

Carl's mother describes conventional treatment based on a child-deficit point of view: that children have to be somehow managed or manipulated to get them to eat. Conventional therapies push children to learn to eat by enticing, distracting, approving, rewarding, and even punishing. Children react to even cheerful and enthusiastic pressure by resisting, and further pressure is applied to overcome that increased resistance. Little wonder that conventional clinicians assert that "a child with a feeding problem would starve to death rather than eat foods beyond their comfort level." Sensory issues do not make children behave in such an abnormal fashion relative to eating; pressure with feeding does.

Feeding therapists can be relieved of the burden of getting a child to eat and, instead, trust the child to get *themselves* to eat. Therapists can offer but not entice or insist that the child put anything in their mouth. Trusting therapists introduce the food or device and wait a few seconds for the child to look and voluntarily open their mouth. If the child does not, the therapist absolutely takes no for an answer. Then another day at another session, the therapist offers again, and again accepts the child's opening-up or refusal.

sDOR is a powerful intervention

Feeding therapists trained in the Ellyn Satter Institute [Feeding with Love and Good Sense VISION workshop](#) do a complete assessment from birth to sort out the medical, developmental, nutritional, psychosocial, and feeding dynamics issues and plan treatment that addresses all the problems. With skillful attention to the child's particular needs and consistently applied, the Satter Division of Responsibility in Feeding (sDOR) forms the foundation for the child's learning to eat. As with any other child, parents do the *what, when, and where* of *feeding*, and let the child do the *how much* and *whether* of *eating*. With professional guidance, parents support the child nutritionally—perhaps by continuing tube-feeding—while the child ever-so-slowly, over weeks and months, learns to eat. Any oral-motor issues can be addressed at the same time by a trust-based occupational therapist or speech pathologist, who also supports parents in following sDOR.

Carl will get himself to eat

From the perspective of the Satter Feeding Dynamics Model (fdSatter), Carl will get *himself* to eat. Rather than considering Carl incapable, fdSatter considers him as fundamentally capable and helps him cope with what he is up against. He is naturally cautious about eating—he missed out on two years' eating experience, and it is all new to him. Not only that, but much of what happened to Carl's mouth early on was painful. In spite of it all, it is possible to trust that Carl wants to grow up—with eating as in all ways. Even the sickest child retains that drive, and, because of it, they can be trusted to manage their anxiety about eating and push themselves along at their own rate. The fdSatter-based feeding therapist's task is to support parents in following sDOR, trusting their child to eat, scrupulously avoiding any and all pressure, and containing their anxiety while they wait for their child to be ready to eat. With time and repeated neutral exposure, the same as other children, Carl will eat.

Many children have sensory issues with feeding, but with plenty of time and absolutely no pressure, they manage their own anxiety and push themselves along to learn to eat.

sDOR can't stand alone

Parents can't simply be advised to follow sDOR: They need a detailed assessment to feel that they, their child, and their situation are fully understood. Otherwise, advice to follow sDOR comes across as just one more of the many partial and piecemeal bits of instruction they have been given over the years. sDOR is trust-based intervention: Parents need to trust that their child will do their part with feeding, and the child needs to trust parents to provide for them and respect their autonomy with eating. As part of a detailed assessment, parents can identify what happened

that made them doubt that their child would or could eat and made them begin to attempt to get them to eat.

At that point, parents crossed the lines of sDOR and the child's eating problems began. From then on, assessments show that feeding distortions and children's eating dysfunction worsen as parents attempt to compensate for the feeding errors of earlier stages. Breaking the cycle requires restoring trust in children's eating capabilities which, in turn, requires establishing and maintaining sDOR.

In order to give the child ample time and considerable opportunity to demonstrate their ability to manage the *whether* and *how much* of eating it may be necessary to continue or establish nutritional support. Even after Carl starts to eat, his eating will have ups and downs and for some time his parents will need the security of the gastrostomy tube. Eventually Carl will eat enough so the G-tube feeding can be discontinued, and even more eventually, the G-tube stoma removed.

Observe how Carl pushes himself along to learn to eat

Once sDOR is in place, the atmosphere at family meals will quickly become positive. That positive atmosphere sets the stage for Carl's learning to eat a variety of food, which will take months and even years. Over that long term, parents have to remain consistent with sDOR and withstand outside interference as well as their own entirely natural, but counterproductive, impulses to speed the process along. Trying to speed things up will slow them down.

In the meantime, parents and therapists can observe the little ways Carl shows he is learning to eat. He will come willingly to the table, enjoy being there, and behave nicely. He will look at food and watch parents eat, allow the serving bowl to be by his plate, or allow food to be on his plate—and not eat it. He will put food in his mouth and take it out—again and again. Eventually he will eat. As Ellyn Satter Institute faculty member and experienced feeding therapist Pam Estes observes, he is likely to not do, not do, not do, and then he will *do*! Carl *did* by eating a cob of sweetcorn.

Then parents and therapists can go off by themselves, shed a tear or two, and celebrate. But they mustn't let Carl catch them at it. As far as he is concerned, his learning and growing is all in a day's work.

