

# **Back in Whack for Teens**

**PARENTS SUPPORT PACK**

**[Group Program Edition]**

**Appendix B**

**RESOURCES FOR WORKING WITH YOUR DOCTOR**

**Appendix F**

**Laurie Jean Ellis, MS-HNE, BSN, CDCES**

DEAR PARENTS,

Welcome to the *BACK in WHACK for TEENS PROGRAM* [abbreviated as **BiW4Teens**]! This is an exciting time for you and your teen/tween. You will be involved with helping your teen/tween learn how to adopt healthier eating and lifestyle habits that will support good health for the rest of their life. Health habits in the program not only support physical health, they also support healthy brain development and function, and have a positive effect on emotional health. This program helps to prevent chronic diseases like diabetes, heart disease and cancer.

The *Back in Whack for Teens Program* is designed to be used by teens/tweens in cooperation with you. It is very important that you are actively involved in this program. It is well documented that parental involvement greatly increases program success for teens/tweens.

It would be ideal if you could watch all of the program videos with your tween/teen, however this is usually not practical. There are several sessions that are highly recommended for parents to watch:

Session 1 – Program Introduction of Teens and Parents

Session 5 – Unhealthy Habits

Session 12 – Support New Habits

Session 13 – Nutrition Plan

Session 14 – Food and Energy Balance

Session 15 – Grains

Session 16 – Label Reading

You will find the videos at this weblink: <https://positivepatterns4life.com/>

By the time youth have completed the first 13 weeks of the program, they will have developed their own individualized healthy habits program. They will continue to follow their program until their BMI is low enough to be considered a healthy weight.

During weeks 14 through 26 youth will continue to attend BiW4Teens group weekly. At these group sessions youth will do a variety of nutrition activities and physical activities together. This participation will provide motivation and support for the youth as they continue to work on adopting lifelong healthier habits. It is important that you and your teen/tween visit about each session, whether or not you have watched the session with them. There is a discussion guide for each session which will help make these talks easier and more productive. Another thing that will help make these talks more productive is to open up the workbook to the session you are discussing.

This program is appropriate for the whole family. The *Back in Whack for Teens Program* includes many fun family activities that get the whole family moving more together and teaming up in the kitchen. Family involvement has been shown to increase teen/tween success with making healthy habits changes.

Your teen/tween is beginning a journey that will be challenging at times, insightful and rewarding. The *Back in Whack for Teens Program* provides a wonderful opportunity for you and your teen/tween (and maybe the whole family) to spend quality time together. ENJOY THE JOURNEY TOGETHER!

Sincerely,

*Laurie Jean Ellis*

## ACTIONS PARENTS CAN TAKE TO SUPPORT HEALTHY HABITS

The success of a teen's health plan is dependent on positive parental involvement. Here are some ways parents can help their teen successfully adopt new healthy habits.

### ACTIONS THAT SUPPORT HEALTHY HABITS:

- Help teen find activities to do instead of watching television, or playing video games.
- Get moving with your teen. Offer to be a "physical activity" partner with your teen.
- Provide foods from each food group most every day (veggies, fruit, dairy, grains, meat/protein).
- Offer a fruit and/or vegetable AND a dairy (milk) product at each meal.
- Maintain a supply of fruits, vegetables and healthy snacks in the home.
- Keep only healthy snacks in the house.
- Limit the availability of high-sugar or high-fat snacks in the home.
- Spread food intake out evenly throughout the day - avoid having biggest amount of food eaten in the evening.
- Encourage teen to pack healthy snacks and drinks when away from home (i.e. for outings, during extracurricular activities, when running errands or when traveling).
- Schedule regular meals and snacks.
- Help your teen find activities to do instead of munching.
- Encourage a consistent bedtime and allow for 8 hours of sleep most nights – sleep deprivation is a cause of food cravings and overeating.



### ADDITIONAL POINTS TO CONSIDER:

- Parents need to be in agreement about their teen's health plan.
- Discuss expectations you have for your teen and listen to expectations your teen has for you. Your teen needs to be allowed to make his/her own health choices but should accept guidance from parents. Guidance should be offered in the form of a single statement and not in the form of nagging.
- Avoid rigid, inflexible food rules which promote food sneaking and binge eating.
- Avoid using food to meet emotional needs or to manage behavior (i.e. withholding food as a punishment or rewarding good behavior with food). Food's purpose is to support health, growth and development.
- Encourage your teen to monitor their health goals. Parents need to stay positive and/or neutral concerning their teen's success(es) or lack of success. Avoid negative comments. Don't criticize your teen if he/she is struggling with health goals. Encouragement is what will help your teen get through a rough patch.

### THE POSITIVE POWER OF THE FAMILY:

- Explain the teen's health plan to other family members - get the entire family on board.
- All family members need to be consistent with how they support and encourage the teen to practice healthy habits. Family members should model healthy behavior for eating and physical activity when with the teen. Avoid making the teen feel singled out or isolated.

## Back in Whack Program Commitment Contract

This is an agreement made between parent and tween/teen to work together during the Back in Whack for Teens Program. Place your initials in front of each action statement that you agree to do.

|       |                                                                                                                                 |
|-------|---------------------------------------------------------------------------------------------------------------------------------|
| _____ | I [PARENT] agree to visit with you about each BiW session – finding what you have learned and/or completed during each session. |
| _____ | I [TEEN/TWEEN] agree to visit with you about what I have learned and/or completed during each BiW session.                      |
| _____ | I [PARENT] agree to encourage you as you develop and follow your healthy lifestyle and nutrition plan.                          |
| _____ | I [PARENT] agree to ask how I can support you when you are struggling.                                                          |
| _____ | I [TEEN/TWEEN] agree to respectfully accept your encouragement and support.                                                     |
|       |                                                                                                                                 |
| _____ | I [PARENT] agree to watch BiW video 1, 5, 12, 13, 14, 15, and 22.                                                               |
| _____ | I [TEEN/TWEEN] agree to watch all 27 BiW videos and complete session activities and exercises.                                  |
| _____ | I [PARENT] agree to complete family activities with you.                                                                        |
| _____ | I [TEEN/TWEEN] agree to tell you when there is a family activity to complete together.                                          |
|       |                                                                                                                                 |
| _____ | I [TEEN/TWEEN] agree to talk to you about the healthy habit goals I want to work on.                                            |
| _____ | I [PARENT] agree to ask you how I can help you be successful with your healthy habit goals.                                     |
| _____ | I [PARENT] agree to eat healthier with you.                                                                                     |
| _____ | I [PARENT] agree to exercise with you.                                                                                          |
|       |                                                                                                                                 |
| _____ | We [PARENT & TWEEN/TWEEN] agree to work with our family doctor during the BiW4Teens                                             |
| _____ | program. [See Appendix F – Resources for working with your doctor.]                                                             |

|                            |                                                                                                          |
|----------------------------|----------------------------------------------------------------------------------------------------------|
| I, _____                   | [PARENT] agree to the conditions of parental participation in the Back in Whack program as stated above. |
| Parent Signature _____     | Date _____                                                                                               |
|                            |                                                                                                          |
| I, _____                   | [TEEN/TWEEN] agree to the conditions of participation in the Back in Whack program as stated above.      |
| Teen/Tween Signature _____ | Date _____                                                                                               |

## **Discussion Guide for Part II - Changing Habits**

### **Session 2 - Peak Health**

1. What benefits of Peak Health are most important to you?
2. What do you want to do better or how do you want to feel better when you reach peak health?
3. As a parent, how do you want your teen's health and/or life to be better when he/she completes the Back in Whack for Teens Program?

### **Session 3 - Body Appreciation**

1. How did you rate your body appreciation?
2. Would you like to improve your body appreciation and body image?
3. Did the body appreciation session help you think about your body in a different way? If yes, how so?
4. Did you know that the cells of your body are listening to what you think?
5. What do you think about the body-love-hug exercise? Are you willing to try it?

### **Session 4 Journaling**

1. How can journaling help with habit change?
2. What are other ways journaling can help you?
3. What are different types of journaling you could do?
4. What kind of journaling do you want to try?

### **Home Project(s) for Week 2**

1. Talk to your parent/guardian about WEEK 2 discussion questions in the Parent Support Pack.
2. Practice Body love hug.
3. Put up the peak health poster where you will see it every day.
4. Write in your journal at least 3 times this week.

**Session 5 Unhealthy Habits**

1. Were you surprised by how many unhealthy habits you have that are causing to your energy balance to be out of whack?
2. How many healthy habits do you have? [Hint – they are all the non-highlighted habits on page 5.2.]
3. Why is it important to recognize and take credit for your existing healthy habits?
4. Which habit(s) on the list made you say, “I didn’t know that habit could cause my body to store excess energy.”

**Session 6 Food Cravings**

1. What unhealthy foods do you crave?
2. When you think about it, are there certain situations that make food craving worse?
3. Do you think there is anything you can do to prevent or avoid or lessen these cravings?
4. Did you make a Distraction Action Plan? What does it look like?
5. What does it mean to, “Ride the wave, through the crave?”

**Home Project(s) for Week 3**

1. Talk to your parent/guardian about WEEK 3 discussion questions in the Parent Support Pack.
2. Use ideas on your Action Distraction Plan when you have a food craving or try a healthy substitute for a food craving.
3. Remind your parent/guardian to watch video session 5 – Unhealthy Habits. (Give the weblink to the participants.)

**Session 7 Healthy Habits**

1. Did you get any ideas from the handouts in this session that will help you change unhealthy habits into healthier habits? Which handouts were they?
2. Do you think you want to start working on changing easier habits and then work on the harder ones later, or just the opposite?
3. Have you started to think about which unhealthy habits you want to start working on first?

**Session 8 Physical Activity**

1. How do you think daily physical activity can help you feel better and be healthier?
2. Which type of physical activity is going to do the most to help get your energy balance back in whack?
3. What is your favorite way to get your body moving? How many calories would you burn doing this activity? [Hint – Look at the chart on page 8.3.]
4. What is the BiW 360 goal?
5. What does your activity pyramid look like? What kinds of physical activities did you write in the spaces for the different types of activity?
6. How can I help you meet your BiW 360 goal?
7. Did you read “35 Ways to Help Your Teen Reach the BiW 360 Goal?” Are there are some ideas that sound good to you?

**Home Project(s) for Week 4**

1. Talk to your parent about WEEK 4 discussion questions in the Parent Support Pack.
2. Read 35 Ways to Help Your Teen Reach Their BiW 360 Goal with your parent/guardian.
3. Ask if it could be read to the whole family.
4. It is time to start thinking about healthy habits you would like to adopt.
5. Talk to your parents about the healthy habits you want to adopt.
6. Do they think these healthy habits are realistic for you?

## 35 WAYS to HELP YOUR TEEN REACH the BiW 360 GOAL

Parents play a very important role in determining a teen's participation in physical activities. Parents can also help teens balance non-active time periods (i.e. watching TV, using the computer, or talking on the phone) and physical activity.

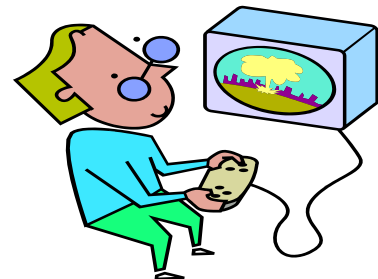
### ENCOURAGE PHYSICAL ACTIVITY FOR TEENS

1. Make special events physical activity events, such as activity-based birthday parties or other group celebrations.
2. Involve the teens in yard work and other active chores around the house. Have them help you with raking, weeding, planting, or vacuuming.
3. Be a role model for physical activity and have a positive attitude about being physically active. If your teen sees you enjoying physical activity and having fun, it will motivate them to become more physically active.
4. Always use positive encouragement to get your teen moving. Don't ever insult your teen and tell them they are lazy. Don't punish them for not moving. Positive encouragement creates positive emotions, which energize and motivate your teen.
5. Help teens participate in team or individual sports.
6. Enroll your teen in classes they might enjoy such as gymnastics, dance, or tennis.
7. Help them practice skills related to physical activities they are involved in.
8. Encourage activities such as bicycling, hiking, jogging, and swimming.
9. Be positive about the physical activities your teen engages in and encourage their interest in new activities.
10. Encourage teens to talk about how physical activity makes them feel and how much fun they have when they are active.



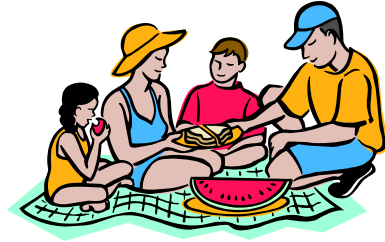
### LIMIT SCREEN TIME TO TWO HOURS A DAY

11. Set a rule that no one can spend longer than 2 hours per day playing video games, watching television, and using the computer (except for school work).
12. Instead of a television show, play an active family game, dance to favorite music, or take a walk.
13. Help your teen find other things to do with their time (i.e. work on projects, crafts, hobbies, music, art etc.).
14. Encourage teens to be active with their friends (i.e. play basketball, go for a walk or a bike ride) instead of watching television or playing video games.
15. Turn off the television during mealtime and homework time.
16. Turn commercial breaks into activity breaks when watching television. Do jumping jacks, push-ups, or crunches or run in place during commercial breaks.
17. Put the television and computer in common areas like the living room instead of your teen's bedroom.
18. Set a good example by limiting your screen time.



## BE AN ACTIVE FAMILY

19. Teens learn a lot about physical activity from their families. Family members who enjoy physical activity together can help teens enjoy physical activity.
20. Make family time physical activity time. Determine time slots throughout the week when the whole family is available. Devote a few of these times to physical activity.
21. Build physical activity into your family's daily routine. Take a walk after dinner together or do housework or yard work together or begin the weekend with a morning walk.
22. Start Small! Begin by introducing one new family activity and add more when you feel everyone is ready.
23. Plan for all weather conditions. Choose some activities that do not depend on warm weather. Try mall walking, indoor swimming, or active video games. Enjoy outdoor activities whenever the weather is nice.
24. Plan activities that require little or no equipment or facilities. For example, walking, jogging, dancing, shooting hoops or throwing a Frisbee.
25. Use local, low-cost, or free places like public parks, baseball fields, and basketball courts to be active. Find out what programs your community recreation center offers for free or for a minimal charge.
26. Attend family nights or other physical activity events at your teen's school or local community centers.
27. Use a fun physical activity as a family celebration. Plan a trip to the water park to treat the family. Go hiking at a state park or play Frisbee golf at the city park. Make it fun!
28. Include physical activity breaks during long car trips, vacations, or visits to relatives or friends. Bring along beach balls, basketballs, Frisbees or other items that can be used for active play.



## GET ACTIVE WITH OTHER FAMILIES

29. Invite another family to join your family activities. This is a great way for you and your teen to spend time with friends while being physically active.
30. Plan parties with active games such as bowling or roller skating.
31. Sign up your family for programs at the YMCA or join a recreational club.

## PARTNER WITH YOUR TEEN'S SCHOOL

32. Find out what physical activities are offered at your teen's school.
33. Become a member of the school health advisory council or the Parent Teacher Association (PTA).
34. Help organize special events like walk- a-thons, dance- a-thons, or bike- a-thons.
35. Volunteer to help with after-school physical activity programs or sports teams.



**Session 9 Goal Setting**

1. What 2 or 3 healthy habit goals did you choose to start working on?
2. What do I need to do to help you be successful? [For example, do we need to get the soda pop out of the house or make sure there are healthy snack foods in the house.]
3. How can I support you while you are working on adopting your new healthier habits?
4. Did you select your new habits in the BiW Habit Tracker?

**Session 10 Mighty Messages**

1. How would you describe a Mighty Message?
2. What are some different ways you can practice a mighty message?
3. Have you written any mighty messages to help support your healthy habit goals?
4. What is an ANT and how do you “stomp ANTs?”
5. Do you have any ANTs you need to stomp?

**Home Project(s) for Week 5**

1. Talk to your parent/guardian about WEEK 5 discussion questions.
2. Talk to parents about healthy habits you have chosen, if you haven’t done this yet.
3. Make sure you have everything you need to be successful when starting your new healthy habits, if you haven’t done this yet.
4. Practice your Mighty Messages.

**Session 11 Mini Movies**

1. What is a mini movie?
2. How do you practice a mini movie?
3. How do mini movies work?
4. Have you thought of a mini movie to support your healthy habits?

**Session 12 Support New Habits**

1. Are there any positive reinforcements you like to try (i.e. put a token in a jar every time you accomplish a daily goal)?
2. Would you like set up a positive reward system (i.e. when you accomplish your healthy habit goals for 3 weeks, we can do something special together)?
3. What is a mindset?
4. What are some of the things a person might think if they have a positive mindset?
5. What are some things you could do to connect pleasure to your healthy habit goals?
6. What power tools are you using along your habit change journey?
7. Is there anything I can do to help you be successful with accomplishing your healthy habit goals and stick with the program?
8. Is there anything else you want to add to the BiW Habit Change Contract?

**Home Project(s) for Week 6**

1. Talk to your parent/guardian about WEEK 6 discussion questions in the Parent Support Pack.
2. Practice your mini movie.
3. Sit down with your parent/guardian as soon as possible and complete the Habit Change Contract on session page 12.5. The discussion guide for this session will help make this conversation easier and more productive.
4. Think about if there any positive reinforcements you like to try (i.e. put a token in a jar every time you accomplish a daily goal). Talk to your parents about your idea(s) and ask for their support.
5. Think about if you would like set up a positive reward system (i.e. when you accomplish your healthy habit goals for 3 weeks, we can do something special together). Talk to your parents about your idea(s) and ask for their support.
6. Remind your parents to watch the Support New Habits video (session 12).

## Examples of Contract Agreements

### TEEN

I agree to drink a glass of water between meals if I am hungry, before I get a snack.

I agree to limit screen time (TV and video games) to two hours a day.

I agree to get up 20 minutes earlier in the morning so that I have time to eat breakfast.

I agree to take non-starchy vegetables for second helpings if I am still hungry.

I agree ride my bike at least 3 times a week.

### PARENT

I agree not keep soda in the house.

I agree not to eat candy in front of you.

I agree to keep fresh fruit in the house.

I agree to cook an extra serving of vegetables for dinner so you will have extra vegetables to eat.

I agree to take your bike to the bike shop to get it repaired.



## Back in Whack Habit Change Contract

|      |                                                                                                                                                                                                                                                       |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DATE | <p>I [TEEN/TWEEN] agree to be respectful when you give me one reminder that I am making an unhealthy choice.</p> <p>I [PARENT] agree to only tell you one time that you are making an unhealthy choice, when I see you making an unhealthy choice</p> |
|      | <p>I [TEEN/TWEEN] agree to _____</p> <p>_____</p> <p>I [PARENT] agree to _____</p> <p>_____</p>                                                                                                                                                       |
|      | <p>I [TEEN/TWEEN] agree to _____</p> <p>_____</p> <p>I [PARENT] agree to _____</p> <p>_____</p>                                                                                                                                                       |
|      | <p>I [TEEN/TWEEN] agree to _____</p> <p>_____</p> <p>I [PARENT] agree to _____</p> <p>_____</p>                                                                                                                                                       |
|      | <p>I [TEEN/TWEEN] agree to _____</p> <p>_____</p> <p>I [PARENT] agree to _____</p> <p>_____</p>                                                                                                                                                       |
|      | <p>I [TEEN/TWEEN] agree to _____</p> <p>_____</p> <p>I [PARENT] agree to _____</p> <p>_____</p>                                                                                                                                                       |
|      | <p>I [TEEN/TWEEN] agree to _____</p> <p>_____</p> <p>I [PARENT] agree to _____</p> <p>_____</p>                                                                                                                                                       |

## **Discussion Guide for Part III - Eating Healthier**

### **Session 13 - Nutrition Plan**

1. Which nutrition plan is yours?
2. Is it recommended that you strictly follow your nutrition plan?
3. Can you list the different food categories on your nutrition plan?
4. What are the four categories of energy foods?
5. What are some examples of foods in the starch category?
6. How many servings do you need from each food category?
7. How much water or sugar-free caffeine-free fluid does your body need each day?
8. What is the nutrition plan worksheet and how are you supposed to use it?
9. Do you have to use the food and activity log?
10. Why is it important to learn serving sizes for energy foods?
11. What does it mean to respect serving sizes?

### **Session 14 - Food and Energy Balance**

1. Do you understand all the important words? [Hint – See pages 14.2 and 14.3.]
2. What is a slow-release energy food and how does it affect your energy balance?
3. What is quick release energy food and how does it affect your energy balance?
4. Why is it important to eat foods that have lots of vitamins and minerals in them?
5. Why is hydration important for energy balance?
6. How can stomach problems negatively impact your energy balance?
7. How can overgrowth of bad bacteria in your gut affect your energy balance?
8. What are kinds of foods support good bacteria?
9. What kind of foods do bad bacteria like?

### **Home Project(s) for Week 7**

1. Talk to your parent/guardian about WEEK 7 discussion questions in the Parent Support Pack.
2. Show your parent/guardian your nutrition and explain it to them.
3. Find a place to put your nutrition plan where you will see it every day.
4. Keep track of food intake and physical activity on the Food and Activity Log for 6 days.
5. Remind your parents to watch videos 2 videos from this week – Nutrition Plan (13) and Food and Energy Balance (14).

**Session 15 – Grains**

1. What is the difference between whole grains and refined grains?
2. How does fiber have a positive effect on your energy balance?
3. How many grams of fiber should a whole grain contain?
4. How do refined grains and whole grains affect your energy balance differently?
5. What are examples of whole grains and refined grains?
6. What kind of whole grains and refined grains did you find in the kitchen?
7. What are serving sizes for different kinds of grains?
8. Have you measured any serving sizes for grains you have eaten?

**Session 16 - Label Reading**

1. What are important parts on the food label?
2. What are things you look for on the food label to know if you're getting a healthy food?
3. Are all serving sizes on food labels the same as serving sizes on your BiW nutrition plan?
4. What kind of ingredients do you want to avoid?

**Home Project(s) for Week 8**

1. Talk to your parent/guardian about WEEK 8 discussion questions in the Parent Support Pack.
2. Tell your parent/guardian about the new habit(s) you added to your Habit Tracker.
3. Add to new agreements to Habit Change Contract with parent/guardian.
4. Measure grain products for 2 days (or more) so you can see what the different serving sizes look like.
5. Complete the Family Activity on session page 15.5
6. Complete the label reading treasure hunt on page 16.3. This will give you some great practice with label reading. See if you can get family members to help you do this treasure hunt.
7. Bring the Label Reading Treasure Hunt to next week's group and get the answers.
8. Use the Nutrition Plan Worksheet this upcoming week to track food intake and see how closely you're eating pattern matches your Individualized Nutrition Plan.
9. Remind your parents to watch 2 videos from this week – Grains (15) and Label Reading (16).

**Session 17 – Legumes & Veggies**

1. What is a legume? Can you give examples?
2. Are all legumes slow release energy foods?
3. What is the serving size for legumes?
4. What kind of legumes have you found in your kitchen?
5. Have you measured any legumes that you have eaten?
6. What is a starchy vegetable? Can you give examples?
7. Are all starchy vegetables slow release energy foods?
8. Which starchy vegetable is the most abused of all the vegetables?
9. What kind of starchy vegetables have you found in your kitchen?
10. Have you measured any starchy vegetables that you have eaten?
11. What is a non-starchy vegetable? Can you give examples?
12. What are the serving sizes of non-starchy vegetables?
13. Why are they a good food category to eat from if you are hungry for more food?
14. What non-starchy vegetables are in your kitchen?
15. Have you measured any non-starchy vegetables that you have eaten?

**Session 18 – Fruit**

1. Does fruit have a positive or negative effect on your energy balance?
2. Are all fruits slow-release energy foods?
3. Which fruit is a quick release energy food? Is it bad for you to eat this fruit?
4. What are the serving sizes for fruits?
5. What fruit did you find in your kitchen?
6. Have you measured any serving sizes for fruit that you have eaten?
7. What is mindful eating?

**Home Project(s) for Week 9**

1. Talk to your parent/guardian about WEEK 9 discussion questions in the Parent Support Pack.
2. Measure legumes for 2 days (or more) so you can see what the different serving sizes look like.
3. Complete the Family Activity on session page 17.3.
4. Measure veggies for 2 days (or more) so you can see what the different serving sizes look like.
5. Complete the Family Activity on session page 17.5.
6. Measure fruits for 2 days (or more) so you can see what the different serving sizes look like.
7. Complete the Family Activity on session page 18.3.

**Session 19 - Dairy**

1. What are different kinds of dairy products?
2. How do they affect energy balance?
3. What are examples of healthy dairy choices and unhealthy dairy choices?
4. What are serving sizes for different dairy products?
5. What dairy products have you found in your kitchen?
6. Have you measured any dairy products that you have consumed?

**Session 20 – Protein & Meat**

1. What are different kinds of meat?
2. What other foods are high in protein besides meat?
3. What are healthy choices a protein?
4. What are unhealthy choices of meat?
5. What are serving sizes of different kinds of protein?
6. What kind of protein is in the kitchen?
7. Have you measured any serving sizes for protein that you have eaten?

**Home Project(s) for Week 10**

1. Talk to your parent/guardian about WEEK 10 discussion questions in the Parent Support Pack.
2. Measure dairy products for 2 days (or more) so you can see what the different serving sizes look like.
3. Complete the Family Activity on session page 19.4.
4. Measure protein and meat for 2 days (or more) so you can see what the different serving sizes look like.
5. Complete the Family Activity on session page 20.3.

**Session 21 – Fats**

1. Is it bad to eat fat?
2. Are some fats healthier than others? Can you give examples?
3. What is the most health damaging type of fat a person can eat? [Hint – See page 21.4.]
4. What are serving sizes for different kinds of fats?
5. Why are fat serving sizes so small?
6. What is an omega-3 fatty acid?
7. Omega-3 fatty acids do many good things for your body? Can you list a few of those things? [Hint – See page 21.3]
8. Where can you get omega-3 fatty acid?
9. What kinds of fats did you find in your kitchen?
10. Have you measured serving sizes of fats you have eaten?

**Session 22 - What about Sugar**

1. How does sugar affect your energy balance?
2. What are some negative effects that sugar has on your body?
3. How does sugar effect brain function?
4. What kind of gut bacteria love sugar?
5. What kind of foods or drinks do you consume that have sugar added to them?
6. Do you want to do a 30-day sugar-free challenge with me?

**Home Project(s) for Week 11**

1. Talk to your parent/guardian about WEEK 11 discussion questions in the Parent Support Pack.
2. Tell your parent/guardian about the new habit(s) you added to your Habit Tracker.
3. Add to new agreements to Habit Change Contract with parent/guardian.
4. Complete the Family Activity – Fat Finding Mission on session page 21.6.
5. Read labels on foods in your home – looking for sweeteners listed that are not sugar. Use the Sugar Glossary on session page 22.3. Write down as many as you can find and bring this list to the next group.
6. Bring all your completed Family Activity – Food Finding worksheets to next BiW4Teens group (group 12).

**Session 23 - Healthier Kitchen**

1. How do you use the blueprint for a healthy kitchen?
2. Are you supposed to throw out all unhealthy food that you have found in the kitchen?
3. Where can you find the healthiest foods in the grocery store?
4. What are some ways that you can save money on groceries? [Hint – See pages 23.3 and 23.4.]

**Session 24 - Team Up for Meal Planning**

1. What ideas do you have for meals?
2. Do these meals have healthy ingredients?
3. If not, could we change out any of the unhealthy ingredients for healthier ingredients?
4. What ingredients do we need to put on the grocery list to be able to make your meal?
5. What does a healthy plate look like?
6. Did you read “Tips for Getting Teens Excited About Healthy Eating?” Did you see any things you would like to do on this handout? [Hint – See page 24.10.]

**Home Project(s) for Week 12**

1. Talk to your parent/guardian about WEEK 12 discussion questions in the Parent Support Pack.
2. Start working on the second half of the Blueprint for a Healthier Kitchen with your parent/guardian. It may take several weeks to complete this project.
3. Ask parent/guardian and family if they would sit down and fill out the Team Up for Meal Planning Worksheet with you. Make sure to read the instructions for this activity which is on session page 24.7.
4. Ask parents if they would read the following pages:
  - Handout – *Smart Tips for Shopping*
  - Handout – *Build a Healthy Meal*
  - Handout – *Liven Up Your Meals with Veggies and Fruit*
  - Handout – *Make Healthier Holiday Choices*
  - Handout – *Tips for Healthier Recipes*
  - Worksheet – *Healthy Foods Shopping List*
  - *Tips for Getting Teens Excited about Healthy Eating* (Handout in Parent Support Pack)

## TIPS FOR GETTING TEENS EXCITED ABOUT HEALTHY EATING

Get teens involved with developing the weekly menu. Talk about how to make balanced meals out of healthy foods. Let them pick out a couple of healthy menus for the week. Talk to them about what needs to be bought at the store to make the meals they picked out. Take your teen to the grocery store and have them help identify healthy foods by reading labels.

Encourage your teen to do a research project. For example, have them find out how different kinds of plant foods (vegetables, fruits, grains, nuts, seeds, legumes) are grown and harvested. They could research a food they have not heard of before and find out how it is typically prepared and eaten. They could research super foods or foods that are known for enhancing particular aspects of health (i.e. help skin and hair look healthy or help keep digestive tract healthy).

Take a field trip with your teen and go to a farm or a greenhouse. Ask your teen to find their favorite vegetables or fruits at the greenhouse.

Help your teen grow their own vegetables or fruits. They can start their own vegetables from seeds or buy some vegetable or fruit plants from a greenhouse. A vegetable garden can vary in size to fit whatever area is available. You can put vegetable or fruit plants in the ground or in a large pot. Tomato and strawberry plants are two kinds of plants that both do well in a large pot.



Get your teen involved in the kitchen. Cooking together is a great time to bond and strengthen relationships. It boosts a teen's self-esteem as they accomplish kitchen and cooking tasks that contribute to the whole family. Working as a team increases a teen's "ownership" of a meal and improves eating habits. Time spent together in the kitchen is a perfect time to discuss how healthy foods help a body grow strong and stay healthy.



Have your teen find a new recipe in a cookbook or online. Then make it a family activity and ask everyone to get involved with preparing this new recipe. You could get real adventurous and find a recipe for a new food your family has never eaten before. You can turn cooking into a fun family adventure.

Did you know that reading and following a recipe will increase your teen's skill at following directions? It does.

Parents, set a good example. Eat healthy foods in front of your teen. Don't just tell your teen how to eat healthy. **SHOW THEM HOW TO EAT HEALTHY!**

## Discussion Guide for Part IV - Keep Moving Forward

### Session 25 - Problem Solving

1. What are the steps for problem solving?
2. Why is it important to identify the cause of a problem?
3. Why is it important to brainstorm several possible solutions?
4. Do you have any problems that you need to solve? If yes, do you want help solving your problem(s)?

### Session 26 - Getting Around Path Blockers

1. How is a road block different from a problem?
2. Can road blocks be removed?
3. Are you always going to be able to find way around every road block you encounter?
4. What do you do when there is no way around a road block?
5. Have you encountered any road blocks during this program? If yes, do you want help looking for a way around them?

### Session 27 - Staying Motivated

1. What do you need to do to continue following your healthy lifestyle and nutrition program?
2. How can I help support you as you continue to follow your healthy lifestyle and nutrition program?
3. How are we going to work with your doctor from this point forward?
4. Did you get all 14 sets of Wacky Words? Do you need help sending in your completed Wacky Words form?

### Closing Note for Parents:

PARENTS! Express enthusiasm about all the benefits that come from eating healthy food and staying physically active. Praise your teen for how hard they are working to adopt healthier habits. Encourage them to keep doing their best. Enthusiasm is a great motivator. Infect your teen with enthusiasm for healthy habits.



Dear Doctor,

I have enrolled in the Back in Whack for Teens Program (BiW4Teens). It is an evidence-based, pediatrician approved, effective weight management program specifically designed for teens and tweens. The program was developed in a pediatric clinic by a pediatric nutritionist who is also a pediatric nurse and certified health coach.

BiW4Teens is intended to last a minimum of 6 months. Upon completion of the program, I will have adopted lasting healthy lifestyle and eating habits that will help lower my BMI and support the overall health of my body. My goal is to get down to a BMI percentile of the 85th% or less. If I haven't reached my BMI goal in 6 months, my newly established healthy habits will help me continue to lower my BMI until I reach my goal.

BiW4Teens consists of an educational interactive video series paired with a workbook. The program contains the following program components:

- Individualized nutrition plan
- Nutrition education & training
- Personalized exercise plan
- 25 high impact health habits that have proven to help teens lower their BMI\*\*
- Behavioral change methods that includes several effective habit change tools
- Parents support pack which provides guidance about how parents can successfully support their teen or tween during the program
- Multiple family activities to elicit family support and get them involved in the program

\*\*Please note that 14 of the high impact health habits have been proven to help prevent diabetes, heart disease and certain types of cancers.

Pediatricians have reported the following program benefits:

- Youth have successfully adopted healthier eating and lifestyle habits.
- Youth have lost weight and/or lowered their high BMIs.
- Youth have improved abnormal lab values as follows:
  - Lowered elevated cholesterol levels;
  - Increased low HDL (good) cholesterol levels;
  - Lowered elevated liver enzymes; and
  - Lowered elevated A1C and blood glucose levels.
- Youth have lowered blood pressure.
- Whole families have adopted healthier eating and lifestyle habits.

Date I started BiW4Teens: \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Waist \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

BiW4Teens utilizes expert guidelines from the American Academy of Pediatrics, Academy of Nutrition and Dietetics, National Institute of Health, Dietary Guidelines for Americans 2010, plus several more in the development of this program. The program has received the *National Association of Nutrition Professionals 2015 Community Award* for being a program that is having a positive impact on the health of our nation. This award winning program has also received national recognition from the Centers of Disease Control for being an effective weight management intervention for youth. Go to [www.positivepatterns4life.com/clinic](http://www.positivepatterns4life.com/clinic) to learn more about BiW4Teens.

## BiW4Teens – Initial Doctor’s Visit

Name \_\_\_\_\_ DOB \_\_\_\_\_

Date \_\_\_\_\_, T \_\_\_\_\_, P \_\_\_\_\_, R \_\_\_\_\_, BP \_\_\_\_\_

Ht \_\_\_\_\_, Wt \_\_\_\_\_, BMI \_\_\_\_\_, Waist circumference \_\_\_\_\_

List Active Health Conditions Below:

1. Health Condition \_\_\_\_\_
2. Health Condition \_\_\_\_\_
3. Health Condition \_\_\_\_\_
4. Health Condition \_\_\_\_\_
5. Health Condition \_\_\_\_\_
6. Health Condition \_\_\_\_\_

Recommended labs:

- ☐ Hemoglobin A1C
- ☐ Fasting glucose
- ☐ Glucose tolerance test
- ☐ Comprehensive Metabolic Profile
- ☐ Liver enzymes
- ☐ Lipid panel
- ☐ TSH & T free <sub>4</sub>
- ☐ Vitamin D level
- ☐ Other: \_\_\_\_\_

Visit Notes: \_\_\_\_\_

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**BiW4Teens – Program Update for Doctor**

Date: \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Ht \_\_\_\_\_, Wt \_\_\_\_\_, BMI \_\_\_\_\_, Waist circumference \_\_\_\_\_

List nutrition plan you are following: \_\_\_\_\_

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List healthy habits you are working on: \_\_\_\_\_

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Describe Improvements in Active Health Conditions Below: \_\_\_\_\_

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Other comments: \_\_\_\_\_

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