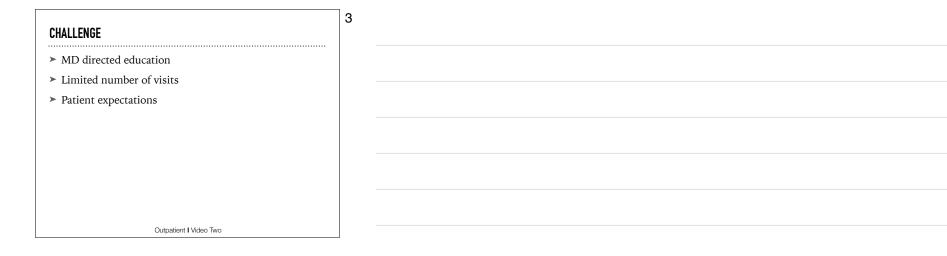
| OUTPATIEN | IT |
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| Video Two | |
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| APPLICABLE | 2 |
|--|---|
| > Outpatient > Private practice | |
| | |
| | |
| Outpatient I Video Two | |



| OUTPATIENT | 4 |
|---|---|
| ► More time | |
| Add Intuitive Eating related questions to your initial assessment | |
| ► Handouts? | |
| | |
| | |
| | |
| Outpatient I Video Two | |

| HOW TO WEAVE IN INTUITIVE EATING IF MD |
|---|
| ORDERED DIET? |

5

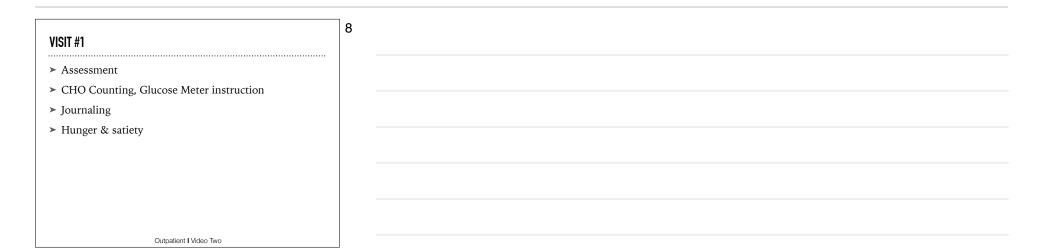
INTUITIVE EATING + DIET ORDER 6 ID from assessment Intuitive Eating priorities Hunger, satiety and mindfulness F/U: Do you feel deprived? Offer tips for exploration, satisfaction Outpatient I Video Two Outpatient I Video Two Outpatient I Video Two Outpatient I Video Two It Vi

OUTPATIENT: LIMITED VISITS

- Diabetes education
- ► Limited to 3 visits
- ➤ If you know ahead of time, you can lay out a plan

7

Outpatient I Video Two



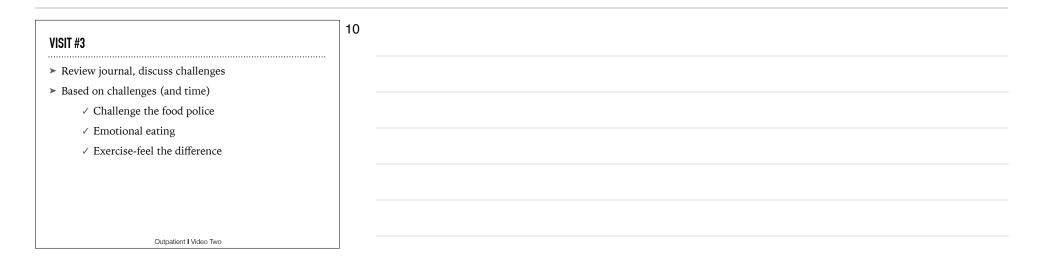
VISIT #2

- Review journal, discuss challenges
- Deprivation? Discuss exploration/satisfaction

9

Mindful eating techniques

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PRINCIPLES RANKED

11

| WHERE TO START? | 12 |
|--|----|
| Hunger, Satiety | |
| Challenge the food police/Permission to Eat/Discover the Satisfaction Factor | |
| Emotional Eating/Respect your body | |
| ► Exercise-Feel the difference | |
| Weave in: Mindful eating, positive inner dialogue, self compassion | |
| | |
| | |
| Outpatient I Video Two | |

| | 13 |
|-----------|------|
| CCENADIOC | |
| SCENARIOS | |
| | ···· |
| | |



| | 15 |
|----------------------------------|----|
| | |
| SCENARIO #2: STRONG, NEGATIVE | |
| INFLUENCE FROM LOVED ONES | |
| | |
| | |

| | 16 |
|--|----|
| | |
| SCENARIO #3: STRONGLY HELD BELIEFS REGARDING RESTRICTION | |
| | |
| | |

| CASE STUDY | |
|------------|--|
| | |

| CASE STUDY | 18 |
|--|----|
| ➤ Female; 49 years old | |
| ► 2+ year DM2 | |
| ► Meds: Metformin; HgBA1C 8.0 | |
| ► MD order: Nutrition education & glucose monitoring | |
| ► MD will increase med dosage or start new med if | |
| unable to lose weight and maintain HgBA1C of 7.0 | |
| | |
| | |
| Outpatient I Video Two | |

CASE STUDY

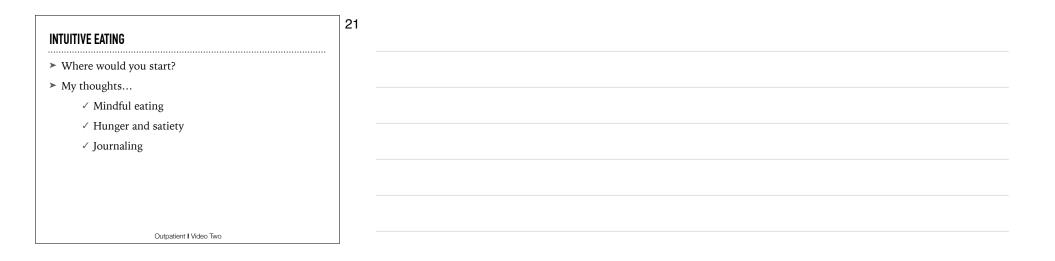
- ➤ Patient doesn't eat big meals
- Snacks frequently throughout the day (vending machine, food brought in from coworkers)
- > Breakfast: Skips or has granola bar or greek yogurt

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- ➤ Lunch: Frozen meal, soup or sandwich
- Dinner: Lean protein and veggies (avoids carbs at dinner)
- ➤ Snacks at 7pm while watching TV

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| CASE STUDY | 20 |
|--|----|
| Understands CHO counting, but has heard that carbs are bad | |
| Feels that her snacks have some carbs, but less than if she would eat them at a meal | |
| Doesn't feel like she eats very much | |
| Meals aren't satisfying Feels guilty every evening after her snack "binge" | |
| | |
| | |
| Outpatient I Video Two | |



| INTUITIVE EATING | 22 |
|--------------------------------------|----|
| ≻ Follow up(s) | |
| ✓ Review journal, discuss challenges | |
| ✓ Explore deprivation/satisfaction | |
| ✓ Challenge the food police | - |
| ✓ Inner dialogue/respect your body | |
| ✓ Emotional eating | - |
| | - |
| | |
| Outpatient I Video Two | - |

Is this patient appropriate to go through the comprehensive Intuitive Eating process?



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| Up Next | FAMILIES | |
|---------|--------------------|--|
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