



A Child's Song
Adoption Support Services

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When Feeding Your Child is Complicated: Attachment Based Interventions

Presented by



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Workshop Description

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This workshop will address common concerns of parents raising children whose early experiences included food deprivation or food scarcity. Children often demonstrate through difficult behaviors the stress they feel around mealtimes and eating.

Some of these behaviors might include: dysregulation before or during mealtimes, hoarding, over or under eating, severely restricted preferences, little to no recognition of hunger or full sensations, controlling behaviour around eating, over chewing or giving food away rather than eating.

Participants will understand how to look at the relationship between current challenges and how they relate to safety, attachment and relational security. Attachment based strategies for responding to difficult eating and feeding behaviors will be presented and participants will hear creative interventions for shifting a child's beliefs and experiences of eating.

Learning Objectives

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- Identify relationships between trauma, grief and problematic eating or feeding behaviors
- Understand relational needs and food related behaviors
- Learn new interpretations of food related behaviors
- Learn principles of therapeutic intervention
- Discover the baby brain concept
- Practical application strategies



Observations from A Child's Song

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- Parents frequently report eating/feeding concerns for children both adopted and in foster care.
- Clinical experience supports strong relationships between eating difficulties and early trauma, attachment
- Early eating patterns can be persistent and difficult to shift
- Children with histories of early trauma do not respond to typical feeding interventions, may be harmful
- Attachment based responses that account for pre-verbal learning offer the most successful outcomes.



When Feeding Does Not Go Well

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- Parent-child conflict
- Disrupts trust and attachment security
- Child experiences loss of sensory experiences
- Family stress



Early Foundation for Eating Behaviors

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- Infant brain develops according to experiences
- Foundation for eating starts in utero
- Caregivers actions/behaviors influence eating
- Preverbal experiences of fear/neglect increase stress
- Eating itself may be a stressor



Research Findings Overview

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- Limited research on relationships between early trauma, attachment and food/eating difficulties
- Alameda (2015) suggests that eating disorders have their genesis in the mother-child relationship
- Impact of early trauma on attachment is well documented and relevant
- Faber (2017) demonstrates initial findings of relationships between unhealthy eating and attachment styles



Early Eating Disturbances and Poor Outcomes

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Research demonstrates relationships between eating/food related disturbances and mental health disorders as well as behavioral difficulties.

Studies suggest that eating/food disturbances in childhood or adolescence are related to poor outcomes later in life.

Bulimia

Anorexia

Behavior Disorders

Depression

Anxiety

Insecure Attachment



Tarren-Sweeney & Hazell Study Highlights (2006)

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- Australian study of 347 children ages 4-9 years old
- Focused on eating problems of children in foster or kinship care
- Findings: 25% of the children showed clinically significant eating problems
- Two primary types of eating problems: pattern of excessive eating and food acquisition and pica-type eating correlated with self-injury



Faber Study Highlights (2017)

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- Study confirms relationships between attachment insecurity and unhealthy eating as well as attachment avoidance and unhealthy eating
- Outcomes suggest that perceived daily threats or sense of persistent danger means high stress for children which leads to unhealthy eating patterns
- Results confirm that the development of secure attachment contributes to a reduction in unhealthy eating patterns and behaviors



Faber Study (2017)

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- Findings suggest the need to teach parents to be sensitive and responsive to their children's feeding cues as soon as possible
- Importance of respecting a child's autonomy when it comes to feeding is also noted in the final discussion



Early Experiences and Eating

If we understand how things went wrong for little one's during the developmental stages that require the most regulation it helps us to make sense of the problems of dysregulation we see in older children.



Early Food Insecurity is Complex

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Child who has experienced unreliable feeding is more likely to eat large amounts of food for some time and to be unpredictable in terms of what they will eat from day to day.

Genesis of Food Insecurity

- Poor prenatal health
- Pregnancy eating habits
- Epigenetic components
- Early food scarcity
- Poverty, limited choices
- Poor feeding practices



Self Regulation and Eating/Feeding

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- Self-regulation in feeding is the ability to eat the appropriate amount to grow at a steady rate.
- Self-regulation is impacted by malnourishment, medical issues, feeding history, feeding practices, traumatic experiences, loss and attachment.
- Child's eating behaviors can vary daily based on their ability to regulate themselves effectively.
- Most children with early trauma require co-regulation to eat in a healthy way in the beginning.



Self-Regulation and Arousal Cycle

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- Baby has a need for Food
- Baby Cries to Elicit Soothing
- Without Soothing Baby Stays Dysregulated
- Without Experiences of External Regulation, Self-Regulation is Delayed
- Implications for Future Eating



Understanding Why Food Issues Persist

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- New environments alone don't shift early learning
- Brain pathways determined pre-verbally will persist without intervention
- Familiarity is normal and predictable
- Control is so important and food can be an object
- Intentional opportunities to relearn are required



Food and Attachment

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- Early eating experiences are based on the quality of parent child relationship
- Disrupted attachment leads to inability to rely on others for comfort and care.
- Insecurely attached child may prefer to maintain control over all aspects of food and feeding



Food, Stress and Growth

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It's so important to understand that stress and growth are connected. Prolonged hormonal variations and cortisol release impact the child's growth rate, self-regulation capacity, appetite, and relationship to food.

- Stress impacts the feeding relationship
- Stress decreases absorption of nutrients and appetite
- Pleasure and good taste increase absorption of nutrients.



Food and Grief

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- Grieving children have more eating difficulties
- Grief is energy consuming for children
- Loss perpetuates fear based responses
- Healthy resolution of grief requires felt safety
- Feeding or mealtime challenges are opportunities for resolution



Food and Traumatic Memories

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- Trauma prior to twenty-eight months can create lasting visual images which may be enacted through child's behaviour
- Memories of preverbal trauma are stored in the child's senses
- Food trauma is stored through sight, smell, taste and touch.
- Re-experiencing of trauma memories may occur through intrusive recollections, behaviour, nightmares
- Children will avoid stimuli associated with the trauma through numbing, relational withdrawal, and loss of interest in usual activities (including eating).



Implicit Memories Surface Around Eating

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- Child associates fear or anxiety with eating
'There might not be more or enough.'
- Child associates discomfort with eating
'This food might make me feel sick.'
- Child associates feelings of shame with eating.
'I might get in trouble for the way I eat.'



Assessing Eating Concerns

Additional assessment considerations based on a relational theory of eating and feeding issues.



‘You know your child better than any therapist or doctor does, so if you’re doing everything you are told, and it’s making things worse, not better, trust yourself and look further for the right help for your family.’

Love Me, Feed Me



Assess Early Food Related Experiences

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- Was your child breastfed or bottle fed?
- How many people fed your child before you?
- Were your child's feeding experiences relational?
- Did your child have enough food?
- Did your child have any control over food?
- Did your child worry about food?
- Did your child communicate need/desire for food?
- Did your child feed other children?



NCAST Assessment

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- Feeding Scale used from Birth to One to assess the attachment-feeding relationship
- Measures 6 domains including:
 - I. **Sensitivity to Cues:** eye contact, verbal interaction, awareness of disengagement
 - II. **Response to Child's Distress:** how caregiver manages child's distress in the eating process
 - III. **Social Emotional Growth Fostering:** caregiver's focus during the feeding process



NCAST Assessment continued

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- IV. **Cognitive Growth Fostering:** caregiver's willingness to allow child to explore the feeding situation; caregiver describing food or feeding situation to child
- IV. **Clarity of Cues:** how child signals readiness to eat, how child demonstrates satiation at end of eating
- IV. **Responsiveness to Caregiver:** how child responds to feeding attempts, whether child disengages



Potent Disengagement Cues

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- Back arching
- Choking
- Coughing
- moving away
- Crying
- Fussing
- Halt hand
- Lateral head shake
- Pale/red skin
- Pulling away
- Pushing away
- Saying “no”
- Spitting
- Spitting up
- Vomiting
- Withdrawal

Dysregulated Eating Behaviours

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- Absence of Hunger/Full Signals
- Gorging and/or Purging
- Refusal to Eat
- Eating Non-Food Items
- Over/Under Chewing
- Controlling Behavior at Eating/Mealtimes
- Fussy/Picky Eating
- Unpredictable Patterns
- Hoarding Food
- Stealing Food
- Over-compliance



Communication of Eating/Meal Behaviours

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- Hypervigilance
- Future Mistrust
- Loss of Control
- Anxiety of Unknown
- Fear of Vulnerability
- Sensory Motor Agitation
- Fear of discomfort

I must stay alert and prepared to defend myself at all times. In the past I never knew if I would get hurt, if something scary would happen or I would lose someone.



Help Parents Reflect on Beliefs

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- What were your childhood experiences with food and eating?
- Do you practice feeding in a relational way?
- What are your beliefs about eating and control?
- What is your relationship with food as a parent?
- Do you recognize the impact of stress on eating?



Principles of Intervention

Listen to your intuition. If it feels wrong, look further!



Intervention Principles

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- Assess eating patterns both past and present
- Co-regulate, reduce expectation for independence
- Identify child's need, verbalize and respond
- Offer child developmentally appropriate explanation for eating challenges
- Reduce daytime stress and expectations
- Offer repetitive and relational food experiences



Change the Brain to Change Eating

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- Pathways were formed by first experiences
- Repetition required to form new pathways
- Return to early stages to re-do
- Offer new experiences repetitively
- Have realistic expectations for change



Developmentally Appropriate Expectations

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- Family Age concept
- Missed stages of development
- Scatterplot of developmental stages
- Dependence before independence
- Re-parenting of eating stages based on arousal/relaxation cycle



Feeding Through Relationship

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- Feeding can be a daily reinforcer for attachment
- Feeding can promote trust through and routine predictability
- Feeding can be a positive sensory experience that activates pleasure centers of the brain.





NECESSARY TO RE-PARENT

Regression

- offers chance to rebuild.
- can happen at anytime in child's development.

HEALING BRAINS IS HARDWORK

It's hard work
It's energy consuming
It's change is slow
Mirrored Emotions Upset Parents
Negative feedback

I GOT YOU!
* TOLERATE
* BIG TURMOIL *
* NOT GETTING REACTIVE *

OPPORTUNITIES TO RE-PARENT

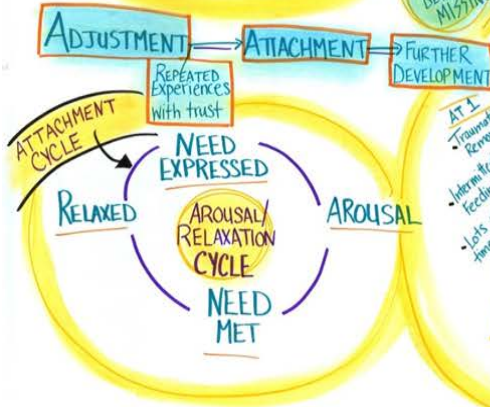
- Toilet
- Self-care
- Sleeping
- Eating
- Self Regulating
- Eating

ERIKSON'S HIERARCHY OF NEEDS

- Stage 1 Trust vs Mistrust (Soothing, Feeding, Sleep)
- Stage 2 Autonomy vs Shame & Doubt (Toileting)
- Stage 3 Initiative vs Guilt (ME DO IT!)

RE-PARENTING APPROACH TO BUILDING ATTACHMENT

ANDREA CHATWIN, MA, CCC



A NARRATIVE CAN BE CLOSE ENOUGH WHEN DETAILS ARE MISSING!

AT 3

- FUSSY EATER
- FIERCELY INDEPENDENT
- BEHAVIOURS AT BEDTIME

AT 1

- Trauma/Recovery
- Intermittent Feeding
- Lots of abuse
- Screams or cries in crib
- PUSH-PULL WITH CAREGIVERS

RE-PARENTING INVOLVES CREATING NEW PATHWAYS THROUGH NEW EXPERIENCES

TOILETING

- * When you were a baby someone was angry you didn't know how
- * Now you are safe - no matter what happens
- * Pair connection & toileting - get creative -
- * Unconditional acceptance towards the behaviour.

SLEEP

- * babies are suppose to be held
- * I'm suppose to help you fall asleep
- * I'm suppose to help your body feel comfortable

MOTIVATION

- * Explain what went wrong & make amends
- * Decrease expectations & eliminate threats
- * Look for initiative
- * Unconditional acceptance over logic

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Re-Parenting for Eating Challenges

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- Interventions must developmentally appropriate
- Parental confidence in ability to feed is crucial
- Child's trust in parent's ability improves outcome
- Fear and stress work against successful eating



Relational Eating Experiences

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- Similar to early infant mother feeding experiences
- Take full responsibility for child's food preparation
- Offer limited choices and lots of 'knowing'
- Physical proximity, available eye contact and affection while eating
- Relational attention and positive feedback
- Develop food related P/C rituals and routines



Verbalizing Your Child's Experience

40

- Notice food or feeding related behaviors out loud
- Comment on the need they are communicating
- Differentiate between 'Then and Now'
- Clarify differences in parent child roles



Reducing Stress Improves Eating

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- Too much cortisol for too long
- Predictability and safety reduce cortisol levels
- Optimal cortisol improves brain functioning
- Reduced cortisol encourages calm eating



Repetition Develops New Brain Pathways

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- Create new experiences of eating and mealtime
- Repetition develops new pathways in the brain
- Identify different outcomes and relate to safety



The Trust Model

“Feeding your child directly shows your child that you will take care of her and builds trust. Completing that cycle of need and meeting her needs, over and over again, is the basis for attachment”. (Rowell, 2012)



Principles of the Trust Model

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- Focus is not on what to feed your child but HOW to feed your child
- Feeding model is the same regardless of the age/stage of the child
- Eating capabilities are inborn and include self-regulation and food acceptance



Feeding This Child Requires Patience

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- Child may not follow the rules of the food pyramid, but at the end of the day, or week, things tend to even out.
- Patience is essential for children with a history of food insecurity.
- The relationship is essential to success so choose to connect.



Experimenting with Food Preferences

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- An experiential process!
- Child needs to see how others react to the food.
- Children needs to: play with it, smell it, touch it, put it in the mouth, spit it out.
- All this may need to happen before eating.



Consider External Factors Affecting Eating

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- Parent Child relationship
- Stress or chaos at home or school
- History of poverty and food insecurity
- Lack of sleep
- Lack of family meals
- Medications
- Bargaining, bribing child to eat
- Using forms of praise
- Excessive attention to feeding or food
- Substitution
- Excessive screen time



Division of Responsibility

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PARENT DECIDES

- WHEN it's time to eat
- WHERE to eat
- WHAT is going to be served to eat

CHILD DECIDES

- HOW MUCH to eat
- IF she will eat from what is provided



The 'What' of Feeding Your Child

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- Food prep is finished once the food is on the table, there are no separate meals.
- Even when texture is a challenge, you can introduce different flavours
- Serve something your child eats at every meal
- Include dips, sauces, toppings, and sprinkles
- Ignore what and how much your child is or is not eating



Hand Feeding Your Child

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- Promotes Eye Contact
- Promotes Close Physical Proximity
- Engages Parent in Helping
- Returns Child to Earlier Stage of Development
- Can be FUN!

Hand feeding your child is powerfully nurturing. Let him hand feed you too. Food speaks to the primitive part of the brain. It assures children they will be cared for and protected. The message that hand feeding sends is 'I mean you no harm.' It's a peace offering that earns trust.

Karen Purvis



How much to Offer a Child

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- Every child is unique
- Follow the child's lead
- Avoid sneaking food items into other prepared food
- Avoid supplements
- Look at developing quality of eating experience



Harmful Interventions

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- Placing/forcing food in child's mouth against his will
- Putting food in front of child until he gives in
- Enforcing methods that result in child visibly upset
- Punishing or shaming child at meals
- Bribing the child to eat certain things
- Not making eye contact with child



Model Trust Relationship with Food

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- Trust your child to eat
- Teach child to trust her own body
- Teach child to allow herself good tasting foods at regular intervals
- Support child to rely on using her internal cues
- No dieting/restricting
- No labeling food as being “good” or “bad”
- Avoid spending time with adults who make regular comments about weight, calories
- No teasing about body size or negative self-talk about your own body



Practical Applications

We are using case studies from the last 6 years of our clinical experiences through A Child's Song, working with foster and adoptive families to improve outcomes for children who have experienced early trauma.



Mealtime Strategies to Shift Distress

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- Predictability Fosters Safety
- Accurate Empathy Verbalized
- Direct Safety Reminders Before Meals
- Increased proximity Before and During
- Meet sensory needs proactively
- Backup plan for unsuccessful meals



Offering a Good Explanation

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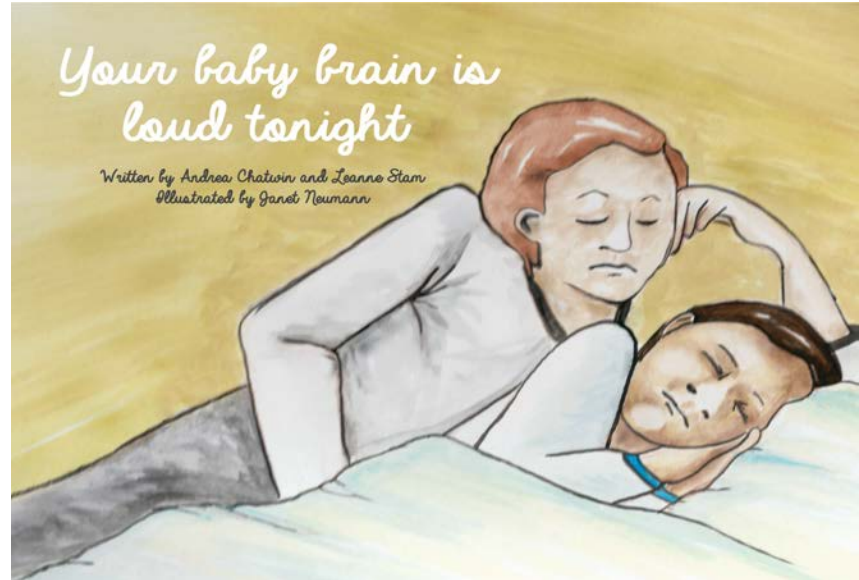
- Children are relieved to know they are OK
- Explanations for problematic behavior is soothing
- Explanations should consider development
- Frequent repetition is necessary
- Engage child in explanation over time



The Baby Brain Explanation

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- You have a big kid brain and a baby brain.
- The baby brain remembers everything.
- The baby brain gets upset when you don't feel safe.



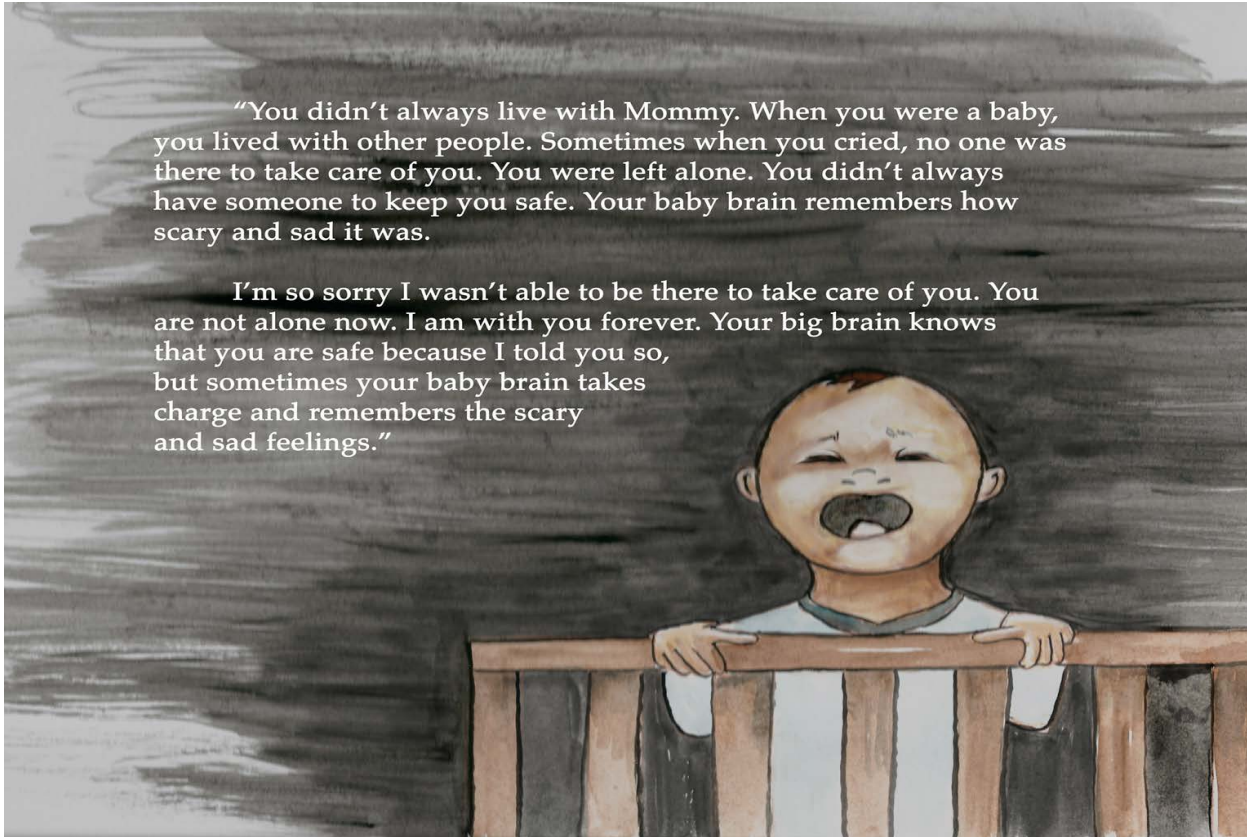


“Did you know that you have a big kid brain and a baby brain?” I asked. “Our baby brain remembers things from when we were very young.”



"You didn't always live with Mommy. When you were a baby, you lived with other people. Sometimes when you cried, no one was there to take care of you. You were left alone. You didn't always have someone to keep you safe. Your baby brain remembers how scary and sad it was.

I'm so sorry I wasn't able to be there to take care of you. You are not alone now. I am with you forever. Your big brain knows that you are safe because I told you so, but sometimes your baby brain takes charge and remembers the scary and sad feelings."



Accurate Empathy: Knowing What to Say

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- Acknowledge child's behavior and associated need
- Suggest alternate way to communicate need
- Empathize need regardless of whether its realistic
- Indicate plan to meet the need (now or later)
- Continue to use empathy with persistent distress



Mealtime Phrases for Parents/Caregivers

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- 'It's hard for your brain and/or body to calm down so you can eat.'
- 'At dinner your body remembers that it wasn't always safe.'
- 'When we sit to eat is when you need me to be close.'
- 'Eating used to be scary for you and you still aren't sure you are safe.'



Alternatives to Traditional Mealtimes

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- Eat before or after family mealtime
- Eat alone with one parent
- Join mealtime with snack or activity
- Physical connection by holding/touching at the table
- Eat outside of the kitchen or away from the table



Responding to Mealtime Meltdowns

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- Stay Present and Speak Quietly and Calmly
- Say Child's Name to Indicate Safety
- Be Prepared to Wait it Out
- Change of Temperature, Grounding and Sensory Experiences to Break into Consciousness



Meeting Sensory Needs at Meals

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- Sensory diet in the day impacts eating/meals
- Finding the stimulation balance before meals
- Try variety of mealtime sensory tools and strategies
- Experiment with textures and smells
- Deep Pressure
- Brushing
- Weighted Blanket/Lap
- Wobble Cushion
- Lycra Bands
- Fidget Toys
- Noise Cancel Headphones



Guidelines for Case Review

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- Identify Problematic Eating and Feeding Behaviors
- Identify Relevant Historical Events
- Relationship Between Historical Events and Corresponding Development
- Re-Conceptualize Behaviors as Grief, Attachment Bids or Impact of Implicit Memories
- Determine Best Explanation and Accurate Empathy
- Identify Needs and Responses to Meet the Needs



Recommended Resources

- Bacon, Linda (2008) *Health At Every Size*.
- Caslini, M. et al. (2015). Disentangling the association between child abuse and eating disorders: A systematic review and meta-analysis. *Psychosomatic Medicine*, 78, 79-90.
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- Faber, a., Dube, L., and Knauper, B. (2017) Attachment and eating: A meta-analytic review of the relevance of attachment for unhealthy and healthy behaviours in the general population. *Appetite*.
- Hopkins-Best, Mary (1997). *Toddler Adoption*.



Recommended Resources

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- Guillaume, S. et al. (2016). Associations between adverse childhood experiences and clinical characteristics of eating disorders. *Scientific Report*, 6, 1-7. Kolata, Gina (2008) *Rethinking Thin*.
- NCAST Programs <http://www.ncast.org/>
- Purvis, Karen (2001). *The Connected Child*.
- Rowell, Katja (2012). *Love me, Feed me: The Adoptive Parent's Guide to ending the worry about weight, picky eating, power struggles and more*.



Recommended Resources

- Satter, Ellyn (2005) Your Child's Weight: Helping Without Harming.
- Schorr, M. (2015). Cortisol measures across the spectrum. Journal of Clinical Endocrinol Metabolism, 100, 3313-3321.
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