



Today@MAND

www.eatrightma.org | Summer 2018

Massachusetts Academy of Nutrition and Dietetics Awards 2018

WaiLing Balsley, RDN, LDN, Director of Public Relations

Elizabeth G. Matteo, MS, RD, LDN, Direct-Elect of Public Relations

On March 23rd, 2018 at the ANCE conference, the Massachusetts Academy of Nutrition and Dietetics (MAND) honored these individuals for their outstanding work in the field. Congratulations to the following awardees:

Outstanding Dietitian of the Year

Kellene Isom, MS, RD, LDN

Kellene provides nutrition care at Brigham and Women's Hospital and at her private practice. She serves as an adjunct faculty member at Boston University, Northeastern University, and Simmons College where she is currently pursuing her PhD in Health Professions Education. She has multiple publications in bariatric surgery and has given presentations for the Academy at FNCE, Obesity Week, and the Bariatric Summit.

Recognized Young Dietitians of the Year

Emily Sylvester MS, RD, LDN

Emily is a pediatric dietitian at Boston Medical Center and Brockton Neighborhood Health Center. She serves as the COO of Breastfeeding Help at Home and is actively involved in enhancing breastfeeding care.

Nicolette Maggiolo RD, LDN

Nicolette is the Registered Dietitian for Home Base, a partnership between Massachusetts General Hospital and the Red Sox Foundation that provides support to veterans, service members, and their families. She is the Director of Education of MAND.

Emerging Dietetic Leader

Jennifer Heinen MS, RDN, LDN

Jennifer provides nutrition counseling at Boston College and in her private practice. She contributes content to Ovia Health and supports the Family Table Food Pantry's nutrition initiatives. She has been involved with MAND for 5 years.

Outstanding Student in Dietetic Internship

Grace Ling

Grace is a dietetic intern at Tufts Medical Center and the president of the Massachusetts Student Dietetic Association. She recently co-authored a textbook chapter on parenteral nutrition.

Outstanding Student in Didactic Program in Dietetics

Jay Patruno

Jay is a senior at Boston University, a personal trainer, and a representative to the Committee on Academic Policies and Procedures for Boston University. He currently conducts research at the Department of Pediatric and Newborn Medicine at Brigham and Women's Hospital.

Outstanding Student in Coordinated Dietetics Program

Marissa Silver

Marissa is a graduate student at Framingham State University and a Massachusetts Student Dietetic Association board member. She works to share professional development opportunities with Massachusetts school nutrition professionals through blogging and social media at Framingham State University.



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Newsletter Deadlines —Fall 2018 Issue

Topic Consideration Deadline: July 28th, 2018

Approved Articles due by: August 7th, 2018

Please send all submissions to:

Christina Ypsilantis and Laura Kim, editors

of *Today@MAND*:

newsletter@eatrightma.org.

Subscription Information

Any Academy member, no matter their state of residency, can select MAND as their affiliate association. We welcome members from all locations!

MAND members who have chosen another affiliate state may inquire about how to become a Massachusetts Academy of Nutrition and Dietetics Supporter Member and start receiving all MAND benefits by e-mailing MAND's Administrative Director, Maureen Kelly Gonsalves, MEd, RD, at admin@eatrightma.org.

Editors

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President's Message

Kristen P. Schreck, MS, RDN, LDN



Welcome to summer! It is nice to see the days getting longer as we had a spring that took forever to get started.

As this newsletter is published, I only have nine days left in my MAND presidency. While I have referred to this position as "my unpaid part-time job," it has been a role that has been both gratifying and fun. I have had the chance to work with an amazing board of directors and ANCE planning committee,

and I look forward to continuing with my volunteer efforts but passing the baton - and more importantly, email account - over to incoming president Monica Lebre. I wish her the best of luck in the upcoming year. I am amazed at how quickly she has learned the intricacies of the board as President-Elect, and she has proven to be a great leader, dedicated to the work and to MAND members.

As I reflect on the past year, most of my goals for the year have been accomplished (do all RDNs always feel like we could be doing more?!). We have:

- Updated MAND's vision, mission, and values.
- Streamlined the MAND board.
- Hosted several fun educational and networking events, including ANCE which several MAND members commented was "the best one yet!"
- Continued to improve our website.
- Utilized social media to a greater extent.
- Made many efforts to increase member volunteerism.
- Encouraged more engagement in Academy action alerts and policy-related activities.

I want to thank our entire board and all our volunteers for their service this year and for all their help in accomplishing this list. Many thanks go as well to our two part-time staff members who really run the show: MAND Director of Operations (newly promoted!) Maureen Kelly Gonsalves, and Public Policy Research Assistant Sarah Conca.

Thank you for giving me the opportunity to serve as MAND president.

Best,

Kristen P. Schreck MS, RDN, LDN

If you have any questions about the MAND or Academy updates, please feel free to contact me anytime at president@eatrightma.org.

Kristen Schreck, MS, RDN, LDN is the 2017-18

President of the Massachusetts Academy of Nutrition & Dietetics.

MAND Public Policy

MAND Holds 6th Annual Legislative “Day on the Hill”



On Monday, March 19th, 2018, MAND held its sixth annual “Day on the Hill” at the State House.

The event brought together state legislators, MAND and MSDA members and a panel of speakers to address the issue of food insecurity in Massachusetts. MAND president Kristen Schreck kicked off the event by presenting Governor Baker’s proclamation of March 2018 as “National Nutrition Month® in Massachusetts.”

The event focused on the problem of childhood food insecurity in Massachusetts, which affects one in seven children. For various reasons, including lack of time at home, arriving late to school and the stigma of eating free breakfast in the cafeteria, many children do not eat breakfast before the school day starts. This negatively impacts their health, ability to learn and behavior in class. “Day on the Hill” offered a look at ways to increase access to school breakfast to reduce food insecurity and improve academic performance. Attendees were urged to learn more about the status of food insecurity in their towns, and legislators were urged to support free breakfast “after the bell” in qualifying schools in Massachusetts by passing “An Act regarding breakfast after the bell.”

Legislative sponsor Representative Bud Williams (D-Springfield) spoke about his own experience with hunger as a child. Without breakfast at home, he struggled to stay focused in class and was too hungry to concentrate. “Lunch couldn’t come fast enough,” he said. Springfield Food Policy

Council chair Liz Wills-O’Gilvie spoke of growing up in Springfield and her recent efforts to get Springfield Public Schools – the state’s second-largest school district – to provide free breakfast “after the bell” to all students. Rounding out the speaking program, MAND member Janice King discussed her work as Auburn Public Schools’ Foodservice Director, exploring different strategies to serve breakfast after the start of the school day.

After the event, dietetic interns from UMass Amherst and Boston internships brought packets of information to the offices of all 196 state legislators to introduce MAND, its commitment to reducing food insecurity and the significant impact of “breakfast after the bell” legislation.

MAND would like to thank Dr. Lisa Brown, Professor Sharon Gallagher and Micaela Bellés from Simmons College and Michael DeAngelis from New England Dairy & Food Council, who helped make this year’s event a success. To learn more about S.244¹, “An Act regarding breakfast after the bell,” please email Sarah Conca at sconca@live.com.

Sarah Conca, MPA, RDN, LDN is MAND’s Public Policy Research Assistant. Sarah has worked supporting the education, engagement and advocacy work of MAND’s Public Policy Panel and Board of Directors for seven years.

¹ <http://www.feedingamerica.org/hunger-in-america/massachusetts/>

Welcome New MAND Board Members!

Kristen P. Schrek, MS, RDN, LDN

Congratulations to our newest board members! They will start their term on July 1st.

President-Elect: Melanie Mott

Secretary: Hailey Crean

Treasurer: Valerie Machinist

Director-Elect of Education: Nicolette Maggiolo

Director-Elect of Technology: Emily Stone

Director-Elect of Member Communications and Public Relations: Christina Ypsilantis

Liaison to Areas and Dietetic Practice Groups: Jacqueline Michetti

Nominating Committee: Renee Reynolds

Socials for Success Director: Wai Ling Balsley

Socials for Success Director-Elect: Erin Reese

Email Liaison: Erin Kenney

If you are interested in learning more about getting involved with the MAND board, please contact nominating@eatrightma.org or president@eatrightma.org.



CMDA's Fascinating Discussion on Celiac Disease

By Margot da Cunha

Going gluten-free may be a trendy diet for some, but for others it is a dietary lifestyle they are required to follow due to living with celiac disease. Luckily, research is underway that could lead to some breakthroughs in the coming years.

On Wednesday, April 25th The Central Massachusetts Dietetic Association hosted a group of dietitians and nutritional enthusiasts to learn from a pioneer in the field, Dr. Maureen Leonard. Dr. Leonard is the Clinical Director for the Center for Celiac Research and Treatment, and covered a robust list of topics including the pathophysiology of celiac disease and gluten sensitivity, adapting a gluten free diet, therapeutics under investigation to treat the disease, and how the intestinal microbiome may be used to prevent celiac disease.

As you may know, celiac disease is when one's body has an immune response to gluten (the protein found in wheat, rye, barley, malt, and brewer's yeast) that damages the villi in the small intestine which prevents nutrients from being absorbed properly. Dr. Leonard explained that testing for celiac disease is not a simple procedure. While there are three common tests, the most needed is the endoscopy to confirm the disease. "We want to make the diagnosis right once, and don't want to put someone on a gluten free-diet unless it's 100% confirmed," says Dr. Leonard. While this test is the only accurate way to confirm celiac disease, it is not an easy procedure and requires the patient be on a gluten containing diet for four to six weeks before testing, which can be challenging for someone who is having unpleasant intestinal symptoms.

The other issue is that a gluten free diet does not always cure these patients. "After two to five years on a gluten-free diet 48% of adults will still have persistent damage in the small intestine consistent with active celiac disease," says Dr. Leonard.

For these reasons and many more, researchers are working on developing more knowledge around celiac disease to discover possible medications that could help patients. Perhaps the most exciting one Dr. Leonard is involved in is studying a sample of 500 infants at risk of celiac disease over a course of five to ten years starting before the infant is introduced to solid foods. Dr. Leonard and her team currently have 313 infants in the study, and are recruiting in the US, France, and Spain. Their research revolves around environmental factors leading to celiac, as well changes in the microbiome's response.

So, what's next when it comes to celiac disease treatment? Dr. Leonard foresees some major breakthroughs in the next ten years, and we're excited to see what is to come in the field of treating and preventing celiac disease.

Margot da Cunha is a graduate student at Framingham State pursuing her Masters in Nutrition, with the goal of becoming a Registered Dietitian. Margot graduated with a Bachelor's in Communication from Fairfield University in 2012. Margot resides in Boston, loves running and cooking, and works part-time as a Content Marketing Specialist at WordStream

Intuitive Eating

By Michelle Sadlowski MS, RD, CSSD

Weight loss was a large part of the curriculum when I was studying to be a dietitian. It seemed like good patient care to help people improve their health by losing weight. Yet I consistently saw people's weight cycling by dropping the pounds then regaining the weight, but this time at a lower metabolic rate so they needed fewer calories to maintain the same weight as before.

Since its initial publication in 1995 the groundbreaking book *Intuitive Eating* by Tribole and Resch, has been steadily gaining traction amongst dietitians, now more so than ever it seems. What is intuitive eating you may be wondering? It's more than just eating when you're hungry and stopping when you're full. There are a total of ten principles, nine of which have nothing to do with nutrition. Before we even talk with clients about the nutritional quality of food, they first need to reject the diet mentality, learn to make peace with all foods (even those considered off limits on previous diets), and discover which foods truly provide satisfaction. Intuitive eating is a process that takes time to work through, but the research supports it especially its success with eating disorder recovery (Deny et al., 2013). At first, it can feel odd as a dietitian to not discuss weight loss with clients and embrace a non-diet approach instead.

However, intuitive eating brings us back to a more natural way of eating and teaches us to trust our body again. We were all born as intuitive eaters but over time we were taught to listen to external cues instead of our own hunger-fullness cues, so we lost that innate skill. I encourage dietitians to learn more about intuitive eating and adopt its principles into their practice. By doing so you will be teaching a kinder approach to eating and help people repair their relationship with food.

References:

Tribole E, Resch E. *Intuitive Eating: A Revolutionary Program that Works*. New York, NY: St. Martin's Press; 2012.

Denny, K.N., Loth, K., Eisenberg, M.E., & Neumark-Sztainer, D. (2013). Intuitive eating in young adults. Who is doing it, and how is it related to disordered eating behaviors? *Appetite*, 60, 13– 19.

Michelle Sadlowski MS, RD, CSSD has been a dietitian for 13 years, mostly in corporate wellness. She is a sports dietitian focusing on runners and incorporates intuitive eating into her practice. Michelle lives in Wareham, MA. www.personalbestrd.com

Highlights from the Multi-Service Eating Disorder Association's Annual Conference

By Nancy Clark MS, RD, CSSD

The Multi-Service Eating Disorders Association (www.MEDAinc.org; Newton, MA) held their annual conference at the Newton Marriott, March 16-17th, 2018. The program was filled with helpful information for RDs who counsel clients that struggle with food, weight and body image issues. Here are some of highlights that might boost your counseling skills.

Compassion: A Cornerstone of Healing and Recovery

Michael Berrett PhD, CEDS, Center for Change, Orem UT

Compassion is the antidote to shame. People with eating disorders hold a lot of shame, so it's important for healthcare providers to minimize that shame and be compassionate. Compassion comes from the heart and is at the heart of our work with clients with eating disorders. We want to notice when clients are suffering, see their worth and goodness, join them where they are, and practice loving kindness. Clients don't recover until they can have self-compassion, and can receive compassion as well as have compassion for others. Self-compassion is being able to be nice to ourselves when we don't do as well as we would like to do.

Demystifying and Treating Body Dysmorphic Disorder

Karen Chinca LCSW, Private Practice in Brookline MA

- An estimated 1.7 to 2.4% of the general population suffers from Body Dysmorphic Disorder (BDD); 85% of those are women. People with BDD have a much higher rate of suicide than the general population.
- People with BDD can spend from 1 to 8 hours a day being pre-occupied by a perceived body flaw. This differs from people with eating disorders who hate their whole body, not just one or two body parts.
- The most hated body parts are skin (73%), hair (56%), nose (37%) and stomach (27%) People with BDD use harsh words to describe these hated parts, including *abnormal, flawed, deformed, and monstrous*.
- If a client with BDD asks what you think about their "flaw," do not reassure them they look fine (this can perpetuate the problem). Instead ask, "*What do you think I'll say? What do you want me to say? I need to hear your story, so I can understand you.*"
- Ask your client about the rituals that interfere with her or his life (body checking, looking in mirrors, avoiding being in a photo, wearing lots of makeup). Rank order the rituals and then, starting with the easiest, do exposure work. For example,

ask the client "What do you see when you look at yourself in a mirror?" If the client sees an *ugly person*, let the person know what you see: a face with *blond hair, blue eyes and a few freckles*.

- Encourage the client to find alternative thoughts, such as "*I don't always need to look perfect for people to like me.*"



Working with Male Athletes with Eating Disorders

Lea Neagle MA, Aloria Health, Milwaukee WI

- Exercising hard is a "male thing." Male athletes with eating disorders are commonly resistant to receiving treatment due to the perception they will be seen as being weak. This gets further amplified by having a "woman's disorder." Male athletes may be resistant to letting you know the seriousness of their ED. They fear losing a scholarship, and disappointing their coaches and family members.
- How do you help a man go against socialized norms to be vulnerable, express and experience emotions, and reach out for help? We can encourage them to be more compassionate and respectful to their bodies, instead of doing punishing workouts to reach an over-achieving athletic goal.

Continued on page 7

Working with Mothers with Eating Disorders

Dena Cabrera PsyD, CEDS, Rosewood Centers for Eating Disorders, Los Angeles CA

- Studies on mothers with eating disorders are limited. We do know that 40% to 60% of pregnant women do not disclose having (or having had) an eating disorder.
- Miscarriages are 70% higher among women with anorexia.
- Post-partum depression is common among 60% of new mothers with bulimia.
- New mothers with EDs feel great pressure to “snap back into shape.” Not surprisingly, relapse into ED behaviors is common within the first 6 months post-partum. The new moms can easily return to restrictive eating and diet pills. As RDs, we need to reduce the pursuit of unrealistic bodies.
- Many moms with EDs are perfectionists. They can easily feel like they are a “bad mother” when a baby cries out of control and perfectionism rearing its ugly head.
- The babies of women with EDs tend to have lower weight for height for the first 12 months. Do the moms not produce enough breast milk? Do they restrict food?
- When infants start eating solid food, some new moms focus on “clean eating.” They have fears about “tainted” food, and cut out gluten and dairy.
- As children get older, mothers need to be role models for positive body image and say things like “I love my strong arms” or “I love my muscular thighs”.
- As professionals, we need to remind the moms they want to help their kids in every way – and that includes resolving their own eating issues.

Internal Family Systems Therapy as a Modality for Treating Eating Disorders

Teri McCann PhD, CEDS, Fairhaven Treatment Center, Memphis TN

- The Internal Family Systems (IFS) model of treating eating disorders is effective. It’s based on the theory our persona is comprised of many different parts. Ideally, all our parts are harmonious, but due to inevitable life-challenges and/or trauma, some parts of us get wounded and take on extreme roles or feelings.
- Some parts, called protectors, strive to suppress feelings. They get you to “go on a diet,” “get to the gym,” and “read diet books” as a means to keep the pain away. Eating disorders protect a person from painful wounds.
- IFS focuses on a person’s internal ability to hear those wounded parts. Once the wounded parts can learn to feel safe, a person can experience internal harmony. IFS fosters healing by getting to the root cause of the wounds, compassionately working with the wounded parts, and restoring positive connections.

Caring for the Patient Who Declines Treatment

Jennifer Gaudiani MD, CEDS, FAED, Gaudiani Clinic, Denver CO

- In a long-term study, 36% of patients with anorexia still hadn’t recovered after 22 years. Appropriate questions to ask include, “What are your goals for your quality of life?” and “Why have you hit the wall at this particular point?”
- How do we know when to force someone into treatment against his or her own will? Forced treatment might contribute to weight restoration briefly, but immediately after inpatient treatment is over, the patient can rapidly relapse. Do we offer them palliative care?
- As an RD, you can ask the client to tell you about the benefits and burdens of going through residential treatment (again). You might need to move away from the advice to “Just eat. Just try one more time. Just go to treatment again” and recognize the suffering of the mind might be as real and painful as the suffering of the physical body care.
- Death from malnutrition will eventually occur, but it can take a substantial amount of time with a great deal of suffering. Palliative care does not mean “giving up” but rather easing the physical and emotional symptoms, and avoiding aggressive treatments.

Nancy Clark MS, RD, CSSD has a private practice in Newton, MA where she counsels athletes, many of whom have disordered eating/eating disorders. She is author of the best-selling *Nancy Clark’s Sports Nutrition Guidebook*. For more information, see www.NancyClarkRD.com



MAND's New Vision, Mission, and Principles

By Kristen P. Schreck, MS, RDN, LDN

Over the course of two board meetings and a subcommittee meeting this year, the MAND board developed and voted to accept an updated version of our vision, mission, and principles. The vision was adopted from the Rhode Island Academy of Nutrition and Dietetics (with permission) and the mission and principles were edited from our previous version. We know our members are already serving their members and adhering to our principles, so these were easy to put together. They are as follows:

Vision: Massachusetts residents will thrive through the transformative power of food and nutrition.

Mission: Empowering MAND members, through advocacy and education, to serve their communities as nutrition experts.

Principles:

- **Member-centered:** MAND strives to exceed members' expectations, as well as foster a sense of community, cohesion and connectedness among members.
- **Accountable:** MAND adheres to the highest standards of professional and scientific integrity.
- **Innovative:** MAND embraces change with creativity and strategic thinking.
- **Advocacy-minded:** MAND champions policies that positively impact the field of food and nutrition.
- **Social Responsibility:** MAND makes decisions with consideration for inclusivity as well as environmental, economic and social implications.



Save the Date

ANCE 2019

will be held on **Friday March 29th**

at the **Four Points Sheraton, Norwood**