

Satter Feeding Dynamics Model of Child Overweight Prevention and Treatment^{i,ii}

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Many of today's children are getting too heavy. This is clearly indicated by population-wide surveys showing increasing percentages of children whose BMI plots in excess of diagnostic cutoff percentiles. Those trends indicate that environmental influences are disrupting children's ability to regulate energy balance and grow consistently.

1. *Perspective:* The feeding dynamics model of child overweight is competency-based. It is grounded on well-supported evidence that children have a powerful and resilient ability to maintain energy balance and grow in a predictable fashion, *provided* the feeding relationship is appropriate.
2. *Definition:* The feeding dynamics definition of child overweight is not high weight *per se*, but weight *acceleration*: Abnormal upward weight divergence for the *individual* child. The child is compared only to *himself*, not to statistical cutoff points established for the purpose of population-wide evaluation.
3. *Exploring causation:* The feeding dynamics model considers medical and psychosocial issues, food selection, parenting, the feeding relationship and child development. In identifying causes of weight acceleration, the feeding dynamics question is:
 - a. *Not*, how do we get this child to lose weight?
 - b. *But rather*, what is happening in this child's environment to undermine his considerable ability to regulate energy balance and grow predictably?
4. *Typical causes:* Clinically and from an examination of the research literature, it emerges that there are four typical causes, alone or in combination, for a child's weight acceleration:
 - a. Misinterpretation of normal growth.
 - b. Restrained feeding and circumstances that mimic restrained feeding.
 - c. Poor feeding practices.
 - d. Stress.
5. *Prevention:* Preventing weight acceleration mandates supporting normal growth and development *and* avoiding disruptive influences by:
 - a. Optimizing feeding from birth and throughout the growing-up years by maintaining a division of responsibility in feeding.
 - b. Maintaining a division of responsibility in *activity*.
 - c. Supporting parents in accepting consistent weight, even if that weight is at or above levels defined as "overweight" or "at risk of overweight."
6. *Treatment:* Treatment of child overweight from a feeding dynamics perspective involves:
 - a. Careful assessment *of the individual child* to identify causes of weight acceleration.
 - b. Constructing and enacting a treatment plan to correct those causes, supporting parents in optimizing feeding and activity and holding steady with feeding during their child's transition to internally regulated eating.
 - c. Letting the child's weight establish its own level in response to a. and b. Depending on the child's metabolism, weight may stabilize at the current level or gradually decrease.

ⁱ For more information, see Ellyn Satter's *Your Child's Weight: Helping without Harming*.

ⁱⁱ To find references, further information and handouts, go to www.EllynSatter.com and click on *Child Overweight*