

Parents can help by continuing to raise their teen to be Eating Competent and at the same time help them achieve a healthier lifestyle with greater dietary quality. Teens who score high on ecSI 2.0 have lower BMI, more often perceive their body size as appropriate, have less often tried to



lose weight, and have higher self-esteem. Eating Competent adolescents also participate more often in family meals that conform to “health-promoting” patterns and more often eat fruits and vegetables.⁴

Parents can expect adolescents to show up for family meals on time and hungry. They can advise and help teens to responsibly feed themselves during the day by eating lunch and managing snacks so they don’t spoil their dinner. They can make meals pleasant for adolescents by following sDOR and by being considerate without catering with meal-planning. Such planning can address the adolescent’s *out there-in here* tension by incorporating adolescent menu suggestions, say for a vegetarian meal or one from another culture. Immigrant parents can honor their child’s longing to be Americanized with an occasional trip to the fast-food emporium at the same time as they respect and mostly follow their own foodways.

Parents can address the teen’s *out there-in here* tension by being flexible with family meal schedules. Will it work to eat late in the evening, after practices or meetings? Will it work to eat early, before it all starts, and then have a substantial snack before bed? Will breakfast be the reliable family meal instead of dinner? Parents may decide to declare a consistent dinnertime and have “family” be whoever is there. Even if an adolescent cannot make it, they benefit from knowing that family dinner continues to be a priority. Parents can save some dinner for them to eat when they get home and sit down with them to get caught up on their day.

Help adolescents find what holds true for them

Adolescents whose weight is relatively high often want to diet. In fact, even adolescents whose weight is close to or even below the mean often want to diet. Health professionals, weight-loss organizations, parents, and even extended families encourage adolescents to diet and lose weight. The recent American Academy of Pediatrics Clinical Practice Guidelines for Child Obesity^{5, 6} applies considerable pressure on adolescent weight loss.

It is unwise for parents and other adults to collude with adolescent weight reduction. Nutritional and medical harms aside, dieting will make adolescents fail and interfere with their emotional development. The adolescent’s major task is coming to terms with *identity*. Dieting maintains the myth of some other, thinner self and postpones achieving that task. This is no small thing. In our culture, many people diet their whole lives and never come to terms with their size and shape.

It is futile to argue with adolescents against their efforts to lose weight. Trying to get a teenager to follow a certain course of action clashes with their need for independence and leaves them caught between pleasing adults and pleasing themselves. Instead, parents can maintain the attitude of expecting their child to love and make the most of the body they *have*, not the one they *wish* they had.

Parents can also support the adolescent in responsibly considering what holds true for them. In the best of all worlds, parents will be able to find a weight-neutral professional to engage their child in understanding their body, eating, and weight. Together, the teen and the professional can consider the teen’s inherited tendency to fatness or thinness and determine whether their weight

is stable or unstable. They can evaluate the adolescent's Eating Competence as well as their attitudes and behaviors with respect to activity, and together they can determine whether there is room for change and what that change might be. The adolescent can choose to work on improving Eating Competence and attitudes and behaviors with respect to activity, but those changes won't necessarily result in weight loss. Ultimately, it is up to the adolescent to decide: Will they take a moderate, wellness-based approach, or will they throw away logic and go on a diet? Even if they make the "wrong" choice, they have been given the tools for evaluating the outcome.

An Eating Competent, moderately active adolescent who has grown consistently along a particular growth percentile can be told that they are doing well, and that dieting is likely to disrupt their body's homeostasis and pull them into a cycle of restraint, disinhibition, and unstable body weight. Such warnings may fall on deaf ears. Adolescents are convinced that dire predictions can't possibly apply to them. They also have mixed feelings about the process of finding what holds true for them. They appreciate learning about their body and getting information on how to take care of themselves. On the other hand, they may not be happy to know that their body size and shape are mostly givens, that losing weight will be hard and complicated and, in the long run, likely make them fatter rather than thinner. Moreover, if they have a genetic tendency to fatness, weight reduction dieting is likely to exacerbate that tendency. But truth, however unwelcome, is freeing and, on some level, adolescents recognize that.

The teen whose weight diverges

Teens who have trouble are in the minority, but they do exist. When a teen's weight goes up or down abruptly and considerably, something is likely to be amiss. That something could be medical, could grow out of a family crisis, or could relate to the teen's difficulty navigating the social and emotional issues that go along with being a teenager. Parents' inability to follow sDOR could be part of the problem or the problem could originate with the teen: Their struggles can impact parents' ability to effectively follow sDOR.

Weight divergence takes on the characteristics of an eating disorder when it is accompanied by, and interactive with, the teen's body dissatisfaction, low self-esteem, difficulty dealing with feelings and getting along with others, and insecurity about being able to take care of and provide for themselves. Teens with eating disorders arrive at the teen years with a poor sense of themselves and their own capabilities. They don't feel equal to adolescent challenges and, eventually, to remain connected as they emancipate themselves from their parents and make it in the world. On a conscious or unconscious level, the teens with eating disorder tendencies see getting thin or accomplishing dietary goals as the way to help them accomplish those tasks. In the process, they become engrossed in a struggle with eating and their bodies, and that struggle distracts them from the other, more real, and more frightening life issues.

Assessment and treatment of established child and adolescent eating problems is addressed in the *Feeding with Love and Good Sense VISION Workshop*.⁷ Adolescent weight divergence could be just that, or it could be symptomatic of an eating disorder. In either case, a careful assessment is warranted. That assessment needs to examine long-term medical issues and growth patterns,

family dynamics, teen and parent Eating Competence, and feeding dynamics. Growing out of that assessment, a treatment plan can be constructed, including establishing sDOR. Considering parent Eating Competence is important because a parent whose own eating attitudes and behaviors are distorted will struggle with taking leadership with feeding and giving the teen autonomy with eating. Such parents need targeted support in order to provide appropriate guidance for their child.

What you can do to help

The 40-page booklet, *Feeding with Love and Good Sense: 12 through 18 years*⁸ gives guidance with respect to parenting the adolescent with food and having achievable and rewarding family meals during the teen years. It is an excellent resource for prevention and definitely has a place with teens and parents who are worried about weight. Such concerns are to be taken seriously, and they are best addressed during routine care by a physician who refrains from comments about adolescent weight and refers to a dietitian who spends one or two visits helping the adolescent determine what holds true for them, including addressing Eating Competence as well as positive and sustainable physical activity.

Review a copy of *Feeding with Love and Good Sense: 12 through 18 years* in PDF format, then purchase hard copies in bulk for your practice. Support your referring physician in making wise choices about adolescent weight issues by giving them a copy of this issue of Family Meals Focus. Follow it up with a copy of *Feeding with Love and Good Sense: 12 through 18 years*, and encourage them to stock hard copies in their practice. Parents will particularly benefit from this wise and balanced guidance if their teen is on the cusp of developing an eating disorder or is working their way through eating disorders recovery.

References

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