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INTRODUCTION

If you have picked up this book you are interested in changing your life. You may be interested in having more energy, feeling better, sleeping better, dropping a few pounds, preventing future disease, or all of the above. Regardless of which of these are your personal goals, following the guidelines in this book will surely and steadily move you toward your goals.

While most Americans agree that good nutrition is important, good intentions rarely translate to daily habits. Most of us think we are doing better than we really are. A survey by the American Dietetic Association found that 90% of adults think they eat a healthy diet. In fact, *less than 5%* meet the minimum US Dietary Guidelines. At the same time, less than 20% of adults, adolescents, and children meet the government physical activity goals (2008 Physical Activity Guidelines for Americans).

How much of a difference can good nutrition make in your life? In addition to boosting your energy, mood, mental performance, and perhaps even your sex life, it will help you stay younger and live longer. When Dr. C. Everett Koop presented The Surgeon General's Report on Nutrition and Health to the US Congress, he noted that, *"Of the 2.1 million deaths a year in the US, 1.5 million are related to poor nutrition. Dietary imbalances are the leading preventable contributors to [premature] death in the US."*

That was 1988, and we've seen little improvement in our eating habits since then. In 2003 Walter Willett MD PhD of Harvard Medical School wrote, *"A healthy eating strategy... is an important part of protecting yourself against a long list of diseases. These include heart disease, stroke, several common cancers, cataract formation, other age-related diseases, and even some types of birth defects. When combined with not smoking and regular exercise, this kind of healthy diet can reduce heart disease by 80%, and stroke and some cancers by 70%, compared with average rates."*

Sorting out the facts

Perhaps the biggest challenge with nutrition is sorting out science fact from science fiction. One news report says don't eat butter. The next report says margarine is worse than butter. Similar flip-flopping of advice has occurred with eggs, coffee, fat, vitamin pills, and many other nutrition issues. We hear so much conflicting information that there is a tendency to tune it out – and ignore all of it.

Perhaps an even bigger area of confusion is in the area of weight loss.



At the time of writing this introduction, Amazon.com listed 64,970 books under the topic of "weight loss"! Needless to say, you'll often find one book saying the exact opposite of another book. The truth is that the majority of these books are filled with gimmicks that at most promote quick (but temporary) weight loss, while failing to provide the kind of guidance for lasting results. There is simply too much hype in the field of nutrition and weight loss – and not enough science.

The following pages of this educational guide present science-based information in a unique format. With dozens of color charts, illustrations, and photographs, you'll find it to be the easiest-to-read and most user-friendly factual information you've seen on nutrition and weight control.

Healthy Eating

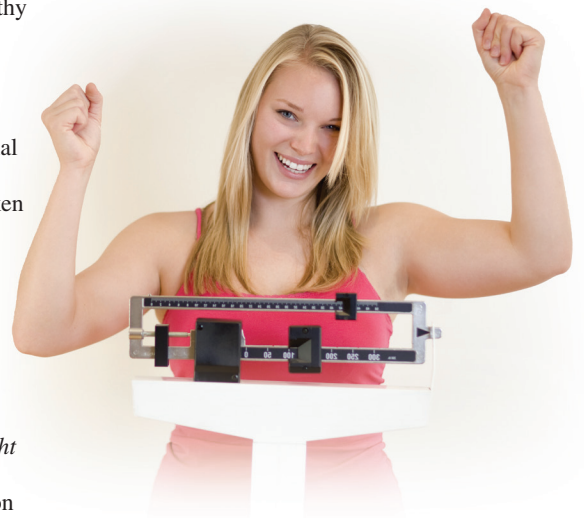
The first section of this guide is Healthy Eating. This gives you cutting-edge and scientifically-backed guidelines for optimizing your health and preventing disease. These guidelines are based on the DASH diet developed by the National Institutes of Health. We've added a Mediterranean twist to DASH, and broken it down into 5 simple steps, so it makes healthy eating easy.

Weight Management

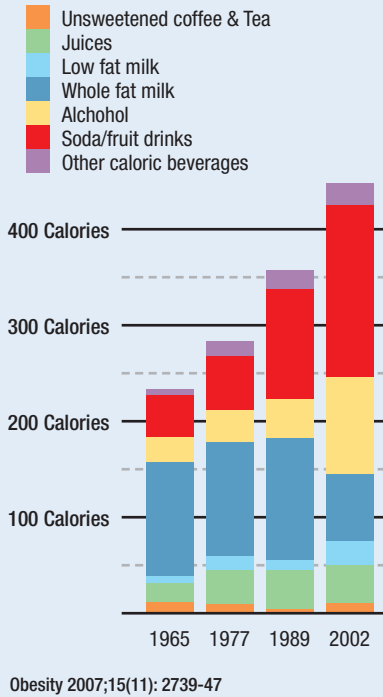
The second section on Weight Management is based on the National Institutes of Health report *Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults*, which were developed and reviewed by a blue-ribbon

panel of 148 of the nation's leading experts. These experts devoted two years to reviewing scientific literature including 394 randomized controlled trials on weight control. The guidelines have been endorsed by 54 medical and professional organizations including the American Medical Association, the American Dietetic Association, and the American Heart Association.

The bottom line: You no longer have to rely on unproven theories and the latest fad diet. Here you'll find a science-based approach that's easy to follow. You are now empowered with the information you need to live better and live longer. Use this educational guide and accompanying workbook to take charge of your health and live your life to the fullest!



Daily Calorie Intake from Beverages by Adults (USA)



What You Need

Based on the AI for fluids from the IOM, men and women should shoot for about 12.5 and 9 cups of total fluids per day respectively—and 80% of that should be from water, unsweetened tea or coffee.

THE BOTTOM LINE ON FLUIDS

WHAT TO DO

If you're a woman shoot for 7 cups of water and unsweetened tea or coffee per day, and for men 10 cups. Develop the habit of drinking water, unsweetened tea and coffee – even when you're not thirsty – throughout the day. Limit sweetened beverages to no more than 1 cup of soda or juice per day.

If you already meet this goal, great work! Skip to Step 2 (Fruits, Vegetables & Legumes).

HOW TO DO IT

Ideas to get more water - Option #1

- Keep a liter (a couple ounces more than a quart) in your home refrigerator and drink it each day.
- Keep a liter bottle at work and drink it each day.

Ideas to get more water - Option #2

- Drink 1 glass when you get up.
- 1 glass before you leave for work.
- 1 glass before 10:30 am.
- 1 glass by 12:00 noon.
- 2 more glasses by 5:00 pm.
- 1 glass when you get home.

A recent review paper by top researchers suggests the following more detailed guidelines on healthful beverage intake. These guidelines also emphasize water and *unsweetened* tea and coffee.

- **Water**, 20-50 fluid oz/day.
- **Unsweetened Tea and Coffee**, 0-40 fluid oz/day (can replace water, however caffeine should be limited to ≤ 400 mg/day ~ 32 fluid oz coffee/day because above 500mg/day caffeine becomes dehydrating).
- **Low-fat or Skim milk, and Soy Beverages**, 0-16 fluid oz/day.
- **Artificially Sweetened Beverages**, 0-32 fluid oz/day.
- **Caloric Beverages with Some Nutrients**, 0-8 fluid oz. 100% fruit juice/day, 0-1 alcoholic drink/day for women, and 0-2 alcoholic drinks/day for men (one drink = 12 fl oz beer, 5 fl oz wine, or 1.5 fl oz distilled spirits), and 0 fluid oz of whole milk per day.
- **Calorically Sweetened Beverages**, 0-8 fl oz/day.

The Problem with Thirst

Don't try to use thirst as an indicator of when to drink. Most people don't drink enough fluids and are generally less than 100% hydrated. Dehydration is defined as fluid losses greater than just 1% of your body weight. For a 150-pound person that means a loss of just 1½ pounds. The

problem is that the thirst sensation doesn't occur until you've already lost 2% of your body weight.

Water and Exercise

Drink water before, during, and after exercise. If you are exercising moderately or strenuously, your need for water intake increases considerably. If you walk, run, skate, or ride a bicycle for exercise, it is a good idea to carry a water bottle and drink frequently. The more you exercise, the more water your body needs.

Sports drinks are useful to endurance athletes when strenuous exercise lasts more than 60-minutes. Otherwise, they are a source of unneeded empty calories just as other sweetened beverages are.

If you're exercising in hot weather (defined as 80 degrees or higher), your body requires even more water. To avoid the risk of dehydration, heat exhaustion, or heatstroke, exercise before 10 a.m. and after sunset. The greatest risk occurs when the sun is strongest and the ground is reflecting heat at you.



Ideas for unsweetened tea and coffee

- If you normally sweeten your tea or coffee, wean yourself off the sugar by cutting it back and then out.
- Make your own iced tea: just 3 teabags and ¼ cup lemon juice will make a refreshing half gallon of iced tea.
- Experiment with different teas for variety: mint, green, lemon, ginger, oolong, spice, etc.
- Experiment with different coffee flavors too. You can cut the caffeine by mixing ½ decaf with regular for your morning brew.

Personal Inventory & Action Plans: Fluids

Do you drink at least 7 cups of water and unsweetened tea or coffee per day (women) or 10 (men)? If you're not sure, take a minute to fill out the "baseline" column of the Water & Fluid Intake Inventory in your Healthy Eating & Weight Management Guide Workbook.

Simply recall what you did yesterday, or fill it in based on today. If you have no idea

of what your intake has been, then track it for a day and write that down.

If your healthy fluid intake needs to be increased, make a plan for a new routine to get in what you need. Mark on your calendar to repeat your Water Intake Inventory in 30 days. Work that plan for a few weeks, then repeat the inventory again, and so on until you meet your goal.

Do you need help formulating a plan? Refer to the "How to Do It" section for several ideas that may help. You, however, are in the best position to figure out what will work for you – based on your personal situation. Ask yourself, "What – specifically – do I need to do to accomplish my goal?" Then implement your plan, and adjust your approach as necessary.

THE BOTTOM LINE ON IMPROVING THE QUALITY OF THE FATS IN YOUR DIET

WHAT TO DO

The goal is no longer to eat less fat, but instead to *improve the quality of the fats you do eat*. This means emphasizing monounsaturated and polyunsaturated fats—especially omega-3s from both seafood and plant sources—while at the same time eating less saturated fat and avoid all possible trans fats.

- **Choose the healthiest fats for what you use the most.**
- **Eat more fish and chicken, and less red meat (beef, pork, lamb).**
- **Choose low-fat or skim dairy products.**
- **Steer clear of trans fats and solid (saturated) fats.**

HOW TO DO IT

A. Focus on the healthiest fats.

- ❑ Make canola and olive oils your first choice in cooking (use either), baking (canola), and for salad dressings (use either). For the most part, use other vegetable oils and butter sparingly; for instance sesame oil for part of the oil in a salad dressing or stir fry. And finally, never use lard or shortening.
- ❑ The new trans-free shortenings may have their own negative effects on blood sugar and HDL, so limiting use until more is known is probably best.
- ❑ Do use full-fat salad dressing to get healthy oils; figure ½- to 1-tablespoon of oil per serving.
- ❑ Spray a little olive oil on bread or toast instead of butter or margarine. Special spray bottles (made for oils) are available in specialty kitchen stores. These are the perfect answer to getting a light, even coating of oil on bread.
- ❑ Enjoy avocados which are yummy plain, added to a sandwich or salad, or made into guacamole.
- ❑ Enjoy olives by themselves or added to salads, pizza, pasta, antipasti, or part of a vegetable platter.
- ❑ Toss small amounts of nuts into various dishes—salads, casseroles, and breakfast cereals, etc.—to add flavor and texture. Use about 1 or 2 ounces per recipe, or 2 tablespoons (1/2 ounce) per person.
- ❑ Have a couple tablespoons of ground flaxseed most days. It's also a nice addition to salads and casseroles.
- ❑ Use sesame seeds and pumpkin seeds – they're also rich in omega-3 ALA.

B. Focus on more fish and chicken.

(See the Step Five protein section for specific “how to’s” on protein foods.)

- ❑ Eat cold-water fatty fish such as (wild) salmon, mackerel, herring, sardines, and kippers TWICE a week—shooting for two 4-ounce servings per week.
- ❑ See the sidebar “Fish the Flipside” on page 18 for important information on choosing fish.
- ❑ Eat shellfish. Shellfish are among the leanest choices for protein – naturally non-fat. (See “Shellfish & Cholesterol” on page 18.)

C. Focus on low-fat or skim dairy products.

With dairy products, you want to choose lower fat versions when possible in order to limit saturated fat.

- ❑ If you're a milk drinker, switch to low-fat or skim (nonfat) milk. Whole milk has 5 grams of fat per glass (8 oz); 2% milk contains 3 grams. Switching to 1% milk (labeled “low-fat” or “light”) cuts that in half to 1.5 grams per glass. Nonfat milk contains only a trace of fat, less than a gram per cup.
- ❑ Should you switch to 1% or nonfat milk, or will 2% be an acceptable alternative? The answer lies in looking at your total diet, and also in how much milk you drink. The more milk you drink, the more worthwhile the switch. On the other hand, there may be other places in your diet where you can make substantial reductions in your saturated fat intake. Keep the big picture in mind.
- ❑ Worried that you can't adapt to low-fat or nonfat milk? Don't worry – people consistently report that their tastes change – in fact, they don't even like the heavier stuff once they've gotten used to the leaner varieties. With this in mind, try a 2-step approach of switching first to 1% products and then to skim milk.
- ❑ Follow the same plan with other dairy products. Shop for low-fat cheeses (including cream and cottage cheese), frozen yogurt, and sour cream.

D. Steer clear of trans fats and exchange high saturated fat foods for leaner foods within the same category.

- ❑ Avoid processed foods with hydrogenated or partially hydrogenated oils or shortening listed on the label. These typically contain trans fats.
- ❑ Choose a trans-free margarine or butter instead of regular margarine.



Be Oil Smart

Heat, light, and oxygen turn oils rancid. Rancid oils have an off flavor and smell – and they're also a source of unhealthy free radicals.

1. Keep all oils in the refrigerator.
2. Buy small bottles.
3. Do not keep homemade seasoned oils for more than 4 weeks (due to botulism risk).
4. Buy oils only in glass (or BPA-free plastic) containers.

- ❑ Look for reduced-fat versions of cheese. They still contain lots of flavor but 25 to 50% less saturated fat.
- ❑ Use full-fat cheeses as a condiment (just a tablespoon of parmesan, or grated cheddar) to add lots of flavor but less overall saturated fat. Experiment with reducing the amount of cheese called for in recipes by ¼- to ½-less.
- ❑ Choose pizzas that are light on cheese (Trader Joe's selection of pizza is a great example of healthy pizza fare.)
- ❑ Air-pop your popcorn, or be careful to find a microwavable popcorn without trans fat.
- ❑ If you eat red meat (beef, pork, lamb), limit yourself to no more than 18 total ounces per week. (NOTE: 24-ounces raw meat will be ~18-ounces cooked weight.) Choose leaner cuts more often and remove visible fat before cooking.
- ❑ Remove skin from poultry before cooking.
- ❑ Save high-fat desserts (ice cream, cake, pie, etc.) for special occasions.

Personal Inventory & Action Plans: Fat Quality

What is the status of the quality fats in your diet? Use the inventory in your workbook to get an idea of how you're doing. Then, based on the inventory, decide what actions you want to implement to improve your habits. Don't try to do everything at once. Start with 1 or 2 easy objectives, then take the more challenging ones one at a time.

Refer to the “How to Do It” section for ideas you can use. Mark on your calendar, or day planner, to repeat your Fat Quality and Intake Inventory in 30 days.

SPECIAL REPORT: PROTEIN'S ROLE IN WEIGHT LOSS

In the first edition of this text (1999) I made a good case for why “high-protein” diets offered more hype than help. A few years later (2003) however, I felt that the growing body of data on high-protein diets showed emerging benefits and needed a second look.

Up to that point health professionals had historically been negative about low-carbohydrate/high-protein diets. Why? Most likely because the popular low-carb diets (*Atkins' New Diet Revolution*, *The Zone*, *Protein Power*, and even more recently *The 17-Day Diet* and *Dukan*) suffered from the same difficulties found in almost all popular press weight loss books. These difficulties mainly consist of clearly false claims about the mechanisms behind a given diet's effectiveness. In the case of the high-protein diets these generally include the following:

1. False Claim: Dietary fat doesn't make you fat.

Fact: Higher fat intakes tend to be associated with higher calorie intakes, and are generally associated with higher body mass indexes (BMIs).

2. False Claim: There is a metabolic advantage to high-protein diets.

Fact: When calories are controlled, well designed clinical trials consistently find no difference in weight loss between diets (despite protein having a higher TEF [thermic effect of food]).

3. False Claim: Insulin makes you fat.

Fact: Higher carbohydrate diets are associated with lower not higher BMIs, and insulin resistance does not independently promote weight gain.

4. False Claim: You should avoid all foods with a high glycemic index (GI).

Fact: What's relevant is the glycemic load of an overall meal or diet, not the GI of individual foods.

5. False Claim: Calories don't count.

Fact: The only way to gain weight is over consume one's current personal metabolic needs (see *Energy Balance Basics*, page 25).

With so many errors of fact, it's arguably human nature to write off high-protein diets completely. So, what changed? While the misinformation didn't change, several research studies by well known obesity researchers forced health professionals to take a second look.

Clinical Trials: Assessing the Evidence

There are two approaches to clinical trials comparing the effect of different dietary regimes on weight loss. The most common approach is to control for calories (put both treatment groups on the same number of calories) and then see which group loses more weight. In this type of trial researchers consistently find no statistical difference in weight loss between diet groups—regardless of the type of diets being compared. Hence the mantra “calories count!”

The second approach does not control for calories. Instead it gives both groups instructions on how to follow a particular dietary regime and compares weight losses. This approach is more “real world,” i.e. it reflects how much people tend to spontaneously eat on a given regime. In this type of clinical trial we consistently see that subjects lose more weight on the higher-protein regimes (in the short-term, see below) when compared to high-carbohydrate or balanced diets.

Protein & Appetite Regulation

The difference in results between the two types of clinical trials is believed to be a result of protein's effect on appetite regulation. While the body of research on appetite regulation is limited, “the consistency of the findings is striking,” states Dr. Richard Mattes, appetite researcher at Purdue. The



data shows that protein (solid not liquid) is more satiating—hunger takes longer to return—compared to carbohydrate or fat.

Furthermore, there's little difference between carbohydrate and fat on appetite regulation. Carbohydrate has an advantage only for the first hour after eating.

Short-term vs. Long-term Differences

Most clinical trials comparing weight loss from different diets have been between six and 12 weeks with a few as long as six months. The first clinical trial lasting a full year was published in *New England Journal of Medicine*, May 2003. This trial was of the second type (not calorie controlled), where free-living subjects were instructed how to follow either Atkins' or the Food Guide Pyramid (US Dietary Guidelines). The data showed significantly higher weight loss (more than double) at 3-and 6-months for the Atkins' group. However at 1-year the difference in weight loss between the two groups was no longer statistically significant!

Most researchers believe that this “regain effect” is pointing to the fact that people simply tire of restrictive diets. It may be that six months is about the maximum amount of time that people are willing to stick to a highly restricted carbohydrate intake.

So is there a dietary style that provides enough protein to impart appetite regulation benefits—while also promoting health—that people can stick with long-term?

Weight Loss Maintenance

Our best clue comes from the National Weight Control Registry (NWCR)—a database of over 10,000 people who have maintained significant weight losses (an average of 30% of their initial body weight) for an average of 5.5 years. NWCR subjects report eating an average of 20% protein, 55% carbohydrate and 25% fat. This pattern is very similar to the DASH diet (see sidebar), and may prove to be the key to long-term weight loss maintenance.

DASH: Dietary Approaches to Stop Hypertension

A diet created for a series of National Institutes of Health (NIH) clinical trials, which have shown that hypertension can be reduced as much by diet as by hypertensive drugs. The DASH diet is also the foundation of the Healthy Eating and Weight Management meal patterns in these education materials. Additionally, each calorie level has been fine tuned to ensure an optimal protein level for weight loss (and within the IOM healthy range).

The biggest obstacle between you and success with weight management probably isn't eating better or even exercising—it's very likely *negative thinking* and *sabotaging self talk*. It may never have occurred to you that your most problematic habit might be faulty thinking, or that long term success with weight management ultimately hinges on fixing your thinking.

Everytime someone is successful with their weight you'll find that they gave up all their excuses and owned that they were responsible for, and in charge of, their changing. For things to change you must change. Outside change depends on inside change.

"We all talk to ourselves. We may not want to admit it, but all thinking human beings have a constant stream-of-consciousness chatter going on," says psychologist Stephen Gullo PhD. That stream-of-chatter essentially programs you for either success or failure.

The good news is that you can take control of your internal dialog so that it is programming you for success. Changing your thinking so that it supports you instead of sabotages you is called cognitive restructuring.

Cognitive restructuring is a proven behavioral strategy for successful weight control based on the premise that distorted or dysfunctional thinking strongly influences a person's behavior. It involves identifying distorted thinking (self-defeating, false, and irrational beliefs) and replacing them with more rational, constructive thoughts and beliefs.

Examples of Negative and Sabotaging Self Talk:

False Beliefs: The interesting thing about false beliefs is that they often provide convenient excuses for failure.

- **"I've ruined my metabolism due to yo-yo dieting—my body is broken."** Unless you have severe undiagnosed hypothyroidism, your metabolism does fall in the normal *range* for your gender age and weight. If you doubt this, just have your RMR measured.
- **"I'm destined to be heavy due to family genetics."** Genetics do play a role in a variety of areas that can affect your weight, including the tendency to overeat and be physically inactive. But biology is not destiny. If fact, your choices about what you eat and how much you move ultimately determine your weight. You are still in control.
- **"I haven't found the right doctor/pill/nutritionist/diet—nothing works for me."** The underlying error is that responsibility for changing is put outside of yourself rather than being owned by



you. By the same token when you've had success you've also given the credit to the (fad) diet instead of to your own hard work. In reality all the diet did was trick you into eating fewer calories—YOU did all the work! When you own responsibility for your weight you also—correctly—give yourself the CREDIT for your success.

- **"I can't wait for this diet to be over—I'm tired of watching what I eat."** The underlying error is thinking that temporary changes might have permanent results. Additionally, you are likely telling yourself how unfair things are, and how deprived you feel.
- **"Food is my friend."** Food—and especially problem trigger foods—are not friends, treats, rewards nor comfort. What have these foods really done for you? In fact they have cost you happiness, quality of life, and self esteem by creating a never ending struggle with your weight. Trigger foods are actually your enemies. Any food that you can't control is controlling you, and needs to be dealt with accordingly.

Unrealistic expectations:

- **"I want to lose 40 pounds for my class reunion (wedding, anniversary, before summer, etc.)."** You didn't put the weight on overnight and it comes off even slower than you put it on. Expecting otherwise is unrealistic and a set-up for disappointment and failure. The smartest approach is small—and therefore achievable—goals. That way you have more frequent celebrations of success, and you know you CAN lose the next 5 pounds.

Self-Critical & Defeatist Thinking:

- **"It's too hard, I have no self-control, I will never lose weight."** You are out right programming yourself for failure with your thinking. Your mind will dutifully find all kinds of evidence to support what you tell it—so if you keep saying, "I have no self-control," you'll never have any self-control.
- **"Poor me, I'm deprived, it's not fair!"** The truth is that you CAN pretty much eat whatever you want whenever you want. You can't however do that AND be trim (and that truth applies to everyone). This kind of self-pitying, self-indulgent, self talk keeps you stuck. Worse, the end point of this type of thinking can be highly destructive—leading to a binge cycle that spirals you out of control.

Turn deprivation thinking on its head—the reality is that overindulging in certain foods has deprived you of a healthy weight and appearance, self-regard, peace of mind, and ultimately left you feeling unhappy and out of control. How many years has your handful of trigger foods tricked you into perpetually feeling frustrated and miserable?

Finally, add in some perspective: real deprivation is a child going to bed hungry because he or she literally doesn't have enough food to eat.

Basically, any change efforts are bound to fail if you don't also change the internal conversation that you sabotage yourself with. You can continue with a negative, pessimistic, defeatist and often self-demeaning internal dialog (that ensures you will eventually throw in the towel, and put the weight back on one more time)—or you can take control with the kind of upbeat, winning attitude that's necessary for lasting success.

If you have any history of dieting you may have vague idea of when you're in a groove—on the right track—or derailed (on the wrong track) with your change efforts.

In this discussion regarding the Foundational Imperative **Keep Right-Tracking** we analyze exactly what's going on when you're in either track, and show you the simple steps—that work every time—to move you from the **Wrong-Track** to the **Right-Track**.

The most fascinating—and possibly most destructive—behavior pattern associated with dieting is often set off when you break the “rules” of whatever diet you're following. Your response is, very frequently, “I'll get back on my diet tomorrow”—but at what cost?

A variety of *irrational thoughts* and *irrational thinking*, can come into play in this behavior pattern—basically setting you up for a big fall over the slightest *perceived* transgression. Here are some examples:

- **All-or-nothing thinking:** thinking in absolute terms like “always,” “never,” and “every,” which sets up both unrealistic expectations and a false situation that allows for only two alternatives (and no shades of gray).
- **Disqualifying the positive:** ignoring everything you are doing right.
- **Catastrophizing:** blowing things out of proportion regarding anticipated ramifications of a perceived transgression (in this case regarding one's diet).
- **Emotional “reasoning”:** resistance to shifting from emotional self-judgments—or emotional situational assessments—to analytical evaluation of factual details.

So Let's Look at this Behavior Pattern by Way of a Story

Imagine you have had a totally together week; you've hit your physical activity goals, followed your food plan, and kept accurate food records (by weighing and measuring). Then on Friday there's a birthday party at your office—that you weren't expecting. Everyone heads into the conference room, where in addition to cake you're faced with an array of homemade goodies including your favorite—peanut butter cookies. Here comes the tray of

Maladaptive Behavior

A maladaptive behavior pattern is any type of behavior that is used to reduce one's anxiety, but the result is dysfunctional and counter-productive. For example, avoiding getting back on the Right-Track after a perceived lapse, which ends up resulting in a calorie-train-wreck!

cookies, and as it's passed to you you take a cookie; you eat the cookie. Then you think to yourself, “Darn, I've been on track all week and now I've blown it.”

Almost instantaneously you are upset (disappointed, frustrated, angry) with yourself. But why is that? Because you ate a peanut butter cookie that you “feel” breaks the (arbitrary) dieting “rules” that you promised yourself that you'd stick to.

You (again, almost instantaneously) judge yourself a “failure” (through all-or-nothing thinking—as if you are either “on” your diet or “off” your diet). You're uncomfortable and uneasy with a swarm of yucky feelings resulting from your scathing self-judgment.

Your next thought is, “oh well, I've had a tough week,” and, “It's just too hard not to eat in this situation.” Fair enough. But you're not done yet. Your next thought is, “Oh well, I'll get back on my diet tomorrow.”

Now you are actually hanging on the precipice of the *first real trouble*. Due to the twisted “reasoning” of dieters, the promise you just made to yourself (“I'll get back on track tomorrow”) frees you to party — like it's the *last supper* — until tomorrow. Meanwhile, you're still surrounded by calorie-dense goodies that you now have no intention of not eating!

What I've just described is one of two key pieces of this dysfunctional behavior pattern—the avoidance-response. The avoidance response consists of two parts:

1. A rationalization, reason, justification (basically any excuse, valid or not) for your *perceived* lapse, followed by
2. A promise for *future* action: tomorrow, or Monday—but *not today*.

It's the promise for future action, which—combined with throwing in the towel for the rest of the day—ensures the (calorie) damage.

The insidious and powerful thing about the avoidance-response is that it's *self-reinforcing*. Here's why: the split-second that you speak your *excuse* and *promise* (for future action), all your yucky feelings and anxiety are instantly gone! Poof! You instantaneously feel better *and* you're free to eat for the rest of the afternoon/evening/day/weekend! The closer reinforcement for a behavior occurs to the behavior, the stronger it reinforces repeating that behavior. So the quick relief—provided by the 2-parts of the avoidance response—reinforces repeating a pattern that opens the door to SERIOUS overeating.

Generally this is where one cookie turns into more cookies than you care to think about—or want to admit. I call that compounded overeating (basically a binge). Here's another kicker, though. The compounded overeating results in the return of even worse anxiety and negative self-judgments than you had originally, which in turn—more often than not—leads to further avoidance of “getting back on



track.” This is, in a nut shell, how people *gain* weight while trying to *lose* weight.

The Wrong-Track Precipitates Relapse

This behavior pattern (the full cycle) is what I call the **Wrong-Track**, and the more time you spend in it the less success you will have with your weight. This pattern always precipitates backsliding or relapse. The more time you spend in the Wrong-Track pattern the sooner you will completely throw in the towel on another attempt at weight management. It doesn't have to be that way.

When Wrong-Track thinking (the irrational “I've blown it” judgment), the avoidance-response, and the resultant *calorie-train-wreck* are a learned behavior pattern that you're personally familiar with—how then do you break the pattern and replace it with a constructive one?

The first step is to understand the—Wrong-Track—behavior pattern. You can see that it's a completely irrational dynamic. It's easier to be analytical about it, however, when you're not in the middle of it.

One challenge is to bring rational assessment to the table when you actually find yourself in the pattern. When you're in the pattern however *you are not going to FEEL like being rational. You're going to WANT to AVOID taking any positive actions.* Because taking a dieting break, for a “last supper” episode—while you put off anything constructive until tomorrow—is an well learned response that works (gives quick—albeit very temporary—relief). The

Fruit: As you look at the list of fruit, you'll note that most fruits are low in calories with lemon falling lowest at 20 calories per half cup, and with raisins topping the list at 248 calories per half cup. So, while most fruit are low in calories, some also have medium to high calorie levels.

- Looking more carefully at the list, note that the lowest calorie fruit, lemons and limes, are sour (not sweet) and have a high water content.
- Watery, slightly sweet, fruit – like strawberries, watermelon, cantaloupe, and papaya – are 22 to 28 calories per half cup.
- Oranges, pineapple, and most berries are about 40 calories per half cup.
- Pears, cherries, grapes, and mangos are sweeter still, at around 50 calories per half cup.
- Bananas have the highest sugar/starch content (except for dried fruit) and are 69 calories per half cup, or about 150 calories for a large banana.
- Next are the couple of fruit that have natural fats, olives and avocados. Avocados are 79% (healthy – monounsaturated) fat. Avocados are not a food/fat you need to avoid – just be aware that they do provide a calorie and fat punch.

A small avocado (5 edible ounces) has 231 calories and 20 grams of fat.

- Fruit juices run 12 to 19 calories per fluid ounce – or 72 to 114 calories per 6-ounce serving.
- Topping the list are dried fruit, because of their concentration of sugars, which run 200 to 248 calories per half cup.



Fruit		
Calories per ½ cup		Calories per ounce weight
20	Lemon	8
20	Lime	9
22	Strawberries	9
24	Cranberries	14
25	Watermelon	9
28	Cantaloupe	10
28	Papaya	11
30	Nectarines	12
33	Apple	17
37	Grapefruit	9
38	Pineapple	14
40	Berries	14-16
42	Orange	13
49	Pear	17
53	Cherries	20
54	Mango	18
57	Grapes	20
69	Banana	26
78	Olives	33
185	Avocado	45
203	Prunes (dried)	68
214	Apricots (dried)	75
245	Dates	79
248	Raisins	85

Calorie amounts are always for edible portions – peels, cores, pits, etc. are not edible portions.



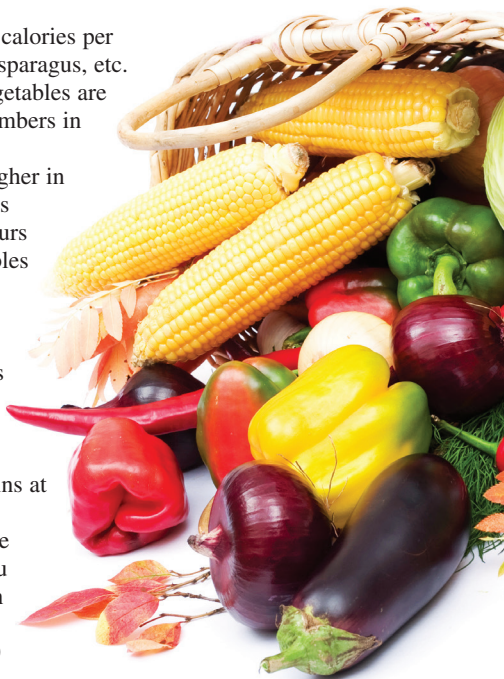
Fruit Fact: For weight management purposes it's best to eat your fruit rather than drink it. Orange and apple juice, for example, have the same calories per ounce as sugary soda pop and aren't as filling as the whole fruit. Two 10-ounce glasses of juice is 240 calories. That's 11% of the daily Net Maintenance Calories for a 175-pound man and 16% of the Net Maintenance Calories for a 130-pound woman. Those 240 calories equal approximately 24 pounds of body weight you would lose – over one year – by choosing a calorie-free beverage instead of the juice!

SAMPLE PREVIEW

Vegetables: As you look at the list of vegetables, you'll note that most vegetables are low in calories – no “red” in this category – with lettuce and greens falling lowest at 8 to 15 calories per cup, and with cooked yams topping the list at 180 calories per cup (cooked).

Looking more carefully at the list, note that vegetables tend to get sweeter/starchier in ascending calorie order. Do you see a trend here?

- High water-content vegetables are 20 to 35 calories per cup – cabbage, celery, eggplant, broccoli, asparagus, etc.
- Denser (less water content) and sweeter vegetables are Brussels sprouts (60), and carrots (70). (Numbers in parentheses are calories per cooked cup.)
- Generally, 1 cup of cooked vegetables is higher in calories than one cup of the same vegetables uncooked. This is due to shrinkage that occurs during cooking, which allows more vegetables to fit into the cup.
- Even sweeter vegetables are still higher in calories – cooked onions (95).
- Starchy vegetables have the highest calories per cup – pumpkin (85), winter squash (95), corn (130), peas (135), potatoes (135), and yams (180).
- Tomato juice and vegetable juice are bargains at 40 calories per cup (5 calories per ounce).
- Even though starchy vegetables appear to be high in calories, they're really not when you compare them to other foods. A cup of corn is 130 calories, while a cup of rice, diced chicken or hamburger are 200, 275 and 550 calories respectively.



Vegetable			
Calories			
Raw/oz	Raw/cup		Cooked/cup
4	8-10	Lettuce	
6-8	10-15	Greens	
9	14	Cucumber	
5	17	Radishes	
7	18	Cabbage	35
4	19	Zucchini	30
5	20	Celery	30
7	22	Eggplant	30
8	24	Mushrooms	40
8	25	Broccoli	40
7	25	Cauliflower	30
4	25	Collards	60
7	31	Asparagus	45
9	35	Green beans	45
14	37	Kale	40
12	38	Brussels sprouts	60
6	38	Tomatoes	
12	48	Carrots	70
10	50	Rutabaga	95
12	59	Beets	50
11	61	Onions	95
23	118	Peas	135
20		Potatoes	135
25	132	Corn	130
29	140	Sweet potatoes	175
33	160	Yams	180
		Kidney beans	225
		Split peas	230

The people most likely to sustain new behaviors are the ones who have social support in doing them. In this case, it's people who help you maintain a healthy environment with SC, and who exercise and eat healthy meals with you. Usually this requires enrolling the key people in your life into these activities. They then become your support network. You double your chances of continuing a new behavior when someone shares the activity with you. Your support can come from friends, family, or from a special class or group where you're all working on the same objectives. You can also hire a coach, a personal trainer, nutritionist, or behavioral psychologist.

Because you live in a culture that's unfavorable toward weight control, the people you live and work with are very important to the success of your weight management efforts.

There are three roles they'll play: 1) a positive influence – supportive, 2) a negative influence – a saboteur (either consciously or unconsciously), or 3) a neutral influence – not actively supportive but also not a saboteur. The purpose of developing a support network is to ensure that you have more people on the positive side of the ledger than on the negative side. This will increase the likelihood of weight-control success by creating a more weight-control friendly world for you.

Consider how the people in your life currently affect your environment. Do they want to eat out—or get take-out—more often than not? Do they leave potato chips—or chocolate, pastries, cookies, etc.—on the counter? Do they insist on bringing you treats, or that you eat a second serving, or order an appetizer? Do they

order pizza every Monday night? Do they complain when you want to take a walk or go to the gym? These are examples of negative influences. You need to enroll these people in your support network so they become positive influences.

Fortunately, most people are happy to be supportive. What they need to know, however, is specifically how they can help you. And you have to tell them – in detail!

3 Major Facets of Support for Weight Control

1. Environmental Support – The supporter agrees to—and participates in—maintaining effective stimulus control. (Have them review Stimulus Control, page 42.)

2. Positive Reinforcement – The supporter gives you encouragement on your new healthy behaviors (not your weight change) by acknowledging *what you're doing* (rather than the result of what you're doing).

3. Coaching – or mentor support. The supporter has a candid—and very often confronting—approach that addresses specific instances when you are returning to old, unhealthy behaviors or avoiding your new, healthy behaviors. Coaches also effectively use positive reinforcement.

Support is not: scolding, nagging, preaching, embarrassing, or judging. These create upset and hurt, and ultimately make matters worse.

Creating Your Support Network

Environmental support is your number one concern. Ask everyone to help with creating and maintaining a health-supporting environment. Everyone you live with should be enrolled in your support network. It's also a good idea (if possible) to enroll people you

frequently socialize with and people that you work closely with.

Make sure you have several people lined up to give you positive reinforcement. Be clear that you need your healthy behaviors – not your weight change – reinforced. Of course, it's also okay to be complimented on weight change as long as your healthy behaviors are what's being primarily reinforced.

Having a coach is a good idea, but they are harder to come by. Try a personal trainer, RD/nutritionist or behavioral psychologist. If you have a friend or family member who is a healthy, active role model—whom you believe has the characteristics of a good coach—go ahead and discuss the possibility with them.

How to Enroll Supporters:

1. Discuss your plans, objectives, and goals. Share why you have decided to lose weight.

- Do not assume anyone – including your partner – is a mind reader. No one is going to figure out—or “just know”—what you're up to or how they can best support you.

- By sharing your goals and objectives, you put positive social pressure on yourself to meet your goals. You want people to see that you did what you said you would.

2. Request their support. Discuss specifically what you want them to do or not do. Give them a copy of Three Major Facets of Support for Weight Control (workbook page 17), and tell them what their support means to you.

3. Put support agreements in writing. Specify what types of support you are requesting, and the nature of their commitment. This step is optional – but highly recommended. (A form for this purpose is in your workbook.) When what

3 Major Facets of Support

Environmental Support (with SC)

- Keeps all food out of sight
- Stops having fast food, pizza, or take-out in the house
- Removes high-calorie foods
- Exercises with you
- Does non-food activities with you
- Chooses restaurants with healthy options
- Eats healthy food with you
- Helps plan a healthy & satisfying weekly menu
- Helps keep fruit on hand
- Helps keep vegetables on hand
- Tries new, healthy recipes
- Assists with chores
- Offers to help when you seem overwhelmed/stressed out

Positive Reinforcement

- Gives you encouragement
- Reminds you of what you're doing well
- Acknowledges your efforts
- Compliments what you do
- Reminds you of your accomplishments
- Shares experiences that relate to what you're trying to do

Coaching

- Is candid/honest/direct with you
- Is confronting but nonjudgmental with you
- Is upbeat, positive with you
- Discourages avoidance of anything you need to confront
- Is empathic/compassionate toward you
- Is a good listener
- Is realistic about your plans and objectives
- Is a role model and resource person
- Supports you in being assertive
- Helps you role-play situations
- Reinforces positive behaviors



Old Fashioned cake donut for whole grain toast with cream cheese, which saves 163 calories per trade. The second trade was switching from a whole milk latte with almond syrup to black coffee with 2% milk and sugar which saves 230 calories per trade. The last trade was switching from regular butter or margarine, to reduced calorie margarine which saves 50 calories per trade. With these three changes—we call them “Easy Changes”—you have reduced your average calorie intake by 235 calories per day (1826 divided by 7 days = 235) and have met your objective.

In order to make effective trades like these, you’ll need to increase your calorie knowledge. We cover the information you’ll need in our Food & Calories section (page 34). You don’t need to quit eating everything you love to be successful. You do have to make some trade-offs, though. These usually include reducing the frequency and the serving sizes of certain high-calorie foods that you currently eat regularly or indulge in.

The key to the Easy Changes approach is a combination of consistency, patience, and honesty. When you do the work, you get the results. When you “cheat” by adding additional calories from other choices, you undo your work and cancel out the results. If you try this approach and find it not working for you, that’s an indication that you need to keep closer tabs on what you’re eating (and drinking), and how much activity you’re actually doing. That means that you need to keep food and activity records – at least during your weight-loss phase. In this case, use Plan B, Calorie Balancing.

Preparation Steps for the Easy Changes Approach:

The Easy Changes approach is based on making permanent lifestyle changes in your current eating and activity habits. By doing a little work up front to identify your Easy Changes, you can begin a gradual weight loss that will allow you to achieve your goal.

The planning worksheet (preparation steps) for the Easy Changes method starts on page 18 of your workbook. Review the preparation steps in the worksheet before choosing a plan.

Plan B – Calorie Balancing

In Calorie Balancing, you actively manage calories – your food intake and activity output – so that you hit a calorie DEFICIT target associated with a projected weekly weight loss, that is within a safe and healthy rate. Your objective is to Calorie Balance over seven days at a time. It is important that you don’t worry about Calorie Balancing on a daily basis. Everyone has a wide variation in the amount of calories they consume each day.

Overeating and undereating are both normal. At least 50% of weight maintenance (any stable weight) is undereating – which simply balances out the days that we overeat.

- **Overeating** simply means that at the end of the day your net energy balance exceeds the Net Maintenance Calorie allowance (see page 25) for your weight.
- **Undereating** happens when your net energy balance is less than the Net Maintenance Calorie allowance for your weight for that day.

For Calorie Balancing to be effective, you must work with—instead of against—your normal patterns of eating. Most people’s overeating days fall on Friday, Saturday and sometimes Sunday—while Monday through Thursday tend to be undereating days.



Easy Changes That Zap 25 Pounds				
Past Food Item	New Food Item	Calorie Savings Per Trade	# of Times Trade Made Per Week	Calorie Savings Per Week
Old Fashioned Cake Donut (2.5 oz., 300 cal.)	Whole grain toast (1 oz., 87 cal.) cream cheese (1 Tbl., 50 cal.) = 137 cal. total	163	2	326
Whole milk Latte (12 oz., 204 cal.) with almond syrup (1 oz., 90 cal.) = 294 cal. total	Black coffee (10 oz., 2 cal.) 2% milk (¼ cup, 30 cal.) SUGAR (2 tsp., 32 cal.) = 64 cal. total	230	5	1150
Regular butter or margarine (1 Tbl., 100 cal.)	Reduced Calorie Margarine (1 Tbl., 50 cal.)	50	7	350
Total weekly calorie savings: 1,826				

"I love this guide and so do my patients! Dorene does a fantastic job boiling down the research and communicating the bottom line key information needed for success. Plus, this easy to understand guide gives many practical steps on how to incorporate changes. A must for any health professional who wants a tool to effectively communicate the facts about weight management."

— **June Kuz, MS RD ASCM NSCA**
Owner, Chester County Nutrition & Weight Management
Downingtown, PA

"We have been using The Healthy Eating & Weight Management Guide for over 10-years, helping hundreds of people lose thousands of pounds. I myself lost and have kept off 65 pounds! This unique program is one of the only sources available that puts the whole weight loss puzzle together in easy to understand terms. We teach this program in weekly small groups and larger seminar style formats as well as one-on-one with clients, and have had much greater success than with any other program."

— **Heath Wiltse, MS**
General Manager, Peak Health & Wellness • Post Falls, ID

"I've been teaching a weight loss class for several years and after searching and searching for the perfect book to use for my participants, I was so happy to find Dorene's book. Her guide is so straight-forward and easy to understand and apply. The tracking forms are great and personally helped me lose the weight after I had my 3rd baby. One of my participants said she had never seen a weight loss guide explain weight management in such a unique, but easy to understand way. I am completely satisfied with this book and will continue to use it with my clients."

— **Kelli Worley, MS RD LD**
Owner, Nutrition Solutions • Beaumont, TX

"As a nutritionist, I can say that Dorene's thorough research, thoughtful perspective and practical guidelines for putting knowledge into practice are an ideal combination. The Healthy Eating & Weight Management Guide is a valuable resource packed with accurate and up-to-date information instead of myths and hype—I highly recommend it for both health practitioners and for anyone who wants to improve their health and fitness."

— **Eileen Faughey, MA RD**
Owner, NutritionConnections.com • Boulder, CO

"When Dorene published the 1st edition of the Weight Management Guide in 1999, it completely took our personal training program to a new level. Over a decade later we've seen thousands of clients achieve success, changing individual's and family's health destiny. The information is honest and built on good evidence-based science with no gimmicks or myths, but most of all, powerful. It could truly turn the obesity epidemic around if implemented on a wide scale."

— **Robby Denning, ACE ACSM**
Fitness Director, Apple Athletic Clubs • Idaho Falls, ID

"We have been using The Healthy Eating & Weight Management Guide in our Lifestyle/Weight Management courses for fitness majors since 2005 and have been very pleased with it. The guide offers clear and concise information for the fitness professionals to share with clients and provides clients a useful "take home" reference. The workbook activities provide a framework for the development of effective coaching sessions "as is" or as a spring-board to other lesson ideas."

— **Susan L. Heinrich, MS**
Fitness & Sport Sciences Department Chair,
Pima Community College • Tucson, AZ

"I researched several weight management workbooks before deciding on The Healthy Eating & Weight Management Guide in our hospital weight loss classes. It is refreshing to find a guide that is factual, accurate, and emphasizes evidenced-based information. The charts and sidebars make great talking points. I appreciate the step by step options of incorporating new healthy habits in 'The Bottom Line: What To Do and How To Do It.' If you are searching for the 'real deal' and want to get away from the get-thin-quick schemes, this is your resource."

— **Terri Clark, RD LD**
Clinical/Outpatient Dietitian • Cedar Rapids, IA

"I highly recommend The Healthy Eating & Weight Management Guide. Dorene has put together an invaluable resource that consumers—and professionals—can trust for accurate and up-to-date information. Dorene skips the filler and sticks to the pertinent facts, plus she's added lots of colorful charts, graphs and sidebars, which will keep you turning the page. If you're ready to embark on the road to a healthier life, this should be your handbook!"

— **Suzanne Nelson Myer, MS RD**
Retired Professor, Bastyr University • Seattle, WA

Beyond
DIETS[™]
Nutrition & Health Strategies for a Better Life



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Notice and Disclaimer

The information in this book provides a general overview of healthy eating and weight management and may not apply to everyone. To determine if this information applies to you and to get more information, seeing a registered dietitian and/or consulting your physician is recommended.

The purpose of this book is to educate. It is not intended to provide medical advice, or to substitute for the advice of your physician. The reader should consult his or her physician

before beginning any nutrition, weight loss, or exercise program.

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