continued Conversations, The CE Podcast: An Introduction to Feeding Responsively, Part 2

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Fawn Carson: Okay. So here we are at part two of the podcast. We are now going to look at the top 10 things that might disrupt responsive feeding. And Karen, if you wouldn't mind giving us a short review from part one and the learning you hope participants glean from both sections.

Karen Dilfer: Fawn, thanks so much. So we talked a lot in part one about what responsive feeding is, and also what responsive feeding isn't, and then some of the ways we can use responsive feeding to support families that we work with. And today, we're going to go through the top 10 things that sabotage responsive feeding. We know that a lot of people like responsive feeding. It's a really great philosophy. It feels really good for practitioners and families. But when you actually try to implement those principles, sometimes it can be really tricky. So we're hoping to share some of our own foibles from past personal experience, so that you all don't make them. And I am here with Stephanie.

Stephanie Cohen: Hello.

Karen Dilfer: And we're going to start our conversation.

Stephanie Cohen: We're excited to get started, so we are going to do a quick review of the responsive feeding definition that we shared with you in the last part of this podcast. And when we talked about really what responsive feeding looks like, we talked about four pillars, four specific sort of characteristics that really describe what responsive feeding, behavior, and interactions look like. So I want to start by reviewing the idea of responsive feeding, interactions being prompt. That was the first thing that we talked about yesterday. So when we're prompt and responding to our kids promptly, what that

looks like is that we notice their signals that indicate hunger and we respond in a timely manner. And we also notice their signals of satiety. So we respect that they're communicating feelings of fullness and we move to end the meal or the feeding.

Stephanie Cohen: We also know that responsive feeding interactions are emotionally supportive. So what that looks like is a parent or caregiver who's recognizing their child's experience within the mealtime. So if that child is enjoying the mealtime, the provider, I'm sorry, the parent or caregiver is responding and sharing enjoyment. And if that child is struggling, the parent or caregiver is responding appropriately and letting that child know that he or she is noticing and hears that, that child is uncomfortable.

Stephanie Cohen: Our interactions are also contingent, our responses to our children at mealtimes are also contingent. So by that I mean we are responding based on what our child has just said or has shown us through their behavioral cues. So this might look like a child's demonstrating an increased level of stress at the table, and maybe verbally saying, "No, I don't want to eat that. Or I don't want to eat right now." And instead of disregarding that, we are maybe changing our offer or responding in a way that includes acknowledgment of what that child has communicated.

Stephanie Cohen: And then the last piece that we think about as we consider what responsive feeding looks like is that the experiences that we're offering our children are developmentally appropriate. So this can look a lot of different ways, and we are going to talk a little bit about that later in this part of the podcast. But really what that means at the foundation is that we understand developmental stages. We understand what normal or typical feeding development looks like, and that we make sure that the

opportunities that we're offering our child as they learn to eat are appropriate for their stage of development. So all of these things, when we bring all of these different components together, what this helps to do is build strong and trusting relationships between parents and children.

Karen Dilfer: Yes. And we know that it's all about trust. Trust is the foundation for everything, including feeding. So we're going to jump into our list because we've got 10 items and we don't want to run out of time. So the first thing that might sabotage good responsive feeding intervention is that sometimes parents and therapists have different expectations about what feeding therapy might look like. So when I think about this item, I kind of have to step back and think about the families that we work with. And I really have to give parents so much credit for reaching out to a professional when things aren't going well.

Karen Dilfer: I think it takes so much courage for a parent to make a phone call, invite a stranger into their home, maybe through their Early Intervention program, maybe take their child to a clinic, and to just say, "Hey, this is not working the way it's supposed to. I'm nervous. Can you help me?" And I think oftentimes, by the time that parents make it to us, the professionals, they're really, really stressed and they're really worried. And they were ready for this to be over two weeks ago. Right? So sometimes it's like, "Can you fix my baby? Can you do it now, ASAP?" And sometimes it's hard as a professional to communicate that well. I can't really fix your little one in most situations, but we can work together and we can get you all to a better place. Stephanie, what do you have to add?

Stephanie Cohen: I think when you and I talk about this and when we think about a responsive approach and therapy, it looks very much like a

coaching model, where we are really working to help parents be the primary interventionists and make those strong connections with their kids, so that they are the ones that can carry over the strategies we talk about in our sessions throughout all of the mealtimes that happen when we're not there.

Karen Dilfer: Yeah. And I think it's fair to say that it's not just coaching. Sometimes we do hands on work, and it's appropriate to do hands on work sometimes. But I think the thing that really makes that hands on, maybe more traditional style of therapy work is that we figure out a way to hand it to a parent, so that a parent knows how to do those things when we're not around. And I think the thing that makes all of these different interventions work is really, really good communication because when parents know that today we're going to ask them to do a couple things, and we're not going to judge them, but we're just going to have a conversation. Or there might be days where I come in and I say, "Hey, let me try this, and then you can try it when in finished." And so we just want parents to understand what's going on at all times because when people know what's happening, I think that really helps to alleviate some anxiety and just makes therapy feel better for parents and kids.

Stephanie Cohen: Absolutely. So I want to jump in to number two. This is a big one that we talk about a lot. Number two is kids bring past experiences to the table that we may not know about yet. So when I think about this point, I think a lot about how when we are getting to know a child whose family has brought him or her to us for support, we ask lots of questions. We want to know a lot about what experiences that child may have had at mealtimes in the past. We want to know if that child has been through any medical

interventions. We want to know if there have been any traumatic events in that child's history that may have impacted his or her development.

Stephanie Cohen: And when we ask lots of questions and really take the time to get to know a child's history, we really can understand a little bit more about why that child may be at the point where he or she is now, because what we know about learning about mealtimes and how that impacts feeding development is that the experiences that a child goes through teach that child things about what mealtime is or isn't, and how mealtime feels.

Stephanie Cohen: And if a child has been through hard experiences, maybe they've had struggles with frequent vomiting after mealtimes, or maybe they've had an underlying allergy or intolerance that results in them not feeling so great after they eat certain foods. Those experiences may have taught that child that eating doesn't feel good. And if we as the grownups and the people who are there to support that child in this developmental process don't understand why that child feels the way he or she does about eating, then we've missed an opportunity to address it and try and maybe find some answers.

Karen Dilfer: Yeah. And I think the thing that really helps us to understand what's going on with kids and parents for that matter, is that we have to be so intentional to take the time to listen. And so I think practically that means we ask really good questions. And then we close our mouths because we know that when people have ... As providers, we want to talk. We want to be friendly. We want to have rapport. But when we just very gently shut up, I mean, for lack of a better term, we let parents have that time and space to share information that might be hard information. It might be sensitive information. And that's so important in establishing a

really strong therapeutic relationship. Practically, one of my more favorite things to do is just to ask parents, "How did you get to this point?" And then parents are able to share as much or as little as they need to as they share their story.

Stephanie Cohen: Absolutely. Okay. Karen, take it away with number three.

Karen Dilfer: Okay. So the third thing is, we, the professionals in the room, may not completely understand what a child is telling us at the table. One of the things we talked about on our first podcast is that reciprocity is really important in any relationship. And it's so important in the feeding relationship. And we know that one of the things that makes reciprocity possible is that both parties have to be able to read one another. And if kids in particular are giving off unclear cues, or they're just always cranky, or upset, or uncomfortable, for good reason, it can be really hard for the parents or the therapists to understand what's going on with the child. So we are trying so hard to help parents interpret this child's cues and to really help them pay attention to what's going on with their little one.

Stephanie Cohen: Absolutely. And one of the things I love that you've taught me a lot more about, Karen, is that you do a lot of asking parents questions about what they think is happening with their child in the moment. So asking questions like: What do you think he's trying to tell us right now? Or why do you think he just did that? And I think as therapists, we sometimes feel like we have to provide all the answers, but we learn so much information and empower the parent when we ask the parent first for what they think their child is telling us.

Karen Dilfer: I'm so glad you like that because that is one of my most favorite things to do because it helps me get inside that mom or that dad's

brain, and that's what I really want to do. Know what they're thinking and know how I can help them better. All right. So that brings us to our fourth point that progress may happen slowly. One of the things we talked about in the podcast, the first podcast, was that it's really easy to think about, okay, here we are. We're going to get you to eat more. But we're thinking over the long-term. What's the goal? And can we help this child establish a healthy relationship with food? So we always want to keep that big picture perspective in mind as we're working with families.

Stephanie Cohen: Yeah. And this can be a little bit tricky to navigate in the beginning I think because when we meet parents and they come to us with their chief complaints or their chief concerns, usually it's something having to do with volume of intake, or weight gain goals, or maybe another provider has talked with them about their child's slow rate of growth. And they are really worried. Parents are really worried, as you said a few minutes ago. So this idea of understanding what progress will look like and understanding that maybe we can get their child to eat in the short-term by using a variety of different strategies, but that may not results in the long-term goals that we are hoping for of creating and facilitating that child developing into what we think about as a competent eater and a confident eater. So I think a lot of times, we have to have those conversations in the very beginning and help families to understand that progress doesn't only look like cleaning your plate. Right? Progress doesn't only look like eating three new foods, and pushing that reset button.

Karen Dilfer: Yeah. Absolutely. We want to start from the beginning. And I think one of the things that we're going to do as we work with families is we really want them to be able to identify what progress looks like.

Right? Because oftentimes, parents are looking for those really, really big changes. And we're saying, "No, no, no. Here are the small changes." And these small changes are important in helping us take teeny tiny steps towards the bigger goal of helping kids be internally motivated eaters who love to eat and are able to eat enough to thrive.

Stephanie Cohen: Yeah. And don't you think that allows for so many more opportunities for celebration? This is something I learned from your mentor, Marsha Dunn Klein, this idea of just let's find lots of ways to celebrate the steps that kids make in the process.

Karen Dilfer: Yeah. I think that really, the one thing I would tell the younger version of myself is that I really should've been better at helping parents to identify the good things their kids are doing because I think parents just get so bogged down sometimes in how long things take, or they don't see the progress. But when parents see progress and parents can celebrate that, it just makes the whole relationship feel so much better.

Stephanie Cohen: And the process feels so much more joyful.

Karen Dilfer: I know.

Stephanie Cohen: So that really leads nicely into the next point, number five. It's hard to balance volume or weight gain goals with using responsive strategies. So we touched on this a little bit.

Karen Dilfer: This is such a big one.

Stephanie Cohen: It is. So parents, as we said a moment ago, may have been given a goal for volume of intake that has caused the focus of mealtimes to shift, and focus perhaps a little bit too much on meeting that target, achieving that target. And I think that sets a lot of parents up to feel disappointed and maybe miss those small moments or opportunities to celebrate progress in ways that maybe, I don't

know, add to the stress of the mealtime as a whole. So if we can help parents to really understand what typical intake might look like and how that can vary, I think that we can help them maybe to balance those volume or weight gain goals. And we are paying attention. We acknowledge nutrition and growth is of critical importance in this process. But what we're trying to say is that we want to prevent that from being the only parameter by which we are measuring success because that can sometimes lead to using maybe some nonresponsive strategies that may in the longer term have outcomes that we don't want.

Karen Dilfer: One of the things I've seen in my practice is that sometimes there's a professional on the team who has something like a volume goal, or they're putting pressure on a parent to make sure that a child gains a certain amount of weight, or consumes a number of ounces. And so I think that we can really advocate for the parents and the kids that we work with when we make those phone calls, when we go to those appointments, and we actually have face time with the other professionals because a lot of times when we all have a conversation, it really helps us to be on the same page and to have clear expectations. And maybe even we lower our bar a little bit, so that parents don't feel so pressured to hit a certain number of ounces.

Stephanie Cohen: Well, and I think what's so important about that point of intentionally seeking a good relationship with the other providers on the team and having really consistent communication is that sometimes when we hear things secondhand, we're not hearing the whole story. And I can't tell you how many times I reached out to a practitioner and said, "Hey, I know you've got this goal. But can we talk about some of the relationship focused goals that we

have and maybe some of the responsive strategies that we're trying to implement?" And that practitioner says, "Of course, I agree." That's part of the big picture, so communication is paramount I think.

Karen Dilfer: Yeah. I see a lot of toddlers, and toddlers are notoriously hard to feed. And toddler who are not growing well, that's a hard population of kids to work with and to support. And one of the things that I always think about is that in typically developing toddlers, their intake varies. And we actually have this really great Ellyn Satter quote Stephanie found I want to share with you. Sometimes your child, meaning your toddler, will eat hardly anything. Other times, she will eat more than you can ever imagine. All this is normal. The average toddler eats from 960 to 1700 calories a day. Oh, my goodness. Add on to that a normal 20% over and under day to day variation, and that child will eat between 760 and 2040 calories a day.

Karen Dilfer: So we're sharing that because we want you to understand that variation is normal. I mean, variation in diet, caloric intake, is normal across all age ranges. But it's especially big when we think about kind of the toddler age range of kids.

Stephanie Cohen: Absolutely. So that leads nicely into number six. Karen, do you want to talk about that one?

Karen Dilfer: Yes. So number six is typical developmental stages may seem more problematic when feeding is already hard. So Stephanie, you want to give some examples of maybe some of those typical developmental stages that might make the process a little bit slower?

Stephanie Cohen: Yeah. I can't tell you how many times I either have been working with a client, or have maybe already discharged a client, and I get

a call around 11, 12 months from a parent saying, "Oh, my goodness. He's not eating solids anymore. He only wants to drink." And my first question is, "Are those one year molars starting to come in?" So I always think about teething throughout the process of learning to eat because what we know is that children who are developing typically and are not having challenges in this process, their eating patterns change when they are teething and when they have maybe some discomfort in their mouths. We see the same types of responses when a child is ill and maybe has lots of congestion or a sore throat.

Stephanie Cohen: We see lots of changes when a child goes through a developmentally expected stage that we call neophobia, which happens, starts to happen around 18 months, where a child who maybe previously was pretty adventurous and tried all kinds of new foods is all of a sudden feeling a little bit wary and cautious. And so we know that these stages will happen for most of our kids. But when parents have been worried about feeding and weight gain, they may be triggered by the changes that happen in some of these stages because it may seem to them like the problem is coming back.

Karen Dilfer: Yeah. And I think that one of the best ways we can support nervous parents in this situation is by helping them build their own confidence. And sometimes what that means is helping them to know that it's totally normal for their child to want to eat less, or to say no to things when they're a toddler. And I think that one of the things that we can do is really help parents understand that kids build confidence when they do things over and over and over again. So if a child seems to be stuck, they're practicing and they're building their confidence. And we shouldn't look down on

that as, oh, they're not progressing as fast as we want them to as adults. But we want to give them time and space to practice those skills, so they see themselves as really confident eaters.

Stephanie Cohen: Yeah. And the last thing I want to say about this point is the reason why it can sort of sabotage or get in the way of maintaining that responsive feeding approach is because when we as feeders get stressed and worried, we tend to push a little more. And so the more education that we can provide to parents, so that they know what to expect, the more they will feel confident in staying the course, so to speak.

Karen Dilfer: No one likes a pushy therapist.

Stephanie Cohen: Absolutely. So this next point is a big one. We talk about this a lot. Parents get a lot of varied advice from well intentioned friends and family.

Karen Dilfer: Don't forget Dr. Google.

Stephanie Cohen: Dr. Google, lots of different Instagram accounts focused on eating. We are inundated from all directions with information about the best ways to feed our children, the best ways to respond to struggles. There is so much information to digest. And what I want to say about the information that comes our way from maybe friends and family is that a lot of times, that advice comes from a place of love and concern and a desire to help. But everybody has different ideas about the best way to feed children based on our own backgrounds and our own perspectives. And oftentimes, those who are giving advice are giving that advice based on their experiences. And it might be hard for them to understand this family's experience. Karen, what do you want to say about that?

Karen Dilfer: Yeah. I think that it's really easy for parents to second guess themselves and for parents to kind of freeze in those moments. I'm

sure that you can attest to the fact that you've heard so many parents say, "Oh, my friend, or this family member, said, 'If they just get hungry enough, they'll eat.'" And we know as professional who work with so many different families, that there is a whole population of kids out there who won't eat, even if they're hungry for very, very good reasons. And so I think it's hard for those supportive people in the lives of the clients that we work with to understand that because they just don't have that perspective.

Karen Dilfer: So a lot of what we do in our own practice is working with parents and helping them to build their confidence in feeding their kids, but also in helping them manage these tough social situations. I've worked with families, and we've done things like role playing, maybe before a family holiday, when parents know that there's going to be lots of well intentioned and maybe slightly nosy aunts and uncles around. How are you going to manage that? What are the conversations that are going to come up? How are you going to address that? And I think that's just a really simple way to support parents as they encounter hard social situations.

Stephanie Cohen: The other thing that I've found really, really helpful is intentionally bringing other caregivers into the sessions and the conversations because I think it can be hard for ... Oftentimes, there's one parent or caregiver who primarily attends the therapy sessions and has the conversations with the therapists, where they problem solve and talk about their ideas. And it can be hard for that person to be the messenger, especially when there are maybe grandparents or other family members who are really expressing strong opinions regularly. And if we bring those people into the conversation, I think it can be so valuable to engage them, hear their ideas, hear

their opinions, and then also facilitate that dialogue between the parents and that other caregiver, extended family member.

Karen Dilfer: Yeah. We're really good mediators sometimes.

Stephanie Cohen: We try to be, yes. We try to be.

Karen Dilfer: Okay. All right, Steph. You've got number eight.

Stephanie Cohen: I've got number eight. And this builds on what we just talked about, that we all have our own things that we bring to the table, and parents do too. So a parent's own relationship with food may negatively influence the way that they feed their child. And we are not throwing parents under the bus here. We are not judging at all. But what we are doing is noticing and considering and thinking about what that parent has learned about eating and mealtimes through their own experiences. So one thing I think about is that, that parent may have been raised around eating in certain ways that maybe prioritized behavioral compliance, things like cleaning your plate, finishing a certain food before you get dessert, all kinds of different rules at the table that may have been all that parent has ever known.

Stephanie Cohen: And so that parent starts to use some of those strategies with their own child. And I think that it can be a process to integrate responsive feeding strategies and ideas with a history of really only knowing maybe some nonresponsive ways of approaching mealtimes. And the thing that makes this tricky is we have a really good foundation or base of evidence that has demonstrated and shown that some of those nonresponsive strategies really have been associated with the development of poor dietary habits and even increased childhood obesity. But our primary concern, really fundamentally, is the relationship. And we want the relationship at the table to be strong. We want it to be reciprocal. And we don't

want it to be based on somebody who is in a position maybe of more power or authority pressuring a child to do something that he or she doesn't want to do.

Stephanie Cohen: The other thing that I've encountered a lot, and Karen, I know you have a lot to say about this point, is that a lot of parents, we all do this, make judgments about food choices. We hear all the time, "My child's favorite foods are junk foods." Right? Karen, I know you have something you're dying to say about this point.

Karen Dilfer: Oh, well, as someone who really loves eating donuts, I always feel vilified when people are gluten free, and they put their gluten free prejudices against my donut loving self because I personally think that I love gluten, and it doesn't bother my system at all. So that's just kind of a silly example. But we know that kids are doing the best that they can. And everyone has preferences, and so if we're going to start ... We're always going to start therapy with those foods that kids really, really enjoy. And those things might be more on the snacky end of life. But just because they're starting there doesn't mean that they're going to eat veggie straws forever. We're going to use those things to tiptoe into different foods, and foods with more nutritional value, because we do realize that you cannot live on veggie straws alone.

Stephanie Cohen: That is true. And we know that people have different dietary restrictions and practices for medical reasons, and those are valid, absolutely. But I think the point we're trying to get at is when we make judgments about foods, and then place those judgments on others who really enjoy some of those foods. So this brings us to point number nine, Karen.

Karen Dilfer: Yeah. So caregivers may not understand or respect their child's preferences. So this is a point that probably is more relevant with

older kids. We've spent a lot of time talking about infants and toddlers. But we know that there are folks listening to this podcast that work with kids who are six, seven, eight, nine, maybe anxious eaters, picky eaters, problem feeders. And we just know that eating is a sensory experience. And we all have ideas about the things that we do like and we don't like. And those things are something that the children that we work with experience.

Karen Dilfer: So parents might not understand that child's rules about what they like and what they don't like, and we want to do our best to really understand that child's preferences, and then give them choices because we know that when we give kids autonomy, they feel control. And that is almost always a really good thing.

Stephanie Cohen: Absolutely. It only serves to strengthen the relationship when we acknowledge what our kids enjoy, and maybe what things they're not quite ready to try yet, and we meet them where they are and help them find pleasure and confidence to expand their skills. The last one, number 10, this is a big one.

Karen Dilfer: Yes. So providers feel pressure to get a child to eat. I think this one is a place that we've all been, and it's a really, really terrible place to be because when we as professionals feel pressure to get a child to eat, we sabotage ourself. And we start doing things that we don't want to do.

Stephanie Cohen: And things that are very hard for parents to carry over. So we talked about this in the very beginning, how critical it is to have a common understanding and agreement on what our goals are because when we are focused only on getting that child to put a bite in his or her mouth, chew and swallow, that is going to lead to some nonresponsive practices. And if we understand that our goals are long-term enjoyment of food, and setting a child up to

succeed by offering him developmentally appropriate experiences, so that he or she can lead the way, then we are going to have much better long-term outcomes.

Karen Dilfer: I couldn't agree with you more. The goal is not to get someone to eat. The goal is to help kids feel really good, help them change their relationship with food, and also strengthen their relationship with parents.

Stephanie Cohen: Absolutely. So we hope you guys have enjoyed our top 10 things that may sabotage responsive feeding. Karen and I have a web series coming up where we dive deeper into many of the topics that we touched on in the last half hour and this half hour. And we hope you'll join us. Thanks so much, Fawn and Amy, for inviting us to have this conversation.

Fawn Carson: Thank you so much, Stephanie and Karen, for a great podcast. I appreciated everything you had to say today. And I think you really outlined some of the very important things that we need to think about as therapists, so thank you so much.

Stephanie Cohen: Thank you.

Karen Dilfer: Thanks.