

DEVELOPMENTAL ISSUES

A publication of

Dietetics in Developmental and Psychiatric Disorders (DDPD®)

A dietetic practice group of the American Dietetic Association

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Articles about successful programs, research interventions, evaluations and treatment strategies, meeting announcements and information about educational programs are welcome and should be sent to the editor by the next deadline.

Future Deadlines

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FRUIT DRINKS: A NEW ADDICTION??

Anne S. Hatcher, EdD, RD, CACIII, NCACII

“My clients are all drinking this stuff all day long. I tried it and it makes me feel real good!” The conversation that began this way resulted in exploring the beverages being consumed by recovering addicts. The media carries the dietitian’s message of eat at least five and preferably nine foods from the fruit and vegetable group each day. What better way to get all those servings than from a fruit drink that “makes me feel good”? There are a number of “fruit drinks” available and the average person does not know how to determine which ones really contain enough fruit juice to count as a serving. Snapple beverages “made from the best stuff on earth” contain water, high fructose corn syrup, juices from concentrates along with natural flavors and juices for color. Some of the Minute Maid products are similar in composition and others are 100% juice. Advertising indicates that SoBe beverages might be classified as nutraceuticals or juices with added herbs and amino acids. At the SoBe Web site, the reader can access information about various products.

The beverage that made my student “feel real good” was one of SoBe’s newest products “No Fear”. The ingredients are carbonated water, high fructose corn syrup, citric acid, taurine, grape juice concentrate (color), sodium citrate, natural flavor, inositol, ascorbic acid (vitamin C), caffeine, caramel color, fruit extract (color), monopotassium phosphate, creatine monohydrate, grape seed extract, L-carnitine, panax ginseng root extract, L-Arginine hydrochloride, zinc, L-methionine, soy protein isolate and rice flour, guarana (*Paullinia cupana*) seed extract, pyridoxine hydrochloride, selenium, folic acid, cyanocobalamin. The following day, the same student brought in a beverage made by a different company with similar ingredients. The caffeine content of that beverage appeared to be lower than that of the first. She reported that the effects of this beverage were not quite as good as those of the first one. Piranha Energy Drink is a “phunky fruit punch” with natural and artificial flavors. Ingredients are: carbonated water, high fructose corn syrup, contains less than 2% of the following: caffeine, taurine, green tea leaf extract, guarana seeds (*paullinia cupana*), natural and artificial flavors, citric acid, malic acid, potassium benzoate (preservative), calcium disodium EDTA (preservative, potassium sorbate (preservative), red #40 and blue #1.

Dietitians will recognize a number of vitamins and very small amounts of fruit, used primarily for color. Other substances include stimulants and plant extracts thought to enhance sexual performance. Since the focus of this article is on substance abuse, the herbal ingredients and amino acids that might attract recovering addicts will be the described in terms of attraction to the addict in

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From the Chair

Susan S. Zabriskie

“A person who is severely impaired never knows his hidden sources of strength until he is treated like a normal human being and encouraged to shape his own life”

—Helen Keller

This morning I came to work fully loaded—the usual dietitian stuff—in bags that filled both arms. I peeked in the window on the kitchen door but everyone was busy, so I turned to walk around to other side of the building—to the “real” door. The door swung open as soon as I turned—one of our developmentally delayed employees was holding the door, smiling. She must have been off to a side I couldn’t see, but Joanie saw me and her instinct was to be courteous, helpful, and cheerful. She was just doing what came naturally. Is she empowered by her job with us? I like to think so. But even more important, our workplace is graced by her presence. What does the rest of the world see when they look at Joanie? Do they stare? Could they realize that she has a sense of humor, a passion for handbags, and much better manners than some of us? Why should treating a human being like a human being be difficult? Modern day disability rights activists are the disciples of Helen Keller’s wisdom, but would she have set higher goals for us than is enforceable by current legislation? Can a law enable every person to be treated “like a normal human being”? If that were possible would we even need the law?

It is important to remember to advocate for the disabled in our work as dietetics professionals. The policies and positions of Americans with Disabilities Act have the potential to affect the lives and health of our clients who live with disabilities. All of the members of our practice group have a responsibility to see that health and wellness programs aimed at the general public include those with disabilities as part of the mainstream.

It was such a pleasure to meet some of you in San Antonio. Especially rewarding was the chance to talk to some dietetics interns and students who have an interest in

our area of practice. Those of us who have been practicing for many years are always gratified to see our enthusiasm has carried on to the next generation! I wish we could get together more often. Most of us are performing a solo act at work, so the opportunity to network is very valuable. I urge everyone to join us on the DDPD listserv as a way to keep the conversation going.

Our practice group held two outstanding programs at FNCE 2003. The breakfast program, OK, Hand Over the Chocolate and No One Gets Hurt, was presented by Dr. Amy Rothenberg. Dr. Amy received rave reviews by all who attended. Her suggestions for treating pre-menstrual syndrome or menopause symptoms included diet, nutrition supplements and homeopathy.

The DDPD priority session, Weight Control and Nutrition Considerations with the Use of Psychotropic Drugs, was attended by about 500 RD’s. Dr. James Jefferson, Marilyn Ricci, RD, and Zaneta Pronsky, RD each lent a unique perspective on a medical issue that affects increasing numbers of patients annually. The full room was a sign that it is a topic of interest across many areas of practice.

I would like to take this opportunity to welcome our new board members: Linda Venning, resource professional for psychiatric disorders, and Jessica Setnick, resource professional for eating disorders. We are delighted to have you join us, and feel fortunate that you will be sharing your expertise with our members.

If you practice in an area you feel is underrepresented by our resource professionals, please let me know if you would like to serve as a resource for inquiries in your field. Please stay in touch for any other reason as well. And stay warm and healthy through the winter months!

DDPD Web Site

Stumped by a recent diagnosis? Wondering about diet therapy for a patient? Need inservice ideas for staff members? Looking for a recent article to help you? Be sure to visit the DDPD Web site, a great member resource! Locate colleagues in a similar area of practice on the member map and find out about our extensive audiovisual lending library and speaker stipends. Check it out at www.ddpd.org and remember the password combination: `ddpd` in the first box, and `ddpd_visitor` in the second box. Contact DDPD’s Web site Chair Lynn Grieger at lgrieger@adelphia.net if you have questions or suggestions.

Thank you to Solae
for sponsoring the
DDPD FNCE
breakfast meeting.

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recovery. Recovering people are frequently concerned about sexual performance and energy level. In addition, many of them like the stimulant effect of coffee and nicotine. In the interest of health, they might see "juice beverages" that provide the desired stimulant effect as well as acting as an aphrodisiac.

These beverages contain a number of substances that act as stimulants.

- Caffeine is easily recognized as the active ingredient in coffee, tea, sodas and other food products. It is used for its stimulant effect to enhance concentration, to improve work performance, and to decrease drowsiness.
- Carnitine is recommended to improve memory and normal brain function as well as to treat senile depression and Alzheimer's disease (1).
- Creatine may enhance performance in a limited number of high-intensity short-term physical activities. Adequate safety data are lacking. Caffeine appears to interfere with any beneficial effects of creatine supplementation.
- Guarana (*Paullinia Cupana*), a woody evergreen perennial vine is harvested for its stimulant effect from caffeine (3.6-5.8%) and small amounts of theophylline and theobromine. The Herbal PDR describes its effects as a short-term diuretic, increased release of catecholamines, vasodilation in the body and vasoconstriction in the brain and cardiac stimulant.
- Panax Ginseng is usually considered an aphrodisiac. The Herbal

PDR also describes it as a tonic for invigoration and fortification in times of fatigue and poor concentration. Overdoses can cause sleeplessness, hypertonia and edema.

- Grape seed extract has an antioxidant and anti-inflammatory properties. There are claims of anti-cancer activity. (PDR for Nutritional Supplements)
- Green tea extract has antioxidant activity and is thought to prevent some forms of cancer. (PDR for Nutritional Supplements; Fragakis, 2003)
- L-Arginine is thought to enhance verbal memory in the aged and cognitive enhancement among persons who have abused alcohol according to the PDR for Nutritional Supplements. Websites for companies selling Arginine supplements recommend their product to increase growth hormone, aid cardiovascular health, stimulate libido (as a substitute for Viagra) because it improves blood flow to the genital area in both men and women. (2, 3) Arginine is said to neutralize ammonia, aid in liver detoxification and regeneration, wound healing and connective tissue issues. (1) Gastelu and Hatfield (1997) stated that arginine is most famous for its role in stimulating the release of human growth hormone resulting in decreased body fat, enhanced healing and muscle recovery as well as increasing muscle mass. Arginine is a precursor in creatine production thus increasing performance in athletic competition. The third role

for arginine is ammonia detoxification. Consumption of large amounts of protein and exercise, according to these authors, increases ammonia content of urea so the use of arginine to lower the ammonia levels would be beneficial.

- L-Methionine is a sulfur containing amino acid said to prevent disorders of the hair, skin and nails while lowering cholesterol levels. (1)
- Taurine is thought to stabilize the excitability of membranes, retard aging and treat hypertension, arteriosclerosis, cardiac arrhythmias, anxiety and hyperactivity. (1)

In summary, when gathering information on food consumption include questions about beverages that appear to be juices, but that provide a stimulant effect for the recovering person.

REFERENCES:

Websites

1. Amino Acids. <http://www.healingwithnutrition.com/aminoacid.html>
2. Arginine. <http://supplements.buy-online-prescription-drugs.net>
3. Herbal Advisor. <http://www.herbal-remedies.com/qlinks/xq/asp/mvsId.28/qx/aminoacids.htm>

Books

- Fragakis, A. S. *The Health Professional's Guide to Popular Dietary Supplements*. Amer. Diet Assoc. 2003.
- Gastelu, D and Hatfield, F. *Dynamic Nutrition for Maximum Performance*. Avery Publishing Group. Garden City Park, NY. 1997. p. 37.
- PDR for Herbal Medicines*. 1st Ed. Medical Economics Co. Montvale, NY.
- PDR for Nutritional Supplements*. 1st Ed. Medical Economics Co. Montvale, NY.

Distance Learning Opportunity

A self-study curriculum, *Nutrition for Children with Special Health Care Needs* is available for RDs and other health care providers. Each of the 6 modules is approved for 1 CPE from the CDR. The curriculum is available on the project website (<http://www.pacificwestmch.org>) or on CD-ROM (download the order form from the project Web site). Or, contact Anne Bradford Harris (AHarris@chla.usc.edu or 323/671-3817) for ordering information.

Health professionals take action for healthy kids

Tackle a national problem that's been brewing for 30 years, a problem threatening the current and future well-being of our nation's children, a problem gobbling up more and more of our nation's financial resources? Produce solutions and take action in a single year? Impossible!

But that's just what has happened.

Action for Healthy Kids (AFHK), a non-profit organization chaired by former U.S. Surgeon General Dr. David Satcher, has brought together 39 national education and health organizations and government agencies, spurred the creation of 51 state teams, garnered nearly 2000 members nationwide, and caught the attention of the U.S. Government Accounting Office and the National Football League—all in just one short year. The AFHK initiative—cited by the GAO as a major grassroots force in the fight against childhood obesity and awarded \$2 million by the NFL in support of its efforts—was launched last October at the national Healthy Schools Summit, an historic meeting chaired by Dr. David Satcher with Mrs. Bush serving as the honorary chair.

Health professionals know the statistics all too well: overweight rates have doubled in children and tripled in adolescents in the last 20 years, type 2 diabetes is rapidly increasing among children, and health care costs for overweight and obese children are skyrocketing. Now at “epidemic proportions in the United States,” says Dr. Satcher's 2001 report, *The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity*, overweight and obesity represent a serious and growing health and economic issue.

Our nation's school system, says Dr. Satcher, is one of the key sites for addressing this crisis. Because schools help communities meet the needs of all children, school-based efforts represent the best opportunity to promote American children's current and future well-being—and health professionals must lend their expertise to take action for healthy schools.

A collaboration of national education, physical fitness, health and nutrition organizations and government agencies, AFHK urges health professionals to contribute to creating healthier school environments. Just one year after the initiative was launched, 51 organized AFHK state teams have been established, with nearly all having completed state plans and most taking steps toward creating healthier schools. The American Dietetic Association is proud to be a Partner Steering Committee member of Action for Healthy Kids.

Together, these organizations and teams are working to initiate and sustain action to create health-promoting schools that support sound nutrition and physical activity. In the first year, state teams have taken impressive steps. “I am greatly encouraged by the progress that has been made in one short year,” notes Dr. Satcher, “particularly the local activity of the state teams.”

The Delaware AFHK team, for example, is working with the Delaware Department of Education, the state's Division of Public Health, Diabetes Prevention Program and the State Health Commission to implement its goals, with some grant dollars going directly into a stimulus program for Delaware schools. Texas AFHK team members are working to ensure that the majority of Texas school districts have a school health advisory council responsible for making recommendations and monitoring nutrition and physical activity programs within the district. And the Virginia AFHK team has completed a Healthy School environment guide that will be sent to all state superintendents with support of the State Director of Child Nutrition.

AFHK is built on the premise that everyone who cares about our children must be part of the solution. Individuals can, and do, have a profound impact when they take action for healthy kids and when they work together for change.

How You Can Help

- Join your state Action for Healthy Kids team to help initiate state and local actions to promote sound nutrition and physical activity in schools. Visit the AFHK Web site for more information on your state team.
- Work with school administrators and teachers to start a school health advisory council in your area. Offer your expertise as educators develop and build a healthier environment in your school or district. (See USDA's “Changing the Scene” for tips on school health advisory councils: <http://www.fns.usda.gov/tn/Healthy/changing.html>.)
- Visit the AFHK Web site to review your “State Profile” on the status of nutrition and physical activity/physical education in schools in your state, discover “What's Working” model success stories, and find “Resources” that can help make a difference.

Health professionals must work closely with school leaders to ensure that children receive the academic, nutrition and fitness education they will need to succeed in their adult lives.

Though schools “are under enormous pressure with a very full agenda that includes financial complications, limited budgets and academic testing priorities,” says AFHK executive director Alicia Moag-Stahlberg, MS, RD, “schools are the place where we can reach the vast majority of children. And schools can help children reach their academic potential by providing an environment that supports sound nutrition and physical activity.”

“We have a lot to celebrate,” says Moag-Stahlberg. “But it is important to

realize there are not quick, easy solutions. We will need sustained, committed action by a wide array of individuals and organizations. It has been inspiring to witness the Surgeon General’s ‘Call to Action’ come alive. The work of AFHK over the last year proves that with an open mind and an attitude that everyone has something to contribute, the best things can happen.”

To learn more about the Action for Healthy Kids initiative and to find out how you can get involved in your state team, visit the AFHK Web site at <http://www.ActionForHealthyKids.org>.

Thank you to



FOREST PHARMACEUTICALS, INC.

for their generous unrestricted grant to the DDPD dietetic practice group.

Health Professionals Invest Expertise in Our Nation’s Schools

It takes a village to create healthy school environments. Individuals can-and do-have a profound impact when they take action for healthy kids and when everyone who cares about our kids can work together for change.

Nurses like Margie Bradford know the importance of volunteering their professional expertise to the crucial task of creating healthy schools. Bradford, an RN and school board member in Kentucky’s Bardstown Independent School District, has committed her time and energy to promoting nutrition and fitness programs as key contributors to student achievement. Insisting that nutrition and fitness should not be separated from the academic curriculum, Bradford advocates preserving and strengthening efforts even in the face of state budget crises. She has convinced her school board of this connection between good health and good achievement, and she advances this cause at state and national levels as well.

Health experts like Julie Allington make it possible for health professionals and school leaders to work together. A nutrition education consultant for the Wisconsin Department of Public Instruction, Allington has helped to incorporate USDA Team Nutrition’s “Changing the Scene” and a comprehensive nutrition

and physical education curriculum in two Native American Indian Reservations, Menominee and Lac du Flambeau. By collaborating with different health professionals, school board members, teachers and school food service staff, Julie has facilitated communication for change that will affect 655 Native American students and 34 teachers in Wisconsin at three schools.

And prominent government officials like Nevada state senator Valerie Wiener advocates for healthy environments in our schools. Senator Wiener stands for good health-personally as the “Fittest Woman in Nevada over age 50” and professionally as she advocates legislation to promote health. Senator Wiener is introducing legislation to study obesity in Nevada, and she supported legislation that would have set standards for the sale of candy and soft drinks in public schools. Promoting comprehensive school health and advocating for teacher role models of healthy lifestyles, Senator Wiener visits with students to share with them the importance of fitness and good nutrition. Each year Senator Wiener pledges to wellness an amount based on her age (e.g., \$0.53) for every point she receives at the Nevada Senior Olympics.

To join the “village” of folks working to create healthy schools, visit the Action for Healthy Kids website at <http://www.ActionForHealthyKids.org>.

Healthy Students Are Better Students: The Link Between Health and Achievement

Study after study proves what educators have long known: when children's health, nutrition and exercise needs are met, they have the cognitive energy to learn and achieve.

A recent California Department of Public Instruction study found that "the physical well-being of students has a direct impact on their ability to achieve academically." "Students achieve best when they are physically fit," the study concluded.

Undernourished children have weak academic performance, while well-nourished children are ready to learn and succeed. "Even moderate under-nutrition," says a Tufts study, "can have lasting effects on children's cognitive development and school performance." But healthy eating habits can lead to improved attendance, higher energy levels, livelier classroom participation, and higher test scores.

Similarly, students who get adequate physical activity and who have regular, sequential physical education are stronger students-physically *and* mentally. In fact, according to the President's Council on Physical Fitness and Sports (1999), "Youth who spend less time in other subjects to allow for regular physical education have been shown to do equally well or better in academic classes."

And children who are obese face particularly daunting obstacles as they struggle to achieve in school, according to an article in the Journal of the American Medical Association. In fact, obese children rate their quality of life as low as young cancer patients on chemotherapy. The physical and emotional struggles facing obesity children-teasing, difficulty playing sports, fatigue-all severely affect their ability to learn.

"Sedentary lifestyles and poor nutrition affect learning and academic potential," says South Dakota principal Dan Albertsen, named a Healthy School Hero at the Healthy Schools Summit. "This correlation must be taken into account as we make decisions about budget cuts and state testing. Until we get serious about advocating for nutrition and physical education programs, our schools will fail to teach the whole [child], putting all students at risk of not achieving their potential."

For more information, including data sources, see the report, "Taking Action for Healthy Kids," available on the AFHK website: www.actionforhealthykids.org.

DDPD AUDIO-VISUAL LIBRARY

DDPD members can receive one tape per order. A deposit of \$15 for one tape (\$20 for two-tape series) should be sent. Make check payable to ADA-DPG 12. The deposit will be returned if tapes are received within one month of the date mailed. Include your name, address, and daytime phone number along with the name of the tape ordered. Send request and deposit to the AV Librarian:

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If the ordered tape is out on loan, your name will be placed on a waiting list and mailed when the loan is returned. ADA-DDPD are not responsible for damages to tape player that may occur. Please carefully inspect tapes to make sure they are not damaged.

Please contact the AV Librarian for updated listings or more detailed information about any of the tapes listed.

ADA FNCE tapes are generally one hour per tape.

EATING DISORDER RESOURCES

Eating Disorders. (audio 2 tapes plus 32 page study guide) Alexander Lucas, MD and Diane Huse, RD, 1986 *Exploration of anorexia & bulimia nervosa. ADA study kit.*

Counseling the Dysfunctional and Noncompliant Patient. (audio 2 tapes) Lisa Beckley-Barrett, RD, from ADA 1988 Annual Meeting. *Good for professional working with substance abuse patients.*

Gentle Eating. (audio, 3 tapes) Marel Hanison, MS, RD. *A new approach to disordered eating.*

Eating Disorders: Interventions and Guidelines. (video, part 1 is 80 min, part 2 is 62 min) From ADA Seminar, LaRue Carter Hospital, August, 1993.

Current Perspectives in the Treatment of Obesity. (audio) ADA 1993 Annual Meeting.

Eating Disorders in Special Populations. (audio) ADA 1994 Annual Meeting.

The Latest in Nutrition Counseling: Experts Share Secrets of Success. (audio) ADA 1994 Annual Meeting.

Afraid to Eat: Eating Disorders & the Student-Athlete. (17 min video) Karol Video. Interviews with student-athletes, coaches, and medical personnel to define anorexia and bulimia and provides information about the incidence rates. *Covers the characteristics and*

warning signs and dramatically show the consequences of eating disorders.

Diabetes and Eating Disorders.

(audio tape) Claudia Plaisted, 1999 SCAN meeting session recording about assessing and treating clients with diabetes and eating disorders.

International Association of Eating Disorders Professionals: Families, Healing & Diversity. (8 audio tapes), San Diego, CA, August 10-13, 2001.

DEVELOPMENTAL DISABILITIES RESOURCES

The Fitness Program. (video 2 tape series & teaching guide) ORDER SEPARATELY. Fitness for all, exercising safely & effectively, fitness testing, fitness can be fun, fitness routines, teaching strategies, aerobic and muscle-building routine by students with developmental disabilities.

Team Approach to Feeding Problems. (audio 2 tapes plus 32 page study guide) Harriot Cloud, MS,RD. ADA study kit 1987. *Focuses on identifying, assessing and treating feeding problems.*

Home Gastrostomy Care for Infants and Young Children. (video 27 minutes, manual test pkg.) University of Colorado School of Nursing, 1989. *Principles, techniques, ADL's.*

Assessment of Growth and Development. (video) William Chumlea, PhD. Cincinnati Production. *Demonstration of anthropometric measurement and explanation of developmental physical expectations.*

Dimensions of Feeding Techniques. (3 tape video series - 30 minutes each) Rosalind Benner, RD ORDER SEPARATELY

1. Chewing & Swallowing - the basics
2. Feeding the patient
3. Progressing to independent feeding.

Nutritional Assessment. (video) Ross Laboratories. *Anthropometry in the home. A 15 minute tape on the basics of anthropometry, particularly for practitioners making home visits.*

Nutrition Assessment of Children with Disabilities. (video 60 minutes) Boling Center for Developmental Disabilities, University of Tennessee at Memphis. Copyright 1988. Hosted by Elizabeth Emerick, MS,RD, Nutritionist. *All aspects of nutrition assessments for children with developmental disabilities including behavioral, clinical, feeding skills, and biochemical aspects of assessment are reviewed on the VHS tape.*

When Feeding is a Problem. (video, 15 min) The center for Human Nutrition, Omaha, Nebraska, 1990. *The VHS tape presentation provides a basic introduction to aspects of oral motor feeding problems such as tongue thrust and lip retraction.*

Oral Structure, Swallowing and Digestion: Normal and Abnormal. (video, 16 min) Texas Department of Mental Health and Mental Retardation, Austin, Texas, 1991. *The VHS tape presents an overview of the basics of swallowing; provides demonstrations of dysphasia in adults with developmental disabilities.*

A History of Mental Retardation. (video, 17 min) The Shriver Center - Massachusetts Department of Mental Retardation, 1989. *Presented as "progression of time" through modes of thought/treatment of MR. Excellent resource for staff, students, and professionals new to the field of MR*

Obesity in Special Populations. (audio, 2 tapes) McCamman, Palmer, Devlin, 1991 ADA Annual Meeting. *Nutrition intervention strategies for individuals with Prader Willi Syndrome; treatment of weight gain in psychiatrically impaired individuals on psychotropic medications; and twelve step intervention in compulsive eating.*

New Direction in Dysphagia. (audio) Hartiage, Panther & Lewis. 1992 ADA Annual Meeting. *Case studies and applications at a facility. Details diet, with some emphasis on fluids, compliance after discharge.*

A New Home. (audio) Lewis, Garfield, Hunter, 1993 ADA Annual Meeting. *The shift of services of patients with developmental delay and psychiatric disorders away from hospital or institutional setting to community-based facilities is reviewed.*

Nutritional Needs of Children with Chronic Diseases. (audio) ADA 1994 Annual Meeting.

"Feeding and Swallowing". (video, 3 tapes, ORDER TAPES SEPARATELY) University of Nebraska, approx. 1995.

1. Feeding and Swallowing: Positioning, oral hypersensitivity, behavioral approaches, direct therapy strategies.
2. Feeding and Swallowing: Indirect management development of early skill, identification of medically related issues.
3. Feeding and Swallowing: Parents perspective on decision to place a G-tube and life after placement of G-tube.

Mothers of Developmentally Delayed/Special Needs Children Talk About WIC, etc. (video, 1 hour) Texas Department of Health, 1994. *Interview of mothers explaining situations and feelings associated with assistance programs/referrals.*

An Introduction to the Ketogenic Diet- A Treatment for Pediatric Epilepsy. (video- 1 hour) The Charley Foundation, 1994. *Interview of professional, parents, children. Diet, monitoring, long-term follow-up.*

Nutrition for Infants and Toddlers with Special Needs. (video, 24 min and viewers guide) University of Colorado School of Nursing, 1989. *Basic nutrition, feeding plans, relationships.*

Feeding Infants and Young Children with Special Needs. (video 26 min and viewers guide) University of Colorado School of Nursing, 1989. *Techniques to alleviate feeding problems of special needs clients.*

NHANES III Anthropometric Procedures. (video, 30 min) CDC/NCHS. *Outlines standardized anthropometric procedures. Explanation and demonstration only.*

The Missing Link. (video, 17 min and training guide) Frances Stern Nutrition Center, New England Medical Center Hospital, 1996. *Designed to help Early Intervention professionals appreciate the importance of nutrition and feeding concerns in children with special health care needs.*

Consuming Concerns - Nutrition Concerns in Early Intervention. (slide/video, 20 min training guide) Frances Stern Nutrition Center and Eunice Kennedy Shriver Center UAP, 1996. *Inservice training on specific nutrition issues and concerns of special needs children from birth to 3 years of age.*

Marketing MNT to MCOS. (Written material, audio and slides) Workshop 3/17/96 ADA & Ross. *Background/program and planning; presentation resources.*

Winning the Managed Care Game. (Written material, audio and slides)

Nutrition Screening Initiative. ADA, AAFP, NCA, 1993. *Slides/written material presenting screening initiative for older Americans.*

Dimensions in Food Textures, Preparation & Feeding Techniques for Special Needs Children. ORDER TAPES SEPARATELY. Anderson Benner Video.

- Part 1. The Basics: IEP Legislation, Phases of chewing /Swallowing, Textures.
- Part 2. Food Processing Techniques: Thickeners, Recipes, Panning, Plating.
- Part 3. Feeding children with Special Needs: Positioning, Feeding, Jaw/Tongue Dysfunction, Adaptive Equipment Cards, Environment.

SUBSTANCE ABUSE RESOURCES

Fetal Alcohol Syndrome and Fetal Alcohol Effects: The Effects of Drinking During Pregnancy. (video, 15 min) The Shriver Center - Massachusetts Department of Mental Retardation, 1987. *Overview of diagnosis, assessment, and the Shriver Center's treatment.*

Assessment for Alcohol Exposure in Utero: Diagnostic Implications for Fetal Alcohol Effects & Fetal Alcohol Syndrome. (video, 56 min) The Shriver Center - Massachusetts Department of Mental Retardation. *Very specific and thorough techniques and methods of identification; recommendations for continuum of assessment and care.*

Substance Abuse & Nutrition. (20 min video & written materials) National Health Video. *Explains how substance abuse may lead to malnourishment; vitamin & mineral depletion; appetite loss, polydrug use; immune system effects; role of nutrition in the recovery process tailored to food guide pyramid choices appropriate for recovering substance abuse clients.*

Fetal Alcohol Syndrome. (13 min video) National Health Video. *Describes how alcohol affects unborn child; no known safe level of alcohol during pregnancy.*

PSYCHIATRIC RESOURCES

Skill Development: Assessing the Nutritional Status of the Elderly. (audio, 3 tapes) 1991 ADA Convention Panel: *Includes us of lab data for screening; effect of prescription and non-prescription drugs; implications in malnutrition; application for dietitians in assessment of institutionalized and non-institutionalized elderly.*

Diet and Behavior. (audio) Dwyer, Lachance, Wender & Black, 1991 ADA Annual Meeting. *Misconceptions and current scientific information about the relationships between diet and behavior. Public education strategies that assist alleviating misconceptions.*

Sill Development: Counseling Strategies for Those Who Don't Want to Hear What You Have To Say. (audio, 3 tapes) Hall & Salas. 1991 ADA Annual Meeting.

Key Issue Nutrients: Nutrient, Neural Function & Behavior. (audio) Blass & Fernstrom, 1992 ADA Annual Meeting. *Tape begins with animal/infant studies, then applies to human physiology/psychology.*

Adverse Food Reactions with Special Emphasis on Food Allergy. (audio) ADA 1994 Annual Meeting.

Geriatric/Extended Care: Undernutrition - A Case Mix - Quality of Care Issue. (audio) ADA 1994 Annual Meeting.

The Function of Dysfunction. (audio tape) Monika Woolsey, 1999 SCAN meeting session recording about Axis II disorders and counseling clients with these type of diagnosis.

Food & Mood. (book) Elizabeth Somer, Henry Holt & Co, NY, 1999.

Helping Someone with Mental Illness. (book) Rosalynn Carter, Three Rivers Press, NY, 1999.

Managing Your Mind & Mood Through Food. (book) Judith Wurtman, Harper & Row, NY, 1988.

The SerotOnin Solution (book) Judith Wurtman, Fawcett Columbine, NY, 1997.

I Am Not Sick, I Don't Need Help: Helping the seriously mentally ill accept treatment. (book) Xavier Amador, Vida Press, 2000.

Eight Leading Experts Answer the Five Most Common Questions About Chronic Depression. (video) National Depressive Manic Association, 30 minutes, 1998.

Chronic Depression Video Series Volumes I-IV. (video) National Depressive Manic Association, 30 minute each, 1998.

Dark Glasses & Kaleidoscopes. (video) National Depressive Manic Association, 33 minutes, 1997.

ANNUAL REPORT 2002-2003

Mary Ellen Posthauer, RD, CD, LD, Chair DDPD, 2002-2003

Thank you for the opportunity to serve as chairman of DDPD Dietetic Practice Group this past year. The following is a summary of the year's activities

Chair, 2002-2003

(Mary Ellen Posthauer, RD, CD, LD)

DDPD celebrated 25 years as a dietetic practice group of the American Dietetic Association. Members received two fact sheets to help stay on the cutting edge in their specific area of practice.

Two speaker stipend requests were given this year.

The DDPD planned session at FNCE in Philadelphia was "Universal Access to Fitness: Sports, Exercise and Nutrition for those with Disabilities. Members attending FNCE received a free copy of the Tool Kit.

The Executive Committee up-dated the governing documents, which were approved by the membership via the newsletter.

Secretary-Treasurer

(Lee Wallace, MS, RD, LDN, FADA)

DDPD Financial Report for FY 2002 - 2003

As of 5/31/03:

Actual Revenues totaled:	20,857	Budgeted: \$22,650.
Actual Expenses totaled:	29,750	Budgeted: \$37,859.
Total assets were	43,521	

Revenue consists of membership dues and newsletter subscriptions.

Expenses funded the quarterly newsletter, development of publications, honorariums to support speakers at state and regional meetings, the audiovisual lending library, resource professionals in four areas (developmental disabilities, psychiatric disorders, alcohol and substance abuse, and eating disorders), the membership survey, the administration of the practice group, and the DDPD Web site.

Nominating Committee Chair

(Judith Amundson, MS, RD, LD, FAAMR)

The committee prepared a list of candidates for 2003 slate of officers. MaryEmerson, MS, RD, LD is the chair-elect (03-04) and Ruth Ann Foiles, MPA, RD will be the Nominating Chair.

Legislative Chair

(Daria Polanchik)

Attended the Public Policy workshop in Washington, DC and kept members informed of current legislative activities.

Membership Committee Chair

(Rosalind Wilkins, MS, RD)

The 2003 membership survey was distributed to the members in the Summer Issue of the newsletter. The results of the survey were published in the Fall 2003 issue. Survey results assist future boards plan activities to meet member needs.

DDPD provided membership information and copies of the Tool Kit for the American Overseas Dietetic Association meeting that was held in Italy during the spring 2002. There were representatives from 21 countries

Webmaster

(Lynn Grieger, RD, CD, CDE)

The DDPD Web site debuted in the Fall of 2002 as a new member service and benefit. The following sections are included on the Web site:

- Mission
- Events
- Newsletter
- Publications
- AV Library
- Speaker stipend form
- Site links
- Membership map (members must contact the Website chair to be included in this map, as it's available to the public)

Member-only areas that are protected by password include:

- Membership database that includes all current DDPD members
- Executive board contact information
- Member forums to exchange information

In the past year, we made the following changes:

- Added the position of Web site chair to provide liaison between the DDPD executive board and the Web site design company
- added a "25th anniversary" logo to the website to celebrate DDPD's 25th anniversary
- began the process to eliminate the forums and replace them with a DDPD-member listserv. The listserv allows a more timely form of communication and should facilitate networking.
- PowerNet Designs, our Web site design company, has gone through some personnel changes that affected our site. These have now been worked out, the site has been redesigned, and we are ready to move forward with additional changes and updates. PowerNet Designs has been extremely good to work with and has kept me notified of all changes in a very timely manner.

Newsletter Editor

(Melissa Altman-Traub, MS, RD, LDN)

We have produced 4 issues of *DevelopMental Issues* with feature articles as follows:

Summer	Obesity prevention and intervention for children with special health care needs.
Fall	Abused substances impact nutrition
Winter	Fitness for people with disabilities
Spring	Cystic fibrosis guidelines (CPE article)

We have begun printing fact sheets as a visible, tangible summary of a relevant topic and new member benefit. The two fact sheets for this year were: "Substance Abuse and Nutrition" and "Nutrition-related concerns for people with Down syndrome". We have updating our advertising policy and made some contacts regarding advertising.

Three members completed the CPE article in the Spring issue.

Audiovisual Librarian

(Joyce Lowe, MS, RD)

The activity log for the AV library for DDPD from October 2002 to September 2003 indicated that we sent out 32 audiotapes, video tapes, or books. We are averaging 2-3 loans per month.

We have added a new book to the library, entitled, "*The Down Syndrome Nutrition Handbook - A Guide to Promoting Health Lifestyles*" by Joan E. Guthrie Medlen, RD, LD.

Substance Abuse

Resource Professional

(Anne Hatcher, EdD, RD, CACIII, NCACII)

In addition to contributing to the Newsletter and developing the Fact Sheet, Anne reports she continues to have approximately one question per month regarding nutrition and substance abuse.

Developmental Disorders Resource Professional (Ann Overmeyer, RD, CD)

Ann responded to questions relating to the area of developmental disabilities. There has been considerable activity on the listserv on the subject of patient education/meal planning, shopping etc. for the client residing in a group home. Ann was instrumental in the development of the Fact Sheet for Down's Syndrome.

Psychiatric Disorders

Resource Professional

(Sharon Wojnaroski)

This year all communication with members was via email, with the exception of 1 telephone call. This is a change from a few years ago when telephone was the main method of communication, with a very few emails.

The types of inquiries reflect the change in practice settings and the decrease in hospitalization of the mentally ill. The majority of the inquiries were specific to MNT for individual clients. Alternative medicine, the effect of specific foods and nutrients on mood, and weight management was by far the most sought after information.

DDPD Advertising Policy

The Dietetics in Developmental and Psychiatric Disorders Dietetic Practice Group accepts advertisements for our newsletter, *DevelopMental Issues*, under these guidelines:

- Advertisements will be limited to products and services that are of interest to our members, consistent with the goals for the dietetic practice group, and which promote sound nutrition of the patients we serve.

We reserve the right to evaluate all statements in advertisements and to refuse to accept any copy that does not follow guidelines established through the American Dietetic Association.

We require the following disclaimer in each issue of the newsletter: "The publication of an advertisement in *DevelopMental Issues* should not be construed as an endorsement of the advertiser or the product by the American Dietetic Association or this dietetic practice group.

Rates: \$2500 to sponsor an entire issue (which includes recognition at our Annual Meeting, a full page ad, a recognition notice, and one year complimentary subscription)

\$ 500 for a full page

\$ 350 for a half page ad

\$ 250 for a quarter page

\$ 125 for an eighth page (business card size)

Dietetic Practice Group members are entitled to a 20% discount.

Advertisements may be submitted any time and advertisers will receive notification of acceptance within 30 days of submission, at which time scheduling for placement will be arranged.

Advertisements must be received in camera-ready form by the designated deadline for publication along with payment in full made payable to The American Dietetic Association/DPG #12 and sent to: Melissa Altman-Traub, Newsletter Editor, Nutrisolutions@aol.com, 1556A Stoney Lane, Philadelphia, PA 19115. Phone: 215-969-0652.

2003-2004**DDPD Executive Committee****Chair (03-04)**

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Resource Professionals

Do you have a professional question you need help with? Contact the appropriate Resource Professional today!

Eating Disorders Resource Professional (00-03)

Karen Blachley, RD
Betty Ford Center
39000 Bob Hope Drive
Rancho Mirage, CA 92270
H: 760/346-9213
W: 800/854-9211 ext 4024
Fax: 760/773-4141
kblachley@bettyfordcenter.org

Eating Disorders Co-Resource Professional (03-05)

Jessica Setnick MS, RD/LD
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Dallas, Texas 75231
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Substance Abuse Resource Professional (00-03)

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Practitioner Opportunities in Dietetics Education

Dietetics is a constantly evolving field. The Commission on Accreditation for Dietetics Education (CADE) values the input of practitioners to ensure the quality and continued improvement of dietetics education. You are encouraged to use the following opportunities to assist CADE in assuring that students learn about current practice by:

- Agreeing to participate on an advisory board or focus group sponsored by a dietetics education program in your area to give input on current practice.
- Offering opportunities for service learning to dietetics education programs.
- Serving as a preceptor for Coordinated Program, Dietetic Internship or Dietetic Technician students. Preceptors guide students and faculty to opportunities and tasks that fulfill required competencies. Some of these require students to supervise or manage other staff or student teams in a project or activity.
- Communicating changes in practice with dietetics educators.
- Volunteering to serve as a dietetics education program reviewer. CADE is required by the U.S. Department of Education to send a practitioner on each site visit review team to help assure the program is up to date and reflects current practice. You must be available to serve a three-year term that includes at least 2 site visits annually plus some additional paper review documents, and attendance at a CADE-sponsored Program Reviewer Workshop when appointed.
- Notifying CADE about concerns related to the quality of education being provided. CADE has an established complaint process. Written information that you provide will be reviewed for compliance with the education standards and the dietetics education program under question is asked to respond when noncompliance is identified.

The required components of the dietetics curricula for dietitians and dietetic technicians, along with the CADE Accreditation Standards and complaint process and additional information to apply to become a program reviewer are available at <http://www.eatright.org/cade>. The Accreditation staff are available to answer questions at 800/877-1600 ext. 5400.