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Together At The Table: Feeding Development In The
Context Of Relationships
Recorded May 6, 2020

Presenter: Karen Dilfer, MS, OTR/L; Stephanie Cohen, MA, CCC-SLP,
CLC

SpeechPathology.com Course #9326 Part 1

- [Fawn] Welcome to continued, everyone. This is part one of a series on responsive feeding, "Together at the Table". This course is "Together at the Table: "Feeding Development in the Context of Relationships". Our presenters today are Karen Dilfer and Stephanie Cohen. Karen is an occupational therapist, feeding specialist, and food enthusiast. She has a strong pediatric background and loves to help children with motor, sensory, and mealtime challenges. Karen works in private practice and also teaches the Get Permission Approach to mealtimes with Marsha Dunn Klein, a leading expert in the field of pediatric feeding. A Chicago native, Karen enjoys discovering new restaurants and cooking with friends and family. She is a founding member of the Chicago Feeding Group, a non-profit organization that seeks to support parents and professionals who work with children who struggle to eat. 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. She has advanced training in 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. Stephanie has a bachelor of arts and a master of science degree from Northwestern University. She is a credentialed evaluator and provider in Illinois Early Intervention. Stephanie speaks about a variety of topics including typical and atypical feeding development, responsive feeding, and trauma-informed feeding assessment and treatment. She enjoys mentoring, collaborating, and teaching. She lives in Northbrook with her husband and three children. Welcome to the both of you.

- Thank you.

- Oh, thanks so much for having us, that was such a warm welcome. We are really looking forward to being here today and talking about responsive feeding with you all. These are some disclosures that we wanted to share before the presentation starts.

So, we're gonna talk today about responsive feeding. As Fawn so graciously introduced us, I am an occupational therapist in private practice and Stephanie is a speech pathologist in private practice and the two of us work together quite a bit. So we have lots of conversations about feeding in our practice and we're excited to invite you into our conversation today. So after today, participants will be able to describe how typical feeding development results in a strong bond between parent and child. Describe how disruption in early feeding development can impact the relationship between the parent and the child. And describe three ways to support parents' use of responsive feeding strategies with infants.

So we wanted to start by showing you this sweet picture of a mother and her new little baby. And a lot of parents think that their early feeding experiences with their kids might look something like this, right? And when I look at this picture I think that there is a sweet little baby looking to his mom for nutrition, and the mom is looking towards the baby to be hungry. And when all of these things happen in the right way we know that trust is built, right? The child trusts that her parent will feed her and the parent trusts that the child is going to want to eat. So when this happens over and over and over again kids and parents begin to look towards each other and trust each other and really start their relationship. Both with feeding, but with lots and lots of things. So we know that early feeding experiences are just so important in creating that bond between parents and kids. So this is gonna be a lot of what we talk about today. We're gonna focus on how feeding is, how feeding is a part of relationships, and how feeding really promotes bonding between parents and kids. So throughout the course of our talk we're gonna focus on the emotional and relational aspects of mealtimes and also development. As well as state regulation and sensory experiences. So what you'll find is over the next part of this presentation we're gonna go through typical developmental stages and talk about these three areas of development. So you might be thinking, wow, they're not talking about motor development, and they're not talking about oral motor development. And you're absolutely right. We know that if you're taking this

course you probably have taken lots of courses on child development and you probably know about things like motor development and oral motor development. During this talk we really want to challenge you to think about the feeding relationship and how the feeding relationship helps build bonds between parents and kids, and also how when feeding doesn't go well, it can be really hard and just make the relationship between parents and kids feel less comfortable and good.

- So as we move into our discussion of what that feeding relationship development looks like through different ages and stages we'd like to start by sharing with you some more information about what responsive parenting looks like as a foundation for the ideas that we're going to share with you about responsive feeding. So we know that responsive parenting behaviors look a certain way. Responsive parenting behaviors are prompt. They follow a child's behavior within a few seconds. They are emotionally supportive of that child's needs and they're contingent. So what we mean by that is based on what the child has just communicated, that parent alters his or her behavior or response to that child. We also know that responsive parenting behaviors are developmentally appropriate. So we want next to move into what those concepts might look like at the table, but before we do that we really want to communicate the idea that this is a process. That as a parent you set the stage, you create a routine, you create structure, you create consistent predictable expectations for your child in an emotional context that promotes that interaction and reciprocity. And that as you child signals or communicates back to you, motorically through vocalizations or as they get older through use of words, the caregiver recognizes and interprets those signals, and responds appropriately. And really, if this process occurs in this way repeatedly over time, it really helps to establish that trusting relationship between parent and child and sets the stage for many positive long-term social-emotional outcomes.

So as we think about responsive feeding we wanted to share with you this quote from a website from the organization Right from the Start New Jersey, which is a non-profit

group that shares lots of great developmental information with the public. Responsive feeding is an active and also an interactive process, paying attention to baby while offering food, watching her reaction, learning cues, and responding promptly and supportively to her needs. So we think that makes a lot of sense if we think about it relative to a foundation of responsive parenting and what we know is that when, as I said, when the relationship unfolds this way at the table, a child is really set up to trust that their experiences are going to feel good. This is another quote that we wanted to share from you from a paper by Maureen Black and Frances Aboud, and they describe it this way. 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. It is essential to healthy social-emotional functioning.

So as we describe some of the ages and stages and how the relationship unfolds we want you to really remember that this is a back and forth process where the parent and the child are responding to each other. So we wanted to start the discussion with some information about pre-term infants. Many of the families that we work with have had children who were born prematurely. And we want you to understand what responsive feeding might look like at this very early stage. The information that we're sharing with you today is based on the work by Catherine Shaker. And for those of you who don't know Catherine Shaker she's a speech language pathologist who has made immense contributions to our field through teaching and research and she's practiced in the neonatal intensive care unit for, for many many many years. And this information on this slide is from a paper called "Reading the Feeding" that was published in 2013. And in this paper Catherine describes how behavioral and physiologic signs that the infant communicates to the caregiver really are of utmost importance to that caregiver's decision making. So we know that pre-term infants often are not yet physiologically stable, right. They're still working to regulate their heart rate and their respiration patterns, and their ability to incorporate all of the different stimuli in the environment,

and what Catherine Shaker describes is that when we are supporting children in learning to eat, reading and responding to that child's communication of how he or she is feeling is important when we make those decisions during feeding.

So things like state regulation, physiologic stability, and behavioral cues, in addition to hunger and satiety cues are those things that we're gonna be looking for as parents and caregivers seek to make modifications to those early feeding experiences. And the reason that this is so important is because we know that when pre-term infants experience stressful things when they're in the hospital, particularly around feeding, it may alter some of those pathways in the brain that support that infant's desire to continue participating in those feeding experiences. And there is a large body of research describing the implications of those negative or stressful experiences in regards to the infant's long-term feeding development. So we really believe and have learned from Catherine's work and the work of others, that responsive feeding starts at a very very young age. And really it's the difference between, I love how she phrases this, it's the difference between a child being fed, and being supported to feed. So we'll carry of those themes through our discussion of older infants and toddlers, but before we move forward we also wanted to highlight how breastfeeding and the breastfeeding relationship plays a role in the development of bonding between a mother and an infant. And we know that when we think about breastfeeding we know that it has to be baby-led, right, so an infant signals hunger or is brought to the breast and that infant's initiation of suckling on the breast triggers the mother's milk production and let-down. And a baby's initiation and feeding and frequency of feeding really is essential to establishing a mother's milk supply. And the reason why we highlight breastfeeding is because we know that there are well-documented short-term and long-term medical and neurodevelopmental outcomes, from breastfeeding, long-term breastfeeding, and that the American Academy of Pediatrics among other organizations recommends exclusive breastfeeding for at least six months, and then continuation of breastfeeding as complementary foods are introduced. Now I know

that a lot of us are thinking about the families that we work with who maybe have been through some hard things, and breastfeeding, that process was interrupted, and challenges prevented that breastfeeding relationship from being established. So the point we want to make here is that there are things we can learn from the breastfeeding literature about the contribution of elements of breastfeeding that contribute to bonding. And perhaps the most important of those is skin-to-skin contact. One study that we came across as we were putting this talk together compared the bonding, the strength of the attachment and relationships in mother-infant dyads who were breastfeeding and who were bottle feeding. And what they found was that the skin-to-skin contact that occurred in both relationships was a strong predictor of the strength of that relationship. So we loved reading that because it tells us that we can make a suggestion to parents, give parents a tool to promote that bonding even if breastfeeding isn't part of the feeding relationship for that dyad.

- So one of the things we're gonna keep coming back through throughout this talk is the idea of state regulation. So for anyone who's ever had an infant or worked with infants, you know that infants transition through different states of arousal, right? An infant might be in a deep sleep or they might be in a quiet alert state or they might be kind of fussy or maybe even really dysregulated and crying. So one of the reasons that we want to highlight this information is because you know that if a baby is not calm feeding can be difficult. So helping an infant get to that just right state to feed is such an important part of feeding, especially with pre-term infants and babies who are newborns, right? So some of the interventions we can use to promote state regulation in little children is to again use skin-to-skin contact like Stephanie just talked about, but we can also think about swaddling and positioning, right. We know that when babies receive that gentle squeeze, maybe through a swaddle, or maybe through a parent holding them in their arms, that that proprioceptive input can help an infant calm and to regulate and just focus, and organize themselves, right? We spend a lot of time thinking about how we can help infants organize, and sometimes we also think about

how we might help them orient to the midline, that can be part of state regulation as well, right? Because when infants bring their hands to the middle of their body and then to their mouth or maybe they suck on something, those are things that really can help infants calm and get ready to participate in a feeding. We also know that when we're thinking about helping an infant regulate during a feeding we can think about changing the timing of the way that we're feeding that infant, the amount of liquid the baby is getting, especially if we're bottle feeding, and then also the tempo.

- So we want to continue talking about some of the themes that we introduced to you a few moments ago as we move into our discussion of babies between the ages of zero and two months. So a lot of the information that we're gonna present in the next few slides is from a wonderful article written by Ellyn Satter. Ellyn Satter is a registered dietician and lecturer and researcher who also has made wonderful contributions to the field of feeding. And this article really has a very nice explanation of how the feeding relationship develops, so we encourage you to take a look at it. It's called "Feeding Dynamics: Helping Children to Eat Well" and it's an older article, but a lot of these concepts really continue to ring true in our discussions today. She describes the feeding relationship as dependent on the capabilities of both parents and children. And so we understand from her work that optimal feeding interactions really are dependent on healthy, sensitive, and responsive parents. And on children who are able to achieve that minimal level of communication and stability. So as we think about everything that Karen just said in regards to stability and regulation we know that in this stage parents are still learning or beginning to learn, if they had a full term infant, their child's changing cues and ways of communicating his or her needs. And if parents are practicing responsive parenting strategies they're attentive and they're responding to those signals and supporting their baby's ability to in turn engage with the parent in an increasingly robust way, as that baby is more able to interact with her environment and with others. And we also know that in this stage, in this age range, feeding really is the

primary activity that caregivers and infants are engaging in together. So there are lots of opportunities for this reciprocity and relationship to start to build.

- Stephanie, I'm so glad you brought that up. I think when we think about eating together and mealtimes, and even things like pleasure and enjoyment, we think about helping toddlers understand those things, or maybe like preschool age kids when they can finally like sit at the table together with their mom and dad and brother and sister. But I just love the fact that enjoyment and being together starts from the very beginning. And so when we're thinking about enjoyment we know that both parents and kids have to feel good, and one of the parts of feeling good is being able to regulate your state, so you're in a place where you're ready to have a feeding. So when kids are between zero and two months their parents are really learning how to figure out how to help them get into that just right place so they can be ready to have a meal, right? So parents can learn those strategies that work really really well for their child to get them into that just right state. So some babies get fussy, and they might need deep pressure or a change in position to help them calm down. We know that other babies sometimes maybe sleep a lot. I don't want to say too much, but there are those sleepy babies that will benefit from just help to stay alert during a feeding. So it really helps, it can be really helpful for parents to know their infants well and know what their options are. The other thing that I think about so much is the fact that early feeding experiences are just sensory-rich experiences. Sometimes we think of flavor and taste as something that happens to babies later in life, like maybe when they start eating complementary foods, or solid foods or purees. But we know that babies are having taste experiences from the time they're in utero. We know that amniotic fluid has taste, and changes tastes based on the mother's diet. We also know that breast milk changes flavor, again based on the mother's diet. So small infants are just having all sorts of different taste and flavor experiences which are gonna build over time and change even more as they get introduced to solid foods. And I don't want to leave out bottle-fed babies because they are also having lots of sensory experiences. And we

just know that all feeding experiences really require an infant to manage stimuli from their environment. So that can be visual input, that can be temperature, that can be smell. So when parents are able to really think about those things and support their infants, they really make the feeding experience feel good for both them and their little one.

- Absolutely. So let's shift and talk about two to five-month-old infants, and a lot happens in this age range. We know that from an emotional and relationship perspective parents are continuing to read that infant's changing cues as that baby maybe spends more time in an awake and alert state, becomes more consistent in his or her indications of hunger and satiety, and feeding is really continuing to be the primary activity that infants and caregivers are participating in together particularly in the early part of this age range. We know that as a baby reaches the age of five months there are likely many other activities that that baby is participating in throughout the day. But that feeding still continues to be one of the primary ways that responsive parents can continue supporting that reciprocal engagement. Babies who are now able to maintain a calm state and attend to interactions are really ready to begin establishing strong attachment.

- So we know that babies who are between two and five months old might be getting a little more wiggly, right, because we know that these babies are developing awareness, and they're paying attention to things. So sometimes parents will say things like, oh you know, it's really helpful when I feed them apart from the rest of my family. And I really kind of love it when I hear things like that from parents, because that helps me to know that a parent is really understanding their infant's development and has learned those strategies that work to help their infant calm and focus, right? And then we also know that kids who are between two and five months are having lots of sensory experiences, right, maybe they're spending time on their tummy, they're being on the floor, they're putting all sorts of things in their mouth. And they might even be having

some really early taste experiences. And we know that all of these sensory experiences can really reinforce the relationship between parents and kids. And help parents and kids get to know each other as they grow together. So we really love this quote, and we wanted to share it with you. Responsive feeding should promote children's attentiveness and interest in feeding, attention to their internal cues of hunger and satiety, ability to communicate needs to their caregiver with distinct and meaningful signals, and successful progression to independent feeding. We know that when we feed infants responsively from the time they're born, it helps them make that transition to eating solid foods, and really to becoming independent self-directed eaters who love mealtimes.

- So when I think about this next age range of six to 12-month-old infants, I think a lot about that emerging independence. So what we know about babies in this age range is that they are continuing to interact with their environment in lots of new ways. And the decision to start solid foods, it can be a confusing one, because there's a lot of information out there that let's us know what we should and shouldn't do. So parents are integrating a lot of information and trying to make some of those decisions. We really want to think about those things that we know indicate the readiness of an infant to begin solids. We think about those things as pre-feeding skills, so things like that infant paying attention to others eating, maybe trying to reach for food. Also motorically being relatively stable in terms of head and neck control, and body control. But we also want to acknowledge that the parent needs to feel ready to introduce solids and transition into that next stage. Babies in this stage are beginning to separate and individuate as they start to maybe motorically become more mobile, and still maintain that emotional connection to their parent even from a distance.

- You know, sometimes I'll joke with families I work with and say, oh you're baby is becoming a real person. I mean, of course they've been a real person the whole time but what I love with this stage is that you really see infant's personalities come out, you

see preferences come out. And infants kind of become bigger kids at this stage. And some of the parts of that development are that we see kids have a consistent sleep-wake pattern. And so what that means is they can participate in mealtimes with their moms and dads. Maybe they sit in a highchair or maybe they sit on someone's lap, but when kids are included at the table, they learn what a mealtime feels like and they're able to participate in lots of different sensory experiences. We know that when babies are able to watch other people eating, they're learning about the way foods smell, and the way foods look, and what other people do with foods. And then they also just experience so much sensory learning. I love it when parents are able to just really sensitively let kids have taste and flavor experiences from their own plates, and that kids can begin to participate in those shared experiences with their families. So Stephanie, I know a lot of parents have questions about introducing solids to their infants. And the question always comes up, do you think it's better to introduce purees or solid foods and how do I know which one to start with?

- That's such a big question and I think about that a lot. And I think really what it comes down to is if we are truly feeding responsively and looking to our children to see what their interests are, what they're attempting to participate in and the experiences that they are motivated to engage in, then that really can guide us in our decision making. I don't think there's a right or wrong answer, I think some infants enjoy purees and other infants are more motivated to eat exactly what their parents and maybe their siblings are eating. So truly I think the best way to answer that question is to just watch your child's communication and provide them with the experiences that they are telling you they're interested in. And I think we're gonna show you a video that will demonstrate this nicely. So the video we're gonna show you next is a five-month-old little girl, she's a little over five months, so young you might be thinking. But her parents have noticed that she is demonstrating some of those readiness signs at the table, really aggressively watching them eat and reaching for the foods that they're enjoying. So this is a video of her trying baked apples with her dad.

- [Boy] She's eating apples.

- [Dad] There might be too many, gave her too much, she may not have swallowed it all yet.

- [Mom] Gasps, Isabelle do you say hi? You're eating apples. Off of daddy's finger apparently.

- Yeah.

- I get my apples.

- Oh, we're--

- There she goes.

- [Boy] I got my apples.

- [Dad] You got it girl, hold on.

- So I love so many things about that video, and before we move into the next slide I just want to point out that that dad really was supporting his child's desire to participate in that experience. She was really leaning in and trying to get closer to that food and closer to her dad's hand, and I just thought the reciprocity there was so beautiful. Don't you think, Karen?

- Oh, I loved it. And you know, I think that that dad noticed that she was ready to eat. And so just like the slide here, the parent noticed the readiness cues of the infant, and

then he offered her apples, and I love that he offered her apples on his finger because that was such a small taste and a really sensitive and appropriate way to offer that food to her as a very new eater. And then she responded and said, yes, I want that, and kept leaning in for more. And so that dad kept re-offering. You know, I think where some parents get stuck is when the parent offers and the infant says no thanks, or I'm not quite ready, or I don't like it that way mom or dad, and then parents sometimes feel rejected, or they just don't know how to offer again, or even that they should offer again. So one of the ways that we can really coach parents in supporting their kids is by giving them ideas about how they might re-offer, so they're giving their kids something that just might seem a little bit more interesting.

- Absolutely, and so we're gonna continue to think about this process as transactional, or bidirectional. And think about it also in the context of a long-term relationship between parents and children. And with that in mind we wanted to shift into talking about an age range during which lots of developmental changes take place across the developmental domains, 12 to 36-month-olds, the toddler stage. So we know, if you've parented a toddler, you know that in this stage it's all about separation and independence. We know that consistent routines continue to be very very important so that that toddler experiences predictability. And also at the same time that clear boundaries are essential at mealtimes. Really so that that child, not so that that child learns good manners or bad manners, or not to throw things, or do some of those non-preferred behaviors at the table, but more so that that child understands what mealtime is all about, that we sit together, we use utensils, we try different things. And that toddler really is going to lead the way in terms of what experiences he or she is ready for.

- Mm, you know, feeding a toddler can be really tough. I feel like that sometimes keeps us in business because the parents get so frustrated and they're looking for outside support. And so one of the things that I always think about is that toddlers want to be

independent, so when we're able to support a toddler's independence and have them help think like it's their own idea sometimes meals just feel a little bit easier. And one of the things that toddlers are still kind of navigating and figuring out, is this idea of different sensory experiences, right? Toddlers are still very new eaters, and they're still learning tastes and flavors, and they're experimenting with bigger quantities of food, and their oral skills are getting better. And so, one of the ways that we can support toddlers is by providing them with lots of opportunities to eat lots of different foods, especially like family foods, but then also supporting them during those experiences. We recognize that taste and flavor and smell is something that is highly individual. And sometimes a toddler might not like the food that their mom or dad offers. And so when a mom or dad responds by acknowledging that and maybe taking the food away or re-offering it, that can be a really powerful way to build trust between parents and kids. The other thing I wanted to highlight just from my own experience, is that I've met a lot of toddlers who are sensitive to mess. Maybe they don't like having puree on their fingers, or maybe they don't like having their face dirty. And so when parents are able to acknowledge that discomfort and maybe wipe a child's fingers or help them clear their face, that really shows that supportiveness that can support the relationship and also help a toddler just regulate and calm so that they can keep eating and participating in that experience.

- Yeah, you and I talk a lot about how a parent's understanding of all of the different sensory-rich experiences that are part of a toddler learning how to eat really supports that parent's ability to be responsive and to understand that learning to eat in this age range can look lots of different ways. The other thing that I want to highlight about this age range is really the importance of the use of language. That parents are continuing to engage their children with a rich, a language-rich environment and experience so that they're not only learning sensory-motor, new sensory-motor things, but that they're also learning how to understand what's happening from a language perspective.

- That's a great point. A lot of times toddlers get frustrated and dysregulated because they're trying to tell us things and maybe they don't have the words yet. So we really love this quote, this again is from that Ellyn Satter article that Stephanie mentioned earlier. Parents can trust their child to eat the right amount of food to grow well. So we wanted to highlight this because we know that when kids are fed responsively they're the ones who are in control of the quantity of food that their body needs. And that can be a little scary, especially if a child maybe is on the smaller end or isn't growing well. But, we know that when we trust kids to eat the right amount of food we're helping them actually regulate their energy intake. So we wanted to just remind you that responsive feeding is actually the position taken by the American Academy of Pediatrics. We also wanted to remind you that during our next talk we're gonna really focus on some of the reasons why a child might not be able to eat the quantity of food that they need to grow. Because when we explore why maybe kids aren't growing well that can really help us in giving kids skills or helping them feel better, so we can trust them to eat the right amount of food to grow well. So this is a little girl who is, is she six months old in here?

- I think a little older.

- Maybe eight months old, actually. But these parents are still spoon feeding her, they're also giving her opportunities to let her feed herself. And we just want to show this as an example of responsive feeding and we're gonna kind of talk about it as it goes.

- Here we go.

- [Karen] There you go.

- Now you're ready? She's like, before she eats she's like a wilted flower and then as she's eating you can like watch it happen, toward the end she just starts going crazy. Probably her blood sugar is finally back up. She funny? Hey June, want a bite?

- So there are just so many nice moments in that video where the mom waits for June, the little baby, to open her mouth. June is a little distracted. I think at one point she's looking at me and at one point she's looking at their dog. But her mom just waits and they keep having these moments where they kind of smile at each other and you just get the feeling that they really really enjoy being there together and eating together.

- I also love about this video that June's got her hands on the tray, she's not necessarily reaching for the spoon or showing that she wants to be in control. Which can be typical of babies at her age, right? And she is accepting her mom's offers and she is communicating very clearly that she wants to participate in that experience. So again, feeding at this age can look lots of different ways.

- So we want to take a minute and talk about tube fed infants and children. Because we personally feel that sometimes tube fed infants and children kind of get left out of the responsive feeding conversation. Right, like responsive feeding is a great philosophy for typical kids who are growing well. But we really want to challenge you to think about responsive feeding for all populations of kids, especially kids who are tube fed. And we know that when kids are tube fed, it's really a mealtime for them, right? It doesn't always feel like a traditional mealtime. For some kids it feels more like a procedure. So we want to really encourage you to think about how you might help the families you work with who have kids with feeding tubes to think about making those tube feedings feel like mealtimes. So I really like this picture. This is a little girl who I worked with for a while, and her grandma was giving her her bolus feeding. And when you look at this picture you realize that oh yeah, they're having an experience together, and it really feels like they could be having crackers if they weren't eating, if she wasn't

receiving food through her feeding tube. So we know that when we help kids participate in mealtimes while they're being tube fed it really helps them learn all sorts of skills that will translate over when they eventually learn to eat by mouth.

- So what I love about this slide, about this picture, and what really jumped out at me the first time I saw it, was how she has her hand over her grandma's hand. So when you talk about supporting that growing independence this is such a beautiful example of her feeding herself in the way that she can during a tube feeding.

- You know, one of the really important things about tube feeding that I think we sometimes forget is that parents can follow their child's cues while they're being tube fed, right? So if a child begins to gag, they might stop and reposition the child, or they might pause the tube feeding for a minute, right? Other cues that sometimes kids give us while they're being tube fed is they might get a little sweaty, like if their belly is getting too full too fast. Or sometimes with infants we see their toes curl. So it can be really helpful for parents to really watch their children while they're being tube fed so they can understand those cues and then respond in an appropriate and supportive way. One of the things that comes up over and over again when we work with families who have children with feeding tubes, is that it feels like this disruption in the bond between parents and kids, right, you and I talk a lot about how no one ever thinks they're gonna have a baby that's gonna need a feeding tube, it just feels like such an unnatural, and really even a traumatic thing. So one of the ways that we can help repair the relationship between parents and kids with feeding tubes is by encouraging emotional closeness through positioning. So with infants and newborns we might encourage a parent to hold their baby while they're feeding them. And for kids who are a little bit older we might encourage parents to see if their child can sit in a highchair, and maybe they have an oral experience or maybe they're just with their family while their tube feeding is happening. We know that a really important part of state regulation is having a consistent schedule. And part of having a tube fed child is thinking about

how can that schedule of tube feedings fit in the course of a child's life with things like naps and play dates, but also how can we space out tube feedings to mimic meals. Because we know that when we help kids get hungry and then eat and be full they're learning that typical hunger and fullness cycle, they're learning how to tolerate larger volumes of food in their stomach, and all of those things are so important for them as they learn to eat and maybe not use a feeding tube one day. The last thing I want to say, which is really like the point I want to emphasize whenever I talk about feeding tubes in kids is that kids who have feeding tubes should be comfortable. A feeding tube should just be another way for a child to receive nutrition. So kids with feeding tubes really shouldn't throw up. I mean if they throw up here and there that's one thing, but they shouldn't throw up consistently, right. A feeding tube should just mimic a typical meal and help a child to feel good while that child is gaining some medical stability or gaining some growth and then eventually they can learn to eat by mouth.

- So in our discussion of tube feeding we sort of highlighted one of the ways that mealtimes might look a little bit different for some of the children that we work with. And for the next portion of the talk we're gonna share with you how feeding challenges might affect parents emotionally, and might in turn affect the development of that relationship. So we're gonna share with you another quote from Ellyn Satter, from an article called "The Feeding Relationship," back in 1992 it was published. Feeding is a reciprocal process, by now we think that you probably have a good sense of that, and it depends on the abilities and characteristics of both the parent and the child. So when the child indicates an interest in being fed with more or less clarity, the parent responds to that interest readily, reluctantly, or not at all. So this leads into the idea in our discussion of what might interrupt a child's ability to communicate hunger and satiety or communicate clearly, and then also how a parent might be able to respond to that child. And as we start this discussion we want you do just have a little bit of an understanding of a shift that happens to moms when they become a mother after the birth of a child. And that mother is really shifting her identity. And there are four themes

that Daniel Stern shared with us in his conceptualization called the Motherhood Constellation. So these four themes include life and growth, that's number one, and perhaps the one that makes the most sense in terms of our discussion. Can a mother maintain and support the life and growth of her child. And so if a child is struggling to eat then obviously that's gonna present a challenge in this area. In turn, that mother may have difficulty relating to her child, so the second theme is primary relatedness. So a mother's ability to emotionally engage and support her child or her infant as that infant continues to develop. The third theme is a supporting matrix. So really what that means is can that mother access and utilize a support network. A network that will help her to be her best in her ability to support her child's development. And oftentimes that support network includes a spouse, extended family members, maybe friends. Anyone who offers support to that mom. And then finally can that mom allow identity reorganization. She is a different person now than she was prior to the birth of her child, and is she able to comfortably make that shift and acknowledge her changing goals and priorities. And what we know is that this is a developmental process. So as a child reaches each developmental stage a mother can feel pretty good about her ability to function in these four themes.

So how might the feeding relationship be disrupted? Well, as we said, an infant or child may not be able to communicate clearly. And parents may not be able, excuse me, to respond promptly to their child. So we want to start this discussion by talking to you a bit about the experiences of mothers who have had pre-term infants. And we've talked a lot about this idea of co-regulation and that pre-term infants really need a lot of support in that way from their caregivers. So this paper really presents some interesting information, it's one of a large body of research talking about the emotional experiences of parents with pre-term infants. And what we know is that mothers of pre-term infants experience elevated depression, anxiety, worry and stress. Many of them even meet the criteria for the diagnosis of post-traumatic stress disorder. So what we want to acknowledge is that when we start to work with patients, some of you

may work in a hospital setting, Karen and I both work with families in the home, and so we all need to really have a great understanding of a parent's emotional experience because this doesn't stop, this elevated stress and worry and fear doesn't stop after discharge, it really carries into and affects how parents relate to their children and cope long term. And in this particular paper the authors found that mothers who experience these emotional, these emotional consequences of having pre-term infants really had more difficulty responding to their infants during feeding in a way that supported regulation. So that's a really important idea to hold on to.

- So we wanted to share with you this research article that looked at the emotional impact of feeding problems on mothers. This 2009 article looked at a number of families who had children who needed to be fed via feeding tube because they weren't able to eat orally safely. So one of the quotes that we wanted to share with you is for these mothers feeding became a tiring and overwhelming task which challenged their emotional capacity to accept the loss of what they had expected to be a bonding opportunity. So these mothers definitely experienced a sense of grief and they were also tired and overwhelmed by having to learn how to tube feed their children.

- This was another article that communicated the impact on stress and adjustment of the management of feeding difficulties. And again, we see a lot of the same themes here that we've already discussed. This desire by mothers to be good mothers. The carry-through of that fear, the very real fear that their child experienced a medical condition that could have been life threatening. And also the fear that that child may be still receiving inadequate nutrition and might have an inability to feed. That is very scary to parents. And that those parents who were unable to feed, nurse, or settle their infants, they really again felt that loss of not being able to bond with them in that way. And then I think that we talked a little bit about earlier how parents really can feel rejected by their babies, in this context as it relates to difficulties with breastfeeding, but I would say in general when a parent makes that offer, they really can feel rejected

when their baby is having trouble accepting it. And then the last point I want to make is that we need to understand that parents are so worried, and they're trying so many different things to support their child's life and growth that they may be using strategies that they fear might be actually causing harm. So these are just things that we as practitioners really need to understand as we're diving into a parent's experience feeding a child who struggles to eat. This is just a quick quote from that article that highlights the fact that reading and responding to distress signals of an infant who refuses to eat isn't easy, and that that infant is likely to react and respond to negative feeling and actions of his mother and that it really continues to be a cycle. So we're so glad when parents who are going through these experiences reach out to us for help so we can change the process. You may have noticed that a lot of what we've discussed so far relates to mothers, and it's true that the majority of the research out there looks at mothers' emotional experiences but we don't want to forget about fathers. And so this paper also shared some information about how fathers felt when they were managing stressful feeding situations or dynamics. And fathers responded a little bit differently. They didn't necessarily express doubt about their role as a father, or difficulties with bonding with their infants, but instead were focused more on increased concern about their child's level of unhappiness and distress.

We also want to acknowledge as we discuss the impact of feeding difficulties on different caregivers that there is very little research about the experience of extended family members, families with same-sex parents or single parents. But we think that understanding the themes that a lot of the researchers that have looked at mothers and fathers are sharing with us, that we as clinicians can think about the impact on different family members in different ways, and maybe learn to support different family members differently. This is one more paper that compared mother's and father's experiences and the impact of feeding problems on relationships. And that again, mothers felt more stress and experienced more conflict in mealtime experiences when they viewed themselves as less competent mothers. So it really was tied to their self-esteem. And

again, paternal stress and their experience of higher levels of conflict was a little bit different in that it related to that child's temperament. So perhaps they had a child who had a more difficult or challenging temperament, and what they saw is that that resulted in more conflict during mealtimes between fathers and children. But also that it was dependent on that father's level of involvement. So fathers that were more involved experienced more stress and more conflict at mealtimes.

- Really quick, this study just tells us that when feeding a child is stressful, that stress can extend to all of family life, not just to mealtimes. And that's really something that shouldn't surprise us as providers, because when a child isn't eating and isn't growing well, that's something that can really just influence the entire family.

- Absolutely, you and I talk all the time about how when a feeding is difficult oftentimes a parent ends the meal and reflects back with frustration and at the same time maybe anticipates the next mealtime with anxiety and stress. So it really is all-encompassing.

- So, parents can feel a lot of different ways when their child isn't eating well, but we wanted to share these specific words with you because they're actually feelings that parents shared in this article by Pados and Hill from 2019. In the article these parents had kids who weren't eating well, and they shared that they felt nervous, anxious, they might have felt frustration, terrified, and confusion about how to manage the situation. So, this is an Ellyn Satter quote, again from the article that we referenced earlier. To be able to institute positive change it is first necessary to bring the parents into the range of optimal functioning. To do so may require a social services referral to help the parent cope with overwhelming social and economic circumstances or a mental health referral to deal with depressive symptoms. We know that feeding a child who is not eating well is really really difficult. And so sometimes parents benefit from support from different mental health practitioners, or even a peer support group. So we wanted to include the slide to transition to the last part of our discussion where we're gonna talk about

intervention. We know that so many of you watching this talk today are providers, and we want to give you some concrete ideas about how you might apply some of these responsive feeding principles into your own practice.

- Before we shift to the next slide, I just want to reemphasize that you and I feel very strongly about accessing and referring to our mental health colleagues. Because though we can recognize the impact of the relationship on feeding development, it is outside of our scope to help parents with some of the challenges that you highlighted when you were reading this quote.

- So we're always thinking about when we think about intervention, that we're not just there to fix the baby, right. Some parents expect that when we as providers go into a home or when parents come meet us in a clinic or a hospital that we're gonna start with the baby, that we're gonna put our hands on the child. But really, you know, we want parents to understand that we're there to help the relationship between parents and kids feel better and look better while feedings are happening. So sometimes it can be really helpful for us to tell parents that so all of our expectations are on the same page. And we want to help the parents understand why this is so important, because relationships really do matter. So it's important for us to think about building a strong therapeutic relationship with parents because we want parents to trust us as providers. But part of that is recognizing that the parent is the expert in their child. So many parents who have kids who struggle to eat just have a lack of confidence because they've tried a lot of things that maybe haven't worked. And so we really want to always make sure that everything we're doing is bringing the parent and the child together. And one of the ways that we do that practically is we can support a parent's ability to reflect. So we might ask a parent a question during a treatment session, like huh, why do you think they did that? Or what do you think your little one is trying to tell us? So we really want to think about building a strong therapeutic relationship with parents. We want parents to trust us and we want to trust parents. And one of the

ways we can do that is by recognizing a parent is an expert because parents are really the ones who know their children best. So when we work with parents and we really help support them and help them build their confidence it can be so important in bringing that parent and that child together. We know that historically sometimes feeding therapy hasn't always looked like a place where parents and kids come together. But if we're using a responsive approach that's something that we want to consider. We also want to make sure we're bringing all of the caregivers into feeding therapy, right, so if it's a mom maybe we want to make sure dad is part of the conversation. Or maybe even grandparents or other extended family members if they're gonna be the ones to feed the child. So we can help parents reflect on the feeding by asking them to think about how the feeding might feel from the child's perspective. We also want to ask parents how they're doing the experience because feeding a child who struggles to eat can be really intense, can be really hard, and we want to acknowledge that. We want to be with parents in the moment. And then the part that can be really tricky but also really fun is for us as professionals is figuring out how the behavior of parents and kids can impact each other and how we can use both of those things to help the feeding relationship get better over time.

So some of the big picture prompts that we like to use when we're beginning to ask these questions and work with families, is we might ask parents what's your favorite part of mealtimes? Because when feedings are stressful sometimes parents forget there are certain things that do feel good or they do enjoy. We want to ask parents what is going well? What is working for your child? I think I just shared we want to ask parents what their own experience of mealtimes feels like. And then we want to encourage parents to look at the mealtime through the child's eyes. Some of the things that we might use in specific situations are these prompts, huh, I'm noticing that, you know, Johnny threw the food on the floor. And that can really open the conversation up to talk about maybe some harder challenging moments. And you know, it might be good to think about how other family members feel because we know that different

family members might feel different ways or respond differently. And sometimes that can be confusing for a child if there's not consistency among the different feeders. And then the last thing is we wanted to let you know about this tool that's put out by the Feeding Flock called Impact of Feeding on Parent and Family. And this tool really helps parents to explore how feeding difficulties might be influencing their family life, and it can give us insight in learning about what a family might be going through.

- So we're gonna do a little case study, and we wanted to show you this video. This is actually my third child, and he had some bumps in the road as he was transitioning to solids. And quite frankly, I had some bumps in the road, in figuring out the best way to respond and offer him appropriate opportunities. So this is one of the earlier experiences that he had with, I believe this was oatmeal. So let's let it play and then we'll talk about some of it. Here you go. Oh, are you gonna feel it? Yeah? There you go. Oh. You gonna try yourself? Yeah? You wanna see? Can we sit you up a little bit so you're not leaning. Oh, see. There you go. Ahh. So as you can tell, he was really interested in being independent in that mealtime. He wasn't quite sure about what I was offering him. And again, being completely honest, I really wanted that mealtime to go well, so I probably was pushing a little bit harder than perhaps I should have in that experience.

- So if we're going back to these questions that we presented earlier, we're just gonna role play for you for a minute. So Stephanie, what was your favorite part of that mealtime experience?

- So if I think back I probably would have said at the time that my favorite part of that mealtime experience was when he accepted my offer and pulled the spoon into his mouth as I held it close.

- Are there other things that you thought went really well during that mealtime?

- Well, I thought it went well when I pulled the spoon away for a little bit, when I was a little bit more patient and perhaps if I had done that more he may have been more comfortable and more engaged.

- How did you think your child felt during that meal?

- Well he expressed through his tone of voice that he was a little bit uncomfortable. But I think that like a lot of kids his signals were a bit mixed because he took one bite and then started to whine and complain a little bit. And then he seemed interested again. So I think like a lot of parents might be, in that moment I was a bit confused about what he might want.

- Yeah, to me it looked like he was still trying to figure it out. And Stephanie, how did you feel?

- So, I probably would have told you at the time that I felt stressed, and a little bit disappointed that I wasn't able to enable that experience to go as well as maybe I had hoped or imagined that it would have.

- Mm, and what else could you try?

- I think I would have tried, as I said, maybe letting him have more control, maybe being a little bit more patient and waiting for his communication that he was ready for more. What I want to acknowledge also is that in the beginning of this talk our slide that was, that was sharing information about six to 12-month-olds actually was also a picture of him and if you noticed in that picture he had a big piece of waffle in his mouth. So what I discovered over time with the support actually of a mentor of mine is that he really wanted to be independent and for him a baby-led weaning approach

actually was more, or was a better match for his skills and interests. So we just wanted to share that with you to demonstrate some of the decision-making when we help our kids to transition to solids, some of the challenges and then some of the takeaway lessons that I learned and that I think a lot of parents learned from their experiences helping their children learn to eat.

- Yeah, you had to learn the hard way.

- I did . So we hope that you all have enjoyed our conversation today. We hope that you've learned some new things and have some things that you hope to implement in your practice the next time you meet with some of your families. We want to invite you to continue participating in the conversation. In the next part of the series we're gonna dive in to specific things that may occur in a child's development that disrupt the process, we're gonna get into some specific diagnoses, and really talk about the importance of kids feeling good as they learn to eat and gain new skills in the process. So we hope you'll join us for the next part of the webinar series.

- Thanks so much.

- [Fawn] Thanks to both of you, that was very informative and I'm looking forward to the next one. Thank you so much.