

Positive mealtimes with toddlers - responsive feeding and distraction

Dr Gillian Harris, Consultant Paediatric Clinical Psychologist, Senior Lecturer in Applied Developmental Psychology

How can we improve mealtimes by listening to toddlers' inner signals?

Is distracting a toddler during feeding necessarily a bad thing?

- What do we mean by
sensitive responsiveness?

According to Ainsworth:-

- Sensitivity to infant signals relevant to feeding
- Responsiveness to infant crying
- Pacing in face to face interaction contingent upon infant behavioural cues
- Contingent responsiveness to infant cues in the context of close bodily contact

Why might a child not eat?

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

Responsive feeding

- **pacing the feeding according to the signals from the child**
- **gentle prompt to eat but withdrawal if child refuses**
- **suggest that child might try food but no coercion**
- **model the eating process**

Not – responsive

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

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

What are parents/ carers trying to achieve?

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

Especially used with 'fussy children'

Portion size

By directing parents to put appropriate portion sizes on a child's plate – that accord with their appetite and growth potential - we can get rid of the **"musn't waste"** problem.

The first problem – getting your child to eat more.

- **Why do parents want their child to eat more?**
- **How do they know though when a child has eaten 'enough'?**

**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.***

We also learn:-

- to be hungry when we usually eat
- to be hungry for the calorie load that we usually have
- the calorie load of the foods that we usually eat

Children like adults can therefore regulate intake and compensate for poor intake

- If they have a large calorie load at one meal then they will eat less at a subsequent mealtime
- If they drink too much milk they will reduce food intake

As children get older (3-4yrs) they respond to external cues to eat in the absence of hunger, as do adults.

We:-

- **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
- We suspect children who are 'fussier' about eating are less likely to respond

The second problem – dietary range

- Getting children to try new foods
- Getting children to accept different types of foods into their diet

A problem observed in 'fussy' children

What is a fussy child?

Doesn't:-

- eat the amount that parents think they should eat
- try new foods
- eat the range of foods that parents would like them to eat

Children who are fussier tend to be :-

- **More neophobic**
- **More sensory sensitive**
- **Less open to suggestion**

(The more fussy – the more anxious, therefore less open to suggestion)

Avoidant children

**(also called selective/ perseverant/
sensory sensitive)**

Are:-

- **very limited in range or textures accepted**
- **very anxious and not open to persuasion about trying new foods or eating more than they need**
- **not suggestible**

Strategies that parents use to increase amount eaten

- prompting to finish what is on the plate
- sitting child in front of meal for long periods until it is finished
- leaving long gaps between meals to make child hungrier

None of these strategies is responsive

Strategies designed to get the child to eat foods that are 'healthy' as opposed to foods that are unhealthy

Eat:-

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

Neither of these strategies is effective

Strategies to increase dietary range

- sitting child in front of 'new' foods and withholding accepted foods
- putting new foods on plate next to accepted foods
- hiding new foods in accepted foods

These strategies are either not responsive or not effective

Which strategies will have the desired effect?

What is the desired effect?

The desired effect is that:-

- 1. children will eat the amount of food (energy/calories) that they need to grow along their expected centiles**
- 2. children will like a wide range of foods – including fruit and vegetables, so that they might have a balanced diet**

How do we know when children have eaten what they need to eat in order to take in sufficient calories?

- **Children can self regulate**

If offered frequent small, appropriately sized meals/ snacks throughout the day - of foods for which they have gained a preference,

- **not too many drinks**
- **not too many packets of crisps**

children will take the 'right' number of calories from foods

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 they run away from the table, throw their food etc.

What are the signs that a child has had enough?

Toddlers tend to have a short attention span – and run away if not tied down

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

An older child

- will take a long time to eat
- hide the food behind nearest furniture
- chatter a lot
- find excuses to move from the table

Where these behaviours are reported in a child then I suspect unresponsive feeding practice

*Of course a suggestible child will
just eat more than they need
and become overweight*

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 and 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**



Eating in front of the TV makes you eat MORE.

Distraction calling away from the mealtime (negative effect)

- **If the television is on and the child wants to watch it 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 on the hoof 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

- Showing /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.

***Interaction to maintain attention
(What should go on at mealtimes and
always effective)***

- interaction should be at the table, or meal space
- 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 -
(think George Clooney at a drinks party)***

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.

Other strategies often used at mealtimes

- coercion
- reward
- restriction

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

Associated with:-

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

Reward (not usually effective)

- **rewarding consumption of a healthy food with an unhealthy food does not have the required effect – it devalues the healthy food**
- **rewarding eating itself – not straight forward, can lead to increased tasting of a new food, away from mealtimes.**

Not effective with 'fussy' children in increasing intake

Restriction (not effective)

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

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

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 stage***
Modelling, exposure, prompting, reward
- ***If the child is fussy***
Modelling, exposure, possibly reward
- ***If the child is avoidant***
Modelling, exposure, 'same as'

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

Useful references

See Factsheets (Toddler&infantforum) 1.7, 2.1,2.2,2.3. for additional references.

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

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

(Children of a young age are affected by portion size, to over-eat.)

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

(Prompting to eat decreases intake of a food.)

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

(Children of obese mothers respond to prompts to eat with increased intake).

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.













