

FAMILY MEALS FOCUS

Article 118

Applying the Satter Division of Responsibility in Feeding in a Group Setting

By Jennifer Harris, RDN, LD, CEDS-S

I won't describe my struggle with using conventional methods to solve my clients' real-life eating and feeding problems. Instead, let's pick up my story after I graduated from Ellyn Satter Institute's two VISION workshops, *Feeding with Love and Good Sense* and *Treating the Dieting Casualty*. The methods I learned in those VISION workshops worked over and over in my clinical practice. Children whose parents applied the Satter Division of Responsibility in Feeding (sDOR) thrived within the structure of set meals and snacks, and gradually learned to eat the food their parents ate. Adults who provided themselves with regular, reliable, and enjoyable meals developed relaxed, positive, orderly eating attitudes and behaviors.

Over the years, I became someone to whom physicians and therapists alike referred their patients because my approach was client-focused and more effective than conventional methods. I enjoyed working with individuals, their families, and their providers in group settings. Then came my opportunity to work with feeding adolescents in a partial hospitalization unit.

Feeding adolescents in a partial hospitalization unit

Meals and snacks came from an outside vendor, and adolescents were expected to "do well" with eating. Staff members took turns eating with the adolescents and brought their own meals along with a myriad of expectations with respect to what and how much adolescents should eat. Staff catered and short-order cooked for some and insisted others eat what they were served. A blowup between an adolescent and a staff member around meal expectations shook everyone up and led to my invitation to consult.

sDOR was the answer

From the start, it was clear to me that applying sDOR in this setting would clear things up. sDOR speaks to the responsibilities that adults and a children have in the feeding relationship. Within the context of adult leadership with feeding, adolescents can preserve the autonomy that is so important to them. Adolescents fed with sDOR do their own learning with eating.

- Adults decide *what* is served, *when* it is served and *where* it is served.
- The child decides *whether* they will eat an offered food and *how much* they will eat.

sDOR means planning meals and snacks that provide plenty of food to fill up the hungriest adolescent. sDOR also means planning meals that are considerate without catering: meals that include the one or two core foods that each adolescent enjoys eating, such as bread or fruit.



Staff were eager to change

It worked. To my delight, the staff were eager to have real, concrete, and achievable strategies and embraced sDOR. The rewards were immediate: Meals and snacks became pleasant and adolescents were relaxed and positive at mealtime. Mealtime conversations were around daily routines, funny stories, and individual interests instead of what and how much to eat. Eating with the adolescents became rewarding. Staff no longer dreaded mid-day as they had in the past.

Establishing sDOR in group settings

I've worked with adolescent partial hospitalization units, adult group homes, daycares and even a charter school that included offering lunch following sDOR as part of its curriculum. My thinking and strategies may make sense for you too, or at least get the juices flowing as you work in your own way.

Identify the 5 stakeholder areas

- Administrators: service line directors, clinical leaders, folks who oversee budgeting, menu planning, food forecasting, and anything else related to the logistics of making the meals happen.
- **Recipients**: those who are offered meals/snacks in a group setting.
- **Angels** (or helpers or carers or staff): those who eat with the adolescents. They are closest to the process of managing sDOR and feeding dynamics and maintaining group milieu. They understand application of the models and are kind, clear, and supportive.
- **Loved ones**: typically, family members or guardians who need to understand this aspect of care and can continue the approach at home.
- **Coordinator**: those responsible for providing education and support and provide liaison between all stakeholders. Initially, I was the coordinator but eventually a staff member took on that role.

Some stakeholder roles may be held by the same person and that's okay. It's just important to have a sense of the role of each.

Onboard administrators and angels

Send out a feedback questionnaire to the Angels to see how meals and snacks are going. What would they like to be different? What goes well? What are their biggest challenges? Basically, ask any questions that will allow you to get a sense of the current situation with feeding so you can address their issues when you meet in person.

Meet with both Administrators and Angels. They should all be present at the same time to avoid miscommunications as this is an especially crucial step. Provide a short presentation on the Satter Models.

- What they are.
- Why applying them is a worthy endeavor in terms of benefits of Eating Competence.
- Provide evidence base. Emphasize that it is best practice (vs well intentioned feeding approaches that are inconsistent and can cause stress from day-to-day for Recipients).
- Review sDOR.
- Define Feeding dynamics and emphasize the main considerations in decision-making. For Angels that would be intent and pressure; for Administrators it would be the logistics of menu planning, food introduction, family style service and the concept of core foods. Learn more about menu planning <u>here</u>.
- Illustrate how sDOR and Feeding Dynamics affects each area of Eating Competence. It's important for staff to understand their vital role in how they approach feeding and its effect on each factor of eating competence.
 - Sharing the meal, being positive about food and eating, and avoiding discussions about food makes meals pleasant and promotes positive Eating Attitudes.
 - Sticking to a structure of meal and snack times supports developing *Internal Regulation*
 - Making sure menu planning is adequate and considerate without catering (always provides a CORE food) supports developing *Food Acceptance* skills.
 - Adhering to structure, sitting together, making a complete meal offering, teaching appropriate behavior at meals all contribute to *Contextual Skill* building.
- Allow adequate time for Q&A. Address dissonance respectfully—the evidence is on your side. Folks who are challenged need support to adjust without feeling bad.

Do application support for administrators and angels

- Allow plenty of time, at least an hour. People arrange their schedules to be present and it's frustrating to run out of time.
- Arrange for follow up Q&A sessions. I'd suggest several meetings, not longer than one month apart and preferably biweekly. Questions will come up fast and furious once application is in play, and those questions need to be answered promptly.
- Be sure both Angels and Administrators are present. They are likely to need help sorting out the concepts of sDOR and being considerate without catering with respect to menuplanning.
- Angels and Administrators each have different roles and each make a contribution. For example, the Angels are present at meals and can let administrators know when a menu is a success—or a bust.

- Be prepared to offer rationale for recommendations and link to the models. This helps answer questions as well as allows them to become more adept with Satter-model-consistent problem-solving and decision-making.
- Consider offering to be contacted with questions between Q&A sessions. Your investment in this phase will likely reduce the number of follow up Q&A sessions and move toward an "as needed" model.
- Be prepared to help with menu planning, identifying core foods, or act as a liaison between stakeholders. Usually, just a bit of time investment will get them started and then they are off!

Support angels in onboarding recipients

- Let the recipient know what your (the Angels') job is and what their (the recipients') job is.
- The goal is pleasant mealtime.
- The same food will be offered to everyone.
- Recipients will be offered food they are comfortable eating.
- Each meal will include one or two of their core foods: foods they enjoy eating.
- Recipients can select what they wish to eat, ignore the rest.
- Recipients will not go hungry.
- Recipients can eat or not, taste but not swallow, smell but not eat, they can refuse food if they are polite about it.

Support angels in onboarding loved ones

- Upon admission, or at the start of the academic year, supply information on the Satter models. Groups I have worked with have suppled loved ones with bookmarks and age-appropriate <u>Feeding with Love and Good Sense booklets</u>. One group wrote a grant to buy booklets to share with loved ones.
- Discourage special food requests unless there is medical necessity.
- Coordinator should be available to the Angels if they are challenged as to how to explain things or if Loved Ones need more support.
- The goal is that Loved Ones can follow the same approach at home.

The goal is enjoyment

The backbone of pleasant, successful meal- and snack-times following sDOR in group settings is the same as in family settings. That backbone is offering all participants the same foods, communicating with them that they will get enough to eat of the food they enjoy (but not forced to eat more than they want), and reassuring them that they will not have to eat food they do not enjoy. The Ellyn Satter Institute is here to support you, your goals are our goals too. Make use of our developing webinars for professionals, recommend parent webinars for loved ones or take advantage of our Professional Mentoring if you feel you need targeted 1:1 support.



Copyright © 2023 Ellyn Satter. May be reproduced for free distribution only. May not be modified in any way. For background information, see www.ellynsatterinstitute.org.