

Preventing Child Overweight and Obesity: Raising Children to be Competent Eaters

Session 2: Target weight inconsistency
and restore sDOR

Ellyn Satter, MS, RD, LCSW, BCD



Child overweight Prevention and treatment

1. Target weight *inconsistency*, not weight or BMI cutoffs
2. Identify and address cause(s) of weight inconsistency
3. Establish or restore stage-appropriate division of responsibility

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Child overweight Prevention and treatment

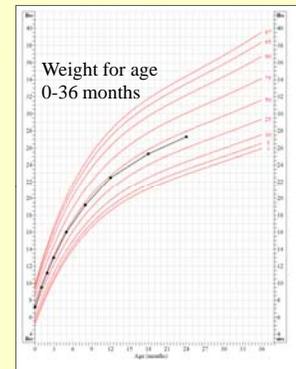
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Normal growth can
be consistently at
the mean

50th %tile w/a

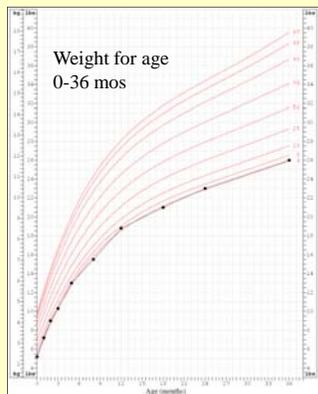


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Normal growth
can be low and
slow

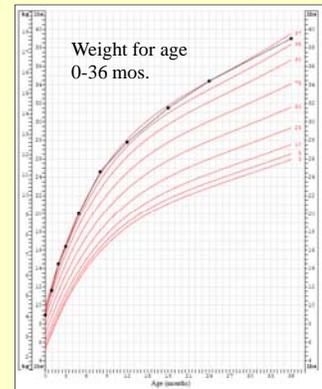
low consistent
w/a



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Normal growth can
be high and fast

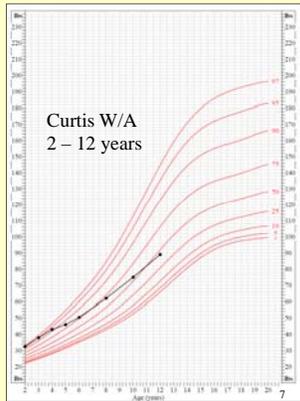
High consistent w/a



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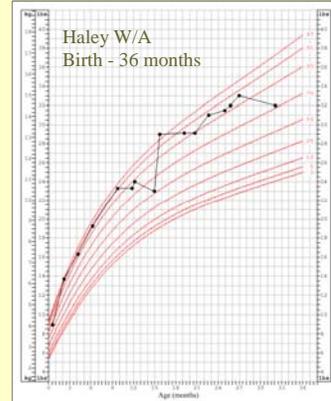
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Normal growth can show smooth, gradual shift over extended time



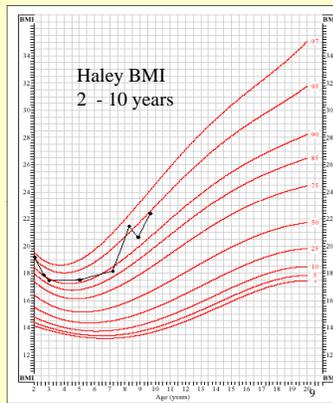
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Abrupt, rapid divergence unlikely to be normal



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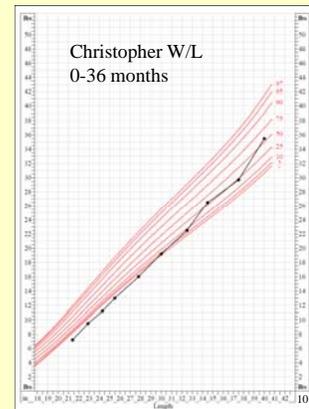
Early weight divergence likely to be amplified later



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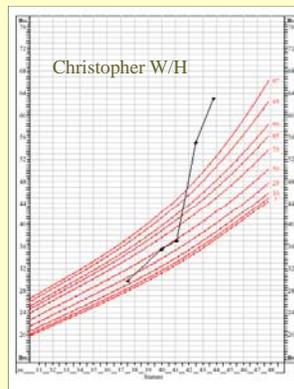
Normal or abnormal? Investigate growth divergences promptly

Ask: What is going on with feeding?



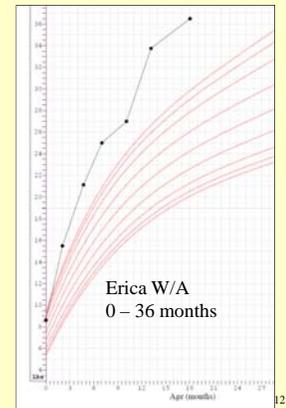
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Earlier and later weight acceleration likely to be related



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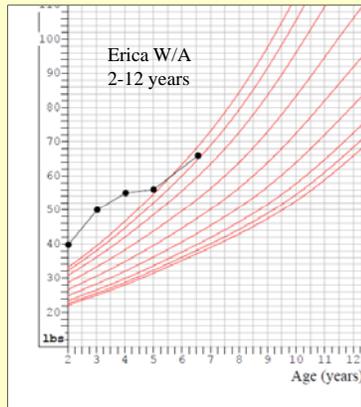
Normal growth or weight acceleration? You can't tell by looking.



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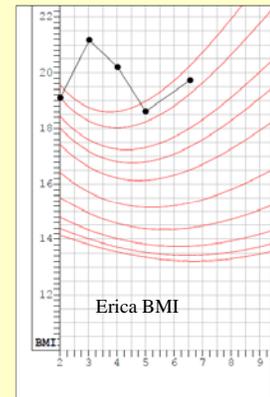
What stories do Erica's growth charts tell?

Ask feeding questions.



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BMI plottings show the same shape but exaggerate changes



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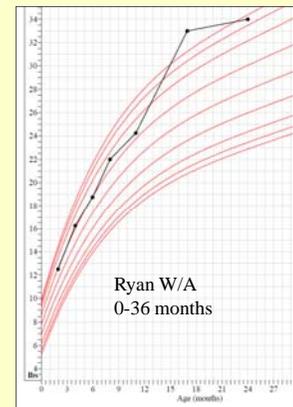


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When was static introduced into feeding?

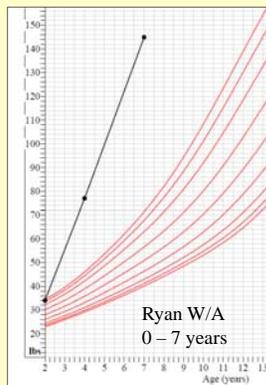
How is feeding going?



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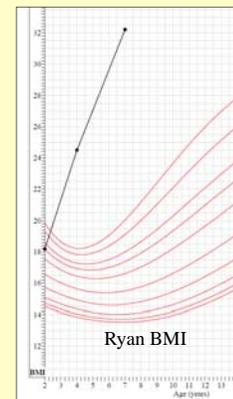
What caused this rapid acceleration? When did the problem start?



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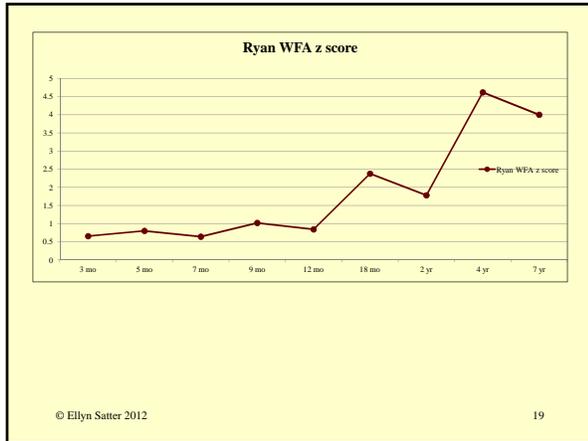
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Plotting BMI doesn't calibrate growth



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Child overweight Prevention and treatment

1. Target weight *inconsistency*
2. Identify and address cause(s)

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Child overweight Prevention and treatment

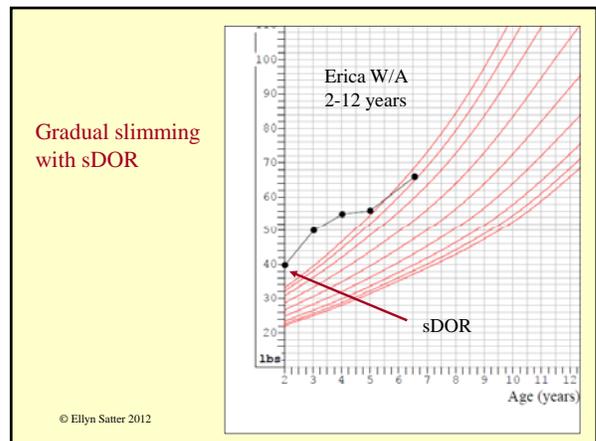
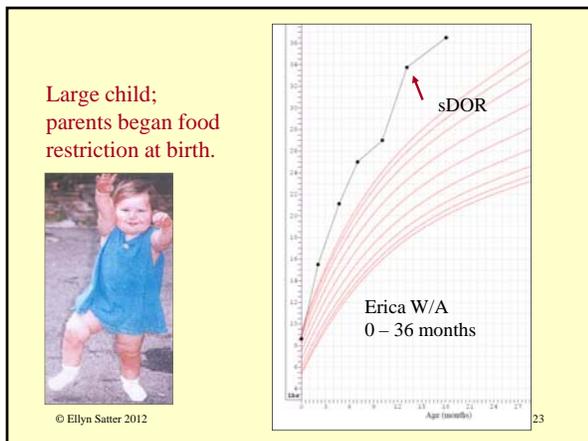
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 - c) Poor feeding practices
 - d) Stress

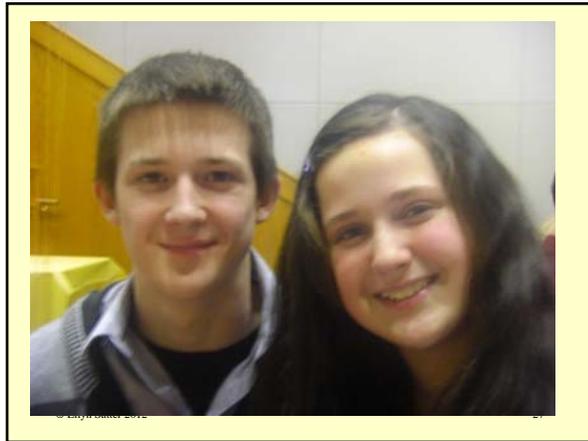
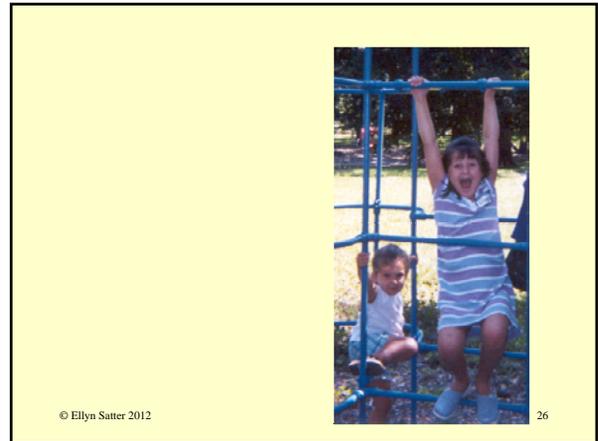
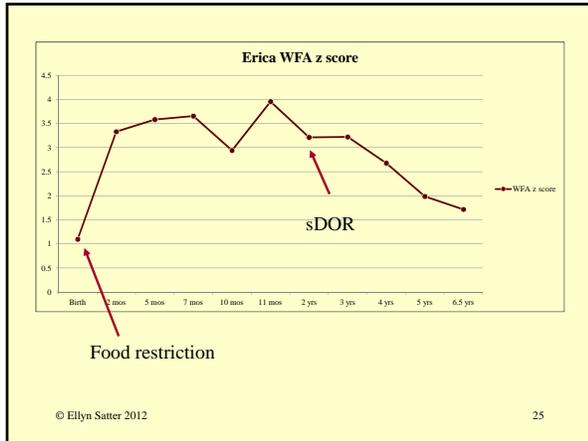
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Child overweight Prevention and treatment

1. Target weight *inconsistency*
2. Identify and address cause(s)
 - a) Misinterpretation of normal growth: A growth agenda

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Apply the division of responsibility throughout the growing-up years

DEVELOPMENTAL PRINCIPLES FOR FEEDING FROM THE 1970s	
1. Feeding is a social activity.	2. Feeding is a social activity and involves the child's attention.
3. Feeding is a social activity.	4. Feeding is a social activity and involves the child's attention.
5. Feeding is a social activity.	6. Feeding is a social activity and involves the child's attention.
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97. Feeding is a social activity.	98. Feeding is a social activity and involves the child's attention.
99. Feeding is a social activity.	100. Feeding is a social activity and involves the child's attention.

Developmental Principles

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Apply the division of responsibility throughout the growing-up years

[Child development ages & stages](#)

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- Can parents apply sDOR?
- Primary intervention: Can do it with education, information
 - Secondary: Can do it with support
 - Tertiary: Can't do it unless underlying issues are resolved
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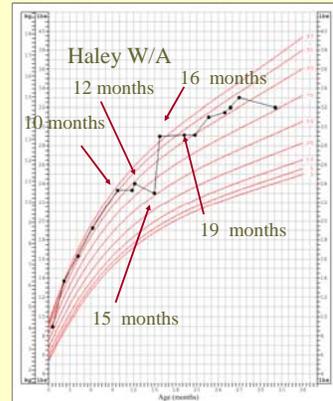
10 months: MD says
“weighs too much”

12 months: MD
says “tendency
toward obesity”

15 months: Error?

16 months: Mom
says “voracious
appetite.”

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

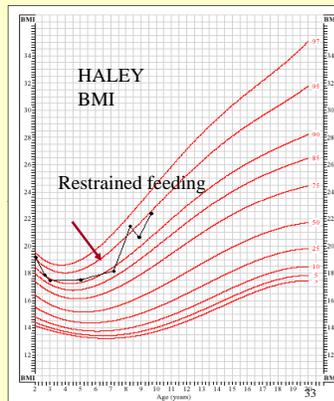


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Early restraint
sensitized
Haley to food
restriction,
exacerbated
reactive eating



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What to do instead?

- [Feeding your almost-toddler](#)
- [Feeding your school-age child](#)

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RESTRAINED FEEDING

- Portion sizes; arbitrary limits on food
- Limiting fat: Amounts or types of foods
- Pushing low-calorie *healthy* food: F&V, ↑ fiber
- Rigidly controlling “treat” foods
- Eat this (low calorie) before that (high calorie)
- Restricting menu to drab, uninspiring food
- “Are you sure you really want that?”
- *The look*
- Your method?

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Can parents apply sDOR?

- Primary intervention: Can do it with education, information
- Secondary: Can do it with support
- Tertiary: Can't do it unless underlying issues are resolved

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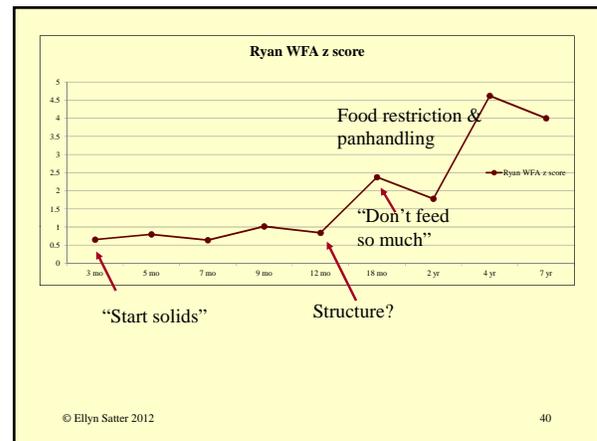
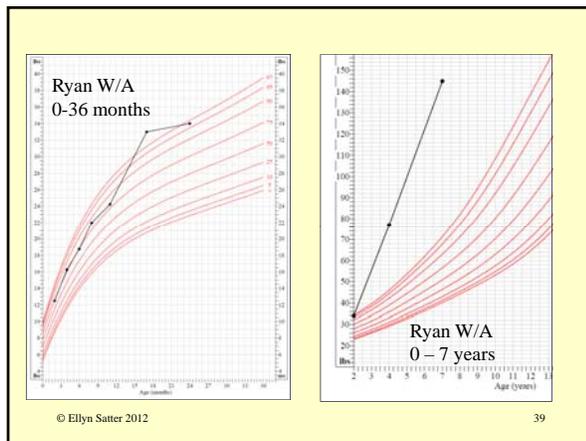
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Circumstances that mimic restrained feeding

- Erratic and inconsistent feeding
- Food insecurity

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What to do instead?

- [Starting solid foods](#)
- [Feeding your toddler](#)
- [Institute structure](#)

POOR FEEDING PRACTICES

- Too little support
- Too much interference

Can parents apply sDOR?

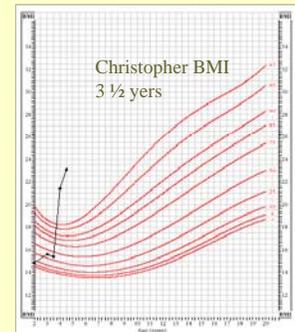
- Primary intervention: Can do it with education, information
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Structure is the bottom line in child overweight prevention and treatment

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INCREASED FOOD DEMANDS



STRESS UNDERMINES ENERGY & WEIGHT REGULATION

- Restricted or poorly fed children do not get their emotional needs met
- Failing to feed, or feeding to pacify or distract, teaches children to use food for emotional reasons
- Children who have learned to use food for emotional reasons respond to life stress by eating too much, gaining weight

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Follow the division of responsibility in feeding



- Have structured, sit-down meals
- Have sit-down snacks at specific times between meals
- Let the child eat what and how much s/he wants from what parent makes available
- Don't let the child have food or drinks (except water) between times

fdSatter and child obesity

- What is the process of change?
- How long does change take?
- Followup:
 - Establish structure
 - Extinguish interference
- Predictions for child's weight
- Will it work?

You will be tempted to embellish

- ↑ fruits & vegetables; fiber
- ↓ fat
- MyPlate, etc
- Stipulating “healthy” food in sDOR
- No fast food, no restaurants

You will be tempted to embellish

- ↑ fruits

Ask yourself:
*Will this make it harder for
parents to provide family meals?*

You will be tempted to tweak the child's eating

- Portion sizes
- Asking, “what is your tummy telling you?”
- Have “no thank you” bite
- Rewards, praise, “the look”
- Talking with the child about being “healthy”
- Reasoning, teaching nutrition

You will be tempted to edit the child's part in eating

- Ask “

Ask yourself:
*Will this take away parents' trust
in the child?
Will this take away the child's
trust in parents to provide?*

Don't introduce static into feeding



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Feed well, then let children grow up to get bodies that are right for them.



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