor Fiese explains. She goes on to purport that families who share meals together are likely to be more connected, which may encourage children and teens to speak to their families about life events and problems they are experiencing.

“If you look at national surveys, the frequency of shared mealtimes does begin to drop off in the teen years, but a lot of that is due to competing demands on teenagers’ time due to after-school activities, jobs, and social life, and not for lack of interest” (Fiese). As children become teenagers, it may become more challenging to regularly include them in family meals, but doing so is preventive for identifying problems such as eating disorders, inadequate nutrition, and social or emotional issues.

As Fiese states, “The common belief is that teens don’t want to be around their parents very much, and that teens are just too busy for regular meals with the family.” She advises family members to look at their schedules and identify nights they can commit to, then follow through and make family meals on those nights a priority. “Parents may not be able to get their families together around the table seven days a week, but if they can schedule three family meals a week, they will safeguard their teens’ health in significant ways.”

The study also shows that teens are interested in participating in family mealtimes and believe that they eat more healthfully when they share meals with their families. “If family

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meals are not a forced activity, if parents don't totally control the conversation, and if teens can contribute to family interaction and feel like they're benefiting from it, older kids are likely to welcome participating." Research on adolescent development indicates that teens want to retain an association with their parents. "Family meals give them a place where they can go regularly to check in with their parents and express themselves freely" (Fiese).

So, what can parents do to help create positive self-esteem and work towards preventing eating disorders?

- If there is any family or marital discord get professional help.
- If your child suffers from a traumatic event get them professional help.
- Praise your child in an authentic and genuine manner. Focus on all aspects of your child—their personality, achievements, successes and failures.
- Display care, concern, and understanding for your child and what they are experiencing.
- Listen openly and reflectively. Do not judge.
- Identify and redirect children's inaccurate beliefs about themselves.
- Give positive and accurate feedback.
- Create a safe, loving home environment.
- Help your child become involved in constructive experiences (activities that encourage cooperation rather than competition).
- Be spontaneous and affectionate.
- Be a positive role model. Promote

your own self-esteem and body image. Recognize that others pay attention and learn from the way you talk about yourself and your body. Choose to talk about yourself with respect and appreciation. Choose to value yourself based on your goals, accomplishments, talents, and character.

- Watch what you say. Never speak poorly about your own body and celebrate your body's unique shape and size; embrace the natural diversity of human bodies.
- If you are overweight and need to diet, explain that you are doing so to improve your health rather than to alter your shape or size.
- If you do diet, do so in a healthy manner. Eat balanced meals, avoid fad diets, diet pills, or over-exercising.
- Model positive exercise habits. Moderate and regular exercise will help you stay healthy and help your child see this as healthy living (not just a diet).
- Never criticize your child's weight.
- Do not make/allow derogative comments about appearance of anyone in your home.
- Help your child develop their communication skills and how to identify and express their feelings.
- Prioritize family meals.
- If you do think that your child is developing or suffering from low self-esteem, get them and yourself professional help.

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WHAT ARE THE 3 MACRONUTRIENTS?

Carbohydrates, Proteins and Fats

What are healthy examples of the 3 macronutrients?

Carbohydrates

fruits, vegetables, whole wheat pasta, whole grain bread, and wild rice

Proteins

beans, lean beef, reduced fat cheese, chicken, low fat dairy, eggs, fish, lean turkey and nuts

Fats

avocado, almonds, canola oil, olives, olive oil, peanut butter, omega 3 fa's (deep sea fish)



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major macronutrients: a whole grain, a lean protein and a small amount of healthy fat.

If possible, sit and eat this first meal with your child. Role modeling can have a positive influence on their nutritional intake and helps to decrease the development of disordered eating.

Lunch

The second meal of the day, or lunch, should also include whole grains and/or fresh carbohydrates such as fruit, lean protein and healthy fats like avocado and peanut butter. Know your child, and don't assume that because they enjoyed what you packed for lunch two months ago that they will want it in their brown bag this week. Often times, parents learn that their children easily become bored of the lunches that are being prepared for them. Realize that your child will like this food again in the future. Something else you should not assume is that all children enjoy sandwiches; many do not.

For this reason, it is important to keep communication open between you and your child. If you don't ask what they are eating for lunch or why their lunch is coming home uneaten, you will never know. At the same time, however, you must also remember that as a parent, it is your responsibility to provide your child with wholesome food to help them to grow. With your gentle encouragement, your child can learn to experience and eventually embrace different flavors and textures, which will influence their choices into adulthood. While children certainly have some influence over what they eat, do not let them rule over the kitchen by convincing you to buy chips, "because a friend eats them at school." In addition, be mindful of whether you were deprived of sweets or "treats" as a

child, as many parents who felt any kind of dietary deprivation in their past allow their children to eat whatever they please in order to make up for this loss. The consequence is a child who grows up with no boundaries and who may be more likely to become obese.

Children may consume all food groups during lunch, but parents should limit items that are less nutritious.

As a rule of thumb, children may consume a less nutrient-rich side or snack with their lunch two to three times a week. Doing so will



help to prevent the formation of the idea that foods are considered either "good" or "bad," while also preventing any feeling of deprivation. Research from the GUTS study shows that food deprivation aimed at weight loss via dieting and/or weight control in children leads to bingeing and purging later in life (1). By allowing your child to choose what snack they want now, whether it's a cookie, a bag of baked chips or an apple, you can help them to avoid developing a poor relationship with food in the future.

Snack

An afternoon snack is important for all children. Not only does it help to steady

their afternoon energy and prevent them from grazing until dinner, but if the afternoon snack is missed, it increases their hunger before dinner, resulting in overeating. It is therefore imperative that parents plan for children to eat an afternoon snack daily. Preferably, this snack should consist of two out of the three macronutrients (whole grains or fresh carbohydrates, lean proteins and healthy fats).

To promote healthy choices during snack time, it is best to minimize the number of decisions that need to be made. Children who are faced with too many choices are more likely to make poor decisions. This can be accomplished by limiting the types of packaged foods that are kept in the pantry. Try not to stock more than five options at a time.

Dinner

And then there is the final meal of the day: dinner. If possible, make every effort you can to eat dinner with your child. If it is not possible to sit down for a family dinner, then try to join your child for at least one major meal a day. One study reported by the journal *Eating Disorders* set out to identify associations between family dinners and disordered eating behaviors among adolescents. Female adolescents who ate with their families most days, when compared to those who ate dinner together "never or some days," were less likely to initiate purging, binge eating, and frequent dieting (2).

Understandably, when both parents work and when children have busy, action-packed afternoon schedules, this can be quite a challenge. If family dinners are not feasible during the week, then try to squeeze them in on the weekends instead. Engaging in family dinners enables you, as a parent and role model, to

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A Blueprint Meal Guide

Ideal	Less ideal but very acceptable:	Heading in the right direction:	sometimes
Breakfast			
<ul style="list-style-type: none"> • One egg served with natural peanut butter on a slice of whole grain toast • Greek yogurt parfait with fresh berries and oat-based granola • 1-2 whole grain pancakes with yogurt and wheat germ 	<ul style="list-style-type: none"> • One egg with margarine or butter on whole grain toast • Low-fat yogurt fruit parfait with whole grain cereal • 1-2 whole grain pancakes with fresh fruit 		<ul style="list-style-type: none"> • Dry cereal (fiber > 3 grams/serving; carbohydrate < 35 grams/serving) • Granola bar (fiber > 3 grams/serving; sat fat < 2 grams/serving; protein > 4 grams/serving) • Any real food: dried fruit, fresh fruit, cheese stick, peanut butter, whole wheat pasta
Lunch			
<ul style="list-style-type: none"> • Peanut butter (natural ingred. with peanuts only) and banana sandwich on toasted whole grain bread and a cheese stick • Hummus with oat bran pita, carrot sticks and a light laughing cow cheese and natural applesauce • Whole wheat pasta mixed with spinach and egg whites, and a mini low-fat yogurt (Stonyfield or Horizon yogurt squeezes are good options) 	<ul style="list-style-type: none"> • Peanut butter (natural ingred. with peanuts and salt) with real fruit jam on whole grain bread and a natural fruit leather (first ingred. fruit) • Real cheese slices (Apple Gate Farms) on whole grain bread and sweetened dried fruit (like Craisins) • Annie's whole wheat macaroni and cheese mixed with a veggie and one Kashi TLC cookie 	<ul style="list-style-type: none"> • Peanut butter and real fruit jam on whole grain bread and a cookie • Grilled cheese made using PAM with whole wheat pretzels • White pasta with natural tomato sauce (Monte Bene, Walnut Acres) and apple slices 	<ul style="list-style-type: none"> • Pizza • Bagel with tuna and mayonnaise • School lunch (provided by school) • Any lunch above with chips or cookies (should be eaten < 3 times/week)
Snack			
<ul style="list-style-type: none"> • An apple with 2 tsps of natural peanut butter • Natural guacamole with veggies • Hummus and grapes 	<ul style="list-style-type: none"> • Applesauce and a cheese stick • Natural guacamole with baked chips • Low-fat fruit yogurt with fresh fruit 	<ul style="list-style-type: none"> • Applesauce and whole grain goldfish • Granola bar • Premade peanut and cracker sandwiches • Low-fat ice cream 	<ul style="list-style-type: none"> • Ice cream on a cone • Cookies and milk • Rainbow goldfish and juice
Dinner			
<ul style="list-style-type: none"> • Salmon with soba noodles and edamame • Chicken and tofu stir fry with plenty of vegetables and wild rice • Whole wheat pasta (tomato sauce made without sugar) with lean turkey meatballs and steamed spinach • Chicken or fish fajitas using whole grain tortillas 	<ul style="list-style-type: none"> • Tilapia with rice and veggies • Chicken teriyaki with rice mixed with peas and carrots • Whole wheat pasta with pre-made turkey meatballs (low in sodium) and carrot sticks • Chicken or fish fajitas with corn or white flour tortillas 	<ul style="list-style-type: none"> • Whole wheat macaroni and cheese mixed with tuna fish and spinach • Bell & Evans chicken tenders with baked sweet potato fries and veggie and fruit • puree • Whole wheat pasta with tomato sauce (no sugar added) and parmesan cheese • Cheese fajitas with corn and squash in a tortilla 	<ul style="list-style-type: none"> • Tuna fish with mayonnaise on a bagel • Fried chicken tenders with French fries and carrot sticks • Pizza • Kraft macaroni and cheese and a fruit cup

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lead by example, showing your child what it means to consume a healthy and moderate diet. Data drawn from project EAT provides evidence that having dinner with others has a strong link to certain markers of a person's dietary consumption, including higher intakes of fruit, vegetables and dark greens, and orange vegetables (3).

As a registered dietitian, I strongly discourage conversation that centers on food or body image while seated at the table, as this is likely to influence disordered eating. Negative comments regarding weight as spoken by a father to his son have been shown to double the likelihood of bingeing based on evidence from the GUTS study (1). Instead, discuss neutral topics, and refrain from watching television.

Dinner should include the three macronutrients in the form of whole grain carbohydrates or "fresh" carbohydrates like

vegetables, lean proteins, and healthy fats.

With the range of food made available today, it can be difficult for a parent to map out a blueprint for their child's nutritional intake that is both healthy and satisfying. To simplify this, focus on providing your child with whole foods and by incorporating the three major macronutrients (whole grains and fresh carbohydrates, lean protein and a healthy fat) into every meal and two of the three macronutrients during snack time. Limit meal and snack choices to reduce decisions.

One way to ease your child into this healthier and moderate mindset is to invite them to go grocery shopping with you and to allow them to pick out two of their snacks. Another place to expose them to new food is at the dinner table. Be a positive role model by trying new food and eating salad greens. If you and your child are dining on different meals, offer your child a taste from your

plate, but do not force them. With time, your child's palate will become more refined, their taste buds will mature, and they will begin to adopt healthier habits. Just remember to be patient along the way. Finding confidence in the ability to choose satisfying, energy-rich meals and snacks is a process—but a worthy one at that.

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Fresh Facts – About Laura Cipullo, RD, CDE

So much has been happening at Laura Cipullo Whole Nutrition Services. In December 2010, Laura launched a one of kind nutrition blog (www.LauraCipulloLLC.com/blog) to give her adored clients and the general public access to wholesome nutrition education and tips on how to lead a moderate yet healthy lifestyle. Laura's blog is set apart by its neutral tone regarding weight-oriented topics with the hopes of providing a balanced message that fosters the prevention of eating disorders and/or obesity. To get the most up-to-date information on nutrition and health, subscribe to Laura's blog and "like" Laura's Facebook page: Laura Cipullo Whole Nutrition Services.

Laura's internet presence isn't the only part of her practice that's expanding. This past spring, Laura increased the size of her New York City nutrition practice. With the success of her NYC office, Laura also decided to close her New Jersey practice as of June, though her faithful clientele have happily crossed the GW Bridge into Manhattan for their appointments. Laura's nutrition office is located at 80 University Place, New York, NY, 10003—right in the heart of Union Square.

In effort to "be green" please subscribe to this newsletter online at www.WholeNutritionNews.com or www.LauraCipulloLLC.com to receive future editions.

Nutrition Services are offered Monday through Thursday by appointment only.

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