

Positive mealtimes with toddlers **- responsive feeding and** **distraction**

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How can we improve mealtimes by attending to toddlers' signals of satiety and preference?

Is distracting a toddler during feeding necessarily a bad thing?

Why might a child not eat?

- **not hungry**
- **doesn't like the food**
- **tired**
- **anxious**

What are the signs that a child has had enough?

Toddlers tend to have a short attention span – and run away if they can

But most infants and toddlers who cannot get away will :-

- **close their mouth**
- **turn their head**
- **block their mouth with their hand**
- **hold food in the mouth**
- **spit food out**
- **vomit**

If fed food they don't want or don't like

Are some parents less responsive?

- **Authoritative?**
(willing to negotiate,
use effective feeding strategies)
- **Authoritarian?** ->
(controlling and demanding
associated with force feeding)
- **Permissive?**
(lenient and lack rules 'eat what you like')



Authoritarian and permissive
parenting styles are not as effective
in promoting positive eating habits
- an **authoritative** parenting style has
been shown to increase fruit and
vegetable consumption in children
(Blissett, 2011).

Why might we be unresponsive to children's food refusal ?

What are parents/ carers trying to achieve?

- i) not wanting to waste food**
- ii) to get child to eat more**
- iii) to get child to eat new foods**

Especially used with 'fussy children'

Trying to get the child to eat more. (quantity)

Infants can regulate their own intake to accord with internal cues to appetite

(Fomon, Filer, Thomas et al , 1975)

We all do this to a greater or lesser extent.

As children get older (4-5yrs) they respond to external cues to eat in the absence of hunger, as adults do.

(Rolls BJ, Engell D, Birch LL. 2000)

Adults prompt children to:-

- **eat because others are eating**
- **imitate others' eating behaviour**
- **comfort eat**
- **eat to finish up what is on the plate**

These interactive behaviours can lead to over-eating and obesity

Some children respond more to external cues than others

- **No research on which children respond and eat more.**
- **We suspect children who are 'fussier' about eating are less likely to respond.**

Trying to get the child to eat more (dietary range).

Parents use:-

- **Forcing**
- **Restriction**
- **Reward**
- **Modelling**
- **Prompting**
- **Distraction**

***Coercion and force feeding-
including sitting children in front
of unwanted food (not effective)***

Associated with:-

- **subsequent food refusal**
- **high anxiety levels**
- **growth faltering**

Restriction (not effective)

Overt restriction – not allowed chocolate or sweets etc, although are sometimes given and available in house –this leads to an increased desire for the restricted food

Covert restriction – food never given, not in the house, works until child enters the real world.

Restricting consumption of particular foods can result in increased preference for the restricted foods and overweight due to disinhibited eating (Fisher & Birch, 1999).

Reward

- **'Eat your vegetables then you can have your pudding'**
- **'Eat your vegetables then you can go and play'**

Neither of these strategies is effective because they lead the child to 'devalue' the healthy food.

Wardle et al (2003) compared prompted exposure, with reward and exposure, to a new food, with 5 to 7 year old children. The reward used was a sticker.

**Rewarding for tastes of foods with a non-food can sometimes be effective.
(Cooke et al 2011)**

Modelling (effective)

Works via:-

- **exposure to new foods**
- **perceived safety of consumption**
- **imitation of role models**

Models can be parents, peers, cartoon characters, media stars.

Adult models eating the same type of food have been shown to increase consumption of a novel food in children aged 2-5 (Addessi et al., 2005)

- and **peer models** have been shown to significantly affect eating behaviour and food preferences of pre-schoolers (Birch, 1980);)

- **peer models** are also more effective than adult models (Hendy and Raudenbush, 2000)

Prompting (effective)

A gentle suggestion to eat a new food will sometimes cause the child to try the food.

Whereas repeated repeated pressure to eat more of food or to taste a new food will lead to food refusal.

(Galloway, Fiorito, Francis & Birch, 2006).

Toddlers were more likely to try a new food in the neophobic period according to the age of weaning – earlier within the 4- 6 month period and the number of prompts by the mother.

Bennett & Blissett (In press)

Age at which solids were introduced	-0.86	0.28	-0.52	<.01
Family's annual income	-0.16	0.17	-0.15	.38
Length of mealtime	-0.02	0.04	-0.09	.64
Physical prompt	0.13	0.04	0.59	<.01

Distraction

***So when might we use distraction
and why isn't it a good idea?
What do we mean by distraction?***

- **comfort eating and distraction**
- **distractions calling the child away from the mealtime**
- **distraction to get the child to eat more than they want**
- **distraction to reduce anxiety**
- **interaction to maintain attention**
- **interaction as modelling**

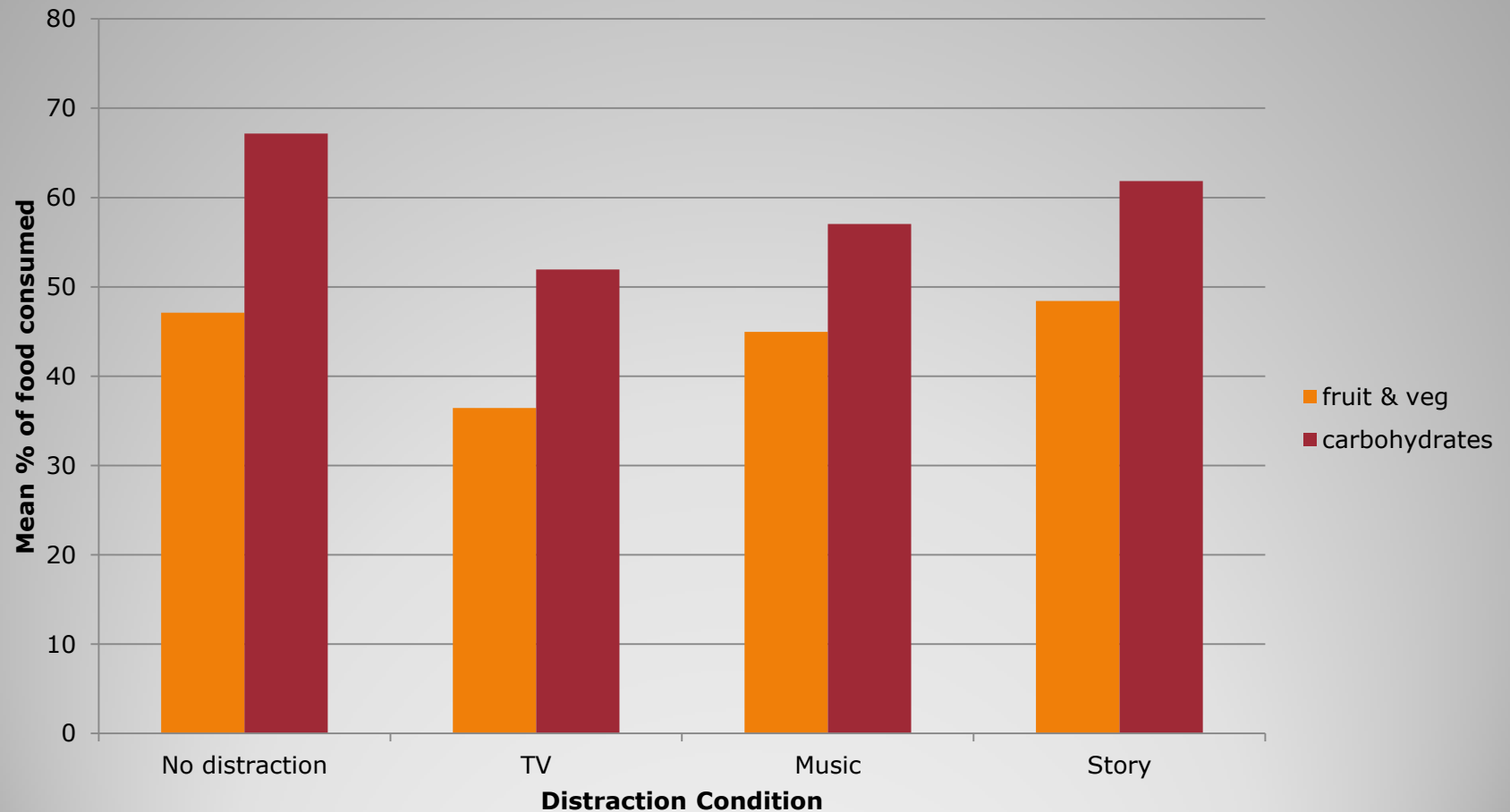
We tend to comfort eat when bored and tired

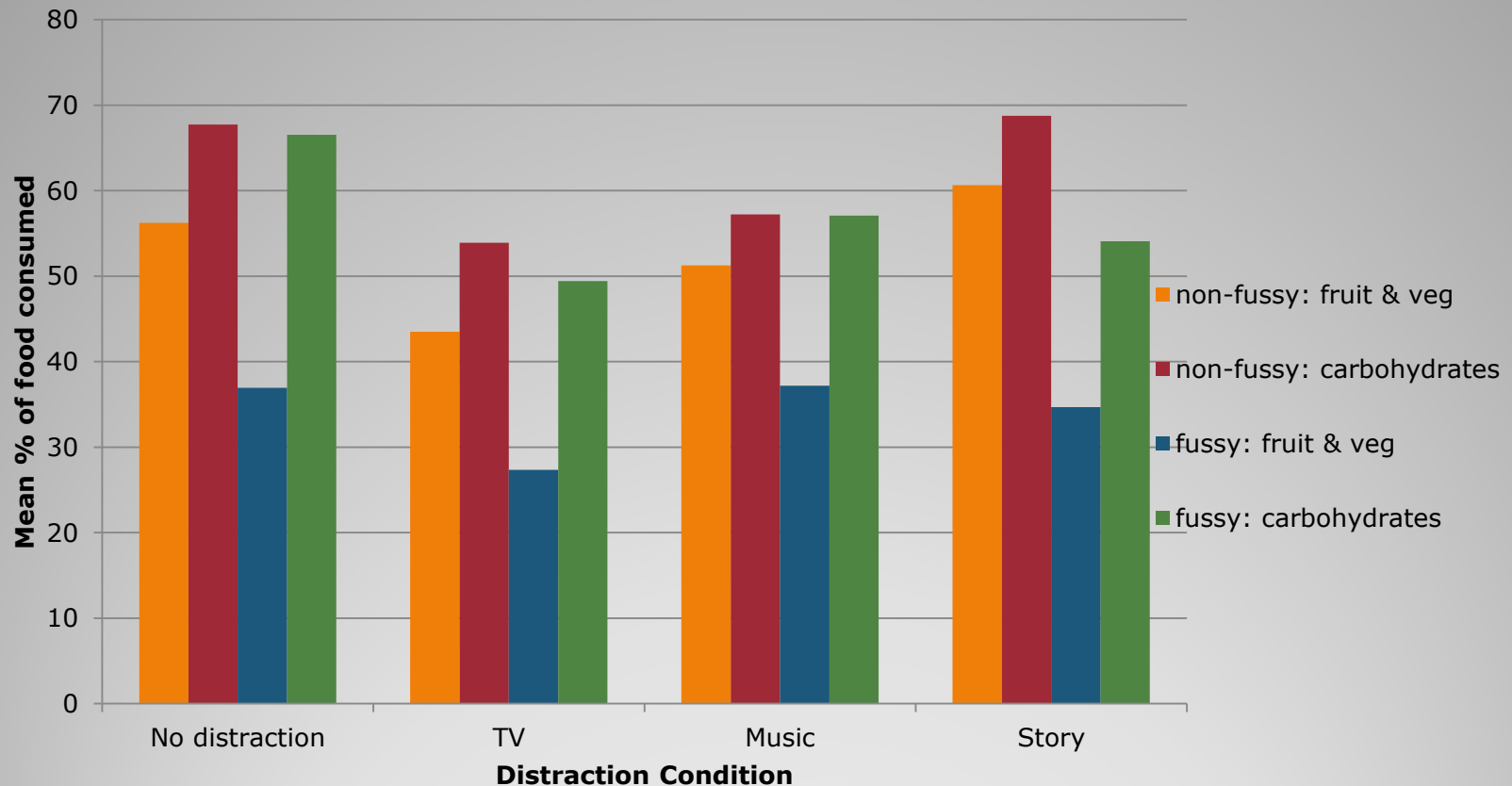
- **children who are eating snack foods in front of the television will be doing just this.**
- **snack foods tend to be used or eaten as a reward, or to change mood.**
- **television viewing whilst eating is linked to childhood obesity**
(Dubois, et al, 2008; Robinson, 2001).
- **children from families with high television use eat fewer fruits and vegetables - but more pizzas, snack food and soda than children from families with low television use**
(Coon, Goldberg, Rogers & Tucker, 2001; Dubois et al., 2008).



In older children and adults, eating snack food in front of the TV makes you eat MORE.,

However, in younger children age range 18 months to 4 years, television watching decreased intake





**There was no effect for fussy children when compared with non-fussy children
(Stanley & Harris, in preparation)**

Distraction calling away from the mealtime (negative effect)

- **If the television is on, or the child wants to get out to play (a school time problem) - then the child may well want to move from the mealtime before they have taken sufficient healthy foods**
- **Snack foods (crisps) eaten away from mealtimes might be eaten instead, to complete the days calorie load**

Distraction to get the child to eat more than they want, or to eat foods for which they do not have a preference

- **Playing aeroplanes, waving toys, two people to feed etc**
- **Used in different cultures especially where anxiety about weight and intake is high.**

Not generally effective because usually used with 'fussy' children

Distraction to reduce anxiety (Effective)

In avoidant children who:-

- **find sight/smell of others eating disgusting**
- **find eating itself anxiety provoking**

Pairing with television/DVD will enable intake

- **Some children with learning disabilities with impaired appetite regulation will also benefit from this.**

The mealtime should be one where attention is given for eating rather than attention given for not eating (appropriate responsive behaviour)

versus

Parents often do not attend to a child who is eating their food- but do attend as soon as the child runs away from the table, throws their food etc.

***Interaction to maintain attention
(What should happen at mealtimes and
is always effective)***

- interaction should be at the table, or meal space
- it is not necessary to talk about food
(some children hate to be praised about intake or
have intake mentioned)
- prompting works with some children

***Interaction with a calm parent is the most
rewarding of all things and will enable
intake***

What does work with getting a child to eat enough? Especially if growth faltering.

- **low anxiety mealtimes**
- **short frequent meals/snacks**
- **give preferred foods**
- **attention pairing with eating**
- **Distraction (TV/DVD) may also help if paired with eating**

What works with getting a child to try new foods?

- ***During the neophobic/ toddler stage***
Modelling, exposure, prompting, reward
- ***If the child is fussy***
Modelling, exposure, possibly reward

New food should be given on separate plate in small portions, reward tastes should be away from mealtimes

Responsive feeding

- **pacing the feeding according to the signals from the child**
- **gentle prompting to eat but withdrawal if the child refuses**
- **suggestion that the child might try the food, but no forcing**
- **modelling the eating process**

Not – responsive

- **parent continues with feeding even though child is showing signs of refusal**
- **forces food into mouth**
- **threatens child or withholds liked foods**
- **not sensitive to the child's preferences**

Useful references

See Factsheets 1.7, 2.1,2.2,2.3. infantandtoddlerforum.org

Blissett J relationship between parenting style, feeding style and feeding practices and fruit and vegetable consumption in early childhood. *Appetite* ,2011 ,In press.

Cooke LJ, Chambers LC, Anez EV, Wardle J. Facilitating or undermining? The effect of reward on food acceptance. A narrative review. *Appetite*,2011 , 57, 493-497

Fisher JO. Effects of age on children's intake of large and self-selected food portions. *Obesity* 2007; 15:403-412.

Fomon SJ Filer LJ, *et al.* Influence of formula concentration on caloric intake and growth of normal infants. *Acta Paediatrica Scandinavica*. 1975; 64: 172 – 81.

Galloway AT, Fiorito LM, Francis LA, Birch LL. 'Finish your soup': Counterproductive effects of pressuring children to eat on intake and effect. *Appetite* 2006; 46:318-323.

Harris,G. Food refusal and the sensory sensitive child. *Paediatrics and Child Health*. 2009; 19 (9): 435-6.

Lumeng JC, Burke LM. Maternal prompts to eat, child compliance, and mother and child weight status. *Journal of Pediatrics* 2006; 149:330-335.

Rolls BJ, Engell D, Birch LL. Serving portion size influences 5 year olds but not 3 year old children's food intakes. *Journal of American Dietetic Association*. 2000; 100: 232-4.