

TSET Better Health Podcast Transcript

Episode 23: Breaking Bad (Habits)

January 27, 2022

Summary: 2022 is in full swing. Making New Year's resolutions are a common practice, but we often struggle with maintaining them through the year. For this episode, special guests Dr. Jon Hart, Oklahoma Tobacco Helpline Director, and Dr. Ashley Weedn, a pediatrician specializing in childhood obesity, walk us through what it takes to make lasting lifestyle changes for health and wellness.

All music licensed through PremiumBeat. Full transcripts and music credits available at tset.ok.gov/podcast.

[Theme music]

James Tyree: Hello and welcome to the TSET Better Health Podcast. This is your host James Tyree, a health communication consultant at TSET.

Cate Howell: And this is Cate Howell, TSET podcast producer.

We can hardly believe it's already 2022. The last two years of building up this podcast, meeting so many interesting people and hearing their stories, and not to mention adapting to life in a pandemic have been an adventure to say the least. But here we are: it's January 2022, and we're still going strong. This month is a popular time to create New Year's resolutions for better health and self-improvement, but they're often abandoned by February or March. So today we will explore why that happens and how we can follow through on our commitments year round.

J. Tyree: To that end, we have a couple of special guests with us today to discuss two of the most important aspects of better health: quitting tobacco and maintaining a balanced diet.

[01:03]

[Music: ["With the Winds" by Nick Petrov](#)]

But before we can build good habits, we have to eliminate bad ones. Dr. Jon Hart walks us through the process and importance of beating nicotine addiction.

Dr. Jon Hart: Jon Hart, an assistant professor there at the University of Oklahoma Health Sciences Center. That's also where I serve as the director of the Oklahoma Tobacco Helpline.

J. Tyree: Dr. Hart specializes in health psychology. He's worked with kids, veterans and people of all ages who deal with hardships and health complications. In other words, Dr. Hart has extensive experience in using psychology to help people cope with trauma and improve

their health at the same time, and that's the expertise he brings to the Oklahoma Tobacco Helpline.

[01:56]

Dr. Hart: Psychologists – their area of expertise really is cognitive and behavioral change. When you think about what the helpline is trying to help folks accomplish, part of it is a change in some thinking, and ultimately, though, that thinking change leading to some changing in acting and behaving with tobacco use and trying to kick that habit. Being a psychologist definitely is a complement with the overall mission of what the helpline's trying to do.

The helpline has certainly grown and developed beyond just the 1-800-QUIT-NOW thing. We have an online presence that's going to continue this next year and expand some and even branching out and trying to engage people more digitally via text and web and different things like that. But I would say the overarching mission of the helpline is to provide the support that's oftentimes missing, but that we all need when we're trying to kick any habit.

[02:58]

J. Tyree: Tobacco use, in particular, is one of the most difficult habits to kick. There is so much more happening with tobacco addiction than a chemical dependency. Psychological and social elements at play create even more obstacles for an aspiring non-smoker.

Dr. Hart: When you look at tobacco use in general, it's not just a private thing that someone just does that has no larger cultural implication. When you look at tobacco use, really it does kind of have a culture all of its own. People generally are pretty aware of the aspect of nicotine dependence, and, you know, dependence on any substance is hard to stop. And it's not just substances that we would typically categorize in the box of a drug, but even things like caffeine and sugar, like my cup of coffee that I have sitting here on my desk. If I had woken up and not taken that coffee, I would probably have a headache right now.

[03:57]

So we don't generally struggle with the wrapping our minds around the physical aspect of regularly consuming a thing and our body growing dependent on it and it's hard to stop using it, but I think what makes tobacco extra tricky is the other aspects of it that maybe aren't directly tied to chemical changes in our brain when we're using the tobacco, but it's the habitual component. When we attach our cigarette use to, you know, what we're doing when we're hanging out with friends, or what we do when we drink or what we do when we're stressed out or just how I spend my breaks that I get at hour intervals throughout the day, it takes on an additional layer of difficulty because then it's not just about taking a thing away, we've got to find a thing that we're going to replace it with, and then that's an additional problem.

[04:42]

So it does make it I think uniquely difficult because it's not just a matter of getting through the physical withdrawal and then our body hitting a new state of equilibrium and peace chemically. But we're also talking about a behavior that we've integrated into our day and our life, and if we're going to rid ourselves of that, it did serve a purpose. Even if the purpose was ultimately not a constructive one, it served a purpose. And so if we're going to take that away, then there's a void there and it's got to be filled with something, and I think it can be a struggle sometimes to figure out what to fill that void with.

[05:16]

J. Tyree: It's not easy finding ways to fill the void, but Dr. Hart does have a few suggestions.

Dr. Hart: There's kind of two levels of the void. One is just literally, "What am I going to do with that time?" For some people that's something as seemingly superficial as just a really solid distraction, a fidget spinner or some sort of puzzle, or an online app that I'm going to just lose myself in and be distracted while that craving comes and goes. But then there's that deeper level of the void, of, "This tobacco use was filling this area of not just my behavior, but of my thinking. And so as I realized that I'm missing that, what do I tap to come in and fill that space?" I think that's what ends up coming back to, "What's my reason for wanting to stop doing this to begin with?"

[06:05]

J. Tyree: Finding and reinforcing that reason for quitting is critical to one's success. One reason tobacco use, or any habit for that matter, is so enticing is because of the instant gratification we receive when engaging in it. Thinking about the long-term and abstaining from those comfortable, gratifying habits can be difficult when the results we're seeking don't happen right away, which is a big reason why New Year's resolutions might not stick.

Dr. Hart: The New Year's resolution, as we all know, can be an initially motivating thing that becomes quickly frustrating and discouraging because it is super hard. And like we touched on, I think tobacco use and dependence is especially difficult. There's a new book that came out, and it was highlighted in Scientific American. It was talking about unique approaches to tackling this year's resolution.

[07:05]

We know that there's this kind of middle effect in terms of motivation and that when we initiate a resolution, motivation's high, we feel really good. And kind of like a race, you hear that gun go off and you sprint, but you know if you've run a race, if you run too fast at the beginning, you're going to hit that middle section and it's going to be a struggle. But then when you know that finish line's coming up, you tend to have that motivation to increase again. And so just knowing that that middle place is coming and trying to find little ways to keep the motivation high through that in-between time is an important one. And so little mini goals, setting little mini quit dates to the ultimate quit date – all

these little things that can kind of help us reinitiate through the in-between time can help carry us through that part of the journey that tends to be a little mundane, and that's a lot of times where we become complacent and let the goal go.

[08:00]

J. Tyree: Breaking up big goals into smaller milestones is a common strategy for anyone looking to make a lasting change. But Dr. Hart also gives a surprising piece of advice for getting and staying motivated.

Dr. Hart: You know, we go to the internet, we go to other experts seeking advice on how to do a thing. And what this researcher found was that the act of giving advice actually was related to increases in motivation and ability to keep a thing going.

In particular, if you are trying to tackle quitting tobacco this year, I would say based on this little exploration and some of the newer research on how to keep motivation high, giving advice, having a partner, either someone else who's also trying the same thing, and you can advise them on, "Hey, here's, what's working for me. Here's what's not working for me. Maybe avoid this." Even just the act of telling somebody things that, "Hey, I tried this and it's not working. I got to find something new," in an effort to help them maybe avoid that, has proven to be a helpful thing in keeping *your* motivation up.

[09:03]

And I think as I read that, I thought, "Yeah, but what about the person that either doesn't have anybody they're connected to that's using tobacco or doesn't know how to connect to a person that is to where they could even give advice, or maybe the people that they would hypothetically give this advice to, they're not ready to hear it. How do we use that research to still be helpful?" And I think something that we'll use in counseling sometimes that applies to this as well is whether that's through journaling or some other way of documenting it, but still giving that advice, but maybe you're giving it to your future self for when you are struggling to keep it going. Or maybe you are pulling from, "What's my motivation for quitting?" and let's say it is family. So maybe that advice is something you're writing down for your future kid when they're considering starting up this habit, or maybe they did and they're trying to quit, and this would be your advice to them. So I think there's still a way that we can kind of engage in that idea of, "Here's the advice I would give to someone else on this journey." Because they found that just going through the routine of giving that advice, coming up with that advice, it can be helpful to the person that's giving it.

[10:13]

J. Tyree: Sharing one's experiences on their quit journey and the lessons they learned along the way really can be a powerful motivator for oneself *and* others. Yet sometimes it can be tough to discuss what we're going through with others. Why is that?

Dr. Hart: One, we feel like, “Well, there's no way they'll understand.” And two, “Well, you know, to share it with them, that's just going to get them down, and I don't want to be a burden.”

You know, it's funny because a lot of times when that comes up, when I'm talking to someone and we flip it, and they very much want the people that they care about to reach out to them. And we explore, like, “Well man, does that really put you out? And you feel like, ‘They're such a burden. I wish they would just take their problem somewhere else.’” The answer is no. They want their loved ones and people they care about to share that with them because they want to be able to help them because it's a blessing to them to be able to be helpful. And so when we keep our burdens to ourselves, we're robbing someone of the opportunity to grow and experience that joy that comes from helping someone else.

It's a connection with someone who cares about what you're talking about. You're not annoying them sharing that. You don't have to feel like you're burdening them.

[11:29]

[Music: [“Infinity Circles” by DarkBlue Studio](#)]

J. Tyree: Dr. Hart mentioned one final ingredient for cultivating a healthy mindset that nourishes growth and change: getting comfortable with discomfort.

Dr. Hart: One other thing from this article that I read, which kind of stood out to me, which is a good reminder, is the importance of reframing discomfort. When we've gotten in a habit, whether that habit is good for us or not, the most comfortable place is going to be to just continue that habit. And it's important to remember when we're trying to break a habit, we're looking to be uncomfortable, at least temporarily. Ultimately the goal is to get comfortable with the new rhythm, but in the time of change, what we're shooting for is some discomfort. So reframing the experience of some discomfort when we're trying to break a habit is important because we want to break away from that message of, “I'm uncomfortable. That's bad.” No. If we're trying to change a habit, we're going to experience some discomfort, but that means it's working. That means we're on the right track.

[12:38]

C. Howell: Reframing discomfort as a good thing seems like common sense, but it's much easier said than done. It's in our biology to avoid discomfort and stick with the familiar, even if what's familiar is detrimental to us in the long run.

[Music: [“Innovative Approach” by Pavel Yudin](#)]

Dr. Ashley Weedn, a pediatrician with OU Health, specializes in childhood obesity research and treatment. Like Dr. Hart, she explains that there are deep psychological

and cultural phenomena happening beneath the surface of poor health habits, but her focus is on nutrition.

[13:12]

Dr. Ashley Weedn: My name is Dr. Ashley Weedn. I am a pediatrician and researcher and also serve as the medical director of our pediatric multidisciplinary weight management clinic, Healthy Futures at OU Health.

I've always been interested in preventive care and preventive medicine and public health, and so I thought prevention begins in childhood, so that led me to pediatrics, and also it's a joy to work with kids. So I trained in pediatrics, specifically did additional training in pediatric weight management for children, and then did some additional training in public health and research.

C. Howell: If prevention begins in childhood, then forming healthy habits as children is the best way to prevent health complications as adults. But right now, we're seeing a big increase in children struggling with their health. So Dr. Weedn brings us back to basics and talks through some of what's happening under the surface.

[14:00]

Dr. Weedn: I'll start with, "How does a balanced diet affect our body and mind?" And what I would say is that a balanced diet's very important for our overall long term health. A balanced diet means eating a variety of fruits and vegetables and proteins at most meals, and in today's busy world, that can be really hard to achieve on a daily basis, much less at every meal. We know that highly processed foods – so those are the foods that are packaged, that have a long list of ingredients and some fast foods, that have too many added sugars – those lead to pre-diabetes and fatty liver disease and early cholesterol issues that we see even in childhood.

A lot of times when we eat too much sugar that leads to increased appetite, which can lead to excess portions and weight gain. We know that good nutrition, activity and sleep are also important for like our performance, and for kids that means how well they do at school. So kind of the mantra of a healthy breakfast, regular movement or activity and enough sleep are all important and really can help kids have enough energy during the day and better school performance.

[15:14]

C. Howell: It's no secret that a balanced diet leads to better outcomes in almost every way – better physical and mental health, improved immune system, more energy, et cetera. We know this, and we've known this for a long time. So why do we continue to struggle with maintaining a balanced diet?

Dr. Weedn: The four most common kind of challenges for families are time, stress, resources and also family support for making lifestyle changes. So those are pretty significant barriers that families are having to juggle.

I think a lot of the challenge is what expectations are for, you know, “I need to have a completely healthy lifestyle,” and what that means, and every person or family may have a different set of expectations or ideas. And when we look at the barriers of time and stress and resources and support, one issue is time. So if someone has the goals of, “I’m going to eat healthy, work out every day,” and they haven’t been doing that for months, jumping in and trying to do everything at once can take a lot of time. It can, if we’re already very busy, especially for parents, especially right now, that can add a lot of stress.

[16:37]

Also there’s challenges if a family’s been eating a certain way, there can be pushback. If you’re trying to make healthy changes, maybe the kids don’t want those vegetables on their plates at night, right? So navigating any conflict about making nutritional changes and keeping those can be exhausting for parents. Every night kind of having to encourage healthy eating for a family – we don’t want those to turn into food battles. And so that’s why it’s really important to have the whole family support in making changes and making small changes over time.

[17:14]

C. Howell: And that is a *huge* challenge. Children aren’t exactly known for embracing vegetables. Turning every meal into a battle is a bad experience for everyone involved, and it can even lead to some long-term issues by associating negative emotions with healthy food. But there’s another dangerous issue at play here with long-lasting psychological ramifications: fatphobia and the stigma of weight gain.

Dr. Weedn: We also see a lot of patients and parents who are initially just focused on not necessarily a complete healthy lifestyle, but focused on losing weight, which can be a great goal, but if the focus is on losing weight rather than eating healthy, that can be difficult.

If we set weight goals – and frequently parents will say, “How much does my child need to weigh?” – what happens is if that goal isn’t met, it actually decreases the self-esteem, right? And confidence. Because if the metric is a number on a scale, it can be very defeating and it’s short term. You can lose weight quickly, but you can also gain it back quickly. We see that quite a bit in our teens. They’ll come back with a 20 pound weight loss and they now have diabetes because they only eat one meal a day and it’s got sugar. So they’re meeting their calorie quote-unquote, you know, “requirement.” But the types of foods they’re eating have led to an increase in their sugar levels.

[18:51]

And so our focus is really on working with a family on overall health, because if the goal is for their child to be as healthy as possible, then ultimately the changes they make will help with kind of weight management or weight goals. So even kind of at that first appointment, trying to set expectations as far as what's motivating for your family to make healthy lifestyle choices and kind of setting realistic expectations about weight.

But really it goes further than that. That's why we're a multidisciplinary clinic. We also have a pediatric psychologist because we want to build confidence and esteem in eating a healthy lifestyle. And that children, when they're eating a healthy lifestyle, they're actually improving their own health. So for example, instead of focusing on a weight goal, maybe a child is a little upset because they can't ride a bike and keep up with their friends. And so we focus on how do we increase the activity level gradually over time to where they meet that goal of theirs, right? That leads to more exercise that ultimately as they're also working on nutrition changes improve their esteem because they're gaining confidence that they're meeting those goals and long term, it really helps with their weight. So having the focus on health can impact weight, but our focus is really making sure that child is healthy inside their body and are able to achieve the things that they want to achieve and increase their confidence and self-esteem.

[20:32]

C. Howell: That's a great point to consider – encouraging a child or youth eat healthier so they can do the things *they* want to do, which builds confidence, instead of making weight loss the primary goal, which can be harmful. So we have considered a lot here: the usual struggles of time, stress, resources and lack of family support, along with the psychological minefield of weight stigma. But now there's another added pressure: the COVID-19 pandemic.

Dr. Weedn: The pandemic is emotionally exhausting, especially for parents now with the current surge and its impact on their children and schools, but also parents for the workforce and the hospitals.

[21:18]

I think now more than ever with the pandemic, not only is it challenging from a health perspective, but the mental health. The American Academy of Pediatrics has issued kind of an alert to pediatricians about mental health among our children. And so to be able to really fully take care of our children, we also have to take care of ourselves.

And so what we know is that a good night's sleep and trying to set aside again, just a small goal, like set aside 15 minutes to take a walk, to get fresh air, to get some movement, to do that ideally as a family within 15 minutes. Again, that's different than, "I'm going to work out 30 minutes a day." Just go take a walk for 15 minutes. Those things do help both our body, but also our mental health and our function. So activity helps with depression. It helps with our cognition. Sleep helps our immune system. It's important for our energy levels, overall function, and it even impacts our metabolism.

[22:23]

I mean, I think everyone's just hanging in there and that's okay. I mean, there are times where that's all we can do, but even again, taking steps to get more rest, same thing with nutrition, is not putting a lot of goals right now, but trying to eat something healthy so that we have some energy to bring to school and work so that we can kind of get through this.

C. Howell: So now that we know how complex and daunting all of this can feel, what's our strategy? How do we implement healthy eating habits – or any healthy habits for that matter?

Dr. Weedn: One at a time. So the best ways to kind of move that trajectory is really to do it kind of one goal at a time because trying to make too many changes at once is really difficult. So we recommend for a family to make one healthy goal per visit, and then we guide the families in making a goal that will work for the entire family. And then if they're successful at making and keeping that goal for a month, then they add another goal, and over time this has a cumulative effect. So if a family's not, for example, working with a dietitian or their pediatrician, so how do they kind of know what goal to start on? I would suggest that they kind of figure out what's something that they, as a family, are interested and they feel like they could do together.

[23:56]

So for example, if they look at their nutritional habits and at home, just starting at the home, and they're drinking a lot of juice or soda or sweet tea or whatever the sugary beverage of choice is, because that has an impact. Added sugar – it has a pretty significant impact on our health, even at an early age, even our activity level, our mental health – all of it. So that's when we always kind of start with, with families if they're interested. And so if that's something that the whole family's like, “Yeah, I could try to maybe change that soda or juice to something that still has flavor,” maybe not to water, which we know is kind of the best drink for us, but just to try to take one step and move from a sugar version to a non-sugar version.

So if that's soda moving to diet soda, if that's juice moving to Crystal Light, if it's sweet tea, moving to unsweet tea with like Splenda, then that's a step in a direction of decreasing sugar, and that's a step in making a healthy lifestyle change. It's just kind of replacing one piece of their nutrition, in this case a drink, for a healthier alternative. And then if you know, they're drinking five glasses of juice a day, the child is, and they switch to Crystal Light and are doing that five times a day, then trying to decrease that to two times a day and increase water, right? So it's slow steps over time.

[25:40]

C. Howell: And as far as food intake goes, Dr. Weedn shared some resources available right on TSET's Shape Your Future website!

Dr. Weedn: A balanced diet is, as I mentioned before, eating a variety of fruits and vegetables and proteins at most meals. And so how do we achieve that? Or what does that look like? We reference the [MyPlate](#) that USDA has and that has been looked at for kind of healthy, balanced eating. And so MyPlate, and I believe TSET has a [resource for parents](#) online, it's half your plate is fruits and vegetables and then a quarter of your plate is a protein. And then a quarter of your plate is a grain. (And ideally that's a whole grain, but also just kind of any grain or carbohydrate.) So that is kind of the balanced plate that we recommend for kind of balanced, healthy eating.

And the half a plate of fruits of vegetables can sound really intimidating, especially that's not achievable at every meal, but starting with one meal a day, look at dinner and making sure that you're putting fruits and vegetables on there. And you may not begin to start with like a half a plate, but starting with a fourth and then growing that. And there are lots of kind of different ways and recipes to get that up to half a plate.

[27:03]

[Music: [“Another Little World” by Leon](#)]

C. Howell: There are so many resources out there available to anyone who's ready to make healthy changes in their lives for themselves and their families. But the final piece of advice from Dr. Weedn is to be kind to yourself and take it one small change at a time.

Dr. Weedn: The other piece that's important is, in my experience, a lot of parents and patients kind of expect perfection. I have to do what we call in the medical field “the gold standard.” So I'm going to drink healthier drinks. So I'm going to give up my soda and juice and sweet tea, flavored coffees, all of that and just drink water, right? Which is ideal, but may not be sustainable. And again, that's where if you can swap out for a healthier alternative, even though it's not the healthiest, then that's one way to get closer to your goal while continuing to work on increasing more water.

Well, I'd like to just put out as a reminder to parents and families and really anyone that's interested in making healthy lifestyle changes to give yourself some grace during this time, during the pandemic, but also to try to take care of yourself by doing one healthy thing a day as a starting point.

[28:34]

C. Howell: You can find guides, posters, tasty recipes, links to more nutritional resources and even motivational phone backgrounds at [shapeyourfutureok.com](#). And we've also discussed nutrition and quitting tobacco in some previous episodes of the TSET Better Health Podcast, available at [tset.ok.gov/podcast](#). Be sure to follow us on social media [@OklahomaTSET](#) for updates.

J. Tyree: We'd like to give sincere thanks to our esteemed guests, Drs. Jon Hart and Ashley Weedn, and to you, our listeners, for tuning in and sharing your time with us. Remember that wherever you are on your health journey is perfectly fine. Just stay on course and

keep moving forward – or give yourself grace and try again. In either case, we are here for you. Until next time, this is James Tyree –

C. Howell: And Cate Howell –

J. Tyree: Wishing you peace –

C. Howell: – and Better Health.

[Theme music]

[29:54]