Breakfast Buddies 2015-2016
Based on the
Satter Feeding Dynamics Model

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Section I
Breakfast Buddies Overview
2015-2016

Goal:
Parents/caregivers learn what their responsibilities are with respect to feeding and what they can trust their child to do with respect to eating as guided by internal cues of hunger, fullness and appetite.

Objectives for Each Session:
1. Teach parents/caregivers the Division of Responsibility (DOR) feeding model.
2. Model a family meal by eating breakfast together at each session.
3. Assess eating progress and challenges of each child at each session and recommend interventions based on the DOR feeding model.

Expected Long Term Outcomes:
1. Feel good about eating and have the drive to eat
2. Naturally eat as much as they need and grow in the way that is right for them
3. Show us how to feed them as they grow and develop
4. Learn to eat the food their parents eat
5. Enjoy family meals and learn to behave well at mealtime

Plan for Each Session:
10:00-10:15 Gathering time in therapy room; Teach/Review the DOR.
10:15-11:00 Eat breakfast together around the table, observing eating behavior, developmental stage and temperament
11:00-12:00 Meet in therapy room; children interact with each other; parents meet with feeding dynamics specialists for assessment and action plan based on DOR
Section II
About the Division of Responsibility/Satter Feeding Dynamics Feeding Model
(most of information below is taken from ellynsatterinstitute.org)

The Division of Responsibility (DOR)
The Division of Responsibility (DOR) specifies that parents are responsible for the what (foods offered), when (regular meals and snacks) and where (at a designated place; ideally the table) of feeding while they can trust their children to be responsible for the how much (amount of food) and whether (which of the foods offered) of eating. When fed in such a way, children will be driven by their own autonomy and internal cues of hunger, satiety and appetite to eat and grow appropriately.

The Satter Feeding Dynamics Model (fdSatter) illustrates that when parents feed according to a developmentally appropriate Division of Responsibility in Feeding (sDOR) (1-3) children gradually accumulate attitudes and behaviors that characterize adult Eating Competence (described below). sDOR encourages parents to take leadership with the what, when, and where of feeding and give children autonomy with the how much and whether of eating.(1) (for more detail on the DOR, see: http://ellynsatterinstitute.org/cms-assets/documents/203702-180136.dor-2015-2.pdf)

What can Eating Competent children do, (4)?
- Feel good about eating and have the drive to eat.(5)
- Naturally eat as much as they need (6-10) and grow in the way that is right for them.(11-15)
- Show us how to feed them as they grow and develop.(16-18)
- Learn to eat the food their parents eat.(5,19-22)
- Enjoy family meals and learn to behave well at mealtime.

Agencies that Recognize sDOR as Best Practice
The Academy of Nutrition and Dietetics,(23-25)
The American Academy of Pediatrics(26,27)
Expert committee on child obesity(28)
Head Start (29)
WIC: the Special Supplemental Nutrition Program for Women, Infants, and Children(30)
USDA Food and Nutrition Service (31)

References


24. Ogata BN, Hayes D. Position of the academy of nutrition and dietetics: nutrition guidance for


- See more at: http://ellynsatterinstitute.org/other/fdsatter.php#sthash.68zGZDE3.dpuf
Section III
Rationale for Using the Division of Responsibility in Feeding Model for Children with Special Needs

(Information below is copied from ellynsatterinstitute.org)

Even children who have medical, temperamental, and/or neurological barriers want to learn to eat the food their parents and other trusted adults eat, and push themselves along to do it to the extent of their abilities. Based on trust in the child’s drive to learn, grow, and master, the intervention is simple: parents learn to feed based on Satter’s Division of Responsibility (sDOR), which allows the child to master eating. While parents and helpers must be attentive to the child’s medical, developmental, and oral-motor issues, most feeding issues are the same as those of any other child. Stages in feeding look the same; they just come along more slowly. Challenges at each stage are the same; the child just works harder and longer to master them. Eating quirks are the same; it is just hard to sort out the “child” in these quirks from the “special needs.”

Following sDOR is so simple, in fact, that it may seem like doing nothing at all compared to conventional interventions. In reality, parents do a tremendous amount: Throughout the child’s growing-up years, parents keep up the day-in-and-day-out of pleasant and rewarding family meals and sit-down snacks and, at the same time, trust and support their child’s ability to eat. Problems arise when health advisors and parents who use conventional approaches get scared that children can’t or won’t eat and put pressure on them. In response to that pressure, children find eating so unpleasant and overwhelming that they literally go hungry rather than eat.

- See more at: http://ellynsatterinstitute.org/htf/iwfr1.php