Letter to the Editor

Adjusting the Eneli et al. Feeding Dynamic Intervention to make it consistent with Satter feeding and eating models

I read with interest the article by Eneli et al., rationale and design of the Feeding Dynamic Intervention (FDI) study for self-regulation of energy intake in preschoolers [1]. The FDI is based on the authors’ interpretation of the Satter Feeding Dynamics Model (fdSatter) [2] and the Satter Division of Responsibility in Feeding (sDOR) [3]. I recognize and appreciate the authors’ stated purpose of correcting the deficit in clinical trials of fdSatter and sDOR as they apply to child obesity. However, to truly test fdSatter and sDOR, a clinical trial has to be fully consistent with the models. As a consequence, I am writing to offer these friendly edits to the FDI designers.

I use the term sDOR to denote the division of responsibility as I have defined it, in contrast to the term, division of responsibility, as it is interpreted in the FDI article and elsewhere. For a more complete treatment of the topic of applying fdSatter [2] and sDOR [3] to child overweight and obesity intervention, consult these references [4–6].

1. Length of intervention

Changing eating attitudes and behaviors is difficult, unsettling, and takes considerable time. For parents and children to have the guidance and support they need to change and to evolve results, the active intervention needs to be longer than six weeks. Instituting sDOR is a process, and parents need steady nerves and a leap of faith to accomplish it. Follow-up is not enough to support parental change. Parents need ongoing facilitation and corrective intervention as they take weeks or even months to get sDOR in place:

• To establish the structure of family meals and sit-down snacks
• To extinguish children’s between-time eating and caloric drinking patterns
• To identify and discontinue their habitual and over-learned patterns of food restriction and feeding pressure
• To gain understanding and acceptance of children’s typical internally regulated eating behavior

After that, provided structure is well in place and interference is fully extinguished, children take time:

• To trust that their parents will let them eat as much as they want
• To, at first, eat at the extremes
• To intuitively regain the ability to eat in response to their internal cues of hunger, appetite and satiety
• For their eating to moderate to typical child-eating patterns

2. Make meals achievable

Avoid giving parents instructions about food selection and meal planning. The active ingredient in sDOR is structure, not food selection: Structured meals, sit-down snacks, and no food or caloric drinks between times. Structure reassures children that they will be fed, helps neutralize their food preoccupation, and supports their intuitive mastery of internal regulation. Managing snacks supports mealtime. Hungry people enjoy their food, are better able to detect hunger and satiety, and assign greater value to mealtime. To be consistent with sDOR, make meals achievable and intrinsically rewarding. Encourage parents to eat what they enjoy and what they currently eat, just have it at regular meal- and snack-times [7]. Support their food choices, and point out the nutritional value of their preferred food. The principles of Satter’s food hierarchy [8] indicate that, once people’s basic food needs are satisfied—they reliably get enough to eat of foods they enjoy—they gradually (over months and even years) learn, grow, and gain eating competence. Eating competent people, as defined by the Satter Eating Competence Model (ecSatter) [9], have nutritionally superior diets [10].

I no longer recommend even the seemingly straightforward food selection and meal-planning principles (starch, protein, fat, fruit/vegetable and dairy) used in the FDI because I have found that for many people these recommendations create a barrier to having family meals. The “worst meal” scenario risks condemning preferred foods and exacerbates parents’ shame and self-criticism around food, which gets in the way of their being deliberate and reliable with respect to eating and feeding. The balanced plate concept goes one step further in indicating what should go on the child’s plate, which is an intrusion on the child’s autonomy with eating and therefore inconsistent with sDOR.

3. Trust children to regulate

Do not teach or test them. Children whose parents follow sDOR retain or intuitively regain their ability to regulate food intake based on hunger, appetite, and satiety. If struggles around feeding continue and/or a child seemingly has trouble internally regulating, errors are being made in the application of sDOR. Those errors must be detected and resolved before the child can internally regulate. Children who have previously been restricted and/or pressured with respect to eating are exquisitely sensitive to food restriction and feeding pressure. They react to the most indirect pressure or slightest restriction by eating in response to that outside manipulation rather than in response to their own hunger and satiety. Children sensitized to interference with their eating may experience teaching about satiety cues and testing (eating in the absence of hunger [11]—EAH—and energy compensation [12]—COMPX) as such manipulation. Moreover, teaching preschoolers to recognize and label satiety cues, then connect that labeling with sensations, requires abstract thinking and is inconsistent with their preoperational stage of development, which is intuitive and not entirely logical [13].

4. Outcome measures

Base testing on the principle that sDOR informs parent behavior with feeding, not child behavior with eating. The priority in following sDOR is...
feeding the family, not feeding the child, and the fdSatter-consistent at-
titude is that the child is growing up to join family meals and eat the
foods that parents eat. The intent of sDOR is not to exert either overt
or covert control [14] over the child’s food intake. Outcome measures
will be most consistent with sDOR by measuring parental eating compe-
tence [15] and parents’ following sDOR [16]. Parents who are eating
competent, as defined by eSatter [9], and who score within normal
ranges on the Satter Eating Competence Inventory (eCSI) [15], do better
with feeding. They are more likely to follow the division of responsibil-
ity in feeding [17] and perceive their child’s eating positively [15].

To elicit information about both parent feeding and child eating, ask
about social climate around feeding. Children who trust their parents
to provide them with enjoyable food at regular intervals enjoy family
meals, behave well there, and adapt willingly to structure. Parents who
trust children to do their part with eating understand and accept children’s
typically erratic eating behavior:

• Children eat more some days, less others.
• They may ignore so-called healthy food for months and months.
• They enthusiastically eat a food one time and ignore it the next.
• They may eat only one or two foods from a given meal.

Parents’ scores on the Satiety Responsiveness subscale of the
Children’s Eating Behavior Questionnaire [18] will be skewed depend-
ing on whether or not they understand and accept children’s typical
eating behavior.

5. Screening

To be consistent with fdSatter and sDOR, broaden and redefine eligi-
bility for the study based on abrupt and considerable BMI acceleration
(not high BMI per se), paired with parental concern about the child’s
weight. [5,19] Many children whose BMI is above the 85th BMI percent-
tile grow consistently. Such large but consistently growing children are
cause for concern and inclusion in the study only if their parents per-
ceive them as being too fat and attempt to force their weight down.

6. Follow a division of responsibility with activity

A derivative of sDOR is Satter’s Division of Responsibility in Activity
(sDORA) [20]. sDORA states that the parent is responsible for structure,
safety and opportunities for activity and the child is responsible for
how, how much and whether he or she moves. Children are born loving
their bodies, curious about them and inclined to be active. Good parent-
ing with activity preserves those qualities. To institute sDORA, parents
must trust the child to determine how much to move, the way to
move, and whether to be active. Children who are pressured in any
way to be active come to dislike movement, catch on that they are perceived
as being too fat, and, as a consequence, move less [21] and feel flawed: not smart, not physically capable, and not good about
themselves [22].

Help parents avoid putting pressure on their child’s activity by being
careful not to convey such pressuring concepts as encouraging physical
activity and promoting movement or motor development.

As these careful researchers have demonstrated, putting all the
pieces together is complicated and takes time. Soon, my colleagues
and I will be in a position to contribute our own clinical trials to the
research literature. I have written a treatment manual, Parents Address-
ing Child Overweight (PACO), based on fdSatter, ecSatter, and sDOR. We
are entering the beta-testing phase in publishing a Your Child’s Weight
[4] continuing education examination for preparing PACO leaders who
are fully conversant with ecSatter, fdSatter, and sDOR. Development
and validation of the Satter Feeding Dynamics Inventory, (fdSI), which
tests parents’ adherence to sDOR, is in process. Cognitive testing for
fdSI item comprehension and interpretation has been completed [16],
and psychometric analyses are well underway.

References

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