Mindfulness-Based Eating Interventions for children and adolescents

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Objectives

- Different focal points between traditional and mindfulness-based eating interventions
- What is mindfulness/mindful eating?
- Rationale for mindfulness-based eating interventions
- Working mechanisms of mindfulness (tools)
- Family-Based Mindful Eating Program in obesitas treatment

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Different focal points between traditional and mindfulness-based eating interventions





Question 1: Focal points of health care providers?

Causes: Qualities and faculties of the mind

Cognitions, emotions, body awareness

Eating behavior

Physical expenditure

Foods/nutriments -high/low caloric

Symptoms: weight, fat%, BMI

Inner wisdom

Outer wisdom

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Question 1: Focal points of health care providers?

- Dietary interventions, physical activity
- Cognitive behavioral approaches
- Mindfulness based interventions
- (Mindful Eating, Conscious Living program, Mindfulness-Based Stress Reduction, Mindful Self-Compassion)

External motivation

Intrinsic motivation

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2e question: Why shifting the focus? Traditional weight loss interventions show gaps

Healthcare providers practice evidence-based medicine => decrease the incidence of obesity and its co-morbidities

-> BUT benefits have been extremely limited in youth (12-18y); Modest effect sizes (long-term), high attrition rates, low levels of compliance, regaining weight quickly

- Jeffrey RW, Drewnowski A, Epstein LH, et al. Long-term maintenance of weight loss: Current status.
 Health Psychol 2000;19:5–16.
- Bacon L, Stern JS, Van Loan MD, et al. Size acceptance and intuitive eating improve health for obese, female chronic dieters. J Am Diet Assoc 2005;105:929–936

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2e question: Why shifting the focus?

Three primary psychosocial factors highly correlated with disordered eating behaviors and overweight in youth (12-18y):

Psychological distress - Body dissatisfaction - Physiological distress

Traditional weight loss interventions may not adequately address these important risk factors.

- Neumark-Sztainer D, Wall M, Larson NI, et al. Dieting and disordered eating behaviors from adolescence to young adulthood: Findings from a 10-year longitudinal study. J Am Diet Assoc 2011;111:1004–1011.
- Neumark-Sztainer D. Integrating messages from the eating disorders field into obesity prevention. Adolesc Med State Art Rev 2012;23:529–543.

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Mindfulness?



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Mindfulness

"...a way of paying attention that is taught through the practice of meditation or other exercises, in which participants learn to regulate their attention by focusing **non-judgmentally** on stimuli such as thoughts, emotions, and physical sensations."





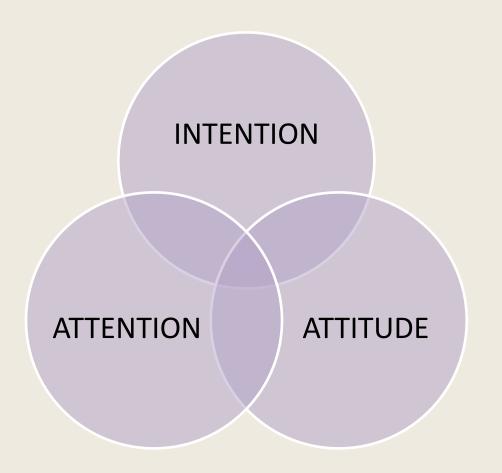
Mindful eating is...

Intentional, non-judgmental and caring awareness of our moment to moment experience before, during and after eating.



Jan Chozen Bays, M.D. (ME-CL)





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Cradled at the Table





Mindful Eating is... bringing attention & awareness to all aspects of eating





Mindful Eating Paradigm Shift

<u>Traditional weight interventions</u>	Mindfulness-based
Food, nutritional facts	All aspects of eating
Individual	Relational
Weight focus	Mind focus
Outcome focused	Process
Quick fix	Slowing down
Emotions less included	Connect with mind-body /feelings
Numbers	Seeing the reality as it is, holistic
Anxiety/stress/guilt	Acceptance + compassionate
Focus on what is wrong	Focus on what is working

Rationale for mindfulness-based interventions

The mind-body gap

✓ Many factors out of our control (Genetical, hormonal, neurological, obesogene environment)

✓ However, we can change the relationship children have with foods, body and weight

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'Release' by Julie Bayer Salzman & Josh Salzman https://vimeo.com/170687659

"Mindfulness helps us to choose how to respond instead of to react"

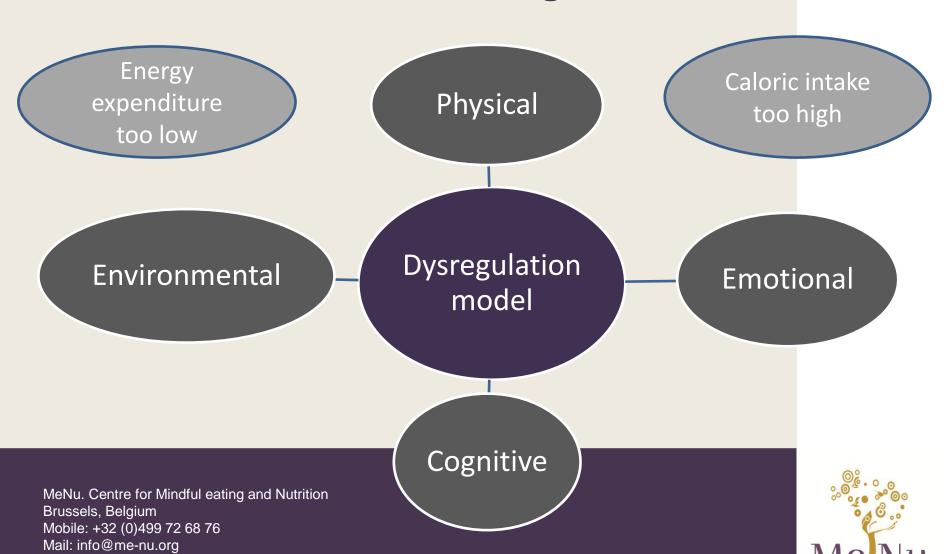
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Dysregulation model = basis for mindful eating interventions



Expand the focus on WHAT (food intake) to HOW (eating behavior)

Children: 1.6 – 6.5 years

Baby-led approach = effective to regulate food intake

- ⇒ Lower BMI more satiety responsiveness
- ⇒ Preference for foods like carbohydrates (potatoes, bread)

Versus spoon-fed infants

- ⇒ Higher BMI
- ⇒ Preference for sweet foods
- Brown A, Lee M. Early influences on child satiety responsiveness: the role of weaning style. Pediatr Obes. 2015;10:57-66.
- Townsend E et al., Baby knows best? The impact of weaning style on food preferences and body mass index in early, BMJ Open Nutr & metabolism,2012

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Sensory exploration with foods Challenges

- Developing a "relationship" with new foods (10-15 times)
- Exploring tastes & textures
- Tastes can change over time and then change back again...





Young children are natural mindful beings... Supportive conditions

- ✓ Trust in their self-regulation (and cellular hunger):
- Eating when hungry, stopping when full and food choices
- ✓ Division of Responsibility (Ellyn Satter)
- The parent is responsible for what, when, where.
- The child is responsible for how much and whether.
- √ Setting a good example
- Parental modeling more powerful than parental control
- Dickens, E and Ogden, J. (2014). The role of parental control and modelling in predicting a child's relationship with food after they leave home: a prospective study. Appetite, 76; 23-29.

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Working mechanisms of mindfulness for children and adolescents (tools)

'Release' by Julie Bayer Salzman & Josh Salzman https://vimeo.com/170687659

"Mindfulness helps us to choose how to respond instead of to react"

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3 key therapeutic factors with mindfulness

- Experiential acceptance as a positive coping skill for controlling responses to psychological distress;
- self-regulation through developed awareness of the emotional and physical cues to eat;
- compassion as a way to cultivate self-acceptance and body satisfaction.

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 Catherine Gueguen, Pediatrician (La neuroscience affective)

> « Être bienveillant, c'est porter sur autrui un regard aimant, compréhensif, sans jugement, en souhaitant qu'il se sente bien et en y veillant. »

https://www.youtube.com/watch?v=Fo8nakP6p7c

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Richard Davidson, Kabat-Zinn, J.

"Alterations in Brain and Immune Function Produced by Mindfulness meditation". *Psychosomatic Medicine*. 2003, **65** (4): 564–570.

Prefrontal Cortex: executive functioning such as planning, problem solving, and emotion regulation.

Hippocampus: learning and memory, susceptible to stress and stress-related disorders like depression or PTSD.

Decreased Amygdala Size:

"fight or flight" center and the seat of our fearful and anxious emotions, decreases in brain cell volume after mindfulness practice.

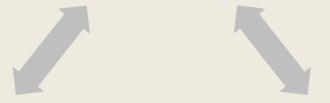
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Exposure



Reperceiving



Self-focused attention

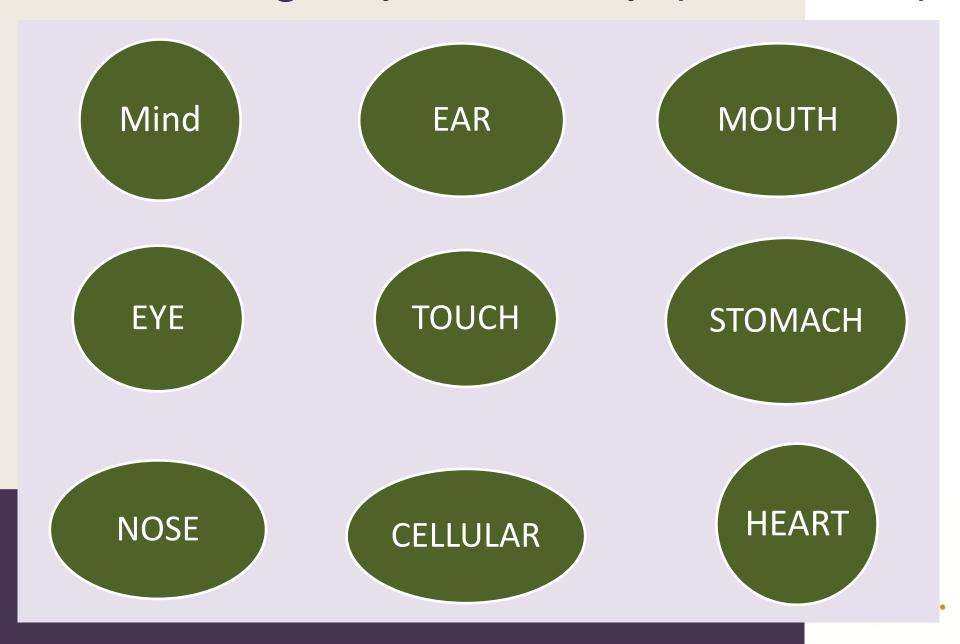
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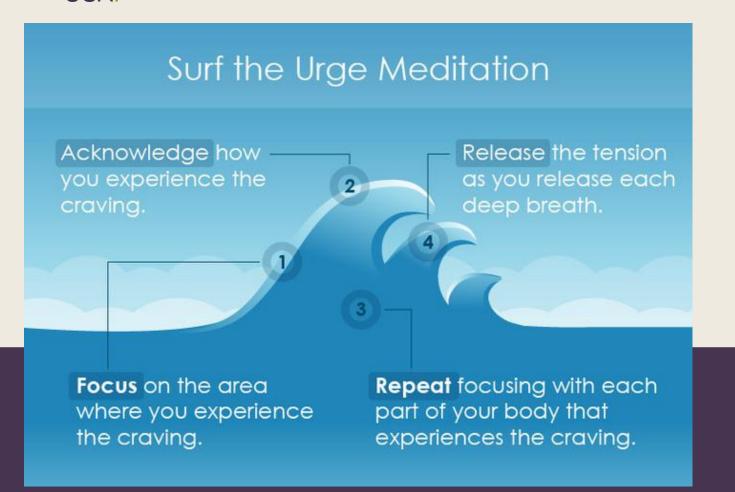


9 kinds of hungers by Jan Chozen Bays (Touch: Baerten)



Urge surfing

- Alan Marlatt, PhD. Mindfulness-Based Relaps Prevention, Founder Addictive Behaviors Research Center, USA
- Judson Brewer, PhD., Director of Research Center for Mindfulness, Umass, USA:





Clinical case

Young girl, 16 years, overweight

Eating behaviour: overeating alternated with restrictive eating

Mindfulness-based approach =

- Breaking the chain of binge/diet cycle
- Awareness of underlying triggers (hungers) and emotion (stress/anxiety) regulation
- Awareness of physical satiety and satisfaction cues (mouth-stomach-cellular)
- Compassionate attitude towards the body and during meals

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Restrictive eating/dieting

Physical discomfort, guilt/shame

Internal/external triggers (stress,anxiety)

Binge eating/reward

"Blow it"

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Restrictive eating/dieting

Physical discomfort, guilt/shame

9 kinds of Hunger?

Recognize satiety/satisfaction cues

Aware of thoughts, emotions, physical sensations

Internal/external triggers (stress)

Binge eating/reward

Urge surfing

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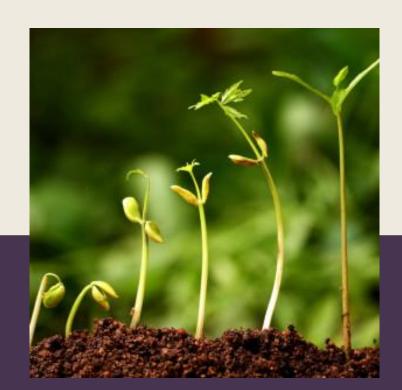
Web: www.me-nu.org

"Blow it"



A Family-Based Mindful Eating Approach

Jeanne Dalen, PhD, L. **Brody**, PhD, K. **Staples**, and D **Sedillo**, CHILDHOOD OBESITY, 2015, Volume 11, Number 5





Rationale for *Family-Based*Mindful Eating approach

Improving obesity treatment outcomes

- ⇒ moving beyond individual intrapersonal factors
- ⇒ to incorporate the social, contextual, and environmental influences

• Lawman HG, Wilson DK. A review of family and environmental correlates of health behaviors in high-risk youth. Obesity 2012;20:1142–1157.

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Rationale for *Family-Based*Mindful Eating approach

Support the Feeding Relationship

 When a child feels secure, they have the ability to pay attention to their bodies—innate hunger & fullness.

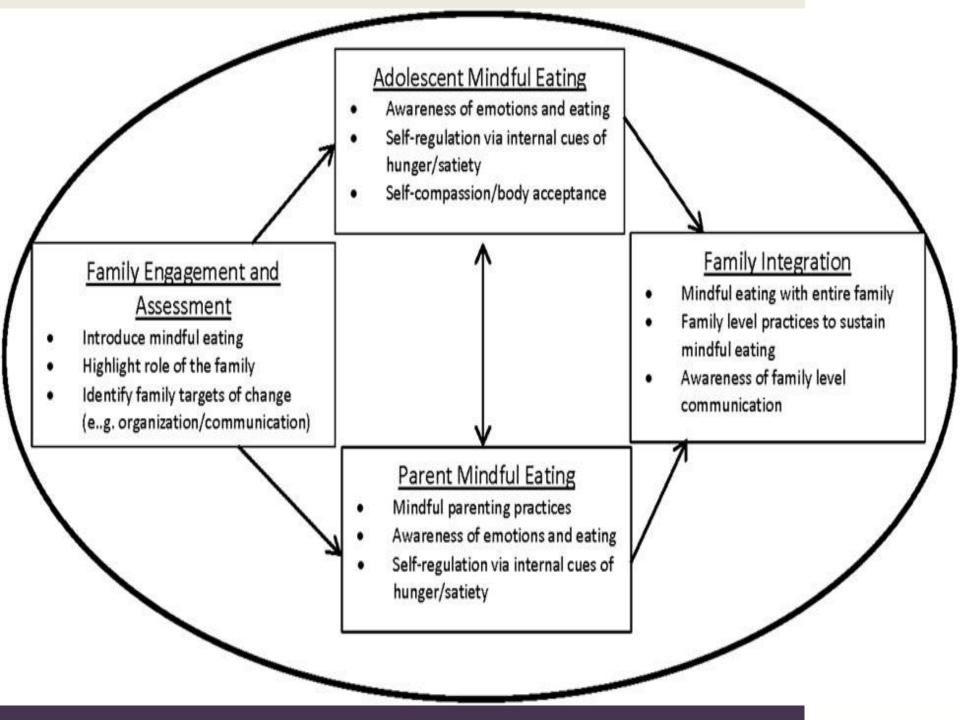
The relationship & environment while eating impacts the

ability to tune into self.

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Phase 1: Family Engagement and Assessment

Phase 2: Parent and Adolescent Mindful Eating Groups

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Phase 1: Purpose of the assessment

Parents do their best. They do what they know:

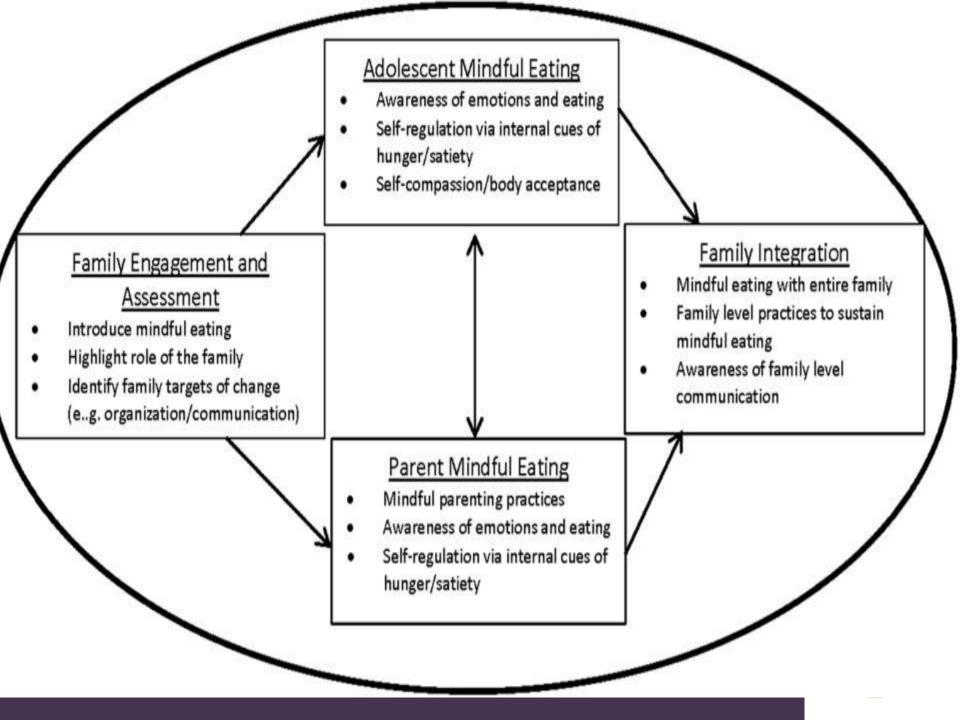
- "Know" dieting. Counting calories.
- Good and bad foods. Deprivation/restriction of food (types, amounts)
- Cycles of dieting and weight regain
- Over-focus on physical appearance

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Phase 2: Parent and Adolescent Mindful Eating Groups

Mindful Eating Exercise for Parents: 4 steps

STEP 1: Step out of the "PAID" world

- Pressure *Destress*
- Always Available Not at mealtimes!
- Information super highway Disconnect
- Distracted Uni- (not multi-) tasking

STEP 2: De-stress with 3 deep breaths, hand over heart/grounding

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Phase 2: Parent and Adolescent Mindful Eating Groups

STEP 3: What is present for me right now?

- Thoughts, mental states
- Feelings
- Emotions
- Physical sensations

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Phase 2: Parent and Adolescent Mindful Eating Groups

STEP 4: What do I need right now?

- Nourish yourself first
- Set intention for the meal
- Eat more slowly
- Be more present
- Nourish body, heart & mind
- Open your awareness to your child
- Can repeat these steps with your child

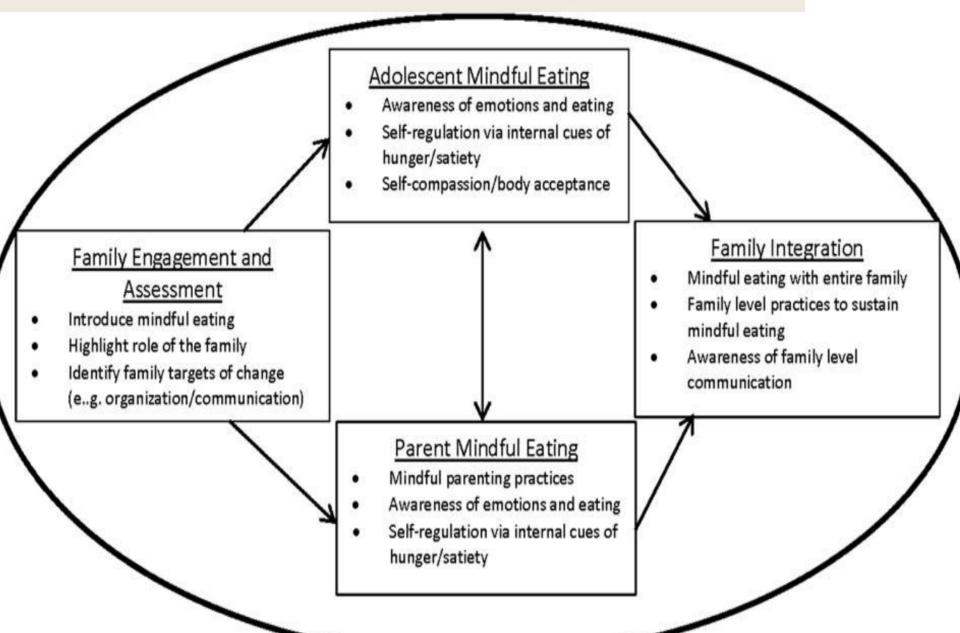
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Phase 3: Family Integration



Conclusion

Psychosocial distress

- ⇒disordered eating behaviors in overweight youth
- ⇒Need to expand treatment beyond diet and exercise education

The successful integration of mindfulness and mindful eating skills with families represent a promising approach

to children and youth obesity





Mindful Eating trainer

Skills

1. Clinical background



2. Embodied mindfulness

- 8 weeks MBSR / MBCT or MSC
- 5-day residential professional Mindful Eating,
 Conscious Living training (ME-CL) -> with
 teacher trainer Jan Chozen Bays, M.D Ped.

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Mindful Eating, Conscious Living training (MECL)

Faculty: Jan Chozen Bays, Char Wilkins (USA)

5 – 10 april 2017 Belgium

Certified by UCSD Center for Mindfulness, USA

www.me-nu.org or info@me-nu.org

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Resources: www.thecenterformindfuleating.org (TCME)

Mindful Eating Principles

- Awareness of the **positive & nurturing opportunities** available through food preparation and consumption by respecting your **inner wisdom**.
- Choosing to eat food that is both pleasing to you and nourishing to your body by using all your sense to explore, savor and taste.
- Acknowledging responses to food (likes, neutral or dislikes)
 without judgment.
- Learning to be **aware of physical hunger and satiety cues** to guide your decision to begin eating and to stop eating.

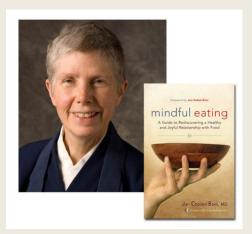
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Thanks to my colleagues for sharing their knowledge and wisdom to enrich this presentation



Jan Chozen Bays, M.D. Ped and Zen Buddhist



Leena Liu, Professor of Pediatrics, Univ Washington and long-term meditator/yogi

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Questions?

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