

Raising Children to be Eating Competent

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

Ellyn Satter's *Child of Mine: Raising Your Child to Be Eating Competent (ES Child of Mine)* is written, being reviewed by my colleagues, and will be published sometime this year. The same as my other books, it addresses the feeding relationship, but it does it in quite a different way from before.

As indicated by the subtitle, *Ellyn Satter's Child of Mine* tells parents how to raise their child to be competent with eating: to have positive eating attitudes and behaviors. Being Eating Competent means the child enjoys food, eating, and family meals, is comfortable with unfamiliar food (although they don't necessarily eat it), and eats as much or little as they need to grow in the way that is right for them. Having the achievable goal of Eating Competence puts the enjoyment, confidence, and relaxation back in feeding. It frees parents from the maddening and impossible expectation of getting their child to eat certain foods and grow in certain ways.

Eating Competence is evidence-based

Child Eating Competence is based on the trust-paradigm principles of the Satter Eating Competence Model (ecSatter). Eating Competent adults have positive attitudes about food and eating, reliably provide themselves with enjoyable meals and snacks, take an interest in unfamiliar food and experiment with it, and eat as much or as little as they need. ecSatter deliberately avoids control-paradigm efforts to get people to eat certain foods in certain amounts and weigh within certain limits: It says nothing at all about what and/or how much to eat and what to weigh.¹ *ES Child of Mine* Chapter 5, "Discover the Joy of Eating," discusses adult Eating Competence in more detail.

Parents and professionals may worry that being so relaxed and positive about eating will spoil health and lead to weight gain. The opposite is true. More and more studies show that adults who are Eating Competent, as measured by the validated ecSI 2.0,² have better diets, lower BMIs, superior metabolic profiles, and more-positive quality of life indicators.³

Being positive, comfortable and flexible with eating as well as matter-of-fact and reliable about getting enough to eat of enjoyable food brings order to eating and addresses common eating problems. "Forbidden" food isn't as tempting when it is regularly included at meals and snacks. Big portion sizes don't promote overeating when it is okay to routinely eat as much as is desired. Fruits, vegetables, and other nutritious foods stop being mandatory food-for-you food to force down and recover their appeal.

Being Eating Competent is natural for children

Children are born *wanting* to eat, knowing *how much* to eat, and able to *grow* in the way that is right for them. From the trust perspective, the task with feeding is to preserve those



powerful eating attitudes and behaviors by being wise and positive with feeding: by following the Satter Division of Responsibility in Feeding (sDOR). Parents do the *what, when, and where* of *feeding* and let their child do the *how much* and *whether* of *eating*. Research with sDOR.2-6y, the inventory for measuring parent adherence to sDOR, shows that children do better nutritionally when parents follow sDOR. The same research shows that parents who follow sDOR do not pressure or encourage their child to eat certain amounts or types of food. Parents simply provide their child with repeated neutral exposure at enjoyable family mealtimes: They have meals made up of the foods they, the parents, enjoy. Gradually children learn to enjoy most of the foods their parents do. A positive feeding relationship carries benefits for parents, as well. Parents who follow sDOR have higher quality of life indicators with respect to sleep, stress, and psychosocial functioning.⁴

Even if a child is ill and/or needs particular help with maintaining their nutritional status, they have the drive to eat and grow up with eating and can have positive eating attitudes and behaviors. Children with unusual challenges need more skillful support, but they can feel and do well with eating in the ways that are discussed in *Ellyn Satter's Child of Mine*.

The Satter models change the paradigm

The fundamentally important point about emphasizing positive eating attitudes and behaviors rather than what or how much to eat is easy to read past and also a mind-bender. Consider the word *paradigm*: A way of thinking and doing. A *paradigm shift* is a change from a prevailing way of thinking and doing to fundamentally different assumptions and approaches. The Satter models change the paradigm from *control* to *trust*: They build on children's capabilities, emphasize positive eating attitudes and behaviors, and allow children's nutrition and wellness to grow out of these attitudes and behaviors. Conventional nutrition advice is grounded in the control paradigm: It targets children's presumed deficits, emphasizes eat-this-don't-eat-that, and mandates weighing within certain limits.

The trust paradigm makes all the difference between success and failure with feeding by defining eating and feeding goals in the way that they can be achieved. It is an achievable goal for parents to do their jobs with the *what, when, and where* of feeding: being Eating Competent allows them to have manageable and enjoyable meals. It is also an achievable goal, once they have done their feeding jobs, for parents to trust their child to eat *whether* and *how much* they want and need from what parents provide. The positive feeding relationship that evolves from having those goals allows children to eat and grow in the way that is right for them. In contrast, parents' getting themselves and their child to eat certain foods and achieve prescribed body weight is an unrealistic and frustrating goal.

Give up on trying to get children to eat and grow

Giving up on trying to get children to eat certain foods and grow in certain ways is a big ask, because those are the current goals of the nutrition and health community. Those goals persist despite the lack of success of generations of parents and professionals. No matter how hard parents try to get them to do it or how desperately children want to please their parents, children simply can't eat certain foods or certain amounts of food. And neither can parents. It simply is not realistic to go through life depriving oneself of enjoyable food or forcing one's body to weigh what it doesn't want to weigh.

Based on the ecSatter research, parents do not have to sacrifice their own eating enjoyment to be responsible with feeding themselves or their child. They do not have to restrict their diet, force themselves to eat all and only “healthy” food, or sneak around to eat food they have been told their child shouldn’t have. They simply translate the routine plus trust of sDOR into Becoming Eating Competent (sBEC): feeding themselves faithfully and giving themselves permission to eat.

Give up on BMI cutoffs

A child’s consistent growth over time is one of the best overall indicators of how things are going with that child medically, nutritionally, emotionally, and in terms of the feeding relationship. The trust paradigm evaluates a child’s growth by comparing each child with themselves. That is, does the child’s growth follow consistently (with a bit of zigging and zagging) along a particular growth percentile, even if it is outside the cutoffs defined as “normal?”

From the trust perspective, a child’s growth only needs to be addressed if it suddenly and considerably diverges up or down on their growth chart—say it crosses two to four percentile curves. Then, something could be the matter medically, nutritionally, emotionally, and/or in terms of the feeding relationship. From the trust perspective, we address that growth divergence by saying, essentially, “It is normal for this child to grow consistently. What is happening to disrupt that consistent growth pattern?”

In contrast, control-paradigm-based health policy sets up outside standards and cutoffs for “normal” growth: It states that a child’s BMI is “normal” if it is between the 15th and 85th BMI percentiles and recommends diagnoses and intervention if it is above or below those percentiles. That intervention would be trying, directly or indirectly, to modify the child’s eating and activity and force down their body weight.

From the trust paradigm perspective, using those statistical cutoffs makes two mistakes: Diagnosing children whose growth is at the extremes but consistent, and failure to flag as concerning growth-divergent children who plot within “normal” limits. For instance, a child whose growth abruptly and over a short time increases from the 25th to the 80th percentile is likely to escape notice and so is a child whose growth falters from the 80th to the 25th percentile.

What will you choose for your parents and children?

ES COM gives parents a choice, and it is a tough one. Will they choose a positive feeding relationship, or will they persist in trying to get their child to eat and grow in a certain way? It is not easy to choose the former when it is such a departure from prevailing thought and practice. Parents who read *Ellyn Satter’s Child of Mine* will benefit from the support of nutrition and health professionals in taking a trusting approach to feeding.

For professionals working with parents, children, and feeding, the choice is just as tough—and more complicated. Children will be referred for weight management, and standard weight-loss-

focused practice undermines feeding dynamics. Instead of going head-to-head with referral sources, why not pose the question, “It is normal for this child to grow consistently. What is happening/has happened to disrupt that consistent growth?” As Ellyn Satter Institute faculty members teach in the Feeding with Love and Good Sense VISION Workshop, answer the question by examining the past and present factors in the child’s medical, nutritional, psychosocial, and feeding dynamics environment.

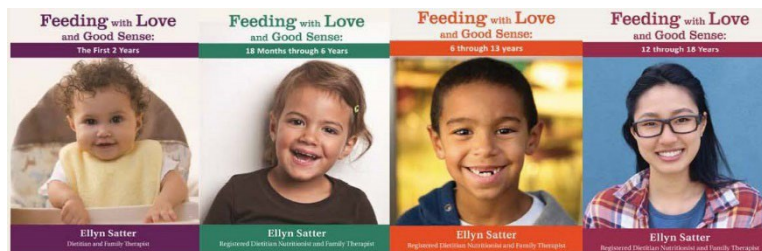
Then lay out the Problem, Etiology, Signs and symptoms statement (PES): Dietary management is unlikely to be successful given the extreme and long-standing distortion in parent/child feeding dynamics (describe struggles around feeding). Correcting distortions in feeding dynamics by supporting parents in following sDOR is the first logical step. After that, we can evaluate the degree to which the child’s weight acceleration has been slowed and consider further intervention.

A word of encouragement

Having the achievable goal of instituting parent and child Eating Competence puts the enjoyment, confidence, and relaxation back in feeding. It frees parents from the maddening and impossible expectation of getting their child to eat certain foods and grow in certain ways. It frees health professionals as well: Supporting parents in discovering the joy of feeding their child is profoundly rewarding and satisfying.

References

1. Satter E. Eating Competence: definition and evidence for the Satter Eating Competence Model. *J Nutr Educ Behav.* 2007;39:S142-S153.
2. Krall JS, Lohse B. Validation of a measure of the Satter Eating Competence model with low-income females. *Int J Behav Nutr Phys Act.* 2011;8. doi:10.1186/1479-5868-8-26 PMC3094263,
3. Satter E. The Satter Eating Competence Model: Evidence for the Satter approach to eating. Ellyn Satter Institute. 2025. <https://www.ellynsatterinstitute.org/satter-eating-competence-model/>
4. Lohse B, Mitchell DC. Valid and reliable measure of adherence to Satter Division of Responsibility in Feeding. *J Nutr Educ Behav.* 2021:211-222



While you wait for the publication of *Ellyn Satter’s Child of Mine*, why not examine these stage-related feeding booklets? First chapters are free. Purchase them in hard copy or PDF, as a package or separately.

