



THE VISION TIMES

Applying the *Trust* model of feeding and eating

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It's a Matter of Turf

By Ellyn Satter

People go into the nutrition and dietetics field because they are interested in food and nutrition and they want to help others. At its most basic level, helping in nutritional practice involves telling others what to eat. Food selection advice has been given license and the force of moral rectitude from nutrition policy, particularly since policy-makers charge nutrition professionals with translating recommendations to the general public.

Therein lies professional danger. For the nutritionist, keeping a narrow focus on teaching food selection offers a sure route to career obsolescence. Certainly, food selection is important, and I wouldn't be much of nutrition professional if I were not convinced that eating well is essential for health and stamina. However, teaching food selection alone simply doesn't address today's issues. To get a piece of the action, we simply have to stray from our safe little bailiwick.

Confining ourselves to teaching food selection won't allow us to address parenting.

Consider parenting. The lead article, *Feeding is Parenting*, features research demonstrating that well-parented children have a lower risk of overweight. Confining ourselves to teaching food selection won't allow us to address parenting. But understanding and teaching feeding dynamics will. From a feeding dynamics perspective, feeding is parenting.

Consider Pam Estes's discussion on cultural issues on page 3. Pam was driving herself crazy, feeling obligated to know dozens—hundreds—of food selection patterns. Then she realized that the key lay in addressing feeding dynamics. She could support parents in taking leadership with feeding, then trust them to fall back on their cultural experience to find their way with food selection. Ginny Coe's "letter from the

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Feeding Is Parenting

By Ellyn Satter

A June article in *Pediatrics* by Rhee and associates from Boston University got a lot of media attention with findings that children of authoritarian mothers were over 4 times as likely to be overweight as those of authoritative mothers. Children of permissive or neglectful mothers were at 2½ times the risk. Because the researchers didn't understand feeding dynamics, the best that they could do in explaining their findings was speculating that overly strict parents use food as a reward, insist that children clean their plates, or restrict the kind and amount of foods a child can eat.

We have long known that authoritative parenting is the gold standard for raising competent children as well as supporting rewarding parenting and positive family development. The problem, in today's fad-driven health world, is that this article made parenting all the rage. Given results like these, how long will it be before nutrition programs are mandated to teach parenting? Certainly, the role of nutrition professionals working in publicly funded programs is unique among family service providers. Mental health professionals have long struggled to find ways of reaching young families with preventive services. Nutrition programs give access to many families to provide just those kinds of services.

The catch, of course, is that nutrition professionals are simply not trained in family dynamics education and intervention.

How ethical is it to take a leadership role without that training? The answer, of course, is that it is *not*. Those ethical contradictions can be avoided, however, if nutrition professionals focus on issues immediately related to *eating* and *feeding*. Feeding is parenting. In teaching feeding, you concretely teach parenting.

The *Satter Feeding Dynamics Model*, which is organized around the division of responsibility in feeding, is an authoritative approach to parenting. In fact, the first chapter of the 2000 edition of *Child of Mine* is "Feeding is Parenting." Authoritative parents both provide leadership and give autonomy by maintaining the structure of meals and snacks. They say, "here is what I made.

We have long known that authoritative parenting is the gold standard for raising competent children.

You can decide what and how much to eat." In contrast, authoritarian parents give little or no autonomy, and say "eat it, or else." Permissive and neglectful parents give nothing but autonomy. They may or may not have meals, and when they do, permissive parents say, "what do you want? When do you want it?" Neglectful parents say, essentially, "don't bother me. You find something to eat."

Helping parents establish and maintain regular family meals is a powerful way for nutrition professionals to take leadership

with family dynamics. Adolescents who have been raised with regular family meals do better nutritionally, socially, emotionally, academically and with respect to resistance

The Satter Feeding Dynamics Model is an authoritative approach to parenting.

to overweight, drug abuse and early sexual behavior. Family meals are more instrumental in positive outcome for children than socio-economic status, family structure, after-school activities, tutors, or church. Parents value family meals, but have trouble providing them. To make those meals richly rewarding for parents to plan, prepare, provide and eat, they must be encouraged to use their preferred food as well as parent authoritatively at mealtime. That is, they must get a varied meal or snack on the table, then let their child decide what and how much from what the parents have offered.

Parents are the architects of the family. In learning to feed children well, parents learn to parent in a way that supports the emotional, social and physical health of the child, create a well-functioning family, and ensure their own sense of reward and accomplishment in having raised that child and created that family. In teaching evidence-based feeding, nutrition professionals can play a key role in supporting parenting and still keep their focus tightly on issues related to food management.

Letters from the Front

I don't know how it happened. I wanted to be the perfect grandmother. I thought if I gave my grandchildren whatever they wanted whenever they wanted they would be happy. I thought that spoiling went along with being a grandma.

Wrong! Wrong! Wrong!

My grandchildren frequently visit me in the afternoon. Before I knew it snack time was disaster time. My 2, 3, and 4 year old grandchildren went to the cupboards and took out whatever they wanted for snack. They made big messes on the floor. They would visit for an hour and want to have 2 or 3 snack times within the hour. The 3 children did not always want to eat at the same time. I felt like the children were in total control and things were really getting out of hand.

Managing snacks lets me enjoy the children more.

Then I remembered the book *How to Get your Kids to Eat... But Not Too Much* by Ellyn Satter. I have referred a lot of my patients to it over the years. I re-read the preschool chapter "The Popular Preschooler." I reviewed the "division of responsibility." My job is to provide the food and the children will tell me when they are full. I made a schedule of snacks. I put them out for the children. They do not take snacks without permission. Typical snacks are bagels, crême cheese and fruit or yogurt cereal and milk. They can eat as much as they want until they are full. Sometimes they would tell me they had enough. Other times they start playing with the food and indicate they were done eating. When they are full the kitchen was closed until dinner.

We practiced saying "please and thank you" and sitting up straight. I taught them to clean up snack when they were done. The children learned to throw yogurt containers in the trash and put the dishes and silverware in the sink. Sometimes a child would ask

for a particular food and I would look it up on the schedule and tell them when they could have it.

At first my 3-year-old grandson would make large piles of animal crackers on his plate. He would ask me for "hundreds of animal crackers." He liked to guess what kind of animal it was before he ate them. Over time, his cracker piles grew smaller and he would try other foods.

On Friday we have a special treat before our Sabbath. It is usually a cookie with sprinkles or ice cream bar and a fruit. The children really look forward to special treats.

Now I am back in control. My daughter and I set the time of the snack to be in between lunch and dinner. After snack we play and I know they are hungry at dinnertime.

I enjoy my time with the children much more!

Phyllis Meer RN, BSN, CPNP
Consulting Dietitian
Oak Park, MI

I am a Registered Dietitian at a Women, Infant and Children clinic working with a variety of populations, but most are Vietnamese and Asian. I do all high risk counseling on underweight children. Until I read Ellyn Satter's Book, "*How to Get your Kids to Eat... But Not Too Much*," I was frankly at a loss on how to counsel the parents of these children with much success. I have found the cultural differences of the parents feeding practices to be quite different than the "standard" practices of parents of American children. Some of the common feeding practices are to give excessive milk after formula is discontinued, bottle feeding until 4-5 years old, introduction of solids late, introduction of textured foods much later, and the grinding of food to prevent gagging. If the child is determined to be underweight, some parents (grandparents) resort to chasing with food, forcing children to eat, spoon

Continued on page 2, Letters from the Front

front" illustrated Pam's point with Vietnamese immigrants. She addressed children's food refusal by teaching their parents feeding principles. Teaching food selection would have made matters worse.

Consider forbidden foods. *The Sticky Topic of Halloween Candy* takes a responsible, evidence-based approach to allowing children regular access to high-sugar, high-fat foods. Children whose food intake is restricted, with respect to either amount or type of food, tend to overdo it when they

Children whose food intake is restricted, with respect to either amount or type of food, tend to overdo it when they get the chance.

get the chance. Addressing the issue from a food selection perspective would mean limiting children's consumption—maybe giving portion sizes—and would exacerbate the problem. Revealingly, while food-selection-based nutrition professionals love the portion size research (for my views on that, see the last VISION Times) and have used it to reinforce their emphasis on limiting portion sizes, they have mostly ignored restrained-feeding research.

Where do such laissez-faire approaches to food management leave the nutrition professional? There is plenty to do with respect to teaching feeding dynamics, and what you know still applies. My page-3 article, *Feeding Dynamics and Nutrition Policy*, illustrates how feeding dynamics approaches enact and support nutrition policy. Sooner or later, discussions get around to food selection and meal planning. Then you can use your hard-won nutrition tools, as long as you are careful to respect parents' values and limitations, support what they are presently doing, add on, not take away, and make very few, very reasonable changes.

Policy is population and defines optimum. Practice is individual and addresses possible.

There is a difference between nutrition policy and nutrition practice. Policy is *population* and defines *optimum*. Practice is *individual* and addresses *possible*. In practice, we start where the individual is, integrate policy in practical ways, teach strategy, not patterns or portions, and teach the restrictive information last—if at all.

"What lies behind us and what lies before us are tiny matters compared to what lies within us."
— Ralph Waldo Emerson

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Publishing, consulting and training on nutrition, eating, feeding, obesity, poor growth, dieting, distorted eating (and feeding) attitudes and behaviors of children and adults. Offers trust model-based books, videos, teaching and training materials for parents and health, mental health, child care and education professionals.

We publish *THE VISION TIMES* annually to keep in touch with our workshop graduates and other interested professionals, informing them of emerging issues, experiences of graduates, new products and upcoming events. We'd love to hear from you. Send anything you feel will be helpful to others: your stories, experiences, tips, brochures, schemes....

Continued

feeding which means no self feeding, and grinding foods at 3 years of age to prevent gagging. Some of the children develop such severe food aversions, the physician finally prescribes Pediasure which is given at times through a naso-gastric tube.

When the child is determined to be underweight, the counselors send them to me. The parents have filled out a diet questionnaire with the foods eaten in 1 day period, the amounts and the times. I evaluate the diet and begin to probe the feeding dynamics of the household. After the evaluation, we then, as a team, go to work on changes that can be made. I give them suggestions directly from Ellyn's book and discuss how they can slowly incorporate these changes into the feeding of their young child. You cannot believe the amount of times that parents have come in two months later with such excitement that their child is beginning to eat more, that the family dynamic is much more pleasant and the stressors around food have begun to disap-

Parents come in two months later with such excitement that their child is beginning to eat more.

pear. Most times when we weigh the child, there is an increase of weight, which is visible success. I will usually evaluate a diet again, answer any questions that the parents may have, offer more suggestions if needed and then they are good to go. I continue to do follow-up counseling for a period of time to check on the family's progress.

Ellyn, I truly thank you and will continually use the skills that I have learned from your book. I am planning on doing a couple of classes on parenting/feeding of the pre-toddler and toddler in the Vietnamese community to help them overcome some of the myths surrounding foods and feeding.

Ginny Coe, RD
Orange County Health Care Agency/
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This is a true story. A young woman of Asian descent arrived to a residential hospital. In her admission interview, she stated clearly that she loved rice. Her diet order was established as 'Regular diet with Rice.' The cooks came to the dietitian to ask for clarification, so the dietitian went to visit the young woman to inquire. The woman said sadly, "I love rice, but you do not make it the way I do." The dietitian grinned at her

Complimenting her individual cultural food needs let her accept our rice.

and agreed, explaining—the rice served at this hospital is not the same as yours, and it never will be. The rice you make is better than ours because you make it. We are not you. We can never make rice as wonderful as you do. The woman smiled. And for the remainder of her weeks of stay at the hospital, she happily ate our rice, two cups of it added to every meal. The dietitian found a way to compliment this young woman for her individual cultural food needs and enabled her to accept rice prepared by others during her hospital stay. The staff has never forgotten this tiny woman and how much rice she could eat.

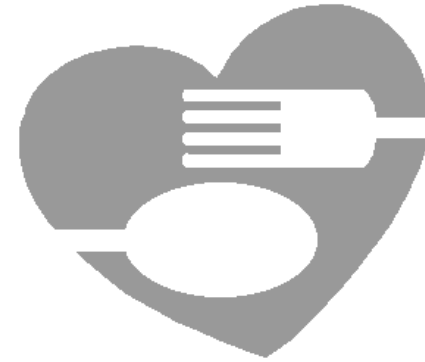
Mary A. Musil, RD
Helena, MT

ESA Welcomes Office Baby

Sebastian Bushland joined the ESA team as our official office baby! Born May 11, Sebastian has been busy demonstrating core issues in feeding, temperament and sleep cycles.

Ellyn Satter's Division of Responsibility In Feeding

Parents provide *structure, support, and opportunities*. Children choose *how much and whether* to eat from what the parents provide.



The Division of Responsibility for Infants:

- The parent is responsible for *what*
- The child is responsible for *how much* (and everything else)

The parent helps the infant to be calm and organized and feeds smoothly, paying attention to information coming from the baby about timing, tempo, frequency, and amounts.

The Division of Responsibility for Toddlers Through Adolescents:

- The parent is responsible for *what, when, where*
- The child is responsible for *how much and whether*

The Parents' Feeding Jobs:

- Choose and prepare the food.
- Provide regular meals and snacks.
- Make eating times pleasant.
- Show children what they have to learn about food and mealtime behavior.
- Not let children graze for food or beverages between meals and snack times.
- Let children grow up to get bodies that are right for them.

Fundamental to parents' jobs is trusting children to decide *how much and whether* to eat. If parents do their jobs with respect to *feeding*, children do their jobs with respect to *eating*.

Children's Eating Jobs:

- Children will eat.
- They will eat the amount they need.
- They will eat an increasing variety of food.
- They will grow predictably.
- They will learn to behave well at the table.

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Ellyn Satter's Division of Responsibility for Physical Activity

Parents provide *structure, safety, and opportunities*. Children choose *how much and whether* to move and the *manner* of moving.

The Division of Responsibility for Infants:

- The parent is responsible for *safe opportunities*.
- The child is responsible for *moving*.

The parent provides the infant with a variety of positions, clothing, sights, and sounds. Then the parent remains present and lets the infant experiment with moving.

The Division of Responsibility for Toddlers Through Adolescents

- The parent is responsible for *structure, safety, and opportunities*.
- The child is responsible for *how much and whether*.

Supporting a child's physical activity is good parenting. Parents' jobs include the following:

- Develop judgment about normal commotion.
- Provide safe places for activity the child enjoys.
- Find fun and rewarding family activities.
- Provide opportunities to experiment with group activities such as sports.
- Set limits on television but not on reading, writing, artwork, or other sedentary activities.
- Remove the television and computer from the child's bedroom.
- Make children responsible for dealing with their own boredom.

Fundamental to parents' jobs is trusting children to decide *how much to move, the way to move, and whether to be active*.

- Children will be active.
- Each child is more or less active depending on constitutional endowment.
- Each child is more or less skilled, graceful, energetic, or aggressive, depending on constitutional endowment.
- Children's physical capabilities will grow and develop.
- Children will experiment with activities that are in concert with their growth and development.
- They will find activities that are right for them.

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Cultural Issues in Instituting Positive Feeding Dynamics

By Pam Estes

“No, you don’t need to know all the answers,” Ellyn told me. “You just have to ask good questions.” True to form, in preparing my Cultural Issues presentation for Maryland WIC, I had locked myself into giving the answers. Worse, I gave answers about food selection. I was overwhelmed—how could I possibly become expert on all that complexity and variety?

“Don’t go there,” Ellyn reminded me. “Look at attitudes. Build on the strengths of the parents. Every culture has a mealtime tradition or a way of feeding children that gives parents a leadership role.

Every culture had a way of feeding children that resembled the division of responsibility in feeding.

Based on the available foods, every society has, through trial and error, put together a nutritious diet and tested that diet over the centuries. If the diet worked, people survived long enough to reproduce. If the diet didn’t work, they didn’t.”

How do feeding relationship issues play out in immigrant families? In San Jose, California, home to a large migrant population, parents gave into their children’s fast-food requests. It broke the family budget. When money ran out and mothers prepared traditional Mexican fare, the children complained. The parents felt bad, the grandmothers got angry, and the children got scolded for not eating. The fundamental problem for those Mexican families was not food selection, but *feeding*.

The division of responsibility in feeding makes two assumptions: 1) parents will take leadership with food selection and maintaining the structure of meals and snacks and 2) children will be allowed to eat what and how much they want of what parents have put before them. The Mexican parents experienced difficulty respecting their food traditions and taking leadership with feeding. Instead, they gave that role over to the children. Failing in their own role, grownups intruded on the children’s prerogatives of what and how much they ate.

How can we begin to turn around such distorted feeding? By going back to assumptions about cultural competency. At some point, every culture had a way of feeding children that resembled the division of responsibility in feeding. An Aboriginal audience in Canada objected to the Division of Responsibility on grounds that it was “too strict.” “That’s not the Indian way. We don’t make our children wait to eat when they are hungry.”

“Let’s take a look at the old ways with food and feeding,” Ellyn

responded. “Exactly what *is* the Indian way? Letting children raid the refrigerator or giving them charge for the trading post is new. How did the elders do it?” The elders present in the audience knew. Before long, it emerged that the “old way” was a pot over a cookstove with adults to mind it and a family that ate together when the food was ready.

Parents moving from other countries or experiencing great cultural change have trouble maintaining leadership with feeding. They are often ashamed of their food traditions, fearing that those foods are somehow inferior or their ways with eating “not quite American.” They learn about American foods and feeding from what they view on TV, see in the waiting room or observe about other families when they eat out. Children play on their parents’ shame and ambivalence to get the upper hand with food demands.

Nutrition professionals can help parents recover their leadership with feeding, not by giving answers, but by asking questions

Nutrition professionals can help parents recover their leadership with feeding, not by giving answers, but by asking questions that draw out competency.

that draw out competency: What were your old ways with respect to food and eating? Before you came here, how did you manage family meals? How is that different from what you feel you are expected to do now?

To find solutions to puzzling problems, resist the temptation to give nutrition advice. Instead ask questions. WIC clinics and doctors’ offices in California were flooded with calls from Vietnamese mothers requesting PediaSure for their one-year olds. Pediatricians appropriately evaluated growth and reassured parents that their children were growing well. However, parents continued to insist on PediaSure. How did families get the idea that long-term bottle usage and PediaSure is the American way? What are the Vietnamese traditions of teaching children to eat family food and weaning them? How can parents build on their own traditions rather than being hamstrung by their impressions of their new culture?

For children to eat well, parents must feed well. It is wonderful to learn all we can about other cultures. However, we don’t have to be experts on cultural differences in order to support parents in taking leadership with feeding their children.

The sticky topic of Halloween candy

By Ellyn Satter

Family Meals Focus, an on-line newsletter under the direction of Ellyn Satter, discusses trends, research and clinical issues in eating and feeding and interprets other research from a feeding-dynamics, eating-competence perspective. In time for Halloween, here is a reprint from the archives.

The topic of Halloween candy is so sticky for parents that I address it in all of my books. Here’s what I said in *Your Child’s Weight: Helping Without Harming* Chapter 4, “Help without harming with food selection.” “Treat candy the same way you do other sweets. Your child needs to learn to manage sweets and to keep sweets in proportion to the other food he eats.” I had previously explained that treat-deprived girls in research studies load up on forbidden foods when they weren’t even hungry and tend to be fatter, not thinner. Girls who were allowed treats regularly ate moderately if at all and were thinner.

Halloween candy presents a learning opportunity. Work toward having your child be able to manage his own stash.

Still quoting from *Your Child’s Weight*: “Halloween candy presents a learning opportunity. Work toward having your child be able to manage his own stash. For him to learn, you will have to keep your interference to a minimum. When he comes home from trick or treating, let him lay out his booty, gloat over it, sort it and eat as much of it as he wants. Let him do the same the next day. Then have him put it away and relegate it to meal- and snack-time: a couple of small pieces at meals for dessert and as much as he wants for snack time.”

“If he can follow the rules, your child gets to keep control of the stash. Otherwise, you do, on the assumption that as soon as he can manage it, he gets to keep it. Offer milk with the candy, and you have a chance at good nutrition.”

Despite what most people think, studies show sugar does not affect children’s behavior or cognitive performance. My own observation is that children who are allowed to eat sugar instead of meals and snacks provided for them by their parents are likely to show deficits in behavior and cognitive performance. That has to do with poor *parenting*, not poor food selection. The key phrase in my candy advice is *relegate it to meal- and snack-time*. Structure is key. Maintain the structure of meals and sit-down snacks, with parents retaining their leadership role in choosing the rest of the food that goes on the table. With that kind of structure and foundation, candy won’t spoil a child’s diet or make him too fat.

Given structure, candy won’t spoil a child’s diet or make him too fat.

Ann Merritt, reviewer, experienced parent and pediatric dietitian, makes an observation about this important topic. “This advice should be in every parents’ magazine every year. I have seen so many kids have Halloween ruined for them when parents are over-concerned about sugar.” When you consider that for many children, Halloween is their *very favorite* holiday, that is a serious concern.

To get the article complete with references, go to www.EllynSatter.com, click on *newsletters* and look for *Family Meals Focus* #3. To put your name on the distribution list for *Family Meals Focus*, scroll down to the bottom of the article and follow the easy directions.

Contact us today. Phone 800-808-7976, fax 866-724-1631, email feedback@ellynsatter.com or by mail 4226 Mandan Crescent, Madison, WI 53711.

Feeding Dynamics and Nutrition Policy

By Ellyn Satter

Is there a contradiction between the Satter Feeding Dynamics Model (fdSatter) and nutrition policy? Standard policy-driven child nutrition interventions include recommending portion sizes, encouraging children to eat more fruits and vegetables, imposing limits on fat intake, avoiding controlled substances (high-fat, high-sugar cookies, chips and the like), and setting targets for weight or weight loss. The problem is that any or all of these interventions cross the lines of the division of responsibility in feeding by intruding on the children’s prerogatives of deciding how much and whether to eat of what parents put before them.

To resolve the contradiction, distinguish between *policy and procedure*. Policy lays out the principles—it defines the work to be done. (See the box on the right.) Some principles give, some take away. Procedure *operationalizes* the principles—it addresses the practicality of getting the work done. The Food Guide Pyramid is *one* way of operationalizing the Dietary Guidelines.

The Satter Feeding Dynamics Model operationalizes nutrition policy by emphasizing food-management strategy rather than prescriptions of what and how much.

In contrast, fdSatter operationalizes nutrition policy by emphasizing food-management *strategy* rather than prescriptions of *what and how much*. At the same time, it factors in evidence about children’s eating behavior. fdSatter emphasizes family meals and structured, sit-down snacks. It joins with the family right where they are, batching their current even-not-on-the-pyramid food into regular, structured eating times. How does that support the Dietary Guidelines? Studies correlate family meals with increased variety and therefore improved nutrient intake. Target foods and nutrients are likely to show up at family meals. Parents who have mastered structure are likely to widen their food repertoire and might even include some vegetables. Is there anyone, anywhere who doesn’t know that vegetables are good for them?

Respectfully approached, higher-functioning parents appreciate help with menu planning. Still emphasizing their preferred foods, parents appreciate child-friendly food-selection strategies. Meals with four or five food items (protein; two complex carbohydrates; fruit, vegetable or both; milk; and fat—butter, margarine, salad dressing and the like) allow children to pick and choose from what is available and eat the one or two or three food items that appeal on any particular day. Pairing familiar with unfamiliar food, favorite with not-so-favorite and including fat to make food taste good all help children be successful with meals. How does that

Dietary Guidelines

Emphasize *providing*

- Eat a variety of food
- Include ample amounts of milk, vegetables, fruits and whole grains

Emphasize *limiting* or *avoiding*

- Shoot for 30-35% (35% new in 2005) fat
- Limit saturated & trans fat & cholesterol
- Use sugar and salt in moderation
- Balance energy intake with energy output

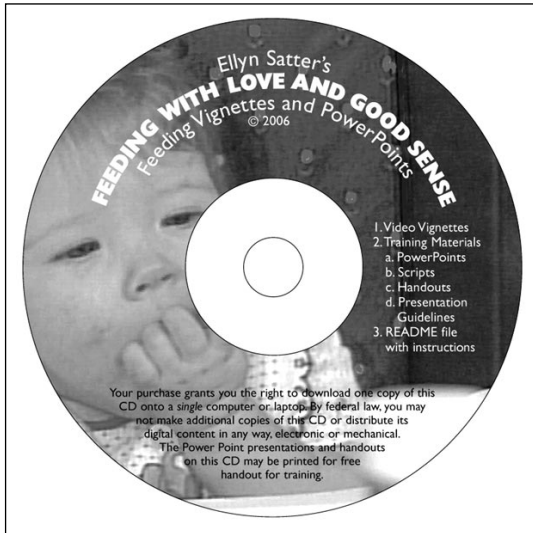
fdSatter approach satisfy nutrition policy? Research shows that children tire of even favorite food and eat alternatives. If a food is on the table and parents enjoy it, sooner or later children get around to eating it. Over a period of a week or two, children eat a variety and satisfy their nutritional requirements.

So much for the *providing* part of the Guidelines, what about the *limiting* or *avoiding* part? Consider fat. Research shows that children preferentially choose foods of high caloric density when their energy needs are high. Thus, fdSatter recommends including some mealtime foods that are high, some moderate, and some low in fat so children can gratify their varying calorie needs. Adults can limit their energy and fat intake by preferentially choosing lower-fat foods. The creative nutritionist and higher-functioning parents can take the fat mandate one step further by using monounsaturated and polyunsaturated as well as saturated fat.

Consider energy balance. The Food Guide Pyramid does it with formulas, portion sizes and patterns. fdSatter does it with trust. Given appropriate feeding, children are excellent at eating the amount they need to grow in the way nature intended for them. They eat a lot one meal, one day or one week and not much the next. They make up for their errors in food regulation. They stop when they are full even if they haven’t eaten much. Their finely tuned internal regulators of hunger, appetite and satiety take care of maintaining energy balance far better than any food prescription.

Consider controlled substances. The Food Guide Pyramid gives a budget. fdSatter gives regular access within the structure of meals and snacks: including an ample bowl of potato chips with the lunch-time sandwiches; giving an occasional eat-all-you want cookie-and-milk snack. In the long run, these seemingly devil-may-care recommendations avoid extremes and achieve moderation. After the newness wears off, children eat moderately. In contrast, children who are deprived of “forbidden” foods overeat on them when they get a chance and are fatter.

Popular *Feeding With Love and Good Sense Video Series* Now in Digital Format!



The highly-popular *Ellyn Satter's Feeding with Love and Good Sense* video series is now available in digital format! The feeding vignettes are saved as individual video files, so they are easy to play from your laptop "as is" or drop into your own PowerPoint presentations. The package also includes six ready-to-go training PowerPoints suitable for introducing staff to Feeding Dynamics. The *Vignettes and PowerPoints* CD gets rave reviews from customers. A WIC consultant told us that "it really gets a discussion going." A Head Start consultant keeps the vignettes on her laptop for home visits. She appreciates the vignettes because they make, "a big impact for [parents] to see other parents with the same problems, or handling feeding differently."

We have gotten many questions along with the compliments. Here are answers to some of the most frequently asked questions.

Are the vignettes the same as on the *Feeding With Love and Good Sense (FWLGS)* video series from 1989? Yes. The vignettes are not new. They are in a new format. The training PowerPoints are new.

What is the difference between the *FWLGS Vignettes and PowerPoints CD* and the *FWLGS Video and Teacher's Guide*? *FWLGS Vignettes and PowerPoints* is a CD, and includes PowerPoint presentations

geared towards introducing professionals who work with children to the fundamentals of feeding dynamics. *FWLGS Video and Teacher's Guide* includes the *FWLGS video series* on a VHS videotape and a curriculum suitable for teaching *parent* classes. While many of our customers use this package to introduce staff and colleagues to the possibilities of feeding dynamics, the target audience is parents.

How does the *FWLGS Vignettes and PowerPoints CD* differ from the *Montana FEEDING RELATIONSHIP package*? The most in-depth of the three packages, the *Montana* package is a one-day primary intervention training workshop. It teaches professionals in the primary care setting how to implement feeding dynamics into their clinical practice. The package comes with about 6 hours of video on 4 VHS tapes. This is geared only towards professionals and is not useful for parent training. This package assumes at least a basic familiarity with feeding dynamics and is best administered by someone who has taken one of Ellyn Satter's intensive *VISION* workshops or is very familiar with her work.

What about those old hairstyles and clothing? The hair and clothing are out of style, but the content is as relevant today as ever. Parents are still parents and children are still children. When we expect our audiences to look past the trappings and see the interactions between parents and children, they do.



Books and Teaching Materials

YOUR CHILD'S WEIGHT: HELPING WITHOUT HARMING

YCW\$19.95 each _____ \$ _____
Carton (32 books; 60% discount, no return) \$255.00 carton _____ \$ _____

CHILD OF MINE; FEEDING WITH LOVE AND GOOD SENSE

COM\$16.95 each _____ \$ _____
Carton (28 books; 40% discount, no return) \$285.00 carton _____ \$ _____

SECRETS OF FEEDING A HEALTHY FAMILY

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