



# **RECOGNIZING & ADDRESSING THE FAMILIAL IMPACT OF FEEDING DIFFICULTIES**

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# OUTLINE

- Feeding Overview
- Identifying Stress & Anxiety and Its Impact
- Assessing Possible Concerns
- Decreasing Stress & Anxiety in the Family



# Feeding Overview





# FAST FACTS

- The majority of the time, difficulties with feeding are not organic
- Feeding is often the first area of difficulty
- Approximately 25% of children struggle with some type of feeding/growth issue during their first 5 years of life
  - 80% of children w/disabilities have co-occurring feeding difficulties (Chatoor, 2009)
- Children with feeding difficulties may go on to have significant delays in motor, language, and behavior milestones at 18 and 30 months of age (Motion et al., 2001)



# 7 MAJOR AREAS OF DEVELOPMENT


1. Gross motor
2. Fine motor
3. Cognitive
4. Language and communication
5. Self-help
6. Emotional development
7. Social development





# PROBLEM AREAS TO CONSIDER

## Medical History

- Birth history, prematurity
  - Anatomical issues
  - Hypotonia
  - History of acid reflux, constipation, GI issues, acute illness, respiratory disease, medical procedures, other pain/discomfort
- 



# PROBLEM AREAS TO CONSIDER

## Sensory Differences

- Over or under responsive
  - Visual: looks away from food
  - Smell: coughs, covers nose, watering eyes
  - Tactile: frequent hand wiping, finger splaying
  - Taste: gag, shudders, lip splays
  - Auditory: startles to noises, covers ears



# TRANSITIONS TO CONSIDER

- If a child has *never* eaten well, probably a physical problem
  - Problems can be maintained by learned behaviors
- 4mon: first major shift from breast/bottle feeding
- 12-14mon: flavors shifts to the front of the mouth
- Typically developing children <3yrs automatically adjust eating based on calories



# Identifying Stress & Anxiety





# WHAT IS STRESS?

“Internal or external influences that disrupt an individual’s normal state of well-being” (Middlebrooks & Audage, 2008)

It’s normal!

Stress helps children develop skills to cope with and adapt to new and potentially dangerous situations.

But...

Support from parents and/or caregivers is necessary for children to learn how to respond to stress in a healthy way.



# THE BIOLOGY OF STRESS

## Physiologic responses to stress →

- Activation of the hypothalamic-pituitary-adrenocortical axis and the sympathetic-adrenomedullary system
- Results in increased levels of stress hormones (e.g., corticotropin-releasing hormone, cortisol, norepinephrine, and adrenaline)
- High levels of stress hormones or prolonged exposures can be harmful
- The dysregulation of this network (e.g., too much or too little cortisol) can lead to a chronic “wear and tear” effect on multiple organ systems, including the brain.

Source: 2012 AAP Technical Report,  
“The Lifelong Effects of Early Childhood Adversity and Toxic Stress”



# 3 TYPES OF STRESS RESPONSE

The National Scientific Council on the Developing Child proposed 3 distinct types of stress responses in young children:

## **Positive**

Brief increases in heart rate,  
mild elevations in stress hormone levels.

## **Tolerable**

Serious, temporary stress responses,  
buffered by supportive relationships.


## **Toxic**

Prolonged activation of stress response systems  
in the absence of protective relationships.

# WHAT IS TOXIC STRESS?

Toxic stress results from intense adverse experiences that are sustained over a long period of time without adequate adult support.

## Possible sources of toxic stress:

- Abuse
  - Chronic neglect
  - Caregiver substance abuse or mental illness
  - Exposure to violence
  - Accumulated burdens of family economic hardship
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# EFFECTS OF TOXIC STRESS

When toxic stress occurs continuously over time and comes from multiple sources, it can lead to permanent changes:

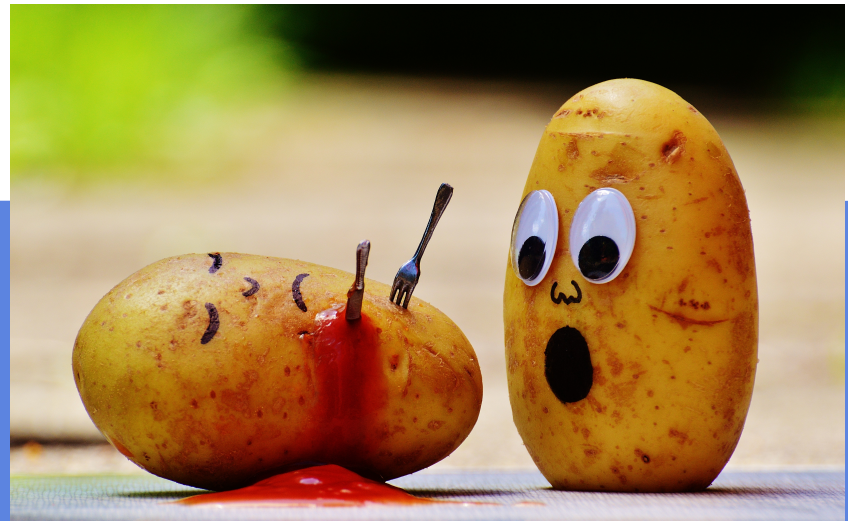
- Learning
- Behavior
- Physical and Mental Health



# PARENT STRESSORS

If the child....

- Has a poor appetite
- Shows little interest in feeding
- Has a limited diet
- Has inconsistent eating
- Displays food or drink refusal





# AND THE REVERSE....

- Parents' own stress impacts their ability/manner in which they interact with their children
  - Family responsibilities
  - Work demands
  - Mental/physical health
  - Cultural differences
- Food intake is one thing children can control



# Anxiety in Children





# Impact of Stress & Anxiety






# IMPACT ON THE CHILD

- As stress increases, appetite decreases
  - Learning is hindered
  - Child/family stress levels need to be continually monitored
  - Hiccups and yawning are a sign of physiological distress and signals adrenaline is high
- Children's temperaments are perceived as more difficult

# IMPACT ON THE CHILD


- Can impact social, emotional, and physical areas of development
- Higher levels of parental pressure are associated with lower levels of child intake and weight and higher ratings of child 'pickiness'

# IMPACT ON THE CHILD

- As feeding difficulties increased, so did the association with psychological diagnoses (anxiety, depression, ADHD) both concurrently and prospectively (Zucker et al., 2015)
  - Behavioral difficulties, anxiety disorder may continue into young adulthood (Chatoor, 2009)
- 



# IMPACT ON CAREGIVERS & FAMILY

- Increased feeding difficulties led to increased family dysfunction (Zucker et al., 2015)
  - Conflict and control struggles were observed in both mother-child and father-child relationships during both play and feeding times (Aviram et al. 2015)
  - Stress, marital difficulties, anxiety, and depression increase
  - Fathers may become less responsive to their children
- 



# Parent Fears





# MOTHER-CHILD RELATIONSHIP


- As feeding difficulties increase, so does:
  - Mothers' rates of perceived inadequacy
  - Maternal anxiety rates (Zucker et al. 2015)
  - Maternal depression and decreased mother-child interactions
- Mothers display greater negative affect, engage in more frequent control battles, are more intrusive, and less likely to physically touch their children (as cited in Aviram et al. 2015)
- Pridham et al (2001) found that as a child's weight became less deviant, a mother's feeding affect and behavior become more positive (i.e. less depression)



# Assessing Areas of Concern



# CONVERSATION WITH PARENTS


- Describe a typical mealtime in your household.
  - Describe an example of a recent interaction you had with your child in relation to feeding.
    - Describe the setting, your child's behavior/emotions, and your response.
- 

# CONVERSATION WITH PARENTS

- Describe the specific problems your child exhibits in relation to eating.
  - How long have these problems been occurring?
  - Do these behaviors occur across all environments? With all caregivers?
- Does your child feed himself? If not, who does?
  - Does he respond differently to caregivers?



# CONVERSATION WITH PARENTS

- What have you tried previously to decrease the challenging behaviors? What has been the most successful? What has not worked?
  - When your child engages in the challenging behaviors, how do you respond?
  - Has feeding always been difficult?
- 

# FEEDING MATTERS INFANT AND CHILD FEEDING QUESTIONNAIRE©

[www.feedingmatters.org](http://www.feedingmatters.org)



**19 Does your child often do any of the following when you feed him? (check all that apply)**

**You answered:** refuses to eat, does not swallow

Feeding should be a fun and happy experience for both you and your child. If your child is often doing any of the items listed above, talk with his doctor.



**20 Based on the questions you have answered, do you have concerns about feeding your child?**

**You answered:** Yes

## SUGGEST FEEDING HABITS DEVELOPING NORMALLY

Any items listed below are ways your child's feeding habits are similar to other children. These habits suggest your child's eating habits are developing normally.



**1 Does your child usually like to eat?**

**You answered:** Yes

Children this age let their parents know that they enjoy eating in many ways. They may ask for food or reach for the cup, spoon, or bowl to put the food into their mouth. Many want foods they can pick up with their fingers compared to foods that require a spoon or fork. Many want to be independent and do not like to be fed by someone else. Some parents still prefer to feed their child all of their meals. If they are still being fed by their parents, they will open their mouth and move toward the food to show when they are ready for the next bite of food. If you feel your child does not seem to like to eat, talk with his doctor.



**3 Does your child let you know when he is hungry?**

**You answered:** Yes

Children this age show that they are hungry in many ways. They may still fuss as they did when they were younger. But, they also use hand, eye, and body movements that are easy to understand. For example, they take adults to the refrigerator and point to the food they want. They also reach for the water faucet or try to climb in their high chair if they have one. Some say words such as "up", "eat", "more", or the name of a favorite food such as "juice". If you feel that your child does not let you know that he is hungry or if you have to initiate feeding your child all the time, talk to your child's doctor. You can work together to find ways to best feed your child.



# Promoting Positive Mealtimes

**START WITH THE BASICS...**

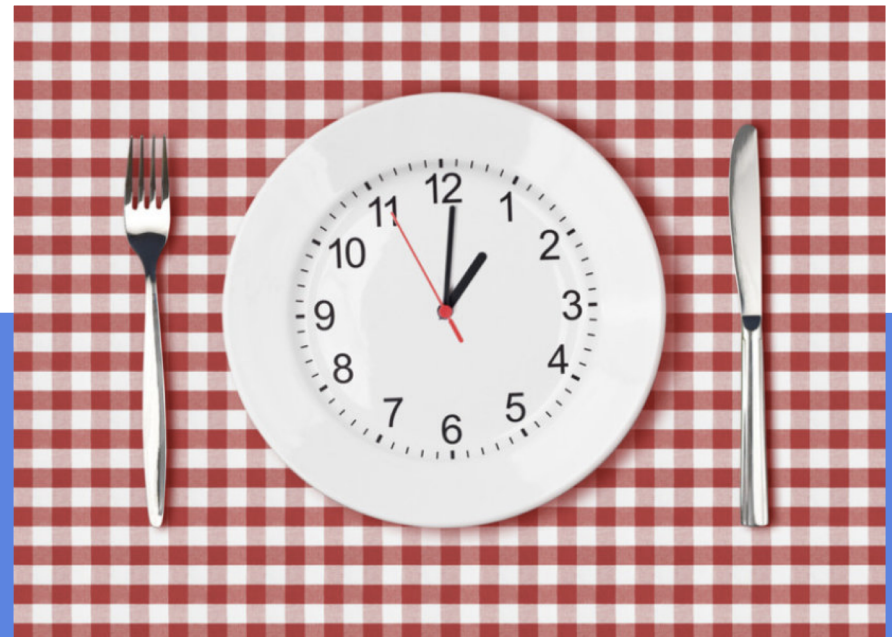




# CREATING A STRUCTURED ENVIRONMENT

## Structuring Meal/Snack Times

- Have a specific place/location designated
- Postural stability
- Create a routine: Beginning/Middle/End
- Eat with your child!



# CREATING A STRUCTURED ENVIRONMENT

- 3 meals/2 snacks per day
- Limit snacks to 15min/meals to 20-30min
- Use a timer/visual schedule to encourage child to stay at the table for the duration of meal

Grazing: eating sooner than every 2-2.5hrs

- May consume up to 50% fewer calories in a day than if on a schedule



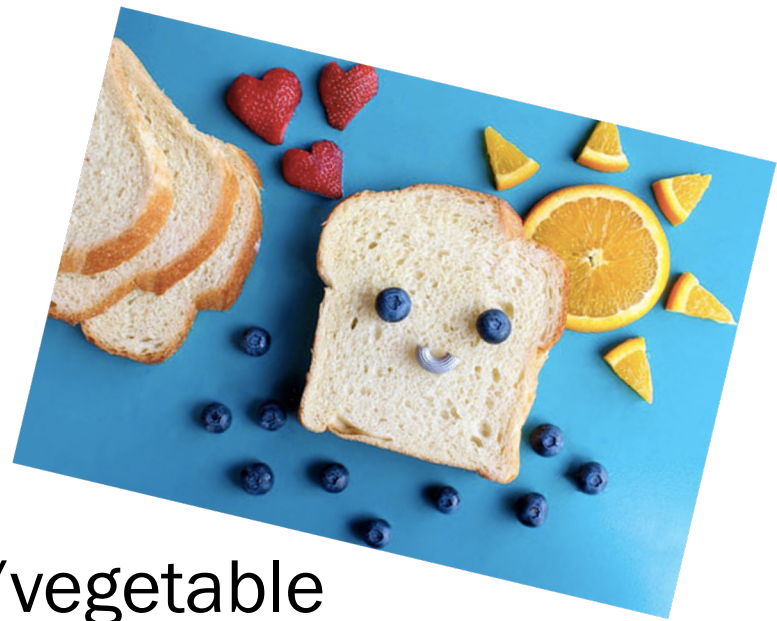
# FOOD PRESENTATION

- Foods tailored to child's developmental level, not chronological age
- Skill is the end all and be all to feeding
- Children typically need food presented 10x before they are comfortable with it





# FOOD PRESENTATION



- Only 3 foods at any one time:
  - 1 protein, 1 starch, 1 fruit/vegetable
- One preferred food at every meal
- Several foods on table for exposure
- Rule of thumb: 1Tb per year of age per food type

# ADJUST DEMANDS

- Listen. Lower demands if they seem stressed. Ask for only one thing at a time.
  - For example, if the goal is for the child to eat more calories, don't expect him to add a new food at the same time.



# SOCIAL MODELING

- Children learn about eating by observing others receiving consequences for their actions
- Children pay more attention to facial expressions and vocal tone as opposed to actual words
- More likely to eat a food if the adult is eating the SAME food
- Child should be involved in all aspects of the meal and prep as socially/developmentally appropriate





# PROMOTING POSITIVE MEALTIME BEHAVIORS

- Minimize distractions at mealtime
- Set clear rules for meals
- Replace challenging behavior by teaching a more appropriate skill
- Use positive directives



# PROMOTING POSITIVE MEALTIME BEHAVIORS

- Getting messy is ok!
- Give your child choices in order to increase his sense of control and independence.
- Minimize reactions to negative behaviors



# Promoting Positive Behaviors





# POSITIVE & NEGATIVE REINFORCEMENT


	Behavior Increases	Pros
Positive Reinforcement	Desirable behavior is followed by a positive reward	Creates lasting behavior change How children typically learn to eat Build intrinsic motivation
Negative Reinforcement	Undesirable behavior is followed by a removal of a stimulus (i.e. escape and avoidance conditioning)	Can teach to swallow liquids/purees quickly (pro) but only eating to avoid punishment (con)

# REINFORCEMENT

## Positive

- Positive stimulus should immediately follow the behavior
- Must remain novel and motivating
- Reinforcers should only be available at mealtimes

## Negative

- Often confused with punishment (aversive stimulus is presented), which decreases undesirable behavior
  - Example: prolonged presentation of the spoon to the child's lips until the child fully opens his mouth to accept a bite
  - Best when paired with positive reinforcement
- 

# REINFORCEMENT

## Social Reinforcers:

- Verbal praise
- Attention, physical contact, and facial expression

## Other Considerations:

- Reinforce siblings' eating
- Reinforce child for any adaptive/positive food behavior




# EXTINCTION

- Withholding reinforcement from a previously reinforced response
- Ignoring undesirable behaviors with the intention of ultimately decreasing their frequency
  - i.e. not making eye contact, looking away, and not engaging when the undesirable behaviors occur
- Best when paired with positive reinforcement so that a more desirable behavior will replace the eliminated behavior



# Wrap-Up & Discussion: Provider's Role

# POSITIVELY IMPACTING THE FAMILY

- Create partnerships with parents and primary caregivers
  - Use the relationship you have developed with the family to share your observations of concern
  - Know where to refer parents if needed
- 



# I-ECMH STRATEGIES: WHAT WE KNOW WORKS


- Act in ways that helps the parent form trust in you
- Use reflective methods
- Highlight Strengths





# DEVELOPING TRUST THROUGH PARALLEL PROCESS

Be with the parent in the way you  
hope the parent will be with the child


- Be reliable and consistent
  - Be attentive—listen and observe well
  - Avoid judgment
  - Match your response to where the parent is
- 
- A decorative graphic at the bottom of the slide consisting of overlapping geometric shapes. On the left, there is a bright cyan triangle pointing right. Overlapping its right side is a darker blue triangle pointing left. The rest of the bottom area is filled with a solid medium blue color.

# ENHANCE PARENTAL REFLECTION

- Notice the way the parent responds to the child's cues and behaviors.
- Describe child behaviors and link to mental states:
  - She keeps looking around; I bet she wants to know where you are.

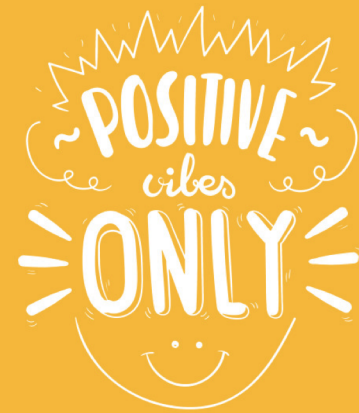


# HIGHLIGHT STRENGTHS

- Helping parents see what they do well improves their sense of self-efficacy
  - Parents who feel more effective are more responsive to their children
  - Parents may need help to accurately see their child's response to them
- 

# HOW HIGHLIGHTING STRENGTHS HELPS YOU IN YOUR WORK

- Hearing positives increases the parent's interest in working with you
- Parent will be more willing to accept and ask for your help
- Finding strengths leads to solutions to problems







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[www.drlanijones.com](http://www.drlanijones.com)

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