

PARTICIPANT'S GUIDE

MADE TO
CRAVE
ACTION PLAN

YOUR JOURNEY TO
HEALTHY LIVING

SIX SESSIONS

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WITH CHRISTINE M. ANDERSON



Take Action

Identify Your First Steps

Welcome!

Welcome to Session 1 of the *Made to Crave Action Plan*. You're about to embark on a spiritual adventure with great physical benefits! If this is your first time together as a group, take a moment to introduce yourselves to each other before watching the video. Then let's get started!

Video: *Take Action* (27 MINUTES)

Play the video segment for Session 1. As you watch, use the outline (pages 11 – 14) to follow along or to take notes on anything that stands out to you.

Notes

Made to Crave was about finding your “want-to.” *Made to Crave Action Plan* is about finding your “how-to.”

Most of us feel underweight spiritually and overweight physically.

Combining the power of scientific research, biblical principles, and loving accountability will help us reach our weight loss goals.

We feel defeated when we bounce back and forth between gaining and losing, feeling deprived and feeling guilty, trying to eat healthy and eating whatever we want.

This is an issue physically, emotionally, and spiritually.

This is a grace place.

God loves you right where you are.

You can't use up all your grace with God.

The story of Adam and Eve (Genesis 3)

God is asking us to go to a new place.

We have a physical indication of a spiritual situation.

We are spiritually underweight and physically overweight.

Made to Crave is about learning to crave God more than we crave food.

“Seek first his kingdom . . . and all these things will be added [given] to you” (Matthew 6:33 NASB).

The Greek word for “seek” is *zeteo* (dzay-teh'-o). It means to crave.



Influences that make healthy eating hard for people:

- The marketing efforts of the food industry push us to consume 3,800 calories a day. (Average daily calorie intake to maintain current weight is approximately 2,000 calories—1,800 for women and 2,200 for men.)
- God created us with hunter/gatherer genes that would enable us to survive famine.
- There have been dramatic changes in the packaged food industry, including a significant increase in the use of high-fructose corn syrup and refined oils and the removal of whole grains from the food supply.

The impact of these factors and other changes to our food supply has led to terrible problems:

- Obesity
- Inflammatory diseases
- Damaged self-esteem

It's not your fault. You are not bad, horrible, and lazy.

It's important to look at what is healthy for each individual person. We must individually determine what we need and what our goals are.

Five principles for healthy eating and weight loss

1. Add fish (omega-3s)
2. Increase fiber
3. Exercise
4. Reduce calories
5. Increase nutrient-rich fruits and veggies (polyphenols)

These are scientifically proven strategies we can utilize to lose weight without being hungry and to develop a healthy lifestyle.

Increase fiber

Women: 25 grams of fiber a day

Men: 35 grams of fiber a day

Fiber signals satiety genes that tell you you're full. It allows you to diet without being hungry.

Tip: Drinking 16 ounces of water in the morning can reduce your caloric intake by up to 25 percent for that day.

Optional Video: *Interview with Kathrine Lee* (9 MINUTES)

If your group has more than one hour, consider watching this video featuring an interview with Kathrine Lee. Kathrine describes how she has gained and lost weight, and shares the vital importance of building healthy eating efforts on the right foundation.

Group Discussion (31 MINUTES)

Take a few minutes to talk about what you just watched.

1. What part of the teaching had the most impact on you?

A Grace Place

2. One of the first steps in developing long-term healthy eating habits is choosing a food plan. Which of the following movie titles best describes your response when you hear the words “food plan” or “diet”? Share the reasons for your response.

☐ *Psycho*

☐ *Do the Right Thing*

☐ *Leap of Faith*

☐ *Les Miserables*

☐ *Mission Impossible*

☐ *Saving Grace*

☐ *Life Is Beautiful*

☐ *A Time to Kill*

☐ *High Noon*

☐ *Independence Day*

3. Lysa describes how she felt defeated when she continually bounced between gaining and losing, progress and failure, deprivation and guilt. How have your past efforts to eat healthy or lose weight impacted you — physically, emotionally, and spiritually?

4. On the video, Lysa says, “Many times I felt like I was going to use up all my grace with God. Like God would say, ‘Enough! You need to go away.’”
- What thoughts or emotions are you aware of when you consider inviting God into your struggles with food?
 - What kind of grace or mercy do you need most from God?
 - What would help you to feel safe here—to feel that this group is a “grace place”?

Healthy Eating Factors and Principles

5. Dr. Chilton described several factors that make it difficult for people today to eat healthy. *For example:* hunter/gatherer genes; food industry marketing; increased consumption of high fructose corn syrup and refined oils; and diminished use of whole grains.
- After hearing about all these factors, what was your response to Dr. Chilton’s statement, “It’s not your fault”?
 - How do you think this statement might be misunderstood?
6. Dr. Chilton outlined five principles that are scientifically proven to help us get healthy and lose weight: (1) add fish (omega-3s); (2) increase fiber; (3) exercise; (4) reduce calories; (5) increase nutrient-rich fruits and veggies (polyphenols).
- What is your initial reaction to these principles?
 - Which of the principles are you most interested in learning more about and putting into practice? Why?

Optional Partner Activity: *Jumpstart Your Action Plan* (10–12 MINUTES)

If your group has more than one hour, consider using this partner activity as part of your meeting.

Each session of this curriculum includes a personal study and action plan to help you make progress in achieving your healthy eating goals. For each week, you'll have several action plan options to choose from. Some are simple and can be done within a day or two; others are more involved and may take additional thought and planning. Knowing what your options are provides a great jumpstart in taking your next steps.

1. Pair up with one other person.
2. Turn to the Action Items list beginning on page 22. Read the list aloud, taking turns after each item.
3. Place a checkmark next to any action item(s) you'd like to consider. (You can still adjust and finalize your plan during your personal study.)
4. Tell your partner the items you checked. Briefly describe why you think these might be good choices for you.

Individual Activity: *What I Want to Remember* (2 MINUTES)

Complete this activity on your own.

1. Briefly review the outline and any notes you took.
2. In the space below, write down the most significant thing you gained in this session—from the teaching, activities, or discussions.

What I want to remember from this session . . .

Closing Prayer

Close your time together with prayer.



Between-Sessions Personal Study and Action Plan

1. On the video, Lysa says that most of us are underweight spiritually and overweight physically. Which of the phrases below best describes your current spiritual condition?

- ☐ Severely malnourished
- ☐ Moderately malnourished
- ☐ Mildly malnourished
- ☐ Adequately nourished
- ☐ Well nourished

What factors contribute to your current spiritual condition? *For example:* a consistent practice of spiritual disciplines, or the lack thereof; difficult or beneficial circumstances; emotional setbacks or breakthroughs, etc.

2. Struggles with food can cause problems physically, emotionally, relationally, and spiritually. To get a clearer picture of where you are right now, complete the Starting Point Assessment on pages 24–26. Respond to the questions below after completing the assessment.

Would you say your response totals and assessment descriptions for each section seem true of you? Why or why not?

Physical . . .

Emotional . . .

Relational . . .

Spiritual . . .

3. Wherever you are right now, God's loving invitation is to begin a journey to a new place, a grace place. Lysa describes it as a spiritual journey with great physical benefits. How do you feel about embarking on this journey? Circle the number below that best describes your response.

1	2	3	4	5	6	7	8	9	10
Whoa!				Slow!					Let's go!
I feel resistant and cautious.				I feel mixed—part of me feels resistant and part of me feels excited.					I feel excited and eager to begin.

What might the number you circled indicate about your need for grace?

What kind of grace do you feel you need to help you take your next steps?

4. Page 22 lists three action plan options to help you take next steps. Some are simple and can be done within a day or two; others are more involved and may take additional thought and planning. All of them focus on helping you to establish your starting point.
- Take a few moments to review the Action Items list on page 22 and to consider the action(s) you might take. Place a checkmark next to any items you want to consider. If you would like to do something not on the list, write your own ideas in the space provided at the end.
 - Go back and review the items you checked. In the chart on page 20, write down the actions you want to take. For each item you list, write down a timeframe in which you will either complete or begin to take that action (*for example*: by Tuesday or within two days, etc.).

After completing your action plan, use the guided prayer on page 21 or your own prayer to conclude your personal study.

MY ACTION PLAN

ACTIONS I WILL TAKE	TIMEFRAME

Guided Prayer

God,

Thank You for inviting me to begin a journey to a new place, a grace place, in my struggles with food.

I feel all kinds of things right now, but I especially feel . . .

I am deeply aware of my need for Your grace, specifically for . . .

I commit my action plan for this week to You. I ask for Your power and encouragement to achieve my goals. Specifically, I ask for help with . . .

Thank You, Lord, for all the grace You've given me my whole life long. Help me to believe deep down in my heart that Your grace will continue to sustain me on this new journey. Amen.



Action Items

- ☐ **Document your “before.”** Use a cloth measuring tape and the worksheet on page 27 to document your current measurements. Ask a friend to measure you. You'll get the most accurate measurements if you allow someone to help you rather than trying to do it yourself. Then, if you'd like, ask your friend to take your “before” picture.

If you resist the idea of documenting your starting measurements or taking a picture because you think it will be discouraging, try to think of it instead as an investment in future encouragement. Facts are your friends — even if they initially have hard things to say. Documenting your starting point is one of the best ways to mark and celebrate your progress.

- ☐ **Make an appointment.** Call your doctor and make an appointment for a routine physical. (You knew this one was coming, right?) Weight and inches are helpful indicators of weight loss but they don't provide a complete picture of your health. In order to track progress toward a healthier lifestyle, it's vitally important to include some measurements that only your doctor can provide. It's also essential to get your doctor's input and clearance before starting any new food and exercise plan. Read the guidelines on page 28 before scheduling your appointment.

- ☐ **Be a food photojournalist for a day (or more).** Get a one-day snapshot of what you typically eat by keeping a food diary and/or by taking pictures. Use a pad of paper or the food diary on pages 30–31 to write down what you eat; use your phone or digital camera to take pictures of what you eat. Nothing is too small — gum, two M&M's, half a glass of juice, etc. If it's going into your mouth, write it down and take a picture of it. To get an even clearer snapshot of what you typically eat, consider keeping a food diary and taking pictures for at least three days. (It's okay to make a few photocopies of the food diary.)

After completing your food diary and photos, take some time to review them. What stands out to you about what you wrote in your food diary? About your photos? Use a pad of paper or your journal to note your observations and to reflect on any insights they provide about your eating patterns.

My Ideas

☐☐☐

Starting Point Assessment

For each of the items listed below, rate the degree to which that statement describes you. Use the following scale:

3 = Completely true of me

2 = Mostly true of me

1 = Somewhat true of me

0 = Not true of me

Section A: *Physical*

- _____ I have gained and lost weight several times.
- _____ I don't have as much physical energy as I wish I did.
- _____ I have health concerns that are weight related.
- _____ I sometimes eat in secret or hide food.
- _____ My food choices are often high in fat or sugar.
- _____ I sometimes skip meals.
- _____ I avoid stepping on a scale because I do not want to know my weight.
- _____ I eat foods typically considered unhealthy fast food several times a week.
- _____ I avoid going to the doctor because of my weight.
- _____ The clothes I wore at this time last year are uncomfortably tight or no longer fit.

_____ **Section A Total**

Section B: *Emotional*

- _____ I think about food way too much.
- _____ I feel embarrassed about my weight or appearance.
- _____ The thought of changing how I eat makes me feel sad.
- _____ I feel defeated and discouraged about issues related to weight or food.
- _____ I say negative things to myself ("You're so fat," "You're ugly," "You're not capable of getting your act together when it comes to food").
- _____ I feel guilty or embarrassed about what I eat or the size of my portions.
- _____ I think I will always struggle with this issue.
- _____ I eat for emotional reasons—for comfort, out of boredom, to relieve stress.
- _____ I sometimes feel like food is more powerful than I am.
- _____ When it comes to food and weight, I feel like I am trapped in a vicious cycle with no way out.

_____ **Section B Total**

Section C: *Relational*

- _____ I avoid doing things with friends if the activity requires physical exertion.
- _____ I don't have much confidence when meeting someone new because I am self-conscious about my appearance.
- _____ My marriage or dating life has been negatively impacted by my weight or other issues related to food.
- _____ I avoid reconnecting with old friends because I don't want them to see how much weight I've gained.
- _____ Friends or family have made comments about my weight or other issues related to food.
- _____ I avoid dating or being intimate with my spouse because of my weight or other issues related to food.
- _____ I feel I would be easier to love if food or weight weren't issues in my life.
- _____ My kids or others I am close to sometimes seem embarrassed about my appearance.
- _____ I avoid spending time with people who are attractive because I feel so unattractive around them.
- _____ I feel my relational life has been significantly impacted by my weight or other issues related to food.

_____ **Section C Total**

Section D: *Spiritual*

- _____ I'm not sure this is an issue God cares about.
- _____ The Bible hasn't really helped me with this area of my life.
- _____ I don't see a connection between what I eat and my relationship with God.
- _____ I tend to think of overindulgence in food as the "acceptable sin."
- _____ When I need comfort, I turn to food before I turn to God.
- _____ Prayer doesn't seem to help me with my food issues.
- _____ I'm reluctant to bring this issue to God.
- _____ I'm open to God challenging me in any area of life except food and exercise.
- _____ I sometimes feel angry or resent God for allowing food to be my issue.
- _____ I am embarrassed to ask others to pray for me about my struggles with food.

_____ **Section D Total**

Transfer your four section totals to the spaces indicated below.

Section A: Physical _____

Section B: Emotional _____

Section C: Relational _____

Section D: Spiritual _____

IF YOUR TOTAL FOR A SECTION IS ...	IT’S LIKELY THAT ...
23–30	Issues with food routinely cause significant pain or struggle in this area of your life.
15–22	Issues with food often cause pain or struggle in this area of your life.
8–14	Issues with food occasionally cause pain or struggle in this area of your life.
7 or less	Issues with food rarely cause pain or struggle in this area of your life.

Measurements Worksheet

BIOMETRICS	STARTING POINT _____ DATE	ONE MONTH _____ DATE	TWO MONTHS _____ DATE	THREE MONTHS _____ DATE
HEIGHT				
WEIGHT				
BMI Body Mass Index	Refer to the BMI chart on pages 32–33. Note the BMI number and the designation (normal, overweight, etc.).			
BUST	Measure at the fullest part of your bust, across the nipples; your arms should be down.			
WAIST	Measure at your natural waistline, an inch or two above your belly button.			
HIPS	Measure at the widest point; your legs should be together.			
BICEPS	Left Right	Left Right	Left Right	Left Right
	Measure at the center point between your shoulder and your elbow.			
THIGHS	Left Right	Left Right	Left Right	Left Right
	Measure at the center point between your inseam and your knee.			
CALVES	Left Right	Left Right	Left Right	Left Right
	Measure at the widest point.			

Doctor Appointment Guidelines

Before Your Appointment

When you call to schedule your appointment, ask if it's possible to schedule routine blood work a couple days *prior* to your exam. Scheduling blood work ahead of time enables you to discuss the lab results with your doctor during your appointment.

Ask for the lab tests that will give you the information listed on the chart on page 29. Note that some of these tests are sensitive to food and drink. Plan to do your labs as fasting tests: that means nothing to eat and nothing but water to drink for at least eight hours prior to your appointment. The easiest way to do this is to schedule your lab tests for first thing in the morning.

When you have your lab tests done, ask the nurse or technician to send you a copy of your lab results. Record your lab results in the chart on page 29.

During Your Appointment

During your physical exam, tell your doctor you are beginning a new food and exercise plan. (You may want to take along this participant's guide for reference.) Explain that the plan recommends the following:

- Eating wild-caught salmon and other omega-3 fish and/or taking an omega-3 fish oil supplement
- Eating high-fiber foods, with a goal of consuming 25 grams or more of fiber a day
- Eating five to seven servings a day of nutrient-rich fruits and vegetables and possibly taking a green tea (catechin) supplement
- Vigorous exercise (at 50–85 percent of maximal heart rate), 30 minutes a day, five days a week
- A 10–30 percent reduction in daily calorie intake

Ask your doctor if there are any medical reasons that would inhibit or prevent you from following this plan. Follow up with any other questions you may have about the plan, your lab results, or other health concerns and solicit your doctor's guidance. If you weren't able to complete your labs prior to your appointment, ask your doctor about scheduling them now. Be sure to request that a copy of your lab results be sent to you.

Before leaving the doctor's office, consider making a lab-only appointment for three to six months later. Knowing you'll be taking the labs again is a great motivator to stay on track with your plan. To monitor your progress, document your follow-up lab results on the chart on page 29.

Lab Test Chart

LAB TESTS	REFERENCE RANGE	STARTING POINT	THREE TO SIX MONTHS	SIX MONTHS TO ONE YEAR
		DATE	DATE	DATE
TOTAL CHOLESTEROL	125–200 mg/dL			
HDL CHOLESTEROL The so-called “good” cholesterol	Greater than or equal to 46 mg/dL			
LDL CHOLESTEROL The so-called “bad” cholesterol	Less than 130 mg/dL			
TRIGLYCERIDES	Less than 150 mg/dL			
GLUCOSE	65–99 mg/dL			
INSULIN	0.0–24.9 mIU/mL			
HS-CRP High Sensitivity C-Reactive Protein	Low risk: less than 1.0 mg/L			
	Average risk: 1.0–3.0 mg/L			
	High risk: above 3.0 mg/L			
OPTIONAL: OMEGA-3 INDEX This test is currently available only through a home blood testing kit. Visit <i>GeneSmart.com</i> for more information.				

Food Diary for _____

Date _____

TIME, LOCATION, POSITION, AND ACTIVITY What time did you eat? Where were you? What were you doing while eating? <i>9:15 AM, in the kitchen, standing while making breakfast, etc.</i>	EMOTIONS What thoughts or feelings were you aware of while eating? <i>stress, relief, comfort, anxiety, etc.</i>

FOOD

What and how much did you eat?

1 cup cereal

1 apple

1 fiber bar

turkey sandwich (2 slices whole wheat bread, 3 slices turkey, 1 T mayonnaise, lettuce, tomato)

BODY MASS INDEX TABLE

	NORMAL						OVERWEIGHT						OBESE					
BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	
Height	Weight (pounds)																	
4' 10"	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	
4' 11"	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	
5'	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	
5' 1"	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	
5' 2"	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	
5' 3"	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	
5' 4"	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	
5' 5"	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	
5' 6"	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	
5' 7"	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	
5' 8"	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	
5' 9"	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	
5' 10"	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	
5' 11"	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	
6'	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	
6' 1"	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	
6' 2"	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	
6' 3"	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	
6' 4"	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	

Source: DHHS/NIH National Heart, Lung and Blood Institute; adapted from Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report.

OBESE Cont.				EXTREMELY OBESE															
36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	
Weight (pounds)																			
172	177	181	186	191	196	201	205	210	215	220	224	229	234	239	244	248	253	258	
178	183	188	193	198	203	208	212	217	222	227	232	237	242	247	252	257	262	267	
184	189	194	199	204	209	215	220	225	230	235	240	245	250	255	261	266	271	276	
190	195	201	206	211	217	222	227	232	238	243	248	254	259	264	269	275	280	285	
196	202	207	213	218	224	229	235	240	246	251	256	262	267	273	278	284	289	295	
203	208	214	220	225	231	237	242	248	254	259	265	270	278	282	287	293	299	304	
209	215	221	227	232	238	244	250	256	262	267	273	279	285	291	296	302	308	314	
216	222	228	234	240	246	252	258	264	270	276	282	288	294	300	306	312	318	324	
223	229	235	241	247	253	260	266	272	278	284	291	297	303	309	315	322	328	334	
230	236	242	249	255	261	268	274	280	287	293	299	306	312	319	325	331	338	344	
236	243	249	256	262	269	276	282	289	295	302	308	315	322	328	335	341	348	354	
243	250	257	263	270	277	284	291	297	304	311	318	324	331	338	345	351	358	365	
250	257	264	271	278	285	292	299	306	313	320	327	334	341	348	355	362	369	376	
257	265	272	279	286	293	301	308	315	322	329	338	343	351	358	365	372	379	386	
265	272	279	287	294	302	309	316	324	331	338	346	353	361	368	375	383	390	397	
272	280	288	295	302	310	318	325	333	340	348	355	363	371	378	386	393	401	408	
280	287	295	303	311	319	326	334	342	350	358	365	373	381	389	396	404	412	420	
287	295	303	311	319	327	335	343	351	359	367	375	383	391	399	407	415	423	431	
295	304	312	320	328	336	344	353	361	369	377	385	394	402	410	418	426	435	443	