

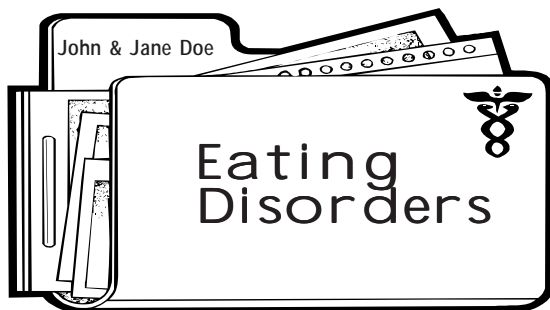
PARENTS



Council of Nashville

SPRING 2004

The Parents Council of Nashville, Inc. is a non-profit volunteer organization dedicated to providing support for parents through awareness, education, and communication, in concert with schools and communities in the effort to raise mature, responsible and self-sufficient youth.



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Food for Thought

The National Institute of Mental Health estimates that between 5 - 10% of girls and women (5-10 million people) and 1 million boys and men suffer from eating disorders. Eating disorders have the highest mortality rate of any psychiatric illness with cardiac arrest and suicide as the leading causes of death. **Consider these statistics gathered from various sources:**

- *An estimated 1 in 3 of all dieters develop compulsive dieting attitudes and behaviors. Of these, one quarter will develop full or partial eating disorders.
- *Co-occurring medical conditions make it almost impossible to specify the morbidity rates for eating disorders.
- *Estimates suggest that as many as 10-15% of eating disorders are fatal. 15% of young women have significantly disordered eating attitudes and behavior.
- *5 - 10% of people with anorexia or bulimia are males.
- *Many eating disorders go unreported because of the guilt and consequent secretiveness of eating disorders.
- *80% of American women claim to be dissatisfied with their appearance and shape, and 1 in 2 American women are on a weight loss diet.
- *The current standards of body weight and shape which emphasize the idea that "thin is beautiful" only make things worse.

What's Happening in Your Home?

Forty percent of 1st, 2nd or 3rd grade girls want to be thinner. And 80% of 10 year olds are worried that they may become fat. In another survey, 70% of 6th grade girls surveyed said that their concern about their weight, shape and diet started when they were aged 9-11. In a study of children aged 8-10, approximately 50% of girls said they were unhappy with their size. In a study of girls aged 9-15, more than 50% claimed they exercised to lose weight, nearly 50% claimed they reduced food intake in order to lose weight, and approximately 5% claimed to use their parents' diet pills or laxatives in order to lose weight.

Causes of Eating Disorders

Dieting
Body Dissatisfaction
Drive for Thinness

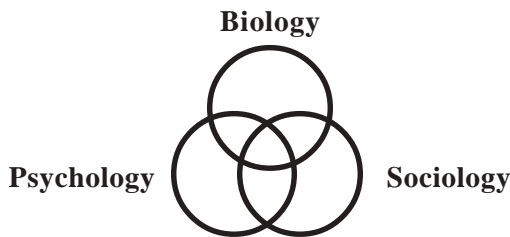
Patients suffering from disordered eating have many things in common: They may be genetically predisposed or may follow a familial tendency in their eating habits. Life events may initiate disordered eating patterns. Ballgames, charity work schedules, late night meetings and heavy homework loads seem to be more manageable if we can grab a hamburger, shake and fries. Societal norms and expectations tell us we should all be thinner than we are, but we are also bombarded with invitations to supersize and reward ourselves with sweets. We loose who we are because we fear that we can never measure up to who we should be. We struggle with the discrepancy between who we ought to be or with our ideal self and our perception of who we are. Our self image can break, leading us to poor self acceptance or selflessness so we seek an identity. We look for a solution to cope with these feelings; we look for an identity we can be happy with. That faulty translation of self-dissatisfaction turns into body dissatisfaction. If we can just control our eating, we CAN deal with our identity crisis. We can become obsessive in dieting and try to numb the pain we feel when we "fail."

What's the Big Deal?

If left untreated, the physical complications from disordered eating can affect the following body systems: Cardiovascular, Body Chemistry, Dental, Dermatological, Brain & Central Nervous System, Renal, Gastrointestinal and Gynecological just to name a few.

Routine screening for eating disorders and related attitudes and behaviors should take place at annual physicals. Weight, height and BMI should be monitored at each visit. Careful attention should be paid to signs and symptoms of eating disorders – especially to any evidence of inappropriate dieting, excessive weight concerns, weight loss or failure to increase weight and height as expected. Height and weight history should show normal progress, and expressed or fantasized weight goals or compulsive exercise habits should be explored. **If you just feel that something isn't right, express your concerns. It could help to save your child's life.** Failure of early recognition and intervention can result in increased severity of the illness and difficulties in treatment. **In cases of referrals by concerned parents, school personnel or peers, it is most likely that a patient has an eating disorder.**

Treatment of Eating Disorders is an art -- not a science.



Treatment of eating disorders involves an interdisciplinary team. Treatment should be family centered, developmentally appropriate, continuous, culturally sensitive and individually tailored. Medical, psychological, and nutritional care are key components. Psychopharmacology may also be an integral part of care. Support and accountability for the patient and support and education for the family are key components in successful treatment. Patients undergo medical, nutritional and psychosocial assessments as part of outlining a treatment plan. As parents, we must remember that Eating Disorders are serious mental illnesses. The state of the field is more of an art than a science. Unfortunately, while physicians now understand what happens and why, it still proves difficult to develop effective treatment plans.

10 Things Parents Can Do to Prevent Eating Disorders

- Avoid conveying an attitude about yourself or your children that proclaims "I will like you more if you lose weight, eat less, wear a smaller size, and eat only "good food." Avoid negative statements about your own body and your own eating.
- Educate yourself and your children about the genetic differences in body shape and weight, the nature and ugliness of prejudice. Be certain that your child understands that weight gain is a normal and necessary part of development.
- Practice taking people, especially females, seriously for what they say, feel, and do – not for how they look.
- Scrutinize your child's school for things that endorse the cultural ideal of thinness. Watch to be sure that images of successful females are included.

- Encourage children to ignore body shape as an indicator of anything about personality or value.

- Help your child develop interests and skills which will lead to success, personal expression and fulfillment without emphasis on appearance.

- Teach your children about the dangers of trying to alter body shape through dieting. They need to learn the value of moderate exercise for health, strength and stamina, and about the importance of eating a variety of nutritious foods.

- Encourage your children to be active and to enjoy what their bodies can do and feel like. Do not put your child on a diet or exercise program unless recommended by a physician.

- Limit how much TV your children watch. At least, discuss the images of females presented in the media.

- Make family meals relaxed and friendly. Refrain from commenting on children's eating, resolving family conflicts at the table and using food as a punishment or as a reward.

Be informed of the general signs of eating disorders:

Dieting	Fear of fatness
Self Dissatisfaction	Emotional/secretive eating
Depression	Social Isolation
Guilt after eating	Obsessive food thoughts
Over exercising	Body Dissatisfaction
Fear of Food	Depression and Isolation

What should you do if you think a friend/child has an eating disorder?

Show concern. Tell your friend/child that you are concerned. Be persistent. They are often defensive or in denial. Be empathetic and not critical. Talk with a responsible adult, counselor, teacher, or parent. Professional help is always recommended. Don't be offended if your friend/child is defensive or unwilling to admit that a problem exists. Don't try to be a counselor. Don't push food on a person that may be anorexic. Don't gossip. You may be hurting someone more than you realize.

Specific Definitions

Anorexia: A lack of food and appetite.

Anorexia Nervosa: Patients restrict out of self-denial but do not lack appetite. Intense fear of weight gain or becoming fat. Disturbance of body image. Delayed puberty or amenorrhea.

Bulimia: Hungry like a bull.

Bulimia Nervosa: Patients binge on enormous amounts of food as impulsive reactions to emotional distress, but do not have excessive hunger. Recurrent inappropriate compensatory behaviors such as purging, fasting, excessive exercise.

Disordered Eating: Patients do not meet criteria for any specific disorder, but the eating pattern is not "normal."

Binge Eating Disorder: Recurrent episodes of binge eating not associated with regular inappropriate compensatory behaviors. Marked distress regarding binge eating.

Eating Disorders: A Teen's Perspective

Kaile Barnes, Class of 2005, University School of Nashville

What would you do if you went to work one day and all of the mirrors were covered with paper? Would your first reaction be to sneak a look around the bottom corner that is starting to peel off of the mirror or would you accept the change? These were the questions that the YES! Team was trying to answer when they covered the mirrors on the Monday of National Eating Disorders Awareness Week. The YES! Team consists of high school students and adult advisors from the EDCT (Eating Disorders Coalition of Tennessee) and is open to students from area high schools. The YES! Team was formed to give students a chance to voice their opinions on how to raise awareness in schools. The mission of the EDCT is "to offer hope, help, and support to all who are impacted by disordered eating," which the YES! Team wants to extend to helping their peers. As a group, the YES! Team's goals are to be an appropriate role model and to be a source of information and help for anyone who needs it.

The first of many projects for the YES! Team started off strong on Monday, February 23, 2004, the first day of National Eating Disorders Awareness Week. Students covered the bathroom mirrors in the middle school and high school at University School of Nashville with colored paper. The paper was covered in magazine clippings of today's stars and helpful information about the media and how they alter the images shown to children everyday. The purpose of the day was to help show the students how often they look into the mirror and how important body image is today. As expected, the reactions varied from support to the removal of the paper in some bathrooms. The fact that some students tried to take down the paper was evidence that this focus on the "inner self" was a tough task to undertake due to our society's focus on external beauty. When teenagers flip through the pages of magazines or watch their favorite television show they are being shown altered images of actors and models and they begin to want to look like the pictures they see. Studies show that teenagers will see at least 350,000 advertisements by graduation and that 70% of women say that they feel worse about their body after looking at these ads. The media today has become such a large part of how children view themselves. Covering the mirrors was a creative way to help students realize how many times they look into the mirror and to support the awareness of the growing issue of body image.

Parents often wonder what the warning signs are of anorexia nervosa, bulimia nervosa, and binge eating disorder and what they should be looking for if they suspect that their child has an eating disorder. Listed below are several warning signs that parents should look for if they are concerned.

Anorexia Nervosa:

- weight loss
- obsession over their weight: counting calories, frequently using the word "fat"
- excuses to try to get out of eating a meal or anything having to do with food
- excessive exercise: will exercise no matter what (weather, illness, injury, etc.)

- sudden decrease of outside activities and time with friends
- their weight and everything related to it becomes their primary concern

Bulimia Nervosa:

- evidence of binge eating: wrappers, containers, etc.
- evidence of purging behaviors: trips to the bathroom after meals, packages of laxatives or diuretics
- warning signs on the body: swelling of cheeks or jaw area, calluses on the back of the hands and knuckles (from self-induced vomiting)
- discoloration of teeth – sometimes dentists are the first people to notice a person with bulimia because of the evidence on the teeth
- their weight and everything related to it becomes their primary concern

** Usually people with bulimia appear to be of average body weight.*

Binge Eating Disorder:

- eating large amounts of food in a short period of time
- evidence of binge eating such as wrappers and empty containers

To help prevent an eating disorder there are many different things a parent can do and say. The first step is to be aware of what you say around your children. Are you always criticizing your own body out loud? Your children look up to you as role models and often emulate the behavior that they see. It's also important to keep your children active, whether it is in sports or other extracurricular activities. Make sure that your children know that you love them for who they are not for what they look like. The most important way you can prevent an eating disorder is to advocate self-esteem in your children and make sure that they know how beautiful they are inside and out.

**Some of the information for this article came from the National Eating Disorders Association.*

RESOURCES YOU CAN USE

Eating Disorders Coalition of Tennessee , 615-831-9838, online at www.edct.net
www.vanderbiltchildrens.com/interior.php?mid=1437
www.something-fishy.org
www.pale-reflections.com
www.anred.com
www.aacap.org
www.NationalEatingDisorders.org
search.ama-assn.org/Searchquery.html?qc=public+=eating+disorders

When Your Child Has an Eating Disorder, by Abigail Natenshon
Dying to be Thin: Understanding & Defeating Anorexia & Bulimia, by Dr. Ira Sacker and Marc Zimmer

The Truth About Pro-Anorexia Websites:

Pro-anorexia websites showcase disturbing photos, commandments on being skinny and more. They normalize and encourage dangerous behavior relating to eating disorders. Use "Control-H" while browsing the web to see a list of websites that have been accessed in the last few weeks. This can help you determine if your child is visiting any dangerous websites.



Living with (and through) Adolescence

Dr. Margaret W. Wade

Head of School, Franklin Road Academy

After twenty years in the field of education, I have come to the conclusion that it is easier to head a school of 960 students than to parent two adolescents! It is my belief that the end goal of parenting is to raise children who are competent and confident adults. When raising adolescents, it is always important to keep this goal in mind. The other key to parenting an adolescent is maintaining a great sense of humor! During these twenty plus years of working with families and trying to raise our two sons, I have found some of the following thoughts to be helpful:

There is a visual image of our adolescents that they consider to be their reality. We should all keep this picture in mind:

- There he or she is center stage, all alone, 3,000 people staring at him or her in a bright, individual spotlight! Adolescents feel that they are in this “spotlight” all of the time.
- More truth about your adolescents—If you hack them off just enough, they won’t want to come home after college! Seriously, we want to raise our adolescents to be strong, independent adults, ready to enter and engage in their world. We must keep in mind that our goal is not for them to come back to our world, but to make their place in their own world.
- Adolescents all go to law school in sixth or seventh grade and are ready to argue at any and all times! Litigation is the strong suit of all adolescents trying to push you a little further! Remember that it is in this engagement that they find their own voice.
- God has a great sense of humor! Just when you think it’s a breeze raising your first child, here’s the second child for you! Yes, we all have unique, one-of-a-kind children. Comparing children is not often productive and not particularly healthy.

In parenting adolescents, it is important to understand the pattern of adolescent development. Keep in mind that all of these developmental stages are occurring at the same time, yet at different rates for each person!

Adolescents experience changes in their physical development at a rate of speed greater than any time since infancy. There are rapid gains in height and weight. Adolescents may experience real growing pains. They need more sleep – typically 9 ½ hours per night. They often engage in “hibernation”, sleeping for long periods of time. Adolescents may be concerned because they are not physically developing at the same rate as their peers – they just want to fit in. Boys who mature early

physically are not necessarily more cognitively mature, and this can lead to false assumptions about their ability to assume more responsibility. Girls who mature early physically may develop other areas of concern as appearance becomes so important in their world.

Adolescent thinking, or cognitive development, evolves from concrete to abstract thought. Adolescents develop at different rates, evolving advanced reasoning skills and abstract thinking skills. As a result of this cognitive development, adolescents demonstrate a heightened level of self-consciousness as they tend to believe that everyone is concerned with their personal thoughts and behaviors. Parents have been the center of the adolescents’ social universe, but now their social peer group becomes all important. It is through interaction with peers that adolescents develop and practice social skills. Adolescence is a time for children to establish an identity. They begin to develop their own likes and dislikes.

Through my experience in the field of education, and as the parent of two boys, I have developed some tips, or guidelines, which I try to use:

Love and Limits/ Rules and Expectations

Children like limits. They appreciate guidelines and “guardrails” which help to keep them on the right track. Adolescents love to make plans at the last minute. And, surprisingly, when adolescents ask permission to go somewhere, or to do so something that they are uncertain about, they might secretly be hoping that you might say no. Help them by setting limits for your child. So, be prepared. Always ask the important questions, “Who, what, when, where, and why? If you worry me, you will be in trouble.”

Strengths and weaknesses

Children’s abilities and areas of interest, perhaps insight into a potential college major, begin to emerge during adolescence. This is a good thing. Because of the cognitive development that occurs at this time in their lives, adolescents begin to see the relationship between their current abilities and their future plans. They begin to figure out the areas in which they excel and enjoy. We need to see their academic successes and challenges as gateways to their future. As adults, we do not excel at everything, and our children need to see us celebrate, with them, their special gifts and talents.

Adolescents need sleep and unstructured time.

They also need enough activity so that they are a little worn out. They should be involved with their school, as this is the most wholesome activity possible. Engaged kids tend to enjoy their high school years.

Know your adolescent’s friends and their parents.

With the advent of instant communication via cell phones and computer instant messaging, it is impossible to know all of their friends, but you should make the effort to know the “mighty four” friends, or the core group with which they associate.

Be there for your child.

Our children are experiencing loss at an earlier age than many of us did. They may experience loss by not making a sports team or in the breakup of a romantic relationship. They may even experience the death of a friend. Being available to your child during these types of experiences as a comfort and source of stability is greatly reassuring.

It is simply impossible to properly supervise a farm or large acreage.

Unfortunately, teen parties often occur at unsupervised locations. If you do not want that responsibility, then do not put yourself in that position by hosting parties on vast and unsupervised acreage.

This is the best of times and the worst of times.

When you hear those words which all parents of adolescents hear at some point in time, "You don't trust me," my suggested response is "No, I love you and it is my job as your parent to keep you safe."

Above all, keep in mind that these years are short, but the memories last a life time. Your adolescents are wonderfully unique people who are growing and learning all the time, about themselves and the world around them. They need their parents. They need our love, our time, and our wisdom. The growth to become competent and capable adults is challenging and exciting. Your payoff comes in the little hugs, smiles, and great memories you build along the way. Enjoy!



Finding a School for Your Child

*Bunny Porter-Shirley
Certified Educational Planner*

It is not uncommon for people to initiate a conversation with me with one of the following questions ... what is the best day school in Nashville? Or what are the top colleges today? My earnest response is the same whether it is for an elementary age child, high school student or college bound young adult. What are your child's needs?

We are fortunate to live in a city that has many excellent schools that address a myriad of learning styles and breadth of interests. (Or is it a curse?) For some parents it is easy to recognize their child's social, emotional and educational needs but for other parents this is very difficult. The parents who can perceive their child's learning styles are fortunate. For whatever reason they are able to ignore the implied pressures from neighbors or friends who may have a child at "X" school and because this neighbor or friend's child is successful they believe ardently that their school would be perfect for your child. We know children are not cut from the same mold and understanding your child's needs certainly helps in knowing which is the best school for your child. It is important to observe your child in school, and to ask for input from your child's teacher. As you better understand your child's needs I would think it wise to observe classrooms in session prior to enrolling your child in school. I also suggest that parents sit in the cafeteria and watch the interaction of the children and the staff. Gather as much information about the school and try to have a clear understanding of your child, which is not always easy.

An academic environment that is successful for your elementary age child may not be right for high school because as the child matures their needs and interests change. Change can be un-settling for a family. Often children are more anxious about the unknown of a new school setting and

are willing to stay in a less than positive environment because of their discomfort in dealing with the unknown. This is one of the biggest challenges that confront parents who understand their child and know that the present academic setting that was initially a good fit is no longer the most appropriate environment. Effective parenting can and does call upon parents to make some difficult and unpopular decisions with regards to their children.

In families with more than one child one hears the parents exclaim how different each of their children is! So it would certainly follow then that just because one school is appropriate for one child it is not necessarily a good choice for child number 2 or 3. In our busy world it is easier for the family if all of the children can attend the same school. In our competitive school admission's environment most know that private schools give preference to siblings and this too can color a family's decision. Yes, it is more challenging to look at each child as an individual, understanding the added pressure and stress that attending more than one school could add to the family. Our public and private school options are many and varied so there is the opportunity to find a school that is a better fit for your child. The challenge comes in making sure that one does not try to make a family fit one school when each child in that family is different.

Before you realize it the child you worried might not gain access to the pre-school program you desired is now ready for COLLEGE! If your child is truly ready for the next step ... college... there are just a few parameters that need to be identified. Then, as a parent, you can trust that your child will find appropriate colleges from which to choose. The guidelines for college choice that I stress a student needs to know from their parents are:

1. The dollar amount the family will contribute needs to be established. Will you contribute an annual amount or make a four-year financial commitment? Will you perhaps consider five years, or is it open-ended?
2. Geographic boundaries need to be identified. Do you want your student east of the Mississippi or would you be comfortable knowing your child is on the West Coast. There are excellent institutions of higher learning in Canada and Europe. If this is an option then it is important to share that with your child.
3. Some families have a strong bias in favor of the small liberal arts education. Others have a similar bias toward large universities. If you as a parent have a preference, it is your obligation to share that preference at this juncture with your child.

Once the major financial issues and geographic questions are answered the student is ready to begin to identify his or her realistic college options.

Bunny Porter-Shirley is a member of the Independent Educational Consultants Association; Board Liaison to the National Association of Therapeutic Schools and Programs; Board Member of Currey Ingram Academy; and Co-Author of Drug and Alcohol Programs and Policies at Four Year Colleges.

To read more about Ms. Porter-Shirley's work see her website: www.eduplanners.com

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