

MINDFULNESS

FOR DIETITIANS

WHERE SCIENCE AND SPIRITUALITY
MEET



Professional Education

A TCME professional enrichment webinar series



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AFFILIATIONS:

- Academy of Nutrition and Dietetics (AND)
- AND Behavioral Health Nutritionists
- IAEDP
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DISCLOSURES:

- Teacher with the Open Heart Project
- Treasurer and Board Member with TCME

THE CENTER FOR MINDFUL EATING



The Center for
MINDFUL EATING

- TCME is a non-profit international organization
- Our mission is to provide quality mindful eating resources for professional development and public education
- TCME offers professional development webinars, a quarterly newsletter, educational handouts, guided meditations, and networking opportunities
- Learn about membership at <https://www.thecenterformindfuleating.org/membership-sign-up>

LEARNING OBJECTIVES

After completing this continuing education course, nutrition professionals should be able to:

1. Provide a simple definition of meditation, including what it is and what it isn't.
2. Describe the personal benefits of a meditation practice.
3. Describe the professional benefits of a meditation practice for dietitians.
4. Describe the benefits of meditation to nutrition therapy clients.

OUR PLAN

- What meditation is and isn't
- The science of meditation
- Why is meditation important for RDs?*
- Personally
- Professionally
- For our clients
- Practice together
- Q&A

*don't take my word for it; try this out in your own life



WHO AM I?

- Personally
- Professionally
- Working with clients



WHY MEDITATION FOR DIETITIANS?

- Mindfulness is having its moment
- Mixed with the western culture of science
- Benefits the meditator and her surroundings (when done responsibly)
- Dietitians wish to be of benefit (and want to do things right)
- Foundation for mindful eating

DEFINITION #1

"Meditation is not a matter of trying to achieve ecstasy, spiritual bliss, or tranquility, nor is it attempting to be a better person. It is simply the creation of a space in which we are able to expose and undo our neurotic games, our self-deceptions, our hidden fears and hopes."

~Chogyam Trungpa

DEFINITION #2

Merriam-Webster:

To engage in mental exercise (as concentration on one's breathing or repetition of a mantra) for the purpose of reaching a heightened level of spiritual awareness.



DEFINITION #3

"Substituting for our discursive mind another object of attention."

~My meditation teacher, Susan Piver

TYPES OF MEDITATION

- Focused attention
 - ***Shamatha***, Zen, Loving-kindness, Chakra, Kundalini, Sound, Mantra, Pranayama, Qigong, Tonglen/compassion
- Open monitoring
 - ***Mindfulness meditation, Vipassana***, Taoist
- Effortless presence
 - Self-enquiry, Dzogchen, Mahamudra, Taoist, Raja
- Check out: <http://liveanddare.com/types-of-meditation>

WHAT MEDITATION IS

- Synchronizing mind and body
 - Meditation vs. meditative activities
- Meditation = Mindfulness + Awareness
 - Mindfulness - technique
 - Awareness - insight
- A way to relax
(but not in the way you think!)



WHAT MEDITATION ISN'T

- Religious
- Self-help
- Doing nothing
- A way to stop thinking/space out/calm down

PERSONAL BENEFITS OF MEDITATION



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THREE MARKS OF EXISTENCE VS. THE MIND'S SURVIVAL STRATEGIES

- Impermanence
 - The only constant is change
- Suffering
 - First and second dart
- No self (egolessness)
 - Not so solid, not so separate
- The desire to make constant that which is always changing
- The preference for comfort and safety over pain and discomfort
- The tendency to 'put things in boxes' to understand them

MEDITATION: SCIENCE MEETS SPIRITUALITY

- "When neurons fire together, they wire together"
~psychologist Donald Hebb on how mental activity creates new neural structures
- Neuroplasticity: "The mind is what the brain does"
- Mind's survival strategies → suffering
- Path to wakefulness = training the mind



WHAT HAPPENS IN THE BRAIN

- Structure:
 - Increased gray matter in anterior cingulate cortex, prefrontal cortex, and hippocampus
 - Decreased brain cell volume in amygdala
 - Weakened connections between amygdala and prefrontal cortex
- Function:
 - Frontal lobe goes "offline"
 - Parietal lobe processing slows down
 - Thalamus slows down sensory inputs
 - Reticular formation decreases arousal

(Martino, Collective Evolution website, 2014)

WHAT HAPPENS IN THE BODY

- Lower cortisol levels
- Improved homeostatic regulation of the ANS
- Decreased symptoms associated with
 - Depression
 - Anxiety disorders
 - Pain
 - Insomnia
- Increased focus and concentration



(Jacobs et al., *Health Psychol*, 2013; Khoury et al., *J Psychosom Res.*, 2017; Strauss et al., *PLoS ONE*, 2014; Zeidan et al., *Neurosci Lett*, 2012; Ong et al., *Sleep*, 2014; Black et al., *JAMA Intern Med*, 2015; Blase et al. *Appl Psychophysiol Biofeed.*, 2019)

MEDITATION AND RESILIENCE

- Evidence for immediate and sustained effects on resilience found in short-term meditators
- Mediated partially by changes in the left rostral anterior cingulate cortex-dorsomedial prefrontal cortex functional connectivity; this was also predictive of long-term effects
- At 3-month mark resilience was significantly maintained, meaning the changes occurred and were maintained in the **resting brain**

(Kwak S et al. *Front Hum Neurosci.* 2019;13:101)

PROFESSIONAL BENEFITS OF MEDITATION



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MEDITATION IN THE HEALTHCARE SETTING

- Mindfulness training for healthcare professionals and trainees: A meta-analysis of randomized controlled trials.
 - Objective: to quantify the effectiveness of MBIs on distress, well-being, physical health, and performance in HCPs and HCPs-in-training
 - Studies also evaluating patients of clinicians found benefits to patients personally and to the patient-clinician relationship
- Results from included 38 studies (n=2505, 75.88% female)
 - Significant moderate effect on anxiety, depression, psychological distress, and stress
 - Small to moderate effects for burnout and well-being at post-intervention
 - Effects not significant for physical health and performance
 - Larger intervention effects on overall outcomes found with HCPs with Mindfulness-based Stress Reduction intervention, and inactive controls

(Spinelli C et al. *J Psychosom Res.* 2019 May;120:29-38.)

MEDITATION AND HCP WELLBEING

- Overall, studies have found a benefit of mindfulness-based and meditation interventions on HCP wellbeing
- Specifically improvements in measures of stress, psychological distress, anxiety, and depression
- Self-compassion was also noted and included in these measures (note: this could be its own presentation)
- No significant benefits to HCP physical health and performance found in this analysis (note conservative aspects of this analysis)
- Notable: electronic delivery associated with greatest effects, MBSR had greatest effects on stress

(Khoury et al. *J Psychosom Res.* 2015;78(6):519–528; Dharmawardene et al. *BMJ* 2016;6(2):160–169; McConville et al. *Explore (NY)*. 2017;13(1):26–45.)

MEDITATION AND COMPASSION

- Perhaps the best-known aspect of meditation practice
- Compassion vs. empathy
- Mechanism as yet unknown - may be related to development of enhanced empathy but evidence suggests additional mechanism(s)

(Condon et al. *Psychol Sci.* 2013;24:2125-7; Lim et al. *PLoS One.* 2015;10:e0118221; Lamothe et al. *Complement Ther Med.* 2016;24:19-28; Sanchez-Reilly et al. *J Support Oncol.* 2013;11:75-81.)

MEDITATION AND BURNOUT

- Some overlap between definitions of stress, wellbeing, and burnout
- Different types of programs seem to produce different effects, ie, “other” mindfulness-based interventions produced the largest effects on burnout
- Lim et al. suggest that mechanism by which meditation enhances compassion also decreases the tendency for burnout

(West et al. *Lancet*. 2016;388:2272-81; Goodman et al. *Int J Psychiatry Med*. 2012;43:119-28; Goldhagen et al. *Adv Med Educ Pract*. 2015;6:525-32; Lim et al. *PLoS ONE* 2015;10(2):e0118221.)

MEDITATION AND MINDFULNESS

- Small to moderate increases in mindfulness that persisted to follow-up, which is aligned with previous reviews and meta-analyses.
- Largest intervention effects for mindfulness were found with HCPs and through MBSR
- Note: fewer than half the studies (47%) included the Spinelli meta-analysis included a validated measure for mindfulness.

(Khoury et al. *J Psychosom Res.* 2015;78(6):519–528; McConville et al. *Explore (NY).* 2017;13(1):26–45.)

MEDITATION AND QUALITY OF HEALTHCARE

- Patient visits with self-reported high-mindfulness clinicians were more likely to feature patient-centered pattern of communication
- More rapport building and discussion of psychosocial issues, though not biomedical issues
- Higher ratings from patients with high-mindfulness clinicians

(Beach et al. *Ann Fam Med*. 2013;11:421-8.)

FOUR IMMEASURABLES

- Loving-kindness -- wish for your happiness & recognizing no separation between you and me
- Compassion -- feeling your pain in my own heart
- Sympathetic joy -- feeling your happiness in my own heart
- Equanimity -- "the mind of no preference"



MEDITATION BENEFITS TO OUR PATIENTS



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MEDITATION AND WEIGHT-INCLUSIVE APPROACHES TO EATING

- Synchronizing body and mind
- Revealing the true nature of our minds and bodies
- Development of non-judgmental curiosity and self-compassion
- Recognizing, tolerating, and expanding to accommodate a range of physical and emotional states



A WORD OF CAUTION

- Meditation is not a panacea
- Meditation does not replace medication
- Meditation may not be for everyone - importance of trauma sensitivity

COMMON BARRIERS TO MEDITATING

- Not knowing where to begin
- Misconceptions about meditation
- No time (duh!)
- Perfectionism
- Lack of support



IF YOU WOULD LIKE TO

- Practice

- Find a technique that is at least 2500 years old
- Find a trained MI
- Pair with study

- Teach

- Learn how
- Have your own consistent personal practice

BREATH AWARENESS MEDITATION

- Shamatha = the practice of tranquility
- Simplicity, precision, gentleness
- 3 aspects of mindfulness
 - Body
 - Breath
 - Mind



LET'S TRY IT



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SUGGESTED SCIENTIFIC AND CLINICAL RESOURCES

- Brown University's Meditation Safety Toolbox.
<https://www.brown.edu/research/labs/britton/resources/meditation-safety-toolbox>
- David Treleaven - Trauma-sensitive mindfulness.
<https://davidtreleaven.com/>
- American Mindfulness Research Association website.
www.goAMRA.org

ADDITIONAL RESOURCES TO EXPLORE

- Chodron P. ***Start Where You Are: A Guide to Compassionate Living.*** Boulder, CO: Shambhala; 2001.
- Hanson E, Mendius R. ***Buddha's Brain: The Practical Neuroscience of Happiness, Love, and Wisdom.*** 1st ed. Oakland, CA: New Harbinger Publications; 2009.
- Piver, S. ***Start Here Now: An Open-Hearted Guide to the Path and Practice of Meditation.*** 1st ed. Boulder, CO: Shambhala; 2015
- Insight. Insight Timer website. <https://insighttimer.com>
- Open Heart Project.
<http://susanpiver.com/open-heart-project>

CONCLUSIONS

- Buddhist philosophy and scientific evidence support meditation benefits to the dietitian as individual and professional and to her clients/patients
- Important to do your own work to root out misconceptions about meditation and mindfulness
- If you are interested in sharing the benefits of meditation with your patients/clients, cultivate your own practice and learn how to share it responsibly

AFTER COMPLETING THIS WEBINAR

You will receive an email within 24 hours of this program that contains links to the following:

- The recording of the program
- A PDF of the slide show
- An evaluation survey
- Information about how to obtain your Continuing Education Certificate.

This program offers 1 CE for Dietitians. The Center for Mindful Eating is a Continuing Professional Education (CPE) Accredited provider with the Commission on Dietetic Registration (CDR). CDR Credentialed Practitioners will receive 1 Continuing Professional Education units (CPEUs) for completion of this program.

QUESTIONS?

Thank you!

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