



***AMERICAN ASSOCIATION OF BARIATRIC COUNSELORS
CONTINUING PROFESSIONAL EDUCATION***

CPEU MODULE (I) REQUIRED RESPONSES

There are five required responses related to this CPEU
A paragraph or two is all that is necessary for each of the five
responses.

Submit your responses to RESPONSES@aabc-certification.org

Position of the Academy of Nutrition and Dietetics:

Total Diet Approach to Healthy Eating

POSITION STATEMENT

It is the position of the Academy of Nutrition and Dietetics that the total diet or overall pattern of food eaten is the most important focus of healthy eating. All foods can fit within this pattern if consumed in moderation, with appropriate portion size and combined with physical activity. The Academy strives to communicate healthy eating messages that emphasize a balance of food and beverages **within energy needs**, rather than any one food or meal.

The above position statement actually quantifies moderation by stating: The Academy strives to communicate healthy eating messages that emphasize a balance of food and beverages within energy needs, rather than any one food or meal.

.....

SYNOPSIS of THE PIZZA GUY STORY

Our Pizza Guy sort of found this balance long before this Position Statement was published by the Academy of Nutrition and Dietetics. While he would likely agree that eating a whole pizza (4000 KCAL) was an immoderate meal, but it did indeed work in terms of balancing his food and beverages **within his energy needs**. He was very willing to eat very low calories for six days as long as he could have his whole pizza on Friday after work.

His old belief system dictated that he could not eat a whole pizza without getting fat...and if he did eat pizza he would have to do it in moderation (perhaps one slice). He loved pizza and could not follow the moderation mantra and would secretly consume a whole pizza, which would conjure up feelings of guilt and shame, which led to deregulated eating.

Learning that the total diet or overall pattern of eating was more important than any one food or meal and pizza was not his nemesis and if he worked within his energy needs he could sustain his weight loss.

This challenged his belief system but the thought of being able to eat a whole pizza and still sustain a weight loss of 150lbs was worth a try. When it worked week after week the guilt and shame subsided and his belief system began to change. Because he wanted to stay within his weekly energy needs (12, 600 KCAL per week) he had to compensate for his 4000 KCAL pizza binge on Fridays and reduce his calories substantially for all

the other days. Since the calories were so low on the other six days he decided to do some moderate walking (2 miles per day). He said that he would rather walk than starve and this gave him a couple of hundred more calories to eat on his low calorie days. Learning the glycemic index and which foods could keep him fullest also helped on those low calorie days. He kept daily records and continued his exercising.

After 20 years of sustaining his weight loss, the need to have a whole pizza or whole of anything was no longer part of his typical eating behavior. His new belief system does not have any good/bad or forbidden foods. The only thing he really gave up was his guilt and shame. He still maintains exercise as well as selecting foods that he likes and keeps him satiated. You might say that it was immoderation that fostered his moderation.

.....

REQUIRED RESPONSES (1-5)

Submit your responses to RESPONSES@aabc-certification.org

RESPONSE (1)

Dr. Albert Ellis, the founder of Rational Emotive Behavior Therapy (REBT), theorized that people's beliefs strongly affected their emotional functioning and ultimately their behaviors. In particular, certain irrational beliefs affected people's emotional feelings and led to self-defeating behaviors. **Based on the Albert Ellis video and theory and the Pizza Guy synopsis (above) could you explain how REBT contributed to the Pizza Guy's success story.**

RESPONSE (2)

The words good and bad have implied symbolic moral messages. All food has some nutritional value and are neither good nor bad. Food is not a moral issue. Labeling food as good or bad is frequently the parlance of the diet industry and long-standing public consensus has adopted the concept of good foods and bad foods and this concept has become part of our belief systems.

However the dichotomous labeling of food as good or bad can foster irrational beliefs affect emotions that contribute to dysfunctional eating behaviors.

In the Academy of Nutrition and Dietetics paper that was assigned for this CPEU module they stated: *Labeling specific foods in an overly simplistic manner as “good foods” and “bad foods” is not only inconsistent with the total diet approach, but it can cause many people to abandon efforts to make dietary improvements.*

Since words hurt and conjure up emotional feelings, it is imperative that professionals abandon their own irrational beliefs and not feed into the public consensus of good foods and bad foods.

Words hurt and it takes longer to mend a broken heart than it does a broken arm.

Referencing the PSYCHOLOGICAL CONSEQUENCES OF “GOOD AND BAD FOOD” MESSAGES (page 309-310 of the Academy of Nutrition and Dietetic paper) and using your professional experience and judgment can you explain how this concept affected our Pizza Guy...for better

and for worse. Importantly, will you be making a conscious effort to remove good and bad food from your vernacular?

RESPONSE (3)

Bariatric practitioners have a responsibility to communicate unbiased food and nutrition information that is scientifically accurate. Diet program jargon like cheating or good food, bad food have moral implications that are easily internalized and become irrational beliefs that transcend to self-blame, guilt and shame and often exacerbate obesity and perpetuates the stigma of obesity.

Public consensus about obesity often serves to reinforce stigma and biases. These views, frequently stem from assumptions that individuals with obesity are personally responsible and at fault for their body weight, and lack the willpower, discipline, and treatment compliance necessary to lose weight. These stereotypes have been documented in multiple segments of the general population, and among healthcare professionals.

Referencing the assigned paper, STIGMA AS A (DIS) INCENTIVE FOR WEIGHT LOSS AND A HEALTHY LIFESTYLE and using your professional experience and judgment, how have you been part of the problem and solution in regard to obesity stigma?

RESPONSE (4)

Obesity is not caused simply by the indifference or the willful misconduct of the patient but rather from very powerful biological mechanisms, psychological processes and social influences. Two papers that were part of the reading assignment for this CPEU: *Why Is It So Difficult to Lose*

Weight, and Metabolic Factor: A New Clinical Tool In Obesity Diagnosis and Weight Management (by AABC researchers) identify a number of biological mechanisms that may be responsible for causing obesity and preventing long-term weight-loss.

Can you discuss two of these biological mechanisms and how and if they may be mediated?

RESPONSE (5)

CRITIQUE OF THIS MODUL

PLEASE EXPLAIN

- WAS IT PERSONALLY AND PROFESSIONALLY USEFUL?
- HAVE YOU RE-THOUGHT THE “MODERATION MANTRA” AND GOOD AND BAD FOOD?
- WAS THE PIZZA GUY STORY RELEVANT TO YOUR CAREER?
- DID YOU ENJOY THE VIDEO AND DID IT CREATE A DESIRE FOR PIZZA?
- WERE THE PAPERS RELEVANT TO THIS CPEU MODULE?

**PLEASE SUBMIT YOUR RESPONSES TO:
RESPONSES@aabc-certification.org**