

School-age children and
preadolescents:

Setting up assessment and treatment of
eating/weight issues

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Levels of intervention

To what extent can parents enact a *division of responsibility* in feeding?

- Primary: Can do it
- Secondary: Can do it with help
- Tertiary: Can't do it until they resolve underlying or contextual issues

Instituting sDOR is a *process*

- Parents need to know. . .
 - What happened with their child that contributed to the feeding problem
 - That correcting their current errors in feeding will allow them to trust their child with feeding
- Once they *know*, parents need time
 - To get structure in place
 - To let go of being controlling with feeding
 - To adjust their expectations of children's eating
- Once parents get feeding in place, children need time
 - For behaviors to get more extreme before they moderate
 - To stop testing the rules
 - To become relaxed and comfortable with eating





Satter Division of Responsibility in Feedingⁱ Parent-centered, Interactive Curriculum:

Using (mostly free) resources from <http://ellynsatterinstitute.org/>

TITLE THAT SPARKS PARENT INTERESTⁱⁱ

[Division of responsibility](#)

Emphasize meals → [Mastering family meals](#)

Conversation starter: How is feeding going?

Conversation starter: [Waiting room video](#)



How are things going with Mastering Family Meals, sDOR

Kids won't eat → [Sit-down snacks](#)



How are things going with Mastering Family Meals, sDOR

Kids won't behave → [Avoid pressure](#)



How are things going with Mastering Family Meals, sDOR

Kids still won't eat → [Raise a healthy child who is a joy to feed](#)



How are things going with Mastering Family Meals, sDOR

Stage-related feeding questions → [Child feeding ages and stages](#)



How are things going with Mastering Family Meals, sDOR

Feeding problems → [Childhood feeding problems](#)



How are things going with Mastering Family Meals, sDOR

Problems with growth → [Children's eating and growth](#)

Repeat



Repeat



ⁱ To be confident of your understanding of the division of responsibility in feeding as well as to apply and do problem solving with it, consider completing the [Child of Mine Continuing Education Program](#).

ⁱⁱ Consider *Feeding with Love and Good Sense*, *Solving Childhood Feeding Problems*, *Raising a Healthy Child who is a Joy to Feed*, or *Your Picky Eater*. It could also be *Preventing Child Obesity*, but that title doesn't "sell" well.



SATTER FEEDING DYNAMICS MODEL: fdSatter

Parents feed based on the division of responsibility
Children remain/become eating competent

Satter In: O'Donahue W. *Pediatric and Adolescent Obesity Treatment: A Comprehensive Handbook*. 2007



Reading

- [Division of responsibility in feeding](#)
- [Your Child's Weight Appendix E: Assessment](#)
- [Your Child's Weight Appendix F: Treatment](#)

Helping children be competent eaters starts at birth and continues throughout childhood.

ELLYN SATTER'S DIVISION OF FEEDING RESPONSIBILITY (sDOR) INFANT

- Parent: *What*
- Child: *How much*

Satter, The feeding relationship, JADA 86:352, 1986



ELLYN SATTER'S DIVISION OF FEEDING RESPONSIBILITY (sDOR)

Toddler through adolescent

- Parent: *What, when, where of feeding*
- Child: *How much, whether of eating*

Satter, The feeding relationship, JADA 86:352, 1986



For children to be competent eaters, adults must be competent feeders

- Choose and prepare ~~healthy~~ food
- Have regular meals and snacks
- Make eating time pleasant
- Provide mastery opportunities
- Accept and support children's growth

Being a competent feeder includes trusting children to eat

- Children will eat
- They know how much to eat
- They will eat a variety
- They will grow predictably
- They will mature with eating

Indication for assessment

- Problem is longstanding: established, complicated
- Cause is unclear, likely to be multiple
- Much advice; multiple interventions
- Parent is upset: angry, anxious
- Parent is all about the child, little awareness of his/her own role in the problem

ORGANIZING LOGIC FOR ASSESSMENT

Satter Feeding Dynamics Model

- It is normal for children to eat and grow normally
- From birth, to retain their capability with eating and growth, children need appropriate grownup support
- When a child does *not* eat and grow normally, *something* is the matter
- The organizing question is, “what is interfering with this child’s capability with eating & growth?”



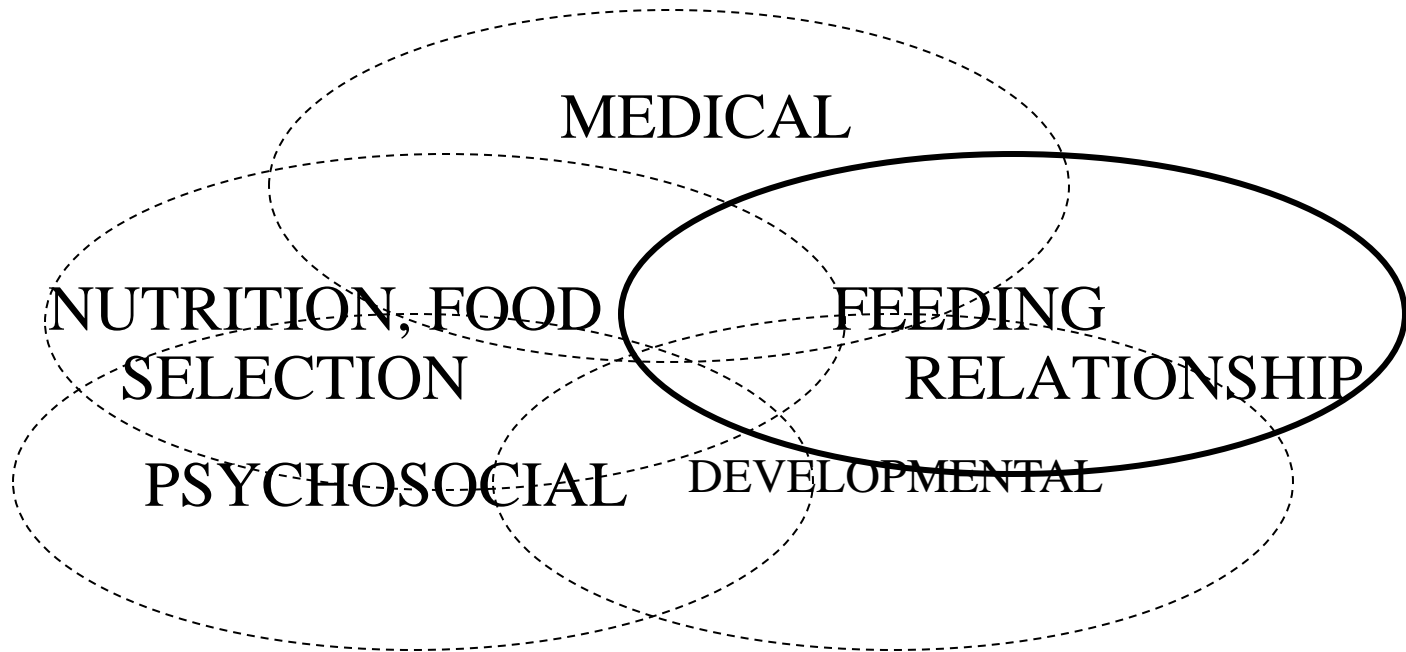
WORKING HYPOTHESIS

- Whatever the underlying issue, distorted feeding dynamics is a primary and/or adjunct cause of the problem
- Feeding intervention will be part of the resolution

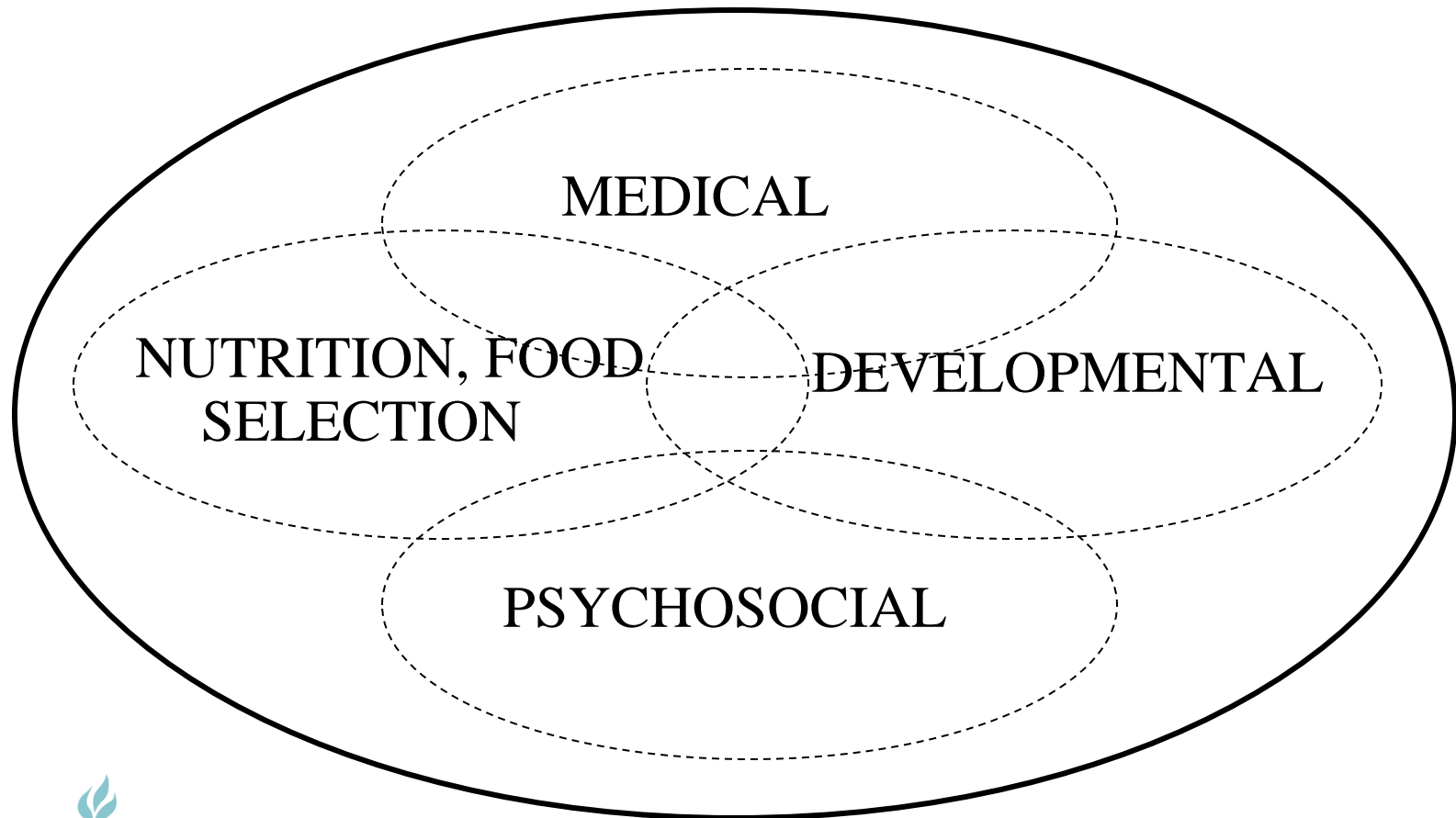
ASSESSMENT CONTENT

- Medical & physical
- Nutrition & food selection
- Psychosocial (parents)
- Developmental (child)
- Feeding dynamics

ISSUES IN FEEDING



ISSUES IN FEEDING



MEDICAL & PHYSICAL

Clues from birth as to why child is seen as being incompetent with eating and growth

Identify whether adjunct treatment is needed

- Review & summarize clinical record
- Re-plot growth
- Past: Was child ill? Are issues resolved?
- What were significant family events?
- Present: Oral-motor problems? Illness? Other?

NUTRITION & FOOD SELECTION

Nutrition and food selection related clues to child's seeming incompetence with food acceptance or regulation

- Reliability of family meals
- Menu planning is considerate/doesn't cater
- Fat content of diet is adequate
- Food is developmentally appropriate
- Child's food intake is nutritionally adequate

NUTRITION & FOOD SELECTION

Determine whether feeding dynamics intervention requires adjunct nutritional support

- Does child have nutritional reserves to support treatment?
- Provide for nutritional support

PSYCHOSOCIAL (parents)

Identify whether adjunct therapy is necessary

- Are parents eating competent?
- Are parents able to institute a division of responsibility in feeding?
- Are parents able to apply the changes of treatment?
- Do parents/child require a referral to address associated/underlying issues?

DEVELOPMENTAL (child)

To what extent has the child accomplished psychosocial developmental tasks at every stage?

- Homeostasis
- Attachment
- Separation-individuation
- Initiative
- Industry
- Identity

FEEDING DYNAMICS

Is feeding consistent with the child's stage in development?

- Homeostasis
- Attachment
- Separation-individuation
- Initiative
- Industry
- Identity

FEEDING DYNAMICS

How does feeding distortion contribute to the child's seeming incapability with eating/growth?

- Based on observation
- Parental report is not accurate

IMPRESSIONS

- Medical & physical
- Nutrition & food selection
- Psychosocial (parents)
- Developmental (child)
- Feeding dynamics

What caused eating/weight problem?

- Misinterpretation of normal growth
- Restrained/forced feeding; circumstances mimicking (e.g. food insecurity)
- Poor eating competence growing out of errors in feeding
- Stress

TALKING WITH PARENTS: PLANNING TREATMENT

- Remind parents: this is a parent-centered approach
- Based on the growth chart, reconstruct the child's history
- What is causing the presenting complaint?
- Outline treatment, including recommendation (if any) for nutritional support
- Plan followup



HALEY



HALEY, age 9 ½ years

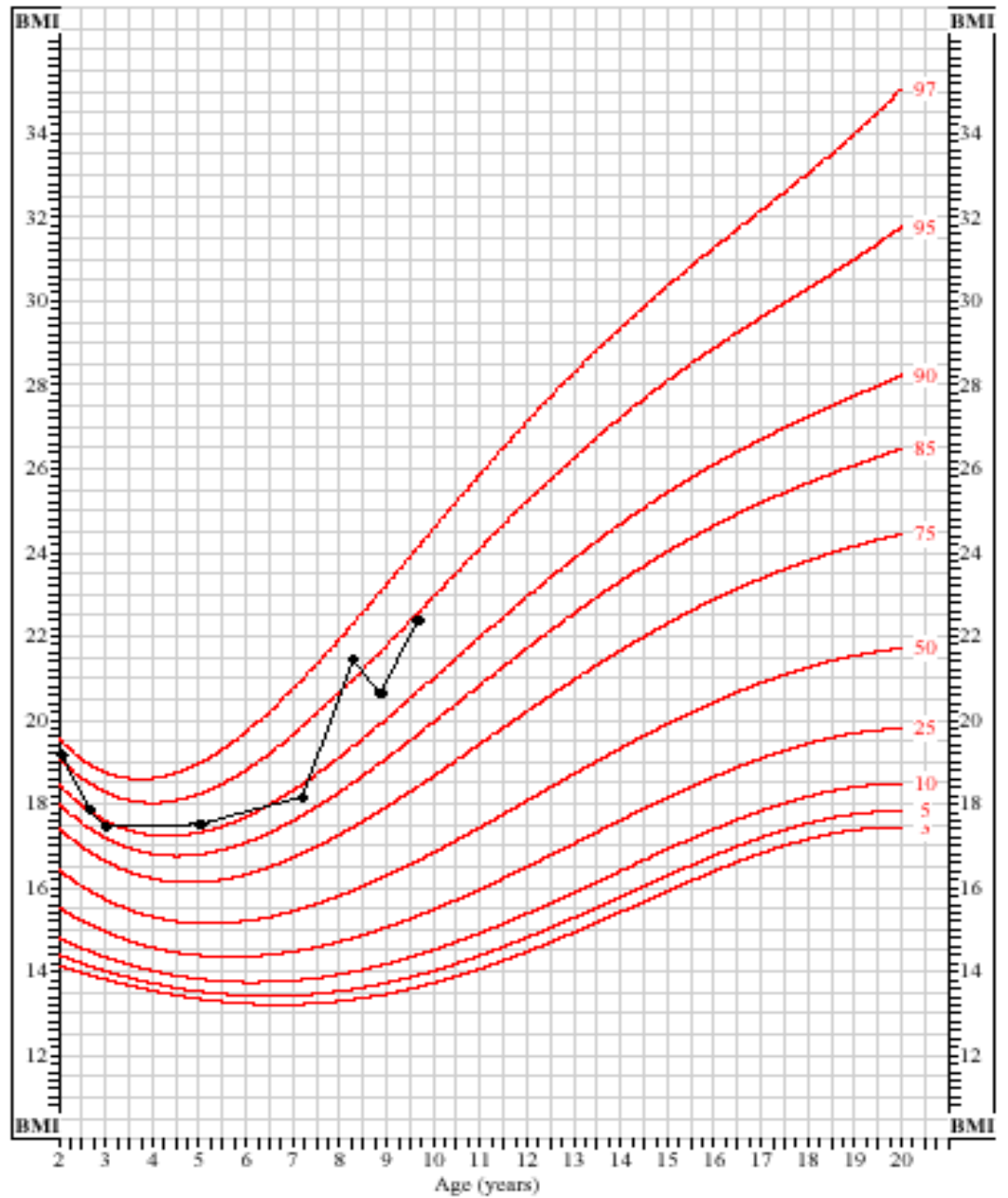
- Parents: “Gained a huge amount of weight—shot off the scale.”
- Sneaks food, eats from lunch counter even after she has finished her bag lunch from home
- Parents deny food restriction

Initial session: Parents & Haley

- Parents tell Haley
 - Concerns
 - Wishes
- Haley responds
 - What she hears parents saying
 - Her point of view
- Discuss
- See Haley alone
- See parents alone



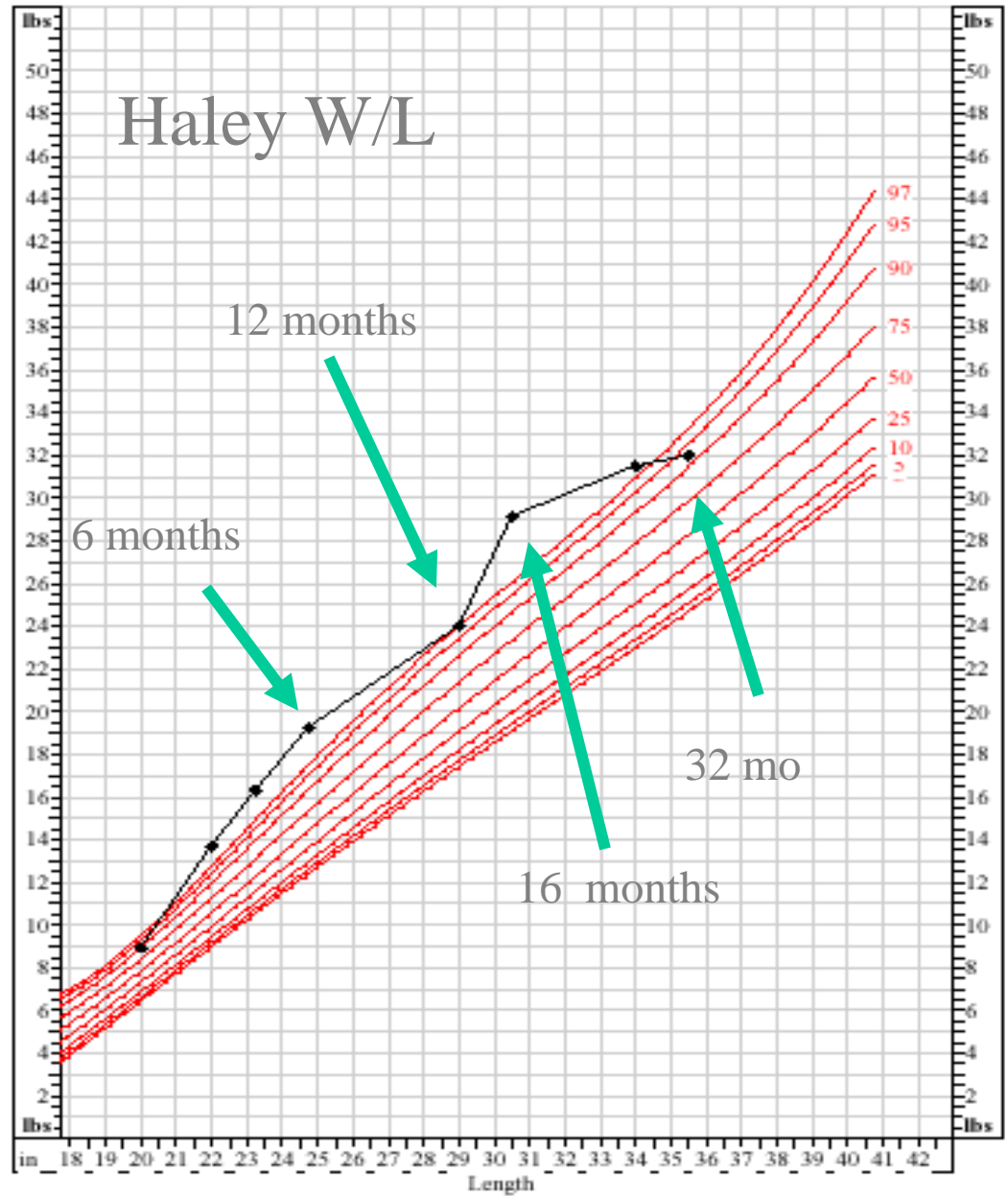
HALEY BMI



Dinner videos show restraint, conflict

- Very drab, low fat food
- 2300 calories/day—65% of recommended
- Parents push the salad, move the dressing and butter away
- Parents insist she eat food she doesn't like

HALEY GROWTH HISTORY

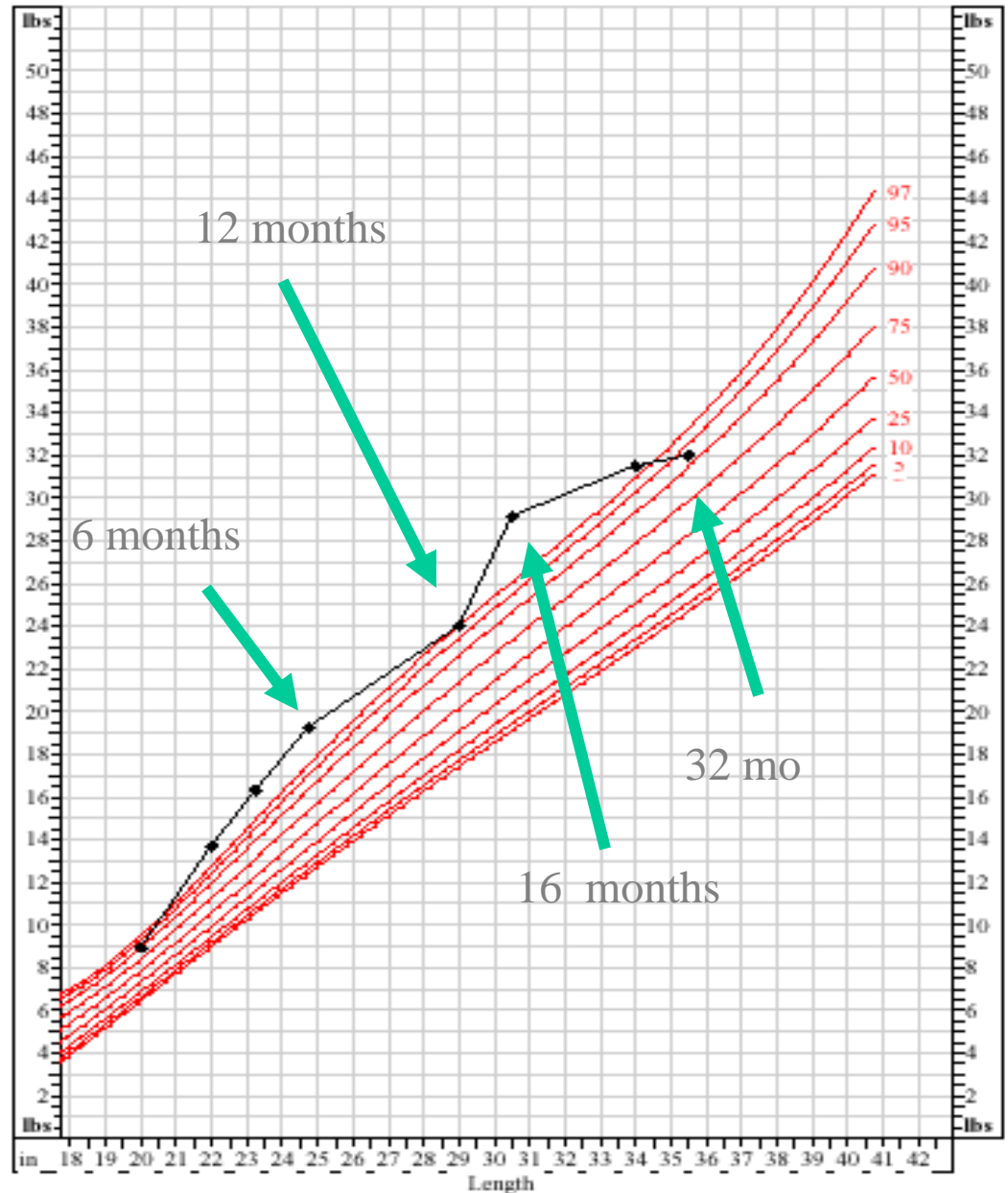


6 months: MD says
“weighs too much”

12 months: MD
says “tendency
toward obesity”

16 months: Mom
says “voracious
appetite.”

18 months: Moved.
New MD doesn't
question weight



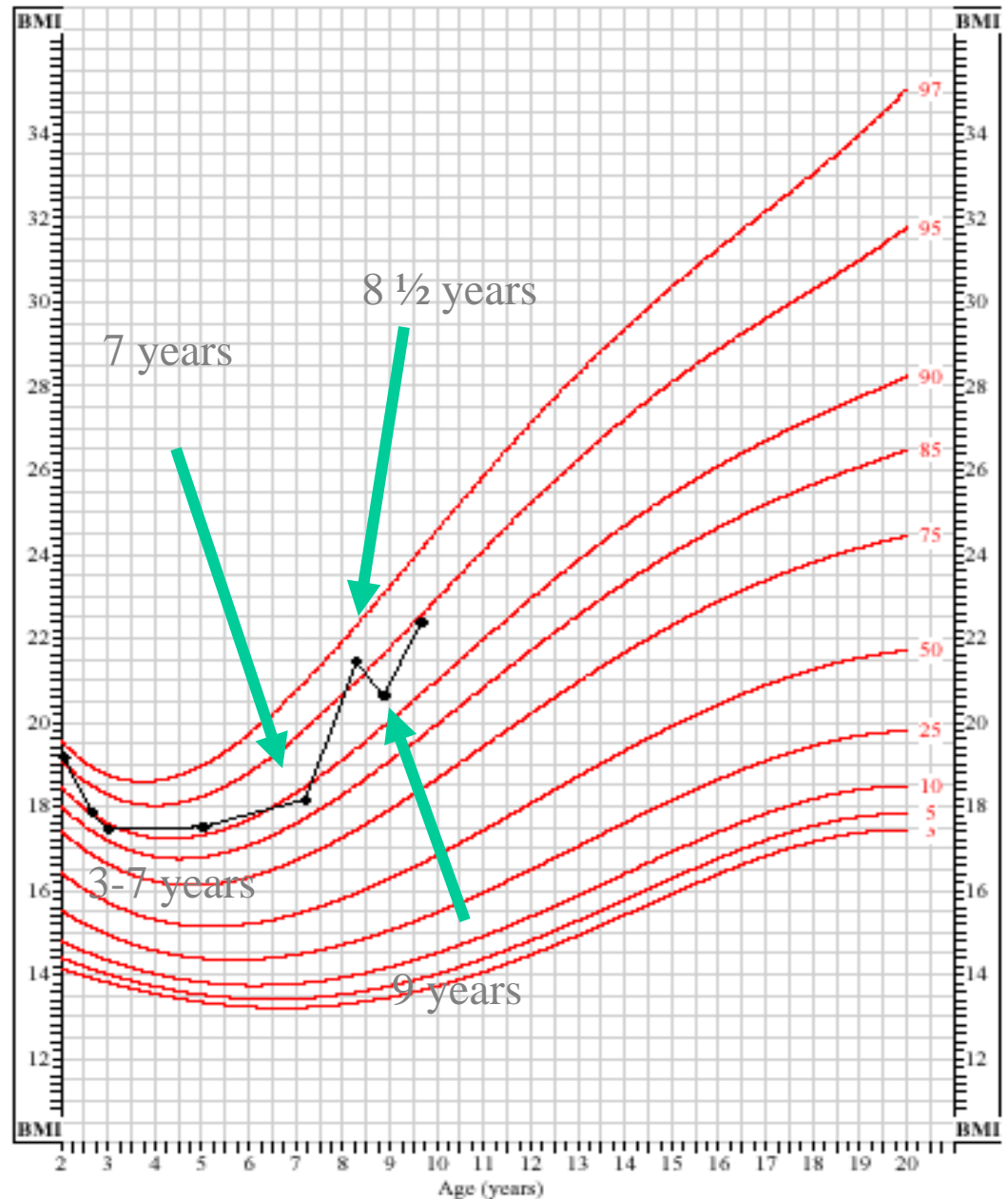
2-3 years. New MD
doesn't ? weight

3-7 yr: Mother in
school; father feeding

7 yr: Moved. Haley
sad; mother feeding

8½ yr: MD “don’t
diet” but eat F&V,
low fat

9 yr: RD “don’t diet”
but follow Food Guide
Pyramid



HALEY: NUTRITIONAL ANALYSIS

- Typed, tabular food intake record by Mother
- 2300 calories 7-day average—with fudge factor. 65% of recommended
- Day-to-day average consistent
- Strong emphasis on low- or no-fat, ↓ sugar
- Evidence of portion control—round numbers for food
- Calcium & vitamin D low—takes supplements

HALEY'S PARENTS' FUNCTIONING

- Situationally competent family
- Extremely controlling with Haley: socially, emotionally, academically
- Both exacting and goal-oriented.
- Little curiosity about their feelings and motivations
- Both still reacting to their own parents' agendas—she conforming; he defying.

Haley social & emotional functioning

- Angry, sullen, oppositional
- Socially immature: Does poorly with peers
- Feels bad about herself and her body

HALEY

PSYCHOSOCIAL DEVELOPMENT

- Homeostasis—appears adequate
- Attachment—likely adequate
- Separation-individuation—Disrupted
 - Haley’s dilemma: submit or be obnoxious
 - She chose obnoxious
- Preschooler—Authoritarian parenting, rebellion continued
- School-age
 - Poor focus on task achievement
 - Poor social skills with peers



Feeding dynamics

MOTHER IS RESOLUTE IN ATTEMPTS TO CONTROL HALEY'S EATING

- Drab, low-fat food that Haley detested
- One pork chop each, ran out of rice
- Use your fork (over and over)
- The seeds are for the salad (repeatedly)
- Get your elbows off the table
- Eat something else before you take seconds on bread
- Remember she showed us a portion size (broccoli)
- Hand on wrist and smile (Sadie eating too fast)
- Handing her the napkin
- “Use your napkin”



HALEY IS EQUALLY RESOLUTE IN HER AVOIDANCE OF CONTROL

- Puts down her fork to pick up the pieces of salad
- Takes the tiniest amount of salad possible then puts the seeds in her palm
- Looks disgusted at lentil soup
- Hunches over with her whole forearm on the table
- Eats her bread when she wants to
- Goes back to eating fast
- Leaves her napkin on the table

Assessment: Haley

- Medical & physical: Healthy child. MD defined as obese age 6 months.
- Nutrition & food selection: Nutritionally adequate but drab & restrictive.
- Psychosocial (parents): Parental conflict routed through Haley. Mother rigid, father evasive.
- Developmental (child): Stuck at toddler stage.
- Feeding dynamics: Restraint started age 6 mo. Mother restricts, father neglects or indulges.



What caused weight acceleration?

- Misinterpretation of normal growth
- Restrained feeding and circumstances that mimic restrained feeding
- Faulty learning about eating growing out of errors in feeding
- Stress

FAMILY DYSFUNCTION MADE CASE TERTIARY

- Primary—Education in stage-related feeding, anticipatory guidance, early problem-solving
- Secondary—Detailed evaluation and treatment of established problems
- *Tertiary—Detailed evaluation and treatment of complex or entrenched problems with adjunct specialists, ie, physician, psychotherapist*

HALEY - TREATMENT PLAN

Parents' Jobs

- Get family therapy to deal with control issues
- Initiate eating management after family therapy has begun
 - Establish and maintain division of responsibility
 - Identify and D/C restraint tactics
 - Plan good-tasting enjoyable menus
 - Provide appealing sit-down snacks at set times
- Expect and enforce positive mealtime behavior



HALEY - TREATMENT PLAN

Haley's Jobs

- Go to the table hungry and eat until satisfied
- Pay attention while you eat
- Ask parents to include forbidden foods at meals and snacks
- Sneak up on new food and learn to like it
- Let parents know when they slip up, but be patient



FOLLOW & SUPPORT PARENTS

- Weekly sessions (as parents can manage)
 - Optimize feeding
 - Give mastery opportunities
 - Expect child's capability to evolve
- Do problem-solving with the division of responsibility
- Detect parents' tendencies to over-encourage
- Give support for reassuring child s/he doesn't have to eat if s/he doesn't want to
- Help parents detect child's evidence of eating competence



To what extent can parents enact a *division of responsibility* in feeding?

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For more information

