

Family Trauma Institute

TRAINING PROFESSIONALS TO
BECOME FAMILY TRAUMA EXPERTS

Video Transcript

Nutrition: Sadly, It's Often NOT Addressed

Today's technique is one of my favorites. It is trauma nutrition, the FST nutritional strategy. There are two points that we're going to cover in these 15 minutes. One is - you're going to be surprised I think to know or maybe you're not - that nutrition is an X factor to help our child's traumatized brains. But it's often times not included in treatment as standard operating practice. And we'll talk about why that is.

The second thing is, and we're going to introduce a concept, that we created called the Family Systems Trauma Playbook. This is a game changer to help get your parents a pathway to help their child change their nutritional habits without that power struggle that's going to come when you're changing such a huge operating system in the family.

One thing I wanted to say to you is nutrition and trauma are right now, I think, on different planets. We did an eight year research study in the book *Treating The Traumatized Child*, and here's what we found. Despite the advances of nutritional therapy over the past 30 years, research studies are showing that there's often limited to no inclusion of nutrition as part of the mental health treatment process. It's almost like nutrition is on Mars, mental health is on Venus.

The question is why that is. There are many reasons. One of them is that there's no clear pathway for the therapist to move into nutrition. And then once they do, what do they do with it and where is that outside scope of practice? In other words, when do they need to

collaborate with nutritionists locally? When can they do some of the work? So there's a lack of clarity of roles.

So let me share with you what we've done.

If this continues, this gap, there's a risk that we face. Many times we start off a child with the medicated brain. We change that first before the nutritional brain. I have an adolescent right now who's on seven different medications and it's not even in the mom's thought process to look at nutrition or the mental health system tree in the case. And when I brought it up, it was like you could see a deer in headlights. So of course if we don't introduce nutritional change, we're going to go to psychotropic medication and change of the brain which can very be helpful. But what I've seen over and over again is that when we contend for nutrition, the medication can either go down a lot more or fall off the table completely.

I'll share with you some case studies around that.

Let me give you a case study where we contended for nutrition and the dramatic change that happened with this case. You're also going to hear an audio segment of the father actually talking about how difficult this is.

So Lisa and her family, she's 13 years old. She was sexually abused by her father. She just came to live with her biological mom and a new stepfather. This is when I came in as a consultant. She's been actively doing self harm to herself and having suicidal threats. There's been sexual acting out at the home and her sister, since Lisa's come, has been activated and she is suicidal right now. She's actually saying, "I feel like the lost child."

The parents, to make matters worse, the biological mom and the new stepfather, are under all this stress and are almost at the brink of divorce. There's also not a support village.

So when you get a case like this, you're probably saying to yourself, "Oh, I've got to do a behavioral intervention. I've had to do hospitalization." The last thing on people's minds sometimes is nutrition. And this is the case here, because what happens is that Lisa is medicating with food. She's drinking about, I don't know how many soda pops a day. She's eating sugar. Her weight is just going skyrocket. She's on all kinds of psychotropic medication. To make matters worse, she's also suffering from what I call limit deprivation where she had no limits at her previous house.

So the father and mother are just freaking out at the idea of having nutrition as an issue. They'd have to set limits with this and they have said, "Right now if you set any limits

with Lisa, she just implodes." So they're very skeptical about whether we should try it now or ever.

So one of the things that you want to make sure you convey to the family is we don't want food and nutrition to be a power struggle battleground. That's why you don't use the word diet because diet is such a negative term today. As soon as you hear diet, people are like, "No way." But nutrition is a much better word. And that's really what we're going for here as well.

But can nutrition be an opportunity for competency and healing for both the parent and child. And that's where we're going here. The re-frame we're going to be using is nutrition for healing and we're going to give them an FST Trauma Playbook to do it.

Let's watch here.

So the first thing that we found was that you had to do psycho education before application. In other words, if a parent doesn't see it as a problem, they're not going to want a solution. So one of the things that we do is we do a quick self-assessment taken from Scott Shannon's work which he allowed me to replicate on parenting the whole child. He's a child psychiatrist out of Denver who's doing really cutting-edge research on this. I highly recommend his book, Dr. Scott Shannon *Parenting Your Whole Child*.

The areas that are in my book, if you decide to get it off of Amazon.com, is that there's water, protein, energy, vitamins, minerals, and trace elements. Those are the six areas that lead to brain growth. Many of you've heard the term *neuroplasticity*. These neurons that are wired together and fire together. The research has been really encouraging. They once thought that a traumatized brain was totally imprinted forever.

But what they found is with the right new nutrients, the brain can actually start to rewire and heal itself. The metaphor would be if somebody's been smoking all their lives, they stopped smoking over time, the lungs start to rewire themselves and clean out the tar and nicotine. Families oftentimes don't know this and oftentimes clinicians don't appreciate this as much as they really should appreciate it.

So I get with the father. He's there by himself. Mom couldn't attend the session. I give him this dietary guideline and I said, "Let's just see if this is an area of concern." So it was really clear. I asked him on a scale of one to five around these six areas, how often does Lisa eat a healthy breakfast to start a day? Things like oatmeal, fruits or eggs, or does she just eat sugar, cereal or donuts? And he says, "One." And then how often does she take processed sugar? One. So he has a total score of a diet of about nine. And he goes, "This is an eye opener. Until I did this self assessment sheet, I didn't realize how bad things were."

So here you hear an audio clip that I want to play for you where I ask him point blank after showing him this, "Do you want to try this? What do you think?" And here's what he says.

Father: But we snack a lot and eat at the wrong times a day and don't drink enough water.

Dr. Sells: So I mean, do you want to take a stand on this piece right now and wait down the road on this one?

Father: I don't know. I know we don't have forever and everything, but I just think that we have, and I know that falls under consistency again, but we've really tried to make a stand on this diet thing, or not so much diet but food regulation and all that before. I would say it's probably as hard as quitting smoking. You're really retraining your entire family's outlook on what food they eat, why they eat it, when they eat it, how much, how fast. It's a whole reprogramming process and it's almost-

Dr. Sells: Well, I mean, the way we would do it is if you look up on the screen here-

So as you see here, the father's saying things like, "It's as hard as quitting smoking. You really retrain your entire family on what they eat, how they eat. It's an entire reprogramming process." So he's like, "Look, I don't know. I agree with you in theory that this would be a game changer for our daughter, but I don't think she could do it. I don't think we could do it." So I said, "Okay, not so fast. Let's give this a go."

So the Trauma Playbook is the X factor. So let's look at this together. I give him a draft and I said, "This is just a working draft of a nutritional playbook and let's experiment with just one meal. Let's not try to do lunch, dinner, snacks, because success breeds success. And by the way, let's bring Lisa into the mix and mom so that she can be part of the plan." And so Lisa starts to get into it, especially when she has two cheat days on Saturday and Sunday. And we tie it to her currency. Lisa's currency, as many adolescents, is her phone. So we say in a very non power struggle way that when you finish breakfast, one liter of water, and you can choose between oatmeal and eggs, that you get to keep the privilege of your phone.

Now she goes, "Well, what about, you guys? Are you guys going to start eating because you drink Pepsi when you wake up in the morning." And dad and mom are like, "Yep, we've got to not do as I say, not as I do. We'll do it too." So that helps as well.

Now here's the key piece here. Troubleshooting. So they go to me. Okay, what if Lisa says, no way, I'm not going to eat this oatmeal, blah. Humbug. So as you see here, we have step-by-step that dad says, mom says, "Lisa, we're not going to get into a power struggle. We're going

to just exit and give you the space you need 10 minutes to make a choice." Again, this is all pre-written and predetermined, not off the cuff. "Now you have the freedom to choose. We're going to allow... We love you and we're proud of you regardless of the choice you make today." Again, they've never said that to her before in her life. So we're using this playbook as an excuse to bring about competency in the family. "Call me if you finish eating early and if you do it, we're just going to give you a high five." And we're doing a lot of dress rehearsals to practice this. "And if breakfast is not eaten that day, no big deal. We've got tomorrow to start over again. We're going to take the phone for the rest of the day."

Here's the keys. Pre-planning. Child's voice. Keep it simple. Do it as an experiment. In fact, the parents like, "I don't know." And I said, "What do we got to lose? What if we try it for a couple of weeks, and if it doesn't work, you can always go back to the way it used to be." And so what happens that Lisa says to me later, "This was an opportunity for my parents to actually get closer to one another." That nutrition was almost secondary.

So here's what happens next. She starts to feel a lot, a lot better. It's successful. So much so that we can now bring a nutritionist in to make even more significant changes. And Lisa starts to lose weight, but she's feeling better. She's more workable in treatment. When we dive into some deeper tissue issues of sexual abuse, she's clear. Her head's clear. She's not just eating sugar. Even some of the medications started to drop off.

So like you, I was skeptical about this stuff and at times I was clumsy with it. And I started to learn that if I got into vitamin issues or more in depth, I would call a nutritionist in. But when I started with some low level things, it really helped get the family jump started.

So I want to just summarize what we did today. First, nutrition and trauma are oftentimes on different planets. They don't have to be, but they are. But we can close this gap, number two, with a nutritional self assessment to not only bring knowledge to us but to the family, like this is an issue. And again, stick with nutrition, move away from diet. And third, the FST Child Playbook gives you that gap to close between trauma informed to trauma responsive because the families will always say after an assessment, "Great information, great insight. Now what? What are you going to give me in the here now to help us go from theory to practice?" And that's what's often missing.