The Future of sDOR: a look into what’s in store for today’s sDOR kids

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AGENDA

sdOR
Yaffi Lvova, RDN

Competent and Intuitive Relationship with Food
Kristen Bunger, MS, RD

Body Satisfaction and Health
Jessie Gruner, PhD, RDN

Questions
Once upon a time
SDOR

Yaffi Lvova, RDN
**Internal Cues**

**Parent**
- Feeds on demand

**Child**
- Roots
- Chews on fist
- Natural reflex to cheek stroke
- Turns head away
- Milk drunk

**Present From Birth**
What is sDOR?

**Parent**
- What is being served
- When it is being served
- Where it is being served

**Child**
- Whether she will eat
- How much she will eat
- The pace at which she will eat

Nutrition is a marathon, not a sprint
What SDOR isn’t!

1. You’re not a short order cook
   a. All food in the house isn’t fair game at any time in the day – that’s not how kids learn how to self-regulate
2. Not a pressured table environment
3. Child won’t live on noodles forever
What’s Next?

- Graduating from sDOR, continue to reinforce those internal cues
- Increasing responsibility for kids
- Transitioning tasks to kids
WHERE IS YOUR CLIENT STARTING?
FROM THE PARENTS' PERSPECTIVE
The Bridge from sDOR

Deconstructed meals
Cooking together
Shopping together
Recipe selection
Meal planning (partial → full)
Restaurant selection
Snack shelf
Packing own lunch

When to start?
Competent and Intuitive Relationship with Food

Kristen Bunger, MS, RD
EVALUATING THE PROFESSIONAL PERSPECTIVE
Where Does the Bridge Lead? Spoiler Alert!

1. Comprehensive health.
2. Absence of guilt/shame/preoccupation with food.
3. Enjoyment of food.
4. Gentle nutrition.
5. Body positivity.
7. Weight/size acceptance.
The Bridge from sDOs to Competence and IE?

1. Why is this bridge so important?
   b. Weight/size bias impedes progress.
   c. Reinforce the importance of internal cues.

2. How to know if you are on the “bridge.”
   a. Language with kids versus adults.
   b. Are you fighting with me in your head right now?
   c. Knowledge/fear without experience.
   d. Alternative metrics of health to measure success.
What is Eating competence? What is IE?

- **Competent Eating (key elements)**
  - The discipline of providing yourself with regular, reliable, and rewarding meals and snacks and paying attention while you eat.
  - The unconditional permission to eat what and as much as you want at those regular times.

- **Intuitive Eating (key elements)**
  - Unconditional permission to eat.
  - Eating for physical rather than emotional reasons.
  - Reliance on internal hunger/satiety cues.
Comparing CE and IE!

1. Similarities of these two models.
   a. Models versus ideas.
   b. Based on permission.
   c. Widely accepted.

2. Differences between the two.
   a. Scheduled or not? Benefits of both models.

3. What they are not!
   a. Free for all!
   b. Self-control versus restriction.
   c. Excuses to ignore disease states present.
Body Satisfaction and Health

Jessie Gruner, PhD, RDN
Body Satisfaction
Weight Stigma Impacts Health

- Increased risk of
  - Eating disorders
  - Weight cycling
  - Depression
  - Less likely to join in physical activities
  - Higher overall weight gain
  - Poor school performance
  - Increased isolation

(Pont, 2017; Brewis & Bruening, 2018)
Gaining weight

Feeling bad about gaining weight

Using food as comfort

Feeling even worse

Less motivated to get healthy

Gaining more weight
Why weight is a poor indicator of health

- BMI is a poor indicator of metabolic risk
  - ~50% of overweight, 29% of obese and 16% of individuals with type 2 & 3 obesity were metabolically HEALTHY.
  - >30% of normal weight individuals were metabolically UNHEALTHY.
  - Using BMI alone would misclassify an estimated 75 million people.

(Tomiyama AJ, 2016)
You look so skinny!!
Tell me your weight loss secrets!
You’re so tiny! I’m jealous!
You’ve never looked better!

Women are more than just bodies. See more, be more, say more.
Dear obese PhD applicants: if you didn't have the willpower to stop eating carbs, you won't have the willpower to do a dissertation #truth

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Weight SHaming
The Role of Weight Bias

**Explicit Bias**
Attitudes and beliefs that we have about a person or group on a conscious level. We are fully aware of these, so they can be self-reported.

**Implicit Bias**
Unconscious attitudes that lie below the surface, but may influence our behaviors.
Project Implicit is a non-profit organization and international collaboration between researchers who are interested in implicit social cognition - thoughts and feelings outside of conscious awareness and control. The goal of the organization is to educate the public about hidden biases and to provide a "virtual laboratory" for collecting data on the Internet.

Project Implicit was founded in 1998 by three scientists – Tony Greenwald (University of Washington), Mahzarin Banaji (Harvard University), and Brian Nosek (University of Virginia). Project Implicit Mental Health launched in 2011, led by Bethany Teachman (University of Virginia) and Matt Nock (Harvard University). Project Implicit also provides consulting services, lectures, and workshops on implicit bias, diversity and inclusion, leadership, applying science to practice, and innovation. If you are interested in finding out more about these services, visit https://www.projectimplicit.net/organization.html.
Implicit Weight Bias

- 9-11 yo more likely to rate healthy-weight children as “good”
- Similar to implicit racial bias among adults

(Skinner et al., 2017)
What does this look like in practice?

First, do no harm.

Acknowledge the complex etiology of obesity.

What other indicators can you use besides weight?

How can you promote positive body images in your work?
Socioeconomic Factors

- Education
- Job Status
- Family/Social Support
- Income
- Community Safety

50% can be traced back to your zip code!

Physical Environment

Health Behaviors

- Tobacco Use
- Diet & Exercise
- Alcohol Use
- Sexual Activity

Only 20% include those moments in a healthcare environment

Health Care

Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)
Messaging in Practice

How Obesity Harms a Child’s Body

Your Child’s Health Report Card

Child’s Name: __________________________
Date: __________________________

Body Mass Index (BMI): __________________________
Height: __________________________ Weight: __________________________
BMI Percentile (current): __________________________
BMI Percentile (prior visit): __________________________

Underweight: __________________________ Healthy Weight: __________________________
Overweight: __________________________ Obese: __________________________

<5th percentile: __________________________ 5th-50th percentile: __________________________
50th-85th percentile: __________________________ = or >85th percentile: __________________________

Hemoglobin (current): __________________________
Hemoglobin (prior visit): __________________________
Gaining more weight

Using food as comfort

Feeling even worse

Feeling bad about gaining weight

Less motivated to get healthy

Improving body image

Gaining weight
“We can’t fight weight stigma while also advocating for weight loss.”
Questions?