

Family Feeding Dynamics: Using Ellyn Satter's Models to Address Adolescent Weight-Based Concerns

Olivia Ramoino, UW Nutritional Sciences Program, MPH Nutrition Student & Dietetic Intern
Preceptor/Mentor: Lauren Rice, MPH, RDN, CD

Funding provided by UW Leadership Education in Adolescent Health (LEAH) grant

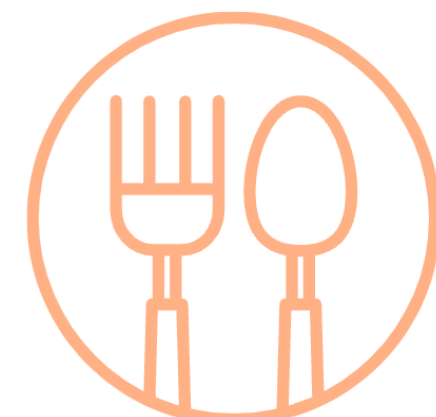
Background

- Pediatricians are likely the first to learn of **changes in adolescent's eating habits or growth**.
- However, many **may not be prepared** to adequately respond to family concerns because:
 - ...medical students receive **only 20 hours of nutrition education** in medical school.¹
 - ...their nutrition education also likely lacks information about how to establish and **maintain family feeding dynamics that can improve adolescent relationships with food and their bodies**.
- Many residents have **requested resources on parent-child feeding dynamics when at the SCH Adolescent Medicine clinic**.

Project Goal

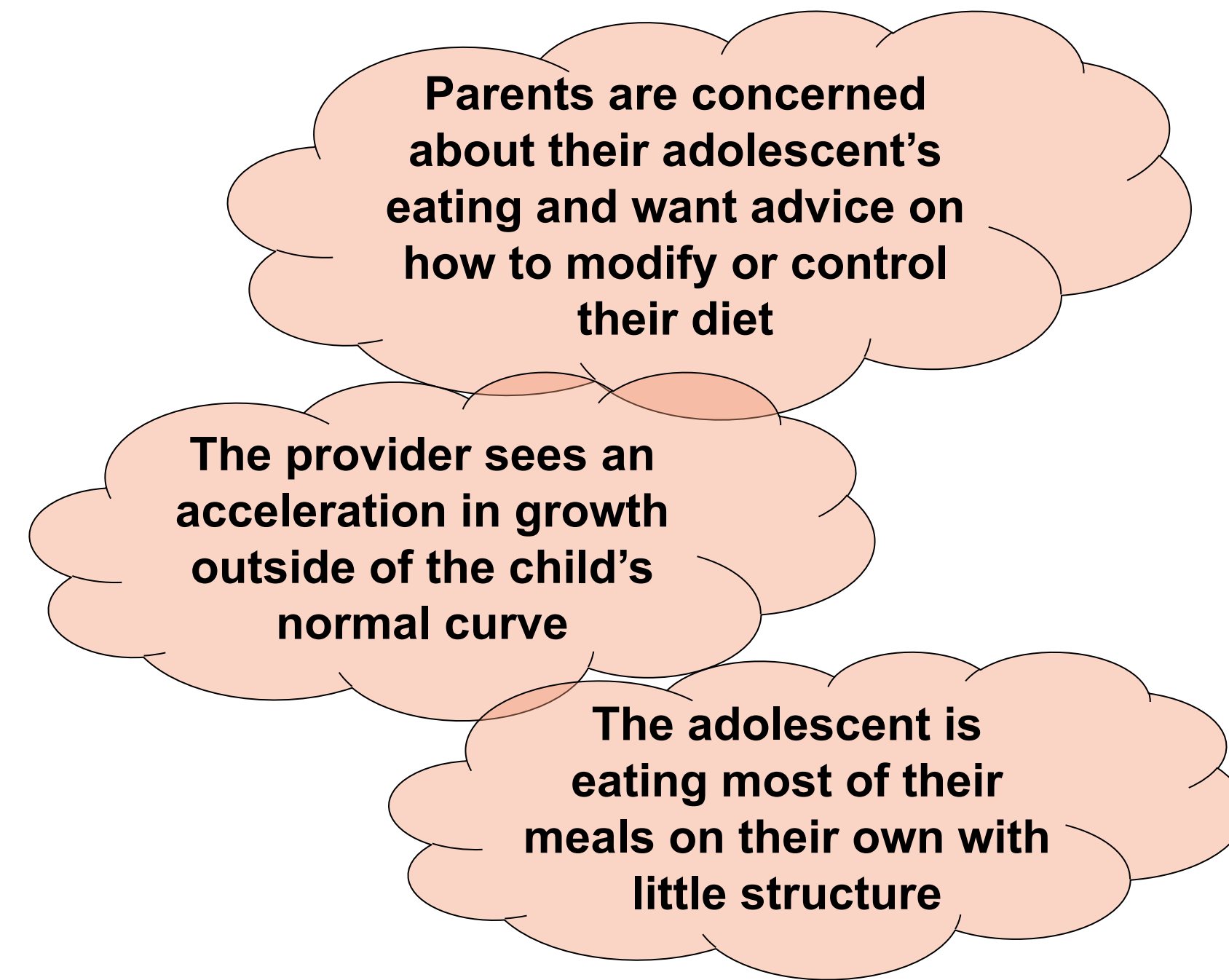
- To design a **case-based training** for pediatric medical residents on how Ellyn Satter's models can **inform their recommendations on eating and feeding**.
- The training will provide the evidence and guidance for providers to **feel more comfortable providing general feeding recommendations to families struggling with weight-based concerns**.

Methods



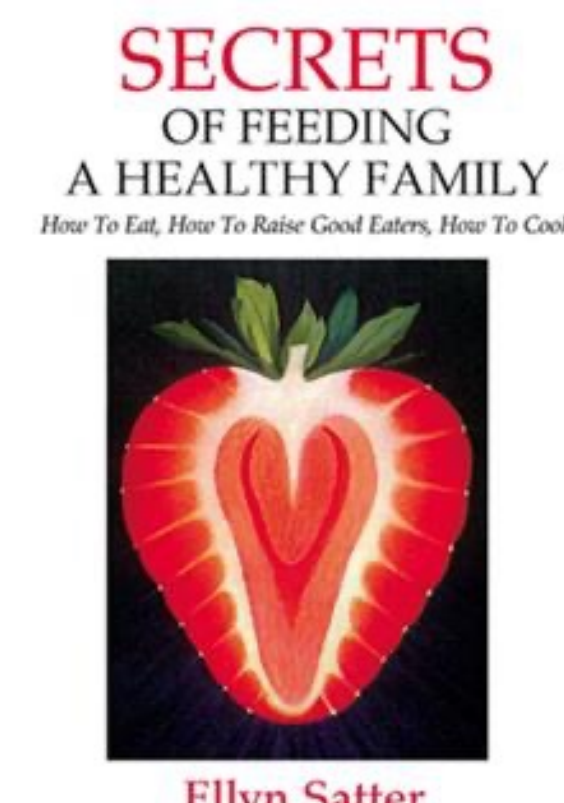
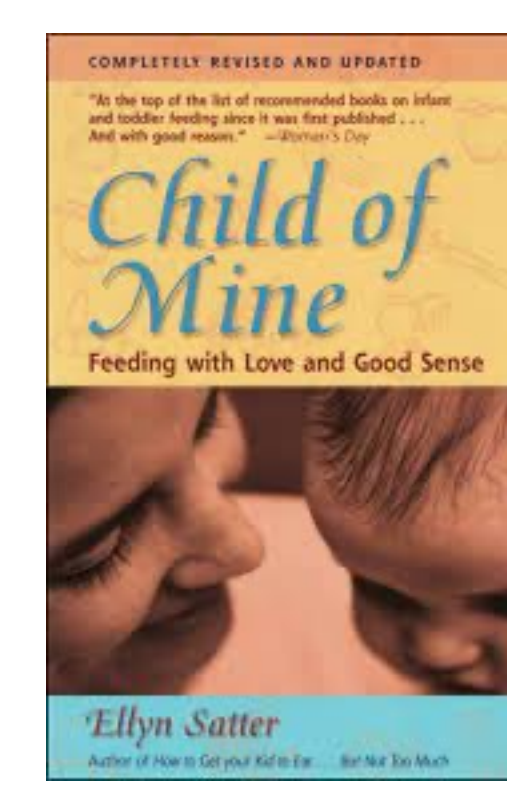
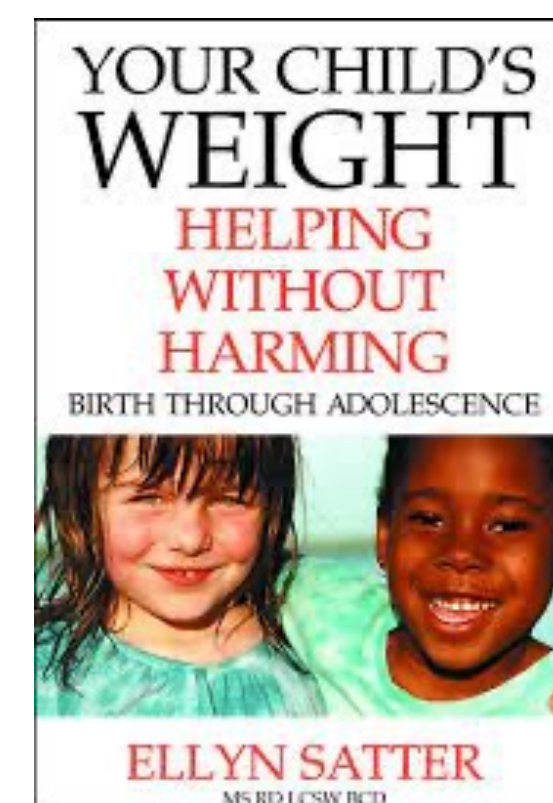
- Literature review
- Development of curriculum
- Feedback
- Presentation to live audience
- Recording of training video

Common Clinical Situations



Who is Ellyn Satter?

- Ellyn Satter:
- Registered Dietitian, Licensed Clinical Social Worker, and Author**
 - Spent **over 50 years** developing and research testing her feeding models
 - Works to **help professionals and parents apply the models**



Ellyn Satter's Models



Using the Models to Address Common Clinical Situations

If possible, recommend structure in the form of regular family meals

Share evidence with parents on risks associated with restriction

If appropriate, refer the family to a dietitian with expertise in family feeding dynamics

What the Evidence Says

THE GOAL OF WEIGHT CONTROL IN ADOLESCENTS MAY LEAD TO HIGHER SYMPTOMS OF DEPRESSION, ANXIETY, AND POOR SELF-CONCEPT.⁴

RESTRICTION IN CHILDREN CAN INCREASE PREFERENCE FOR THE RESTRICTED FOODS AND PROMOTE OVEREATING WHEN FOOD IS AVAILABLE AGAIN.^{5,6,7}

ADOLESCENTS THAT HAVE 5 FAMILY MEALS PER WEEK ARE 35% LESS LIKELY TO ENGAGE IN DISORDERED EATING THAN THOSE THAT DO NOT.⁸

REGULAR MEAL PATTERNS IN ADULTHOOD RESULT IN BETTER BLOOD LIPIDS AND GLUCOSE METABOLISM COMPARED TO THOSE WITH RANDOM MEAL PATTERNS.⁹

THE AMERICAN ACADEMY OF PEDIATRICS RECOGNIZES THAT MESSAGING ABOUT "TRYING TO EAT HEALTHY" CAN HAVE HARMFUL IMPACTS ON AN ADOLESCENT'S RELATIONSHIP WITH FOOD AND MAY EVEN LEAD TO EATING DISORDERS.¹⁰

Considerations

- Utilization of these models may not be appropriate in eating disorder treatment.
- Applying these models can be hard for families and may require professional support.
- Family situations and dynamics can impact the utilization of the recommendations.

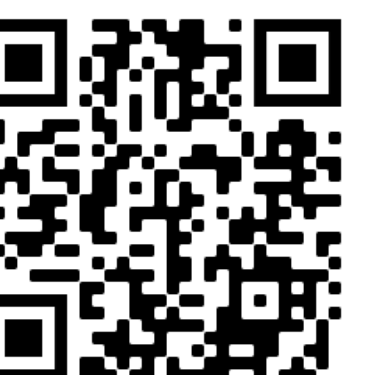
Format and Dissemination of Training

20 minute YouTube video with additional resources linked

Included in Resident & Medical Student Learning Curriculum at the Adolescent Med Clinic

Watch the Training

Scan the QR code to view the training on YouTube:



Acknowledgments

Thank you to all who provided support and feedback throughout this process!

Please email oramoino@uw.edu for list of sources