Title: “I Want to Stop Worrying About My Child’s Eating,” a lesson on the Division of Responsibility for Eating between the Caregiver and Child (adaptable for Interactive Self Study Notebook)

Target Audience: Infant> 6 months, Children

Objectives: The caregiver will be able to:

1. Identify the tasks a caregiver uses in the caregiver/child feeding relationship.
2. Identify the tasks a child uses in the caregiver/child feeding relationship.
3. State some of the benefits of using the division of responsibility in feeding their child.

Teaching Materials Needed, Including Handouts:

1. Items for interactive nutrition education display including a set of the pages for attaching to the display or bulletin board or wall.
2. Copies of all handout materials, including the activity/goal setting handout for each attendee. Suggested handouts are posted in the same location as this lesson plan: http://www.kansaswic.org/nutrition_education/lesson_plans.html
3. Any additional materials that the LA chooses to use to supplement the lesson.

Advance Preparation Needed:

1. Assemble the display.
2. Copy enough handouts, including the activity/goal setting handout for each anticipated attendee.
3. Create a discussion guide, on a note card or paper, for the designated staff person(s) who will be interacting with the client. This guide will be used throughout the time that the display is used. Some suggested questions that can be used on the guide are listed below, under #5 of Outline and Methods.
4. The Nutrition Services Coordinator should review all of the materials and discussion guide with all pertinent staff, especially the Concepts and Key Points.

Outline and Methods:

1. The interactive display and handouts will be displayed at the clinic and available during clinic hours.
2. A knowledgeable staff member will be available for caregiver questions regarding the interactive display. See background information on this topic below, under Concepts.
3. Offer the caregiver handout(s) to reinforce the concepts on the display.
4. Once the caregiver reads through the materials and completes the activity/goal setting handout, the caregiver will show the completed handout to the designated WIC staff person (e.g. clerk). After reviewing, the completed handout will be returned to the client for their use at home.
5. The designated WIC staff person will prompt the caregiver to talk about the information. (This is a USDA requirement!) This will fulfill the required interactive component of the lesson.
   a. It is recommended that a note card or paper with discussion questions be posted at the staff person’s desk. Use these discussion questions or develop your own similar discussion questions. All discussion questions should be open ended questions.
      i. “What information surprised you?”
      ii. “What did you find on the handout that your family already does?” If the goal setting handout is not used, the question could be: “did you read about
something that your family already does?” For infants > 6 months, a question might be: “how does ____________ let you know they are full?”

iii. “I see that you marked that you would start _____________. How do you plan to do this?” If the goal setting handout is not used, the question could be: “is there a particular thing you learned today that you think would help your child’s eating or your family’s meals?”

6. The designated WIC staff person asks the caregiver if they have any questions. If yes, refer them to the staff person that can answer their questions.

7. Upon completion, a designated WIC staff person records completion of the lesson in the client’s KWIC record. If the clinic chooses, the client’s goal can also be entered into KWIC.

Concepts and Key Points:

1. The division of responsibility for feeding children was first introduced by Ellyn Satter. Staff may want to refer to Ellyn’s website https://www.ellynsatterinstitute.org/ for more information and resources. The premise is that when the caregiver and child each perform their responsibilities, the result is a less stressful experience during meals and snacks.

2. The caregiver’s task is to provide the what, when and where in feeding the child. The child’s task is to decide which foods they will eat and how much, if any, of those foods.

3. The caregiver selects what will be served and where and when it is provided. For example, a caregiver chooses to offer spaghetti with meat sauce, a green salad, green beans, pear slices and milk at the dining table at 6 pm. Other distractions are minimized, e.g. no television or toys. It would be ideal to turn off cell phones too.

4. In this example, the child is expected to come to the table when the meal is ready, at about 6 pm. The child decides which of the foods offered he/she will eat, and if they will eat at all. If the child decides not to eat, there is no pressure placed on him/her. Or the child may decide to eat some pear slices and have some milk. Again, the child is allowed to do this without pressure to eat the other foods. The caregiver might say, “That is fine, there will be a snack before you go to bed. If you get hungry before then you can have a glass of water, but will have to wait until snack time to eat again”. Once the family has finished their meal, everyone can leave the table, but leftovers or other foods are not offered until the next meal or snack.

5. There are two schools of thought regarding whether a child should stay at the table with the family whether they eat or not. For a child that exhibits disruptive behavior, it might be a good idea to remove them from the table, whether they are full or not. This gives the message that bad behavior is not tolerated. For a child who behaves at the table, it is good that they sit at the table and converse with the family during the meal. Staying at the table is good within reason. Perhaps a maximum amount of time could be set, maybe 30 minutes.

6. Caregivers may decide to do some fine-tuning, but should be encouraged to adhere to the division of tasks as outlined. One ground rule might be that milk is limited to 8 ounces per meal. If the child is still thirsty, they can have water. This might help avoid a child drinking multiple glasses of milk, but eating no food.

7. For infants > 6 months, the division of responsibility may need some adjustments. At this age, a child is just trying food and beginning to learn how to feed themselves. A child at this age may be encouraged to try a food, more than would be done with a preschooler. Messiness is to be
expected. It is appropriate, though, for infants > 6 months to sit in an age appropriate seat with
the family at mealtime.

8. For some caregivers, following the division of responsibility is difficult. It is counterproductive if
the caregiver expects and/or demands that a child eat the foods offered. Avoid rules, such as
one spoonful of each food must be eaten or the child must eat whatever the caregiver puts on
their plate. This will likely backfire and result in an unpleasant meal for everyone.

9. Adults are role models. Children watch and mimic what they do. If children see that the
caregiver tries all of the foods offered, the child may decide to do this too. But avoid discussing
this, such as “look, I tried all of the food.” That puts pressure on the child and they may not
want to try all of the food at this particular meal, maybe next time. The opposite behavior,
where the caregiver says, “I don’t like that food and I never eat it,” will discourage a child to eat
that food because the adult said they didn’t like it.

10. Young children, especially toddlers and preschoolers, are trying to become independent. One
thing they find they do have power over is whether they eat or not. When a caregiver becomes
upset that the child won’t eat what they offer, the child learns that they are in charge of this
particular behavior. If a caregiver offers foods and shows “it is no big deal whether you eat or
not”, it takes away the power struggle and allows the child to independently decide for
themselves if they eat the offered food or not. This is also a way to teach children to tune into
their hunger cues. If they are hungry they eat, and if they are not hungry they do not eat. Unless a child has a diagnosed eating disorder or other medical issue, they will eat when they
are hungry.

11. Staff need to be aware and sensitive to the concerns of some caregivers with limited resources.
They may be concerned about wasting food when a child won’t eat it. This is a fine line for staff
to walk with these caregivers. A great opportunity may present itself when a caregiver
expresses that their child is a “picky” eater. Even though the caregiver is concerned about
wasting food, the division of responsibility may reduce food waste in the long run.

12. One way that families may be able to reduce food waste is to serve meals family style. Head
Start programs use this style of meal service. It consists of placing food in serving containers on
the table and everyone serves themselves. If someone doesn’t want a particular food, they
simply do not put any on their plate. As long as serving utensils are used, there won’t be any
food contamination and any leftover food can be refrigerated and served at another meal.

Interactive Component: See #5 of Outline and Methods page 1

Behavior Change Goal:

The caregiver reads through the materials and completes the activity/goal setting handout (or a form
that the LA creates). The caregiver will show the completed handout to the designated WIC staff person
(e.g. clerk). If the client did not select something they plan to do, the designated staff person will assist
the client/caregiver to select something they could try.
**Procedure for Clients to Ask Questions of Trained WIC Staff:**

Upon completion of the lesson, the designated WIC staff person will ask all caregivers if they have any questions. If so, the staff person will either answer the questions or guide the client to the staff person qualified to answer a question posed by the client/caregiver.

**Evaluation:**

The evaluation will consist of the client completing the activity/goal setting handout and interacting with WIC staff as specified under #5 of the *Outline and Methods* section above.

**Adapting this lesson for an Interactive Self Study Notebook:**

1. Place copies of the set of pages for attaching to the display into sheet protectors. Include both English and Spanish versions of the pages.
2. Insert these into a notebook.
3. Give each client using this Self Study notebook a copy of any handouts, including the activity/goal setting handout.
4. See the Outline and Methods section above. Follow all steps #4 through #7. Step #5, the interactive component, is a USDA requirement.

**Lesson Plan Written and Approved By:** Julie Ornelas, RD, LD, 2017
Sample Layout

Division of Responsibility – I Want to Stop Worrying About My Child’s Eating

Quiero dejar de preocuparme por la alimentación de mi hijo

Healthy Eating

I Want to Stop Worrying About My Child’s Eating

Division of Responsibility in Feeding Children

Tips for Healthy Eating

Does your child want to snack all day long?

nubites

So you think it’s okay to snack all day long?

Do you think it’s okay to snack all day long?

nubites

Division de Responsabilidad en la Alimentación de Niños

Consejos para unas comidas saludables

¿Eso que tu hijo quiere comer...?

¿Y si...?

¿Y si...?