Family Meals Focus

The Ellyn Satter Institute Newsletter

Counseling with the Satter Eating Competence Model

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Folks come into counseling or class asking for advice about what to eat and how to get themselves to eat it. Even though they are caught in the rules, what they *really* want is to eat enough of food they enjoy and to share rewarding eating times with others. How do you refocus the discussion onto Eating Competence so they replace eating negativity with joy, delight, and peace? Professionals who embrace ecSatter have changed their thinking and practice, but the public is still caught in the nutritional black-and-white thinking of the past 50 years.

Learning Eating Competence is experiential

Conventional nutrition education is head learning: what to eat, correct portion sizes, prepare it this way. Because ecSatter is a biopsychosocial model, becoming Eating Competent is a corrective *experience*. Focus from the beginning on the experience of *eating*. The Satter Eating Competence Inventory (ecSI 2.0)² supports that focus. Of the 16 items in ecSI 2.0, only one addresses food selection, and then obliquely: "I consider what is good for me when I eat." Begin by asking eating-focused questions:

- How do you see to it that you get fed? This emphasizes the bottom line of Eating Competence: being reliable about feeding themselves.
- How do you feel about eating that way? For instance, does your grazing and eating in a hit-ormiss fashion work for you?
- What would you like to be different? Don't settle for food selection answers. Keep asking until
 you get Eating Competence answers: feeling better about food and weight, being less picky, not
 being so troubled about how much to eat or how much to weigh, having more enjoyable family
 meals.

Consider capabilities—or gaps

The individual might already do well with eating: They feed themselves reliably, enjoy eating and seek out new food, are tuned in to their hunger, appetite and satiety, and let their body weigh what it wants to weigh. It could be they just need to get out from under their self-criticism: They "should" have more home-cooked meals, eat more vegetables, fewer sweets, or make fewer fast-food jaunts. Your job is to get the "shoulds" out. Nutritionitsas—those who devotedly follow the nutrition rules—are the most challenging. (Yes, I just made up that word. Do you like it?) They are low in EC and unlikely to consider change until their nutritional overzealousness causes pain, often to their children and other family members.

Getting the meal habit stimulates change

Most change can revolve around building enjoyable and rewarding family meals. You might help the unstructured eater or family get the meal habit by putting together meals made up of what they currently eat. You might encourage the nutritionits at to tone down their nutritional preoccupation, and they might even listen. Deepen your understanding of ecSatter so you can address issues related to



to eating attitudes and behaviors as they emerge.³ Learn from the people you teach. Once they get a taste of the joy and reward of pairing feeding themselves faithfully with giving themselves permission to eat,⁴ they will be creative.

Some have established eating problems

Most eating problems can be addressed with brief intervention: essentially, doing Eating-Competence-focused counseling and nutrition education. The person gets it, they make progress on their own, they do some background reading—or not—they come back—or not. If you see them again, you do a bit of encouraging and/or tuning up, focused eating attitudes and behaviors. Only offer food selection advice if they ask for it. Their dietary variety and nutritional quality will grow by itself as they gain Eating Competence. But for others, eating problems are more difficult. Their ecSI 2.0 score may be low, they are seriously rigid and upset about their eating and weight, the problem is long-standing, and they have tried many solutions. Typically, their established issues relate to the subcategories of ecSatter: extreme pickiness and even ARFID, chronic dieting, overeating or binge eating, difficulty regulating body weight, very low physical self-esteem. Such established issues require secondary intervention as in the "How to Eat" method, taught in the *Treating the Dieting Casualty VISION workshop*.

Addressing eating attitudes and behaviors takes relearning

You may feel, as one of my colleagues did when she was struggling to master counseling with Eating Competence, "sometimes I would just like to tell them what to eat." However, once you gain an appetite, so to speak, for the humanity and dignity of working with Eating Competence, you won't want to go back. Keep in mind that for many people, your blessings are enough. In social work school, I learned to make strategic use of myself in helping my patients. You do the same with your own joy, delight, and peace with eating and your desire for your students to experience the same.

References

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