



## Introduction

Laura Cipullo, LLC, Nutrition Services continues to provide the most current and wholesome nutrition advice. The fall newsletter, *Whole Nutrition News 2010*, is meant to serve the reader in more than one way. This newsletter will provide you with educational points and nutrition tools to start using. With school starting, working parents need quick dinner meals. Fast Fajitas is a straightforward recipe using frozen vegetables to make a quick meal on a school night. "Ending the Internal Food Fight" discusses six phases to help decrease nighttime eating. If you are coming off a diet, returning from summer vacation's nightly ice-cream-cone regimen, or comforting yourself now that school is back in session, this article will give you guidance to resume normal eating. Finally, Dr. Elissa Zehlman of Westchester's CEDaR Associates shares advice on how to talk to someone suffering from an eating disorder. I think this is appropriate timing given that our children will be returning from camp, vacation and summers abroad and possibly with new eating habits or disorders. As parents, friends and health practitioners, we may be in the position to acknowledge children or others as we observe a new food fear, a significant weight loss, or mood changes. Dr. Zehlman discusses strategies to use when speaking with your child and to help prevent miscommunication at a crucial time.

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## Ending the Internal Food Fight

By: Laura Cipullo, RD, CDE

You've finished eating dinner. You're satisfied and feel good. But coming from the other room is a voice. It whispers, "Eat me. You're tired, and I will make you feel better. You gorged last night. . . and every night the week before—why not tonight?" So you get off the couch and sink, bite by blissful bite, to the bottom of a pint of your favorite ice cream.

Moments later, your feeling of bliss is gone. Guilt, remorse, shame and loss set in. You just ate an entire pint of ice cream when you weren't even hungry. You feel that food

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## Tactful Speaking: How to Speak Directly and Carefully to Someone Suffering from an Eating Disorder

By: Dr. Elissa Zelman

It is often difficult for all of us to broche difficult topics with our clients and or a family member. This is particularly true of clients or family members with eating disorders. They are so often plagued by low self-esteem, body hatred, and perfectionism that the mildest comment can be distorted in a destructive manner. This becomes a very difficult dynamic when the practitioners treating the eating disorder person and their family have to be direct and caring with the person about his/

her symptoms and the treatment plan.

Very commonly people approach medical practitioners and ask how to talk to a friend or family member about eating disorders. We discuss the concept of "carefrontation"—being objective and direct, from a supportive standpoint, and recommend only including necessary information in the discussion. Using this concept is helpful not just for family and friends, but also for those of us treating the

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# Ending The Internal Food Fight

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is controlling you and that you just can't win.

Well, you can win. Food needs to be balanced with your physical needs and sometimes your emotional needs. You can break the cycle of behavioral eating by giving yourself time and working in phases. This article outlines six phases to end the internal food fight and gain a neutral relationship with eating. Each step focuses on a small behavioral change designed to prevent the feeling of deprivation. The continuation and accumulation of the new habits can lead to big health and lifestyle changes for your future. Give yourself a week or two to move through each phase.

This article addresses night eating of previously restricted foods and builds off the ice cream example above, but these phases can be applied to many other eating habits. Other non-hunger reasons for eating include eating to comfort yourself, eating something after a meal because you

grew up eating dessert, and eating socially because your friends are eating. Using the steps below as a guide can help you break these too. Before you begin, however, you have to first identify and accept your counterproductive habit. Only then can you begin the journey toward freedom from your internal struggle.



## Phase 1 (Weeks 1 & 2):

Once you've identified your behavior, embrace your habit or forbidden food. Give yourself permission to eat ice cream past your point of fullness. Allowing yourself the food or behavior removes the guilt and releases you from the internal struggle. Enjoy the food/habit, recognizing how your body feels as you are indulging. In our example here, remember how good that first bite of ice cream tastes (it's often what your body remembers most, because as you continue to eat, your senses are dulled).

## Phase 2 (Weeks 2 & 3):

It's time for another small change.

Start by reducing your portion to three quarters of its original size. While you're modifying your behavior in a healthy way, you'll still be allowing yourself to enjoy the food. You aren't depriving yourself, and you're beginning to be mindful of your physical needs.

## Phase 3 (Weeks 4 & 5):

Decrease your portion to half the original size over the next two weeks. While slowly reducing the portion, you shouldn't feel restricted or deprived. Savor your food; notice the color, the texture, the taste, and how it makes you feel during and after eating it.

## Phase 4 (Weeks 5 & 6):

You have experienced your food fully and have probably realized that a smaller portion satisfies you. Now change the food you are eating. Using our example, try a creamy sorbet. If nuts are your night food of choice, try switching to another salty finger food, like popcorn.

Think about why you are eating. Do you want to keep this habit? While you're continuing to eat at night, you're now doing so with a neutral food (one that was not formerly restricted), which is less numbing. Your relationship with food should feel more balanced.

## Phase 5 (Weeks 6 & 7):

Get ready to reintroduce your original food. Alternate eating the halved portion of regular ice cream with one of sorbet. When you crave the ice cream, eat it. And

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## 5 Signs You May Be Eating When You Don't Need To

1. You sneak food.
2. You eat every time you come home regardless of your hunger level.
3. You eat in bed.
4. You always eat when you are sad or angry.
5. You eat food just because it is there.

# Ending The Internal Food Fight

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when you want the sorbet, dig right in. Try to alternate your snack every other night and eat your food at the kitchen table with no other stimuli (watching TV, talking on the phone). This creates an environment that allows you to be mindful and intuitive. Hopefully you feel freer and are better able to enjoy both foods.

## Phase 6 (Weeks 7 & 8):

Incorporate your night foods in moderation. Enjoy the food while paying close attention to your body's needs. Remember that your night eating should be stimulus-free and at the kitchen table. Alternate your foods, follow your cravings and, most important, if you aren't hungry, find something else to do.



Follow this proactive plan, and after 12 weeks of gradual changes, you will be eating less and feeling more empowered and less controlled by food. Don't be tempted to race through phases. There's no reward for finishing first, so remember to take your time. Doing so will help make your new habit a permanent one, and you'll be more in tune with your body's needs.

Moving forward, you can repeat the phases if you feel the need to further reduce your portions or if your old habit recurs. Finally, remember that you can always receive additional support from trusted friends, family, self-help books or a registered dietitian.

## Phases 1 through 6, in Brief

**PHASE 1:** Allow yourself your chosen food or behavior for the first one to two weeks.

**PHASE 2:** Reduce your portion size to  $\frac{3}{4}$  its original size.

**PHASE 3:** Decrease your portion further to  $\frac{1}{2}$  its original size.

**PHASE 4:** Choose a different food. Change the food you are eating.

**PHASE 5:** Alternate eating the halved portion of original food with its healthier counterpart. Remember to eat in a stimulus-free environment at the kitchen table.

**PHASE 6:** Incorporate all foods, in moderation. Choose ice cream one night, sorbet one night and perhaps nothing another night (if you are not hungry), maintaining your new healthy habit.

*The above is not intended for those suffering from eating disorders.*

## FAST FAJITAS

By Laura Cipullo, RD, CDE



*Makes 6 fajitas—2 adults and 2 kids*

- 1 tbspn canola oil
- 3 scallions sliced along their width
- 2 large cloves of garlic, pressed
- 3/4 lb. thawed thin cut chicken breasts—sliced
- 1 cup frozen unsalted corn
- 1 bag frozen mixed peppers
- 6 whole grain tortillas (~ weight ~59 grams/wrap, 30 grams carb and 4 grams/fiber)
- 1/2 cup sour cream (dairy or non dairy)
- 1 cup salsa (bean salsa or a tomato salsa)

1. Heat 1 tbspn canola oil over low heat. Add scallions. When scallions are tender can add the chicken slices. When the chicken is slightly pink in the center, add the frozen corn, peppers and garlic. Sauté until the veggies are cooked and warm.
2. Warm the tortillas in the microwave for 20 seconds or over the sauté pan.
3. Spread 1 tbspn sour cream down the center of each tortilla. Then spread 1-2 tbspn of salsa over the sour cream. Then spoon the chicken pepper combo down the center of the tortilla. Roll and serve while hot.

*Laura's Favorite Tools:*

Williams Sonoma All Clad 12-18" sauté pan and Pampered Chef Garlic press

## Tactful Speaking

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individual with an eating disorder.

It is critical to be honest with clients or family members to build a trusting relationship. That being said, it is also helpful to understand how common and honest phrases can wreak havoc in the mind of the eating disorder individual. For example, telling someone in treatment that they look great or healthy is often heard as “I’m fat.” So, what’s the solution as people who need to talk about the grueling details with clients or family members? Additionally, how do we help guide those friends and family members who need to have similar types of discussions?

Here are a couple of guidelines that will hopefully serve you in having sensitive and helpful discussions or in coaching others to do so:

1. Discuss these things with the client or family member from a place of concern and caring.

2. As always, choose your language carefully. Try to remain objective, not subjective, particularly if you are discussing symptoms of concern. For example,

instead of saying “you’re not eating,” you could say “I’ve noticed that you’re cutting up your food into small pieces and eating 3 or 4 bites.”

3. Be aware of your own biases and prejudices so they do not negatively affect



the client. For example, if you think it is healthy to cut virtually all carbohydrates and a teenage girl is telling you she is doing the same, you might not realize the severity or significance of her behavior. Really try to understand the subjective experience of the person talking, as opposed to comparing it to your own reality.

4. Avoid discussions of appearance. I have learned to not make appearance comments, negatively or positively. My clients

have taught me that if someone makes a positive appearance comment to them, and then neglects to do so the next time they see them, they are convinced it is because they look bad or have gained weight. Personally, I don’t want to emphasize appearance because, “it’s what’s inside that counts” and our clients need great support in recognizing this (NEDA, 1994).

5. Do not make assumptions. Just as our clients make all kinds of judgments, based on the presentation or appearance of someone, we do as well. It is important not to assume someone’s health or struggle by their physical appearance. I have heard many stories from my clients of professionals who have said they look fine and thus, don’t check blood work, or ask for more detail about their emotional state.

*Dr. Elissa Zelman is a clinical psychologist who works with adolescents and adults and specializes in eating disorders. Dr. Zelman began working at CEDaR Associates in 1998 and opened the Scarsdale branch in 2002, where she currently remains as the director. Publications include articles about attachment theory and research on the transgenerational impact of the holocaust on eating attitudes and behaviors. She is a member of the APA, and the National Eating Disorders Association (NEDA).*

### Fresh Facts – About Laura Cipullo, RD, CDE

Laura Cipullo is having fun fine-tuning her nutrition education. This past year, she completed the course “Evaluation and Treatment of Neonatal and Pediatric Feeding Disorders in the PICU and after Discharge,” Dr. Mehmet Oz’s Food for Your Whole Life Health Symposium 2010, and the

Gastrointestinal Conditions and Diseases seminar. She will also be attending the NEDA (National Eating Disorder Association) Conference 2010 in October. Laura continues to share her passion for nutrition by mentoring nutrition students through the office of Laura Cipullo, LLC.

Nutrition Services are offered Monday through Thursday by appointment only.