

I believe I can fly:

**Competence in
Responsive Feeding**

With:

Jennifer Berry, MS, OT/L
Heidi Moreland, MS CCC-SLP, BCS-S

1

Disclosures

Heidi Moreland (financial): Heidi is compensated for her work on this course by way of her salary at Spectrum Pediatrics. Spectrum Pediatrics will be receiving a speaking fee and royalties for Heidi's participation in this course. Spectrum Pediatrics financial success impacts Heidi's pay. Methods and outcomes from Spectrum Pediatrics will be discussed in this course. Heidi is a team member of RFPPro

Heidi Moreland (non-financial): Heidi is a cohost of the Tube to Table Podcast and the upcoming Eat Love Thrive Podcast about responsive feeding.

2

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2

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3

Today, you will learn:

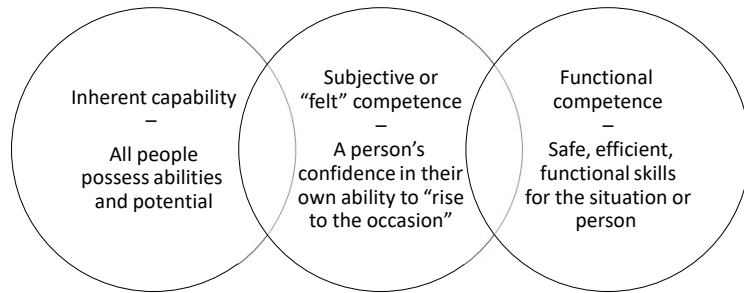
1. The impact that intrinsic motivation plays in motor skill development
2. The cycle of therapy that is child-led AND effective
3. To identify small indications of progress that parents and therapists can help children build upon
4. To adapt current goals into goals that will facilitate self-directed eating
5. To discriminate when scaffolding is helpful and appropriate

4

3

4

What is competence?



5

5

Inherent Capability

We all possess abilities and potential

6

6

Presuming competence isn't just a philosophy. It's believing in our kids and in so doing, enabling them to believe in themselves.

7

7

Born to Eat



We are designed to become independent eaters.

Our job is removing barriers & creating opportunities for success instead of forcing behavioral change.

Picture credits: <https://getboober.com/wp-content/uploads/2018/11/BreastfeedingNICU-225x300.jpg>, <https://www.masterfile.com/search/en/bottle-feeding-a-dult-baby>

8

8

Inherent Initiation of Eating & Self-Regulation of Intake



Reflexively driven

Maternal milk supply is linked to infant demand (Daly 1993)

- Variability in intake over 24 hours, breasts were not always drained
- Maternal supply increased as infant demand increased

Infants regulate on energy needs (Dewey, 1991)

- Greater fat content resulted in decreased intake

9

9

Self-Regulation of Intake



Infants and toddlers regulate intake based on portion sizes, energy density and frequency

- Children who eat less frequently often eat bigger portions
- Meals with higher density resulted in lower intake

Children regulate over a **“rolling” 24-hour period**

- Intake can be highly variable between meals for each child
 - Intake over 24-hour period is relatively more consistent

(Shea, 1992; Birch, 1991)

10

10

What undermines our trust in children’s competence with food (as providers)?



- Medical history
- Volume goals
- Comparison without context
- Stereotyping based on diagnosis or neurodivergence
- Past negative experiences (observation of child’s and our own)
- Not recognizing small progress
- Difficulty believing our own ability to self-regulate intake

11

11

Adolescent and Adult Eating



Adolescents – Project EAT (University of Minnesota)

- Weight control behaviors were associated with negative health outcomes
 - Poorer dietary intake
 - Decreased physical activity
 - Higher body mass index
 - Increased binge eating and weight control behaviors
 - Poorer emotional well being

Adults

- Eating disorder – impact of negative mealtimes and mealtime stress

12

12

Self-Regulation of Intake: Diversity and Neurodiversity



- View success (mealtime, weight, eating) through an individual lens
- Rate of progress at the child's comfort
- Autonomy and competence can be achieved for everyone, even if supports are needed
- Comfort, connection, autonomy, pleasure should never be sacrificed to achieve a volume or variety goal; remember they also can lead to volume and variety

13

13

Thrive Program Outcomes:

**No significant differences per
diagnosis in ability to self-regulate
intake.**

14

14

Before assuming that children are *incapable of interoception*, we must first provide them with sufficient opportunities to experience sensations in safety.

We can't expect children to be competent at feeling and responding to hunger if there isn't also comfort, curiosity, relationship, pleasure, and autonomy provided in a way that is meaningful to the child.

15

15

Subjective Competence

I believe I can fly!

16

16

Competence

The way we talk to our children becomes their inner voice.

Peggy O'Mara



17

17

Worry and Competence

Mothers of children born prematurely:

- Maternal emotional distress at birth was associated with:
 - Greater perceptions of infant vulnerability
 - Reduced "mind-mindedness" - a mother's ability to see her child as an "agent," read cues, and understand mental states behind her child's behaviors
- Higher risk factors for more conflictual feeding dynamics
 - More "goal oriented" feedings
 - Decreased relatedness
 - Less autonomy with feedings
 - Impatience and "overprotection"
 - Increased food battles
 - Greater likelihood of "feeding problems" diagnosis

(Yatziv et al., 2020)



18

18

What undermines parents trust in themselves and their children?

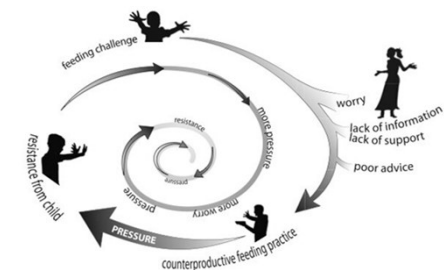
- | | |
|--|--|
| <ul style="list-style-type: none"> • Medical history • Comparison • Volume goals • Worry cycle • Passing comments • Clothing sizes • Past negative experiences • Not recognizing small progress or parallel progress as progress • Unrealistic expectations | <ul style="list-style-type: none"> • Inexperience • Trauma • Childhood experiences • Past medical experiences • Past negative mealtimes • Lack of support from medical team • Lack of support from family • Time limitations • Resource limitations |
|--|--|



19

19

Worry Cycle



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20

20

What undermines the child's felt competence?



- Doing their jobs for them
- Overriding their cues
- Targeting weakness instead of building on strengths
- Setting unrealistic expectations
- Focusing child's attention on external cues such as portion size or rewards (Faith et al, 2004)

21

21

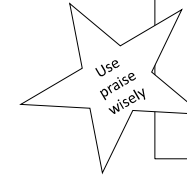
Competence and Praise

Positives

- Can enhance feeling of efficacy and competence
- Can encourage adaptive effort
- Can strengthen association between response and positive outcome
- Can provide context

Negatives

- Can lead to belief of low ability when given for easy tasks
- Can shift from intrinsic to extrinsic motivation
- Invite rejection if insincere
- Can encourage social comparison
- Can appear to be manipulative or threatening to autonomy



(Henderlong & Lepper, 2002)

22

22

Using Praise to Support Competence



- Be sincere and honest
- Be specific
- Don't overuse words or praise
- Praise the effort, not the outcome or the ability
- Avoid using praise to elicit an outcome or manipulate behavior
- Avoid contingent or conditional praise
- Praise feeding in a way that matches other activities

23

23

Competence and Confidence



When your confidence goes up,
your competence goes up at the
same time

-Zig Ziglar

24

24

Functional Competence

Volume
Variety
Motor Skill Development
Growth

25

25

Practices that embody Responsive Feeding values are correlated with improved regulation of intake, variety and motor development.

26

26

Regulation of Intake



- Focus on weight and control of eating led to children who have difficulty regulating their intake (Johnson, 2000; Fiese & Schwartz, 2008; Farrow & Blisset, 2006)
- When children's internal cues are encouraged and attended to by parents, and when control over eating is shared, children are capable of controlling the how much of eating (Johnson, 2000)

27

27

Variety



- Pressure to eat in childhood more predictive of adolescent eating behaviors than "picky" eating in childhood (Ellis et al, 2016)
- Higher controlling practices associated with more "picky" behaviors, not less (Van der Horst, 2012)
- More fear with new foods if negative experiences are encoded into food experiences
- Difficult to "get" kids to eat foods that their parents don't eat (Dovey, 2008)

28

28



Motor skills: More than mouth movements

29

29



Motor Skills and Context

- Who, what, when, where and timing
- Motor learning is context dependent (Wilson, 2008)
- Specificity of learning: skills retention is more likely when the practice experience closely matches environment of the targeted skill (Sheppard, 2008)
- Critical periods of development make it easier, learning is still possible

30

30



Motor Skills and Motivation

- Based on adaptation (Kitago & Krakauer, 2013; Sheppard, 2013)
- Dynamic Systems Theory (Spencer et al., 2011)
- Learning is enhanced when conditions account for motivational factors (Lewthwaite & Wulf, 2012)
- Providing choice positively impacts learning motor skills (Wulf, 2007)
- Self-controlled practice can increase motivation and facilitate better learning (Sanli et al., 2013)

31

31



Motor Skills and Comfort

- Motor learning is context dependent (Wilson, 2008)
- Motor state in stress is different than in relaxation
- Comfort and "cannot" vs. "are not"
 - Chewing
 - Drinking

32

32

Learning



- When pleasure is taken away, learners become bored, anxious, and disengaged (Willis, 2007)
- Engagement, motivation, curiosity, and minimal stress allows learners to achieve higher levels of cognition and make connections (Kohn, 2004)
- When learning experiences are pleasurable, the brain releases dopamine (stimulates memory) and promotes release of acetylcholine (increases attention) (Willis, 2007)
- Prolonged or excessive exposure to fear and states of anxiety can impair early learning (National Scientific Council on the Developing Child, 2010)

33

33

Goal Development

- Helping parents define progress
- Making progress measurable
- Working on skills

34

34

What We Measure Matters



35

How do we measure progress?

Hunger/ Initiation	My child never signals hunger or initiates	My child acts differently when they should be hungry, but doesn't usually signal or initiate	My child often initiates eating or signals hunger when they see food or I ask	My child signals hunger or initiates eating inconsistently without prompts	My child signals when they are hungry and initiates eating consistently
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36

How do we measure progress?

Oral and Self-Feeding	Refuse (may be active or passive)	Unsuccessful but purposeful	Early attempts	Limited success with assist	Moderate success, some limitations	Fully successful with one thing	Fully successful with variety
Purees	Not functional. Refusing, ignoring pouch or spoon	Mouth or lips to spout, spoon, toy, or finger; no active clearing or sucking	Tastes of purees or licks from toy, finger, tip of spoon, spout or solid food-may expel puree or keep utensil out	Able to take single bites intraorally with utensil or pouch, may still have some gagging, oral loss or bite size modifications	Multiple bites intraorally, may still have texture or utensil limitations, occasional gagging or oral loss.	Variety of textures with one utensil OR variety of utensils with one texture	Able to manage a variety of textures with more than one type of utensil (pouch, different spoons)

37

Alternate Treatment Goal Ideas



- Heidi will demonstrate comfort at mealtimes by (child-specific indicators) at 2/4 meals a day.
- Jeni's parents will identify and respond appropriately to her cues by initiating or ending food presentations and mealtimes appropriately
- Natalie will initiate eating 3 times a meal, 2-3 mealtimes a day 5/7 days
- Jamie will participate in the mealtime by (child-specific indicators) for at least 15 minutes without a prompt 2-3 times a day

38

38

Goal Attainment Scaling



- Identify current behavior
- Creates incremental steps towards that behavior
- Evaluates level of goal attainment at the conclusion of the intervention

(Dunn et al, 2012; Heavlin et al, 1982)

39

39

Family Goal: Eat at a birthday party

Child eats only specific foods, only at home with mom and dad, mealtimes are stressful	Step 1	Step 2	Step 3	Step 4	Eat at birthday party
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40

Facilitating Competence

Strategies for Support

41

41



OVERCOMING FEEDING CHALLENGES



THRIVE

SUPPORT SKILL DEVELOPMENT

DISCOVER INTERNAL DRIVES TO EAT


CREATE RESPONSIVE FAMILY MEALTIMES

BUILD TRUST

FIRST DO NO HARM

42

Providing Support



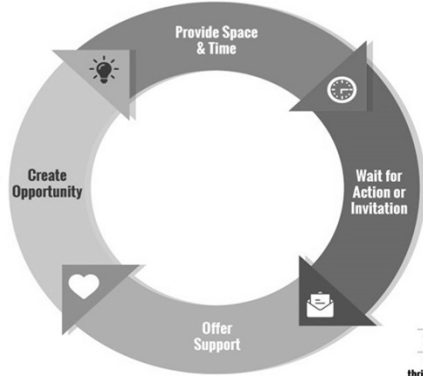
Never help a child with a task at which they feel they can succeed.

Maria Montessori

43

43

THE CYCLE OF EFFECTIVE FEEDING THERAPY




INTERNAL MOTIVATORS AND TRUST

Create Opportunity

Provide Space & Time

Wait for Action or Invitation

Offer Support



Berry & Moreland 2021

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44

Create Opportunity



- Food is present
- Begin with others, don't present it until requested
- Choose appropriate starting place
 - Easy place to start
 - Child's interest
 - Away from the table
- Reduce overwhelm
 - Sensory
 - Minimize expectations

45

45

Provide Space and Time



- Physical space
 - Sit next to or behind the child, rather than in front of
 - Allow them to approach the food instead of bringing it to (at) them
 - Allow for independence first
- Social emotional space
 - Prioritize child comfort with utensils, bite sizes and food types
 - Parents need to be re-directed or distracted
 - Choose words carefully
 - Conversation starters that aren't food related
 - Silence is golden
- Time
 - Allow for hunger between meals
 - Pause before starting, pause between bites
 - Pause longer if in doubt
 - Provide breaks

46

46

Wait for Invitation



- Utilize intrinsic motivators (curiosity, hunger, connection, autonomy)
- Taste yourself first
- Wait
- Wait
- Provide more space
- Wait
- Remember there are different types of invitation

47

47

Offer Scaffolding/Support



- Physical
 - Minimize touching - Their motor plan, their success, their skill
 - Hold food, cups and utensils low and far away
 - Wait for a cue
 - Bring support slowly
- Social Emotional
 - Never compromise relationship for behaviors
 - Know when to stop
 - Plan for "extras" (Extra people, extra noise)
 - Provide breaks
 - Pictures, social stories
- Medical
 - Avoid medical intervention for non-medical problems
 - Too much weight focus can re-start the worry cycle - if weight is a question, dig into WHY

48

48


Coaching – Capacity Building

In adults
In kids
In skills

49

49

Rush and Shelden The Early Childhood Coaching Handbook



50

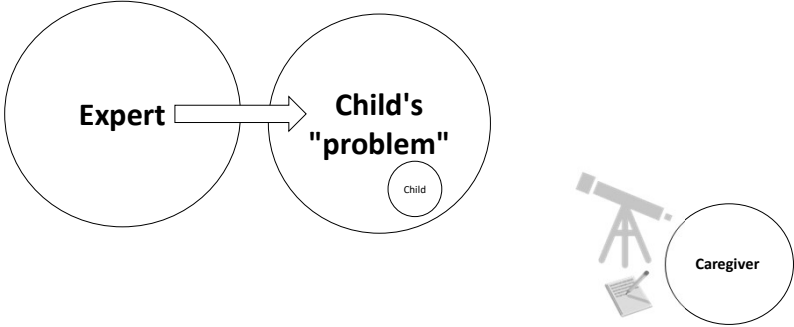
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Working with Parents

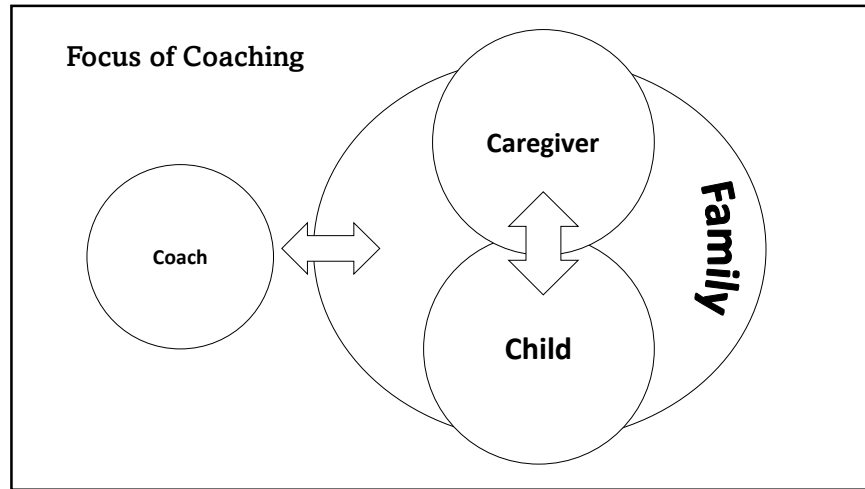
	Parent Training	Caregiver Coaching
Goals	Make sure parents get it "right"	Build family capacity to support child
Roles	Expert	Partners with expertise
Focus	The child's deficits	The caregivers' ability to observe, make decisions and adjust based on outcome
Benefits	Expert shares specific knowledge regarding diagnosis and treatment	Increased parent capacity, increased carryover, increased functional application, ability to change over time independently

51

Focus of Parent Training



52



53

Parent Coaching: The Steps

- Joint Planning/Preparation
- Observation
 - Information gathering
 - Modeling
- Action/Practice
 - Active participation or independent practice
- Reflection
 - Awareness
 - Analysis
 - Alternatives
 - Action
- Feedback
 - Informative
 - Affirmative
 - Evaluative
 - Directive

(Rush and Shelden, 2011)
54

54

Reflective Questions

What do you think was different about this meal than the others?

How did that feel to you?

Which part felt the best?

What felt good about that?

If you had to guess, why do you think he pushed that away?

55

Competence

Inherent capability
–
All people possess abilities and potential

Subjective or "felt" competence
–
A person's confidence in their own ability to "rise to the occasion"

Functional competence
–
Safe, efficient, functional skills for the situation or person

56

56



57

57

**Free a child's potential and
you free them into the
world.**

Maria Montessori

58

58

Questions?

59

59

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60

60

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61

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62