

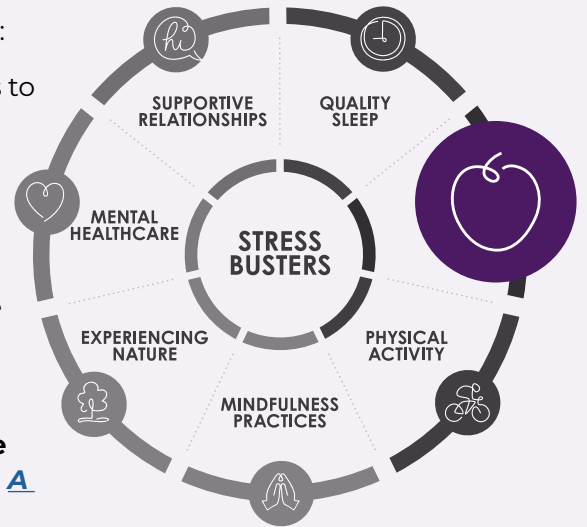


Balanced Nutrition

You would like to collaborate with the client on using balanced nutrition as a Stress Buster! Before getting started, ask yourself:

- ✔ Has the client been connected to services and programs to address immediate needs or stressors?
- ✔ Has the client been presented with a brief overview of all seven Stress Busters?
- ✔ Did the client express interest in learning more about balanced nutrition?

Use the information and trauma-informed steps presented here to ask and **listen** for what clients want to prioritize, **partner** with clients to find things they can do every day to help calm the stress response for long-term healing, and **connect** clients to programs and services if they want more support. **For more, see this chapter's [What you can do: Listen, Partner, Connect and A trauma-informed approach for balanced nutrition](#) sections.**



What is “balanced nutrition?” Having balanced nutrition means eating a variety of nutritious foods. The most nutritious types of foods are whole foods (foods that come from nature and have not been changed, such as vegetables, eggs, fruits) that provide high levels of the nutrients our bodies need (“nutrient-dense” foods). In addition, to get the energy we need to cope with stress and maintain a healthy immune system, it is generally recommended to avoid red meats and processed foods, eat more fruits and vegetables, and choose more lean protein sources such as poultry, fish, beans, seeds, and nuts.¹ Nutrient-dense foods include:

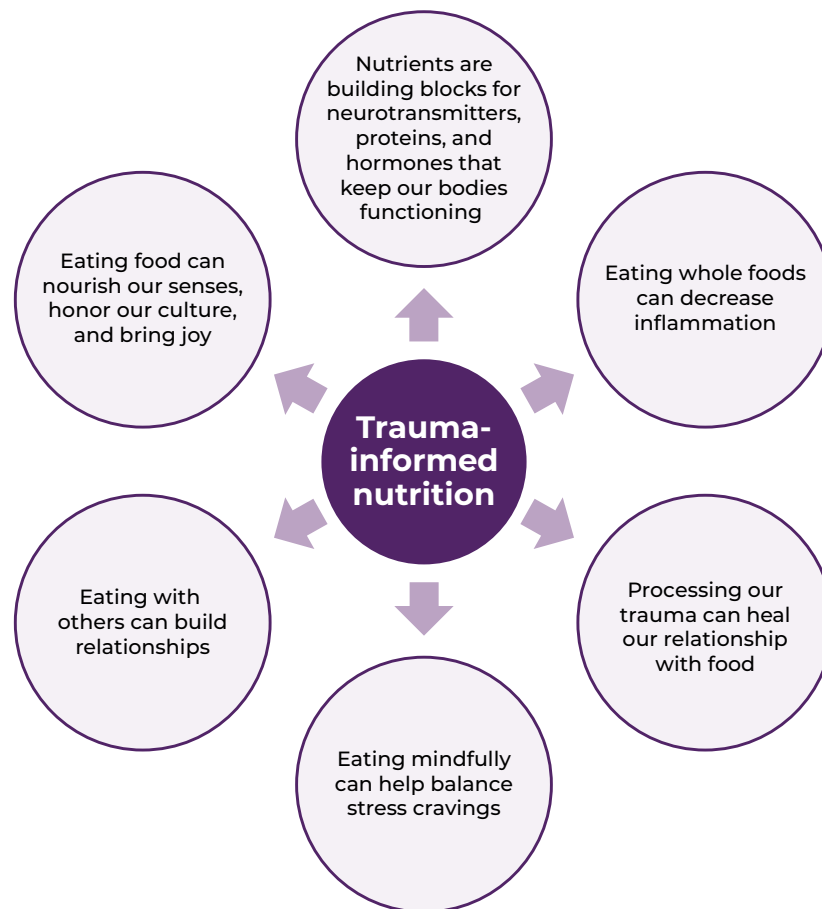
- > whole grains (e.g., quinoa, barley, bulgar, black/brown/red rice, oatmeal, popcorn, corn tortillas).
- > beans (e.g., dried or canned garbanzo/chickpeas, black, pinto, kidney).
- > lentils (e.g., dried or canned brown, green, yellow, red).
- > vegetables (e.g., cabbage, cactus/nopales, chilies, bell peppers, spinach, broccoli).
- > fruits (e.g., berries, papaya, melon, oranges).
- > nuts and seeds (e.g., almonds, pistachios, chia seeds, pumpkin seeds).
- > healthy fats (e.g., olive oil, avocados, acorn nuts/meal/flour).
- > fish (e.g., salmon, canned tuna).

Eating a variety of nutritious foods – balanced nutrition – gives us the nutrients our bodies need for:¹⁻⁵

- > improved infant, child, and adult health.
- > safer pregnancy and childbirth.
- > lower risk of chronic health conditions (e.g., diabetes and cardiovascular disease).
- > improved mental health symptoms.
- > longer lifespan.

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In addition to nutrients, taking a trauma-informed approach to nutrition recognizes the impact of early-life adversity, avoids shaming and blaming, meets clients where they are at and what they are ready to do, and emphasizes client strengths.⁶ This approach also acknowledges that there are multiple benefits that we can get from food and the social and cultural experiences of preparing and eating food, including to our physical health, mental health, and feelings of well-being (see diagram below).



Multiple benefits can come from food and the social and cultural experiences of eating.

For example, favorite dishes, familiar ingredients, recipe-sharing, food preparation traditions, and shared meals are often strong connectors that bring families and communities together. As noted in the diagram above, eating with others can build supportive relationships, which is another Stress Buster. In fact, shared meal-time can reduce stress.^{7,8} A shared mealtime can be an opportunity for families to come together and, potentially, an opportunity to address stress that children are facing (e.g., discussing bullying at school).^{9,10} While racism and discrimination may challenge equitable access to the Stress Buster of balanced nutrition for marginalized communities,^{11,12} strong shared practices and culture around food may help prevent and heal the effects of toxic stress.^{13,14}

 **The science: How balanced nutrition is a Stress Buster**

<p>Stress hormones</p>	<ul style="list-style-type: none"> ➤ Stress causes the body to produce higher levels of hormones like cortisol and adrenaline that fuel a “fight-or-flight” response.^{15,16} Because the body prepares for fight-or-flight by conserving energy, stress can affect our appetite: <ul style="list-style-type: none"> • Adrenaline reduces appetite and shuts down digestion (leading to constipation).^{17,18} • Cortisol increases appetite, especially for energy-dense, high-fat, high-sugar foods such as ice-cream and potato chips. It is essentially telling us to stock up for the next threat.¹⁹⁻²² ➤ In contrast to high-fat, high-sugar foods, balanced nutrition, such as the Mediterranean diet, which is high in whole foods like fruits, vegetables, bread and other grains, potatoes, beans, nuts and seeds, and olive oil, has been shown to balance stress hormones.^{23,24} (See www.acesaware.org/managestress/cbotoolkit for more information about the Mediterranean diet.)
<p>Brain health</p>	<ul style="list-style-type: none"> ➤ Balanced nutrition can support brain function. For example, eating fruits and vegetables has been shown to decrease depressive symptoms for those with high ACEs exposure and high levels of current stress.²⁵ ➤ Repeatedly eating high-fat, high-sugar processed foods when stressed can actually change the way our brains are “wired.” As noted above, cortisol can tell our body to crave high-fat, high-sugar foods. When we eat the ice cream and potato chips, cortisol goes down. The brain then releases dopamine – a pleasure and reward hormone that essentially says, “Good job, you quieted the stress response, do this again next time!” This wires our brains to crave ice cream and potato chips as a coping strategy when we are stressed.^{19,26-30} Instead, if we eat nutritious, naturally high-fat or high-sugar foods like an avocado or a banana we could rewire our brain to associate these foods with stress reduction. Alternatively, when we get a craving, we could use another Stress Buster such as calling a friend, which would help rewire our brain to associate calling a friend with stress reduction.

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<p>Heart and metabolic health</p>	<ul style="list-style-type: none"> ➤ Repeatedly eating high-sugar, high-fat foods, especially in combination with stress, can lead to fat being stored in areas around the abdomen, liver, and other organs. This specific type of fat storage, called abdominal or central obesity, is linked to increased risk for developing heart disease, diabetes, and other chronic diseases.^{31,32} ➤ Conversely, Mediterranean, vegetarian, and whole food diets reduce risk for obesity, high blood pressure, cholesterol, heart disease, stroke, diabetes, and some cancers.^{3,4} (See www.acesaware.org/managelstress/cbotoolkit for more information about types of diets.)
<p>Immune health</p>	<ul style="list-style-type: none"> ➤ The Standard American Diet, which is high in red and processed meat, saturated fats, and refined sugars, is associated with an overactive immune response.³³ ➤ Alternatively, diets that focus on whole grains, fruits and vegetables, and fats including olive oil and fish can decrease inflammation and bolster the immune system.^{3,34-38}

Challenges

Many different factors – including those beyond our individual control – can affect our nutrition. Recognizing that there are structural/systems-level factors that can cause challenges to having balanced nutrition can reduce feelings of blame and shame. And, asking about these challenges can allow for more targeted individual-level solutions for clients.

Following are some examples of challenges; this is not an exhaustive list. In addition, racism, discrimination, and inequities at all levels can contribute to and exacerbate any of these challenges.

Structural/systems-level challenges

<p>Policy-level factors</p>	<p>National and local food policies, such as school lunch programs, Supplemental Nutrition Assistance Program (SNAP), agricultural land use policies, food safety laws for food vendors, and funding for farmers markets affect people’s ability to have easy access to affordable, fresh, and nutritious foods (such as in a “food desert”).</p> <p>Misinformation and product marketing of packaged, processed, and high-sugar foods can make us feel confused about what is and is not nutritious.</p>
<p>Environmental factors</p>	<p>School and work environments often offer unhealthy food choices that are easily available.</p>

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Interpersonal/individual-level challenges

Socioeconomic factors	Higher costs of fresh foods may make it harder to get enough calories to feel satisfied.
Psychological, cognitive, and relational factors	Experiencing shame or blame for body type, physical appearance, and/or food choices; stress and how we feel can affect which and how much food we desire, which can, in turn, impact our stress levels; influence of social and family environments (e.g., social norms around food, different food preferences, cooking style, eating patterns).
Cultural factors	Difficulty finding specific foods we are familiar with and enjoy, or foods that meet deeply held religious and cultural beliefs (e.g., kosher/kashrut, Halal, vegetarian).
Physical health factors	Adverse Childhood Experiences (ACEs) have been linked to increased risk of obesity, insulin resistance and diabetes, and some eating disorders; ³⁹⁻⁴² disparities in the prevalence of and outcomes related to these conditions are also present for certain populations such as those who identify as Black, Latino,* Indigenous, and/or Asian, for example. ⁴³ <i>* For consistency, this toolkit uses the term "Latino," but acknowledges other terminology may be used or preferred in other contexts or instances and can be interchanged with, for example, "Latine" and/or "Latinx."</i>

It can be difficult to achieve balanced nutrition. This toolkit provides individual and organizational-level approaches to mitigate challenges (for organizational-level ideas, **see the chapter, Promoting Stress Busters at the organizational level**). Working with clients to address immediate needs like food insecurity or medical conditions is critical. In addition, the balanced nutrition Stress Buster can empower all of us to have a more positive, enjoyable relationship with food over a lifetime.

Are eating disorders related to ACEs and trauma?

There is growing evidence of a link between eating disorders and trauma. Research shows that people who have experienced past or current trauma are more likely to have eating disorders.⁴⁴ In fact, one study shows that half of people with eating disorders also have PTSD.⁴⁵ Several review articles have shown that people with eating disorders have a higher prevalence of ACEs than the general population.⁴⁶⁻⁴⁸

It is important to note that a person may engage in unhealthy eating behaviors, such as restrictive eating or emotional eating, without having a clinical diagnosis like anorexia or bulimia. These behaviors can still have significant physical and emotional consequences.

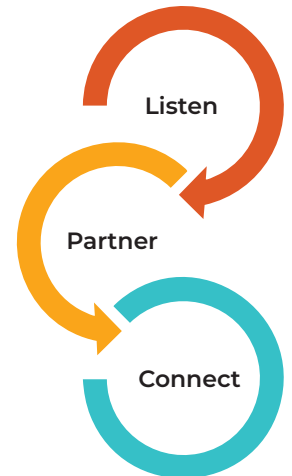
As a result, health professionals are increasingly recommending a dual approach to treatment: addressing both the eating disorder and any underlying trauma. If clients are struggling with eating concerns, encourage them to talk to their doctor about impacts on their physical health, and encourage them to seek additional mental health support. For more resources, visit www.acesaware.org/managedstress/cbotoolkit.

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What you can do: Listen, Partner, Connect

The way you talk about Stress Busters with clients matters. ACEs Aware community and clinical partners shared that in their experience, it is more effective to engage clients with Stress Busters through conversation and partnership versus telling a client how to “fix it.”

Using the **Listen, Partner, Connect Framework** is a way to remember how to structure a client conversation about Stress Busters and how to interact with clients using trauma-informed and strength-based approaches.



Listen

Ask open-ended questions and use compassionate active listening to understand clients’ needs and desires around the balanced nutrition Stress Buster from their perspective.

Example questions:^{49,50}

- › What foods do you enjoy eating?
- › From your perspective, what are some benefits of eating nutritious foods? What do you not like about eating nutritious foods?
- › Is it hard for you to eat nutritious foods? How is it hard?
- › How would you like things to be different when it comes to eating nutritious foods? (e.g., eat them more regularly, learn new recipes that make nutritious foods more enjoyable)
- › Can you think of ways you could add more nutritious foods to your meals and snacks?
- › How can I support you in eating more nutritious foods?
- › What do you see as your next steps?

For more information about how to do active listening, see the toolkit chapter *Listen, Partner, Connect: Framework and skills for a trauma-informed approach with clients.*

Reminder: Create safety and trust

- ✔ Focus discussion on clients’ health and well-being rather than on their weight.
- ✔ Explain to clients that they are in a “judgment-free zone” and that you recognize that many of us have complicated relationships with food, which can involve many factors, including our mental health, physical health, genetics, life experiences, past or current trauma, our culture, and our communities.

For more examples of how to apply SAMHSA’s six key principles, see [A trauma-informed approach for balanced nutrition](#) section of this chapter.

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Partner

Base the conversation and next steps on what a client needs or wants. There is no need to lecture or tell someone what to do. This is a partnership and a collaboration. If a client gets stuck or is not sure what to do, check in with them by asking, “How do you see me being able to help?”

- **Use the ACEs Aware handout as a guide in the conversation if helpful:**

 - “[Eating Healthier Can Prevent and Manage Stress](http://www.ACEsAware.org/managestress)” (from www.ACEsAware.org/managestress).
- **Use strengths-based and collaborative approaches with the client**, such as motivational interviewing, to discuss strategies for having balanced nutrition and for them to choose what works best for them, such as the following ideas from community partners and clinicians, and from the literature:^{51–54}

 - Find times to eat and cook with supportive friends or family members to build relationships and try new foods.
 - Be present and positive during mealtimes by avoiding criticism, discipline, and teasing, and turning off distractions like cell phones.
 - Listen to the body by trusting that you (and children) will know to stop eating when you are not hungry versus always finishing all the food on your plate.
 - Make plates more colorful by trying a different colored vegetable or fruit each week.
 - Avoid ultra-processed foods (e.g., chips, frozen dinners, sweetened cereal, flavored yogurt, etc.) by reading the ingredients and nutrition information on the package to help choose healthier options (visit www.acesaware.org/managestress/cbotoolkit for tips on how to read nutrition labels).
 - Shop the perimeter of the grocery store first. Nutritious foods (e.g., fresh fruits, vegetables, meat, dairy, etc.) often are located along the outer walls of the store. Also try frozen fruits and vegetables, which can be stored for longer periods of time.

For more information about how to use motivational interviewing techniques, see the toolkit chapter *Listen, Partner, Connect: Framework and skills for a trauma-informed approach with clients*.

Reminder: Focus on strengths and collaboration

- ☑ Notice when a client is doing things right and comment on it (“It’s great that you ate more vegetables this week.”).
- ☑ Let clients know that you understand life-related things get in the way of eating nutritious foods – and that you can work together to address them.

For more examples of how to apply SAMHSA’s six key principles, see [A trauma-informed approach for balanced nutrition](#) section of this chapter.

Addressing nutrition for children in trauma-informed ways

Activities that center around healthy food behaviors for children can bring both fun and health when both the adult caregivers and children participate. They also help build healthy relationships between caregivers and children and between individuals and food. Here are some ideas from community partners, clinicians, and the literature:

- ✔ Start with small portions or introductions of new, healthy foods.
- ✔ Incorporate new, healthy foods into foods already liked/enjoyed often.
- ✔ Host healthy food scavenger hunts for children in a grocery store or farmer's market.
- ✔ Involve children in food preparation and, when appropriate, cooking.
- ✔ Share in playful food learning and preparation activities like creative plating of healthy foods served to children (e.g., veggie skewers for dipping, veggie rainbow) and having children create art with food they can eat (e.g., using vegetables to make a face on a plate).
- ✔ Offer colorful foods in child-sized portions and textures.
- ✔ Permit the judgment-free exploration of new foods (don't force it!), keeping in mind that children often need multiple attempts (sometimes more than 10!) of introducing a new food to learn if they like it or may come to enjoy the taste and texture (they may prefer a food prepared one way and not another).
- ✔ Allow children to mirror or share healthy foods and meals with adults; children tend to eat what they see the adults they love and care about eating.
- ✔ Avoid using food (even healthy foods) as a reward or motivator for behavior.

For more resources to support trauma-informed approaches to nutrition, visit www.acesaware.org/managestress/cbotoolkit.

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Connect

If clients are experiencing toxic stress and have stress-related mental or physical health issues (see a list of [ACE-Associated Health Conditions](#)), they may be interested in connecting to resources, programs, and services that can support them in using balanced nutrition as a Stress Buster to reduce stress, heal, and thrive.

<p>Share community and online resources</p>	<ul style="list-style-type: none"> ➤ Help clients find: <ul style="list-style-type: none"> • local farmer's market (identify farmer's markets that take EBT). • food banks. • community gardens. • financial assistance food programs. • federal resources (SNAP, WIC, National Council of Aging). • nongovernmental food assistance (Meals on Wheels, Moveable Feast, local food pantries). ➤ See a list of resources at www.acesaware.org/managestress.
<p>Refer to primary care doctor</p>	<ul style="list-style-type: none"> ➤ If the client is interested, connect them with an ACEs Aware-trained clinician to help them get needed health care interventions and referrals. For example: ➤ Ask the client if they would like to ask their doctor about different types of therapy. Some examples of therapies include: <ul style="list-style-type: none"> • A nutritionist can help with special diets for specific health conditions, including diabetes, heart disease, and oral health issues (e.g., dentures, missing teeth). • Trauma can lead to a variety of unhealthy eating and food behaviors such as hoarding food, extreme binge eating, sensory processing issues, anorexia nervosa, or bulimia. These will require extra support from a mental health provider and possibly medical specialist and even in-patient treatment. For more information, see the mental healthcare Stress Buster chapter of this toolkit. • ACEs are associated with increased risk of obesity, unexplained somatic symptoms including nausea, vomiting, and constipation, insulin resistance, and diabetes. Check with a primary care doctor for referrals to medical specialists, which could include endocrinology, gastroenterology, and obesity clinics. • Local health clinics may offer support groups or clinic-based nutrition programs. • Trauma-informed weight management programs combine mental health therapy with physical activity and nutrition guidance.

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Refer to primary care doctor	<ul style="list-style-type: none">➤ For clients without health insurance, you can find help with Medi-Cal, health coverage, and other benefits on the California Department of Health Care Services (DHCS) website and find free primary care services at the California Association of Free and Charitable Clinics.➤ For resources, visit www.acesaware.org/managstress/cbotoolkit.
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For clients with medical conditions, make sure they check with their doctor before beginning a nutritional program to discuss what foods are safe for them.

A trauma-informed approach for balanced nutrition

When we say “take a trauma-informed approach,” what does that mean? There are six key principles of SAMHSA’s trauma-informed approach.⁵⁵ The following table provides examples from lived experience from community partners, clinical expertise, and the literature showing how to apply this Stress Buster across the six key principles. You can follow these practices with clients who are participating in group classes or programs, or when working one-on-one with a client using Listen, Partner, Connect.

SAMHSA’s principles of a trauma-informed approach	Ways to put the principles into action Examples from community partners, clinicians, and the literature
Safety	<ul style="list-style-type: none"> ➢ Explain to clients that they are in a “judgment-free zone” and that you recognize that many of us have complicated relationships with food, which can involve many factors, including our mental health, physical health, genetics, life experiences, past or current trauma, our culture, and our communities.
Trustworthiness and transparency	<ul style="list-style-type: none"> ➢ Acknowledge that clients’ nutrition needs may change over time. Ask if anything has changed with clients’ health, children’s needs, and food security. Some clients may need or request different nutrition support depending on how they are feeling, their stress level, allergies, and what they want to focus on. ➢ Focus discussion on clients’ health and well-being rather than on their weight.⁵⁶ Eating more nutritious foods can lead to improved health even with little to no change in body weight, especially among people who are obese.⁵⁷ Understand and, if needed, address your own biases around weight.⁵⁸ Consider taking a free online implicit bias test: https://implicit.harvard.edu/implicit/takeatest.html.
Collaboration and mutuality	<ul style="list-style-type: none"> ➢ Let clients know that you understand things get in the way of eating nutritious foods, such as having the time to shop for and prepare them, managing health issues, or coping with daily stressors – and that you can work together to address these issues. ➢ Ask for client input when deciding menus and meal offerings and recognize cultural food preferences and customs.

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<p>Peer support</p>	<ul style="list-style-type: none"> ➢ Identify strengths. Notice when people are doing things right and comment on it (“It’s great that you ate more vegetables this week.”). ➢ Consider connecting clients with peers who have had similar challenges around health and nutrition. ➢ Consider encouraging clients to share recipes for different ways to prepare nutritious foods. ➢ Encourage clients to be kind to themselves; e.g., reassure them, “It’s OK if you eat junk food or dessert sometimes; we all need a treat!”
<p>Empowerment, voice and choice</p>	<ul style="list-style-type: none"> ➢ To help clients feel comfortable speaking up about what they want, work to level power differentials in your interactions with clients (for more information, see the <i>Listen, Partner, Connect: Framework and skills for a trauma-informed approach with clients</i> chapter of the toolkit). ➢ Acknowledge that implementing a new way of eating can be stressful.^{59,60} Most diets fail and may even lead to eating disorders.⁶¹ Instead, focus on helping clients find joy, good health, and connection through the foods they eat and the people they eat with.
<p>Cultural, historical, and gender issues</p>	<ul style="list-style-type: none"> ➢ Acknowledge and honor that we all have different cultural, historical, and gender connections with food including festivities, rituals, preferences, and customs. Learn about the customs of your clients, and bring this learning into your conversations and programming. ➢ Recognize that individual socioeconomic situations and access to foods for balanced nutrition (influenced by racism and discrimination) may vary. Accordingly, aim to take a nutrition equity approach to working with individuals and communities, such as by linking clients to individual- and community-level resources to support access to nutritious food, but also to encourage shared meals.⁶² ➢ Bring awareness that there may be societal and cultural gender norms that influence client engagement in efforts related to healthy eating, and the closely linked concept of obtaining or maintaining a healthy weight.

With these tools and strategies, you can use the balanced nutrition Stress Buster to support individuals, families, and staff in preventing and treating toxic stress.

Take Stress Busters to the next level:

For ideas for integrating Stress Busters into your organization’s operations, services, and physical environment, **see the chapter, Promoting Stress Busters at the organizational level.**

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