



THE VISION TIMES

Applying the *Trust* model of feeding and eating

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Prevent Child Overweight by Doing a Good Job of Parenting

By Ellyn Satter

As a society, we are abominable about feeding ourselves, only marginally better about feeding our children, and obsessed with weight. As I assert in *Your Child's Weight: Helping Without Harming*, today's crisis is not one of child overweight. It is a crisis of parenting and feeding. Today's parents are uncertain about how to take an effective leadership role with their children. Money is tight, parents work long hours, extended families are dispersed, and the health care system falls short of teaching good parenting and feeding. Jobs, money and social advancement compete in importance with raising children, and parents aren't encouraged to keep their priorities straight. As a result, a high proportion of today's children are anxious and depressed. The emphasis in the media and health-care world on the "epidemic" of child overweight makes it even harder for parents. They hesitate to provide, and their confidence in feeding their children is undermined.

Today's crisis is parenting and feeding.

How do we begin to tackle these problems? Entering family functioning through *feeding* gives a great deal of hope. Teaching good feeding teaches good parenting. The feeding relationship is a metaphor for the parent-child relationship overall. Keeping up the day-in, day-out of family meals and structured snacks provides the backbone for family life and gives children an enormous sense of security. For parents, being able to sort out their jobs with feeding from children's jobs with eating provides a concrete example of sorting out other control issues. Knowing when to take leadership and when to let go is the essence of good parenting.

What about our obsession with weight? The one thing that the "experts" seem to agree on—from policy-makers to school boards to health care providers—is the

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Applying the Division of Responsibility to School-age Children and Adolescents

By Ellyn Satter

My audiences ask, "does the division of responsibility still apply to school-age children? What about teenagers?" Often, a second question follows the first: "At what point do children stop regulating?" The answer to the first is a resounding *YES*, the answer to the second an equally resounding *NEVER*—provided poor feeding doesn't undermine children's regulatory ability.

The same as when they were younger, preadolescents and adolescents do best when parents take leadership with the *what*, *when* and *where* of feeding and trust them to manage the *how much* and *whether* for themselves. If parents do their jobs with *feeding*, children of all ages do their jobs with *eating*—including eating the right amount to grow well. Primary among parents' responsibilities is providing family meals. Teens who have regular family meals do better in all ways—nutritionally, socially, emotionally, academically. In addition to maintaining family meals, parents discharge their feeding responsibilities by gradually teaching their increasingly out-on-their-own school-age and teenage children to manage the *what*, *when* and *where* for

Teens who have regular family meals do better in all ways.

themselves.

The third- or fourth-grader begins by learning to manage his afternoon snack—by choosing from a small number of choices provided by parents and by taking responsibility for eating that

snack right after school. The child who masters this early step earns leeway with snack choices until his mastery and cognitive maturity around age 11 or 12 years allow him to manage snacks on his own. School lunch, snacks at friends' houses and snacks purchased with allowance money from the local convenience store offer more learning opportunities and give parents openings for teaching children stage-appropriate food selection principles. If those principles are *reasonable*, children feel

Children take pride in applying reasonable principles.

proud of taking responsibility for applying them. (For examples of *unreasonable* principles, see the accompanying box.) For the older school-age child, a parent might observe: "A popsicle (or soda) isn't enough for a snack, because it is just sugar. You need something more, like cheese or nuts." For the preadolescent: "Put together a snack that has protein, fat and carbohydrate." For the adolescent: "I will pay for the regular school lunch, but you have to pay for anything else you eat." "I know you like eating your lunch at the fast-food store. What do you choose to get a vegetable or fruit? What about your milk?"

By the time he is in his late teens and ready to leave home, the teenager needs to have mastered food management, so he can be positive and reliable about feeding himself. He needs to learn to plan, shop, store and prepare food. If all has gone well, he has been helping in the kitchen from the time he was little. Now he can put all the skills together to do for himself what parents have done for him.

EATING RULES THAT MAKE CHILDREN FAIL

Children love their parents, and want to please them. Parents make that possible by setting up reasonable rules that allow choices and autonomy. What rules are so *unreasonable* that they make it virtually impossible for children to please parents?

- **Don't eat "junk" food (high-calorie, high-fat, low-nutrient food).** Even children who *want* to go by their parents' rules overdo it on forbidden foods when they get out on their own. The foods taste *so* good and everyone else is eating them! Children eat forbidden foods in moderation when those foods are not forbidden at all—when they are available regularly at home.
- **Don't eat so much; keep your weight down.** Going without, even when children try to restrict *themselves*, frightens them and makes them preoccupied with food and prone to overeat when they can. Children stop overeating when they are reassured that they will get enough to eat.
- **Eat five (or three or seven or nine) vegetables and fruits (and other healthy stuff).** Children don't eat what is good for them, they eat what *tastes* good. They may eat their vegetables when parents make them, but not when they are out on their own. But children learn to eat *and enjoy* a variety of food when parents follow the division of responsibility with feeding. When children get out on their own, they enjoy what is good for them.
- **Don't ask questions.** Some parents—and health professionals—pretend not to be concerned about children's weight or interfere with eating, then try to manipulate both by limiting portion sizes, restricting fat and packing menus with low calorie foods. Children aren't fooled. They feel angry at being tricked, lose track of what *they* want, and find ways to eat that bug their parents.

Letters from the Front

Eleven-year-old Julia was a sneak eater and downright defiant around food. Julia's weight had been accelerating since she was three years old. Starting then, as indicated by the medical record, her weight and that of her family had been the entire focus of annual visits. The pediatrician criticized the whole Brown family for being large, for eating the wrong foods and for not being active enough.

In their desperation, the family changed pediatricians, and the new one sent them to me. Even had I been willing to go there, it was clear that more restraint would not solve the problem. Instead, I advised Mr. and Mrs. Brown to stop restricting themselves and their children. They were to establish a division of responsibility in feed-

A teenager is a toddler with wheels and attitude.

ing, provide regular meals, set time guidelines for snacks and include "treat" foods at meals and snacks. Although this approach was totally opposite from what they had done before, it felt right to them. In their hearts, they had known the old way wasn't good for Julia, but they didn't know what to do instead.

Even after years of faulty feeding, Mr. and Mrs. Brown learned to feed well and to let Julia eat what and as much as she wanted at meals and snacks. Julia's eating became more extreme before it settled down. For five or six weeks, she ate a great deal, especially of

foods that had been forbidden before. But then she relaxed and started to eat like any other school-age child: a lot one time, not so much another, desperate for snack one time, unconcerned another.

Julia's negative food behavior brought about a long-overdue improvement in feeding dynamics. Julia's parents discarded the destructive advice and maintained their priority of healthy parenting. At last, they felt positive, hopeful, and empowered with Julia's eating and weight. A teenager is a toddler with wheels and attitude. The toddler's struggle for separation-individuation teaches the tuned-in parent not to intrude on the child's prerogative of *what* and *how much* she eats. Parents who don't learn to give their child autonomy with eating when she is young have a second—if more difficult—opportunity to learn when she is an adolescent.

Lisa Modesti, RD, CDE
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I work in a busy outpatient pediatric clinic on the U.S.-México border. Rosa, age 8 years, was typical of the many referrals I get for *overweight—at risk of diabetes*. This determination—also typical—had been made on the grounds that she was big and had a "dark neck." Her skin condition, *Acanthosis Nigricans*, is considered in some circles to be a sign of insulin resistance. While insulin resistance

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importance of screening and diagnosis. But even that harms. Studies show that 5- to 9-year-olds who get the message they are overweight feel flawed in every way—not smart, not physically capable and not worthy. Equally large children who *haven't* gotten that message feel fine. Moreover, such overweight diagnoses create the very problems they are intended to address when parents restrict and the food-deprived and therefore food-preoccupied child overeats and gains too much weight.

Feed and parent well and support each child's normal growth and development.

Does that mean we do nothing? Far from it! The practical, wellness-based and doable approach to child overweight I teach in *Your Child's Weight* is this: Feed and parent well and support each child's normal growth and development. This issue of *VISIONS* guides you. As I outline in the lead article, support children's capability with eating by optimizing feeding from birth on. As Elizabeth Jackson explains in her entertaining article, learn the trust model and apply it consistently. As the *letters from the front* illustrate, even when a child's weight is accelerating, don't abandon feeding dynamics principles. Instead, ask *What is undermining this child's ability to grow in a way that is right for her?* You will find errors in feeding. Work with parents to correct those errors, then let the child's weight find its way back to what is normal for her. As Carol Danaher's article illustrates, *think big*. Consider a system-wide campaign for preventing childhood overweight by building cross-disciplinary competency with feeding dynamics education and intervention.

Feeding dynamics works to support normal growth and development.

Does the feeding dynamics approach work? Does it work to support normal growth and development? Yes it does. Does it work to correct disruptions in feeding and parenting and thereby set right a child's too-rapid weight gain? Yes it does, provided parents *truly* establish the division of responsibility in feeding.

Does the feeding dynamics approach work to keep a child's weight down to a certain level or get her to lose weight? No, it does not. Defined weight outcome is absolutely contradictory to my principles and approach. Keep in mind that even ambitious, multidisciplinary weight management programs don't "work" to produce weight loss, either. They produce modest weight loss, and that loss is almost without exception regained on followup. Moreover, these conventional approaches do harm. They deprive parents of nurturing and children of being nurtured.

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Publishing, consulting and training on nutrition, eating, feeding, obesity, poor growth, dieting, distorted eating (and feeding) attitudes and behaviors of children and adults. Offers trust model-based books, videos, teaching and training materials for parents and health, mental health, child care and education professionals.

We publish *THE VISION TIMES* annually to keep in touch with our workshop graduates and other interested professionals, informing them of emerging issues, experiences of graduates, new products and upcoming events. We'd love to hear from you. Send anything you feel will be helpful to others: your stories, experiences, tips, brochures, schemes....

is a known risk factor for diabetes mellitus, the majority of children with the skin condition do *not* have high insulin or glucose levels. But Rose's mother was scared, and asked me to give her a "diet" to prevent diabetes.

I agreed to help her, but first I reviewed Rosa's lab results, growth charts, and food records. Her lab results were within normal ranges. About a year ago, however, her weight chart showed a sudden increase from her usual 80th percentile plottings. Rosa's mom explained that this coincided with the school screening when Rosa's dark neck was discovered. Apparently, Mom was told that Rosa needed to lose weight. Since, she had been restricting Rosa's food intake and forcing her to walk with her after dinner. Rosa reacted by being hungrier, sometimes wanting to eat again within a half hour after a meal. I explained to Rosa's mom that children *know* how much they need to eat to weigh what is right for them.

I compared Rosa's weight chart before and after the school screening. I pointed out to her that Rosa had been capable of regulating her growth in weight before and I believed she could do it again *provided* Rosa's mom do her *Division of Responsibility in Feeding* tasks. Specifically, I encouraged Rosa's mom to set up and follow a schedule for meals and snacks, provide a variety of foods (including dessert and other favorite foods), and let Rosa eat as much as she was hungry for at meals and snacks. Also, I recommended letting Rosa have fun with physical activity instead of making it an exercise routine.

Last week, three months after I saw

Rosa has gone back to eating as much as she needs and her weight is following her previous growth curve.

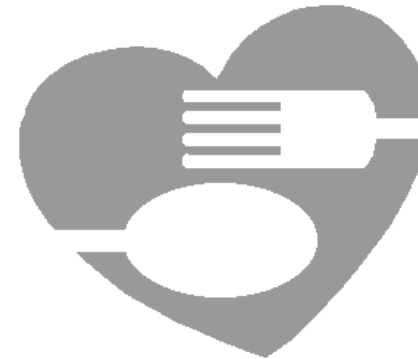
Rosa and her mom for the first time, they came back for a follow-up visit. Rosa has gone back to eating as much as she needs and her weight is following her previous growth curve. Rosa's mom is following a division of responsibility in feeding Rosa and trusting Rosa to eat as much as she needs. Moreover, Rosa is again having fun playing outside instead of having to exercise.

*Inés Anchondo RD, LD, CSP, MPH
Pediatric Nutritionist
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My most challenging eating disorder cases show histories of eating and food-regulation capabilities undermined by disturbed feeding dating back to early childhood. Consider 23-year old Sarah, who reported, "When I started my period, there were no sanitary pads in the house; my mother never needed them: She was anorexic." From early childhood, Sarah's mother controlled the amount she ate and never allowed sweets in the house. Sarah said she was feisty and had tantrums about not getting enough to eat. Dad, a mean alcoholic, continually berated Sarah about her size. Indeed, the entire extended family was weight-obsessed. Sarah's early childhood growth charts showed a bouncy weight pattern from the 50th percentile in the first few months to the 5th at one year, then accelerating to the 90th by age 6. She stayed at the 90th percentile until she became anorexic at 16. After that, she added vomiting and a cocktail of weight and water loss pills to her weight control regimen. Instead of knowing how angry and abandoned she felt, Sarah focused on her eating and weight. Recovery was challenging because she had learned from her mother's lifelong unwillingness to feed her that there was something wrong with her normal food needs. Through careful reconstruction of her eating, in tandem with psychotherapy, Sarah worked through her inner conflict about eating and became competent not only with eating but in all ways.

*Elizabeth Jackson, MS, RD
Consulting Dietitian
Mount Pleasant, MI*

Ellyn Satter's Division of Responsibility In Feeding



Parents provide *structure, support, and opportunities*. Children choose *how much* and *whether* to eat from what the parents provide.

The Division of Responsibility for Infants:

- The parent is responsible for *what*
- The child is responsible for *how much* (and everything else)

The parent helps the infant to be calm and organized and feeds smoothly, paying attention to information coming from the baby about timing, tempo, frequency, and amounts.

The Division of Responsibility for Toddlers Through Adolescents:

- The parent is responsible for *what, when, where*
- The child is responsible for *how much* and *whether*

The Parents' Feeding Jobs:

- Choose and prepare the food.
- Provide regular meals and snacks.
- Make eating times pleasant.
- Show children what they have to learn about food and mealtime behavior.
- Not let children graze for food or beverages between meals and snack times.
- Let children grow up to get bodies that are right for them.

Fundamental to parents' jobs is trusting children to decide *how much* and *whether* to eat. If parents do their jobs with respect to *feeding*, children do their jobs with respect to *eating*.

Children's Eating Jobs:

- Children will eat.
- They will eat the amount they need.
- They will eat an increasing variety of food.
- They will grow predictably.
- They will learn to behave well at the table.

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Family Meals Focus Addresses Portion Size

Family Meals Focus, an on-line newsletter under the direction of Ellyn Satter, discusses trends, research and clinical issues in eating and feeding and interprets other research from a feeding-dynamics, eating-competence perspective. In a recent issue, Satter addressed portion sizes.

Based on extrapolation from short-term observational research, controlling caloric density and portion sizes has become a primary focus of overweight intervention. Adults seem to stop eating on fewer calories when they are offered lower-calorie food. Adults eat more when offered large portion sizes. However, the studies do not apply to real life because they examined food regulation patterns for short times—a day out of a week, or six meals in a row. Adults' food regulation is easy to trick in the short term, but in the long term, even adults compensate for eating less one time by eating more another.

Unless or until grownups teach them to clean their plates, preschoolers regulate very well—even with large portion sizes.

With children, the flaws in logic are failure to interpret research findings in the light of feeding dynamics and child development. In short-term studies, some preschoolers eat more when they are offered large portion sizes, but toddlers do not. The difference is developmental—and the child's history with feeding. Unless or until grownups teach them to clean their plates, preschoolers regulate very well—even with large portion sizes. A preschooler's eating can be distorted because he will do your bidding when you say, "clean your plate." He wants to please and can be shamed into doing what you want. A toddler won't. She is so committed to being her own person that she would rather fight than do your bidding with her eating.

In a classical study, children demon-

strated that, without interference, they regulate very well. Preschoolers who were given either a high-calorie pudding or low-calorie pudding 20 minutes before a meal compensated with their lunch intake. Those who ate the high calorie pudding ate fewer little sandwiches. Those who ate the low calorie pudding ate more little sandwiches. Some of the children did not compensate—they ate the same number of lunch-time sandwiches no matter which pudding they ate beforehand. The difference was in the eating and feeding behaviors of the *parents*. Parents who were controlling of their own and their children's food intake raised children whose ability to self-regulate was impaired.

What to do instead of controlling portion sizes? To help parents develop realistic expectations of how much children eat, give *general* guidelines: a tablespoon per year of age, a quarter of a piece for a toddler, half for a preschooler, etc. Such guidelines are less likely to be misinterpreted as hard-and-fast rules. Better still, recommend putting serving dishes on the table and letting children help themselves. They love doing it, and engaging their independence and initiative around food is all to the good. Rather than getting specific about amounts and types of food that children *should* eat, emphasize family meals, and maintaining the division of responsibility in feeding.

To get the article complete with references, go to www.EllynSatter.com, click on *newsletters* and look for *Family Meals Focus #3*. To put your name on the distribution list for *Family Meals Focus*, scroll down to the bottom of the article and follow the easy directions.

Contact us today. Phone 800-808-7976, fax 866-724-1631, email feedback@ellynsatter.com or by mail 4226 Mandan Crescent, Madison, WI 53711.

Planning and Funding a County-Wide Approach to Promoting Feeding Dynamics

By Carol Danaher

In Santa Clara County, California, we took childhood overweight prevention county-wide by building cross-disciplinary competency in teaching and problem-solving around early childhood feeding practices. Our vision was to provide parents with consistent messages across multiple levels of health- and child-care settings, messages based on Ellyn Satter's Feeding Dynamics principles. The Children's Health and Fitness Coalition of Santa Clara County, formed in 2001 to combat childhood obesity, became the sponsor of this work.

We consulted with Ellyn Satter Associates to develop a plan.

Because the interest and money is in pediatric obesity, we have shamelessly focused our fund-raising and marketing toward that objective, although benefits go far beyond. We began by consulting with Ellyn Satter Associates to develop a plan. Then we began pursuing money—and support—by sponsoring two of Satter's introductory workshops for a broad audience within and outside the County, the all-day *Feeding Relationship: An Introduction to the Possibilities* for health professionals, and a half-day *Feeding in Child Care* for child care providers and support personnel. These conferences were primarily self supporting through registration fees. Additional funds came from small grants from our Medical Managed Care Plans, the City of San Jose, and several others. No grant provided more than \$3,000. We earned \$5,000 in profits from these conferences, but more importantly, we garnered support. Conference evaluations clearly demonstrated that the Feeding Dynamics approach resonated with our target-group participants, addressed their issues with feeding children, and sparked their desire for more training and resources. This mandate was essential to substantiate our requests for further funding.

We were on our way! We used our \$5000 to support further planning. To train—and fund—childcare providers, we budgeted for two all-day trainings, *Helping Children to Eat and Grow Well in Childcare*, one in English and one in Spanish, with Ellyn Satter Institute Consultant Ines Anchondo, MS, RD. With mandate, plan and budget in hand, we applied for and received \$25,000 in funding from a local non-profit organization.

For training the health care community, Ellyn Satter Associates recommended system-wide one-day, primary-care training, *Feeding*

Dynamics Education and Intervention in Health Care. To provide a small group of professionals who would act as consultants and secondary intervention referral sources, we also sponsored the three-day *Feeding with Love and Good Sense VISIONS* Workshop. Attendance was limited to those working in our county.

To fund those two conferences and the educational materials, one of our partners, the University of California, Cooperative Extension Program, budgeted a portion of a Kellogg Foundation grant. Feeding Dynamics education allows considerable flexibility in grant applications. It is relevant to grants focusing on childhood obesity prevention at both family and health care provider levels, childcare education, dental caries prevention, WIC program systems, Nutrition Network funding goals, California 5-a-Day goals and more. Furthermore, since we have evaluated our efforts among a low-income, Spanish-speaking audience, we are eligible for funding through those avenues, as well.

Feeding Dynamics education qualifies for grants focusing on childhood obesity and dental caries prevention, childcare education, WIC program systems, Nutrition Network, California 5-a-Day goals and more.

Both the primary and secondary intervention workshops have been conducted, and the evaluations have been extremely positive. We feel we have the feeding dynamics based approach well-established within the community. To sustain that focus, childcare providers will be supported by personnel from the Resource and Referral agencies, who were included in all the trainings. To maintain the emphasis on feeding dynamics education and intervention with health care professionals, and to expand our outreach in the childcare community, we hope to hire and provide supportive services for a full-time Masters level RD. We estimate approximately \$200,000 a year for a five-year pilot and have begun talking with funders and policy-makers within the County. We estimate this search process to be one to two years. Wish us luck! We will update you all on our progress.

Carol Danaher, MPH, RD, is a Public Health Nutritionist with the Child Health and Disability Prevention Program, Santa Clara County Department of Public Health, California. She can be reached at Carol.Danaher@hhs.co.santa-clara.ca.us

Children, The Feeding Relationship and Weight Is Coming To A City Near You!

This cross-country tour (see below for locations and hosts) introduces practitioners to the Satter Feeding Dynamics Approach to Child Overweight. This research- and clinical-based, practical presentation explains children's weight acceleration and gives practitioners powerful and realistic, family-based intervention options for children of all ages.

For more information go to www.EllynSatter.com and click on Register for Children and Weight now!

In this one-day workshop (5-6 CEUs) based on Satter's groundbreaking new book, *Your Child's Weight: Helping Without Harming*, Satter's lectures and case studies illustrate primary intervention as well as give clear guidelines for assessment and treatment. Specifically, child overweight can be prevented from birth by doing an excellent job with feeding. Child overweight—for school-age children and adolescents as well as younger children—can be treated by examining the underpinnings and antecedents of weight acceleration, restoring positive feeding and letting the child's own capability resolve the problem.

What others have said:

"Excellent workshop! Very thought-provoking. Essential information for all who work with parents and children. I have a new perspective on child overweight."

"Excellent interactive case studies."

"Very helpful training. Pertinent to the work we do daily."

Workshop Hosts and Locations

Atlanta, GA

Peachford Hospital

Albuquerque, NM

New Mexico Department of Health Public Health Division Women, Infant and Children Program

Cleveland, OH

Cleveland Dietetic Association & Diabetes Association of Greater Cleveland

Denver, CO

Toomey & Associates Inc. & Rose Medical Center

Fort Worth, TX

TCU Nutritional Sciences Department Lyn Dart, PhD, RD, LD, Carol Ann Darwin, RD, LD & Judith Lokey MS, LPCI, NCC

Loma Linda, CA

Counties of San Bernardino & Riverside First Five Commissions & Public Health Departments & Loma Linda University School of Public Health

Memphis, TN

LeBonheur Children's Medical Center, Saint Frances Hospital, Memphis Pediatrics, Memphis Area Pediatric Nutrition. Pract Grp

Minneapolis, MN

Methodist Hospital Eating Disorders Institute

Philadelphia, PA

Delaware Valley Chapter of the Society for Nutrition Education

Phoenix, AZ

The Arizona Child Study Center of Children's Health Center at St. Joseph's Hospital and Medical Center

Rockford, IL

Rock Valley College

Santa Clara, CA

Santa Clara County Health and Hospital System, Nutrition and Wellness & The Children's Health & Fitness Coalition

Seattle, WA

Washington State Department of Health/WIC Program & Washington State Dairy Council

Distinguishing Between Trust and Control In Feeding Children

By Elizabeth Jackson

As a proponent of the trust model, I was surprised and amused, but not at all dismayed, when my 14-month-old daughter, Zoe, polished off six barbequed chicken drumsticks. It was a *lot* for such a little one, but I trusted that she knew what she was doing. On the other hand, if I were considering the issue from the perspective of the control model, I would have had to decide how many drumsticks to allow her. Given her age, I undoubtedly would have cut her off, spoiling her enthusiastic meal for both of us.

Many staunch control-model adherents, even those familiar with Ellyn Satter's evidence-based trust model principles, reject the trust model out of hand. Others try for a hybrid approach—a middle ground between trust and control. Is compromise possible? We in the Ellyn Satter Institute say *no*. Even a bit of control breeds mistrust and distorted eating. Satter's Feeding Dynamics Approach is not a collection of techniques but rather a sea change—a profound transformation. For the trust model to work, the entire, trust-based philosophy must be adopted and applied. In the ESI lexicon, those who attempt trust but end up still floundering about in control are *Paradigm Straddlers*.

Satter's Feeding Dynamics Approach is not a collection of techniques but rather a sea change.

Straddlers come in two basic varieties: Splashers and Toe-Dippers. Splashers believe they *are* totally embracing the trust model but do not yet (note the optimism) truly understand it, often shopping for favorite Satter feeding tips in order to further unconscious control agendas. Consider

journalists and health professionals who enthusiastically support Ellyn's insistence on the family meal—but then spoil those meals by using them as vehicles for limiting portion size, pushing fruits and vegetables, restricting fat and so on. Toe-Dippers try to embrace trust, lose courage, and revert to control when children eat too much or their bodies are "too" large or "too" small. In my earlier example, giving Zoe more chicken than I was comfortable with, then cutting her off or trying to get her to eat something different would have made me a toe-dipper. As Ellyn points out, even control is better than tricking a child by promising one thing, then delivering another.

Like Morgan Spurlock in "Supersize Me," the kids overindulged to make a point.

We in the Ellyn Satter Institute feel for you. Most of us have been Splashers or Toe-Dippers or even dedicated, full-blown Controllers. We have struggled to become trusting, and have been dismayed at how many control tactics sneak back in and have to be rooted out and eliminated. How do you stop straddling and let go of control? By establishing the division of responsibility, then sleuthing out and getting rid of the control tactics—ways of getting children to eat more or less than they do voluntarily. By steeling yourself for a leap of faith and steady nerves, and not giving in to panic during the transition when the picky eater eats even less, the restrained eater eats even more.

Does it work? Now at 13, Zoe, like her two older brothers, is a thoroughly competent internal regulator; ("I'm done with this Oreo—you want the rest?"). Have my kids ever eaten until they're groaningly full? Of

course. Consider the "bitty burger" and Coney dog eating contests at the Pixie, a local fast food diner. After Zoe and her brothers deliberately ate until they truly, queasily could hold no more, I worried, not about calories and fat, but about making it home with the car interior intact! Like Morgan Spurlock in "Supersize Me," the kids overindulged to make a point. But, disproving Spurlock's thesis of that popular movie, when my kids aren't attempting records, they have no trouble pushing away even super-sized portions when they're done. My trust-model-raised children even make up for their errors in food regulation. After an eating contest, they don't eat much for a while.

Strict control devotees and straddlers have to be energetic watchdogs to keep kids nutritionally in line. Common sense, and research, indicates that children's control evaporates when parents' backs are turned. And then who's going to watchdog the grown-ups? Control-model dietitians, that's who. Dietitians weary of being the food police either change professions or find their way—*truly* find their way—to the trust model. Dive in; swim hard to the other side and join us. *Trust!*

Not sure if feeding methods—yours or your clients'—are still controlling? Ellyn says the key to uncovering control is to look at *intent*. It's control instead of trust if the feeder has an underlying agenda for weight change. See page 95 of *Your Child's Weight* for a restrained feeding checklist!

Elizabeth Jackson, MS, RD, is in private practice in Mt. Pleasant, MI, as an eating and nutrition consultant for all outpatient diagnoses, specializing in eating disorders. She can be reached at ejacksonrd@journey.com

Your Child's Weight: Helping Without Harming Gets High Marks from Parents

YOUR CHILD'S WEIGHT HELPING WITHOUT HARMING BIRTH THROUGH ADOLESCENCE



ELLYN SATTER
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Six weeks after the official publication date, *Your Child's Weight* has been reviewed positively in Jane Brody's column in the New York Times, showcased twice by feature writer Nancy Hellmich in USA Today, praised in Larry Lindner's column in the Boston Globe, featured on CNN and noted in a variety of outlets around the country. The reviews that mean the most, however, come from parents.

Amazon.com reader and parent Samantha Miller started her review by saying, **Thank you Ellyn Satter!** She goes on to say, "Satter emphasizes that it is OKAY not to be 'skinny' and that some children are just larger than others - and it's normal and healthy for them. Satter has a common sense and loving approach for parents of children who are actually at an unhealthy weight to help them get back on track. I wish I had read this book when my children were infants - I would very highly recommend it for any parents who have weight or food issues of their own - read this book before you pass on those issues to your children. I thought I was 'over' my own issues and still managed to pass them on! This book should be required reading for parents who are 'dieters.'"

Under the headline, **Parents shouldn't take on the role of diet police**, parent, Boston Globe *Eating Right* columnist and former overweight child Lindner alarmed some of his readers with his comments on tortilla chips. By way of illustrating the "provide, don't deprive" principle of *Your Child's Weight*, Lindner gave an entirely appropriate tortilla chips "for instance" from his own table. "If you serve chili with rice, sour cream, shredded cheddar cheese, and tortilla chips one evening and all the kid eats are loads of tortilla chips," observed Lindner, "so be it. Once you've done your job of getting the food you've chosen in front of your child at the time and place that you decide, it's the child's responsibility to eat as much or as little of the offerings as he wants. You can't get around it by never serving items like tortilla chips or by pushing vegetables and fruits. Even heavy children deserve to come to meals with items that don't feel like diet food." Moreover," Lindner said, "they very quickly are able to decode offerings of vegetables and fruits over other foods as messages that they are too fat and need to be 'fixed' in order to be acceptable."



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