FAMILY MEALS FOCUS

Article 110b

Giving children autonomy with eating part 2: What it is *not*

By Ellyn Satter, MS, MSSW, Dietitian and Family Therapist

Children have lower nutrition risk when their parents score high on sDOR.2-6y.[1] 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).[2] fdSatter and sDOR avoid stipulating "healthy" food and recommend against all pressure and restriction. 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. Autonomy items on sDOR.2-6y include:[1]

- 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)

"Responsive feeding" research is inconsistent with fdSatter, sDOR

While fdSatter and sDOR are responsive feeding, the opposite is not true, and the "responsive feeding" approaches outlined here are likely to produce lower sDOR.2-6y scores. "Responsive feeding" is a loosely defined approach that varies with the researcher/educator. From the early WHO publication endorsing seeking methods to verbally encourage children to eat,[3] current "responsive- feeding-based" nutrition research looks for ways to get children to eat *appropriate* (e.g."healthy") food in *appropriate* (e.g. externally determined) amounts. The basic assumption is a child-deficit one: Rather than trusting children to eat, trying to manage children's eating. For the most part, "responsive feeding" research does not consider the impact of the parent-child feeding relationship on children's eating behaviors.

Child-deficit assumptions in responsive feeding research

- Children will not voluntarily eat fruits and vegetables,[4-6] increase food variety.[7]
- Some child genetic predispositions are obesogenic:[8] enjoying food and eating,[9] having high fat-preference scores,[10] having lower ability to delay gratification and tolerate frustration,[11] showing erratic temperament, negativity,[12] and impulsivity,[13] having a sense of loss of control over eating.[14]
- Food availability in today's world overwhelms children's ability to regulate food intake,[15] as does formula-feeding,[16] early solids introduction.[17]
- Big and rapidly growing children regulate poorly.[18]

Child-deficit strategies in responsive feeding research:

- Use autonomy support,[19] child-centered practices,[20] covert non-directive strategies,[21] responsive feeding and non-directive control,[22] do encouragement through negotiation,[23] encourage, praise,[19] do elaborate modeling,[22] prompt, reward, bargain,[4] allow choosing *appropriate* food.[20]
- Give children guidance on *appropriate* self-regulation,[19] teach children to internally regulate,[24] self-limit portion sizes,[19] delay gratification,[25] reference their internal state during eating ("are you full?").[26]
- Use structure as covert control:[19, 21, 27] emphasize "healthy" food, identify family values (eat vegetables, not candy),[19] avoid eating out, avoid purchasing "unhealthy" food,[27] do selective availability of food in the home.[21]
- Enhance fruit, vegetable (FV) intake by using positive [28] or responsive pressure,[29] non-directive control,[28] get children to associate pleasure with eating healthful food in moderate amounts,[19] mix FV with food the child likes,[6, 22] serve vegetables first,[5] increase vegetable portion size,[30] make FV available for eating throughout the day.[22]
- Control food selection, portion size to manage child food regulation: avoid high energy density food, large portion sizes,[31,32] bottle-feeding,[16] early solids introduction.[17]

The take-home message

Manipulating children's eating in any way to achieve specific nutritional or growth outcomes is inconsistent with fdSatter and sDOR and is likely to result in lower sDOR.2-6y scores. This manipulation can be subtle, so pause beforeyou follow well-worn pathways. Do you have an agenda for what/how much the child shall eat? Are you taking away the child's permission to eat or trying to get the parent/child to eat certain foods or certain amounts of food? If so, your nutrition counseling is inconsistent with sDOR.

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