

## Giving children autonomy with eating part 1: What it *is*

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Children have lower nutrition risk when their parents score high on sDOR.2-6y.<sup>1</sup> For parents to score high, education must be compatible with the Satter Feeding Dynamics Model (fdSatter) and the Satter Division of Responsibility in Feeding (sDOR).<sup>2</sup> While fdSatter and sDOR are responsive feeding, the opposite is not true, and approaches investigated under the umbrella of “responsive feeding” are likely to produce lower sDOR.2-6y scores.<sup>3</sup> fdSatter and sDOR avoid stipulating “healthy” food and recommend against all pressure and restriction, direct or indirect, overt or covert.

From the fdSatter/sDOR perspective, giving children autonomy with eating means giving unreserved permission to children to determine *whether* and *how much* to eat of food parents provide for them at regular meals and sit-down snacks. This permission gives children agency with eating: Within the context of parent leadership, they can act independently and make their own free choices about *Whether* and *how much* to eat. Parents who score high on sDOR.2-6y tend to be Eating Competent,<sup>4</sup> they score high on ecSI 2.0,<sup>5</sup> and are therefore likely to feed *themselves* faithfully and give *themselves* permission to eat.<sup>6</sup> Autonomy items on sDOR.2-6y include:<sup>1</sup>

- If I think my child hasn’t had enough, I try to get him or her to eat a few more bites. (reverse scored).
- I let my child eat until s/he stops eating and doesn’t want more.
- I struggle to get my child to eat. (reverse scored).

### fdSatter, sDOR are based on child competence

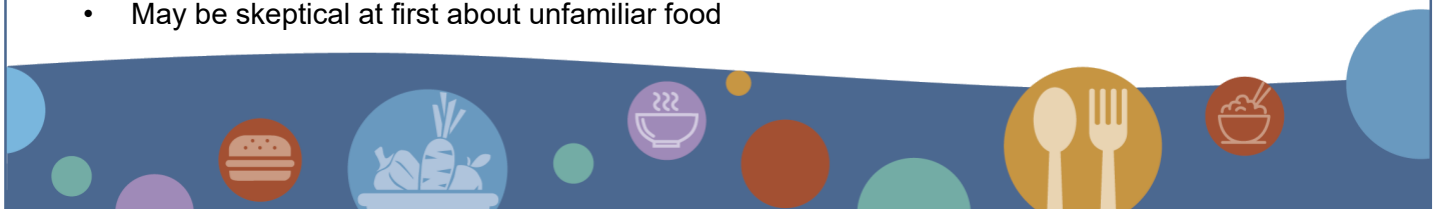
fdSatter and sDOR are based on trust in children’s competence with eating, even when children show extreme eating attitudes and behaviors and patterns of consistent growth outside the limits defined by health policy as “overweight,” “obesity,” or “failure to thrive.” Intervention consistent with fdSatter defines child outcomes not as the children’s dietary quality or avoiding BMI extremes, but in terms of children’s Eating Competence—their positive eating attitudes and behaviors.

*Trust in child competence with eating is based on children’s biopsychosocial processes:*

- Hunger and the drive to survive
- Appetite and the need for pleasure
- The social reward of sharing food
- The biological propensity to show growth tracking

*Children push themselves along to learn to eat the food parents eat, even through they . .*

- May be skeptical at first about unfamiliar food



- Are inconsistent about what they eat
- Are more or less sensitive to tastes and textures.
- Are more or less enthusiastic about food and eating
- Eat more, less, or different food when they are excited or upset
- Their preferred and stable body weight is outside diagnostic cutoffs
- Are more or less typical developmentally and neurologically

*Children regulate their food intake and grow consistently, even though . . .*

- Some have big appetites, some small
- Some children eat more, others less
- Some grow rapidly, some slowly
- Some are large, some are small
- Some love food and eating; others not so much
- Most vary day-to-day in how much they eat

## Troubleshoot with sDOR<sup>6</sup>

While it seems simple, following sDOR takes steady nerves, a leap of faith, having all the parts in place, and not adding anything that doesn't belong. Consider parents' Eating Competence: Parents who have agendas for their own eating will have agendas for their child's eating as well. Parents who have difficulty accepting their own eating and weight inclinations will have difficulty accepting their child's. Here are a few pointers about what look for when sDOR doesn't seem to "work."

- *The child eats as much as s/he can, whenever s/he can.* Look for restriction. Consider whether the child needs an unusually large amount of food.
- *The child is uninterested in meals or resists attending.* Look for giving children food handouts, pressure, restriction.
- *The child shows no signs of sneaking up on unfamiliar food.* Look for pressure, lack of opportunity, unappealing (e.g. low-fat, unseasoned) food.
- *The child sneaks and hides food.* Look for restriction, mealtime pressure, food-portioning, unappealing food, strict avoidance of "forbidden food."
- *The child frequently thinks and asks about food.* Look for unreliable meal/snack times, restriction, feeding for emotional reasons. Consider whether the child is simply enthusiastic about food and eating.



## References

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