

What If Your Patients Won't Go Paleo

I hope you're enjoying the ADAPT Framework training so far. Make sure to join us in the private Facebook group, as well as the weekly Q&A calls and monthly webinar. We'd love to see you there.

In the last section, we talked about the best two options for getting your patients to switch to a Paleo template diet and lifestyle.

In this video, we're going to discuss what to do if your patients resist your efforts to get them to go Paleo.

Let's start with talking about some of the most common objections. In general, the best approach is to empathize with the feelings behind their objections and then provide a clear solution or alternative that meets their needs—and still accomplishes your goals as a clinician.

The #1 objection is that it's too hard or too restrictive. A lot of people feel overwhelmed by their day-to-day routine as it is, and adding strict dietary limitations feels like just another thing they have to do.

The solution here is to offer the resources I'm providing you in this training, or to direct them to a program like 14Four which holds their hand every step of the way. This kind of support should be offered to everyone, in fact, because my experience and research both show that people who have this support are more successful than people who don't. These are big changes we're asking people to make, and the more assistance we can offer, the better they will do.

The good news is that there are so many resources available now, from step-by-step programs like 14Four to cookbooks to meal delivery services. I've put together a handout that you can give your patients that lists my favorite of these resources for getting started; make sure to check that out.

The #2 objection is that Paleo is too expensive. While it is true that real food can be more expensive than processed and refined alternatives, the difference isn't as great as many people imagine, and with some smart shopping and planning ahead, it can be affordable for all. I've also created a handout that you can offer your patients with seven tips for living healthy on a budget, including strategies like buying in bulk, cooking large meals and eating leftovers, buying ingredients rather than products, and cutting out the extras.

The #3 objection is actually a category of objections that is based on misunderstandings of the Paleo diet. This includes things like, "Why should we emulate what our ancestors ate? Didn't they all die when they were 30?" and, "Isn't Paleo dangerous because of its high protein content?" and, "Won't Paleo raise my cholesterol?"

Rather than address each of these objections in this video, which would take a while, I'm going to refer you to the weekly syllabus, which has links to several articles that I've written—on my website and on other major sites like The Daily Beast and MindBodyGreen—that address them in detail.

Armed with this knowledge, you'll be able to patiently correct your patients' misconceptions about a Paleo-based approach to nutrition and hopefully open their mind to trying it.

The #4 objection is from vegetarians and vegans. Truthfully, I don't get a lot of vegans in my practice—although I do have a lot of ex-vegans who have been seriously harmed by that approach. As I said earlier, most of my patients are people that follow my blog and podcast, or who've read my book, and I don't think there are a lot of vegans in that group.

It's not extremely rare for me to get vegetarians as patients, though. In most cases, they are people of East Indian descent that have both cultural and religious reasons for avoiding meat. In other cases, they have chosen to avoid meat for moral or ethical reasons.

This might surprise you, but I don't necessarily try to convince vegetarians to start eating meat. I was a vegetarian myself for a while. In fact, I was even a macrobiotic vegan at one point. While I don't consider it unethical to eat meat and animal products now, at one time I felt that way and I respect the cultural and religious reasons that some have for avoiding meat.

So I always start by explaining that I am willing to support them in whatever choice they make. But I also remind them that they have come to me for guidance on resolving their health problems, and I tell them that I will be honest if I think that their diet is contributing to those problems. I say that it's my job to provide them with my opinion and advice, and it's their job to decide what to do with that information.

For example, if a vegetarian comes to me and the initial lab testing determines that they are deficient in B12, iron, zinc, and DHA, I will explain how a vegetarian diet leads to these deficiencies in some people, and I will ask them if they are open to adding meat back into their diet. If they are not, I won't try to force them. Instead, I'll work with them to maximize their intake of these nutrients through the foods they are willing to eat, and I will recommend supplements to make up the shortfall.

In some cases, I've found that patients who initially resist adding meat back into their diet eventually go on to do it. I think an open-minded, non-judgmental approach makes this more likely. I'm sure you've heard the saying, "What you resist, persists." This is true for dietary choices. If you put a lot of pressure on someone to change their diet, they will probably push back. But if you empathize and respect their choices and simply provide them with information, they will be much more likely to consider a change.

I've provided some resources to help you if you find yourself in this situation.

First, check out the weekly syllabus. For this week, you will see links to a few articles I've written highlighting the most common nutrient deficiencies that occur with vegan and vegetarian diets. I've also linked to a couple articles and a book that debunks some of the myths surrounding the environmental impacts of pasture-raised meat. If you familiarize yourself with these resources, you'll have an easier time providing your patients with the information they need to make informed choices.

Second, I've included a handout in this week's content area called "Paleo for Vegetarians" that you can give to your patients. It highlights the nutrients that vegetarians tend to be deficient in and provides both vegetarian food sources of those nutrients as well as supplement recommendations.

As for vegans, that's a tougher nut to crack. I don't believe it's possible for most vegans to avoid nutrient deficiency unless they are supplementing. While vegetarians can find some of the required nutrients in animal products like eggs and dairy, vegans exclude even those. And while plants do contain some of the important nutrients like zinc and iron, the bioavailability of those nutrients is poor in plant sources. I explain all of this in the articles I mentioned above.

Finally, if you have a patient that is just resisting making many dietary changes at all ... perhaps because they're in the middle of a highly stressful period in their lives ... maybe they are moving across the country, or a loved one just died, or they lost their job ... then you can have them focus on the three most important dietary changes: eliminating refined flour, refined sugar, and industrial seed oils.

These foods now comprise over 50 percent of the total calories consumed each day by people in the industrialized world. Not only are they almost completely devoid of the nutrients our bodies and our gut bacteria need to function well, when consumed in excess they promote weight gain, inflammation, oxidative stress, and gut dysbiosis, and they contribute to virtually every modern disease you can think of.

If the only thing your patient can do is eliminate these three foods, they will still see an enormous improvement in their health. Then, once they are feeling better from those changes, you can encourage them to take the next step.

Okay, that's it for now. In the next nutrition section we'll be covering the eight key principles of a nutrient-dense, anti-inflammatory diet. See you soon.