NARRATOR: Contentious battles are often fought over the dinner table around what and how much a child should eat. RIT researcher Barbara Lohse, head of the RIT Wegmans School of Health and Nutrition, and colleague Ellyn Satter, have rigorously tested and validated a common-sense approach used by pediatricians, nutritionists, social workers, and child psychologists to identify and prevent nutrition risk in children. In this episode of Intersections: The RIT Podcast, they discuss their research that has validated the Satter Division of Responsibility in Feeding as a quantifiable tool that can help assess child feeding practices and prevent feeding problems and nutrition risk.

BARBARA: Now that we have been able to have some publications about the instrument to measure the Satter Division of Responsibility in Feeding, I’m wondering what your thoughts are because it’s been a long process, hasn’t it? From all of the work you’ve done to now, we actually have something that researchers and clinicians and parents, practitioners can all use. How do you feel about that?

ELLYN: Well, I am really excited, Barbara. And, as you say, it’s been a long time coming. You and I have been working on this for going on 11 years. We started collecting questions about over 10 years ago and we narrowed down those questions and what we did with them. But for me, that process started in 1983 when “Child of Mine,” my first book, was published. And in “Child of Mine” I talked about the division of responsibility in feeding. People were interested not in the nutrition part— and “Child of Mine” had a lot of nutrition in it at that point – but in the feeding stories. They were interested in what it took to let children eat well. That was really the issue and it’s been the issue ever since, the kind of struggles that parents feel, that intense responsibility they feel for getting their children to eat right and then what happens sort of coming out of that intense responsibility.

BARBARA: I’m glad you’re excited because we both know it’s been a lot of work to be able to develop the framework and the survey and I don’t think people realize the amount of work that goes into developing a very valid instrument when we’re talking about the behaviors versus the nutrition. And I wonder if you could tell me how does responsive feeding, we hear about that a lot, how does that differ from the division of responsibility in feeding?

ELLYN: The feeding dynamics model, the Satter model with feeding and the division of responsibility in feeding are responsive feeding, they’re comprehensive responsive feeding. But not all responsive feeding is FD Satter and sDOR, in that sDOR is evidence based. It’s based on grounded clinical observation. It’s based on concrete practices. There are certain protocols that we follow. Whereas “responsive feeding” quote-end quote, is more or less what anybody says it is. Responsive feeding is really evolving into a child deficit model – not really trusting children to eat what and as much as they need, whereas FD Satter and sDOR are very strongly child competence models that you trust children. Once you get that meal or that snack on the table, you really do trust children to eat as much and what they need from what parents provide.
BARBARA: The division is between parent leadership and child autonomy and the parents determine what’s going to be served, the context, the eating environment, and the timing of the snacks and meals. Whereas the children have their job of determining whether or not they’re going to eat, and what they’re going to eat, and how much they’re going to eat. And so, the job descriptions are really quite clearly defined. And I think that what happens is, especially when you talk about something like responsive feeding, is the job descriptions don’t get so clearly defined. And I think the complication of it is probably a really good reason why we have this validated survey now. I was actually going back through the very first study that we ever did, which was when we took our 38 questions that were narrowed down with hours and hours of discussion from more than 100. We took 38 questions and we actually talked to parents: “What do you think of these questions? What does this mean to you? I see you answered sometimes to this question, tell me what you were thinking about when you answered sometimes.” And I was looking at it and I was realizing that one of the questions that we had was: “I let my child eat until she or he gets full.” But we had problems in that many of the parents said, “Of course I do. And I determine when they’re full.”

ELLYN: [laughter] Yes.

BARBARA: And then another parent said, “I do that because I know when they’re full. They push their plate away, they move the food around, and so then I tell them they should be done.” And you know, these are behaviors that parents think they’re being leaders, but in a sense they’re not. They’re interfering with their child deciding that they’re done with eating. And so, when we asked all these questions – the 38 – there was so much misunderstanding, we actually narrowed it down to only 15 that we said parents know what we’re talking about.

ELLYN: You’re quite right. And in many cases the wording that we arrived at, we took from parents because they had a more vivid way of saying things than we did and so we were looking for shared understanding. And that item that you said, “when my child is full,” that ended up being, “I let my child eat until she/he stops eating and doesn’t want any more.” And so, finally we had shared understanding on that item. And it’s a tremendously important one that measures child autonomy with eating, whether the parent is letting the child do their jobs with eating. And we had quite a tussle of measuring whether the parents were doing their jobs of “what, when and where.” But when it came to the child autonomy items, we had even more of a tussle. Those were really difficult to pin down.

BARBARA: Yeah, one other item was: “We have leftovers after meals.” And, of course, we were looking to see did the parent make enough food that everybody got what they wanted to eat, that they got enough and weren’t being forced to stop eating because there wasn’t enough food. Well, some people felt that we meant that after the meal they actually continued to eat, and so we ended up changing that one to say, “We have food left over after meals.” And I’m just picking this up because I don’t think people realize when you’re developing surveys, and you’re dealing with parents of young children especially, the wording is so important. We also know that a very high percentage of
children in America are fed as a result of SNAP benefits or parents participating in WIC, which is a wonderful program that is specifically for families that have low income and constrained resources. So, I think we were very sensitive in the next stage to make sure that we were working with families that we knew had constrained resources. And I know you saw it firsthand because the next stage we did was we actually videotaped children eating at a meal with at least one parent. In some cases, it was two. In some cases, it was a whole family. But you actually went to the house with a videographer and you set the parent up, you talked with them, but then you left during the meal and there were some situations where people were—you could tell there were food security problems.

ELLYN: And in those cases, it was really very interesting to see how the parents did manage to put together a meal. And in all those videos and in the analysis we did of all those videos with the blind coders and all, it was extremely time consuming and laborious. But it was remarkable wasn’t it that we found that when parents – what parents said they did with feeding on the questionnaire they actually, for the most part, did.

BARBARA: Yeah, so that was when the survey was 15 items, and as a result of the videotaping we were able to keep 12 of them. And, in fact, the two that we had put away are ones very commonly used. “I make my child taste everything for the meal” and “I make my child eat everything on their plate.” Parents knew that they wanted – you know, the whole thing out there is have your child taste – you know the crazy two-bite club, have your child taste, have your child taste. So, parents were like, “Yes. We do that.” And yet we didn’t see that. And then parents were like, oh, I know I shouldn’t force my kids to eat, so they answered that they didn’t. And yet we saw it, we actually saw it in the video where they encouraged the children to eat and yet they said they didn’t. So, I think it kind of goes back to the beginning of science. What is the first step in science? Observe. Observing something is the very first step. So, we really did a scientific process there of observing the parents.

ELLYN: That whole process really lends a great deal of credence to sDOR 2 to 6.

BARBARA: And I guess we were always kind of looking at the bottom line, which was, does your child have a good feeding time with food? Do they enjoy their food? Are they relaxed about eating with you? Is meal time not a struggle? Is their quality of life not hurt by having meals? Because that’s the end goal is, “Is the meal time a good time?” We are interested in health, we can’t deny that. But that’s what everybody’s always saying is, “Is my child eating in a way that they’re going to be healthy?” And so that’s why I was really excited – you want to talk about being excited. It was when we did the last stage of the survey analysis where we compared what parents said on our division of responsibility survey with what they said on a survey called NutriSTEP. And NutriSTEP is a validated instrument developed and used very commonly in Canada and it measures child nutrition risk. And it’s been validated as being a measure of child nutrition risk and it looks at child weight and height and diet intake and behavior and developmental milestones, everything. And lo and behold, the parents who have high scores on our survey, the sDOR survey, their children were at lower nutrition risk. So, I
felt very excited that not only could we say that parents who follow the division of responsibility in feeding, they have happier meal times, they have good relationships with their kids, they’re on the path to eating competence. But what everybody else is concerned about too, lo and behold, their kids are at lower nutrition risk. And I mean that’s really – that’s a major vital new point in actually looking at child feeding behavior and parent feeding behavior.

NARRATOR: Thank you for listening to Intersections: The RIT Podcast, a production of RIT Marketing and Communications. To learn more about our university, go to www.rit.edu and to hear more podcasts, subscribe to Intersections on iTunes, Spotify, TuneIn, or Soundcloud or by visiting www.rit.edu/news/podcasts.