Assessment
Lauren age 4.5 years

Dear Mr. and Mrs. H.

Thank you for this opportunity to work with you and your family on this important endeavor. While I agree with you that there is a problem with Lauren's eating and weight, she also has a lot of strengths and so do you. You are devoted and responsible parents who love and provide for your children.

You are wise to address Lauren's eating & weight issues now while she is very young. You are quite right that she is preoccupied with food, inclined to eat a lot when she gets the chance, and prone to gain weight at an accelerated rate. She is a naturally big child who is gaining weight too fast.

Like a lot of parents of large children, you assumed that her large size would cause Lauren to be obese in later life. Growing out of that misinterpretation and your own weight reduction dieting, you did what you thought was best for her. From birth, you viewed her as an overeater who would get too fat if you weren't careful. You fed her in the way that is most familiar to you: you restricted her food intake. That has caused her to be food preoccupied, inclined to overeat, and inclined to gain weight at an accelerated rate.

To address this problem I recommend that you follow the division of responsibility in feeding. That is, you attend to your jobs of doing the *what*, *when* and *where* of *feeding* and the let Lauren be responsible for the *how much* and *whether* of *eating.* I predict that when you follow DOR with feeding that Lauren's food preoccupation and overeating will slack off and that, over time, her weight will stabilize. I can't predict whether her weight will stabilize at the current level or gradually decrease to join a lower growth curve. I can predict, however, that if you continue to manage her eating as you currently are doing that Lauren's eating will become more and more out of control and her weight will go higher and higher.

Before we get more specific about what to do, let's look at the results of the evaluation.

Medical. Lauren's medical records show that she has had a lot of infections – ears, sinuses, throat – with frequent courses of antibiotics (and prophylaxis in winter). Weights and heights were taken at ill visits. There was one health supervision visit, at age 3. I can see no connections between this health pattern and her weight. The fact that she was seen mostly for ill visits may help explain why her physician hasn't commented on her weight divergence. Lauren did have two urinary tract infections – one at just over age three years and the other at age 4½ years. The doctor recommended a follow-up the second time, which you did not pursue. I would strongly recommend that you follow up at this time. As he pointed out, repeated urinary tract infections can indicate there are congenital structural problems.

Growth. Although Lauren's weight appears to have plotted around the 75th percentile until she was 13 months old, a closer look at her weight between birth and three months indicate some inconsistent weight. It is difficult to tell whether the inconsistency was caused by the breastfeeding issue or whether, as you said, it grew out of your trying to hold down on the amount she ate. Whatever happened, by age 3 months you achieved a balance of sorts and she began plotting consistently at the 75th percentile, where she stayed until age 14 months. Beginning at 14 months, her upward weight trajectory began. You do not remember this, but from what I know about toddlers, I would guess that was the start of her aggressive food pestering and you seeing her as having no stopping place.

Since you can't accurately plot in the nether regions above the growth charts, I converted Lauren's weight measurements to z-scores. z-score 0 is the 50th percentile, z-score 1 about the 85th and z-score 2 around the 97th percentile.

Developmental. Lauren's psychosocial development is contributing to her weight problem. She acts her age cognitively, but emotionally and socially, she seems to be stuck at about the toddler stage. Lauren struggles too much with you around toddler limit setting issues, and she gets her own way more than is good for her. Her current issues are toddler issues – ones that she started dealing with at age 13 months. This adds support for my conjecture in the previous section that the struggles around feeding began when she was a toddler. She carries that struggle into the area of eating, thus exacerbating her pattern of eating what she can, whenever she can get it. You need to set limits with Lauren, but the limits you have attempted to set with her eating are unrealistic and bound to fail. You have tried to make her eat less than she is hungry for. At the same time, you been too soft-hearted (or exhausted) to let Lauren go hungry. You have often rewarded her panhandling by feeding her, thus reinforcing that behavior. Your difficulty setting limits makes her more anxious than she should be. Since she has likely learned to use food for emotional reasons in all your skirmishes about her eating, this, too, contributes to her disproportionate weight gain. Lack of firm limits could also be making Lauren more cautious in her every day activities than she should be. If that were the case, she couldn't get too rambunctious or take too many risks for fear there will be no one to stop her from going too far.

Nutritional. It doesn't seem that there is anything about your food selection that contributes to Lauren's weight issues. Lauren is doing great nutritionally and with eating a variety of food. You are doing a good job with meals and, if anything, you are a bit too parsimonious with fat, as Lauren was getting only 25% of her calories as fat. Further, Lauren is not a big eater. The recommended calorie intake for a 4½ year old Lauren's height (43 inches) is 1228 calories a day, with a range 1041 to 1500.

A copy of the nutritional analysis is enclosed. If you look at the bar graphs, you will see that she gets approaching 100% of all nutrients except Vitamin D (50%), Vitamin E (24%), copper (53%), selenium (24%) and zinc (54%). Low vitamin D comes from not drinking much milk. Low copper is common in nutritional analyses for children, but Lauren's copper intake gives her a comfortable margin over the minimum recommended. Copper sources are organ meats (especially liver), seafood, nuts and beans. Drinking water may have copper in it, depending on the acidity of the water in the piping system. Selenium and zinc sources are whole grains along with meats, fish and poultry. Zinc is especially high in red meat and in nuts. It wouldn't hurt to give Lauren a broad-spectrum vitamin-mineral supplement like *Centrum for children*.

Feeding dynamics. Lauren is food preoccupied and likely overeating because she is afraid she won't get enough to eat. You have a long-standing pattern of restricting Lauren's food intake, which appears to make her food-preoccupied and prone to overeat when she gets the chance. You serve her plate, giving her only so much food. You do the same with snacks, giving her limited amounts of food between meals in response to her pressure. The same patterns occur at child care. It is certainly okay to socialize Lauren with her eating at home and at child care, but the limits should be those you use with any other child. She shouldn't eat off other children's plates, but she also shouldn't be asked to stop eating before she is full, not given the same opportunities as other children to eat, coerced to eat "healthy" food or offered different food from what other children are offered.

You both have done weight-reduction dieting and Mrs. H., you appear to be a chronic dieter. You eat different food than the rest of the family and don't sit down to eat with the family. You currently see yourself as being too fat and it is a serious concern for you. During the evaluation session, Mr. H. confronted you with being over-concerned about your weight to the point where it limits you socially and emotionally. He is right – your eating and weight issues are limiting you personally and interfering with your ability to parent Lauren with eating.

Psychosocial. The key question in the social and emotional part of the evaluation is, "to what extent will

you be able to maintain a division of responsibility with feeding Lauren?" It seems to me that you can work together in doing this. It will be difficult for you, as you will be need to trust Lauren to determine for herself how much to eat. Since neither of you regulate food intake based on your feelings of hunger and fullness, giving her that kind of autonomy could be alarming for you. However, you are caring and committed to each other and to working together on behalf of the children.

SUMMARY IMPRESSIONS. Lauren's food preoccupation and weight gain appear to be resulting from long-standing restrained feeding.

RECOMMENDATIONS

Psychosocial

- Consider getting some help with your parenting with Lauren, especially about limit-setting. While the issue with setting limits seems relatively straightforward, the fact that her weight is diverging as rapidly as it is indicates she is in quite a lot of distress.

Feeding

- Tell Lauren that the rules have changed about her eating. That she will have regular meals and snacks where she is allowed to eat as much as she wants.
- Establish and maintain a division of responsibility in feeding. Have structured and regular meals and planned, sit-down, between-meal snacks.
- Put the food in serving dishes and pass the dishes to Lauren. Let her serve herself, have seconds and even thirds if she wants more (as long as she isn't eating someone else's share). Don't expect her to clean her plate before she has seconds and don't expect her to eat all of what she serves herself.
- Offer Lauren 2% milk rather than skim milk. Offer her regular (not low fat) margarine or butter for bread and vegetables, regular (not low fat) salad dressing for salads.
- At regular eating times, let Lauren pick and choose *from what you have made available*, eating as much or as little as she wants.
- Put a plate of bread on, to make sure that even if you run out of other food or she doesn't generally eat it, she will have something to get filled up on.
- Emphasize establishing a positive mealtime environment
- Reassure Lauren that she can have as much as she wants to eat at her regular eating times.
- Sit down with her and enjoy your own food while she is eating. Make conversation, but steer away from any discussion of food, amounts, etc, other than to reassure her that she will get enough to eat.
- Have regular and predictable snacks, and let Lauren eat as much as she wants.
- Don't give Lauren food or caloric beverage handouts between planned meal and snack times, even nutritious ones.
- Keep track of snack times. Don't wait for Lauren to ask for food.
- Give Lauren opportunities to be active, but don't force it.
- Observe other children her age, and note their levels of activity.
- Restrict sedentary activities – limit TV to 1 or 2 hours per day.

Collateral

- Talk to Lauren's doctor and tell him what we are doing and why. If you request, I will send a summary of this report to him as well as a report when we finish treatment.
- Tell grandparents, teachers and others whom you see regularly what you are doing with Lauren's eating and weight. Ask for their support in maintaining a division of responsibility in feeding, in not restricting Lauren's eating or urging her to eat low fat and/or low calorie food.

- Mrs. H., I recommend that you get some focused help with your own eating and body image. You need to deal with your distorted eating attitudes and behaviors and your profoundly low self-esteem around those eating and weight issues. You will only be able to trust Lauren with her eating and weight when you can trust yourself with yours. I can check my data base to find someone to help you.
- Mr. H., you need to look at your pattern of deferring, not taking initiative on the children's behalf.
- Setting clear limits for Lauren will require the efforts of both you and your wife.

Lauren's behavior with food will get worse before it gets better. She will need to test to make sure you really mean what you say. Before she will begin to relax about the amounts she eats, she will have to be very sure that you will not go back to restricting her food intake. Getting this comfortable and rediscovering her internal regulators with eating will take three months or more. Continue to monitor Lauren's weight at regular doctor visits, but don't weigh her in between times. If all goes well, her weight will level off and begin to parallel the weight curve.

DISPENSATION

It is my understanding that you are planning to take this evaluation and my recommendations and apply them on your own and/or seek help locally. I am willing to consult with any professionals you seek out to help you. I would also be pleased to work with you in person, although I realize the distance is great. However, in my experience it isn't effective to do the treatment over the telephone. There comes a time when you have to take some leaps of faith, and you need the support of someone you see regularly in person.

_____

Ellyn Satter, MS, RD, MSSW