

CHAPTER 1

Why Does Nutrition Matter in Mental Health?

Diet Essential: *Mood follows food: Eat breakfast.*

There is no doubt that nutrition affects mental health. Poor nutrition leads to and exacerbates mental illness. Optimal nutrition prevents and treats mental illness. Note the word “optimal” for nutrition to prevent and treat illness. One’s diet cannot be just “good” or provide the basics to survive; it must be nutrient dense and tailored to the needs of the individual who may have been missing the basic ingredients for optimal brain function since life in the womb.

Where there is mental illness, there is poor diet. Where there is mental illness, there is a long history of digestive problems. By adding the lens of nutrition, diet, and digestion to your clinical toolbox, you will forever change your approach to client care and enhance the efficacy of all your other methods.

I have written this book to take you step by step through all the essentials required for integrating nutritional therapies into mental health treatment. Even if you do not apply all of these approaches yourself, you will know about these therapies for referrals and collaborative work. Importantly, this book is designed for you the clinician to try the methods, techniques, and recipes on yourself so that you enhance your own well-being and stamina.

Changing thoughts, beliefs, behaviors, and habits happens slowly in therapy. Changing nutritional beliefs and behaviors is no different. But results are assured. This book is not ideological; it is practical. It is intended to provide concrete steps to modify beliefs and behaviors for healthful results.

Some people respond better to psychodynamic therapy methods, while others need and respond better to cognitive-behavioral therapy (CBT) or solution-focused methods. Similarly, some people function better as carnivores while others function better as vegetarians. Knowing who you are and what your body needs is the art and

science of mental health nutrition. But what is incontrovertible is that nutrition matters and it is the most important missing link to mental health in society today.

In this chapter and the ones to follow, I will help you guide each client through each stage of dietary and nutritional change. While I will suggest some first steps, much like a jigsaw puzzle, you can start almost anywhere and begin to form the pattern that leads to improved health.

WHAT IS THE STANDARD AMERICAN DIET?

The standard American diet (SAD) makes us sad! This too-frequently prescribed diet consists of overly processed foods containing refined sugars in fruit juices and sugary drinks, and highly refined rice, pastas, and flours used in breads and bakery goods. These processed products are loaded with chemicals and synthetic preservatives, hormones, antibiotics, and food colorings that are known to alter our mood. This type of diet is a prime contributing factor resulting in health complaints for many clients. The SAD leads to chronic inflammatory states and sets the stage for neurotransmitter imbalances. Much of it is “fake food” with dozens of chemical ingredients created in the laboratory and not on the farm or in nature. Such so-called foods are designed to survive on the shelf for months at a time—thus reducing costs to the manufacturers. The SAD diet makes us SAD because it does not provide the nutrients our brain and body need to function well. That some of us survive (though rarely thrive) on a SAD diet is just the luck of the draw, and for some people illness comes in childhood or not until middle age, but it comes invariably, just as a car without the right fuel eventually sputters to a stop.

There are many reasons why people do not receive the nourishment their minds/bodies need. Many experience chronic poverty or injury-related economic loss that precludes access to high-quality, nutritious food. Some do not know what good nutrition is and are vulnerable to advertisements or medical myths. People may suffer deficits in self-care leading to poor nutrition; or they may have been hospitalized for extended periods during which they have been served poor-quality food cheaply acquired and prepared by the hospital. Still others who are addicted to substances such as alcohol, cocaine, or methamphetamines do not eat well or even enough at all, and what they do eat is not metabolized properly. Pharmaceutical medications, alcohol, and many commercially produced drugs deplete important nutrients needed by the body. One of the most important influences on mental health resulting from a poor or nutritionally deficient diet is the inflammatory response. Inflammation is now understood to underlie most mental illness, includ-

ing depression. Decreasing inflammation is so fundamental to healing that a separate discussion is necessary.

Inflammation and Mood

Escalating inflammation in the body and brain is one of the major consequences of the SAD. Chronic low-level inflammation contributes to depression and cognitive decline.

Some Factors Causing Inflammation in the Body

- Stress
- Poor-quality foods
- Physical inactivity
- Obesity
- Smoking
- Increased gut permeability
- Lack of sleep
- Toxic exposures
- Vitamin D deficiency

Everyone is familiar with the inflammation that occurs as a result of an injury, for example a fall leading to a bruise or cut. The tissue becomes red and swollen, and it is often painful. This is the body's natural immune response, helping us to heal from injuries and infection. Similar inflammation also occurs systemically throughout the body but is often invisible. If this inflammatory response within the body is chronic, cell immune secretions remain turned on all the time. These cells produce proteins called *cytokines* that contribute to depression and to the breakdown of nerve cells. People who experience major depression have increased levels of inflammatory cytokines that, in turn, negatively affect neurotransmitter function. Certain foods such as refined sugars trigger these inflammatory cytokine responses in the body. These foods are called "dietary stressors." Other foods, like fresh berries and herbs like turmeric and ginger, can "quench the fires" of inflammation. Stimulating the anti-inflammatory cytokines can improve depressed mood and increase treatment response to conventional antidepressant medication by counterregulating production of pro-inflammatory cytokines. Stress is also a cause of inflammation and depression. Relaxation decreases the inflammatory response. The elimination of sugar helps to stabilize mood and also reduces cytokine production and thereby reduces systemic inflammation. This is one of the first steps to take with all clients,

whether they are depressed or not: reduce stress, eliminate inflammatory foods, and increase anti-inflammatory foods.

WHAT ARE TRADITIONAL, AUTHENTIC DIETS?

One of the points I will emphasize throughout this book is the concept of “traditional nutrition and foods.” These are foods, diets, and preparation methods that have been used by our ancestors for millennia. They are foods that have evolved to optimize nourishment. In modern society, food and diet are often dissociated from authentic cultural traditions. There is social pressure to conform and relinquish healthy cultural traditions upon arrival in the United States among immigrants and native populations as well. We are, however, experiencing revitalization across modern SAD societies of reclaiming local, fresh, nutrient-dense, and optimally prepared traditional foods made relevant to our needs for the 21st century. Although these foods and methods remain inaccessible to many, especially the economically impoverished, this need not be the case. In this book I explain low-cost approaches to mental health nutrition. As you will see, food is much more than nourishment: Food is medicine. Food is nutrition. Food is ceremonial. Food is sacred. Food is culture and tradition. Food is an anchor to culture and personal well-being. Food is the direct link between the environment and human health. It is the avenue by which a healthy environment can provide complete nutrition and a sense of integration and wellness. Yet for many of our clients food is inaccessible, food is addicting, food is fraught with memories of harsh discipline or fights, or food is linked to the inner fight for a certain look or body, as occurs with body dysmorphia and eating disorders. In these cases food becomes a metaphor as well as a substance that requires the integration of nutrition and counseling in order to decondition negative associations and beliefs, and to regulate affect that hampers health. The mental health clinician is ideally suited to this integrative partnership with the client.

The traditional nutrition—also called authentic nutrition—approach to mental health suggests that in order to achieve health and well-being, mentally and physically, we should eat the types of foods similar to the foods our ancestors ate. This means foods free of refined sugars and grains, with no synthetic preservatives or food coloring, and minimally processed. These foods should be prepared in their natural state. Traditional or authentic foods are low glycemic, anti-inflammatory, and rich in omega-3 fatty acids. Depending on the region of the world, these foods may include

a low to moderate or even high complex carbohydrate, moderate-protein, moderate-to high-fat diet. Antioxidant-rich fruits and vegetables of all colors, and fiber sources also known as prebiotics may include bark flour, psyllium, chia, cactus, bran, and oatmeal. Fermented foods such as kimchi, sauerkraut, and fresh natural yogurt and kefir provide probiotics for digestion, colon health, and detoxification.

There is a tremendous diversity of foods, and we have the ability to adapt and use many foods from our neighbors as well as ancestors. Some of our ancestors ate a diet of fresh blood and raw milk (and still do); others ate lots of blubber and fish and only a few carbohydrates in the forms of berries and roots during the summer months. Traditional diets obtain dietary fats from fish, birds, plants, and wild game. Wild animals have only one-tenth the fat of farmed cattle, include natural essential fatty acids, and they also do not have the harmful antibiotics and hormones that disrupt endocrine function and gut health. Not until 16th-century colonization and 20th-century development brought refined flours, sugars, and soy protein as substitutes for their traditional diets did the Inuit located in the Arctic region suffer suicide, depression, and heart disease. The diet of people in late 19th-century Scotland included oats, turnips and potatoes, leeks, cabbage and kale, bitter greens like nettles, sorrel, sulfur-rich garlic, butter and cheeses, fish, shellfish and seaweed, game, and wild berries (Czapp, 2009). This diet today would serve the needs of many people of Scotland and other northern European areas very well. Oats (steel cut, not instant) and the straw from green oats, called oat straw, are medicinal nourishing foods that have powerful anxiolytic properties that I recommend for anxious clients.

Before the 16th century, wheat, beef from cattle, milk, and pork did not exist in the western hemisphere. Therefore, these foods may not be the most beneficial for peoples indigenous to the western hemisphere. By contrast, peoples in India evolved in a warmer climate with subtropical foods and an emphasis on more vegetables and carbohydrates. The peoples of tropical Mesoamerica, Africa, and India have accessed fats from nuts, plants, ducks, insects, and turkeys, and they have depended upon many more vegetables, fruits, and grains endemic to their regions. Weston Price, in the course of his global travels in traditional societies, asked the question: "Who is the healthiest among peoples on the planet?" While looking for an answer, he found that they all consumed moderate amounts of saturated and monounsaturated animal fats, suggesting that our modern fears of saturated fats are among the paradigmatic myths of modern medicine. He and other researchers also failed to find any society that was

vegan, suggesting that veganism is a modern dietary invention and while there is much emotional and spiritual merit in veganism, there is little evidence for any biological merit.

Traditional diets vary widely; for example, the authentic Inuit diet may include up to 75% dietary fat, much of it saturated and thus anti-inflammatory, whereas an Indian diet might include nutrients from larger amounts of plant proteins—nuts and legumes—cooked in the rich anti-inflammatory spices like turmeric, cinnamon, and ginger.

Authentic foods are those foods and medicines that naturally evolved over time within a specific human culture. These foods bring balance to the body, mind, and spirit. How does one integrate authentic foods, traditional foods, and whole foods today while living in rural or urban settings? What are the options and ideas for using food as a delicious source of nutrition and medicine?

As a general rule we all benefit when the majority of daily food intake includes whole foods that are nutrient dense and freshly prepared. Some proportion of daily food should include both raw and cooked foods, and ideally some wild foods. Food that is obtained from cans or other packages should be minimized. Many foods are best eaten with minimal processing to ensure maximum nutrition and health benefits, while some require cooking, especially long cooking at low heat. The enzymes required for natural health and proper digestion are richest in raw foods. Slow cooking in water, boiling, salting, broiling, pickling, roasting, baking, drying, steaming, fermenting, and some smoking are the essential processing methods that ensure maximum nutrition. Frying should be limited to special occasions. By preparing fresh foods, one can control the preparation, including the amount of salt and commercial fats used, in order to maintain optimal nutritional value. Fresh foods are also free of harmful preservatives.

One of the most important elements to successful mental health nutrition is that there is no one diet for everyone. Hence the ancient wisdom, “One man’s meat is another man’s poison.” For nutrition to be effective, diet must be tailored to the metabolism of each individual. Nutritional needs are determined biochemically at the individual level. This is genetically based and is culturally and environmentally linked to our ancestry. Aligning our “fuel” with the rate at which we can burn it enhances efficiency and performance. A consistent use of fuel inappropriate for the individual body leads to decline.

Eating according to your individual type means identifying what kind of body you have and how it digests and metabolizes food, or “fuel.” The rate at which you digest carbohydrates is called the “rate of glucose oxidation.” This rate governs the

amount of carbohydrates, proteins, and fats your body requires for your “fuel mixture.” Our bodies are determined by our cultural and genetic heritage, which developed in the environment where our ancestors evolved. Just because your people moved out from Africa 400 years ago doesn’t mean that your metabolism is that much different than your ancestors. If your ancestors migrated from England to the United States 200 years ago, it doesn’t mean that you can now function as a vegetarian. We carry the history of our ancestors and in particular our parents in our genes, and that determines our metabolism. If your people are from Greece and thrived on a Mediterranean diet rich in plant proteins and you have children with an individual from Greenland, your child will have a dominant metabolism and may need to eat either like someone from Greece or Greenland or perhaps will be able to enjoy a mixture.

INDIVIDUALIZED NUTRITION

One of the ways I inform my clients about an individualized approach to diet and nutrition is to use the metaphor of a car. Different types of vehicles require different kinds of gas. For example, if I put 87-octane fuel into a car that takes only diesel, I can destroy the engine. Some cars do better with lower octane and some higher octane; the right fuel ensures the smooth running of the vehicle. This does not always mean that a vehicle will not run, but more so that it will not run optimally in the way it is meant to. This concept is analogous to our own “engine.” Each of us has an engine that requires a different mix of “fuel.” Fuel in the form of food is made up of protein, carbohydrates, and fats. The correct fuel mix, meaning the correct ratio of protein, carbohydrates, and fats for the individual, will ensure smooth healthy functioning. This concept, which is based in science, thus puts to rest all the confusion about the various diets that are out there and also the confusion about research on diets, all of which can show both positive effects and negative effects. It is not the diet that determines well-being, but the individual’s alignment with the dietary “fuel.” Hence, there is no one right diet for everyone. If we continue this analogy between cars, fuel, and the combustion that moves it forward with human fuel, such as food, then what we are looking at scientifically is called *oxidation*. Oxidation is the rate at which we burn carbohydrates, or glucose. Some of us burn carbohydrates more quickly, and some burn them more slowly.

To begin identifying your nutritional type, you may carry out either or both tests in Box 1.1.

Box 1.1Identifying Your Nutritional Type

Niacin Test: Take 50 mg of niacin on an empty stomach. Niacin has little or no effect on a slow oxidizer, mild effect on the mixed or balanced oxidizer, and a strong flush on the fast oxidizer.

Vitamin C Test: Take 8 grams of vitamin C over an 8-hour period (1,000 mg every hour). The fast oxidizer will not feel well, the slow oxidizer will have little or no response, and the balanced oxidizer will not have much of a response.

Most clients are unfamiliar with the science of nutrition or of physiology. I continue the use of the metaphor in order to explain what is happening to their body/mind: Daily, one has to ensure the engine (the brain-stomach) has the proper fuel mix (carbohydrates, proteins, and fats). If it is too low-octane, there's backfiring (fermentation and gas). If it is too high, it goes unused and is a waste, leaving waste deposits (gout). At periodic intervals one has to change the oil filter (flush the gallbladder), tune the engine (take a rest), do a lube (ingest fish oils or hydrate), and of course wash the car (detoxify). Simple images, but oftentimes our clients are dissociated from their bodies—that is, separated from its functions and actions—and can better understand anatomical and physiological mechanism through metaphor. When I ask a client the last time she flushed her gallbladder—and she never has—or suggest there is not enough fire in the gallbladder to digest the food (spark the engine), it becomes clear that often people take care of their cars more than their bodies.

A car may perform well when it is new (young), but as it reaches the 50,000-mile mark (40–50 years) it begins to break down—if it hasn't already. The clutch goes, the brakes give out, and under extreme stress, such as cold wet winters, the bottom rusts out (adrenal foundation) sooner and the paint (skin) cracks.

People can be divided into three general body categories: the *fast oxidizers*, whose blood pH tends toward a little more acid and are carnivores; the *slow oxidizers*, whose blood pH tends to be more alkaline and do better on more plant proteins; and the *mixed or balanced individuals* who do well with a mix of carbohydrates, proteins, and fats. What foods/fuel mix we require is determined by our genetics, just like the color of our eyes, our height, or our blood type. We are a product of our parents' rates of oxidation, also called metabolism. If we are eating food that does not burn

efficiently based on the need of our engine, then we will not function optimally and this also underlies not only physical but mental health problems/illness.

Types of Oxidizers

What kind of food supports the fast oxidizer? These individuals do well with a high-protein, high-fat diet to slow down their rate of oxidation and to stabilize their blood sugar. They will also do well on the purine foods, such as organ meats, sardines, and anchovies. Their ideal ratio is 50% protein, 20% carbohydrates, and 30% fat. They will benefit from fruits and vegetables more so than grains. Slow oxidizers do best with 25% protein, 60% carbohydrates, and 15% fats. They may do best on animal protein like chicken, turkey, pork, fish, and eggs. The balanced/mixed oxidizers will burn efficiently using 30% protein, 40% carbohydrates, and 30% fats. No one does well on refined sugar and refined wheat flour. When one eats well 90% of the time, an occasional “refined” food will not be harmful.

Thus, the fast metabolizer is what we would call a carnivore, the slow metabolizer would be on the vegetarian spectrum, and the mixed will benefit from a range of foods. Keep in mind that we are talking about a spectrum. Later, when we explore the use of the food diary, one of our basic principles is asking our clients what makes them feel best and what makes them feel worse, and this is applied to diet as well as behavior.

A diet that is rich in plant proteins, fruits, nuts, seeds, legumes, and grains provides a superior foundation for mental health nutrition and will benefit nearly everyone. Nuts and seeds, especially nut butters, and the grains quinoa and millet are good sources of protein along with well-soaked and well-cooked beans. Depending upon one’s individual biochemistry, one can continue as a vegetarian or will benefit from adding fish (pesco), milk (lacto), eggs (ovo), and various forms of poultry and meats. The key to a successful plant-based diet is ensuring a diversity of proteins to provide the complement of amino acids necessary for neurotransmitter function.

People who are depressed, lethargic, anxious, or prone to panic and also following a vegetarian or vegan diet will most likely improve by including animal proteins into their meals. In these cases it is common that the individual is not aligned with her or his true dietary needs. It is often in these cases that an individual is a vegetarian for spiritual, emotional, or environmental reasons; however, genetically she or he is not a true vegetarian and, indeed, may be a fast metabolizer. If the person is willing, I ask her or him to eat animal protein three times daily for 7 days and then we can assess changes in mood.

Table 1.1 reviews the nutritional types, and food ratios are discussed further in Chapter 5.

TABLE 1.1

Nutritional Types: Ideal Percentages of Food Intake

Type	Protein	Carbohydrates	Fat
Fast oxidizer	50%	20%	30%
Slow oxidizer	25%	60%	15%
Mixed oxidizer	30%	40%	30%

GOOD FOOD IMPROVES MOOD

Mood follows food, and mood swings follow blood sugar swings. Refined carbohydrates, such as sugar and white flour, cause blood sugar to rise sharply and then drop; hence the quick pick-me-up when we grab sugar followed by the just-as-quick letdown within an hour or two as glucose levels drop and fatigue and irritability return. Thus, the first two dietary steps that are required to help clients with low mood or mood lability is to begin nutritional change by decreasing and eliminating refined carbohydrates and sugars from their diet, while increasing the intake of quality protein. Many people will first be “withdrawing” from their addiction to refined carbohydrates.

People under chronic stress are vulnerable to reactive hypoglycemia, which can occur as a result of an excessive release of insulin following a high (refined) carbohydrate meal. Primary hypoglycemia can occur when there is an inadequate supply of carbohydrates. High or low blood glucose levels affect mental functioning. The resulting drop in blood glucose leads to a drop in mood, irritability, anxiety, nervousness, craving of sweets, panic, crying, fainting, motor weakness, personality changes, headaches, visual disturbances, confusion, and shakiness. Some of the symptoms that are mistaken for mental health symptoms are anxiety, worry, inability to focus, irritability, restlessness, insomnia, temper tantrums, hyperactivity, and depression. Problems associated with hypoglycemia also include foggy thinking because the brain is not receiving as much blood sugar as it needs to function properly.

Cortisol is responsible for raising blood sugar levels, but under chronic stress, cortisol is low and cannot raise those levels, resulting in the symptoms of irritabil-

ity, shakiness or feeling like rubber, or dizziness. The time it takes for these symptoms to occur is usually about 2 to 5 hours after eating. In addition to high carbohydrate meals, smoking cigarettes may increase severe hypoglycemia by two-and-a-half times. Carbohydrate intake should be about 100–130 grams per day. Insulin resistance, which often is the precursor to type 2 diabetes, co-occurs with functional hypoglycemia. People who are insulin resistant feel sleepy after they eat because excess insulin promotes excess serotonin in the brain (Kharrazian, 2013). This also explains why people often eat high-sugar foods or starchy carbohydrates in order to calm down.

When assessing for mood changes and inattention in both children and adults, it is important to rule out reactive hypoglycemia, food allergies, or other medical conditions. Many children with apparent attention problems who regularly go off to school with sugary cereals and milk for breakfast would have more sustained and focused energy simply by eating more protein for breakfast. Research demonstrates a significant relationship between unhealthy diet and poor mental health in children and adolescents (O’Neil et al., 2014). Indeed, I recommend always evaluating (and changing) a child’s diet prior to mental health treatment. It will also obviate the need for medication. Hypoglycemia is almost always apparent in cases of alcoholism, which is also where sugar (alcohol) is being consumed in high quantities. Hypoglycemia is commonly seen in people with schizophrenia, drug and food addictions, and people with obesity. Many people who suffer from hypoglycemia are also deficient in essential fatty acids (EFAs). Symptoms include dry skin, dry hair, adrenal insufficiency, and poor functioning of the pancreas, liver, and gallbladder.

Without reducing the intake of refined carbohydrates such as sugar, balancing mood will remain out of reach for the mood disordered, and one may never know why. Hypoglycemia refers to low blood glucose, which is often associated with poor adrenal function. People under stress are vulnerable to reactive hypoglycemia because stress negatively affects the regulation of blood glucose. Most patients who do not eat a healthy diet and binge on carbohydrates have hypoglycemia and do not know it. Many vegetarians experience it, since they often do not consume enough proteins to stabilize their blood sugar. Hypoglycemia contributes to mood lability and inattention. This condition is often misidentified as the rapid cycling of bipolar disorder or attention-deficit/hyperactivity disorder (ADHD). Without eliminating hypoglycemia as a cause of mood cycling, an accurate diagnosis cannot be made. Children and adults with severe mood swings and irritability experience significant improvement when the hypoglycemia and carbohydrate addiction are addressed.

People who fall asleep but awaken 3–4 hours later and cannot get back to sleep may also experience nighttime hypoglycemia and will feel better when eating some protein and carbohydrates just before going to bed.

A diet that is low in carbohydrates with a low or moderate protein intake and lots of fats is beneficial for those with insulin or leptin resistance, but only until the resistance improves and weight, blood pressure, sugar, and cholesterol have normalized. Carbohydrates can be increased in the diet once this improvement is seen. Carbohydrates can then be reduced as needed if symptoms return. Despite the fact that glucose is a major fuel for the brain, low-carbohydrate diets have not been found to affect cognitive function negatively (Brinkworth, Noakes, Buckley, Keogh, & Clifton, 2009).

In general, everyone functions best by eating three to six meals a day, including snacks, and most people would benefit by eliminating refined carbohydrate consumption and combining vegetable carbohydrates with healthy, high-quality fats like butter, avocado, coconut, nuts, and eggs. Eating organic starchy and nonstarchy vegetables as the primary source of carbohydrates is optimal. Eating small amounts of high-quality protein, fat, and vegetables every 3 hours is an essential dietary approach to recovery from hypoglycemia (see Appendix A for General Guidelines for a Hypoglycemic Diet).

DIGESTION AND MENTAL HEALTH

The intestinal tract, or the gut, is often called the “second brain” because it is a major source of neurotransmitter production in the body. Thus, it is not surprising that people with chronic digestive problems are often anxious and depressed. The healthy bacteria, known as probiotics, help to lower the stress response by regulating GABA, the relaxation neurotransmitter via the vagus nerve. Probiotics may be bought in capsule or liquid form in a health food store and are also found in fermented foods.

Fermented foods are among the best foods for both intestinal and brain health. All traditional diets have some form of fermented foods. The health benefits of yogurt and kefir, among other fermented foods, derive from their beneficial bacteria. Fermented foods’ value is well known in traditional cultures everywhere, as they are used to restore and maintain the bowel “garden,” where the bacterial flora grow. Where fermented foods are not available, yogurt and sauerkraut can be made at home easily and inexpensively and are a wonderful food preparation and “science” experiment to share with children.

Another common practice of our ancestors involves making gelatin-rich meat broths that contain collagen and amino acids that are easy to assimilate and help brain function. Freshly made bone and vegetable broth is the first food to choose as a staple in helping people recover from mental illness. Yet many people no longer cook or prepare foods, relying instead on packages, microwaves, and fast foods. Among the initial steps to explore with clients is how to integrate food preparation, both raw and cooked, into their lives.

When discussing diet and nutrition, I usually use a food, mood, and exercise diary, which asks clients to keep detailed track for three days of what they eat, how they feel, and when they move or exercise. This diary is a valuable tool for revealing clients' self-care routines—or lack of them—and can greatly enhance awareness of what one eats and how it affects energy and mood. But, however the conversation begins, recognizing that mood is a mind-body experience and not just based on personal history or mental processes, can be crucial in increasing clients' sense of self-efficacy and broadening their perspective on the many pathways to change.

I have organized the book with attention to what I consider the most important diet essentials. It is not an exhaustive list; however, adhering to these main essentials will help clients on their path of recovery.

Diet Essentials

1. *Mood follows food: Eat breakfast.* Do not allow yourself to become hungry. Eliminate refined carbohydrates. When your blood sugar drops, so does your mood. Eating protein stabilizes your mood. Eating only carbohydrates allows you to feel energized at first, and then relaxation or even fatigue may set in. Eating fats provides a sense of feeling full.
2. *Nourish the first brain and the second brain.* The brain is made up of 60% fat. It needs enough good quality fat, proteins, and carbohydrates (sugar) to function. To improve mood, focus, attention, and memory, eat plenty of good fats like butter, eggs, avocados, walnuts, and coconut oil, and eliminate all poor-quality fats and trans-fats, like French fries and fats (partially hydrogenated oils) added to canned and packaged foods. The “second brain” is the digestive system, the “gut” where food is digested and absorbed. Nourish the second brain with fiber and fermented foods. It also generates the healthy bacteria and neurotransmitters that support efficient brain chemistry.
3. *Eat only when relaxed.* Digestion occurs when the autonomic nervous system is switched on. The juices containing digestive enzymes flow in a state of relax-

ation. Eating under stress is like putting a pot of food on the stove to cook, not lighting the fire, and letting it sit there for two days; it bubbles, ferments, and becomes gaseous.

4. *Symptoms tell a story of nutritional and emotional challenges.* Our role is to listen to the story and, together with the client, make the story coherent and actionable.
5. *Where there is mental illness, there is always a history of digestive problems.* Use nutrition to balance the five essential factors that underlie mental illness: circadian rhythms, blood sugar and functional hypoglycemia; food allergies and sensitivities; inflammation; oxidative stress and mitochondrial function; and inadequate methylation.
6. *Eliminate exposure to additives, preservatives, hormones, toxic pesticides, and fertilizers on food.* Mental health is affected negatively by dietary exposure to food toxins and allergens. Use wild foods and organic foods. If you cannot obtain these foods all the time, focus your attention on organic eggs and meat products and detoxify your fruits and vegetables.
7. *No single diet is right for everyone.* Each person has a different cultural-genetic heritage and therefore a different metabolism. Some peoples like the Inuit require mostly meat and fish, whereas people from India do well on a predominance of legumes, vegetables, fruits, and grains. Most people require a mix. However, that mix of food can vary greatly. Know your ancestral and genetic heritage and try to eat for your individual metabolic type.
8. *Eat all the colors of the “rainbow.”* Eat whole, nutrient-dense foods from the whole color spectrum to obtain your nutrients. Prepare fresh foods daily.
9. *Diet is essential, but not sufficient.* A healthy diet is essential for mental health; however, it is not generally sufficient to treat mental illness. To treat mental illness, it is essential to choose a healthy diet along with regular use of vitamins, minerals, fats, and glandulars.
10. *Choose healthy foods and nutrients over alcohol and drugs to alter consciousness.* Foods and nutrients, alcohol, and drugs can all alter consciousness. Distinguish between altering consciousness for health or for addiction. Understand what is being altered in order to gain control over an addiction. Transform addiction into positive states of consciousness, linked to ceremonial and group activities.
11. *Integrate behavioral change strategies with the principle of nutritional substitutions.* Personal change takes place by integrating positive activities (habits) first and then eliminating negative habits (activities). Identify one positive

change behavior and its corresponding negative habit at a time. Substitute healthier foods that will satisfy the same needs.

NUTRITIONAL QUESTIONS AND CONCERNS CLIENTS BRING TO US AND HOW WE CAN RESPOND

Our clients bring a range of questions and concerns about their physical and mental well-being. Many clients want advice and support to either improve the efficacy of their medications, reduce the dosage, or eliminate or stay off medications. Among the questions my clients have presented are the following:

Q. My primary care provider has suggested that I take medication because I am depressed, but I would prefer not to. Are there any nutritional alternatives that I could consider?

A. Commonly a client with depression, anxiety, or insomnia has been advised to take medication, and for any number of reasons she does not want to. She may not want to because she doesn't believe in medications, she may be afraid of them, maybe she has tried them in the past with negative side effects, or she may have cultural or philosophical reasons why. Our first response is to understand what she would like to do to address her symptoms and what her fears and concerns are about medication. My goal is to prioritize nonpharmaceutical approaches to addressing her symptoms, and my first response is to instill hope that she can manage these symptoms and even eliminate them when combining psychology and nutritional interventions. Throughout this book we explore in a step-by-step process both initial and more complex explorations that are isomorphic to our clients' personalities and their stated needs.

Q. The school and teacher sent a letter saying that they strongly encourage us to get a consultation for medication for our 8 year old, who they deem as having ADHD. We would rather explore other options at this point. Can you tell me what they are and how to begin a nutritional program?

A. Parents of children with symptoms of ADHD are commonly advised by the school system that their child needs medication. In this type of consultation we have an opportunity to explore dietary influences on behavior, the research on nutritional supplementation, and explore self-care behaviors and exercise routines. This will also intersect with our clinical expertise on learning styles and family stressors that may contribute to oppositional or

hyperactive behavior (which may also be misdiagnosed or require reframing) as part of a comprehensive treatment approach. Above all my goal is to instill in the parents the hope and belief that their child can come into balance without the use of medications.

Q. I have been taking antidepressant and anti-anxiety medication for 12 years. I want to stop using these medications, but every time I stop I feel worse. Can you help me?

A. Oftentimes we work with people who are already on medication and want to come off the medications, and they want to know if nutrition can help them do that. No matter where a client is on her journey toward health, she will benefit from education about the role of food and diet in mental health. For example, I might begin a discussion about the role of refined foods and their effect on mood, or the effects of protein on neurotransmitter synthesis. As I am exploring some basic concepts about alternatives to medication, I can begin to discuss the self-care that is required to come off and stay off of medication, and again, I can encourage her that many thousands of other people have been able to successfully withdraw from and stay off medication.

Q. I have been eager to stop taking my medication, and I started taking some nutritional supplements and herbs that my friend told me worked the same way. Do you know about St. John's wort and 5-HTP and tryptophan?

A. Clients may reveal that they are combining a variety of prescription and nonprescription medications that may have harmful drug-nutrient-herbal interactions. They may also share what may appear to be radical dietary practices. Reviewing specifically what they are taking and exploring these interactions as well as identifying what practices they are adhering to and why sets the stage for informed decision making and improved efficacy. It also prevents unintended side effects.

Q. I have been through several rounds of CBT treatment for my eating disorder and while it has helped a lot, I still find myself craving certain foods. And if I don't eat that food I just end up hurting myself in another way. Do you think there may be certain foods that I am "allergic" to or addicted to that are making my disorder worse?

A. Clients in recovery from eating disorders and *body dysmorphia* may also have a history of self-harming behaviors and traumatic stress, all imbalances that respond very powerfully to nutrition and mental health when they are understood and treated together as co-occurring symptoms.

Q. I am under a lot of stress at work, and I am still 10 years away from retirement. I just don't have the mental focus and my memory seems to be failing me. I have been trying different nutrients I read about on the Internet, but I am not sure if they are working. What do you think would work best?

A. Increasingly, as the population ages, we are providing support to people with cognitive decline who are interested in staving off the negative effects of aging. They may ask about whether the research they have been reading on the Internet about *Gingko biloba* and turmeric is reliable. This provides an opportunity to explore their concerns. It may also lead to a referral for neuropsychological testing. It provides the therapist with an opportunity to share evidence-based research on prevention and treatment of cognitive decline.

Q. I am feeling a lot of pressure from my spouse to lose weight. But honestly I feel fine and I exercise several times a week and my blood tests look good. I am wondering what you think about my assessment, and if we might plan on a couples session to educate my spouse?

A. Many people are concerned with weight loss, especially if we work in the fields of behavioral medicine, hypnotherapy, and fitness. Likewise, clinicians can be susceptible to the belief system that even a little excess body fat is unhealthy. Friends, partners, and coworkers may also put pressure on our clients to lose weight or collude with them around unrealistic weight loss goals. However, there is growing evidence that having some excess body fat is actually healthier than a deficit of body fat. Thus, exploring a client's concerns about weight provides an opportunity to understand the meaning of their body weight, their sense of well-being, and their current nutritional habits, and it allows us to work with them to craft an overall wellness approach that focuses more on conditioning and well-being than numbers on a scale. This may also lead to family and couples work on these issues and can become a family nutritional wellness plan that honors each individual's unique needs. However, a discussion of body weight may also lead us to work with providers to conduct lab tests on thyroid or other hormone levels, address menopause or andropause, and further understand the intersection of physical well-being and mental health.

Unless you have identified with a specialty niche practice in mental health nutrition, clients may not discuss their questions without prompting. This is the value of the assessment process we explore in Chapter 3. In these cases, we may

raise questions about nutrition as we work with a client to increase awareness about the connection between good nutrition and mental health. As I explore throughout this book, there are complex interrelationships between mental and physical health; indeed, it would be difficult to identify any mental health illness that did not have a physical symptom associated with it. Thus, we are on the front-line of educating our clients and helping them understand those relationships. Yet understanding the relationships between nutrition and mental health is only part of the process; carrying our change behaviors through self-care is the other necessary component.

Our clients often have chronic illnesses and seek help for depression or grief associated with functional illness. For example, depression resulting from chronic pain, traumatic brain injury, or diabetes is common and clients may experience problems enacting self-care. Often these clients have a difficult time with self-care because they feel they are being deprived of pleasures associated with food. Our work in nutrition and psychology can support these clients to reframe their illness and also help them find pleasure in new food choices. John's story is emblematic of the role nutrition plays in many of our clients' health (see Box 1.2).

Box 1.2**John's Story**

John was 38 years old, recently divorced, and living alone. He arrived to therapy saying that he was always tired and moody. He had been diagnosed with ADHD since childhood and, more recently, bipolar disorder. He drank a lot of sodas, and sometimes he would not eat in the morning, or sometimes he just ate a donut with his coffee and creamer. He often grabbed a processed meat sandwich and French fries for lunch. He was taking three medications for blood pressure, cholesterol, and depression, and he used benzodiazepines to sleep. He worked as a supervisor and found himself increasingly snapping at his employees. He had the beginnings of a potbelly, his blood glucose levels were borderline high, and he was drinking beers at night to relax, though he often woke in the middle of the night if he did not medicate ahead of time. He expressed concern that he was using alcohol to self-medicate. He said he was always hungry and did not feel satisfied no matter what he was eating.

Together we reviewed John's dietary habits step by step and prioritized the kinds of foods he liked and disliked. We did a comprehensive medication history, symptom history, and a Food-Mood diary.

John was able to identify the same times of day that his mood and energy lowered, and these were also the times he became irritated at work. I identified hypoglycemia as a contributing factor to his mood lability. His chronic stress both at work or more recently due to his divorce, and the years leading up to it, had depleted his energy and taxed his adrenal function, which regulates glucose metabolism. He was using both stimulants and sedatives. He was able to concentrate and became more focused. Once he was less depressed, he felt more motivated to get a little exercise to increase his stress management. He started taking B vitamins, glucose tolerance factor, and fish oil. I suggested that he have one glass of red wine at night but earlier in the evening with his meal.

John's diet had deteriorated since his divorce due to stress, and he had never been responsible for preparing his food before. I educated him about the basic connections between food and mood and suggested that a change in his diet would also help his focus and attention. John's diary illuminated for him the patterns of his food and mood relationship. We began by identifying three positive changes he could institute in his diet and behaviors, and three behaviors or foods he would relinquish. He really liked bacon and eggs, and steaks, and thought he should not eat them due to his cholesterol levels. But I assured him he would benefit from eating those foods daily if he liked. And I proposed a 4-week plan after which we would assess his diet options. He agreed to include one fresh salad from a salad bar (but not use the bar salad dressings) and one piece of fruit daily and to begin cooking for himself by obtaining a Crock-Pot to prepare meat and potatoes. He agreed over the next 1 month to eliminate the donuts. I also suggested that he take a B-complex vitamin along with minerals. Fish oil would help his blood pressure and cholesterol, and help him focus, and supplemental taurine and magnesium would help lower his tension and blood pressure, and help him sleep. If he chose to drink one beer (instead of red wine), it would be a dark one, made with either hops or oats because it was richer in minerals.

By the end of the first week John began to feel more stable emotionally, had more energy, and was more satisfied with his diet. He was able to stop eating donuts but still was drinking more coffee. John also began taking nutrients and by week 2 felt more hopeful and in control. He was choosing some new restaurants to eat at, which is where he ate salad and proteins and whole grains and began inviting people to join him for some meals. By the end of the first month he was making a stew once a week at home. He eliminated sugar and reduced his coffee to two cups a day and he began to feel more stable. When he came in 3 months later he had dropped 10 pounds, was feeling much better, sleeping better, had begun dating, and said he now wanted to begin to reduce his medications.

SCOPE OF PRACTICE, LAWS, AND COMPETENCY

When integrating nutritional therapy into your practice, you will want to answer three questions. (1) The *scope of practice* of your discipline and whether it prohibits or can include the integration of providing nutritional therapies. This also intersects (2) *legal issues*; every state has different laws about the types of nutritional advice a professional or layperson can provide a client. Then, finally, consider your level of (3) *competency* to provide different types of nutritional counseling and therapies. For example, to suggest that a client stop smoking, or eat healthy fats, or stop drinking too much coffee to improve anxiety requires a basic level of competency. It requires a greater level of competency and confidence to suggest that a client use 300 mg of magnesium along with 450 mg of lactium (an anxiolytic milk protein) to decrease anxiety. In this scenario, one has a basic level of psychoeducation to impart to reduce anxiety. The next steps require knowledge of state laws as well as competency to make recommendations for nutrient recommendations. A third level of competency would be required if this same client has been on benzodiazepines for years and wanted to withdraw and use alternatives to the medication.

Scope of Practice

Mental health practitioners can integrate nutritional therapy at three levels of practice: psychoeducational, collaborative, and autonomous. The most basic and accessible level is where nutrition becomes a component of *psychoeducation* about wellness and self-care strategies. Much of what I talk about in this book falls within this area. Every clinician can feel competent in her or his ability to educate a client about the basic role of nutrition and the choices she makes to improve mental health.

Psychoeducation

Nutrition as psychoeducation involves making linkages between how and what clients eat and drink and the effect on their mental wellness. The Food-Mood diary and clinician checklist described in Chapter 3 help to explore basic self-care patterns and provide simple change steps. A review of a client's diary might lead to exploring how much caffeine a client is drinking in relation to her reports of anxiety and insomnia, or if she is eating breakfast or three or more meals a day, or eating enough protein or good-quality fats. Exploring food addictions is also within the scope of psychoeducation behaviors, along with healthy recipes and engaging family in food gathering and preparation. It might also include educating a family about the role of nutrition in ADHD or integrating these self-care strategies into group therapy for survivors of sexual abuse. At this

level, nutrition-as-psychoeducation includes coaching for success and setting the stage for a deeper exploration that may lead to a collaborative relationship or a referral.

Collaboration

As we move along the spectrum of integrating nutritional therapies into mental health treatment, we move into an area where we may have more complex knowledge about the next steps a client may take, but we may not be licensed to evaluate, recommend, or prescribe based on that knowledge, or implementation may be beyond our current level of competency. This will then require a *collaborative relationship* with a more advanced nutritional professional or a professional who is licensed to design nutritional programs or to prescribe. For example, a client who we work with may want to stop his medications. We may have knowledge of the role of nutrition and the use of amino acids and fish oils, but if we are not the prescriber, we will want to coordinate our dietary and nutrient suggestions with the prescriber as we cocreate a withdrawal schedule and nutrient plan. Or perhaps we have a client who is depressed and also has type 2 diabetes and is on a variety of medications, including sleep medication. We believe that she will benefit from taking fish oil and a nutrient mix containing magnesium and glucose tolerance factor, but that these combinations will also synergize the benefits of medications and possibly lead to lowering blood sugar too much. Thus, we would coordinate and collaborate with the prescriber or another professional.

Autonomous Practice

The final area of scope is where we practice as an autonomous mental health nutrition professional. This will occur when a combination of competency, credentials, and state laws allows the clinician to fully integrate nutritional therapies into mental health counseling. Engaging in the scope defined at levels 1 and 2 may require additional training, certification or licensure, or years of clinical experience may lead to this stage.

As an autonomous practitioner you will include all or most aspects of nutritional therapies, including assessment and evaluation, ordering and analysis of nutritional laboratory tests, program design including prescriptive plans for treatment and medication withdrawal, and coaching for success, all of which are detailed in this book. However, because of client needs during the acute phase of withdrawal from medications, I always recommend a collaborative team approach, and I explore this in more depth in Chapter 8.

Similarly nutrition professionals may decide to obtain training and licensure in a mental health discipline.

Legal Issues

The practice of nutritional therapy in the United States is governed legally by each individual state. The Center for Nutrition Advocacy maintains an up-to-date database on the legal right to practice nutrition in each state. Because this is often changing, it is wise to explore the limitations for each state.

As a general rule, states define practice in this variety of ways:

- It is illegal to perform individualized nutrition counseling unless licensed or exempt. Effectively only registered dietitians (RDs) are eligible for licensure.
- It is illegal to perform individualized nutrition counseling unless licensed or exempt. There is a non-RD pathway for licensure.
- It is legal for all to perform individualized nutrition counseling; effectively, only RDs are eligible for government recognition and thus may be the only practitioners eligible for insurance reimbursement.
- It is legal for all to perform individualized nutrition counseling, though there may be limitations on insurance reimbursement eligibility (Center for Nutrition Advocacy, 2014).

Competency

Competency occurs in relationship to scope of practice and legal issues. Once you have determined the extent of practice allowed in your state, the next step is to explore your own competency. This book provides information that can be categorized into two broad areas. One comes under what we call “psychoeducation” or self-care education, which is basic nutrition and diet knowledge that anyone could share. The second category requires more knowledge and training, often involving the prescription of specific dietary regimens or nutritional protocols. However, the lines are blurred, and it is up to clinicians to understand where their competency is, as well as what is allowed under the license or certification they are practicing. Where the knowledge is of the second category, prescriptive, it is still useful to you as the clinician because you will be able to understand the state of the art in the field, with a working language that will enable you to effectively collaborate with nutritional experts on behalf of your client.

Because laws and requirements for practice vary state to state, there are also a variety of training programs, both online and onsite, as well as hybrid. At the end of this book I provide several resources for study that offer training, certification, and graduate degree programs. Investigating the quality and focus of each program along

with its alignment with current state laws will be essential. The integration of nutritional therapy into mental health treatment is the revolution that is currently underway. There are significant opportunities for the clinician who specializes in this subject; however, even at a minimum, integrating basic nutritional education into a client's self-care program will reap benefits.

Competency Through the Inner Laboratory

There are two intersecting aspects that lead to competent care: the kind that derives from advanced training and clinical experience and the competency that comes from self-knowledge and experience. As mental health clinicians, we undertake some form of psychotherapy or counseling in order to engage the methods we ourselves will practice and to explore our own inner life in order to better serve our clients. This same principle should be applied to our work in nutritional therapies when advising clients about strategies for improving well-being. This suggests that we enter into our own health and healing using ourselves as a laboratory to explore the methods and practices that we propose. While we may not need to undertake every method, or eat every food or nutrient we will suggest, we should have an ongoing self-care plan rooted in healthy nutrition, supplementation, and detoxification.

This also provides an important self-care method for coping with the stressors of mental health practice, and it provides insight into the challenges our clients will face as they undertake change. Just as mental well-being is a lifelong process, so is changing nutritional behavior a dynamic experience that should be responsive to changing requirements of the life cycle.

The level of disclosure of one's own nutritional practice with a client will be a reflection of one's theoretical orientation. We will at times serve as a therapist, role model, guide, and coach. As a general rule, I think it is helpful to let the client know that we are on a path of health that incorporates nutritional change and the ways in which it has been helpful, without necessarily disclosing a lot of specific details or reasons for specific methods or nutritional protocols, just as we wouldn't reveal what medications we might be taking.

WHY GOOD FOOD PREPARATION AFFECTS MENTAL HEALTH

Diet Essential: *Prepare fresh foods daily.*

Preparing fresh food is an act of self-nourishment, emotionally as well as physically. The stressors of trauma, modern life, and advertising cause us to dissociate from

the simple self-care rituals that invigorate us. Many of the suggestions throughout this book are about overcoming the conditioned responses that result from the incessant message that what we put into our bodies doesn't matter to mental health. Food gathering, preparation, and sharing is a ritual that, when done well, leads us into the parasympathetic state of relaxation and provides the endorphin rush of attachment and connection. This is often a lost ritual, though we do still gather for holidays or special events. Infusing each step of the nutritional process with a ritual or mindful process enhances relationships and digestion and well-being. The rituals of food preparation and sharing are rhythmic and repetitive, requiring integration of both the right and left hemispheres of the brain. It helps us to realign within our own nervous system and to synchronize with the nervous systems of others. This social connection is where mental health nutrition begins.

One of the basic themes to consider throughout this book is that good, "real" food is medicine and "fake" food is toxic to brain health. The second theme is that many foods are psychoactive; that is, they alter consciousness and, like all things that alter consciousness, some foods may be beneficial or detrimental to mental well-being. The altering of consciousness is not the problem; it is the choice of substance and its effects that become problematic. Hence, my approach is to suggest choosing one's "food-as-drugs" wisely, with awareness, and finding the best "substitutions" to enhance mental health and "withdraw" from the dangerous "food drugs." For example, one of the adages I teach my clients is: "Coffee is a drug, not a beverage." So use it like a drug—to achieve a desired, beneficial effect, not like an overconsumed beverage that causes negative side effects.

Real Comfort Food

If food is not satisfying and at times even comforting, dietary changes will not be sustained.

We often turn to food to comfort stress or unpleasant emotions, which is not inherently a bad thing. It is the fact that we turn to unhealthy, high-carbohydrate, high-sugar, processed foods for comfort. We can use food as part of a self-comforting strategy if we do it with awareness and make choices that will enhance our health rather than put us into a soporific state. There is nothing wrong with wanting and having comfort foods, but the key is not to eat them to excess and to explore if they become more than the occasional strategy.

What are comfort foods? Comfort foods are probably different for everybody, but in general they are usually high-fat, high-sugar, refined carbohydrate foods. These sugars and fats release opioids in the brain, similar to the way narcotics do, creating

a pleasure response. Even thinking about these foods can trigger these brain reactions, just like imagining juicing a lemon will stimulate salivary flow.

Our definition of comfort food often comes from our childhood and what our parents gave us to calm us down in times of distress, or these foods may be associated with love; it might be sugary foods like donuts, cookies, and refined carbohydrates. In my family it was chicken fat on rye bread sprinkled with lots of salt. Others may have enjoyed white rice or white pasta with butter and salt, tapioca pudding, or Froot Loops and milk. White foods in general seem to be common comfort foods—think potatoes, bread, sour cream, bananas, and sugar. Comfort food may provide a nostalgic feeling related to cultural or familial traditions. Culturally related comfort foods have made a comeback in restaurants specializing in comfort foods.

Often we go to comfort food when we haven't had a chance to prepare healthy foods. What might you prepare in advance to preempt the need for comfort but to satisfy and nourish yourself?

Principle of Substitutions

We crave foods for a variety of reasons: We need the nutrients they offer, and the body provides a message to eat that food. People often remark that they get a craving for beef, for example. We also crave foods that we are allergic to; these foods function like a drug. Wheat and gluten are highly allergenic to people for whom it triggers opioid-like reactions. We crave food that reminds us of a certain time in our life, linked to people we have loved and lost, or comfort foods that are linked to our country of origin or holiday times. We also crave foods to alter consciousness; for comfort and anxiety reduction (carbohydrates and fats), and energy and focus (proteins and dopamine-rich coffee). Foods we crave provide chemical reactions that the brain/mind wants and needs. The key is to understand one's unique "craving" profile and interpret the foods one craves and when, to understand the (emotional) biochemistry of the foods, and to find substitutions that address these needs but are healthier and without the side effects. This is the "principle of substitutions" (see Table 1.2), which means that you can find an alternative food to provide the same effect, by substituting a healthy food or substance for a less healthy one.

Comfort food examples may include grilled cheese, mashed potatoes, pancakes, bread, pizza, macaroni and cheese, frozen lasagna, spaghetti and meatballs, Danish coffee cake, fried chicken, fast food, pie, donuts, Chinese food, egg rolls, frosting, and chocolate. Each culture also has its own comfort foods; these include fish and chips, custard, pies, puddings, soups and stews, bangers and mash in Great Britain, *pierogi* from Poland, *kvas*, borscht from Russia, baked beans, meatloaf, macaroni and

TABLE 1.2

Substituting Unhealthy Comfort Foods With Healthy Options

Unhealthy Comfort Foods	Healthy Substitutions
Bread or sweets	Sweet potatoes
Sugary treats	Smoothie sweetened with stevia
Chocolate with sugar	Unsweetened cocoa powder with stevia/homemade stevia-sweetened chocolate candy
Cane sugar	Honey or maple syrup
Honey	Stevia
Coffee	Black tea, decaffeinated coffee, herbal coffee substitutes (roasted dandelion root, ramon nut [bread nut]), green tea, chai, or Turmeric-Rooibos Brain Chai (see recipe in Chapter 6)

cheese, fish sticks, pot pies, and chicken noodle soup in the United States. Many of these foods can still be part of a healthy “comfort” self-soothing plan by changing some of the ingredients. For example, making mashed potato (or mashed sweet potato) with ghee and sea salt; baked sweet potato fries dipped in homemade mayonnaise; gluten-free macaroni and cheese; homemade pizza with gluten-free crust, homemade sauce, and topped with vegetables and organic sausage; healthy homemade almond-chocolate treats; and coconut black rice pudding.

Essential First Steps

Now you are ready to start making changes to feel better physically, mentally, and emotionally, and to have more fun in the kitchen.

Even before a formal assessment, I work with clients to answer the following questions as a start to our discussions about their current nutritional self-care behaviors and to explore with them some initial questions:

- How many of my meals am I preparing?
- How many meals a week are “fast food?”
- How am I preparing my meals?
- Which foods make me feel good?
- Which foods make me feel bad?
- How do foods alter my consciousness?
- What foods do I like but don’t often prepare?

- Who are my allies for change in the family?
- Who are my allies for change among my friends?

Another exercise to begin with is to make a food substitution list as provided in Table 1.3. The change process can be slow, so be gentle with yourself and your clients. Follow where your interest and energy takes you, and while a pinch of discipline is always useful, you don't need to have too heavy a hand. Most of our clients are already too hard on themselves; so gentle self-compassion is the key to long-term success. And above all, "trust your gut" as you embark on this adventure. We explore in the next chapter how the "gut" affects everything from the food we digest, to what nourishes our brain and body, as well as our emotional well-being.

Essential Next Steps

- Manage blood glucose levels.
- Eat breakfast, lunch, dinner, and a snack before sleep.
- Decrease stimulant foods if anxious.
- Reduce or eliminate sugar/refined foods.
- Eliminate "enriched" foods.
- Identify comfort foods.
- Plan healthy nutritional "substitutions."
- Consider your own "laboratory of competency."
- Explore state- and discipline-specific requirements for nutritional practice.

TABLE 1.3
Exercise: Make a Food Substitutions List

Building on our concept of substituting healthy foods for unhealthy ones but still satisfying our needs, try this exercise. Using two columns, make a list of the foods that comfort you in the left column. As you review the list, make a list of healthy substitutions for these foods in the right column. For example:	
Comfort Foods You Enjoy	Healthy Substitutions
Wheat toast with butter and jam	Baked potato with all the fixings
Chocolate bar with sugar	Hot cocoa sweetened with stevia and real whipped cream
Fast-food French fries	Fries baked in olive oil and topped with cilantro mayonnaise dip

