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
TITLE THAT SPARKS PARENT INTEREST

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

1 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.
2 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*

ELLYN SATTER’S DIVISION OF FEEDING RESPONSIBILITY (sDOR)
Toddler through adolescent

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

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
- NUTRITION, FOOD SELECTION
- DEVELOPMENTAL
- PSYCHOSOCIAL
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/does’t cater
- Fat content of diet is adequate
- Food is developmentally appropriate
- Child’s food intake is nutritionally adequate
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

Haley W/L

- 6 months
- 12 months
- 16 months
- 32 mo
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 weigh

3-7 yr: Mother in school; father feeding

7 yr: Moved. Haley sad; mother feeding

8 1/2 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

• Situational 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?

- Primary: Can do it
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- Tertiary: Can’t do it until they resolve underlying or contextual issues
For more information