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continued Conversations, The CE Podcast:
An Introduction to Feeding Responsively, Part 1
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Fawn Carson: Hello and welcome to Continued Conversations. The CEU podcast. My name is fawn Carson and I'm the managing editor at occupationaltherapy.com. I also have Amy Hanson here and she's the managing editor for speechpathology.com. We've created this podcast to talk more about responsive feeding for the evaluation and treatment of young children with feeding disorders, and the collaborative processes that can exist between OTs and SLPs for this population.

Fawn Carson: Our guests today are Karen Dilfer, an occupational therapist and Stephanie Cohen, a speech language pathologists. Karen has a strong pediatric background and loves to help children with motor sensory and mealtime challenges. Karen works in a private practice and also teaches the get permission approach to meal times with Marcia Dunn Klein, a leading expert in the field of pediatric feeding.

Fawn Carson: Stephanie is a speech language pathologist and lactation counselor in private practice who has worked with children with complex medical needs and their families for more than 17 years. Stephanie has advanced training and feeding and swallowing disorders. She specializes in working with the zero to three population and is passionate about helping families of children with feeding and swallowing disorders find ways to make mealtimes more successful and enjoyable.

Fawn Carson: Karen and Stephanie are the co-directors for the Chicago Feeding Group, a nonprofit organization that seeks to support parents and professionals, her work who work with children who struggle to eat. The title of today's podcast is Feeding Responsibly: An

Introduction. We are excited to have you here with us today and I'll turn the mic over to Stephanie.

Stephanie Cohen: Thanks Fawn and Amy. We're happy to be here. I'll start by reviewing our learning outcomes. After this course, participants will be able to describe responsive feeding as an overarching philosophy used to direct feeding therapy, list at least three common issues that impede the ability to maintain a responsive feeding approach, and describe at least three strategies that may be used in a responsive feeding approach.

Stephanie Cohen: So Karen and I are so appreciative that we have this opportunity today to talk about responsive feeding. And we thought we would start off the podcast by talking a little bit about how we came to work together. So Karen, do you want to start off the story?

Karen Dilfer: Yeah, so we should say first of all, that Stephanie and I both work in private practice, we're both in Chicago, and there's a lot of overlap between our professional communities. And about six years ago, I was working with a little guy who was medically complex; he had a lot of issues. And I got referred to this family through friend of friend and we met together, we started working together and things were going really, really well.

Stephanie Cohen: I had met this family through the early intervention program. I had done an evaluation, and at the time this child had a lot of professionals on his team, so the family and I agreed that we would check in, in another three months. When we came to that time where we checked back in again, we decided this would be a good time to start some more regular therapy sessions.

Stephanie Cohen: So in figuring out sort of how to start that process, I reached out to Karen and we talked about our different roles on the team. We agreed that Karen would have her next session with the family and

then we would decide sort of how to structure our work with the family.

Karen Dilfer: It was really funny was that, then Stephanie got a text message from the mom who said, "Oh, we're really happy with Karen. We don't need you. Bye." Not exactly in those words, but that was the general idea. So it was kind of funny because it could have been a rough start to our relationship, but what happened was a couple of months later, Stephanie and I ran into each other at one of these professional events hosted by the Chicago Feeding Group. And when we actually had a conversation and were in the same room, we realized that we actually had a lot in common.

Stephanie Cohen: And to be honest, it was a little bit of a rough start because I was thinking, "Well, huh, this didn't feel so collaborative." But what we thought was funny, as we reflect back, what we continue to laugh about, is that sometimes when we think about our own disciplines and our own roles on a team, we think a little bit more about what's our territory rather than how we can collaborate. And what's been really wonderful about our work together over the years is we have come to realize that we are way more alike than we are different and that we are better together. Not just Karen and I as we collaborate in different ways, but speech pathologists and occupational therapists in our work with kids with feeding challenges, we each bring unique ideas to the table.

Stephanie Cohen: And what Karen and I quickly realized we had in common was that we both really valued this idea of responsive feeding. And we really valued this idea that it is so important to re to support parents.

Karen Dilfer: Yeah. I think one of the things that makes us different from a lot of folks in the feeding world is that we believe that feeding is an activity that bring kids and parents together. Full disclosure, I am

not a parent, Stephanie is, but I know that when a mom has a baby, one of those first activities that she is expected to do is to feed her a little one. And that's a really emotional experience. And then what we see is, over and over again, parents are the ones who are offering the food and kids are the ones who are saying, "Yes, I'm hungry, I want that." And we know through all of those little feeding experiences, the relationship between parents and kids is strengthened.

Stephanie Cohen: So Karen and I had also both studied with people who really value this approach and the importance of approaching feeding with a responsive lens. We also had been reading a lot of the literature that had emerged and continues to emerge supporting these ideas. And we were noticing that therapy didn't always look or feel this way in our community, right, Karen? We really saw some differences in what was happening from these responsive ideas.

Karen Dilfer: Yeah. I think in Chicago there's a very strong, I don't know, there's a lot of people that have ideas that therapists are the ones who go in and fix the kids. And that can be a really hard paradigm to make sense of when we're thinking about feeding. Because if the feeding relationship isn't going great with parents and kids, if kids are underweight, if kids are refusing foods, and the therapist gets to be the one to help the child overcome those challenges, a parent might feel really, really bad because, "That really nice therapist could feed the baby, but I can't feed my own baby." And I never want intervention to separate a parent and a child from having that loving and warm relationship.

Stephanie Cohen: So as we began to collaborate more and more, we really were interested in finding more like minded folks who were interested in learning more about practicing this way. And I do really think that

the culture has changed in our area and really across the country, and we are just always excited to be talking more about responsive feeding and spreading the word.

Karen Dilfer: So before we go further, we thought that we'd give you a responsive feeding definition.

Stephanie Cohen: So we have been looking and looking for the definition that we feel really encompasses a lot of the ideas of what it means to feed responsibly. And we found a great quote from a nonprofit in New Jersey called Right From the Start New Jersey. It's a nonprofit organization that shares a ton of great developmental information. And they write, "Responsive feeding is an active and also an interactive process, paying attention to the baby while offering food, watching her reaction, learning cues and responding promptly and supportively to her needs."

Stephanie Cohen: So what I love about this definition is that it really gets at the reciprocity of the process and also the idea that we are paying attention to, in this definition, a baby's communication and responding contingently. And I think that though this definition or this quote refers to infants, these ideas are absolutely relevant to our kids as they grow and continue to learn to eat. Karen, can you share the other definition that we came across?

Karen Dilfer: Oh yeah, yeah. So we're going to share a quote from a research article, it's from 2011; the authors are Black and Abboud. "During the first year, infants and caregivers learn to recognize and interpret both verbal and nonverbal communication signals from one another. This reciprocal process forms a basis for the emotional bonding or attachment between infants and caregivers that is essential to healthy social emotional functioning."

Karen Dilfer: So I think when we think about a typical feeding relationship where kids are developing and there's not any challenges, these ideas make a lot of sense. But it can be a little bit harder to think about these ideas when we're working with kids who aren't growing well, or maybe refusing food or have other medical challenges that make the situation a little bit more complicated.

Stephanie Cohen: Absolutely. And in my work, and I know in a lot of your work, Karen, we really feel strongly that responsiveness is an important place to start. Parents come to us, as you said, with lots of worry and feeding is often stressful and their primary concerns maybe our volume of intake and growth. We have so many parents that come to us and say, "My child's not gaining weight well. I need him or her to eat more." And so though those absolutely are paramount importance, those parameters, we really believe that if we can start from a place of responsiveness, then we can support the parents' ability to build trust with their child and really support wonderful progress to that end.

Stephanie Cohen: But there are a lot of different options in the therapy community. So Karen, do you want to talk about some of those?

Karen Dilfer: Yeah, so I think it's maybe helpful for us to back up for a minute. Because when we talk about responsive feeding, we're talking about the relationship between parents and kids, and we're talking about helping kids tap into their internal motivation to eat.

Karen Dilfer: We know that when we help kids build their internal motivation, that's the thing that makes kids want to keep coming back for more and really keep eating over the course of their lifetime, right? And so when we think about internal motivation, we're thinking about things like helping kids get hungry, because we know that hunger is an important motivator in wanting to eat. We're thinking

about taste and flavor because that's something that can be really motivating and helping a child want to eat. And that's a little bit different from an approach that really emphasizes external motivators. And we know that external motivators work, at least in the short term, there's some good literature showing that we can use really interesting rewards to change kids' behaviors.

Karen Dilfer: But one of the things that Stephanie and I always think about is that, we're not here for the short term goal. We're not here to get the calories in kids' bellies. We're here to help kids see themselves as eaters and to have skills that will really support them over the course of their lives. So we just feel that it's so much more important for us to help kids tap into that internal motivation and to help parents understand how they can support that internal motivation as well.

Stephanie Cohen: That's so true. And I think that a lot of times when we first get to know parents who are coming to us for support, we see a lot of parallels sometimes with views on parenting styles and sort of ways to manage behavior because really parents want their kids to behave a certain way at the table. Kids who eat well and finish their meals so to speak and eat a variety of foods and don't pop up from the table too often, that makes for an enjoyable meal time and low stress, right?

Stephanie Cohen: And I think that what we have found that is that parents may have been given advice offered strategies for how they can get their kids to eat by offering reinforcement, and we really want to acknowledge that parents are really worried and that they are doing what works. They are trying whatever they can to help their children eat and grow. And we believe that as we collaborate with parents and help them understand what responsive feeding really

looks like, that we acknowledge their worry and we help them to understand their children and that there are other ways. That we don't have to work so hard to get our kids to comply, but instead, we can support their internal motivation to make gains and eat better.

Karen Dilfer: So, one of the things that I always go back to when I'm working with the families is this question of what's the goal, right? Maybe, what's the goal of the mealtime? What's the goal of this therapy session? Because if the goal is get them to eat, I mean, there's a lot of things we can do to get kids to eat, but oftentimes the goals are maybe a little bit more subtle or a little bit more long term. And so maybe the goal is to build enjoyment, because we know that enjoyment is one of those things that help kids just feel comfortable, maybe even have fun and want to come back to the table over and over again.

Karen Dilfer: And it can be a little tricky sometimes to explain this to parents, but usually as we build relationships with parents and they come to trust us, they understand the bigger picture of our work together.

Stephanie Cohen: Absolutely. And though as we mentioned, their initial goals when they get to us are the things like eating more, growing that list of foods that their child regularly excepts, those are often the initial goals because those are the things that are talked about the most in sort of medical followup visits. But as our conversations deepen, really what we get to is that parents want to have those moments of pleasure and enjoyment at the table, because it's so critical to their relationship in general. So it usually doesn't take long to kind of get us all on the same page.

Stephanie Cohen: Karen, do you want to talk a little bit more about what the specific components of responsive feeding are?

Karen Dilfer: Yeah, so we're going to talk about four components of responsive feeding. They're from this 2011 article that we referenced earlier. The name of the article is Responsive Feeding is Embedded in the Theoretical Framework of Responsive Parenting. It's by Marine Black and Francis Abboud and there's actually a link. So you should be able to find this article and read it. And we would really encourage you to read it, because it's an excellent article. It's one of those articles that I read and then I highlight it and then I read it again and I highlight different parts, because there are just so many parts that are really interesting.

Karen Dilfer: So the first thing we want to talk about and Stephanie's going to talk about, is this idea that responsive feeding is prompt.

Stephanie Cohen: Yes. So what does that look like? When you're feeding an infant, responding promptly to your child's indication of hunger, looks like noticing those cues that your baby may be starting to get hungry. So maybe it's stirring from a nap, starting to move a little more, mouthing her fingers, starting to move her mouth. Recognizing that your baby is showing those signs that indicate that he or she may be hungry and responding relatively quickly.

Stephanie Cohen: Just as importantly, we think about responding to cues of satiety. So when a baby indicates that she's done with a feeding or when your toddler indicates that he or she is full, acknowledging that and responding promptly, versus attempting to kind of prolong the meal maybe because there's a goal that we've had in our mind in terms of volume. And I think that when we respond promptly to a child's cues, what we're really helping to support is that child's ability to understand the hunger and fullness cycle.

Stephanie Cohen: So the next point that is important to responsive feeding is that the way that we interact with our kids is emotionally supportive. So that looks like feeding patiently and slowly. So we think about this really as we're offering opportunities and we are letting the child set the pace and lead the way. The focus is really more on connection, learning and love at the table and not pressure. So we are encouraging families and maybe also encouraging ourselves as therapists in sessions, to let go of goals we may have around volume, although of course we're thinking about that, and around consumption of different foods. And we are watching our child and pressuring them to do things that they are not ready to do.

Stephanie Cohen: And I want to say that this is a hard thing to do and to do consistently, especially if you are worried about your child's health. And so as therapists, Karen and I talk a lot about how helping a parent to reflect and understand how he or she is feeling, really goes a long way in helping that parent come to the table with less stress so that they're really able to be emotionally supportive to their child.

Stephanie Cohen: The next point is contingency. Karen, do you want to explain a little bit about what that means?

Karen Dilfer: Yeah. I feel like this is the point that a lot of people miss. When you hang out in circles of therapists and parents who feel really strongly about making sure that activities are child directed, I think sometimes we kind of let kids walk all over us. I mean that in like the kindest way, because we're meaning well and we want kids to lead the way. But a contingent interaction is going to acknowledge that child's desire. It's going to acknowledge their behavior, but it might place some limits on that. And we know that kids can desire things like chocolate cake or chocolate pudding, and just really

make those desires known. But just because a child wants that doesn't mean that's what we're going to offer as adults.

Karen Dilfer: So Stephanie, I was wondering, you probably have a really good example from mealtime in your house.

Stephanie Cohen: Absolutely. So I think that the thing that comes to mind that happens frequently at my table, is that I might've prepared a meal with different components, usually kind of a main dish or vegetable, a grain. And I set it down and particularly my youngest, who is six now, but had some feeding struggles as he was transitioning to salads, will look at something I placed on the table and say, "Ugh, I am not eating that. It looks gross."

Stephanie Cohen: And I have to say, honestly, I'm a feeding therapist and so there's a bit of irony in that situation, and my response is very emotional usually. But what I try to do in my efforts to be as responsive as I can with my own children, is acknowledged that something about that doesn't look so great to him. And so I might say, "Yeah, you don't have to eat that. There are a lot of other choices at the table." Or if it's something like a vegetable, I might say, "Oh, you know what, you really love cheese. I'm going to add some cheese to that." So I'm acknowledging what he says and I am responding in a way that might help him to engage a little more in the mealtime.

Karen Dilfer: That's a pro tip right there. Cheese is a gateway food; delicious and makes a lot of different things more palatable. Just hide it in cheese. No, I love that example, because it's such a great real life example of how you offered, he said no and then you offer it again. And oftentimes, that second offer, that's the magical part of therapy when you figure out, "Okay, that wasn't quite the right

thing. We're going to change it up and this time we're going to see if you like it and if it's okay."

Stephanie Cohen: Well, because what would happen if I say, "Actually you are going to eat it. It's not gross." Then that's as bad as non-contingent of a response as I could provide because I wouldn't have been acknowledging what he was communicating.

Karen Dilfer: And then what happens? You have a power struggle at your dinner table, maybe there are tears. Nothing good comes from that interaction.

Stephanie Cohen: No, absolutely not.

Karen Dilfer: Yeah. So the last point of responsive feeding we want to highlight is this idea that responsive feeding interactions should be developmentally appropriate. So as an occupational therapist, I just love this phrase, the just right challenge. So we're always thinking about what's the just right thing that this child will enjoy. Not the thing that's too hard, not the thing that's going to build skills, but what's the thing that's just right, meaning the child will enjoy it and they'll have experiences. And then from there, we might shape it or scaffold it or change it up, but we've got to start with enjoyment. Because it's really, really hard to get a child to do something that they're not quite ready to do.

Stephanie Cohen: And I find that a lot of times when I'm working with kiddos, it really helps to take a step back and notice what is that child trying to accomplish? What is the skill that he or she is intrinsically motivated to accomplish? So it could be self-feeding, right? And our job could be to adjust the type of utensil that we're offering because we know that would make things easier.

Stephanie Cohen: I also think about when we're thinking about developmental appropriateness, I think about the fact that as adults, we're trying

to model positive mealtime behaviors. So things like sitting at a table for a decent length of time. We as adults like to sit and chat and maybe enjoy our meal a little bit longer than kids do, but we need to think about how long does it developmentally appropriate for two year olds to sit at a meal. And when we acknowledge their developmental levels, we can change our expectations, right? And look at whether they're really behaving appropriately for their age versus not doing what we want them to do.

Karen Dilfer: Great point. It always makes sense to ask their just right thing and not ask the thing that's too big or too hard. So how do we jump in to actually doing this in real life and our practice?

Stephanie Cohen: That's a big question, and I think that the most important thing to understand, and I know a lot of our listeners understand this from their work with kids with complex feeding issues, is that feeding issues really are complicated. And you and I talk a lot about how children need to feel good before they can eat. So I know that when I am first meeting a family and I'm going through the history with a parent and thinking about all of the different specialists that this child may have visited and different tests he or she may have had, we're always trying to figure out sort of how did this child get to this place? How did this start? Where did things sort of start to go off track? And there are absolutely many different questions that we as therapists need to be asking at the beginning. What other testing needs to happen? What other referrals might we make? And parents have a lot of questions about those elements.

Stephanie Cohen: But I think that part of seeking those answers is to help parents understand their children's behavior and where it may have come from, and why they may be participating in mealtimes in the way that they are. And at the same time, acknowledging the parents'

experiences of stress and worry in response to what they're noticing at the table. Don't you think, Karen?

Karen Dilfer: That's such a great point, because I think that sometimes there's some really unhelpful judgment that happens. I really believe that parents are doing the best that they can. And for example, when I walk into a home and I see that there is an iPad at the dinner table and parents are using that iPad distraction to help their child to eat, I can be the professional and go in there and say, "Oh, it's not the best thing for kids to eat with the screen." And I mean, I might think that in my head, but I also think that, "Oh wow, what a smart parent. They figured out how to help their child receive the calories they need to grow."

Stephanie Cohen: And that parent, no doubt, is already judging themselves, right? Half the time they will say to us randomly, "I know this isn't right. I know this isn't what I should be doing." And it goes so far in terms of establishing a trusting relationship with a parent when we as therapists say, "Hey, you are doing what works. You are trying everything that you know how to do to help your child succeed."

Karen Dilfer: I think one of the biggest myths about probably all of pediatrics, is that the therapist is there to work with the baby, right? The therapist has the magic hands, the therapist is there to interact with the child. But we know that forming a really strong connection with parents is so important. Especially because there's a lot of emotions surrounding feeding. And when kids don't eat, oftentimes parents feel rejected or they feel guilty or they just have a tremendous amount of grief. And then, the other thing is, is that we want to be able to support the parents so that they can feed the child when we're not around. Best case scenario and my situation, I meet a family twice a week, maybe for about an hour or

so. That parent has got to figure out how to support their child the rest of the week when I'm not there.

Stephanie Cohen: Absolutely. So if we help that parent become more connected to their child, be sort of the effector of change and carry over throughout the week, it really goes a long way. But circling back to sort of how we begin the process and incorporate responsive feeding from the beginning, I think that as we ask some of those questions and start to seek answers, that we really help parents to understand how to meet their children where they are and sort of be responsive right now in this moment with the understanding that, that is what is going to support this process in the longterm as we seek those other answers and maybe make further changes.

Karen Dilfer: Yes, eating is a marathon. You have to do it through the course of your entire life, so this is not just a sprint. I think we're getting to the end of our conversation here and we're going to wrap things up, but we want to leave you with a few ideas. One is that responsive feeding isn't necessarily a new idea, and this is not our own personal idea. Although the two of us would really, really love to take credit for it.

Stephanie Cohen: We can't.

Karen Dilfer: No, we can't. But there's also a couple of other organizations who endorse this idea, including the World Health Organization, the Pan American Health Organization and the American Academy of Pediatrics. So we just wanted to highlight that for you, because if you are interested in reading more about responsive feeding, please check out the websites for these organizations because they have some really great information.

Karen Dilfer: And then the last point we want to make before we wrap up for the day, is that responsive feeding is an approach that's used for kids

who are growing well and are kind of typical normal eaters. It can be used for kids who are underweight or maybe have some medically complex issues as part of their picture as a person. But then also, people are using the principles of responsive feeding to support kids who might be on the end of eating more than we would like to see them eat as adults. We understand that the conversation around growth and particularly things like childhood obesity is a very different conversation, but responsive feeding is really the gold standard in feeding kids across the board.

Stephanie Cohen: Absolutely, and I want our listeners to know too that we will be diving deeper into some of the concepts that we touched on today. Helping kids to feel good, working with parents, collaborating with teams to more comprehensively support families in their efforts to begin to feed more responsibly and be able to learn how to do that well, in our longer webinar series. So we're excited to continue the conversation, and we just want to thank Fawn and Amy for inviting us to have this conversation today.

Karen Dilfer: Yes, thanks so much. It is going to be a great webinar.

Fawn Carson: Thanks so much guys for this chat today. Wow, that was really insightful. Our next section will focus on the top 10 things that might disrupt responsive feeding. So we hope to see you there. Thanks everyone.