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Feeding, Families, & Feelings: Embedding Families in Intervention

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Objectives

- 1) Participants will be able to describe the importance of incorporating families into feeding interventions
- 2) Participants will be able to identify practical strategies for parental involvement that can be applied to feeding interventions across ages and settings
- 3) Participants will be able to problem solve barriers to incorporating families into feeding interventions

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Overview

- 1) Traditional Feeding Approaches
- 2) Parental Stress and Anxiety
- 3) Family-Centered Care
- 4) Barriers
- 5) R-E-F-R-A-M-E
- 6) Intervention Strategies:
 - Engagement
 - Regulation
 - Education
 - Participation

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Traditional Feeding Approaches

- SOS Approach to Feeding (Kay Toomey, PhD)
- Beckman Oral Motor Assessment & Intervention (Debra Beckman, MS, CCC-SLP)
- Get Permission Approach to Pediatric Feeding Challenges (Marsha Dunn Klein, MEd, OTR/L, FAOTA)
- Talk Tools
- Behavior Modification Approaches

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Parental Stress and Anxiety

- Higher level of behavioral feeding problems across diagnoses:
 - Autism
 - Eosinophilic Esophagitis (EoE)
 - Food Allergies
 - Cerebral Palsy
 - Type 1 Diabetes
 - Gastroonomy Tubes
- Parents Report Stress related to:
 - Not being able to share burden of feeding with other caregivers
 - Impacting sleep, food preparation
 - Fear of not having what they need/something is unsafe
- Measures Include:
 - Parent Stress Inventory (PSI)
 - Life Participation of Parents (LPP)
 - Quality of Life Measures (QoL)
 - Qualitative Research

Avram et al (2014), Brotherton, Abbott, & Aggett, (2007), Curtin et al (2014), Fingerhut (2013), Kajornattana et al (2017), Wu et al (2012).

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Family-Centered Care

Basic Tenets of Family-Centered Care:

- Adopting a social systems perspective
- Placing the family as a unit of intervention
- Empowering families
- Promoting growth-producing behavior rather than treatment of problems
- Focusing on family-identified needs
- Building upon family's capabilities
- Strengthening the family's social network
- Expanding professional roles and the way the roles are performed

Dunst, C. J., Trivette, C. M., & Deal, A. G. (Eds.). (1994). Supporting & strengthening families: Volume 1: Methods, strategies and practices. Cambridge, MA: Brookline Books.

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Family-Centered Care

"... taking time to just be together is a critical and meaningful aspect of family occupation. Therefore, a family unit is more than a unit engaged in doing. As practitioners, we need to understand who the families want to be and how they can engage in meaningful experiences together. I believe this is the core of family-centered care and meaningful occupation-based practice."

- DeGrace (2003) p. 348

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Family-Centered Care

- Survey and interview of 54 pediatric OTs
 - Most (88.89%) felt comfortable implementing family-centered practice
 - Only 48.18% "almost always" implemented family-centered care
 - About half (53.7%) felt that barriers influenced implementation
- Barriers to family-centered practice for OTs
 - Characteristics of the family
 - Language, socioeconomic status, culture, and personal stressors
 - Characteristics of the setting
 - Budget cuts, high caseloads, changes in eligibility guidelines, and perceived focus of the funding source

- Riley et al (2017)

- Fingerhut et al (2013)

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Barriers

- Parents' picky eating and difficulty modeling new foods
- Parents' tolerance for messy play
- Parents' difficulties picking up on playfulness with foods
- Parents offering rewards or consequences without consulting therapist (doesn't jive with feeding approach model)
- Parents are often distracting or anxious during mealtimes, put pressure on children that therapist would not
- Parent/child dynamic around food is so stressed, helpful to work on food first, relationship later
- Parents' anxiety around getting child to eat; difficult to manage simultaneously with child's anxiety/behaviors/skills

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R.E.F.R.A.M.E. Mealtimes Model

- Mental health lens to feeding intervention
- Considers multiple factors impacting mealtimes and eating
 - Relational
 - Familial
 - Cultural
 - Environmental
 - Child
- Encourages communication across providers
- Embeds family within intervention
- Developed by Sonia Trejo, MA, OTR/L, SWC in collaboration with Karen Park, OTD, OTR/L, SWC, CLE

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R.E.F.R.A.M.E. Mealtimes Model

- R - Relationship
- E - Enjoyment
- F - Family
- R - Refer & Connect
- A - Abilities
- M - Mealtime Factors
- E - Educate & Equip

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Intervention Strategies

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ENGAGEMENT


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Engagement

- **Be present:**
 - Center yourself before the session to be present to engage the parents
- **Assessment: Initial interview**
 - Get parent's perspective
 - Ask for parent's interpretation of the child's behavior or skills
 - Strive to understand the parent's experience of the child's feeding
 - ...and empathize with their experience
 - Strengths-based approach:
 - Identify parent & family strengths
 - Ask parents what they are hoping for and what they would like out of both the assessment and the intervention
- **Therapy:**
 - Ask how the parent is feeling and how the family is doing every session
 - ...and then really listen and genuinely respond

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Engagement


“Lead with **CURIOSITY**”

“**EMPATHIZE**”

“**WONDER** with the parent”

“Help the parent think about **THEIR EXPERIENCE... with EMPATHY**”


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Engagement

- **Notice**
 - Level of parent engagement; adjust your role and intervention
- **Empathize**
 - With the parent's experience
- **Narrate**
 - To increase sense of being seen and understood
- **Reflect**
 - Wonder with the parent to increase reflective capacity
- **Praise**
 - Efforts, carry-over, and honesty


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Engagement

- **Set the tone for your roles within the feeding therapy**
 - Where will you sit? Where will the parent sit? Who will feed the child? What will you do? What will the parent do?
 - How can you structure the session to increase the parent's feeling of confidence and sense of competence with feeding their child?



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Engagement

- **Set the expectations for family participation from the start**
 - This is the family's time (not just the child)
 - Recognize that you are treating the family occupation of mealtimes... and allow your sessions to reflect that
- **Give the parents the time they need**
 - What they need may change week to week
 - Meet with parents individually
 - Provide the child with a play activity while you have a discussion with the parent that contributes to the family's therapeutic process
 - Follow-up phone calls



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Engagement

Reflection Activity:
Think of your earliest childhood memory related to eating or mealtimes



- Where were you?
- Who was there?
- What were you doing?
- What were others doing?
- Describe the scenario step by step - paint a picture.

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Engagement



- **Reflective Activity (cont.)**
 - Share your memory with a partner
 - Listen to your partner's story and really try to understand their experience
 - Consider your partner's experience of joy or displeasure with respect to food and mealtime relationships
 - Notice and empathize

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Engagement

- **Bring reflection into the OT sessions**
 - Explore parents' childhood feeding stories
 - Note experiences that created joy or displeasure
 - Ask parents about their early feeding experiences
 - Ask parents what they learned from their parents about feeding
 - What were the rules?
 - What did they bring into their parenting?
 - What do they want to do similarly or differently?



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Engagement

Ask reflective questions:

- Assessment:
 - Why do you think she is ____?
 - What do you think it is like for him when ____?
 - What is your experience during mealtimes?
 - What is it like for you when ____?
 - How would you like mealtimes to look?



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Engagement

Ask reflective questions (cont.):

- Treatment:
 - What did you notice about her response when you ____?
 - Why do you think he smiled right then?
 - What do you think it is like for her to ____?
 - I noticed you paused when feeding him. What did you see him do that made you think to stop?
 - How does she tell you that is all done?
 - What do you think would happen if ____?
 - What helps him calm down?
 - In what way does it bother you when ____?

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Engagement

- **Documentation:**
 - Report writing
 - Include the parent interview
 - Parent's primary concerns, parent's report of current status, and parent's hopes for intervention outcomes
 - Goal writing
 - Collaborate with the parent on setting short and long-term goals
 - Include the parent in the actual goals
 - "Harper will remain seated at the table and interact with all foods presented during family mealtimes at home"
 - "Liam will accept 50% of spoonfuls offered from his mother over 2 out of 3 meals, 3 out of 4 weeks."
 - "Jade will engage in food play activities with her father during 3 out of 4 therapy sessions."
 - Clinical notes
 - Discuss the parent role, the parent's progress, and home recommendations provided to parent

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Engagement

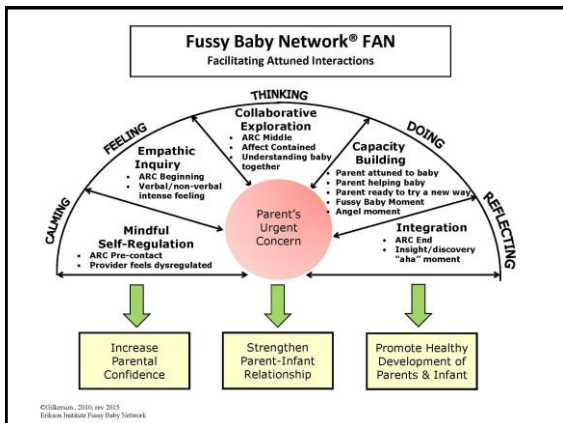
- Considerations for engagement:
 - Cultural sensitivity
 - What is the parent comfortable sharing and doing related to food?
 - Family's history of joy and displeasure during mealtimes
 - History of trauma for the child or other family members
 - Consider medical trauma
 - Family's readiness for different aspects of feeding intervention
 - Increase your awareness of compassion fatigue and burnout
 - Support each other in developing a reflective workplace culture

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REGULATION

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Regulation

- Support the parent's regulation
 - Notice
 - Closely observe the parent's responses
 - Empathize
 - To create safety
 - Narrate
 - To increase awareness
 - Reflect
 - To identify triggers and learn from responses in past experiences
 - Praise
 - Efforts and attempts to cope with big feelings

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Regulation

- Support co-regulation between the parent and child
 - Notice
 - Empathize
 - Narrate
 - Help the parent notice and understand the “why” behind the behavior to allow the parent to be present to co-regulate
 - Use narration to model and scaffold reading cues
 - Support with interpretation and attributions to behavior
 - Be the voice for the actions and the “why”
 - Model being the child's voice... then allow the parent to take on that role
 - Reflect
 - Reflect on sessions, child's responses, parent's experience
 - “I wonder...” “How was that for you?” “What was it like for you when ____” “What do you think it was like for him when ____”
 - Praise
 - Efforts to stay calm and to co-regulate
 - Increase parent's sense of confidence to co-regulate their child

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Regulation

- Continue to practice and model calming strategies
 - Deep breaths
 - Taking a break
 - Cognitive strategies
 - Sensory strategies
 - Environmental adaptations



Strive for everyone to be calm for end of session to have positive associations with feeding therapy → better carry-over

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Regulation



- **Parallel Process:**
 - Passing on the emotional tone from your interactions with the parent to the parent's interactions with the child
 - Consider our attributions for the parent's behavior/responses
 - Remember that your relationship with the parent sets the tone for the session and for the interactions with the child
 - Ex. If you respond to the parent's stress and frustration with empathy and validation, the parent will feel understood and be more receptive to intervention... and the parent will more likely respond to the child's stress and frustration with empathy and validation.
 - Ex. If you want the parent to learn to read the child's cues, respect the child's limits, and gradually scaffold the activity, then first read the parent's cues, respect the parent's limits, and gradually scaffold for the parent

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Regulation



- **Considerations for regulation**
 - Give the parents permission to take the time to do what they need to self-regulate prior to the feeding interaction
 - Give yourself permission to take a moment between clients to calm and be regulated and present for each family
 - As OTs, give ourselves permission to spend as much time on regulation in the sessions as needed before moving on - this is the therapy

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EDUCATION & TRAINING

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Education

Before you begin:

- Understand where you are starting (and help family understand)
- Explain the approach/model and its relevance
 - Emphasis on the bigger picture
 - Teach breakdown of the steps and connection to bigger picture
- Determine child and family's learning style
- Consider literacy and cognitive abilities
- Use visuals to support understanding

Satter, E. (2000). Child of mine: Feeding with love and good sense. Bull Publishing Company.

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Education

Pre-Session:

- Gather, prepare, or create appropriate handouts to support therapeutic process and needs
- Remember agreed upon plan and follow through
 - Gather materials for special planned activities
 - Reminder to family, as needed
- Take a breather—your regulation and readiness serves as a model


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Education

In-Session:

- Check-In
 - Basic check-in FIRST
 - Find strategy that works best for the family
 - Determine parent's regulation/engagement
- Support Success
 - Training/education methods can vary
 - Verbal—explanation, reflection, or questions
 - Visual tools—handouts or videos
 - Explain scaffolding and rationale for strategies used
 - Teach across relevant family members/caregivers
 - Encourage other caregivers to attend
 - Field-visits, if able
 - Written handouts to educate other family members

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Education

In-Session (cont.):

- **Support Parent-Child Understanding**
 - Experiential activities
 - Empathy book
 - Social stories
 - Narrate experience and emotions
 - Ask questions—What did you notice?
- **Create Confidence**
 - Praise every effort
 - Reflect on successes (big and small)
- **Confirm Comfort & Learning**
 - Review and agree on plan
 - Have family tell or teach you what they learned
 - How would you explain this to other family members?

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Education

Post-Session:

- Strategies for home:
 - Be clear on plan and expectation
 - Use tracking logs, if appropriate
 - Provide visuals for successful carry-over
 - Ensure understanding and feasibility
 - Ask: What feels manageable to do at home? What questions do you have?
- Self-care for parents:
 - Emphasize importance
 - Teach parent to give self permission for self-care
 - Problem-solve barriers to self-care
 - Assign self-care homework, if needed

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Education

Considerations:


- **Don't educate unless they are ready**
- **Regulation and engagement are essential**
 - Focus on this as long as needed
 - Return to this as needed
 - Remember the FAN
- **Learn before you educate**
 - Know the child/family routines, schedules, and mealtime structure
 - Supports appropriate strategies and realistic expectation
- **Provide check-in sessions, as needed**
- **Praise honesty and give permission to be honest**
 - Model empathy
 - Praise efforts or observed growth
 - Explore barriers and problem-solve

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PARTICIPATION


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Participation

- **Before the session/outside the session:**
 - Provide parents background and opportunity to understand what you are hoping to have them do
 - Have parents brainstorm (and practice) how they will interact with food & include the child in the activity
 - Coach parents on how to read child's cues

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Participation

Considerations:

- Consider the “Just Right Challenge” for parents
- Always assess regulation (of parent and child)
- Prioritize the parent/child relationship

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Participation

Work to take yourself out of the equation:

Child + Parent + Therapist + Food + Relationship = Successful Mealtime

Becomes

Child + Parent + Food + Relationship = Successful Mealtime

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Participation

- Within the session--scaffold:
 - Narration
 - Modeling
 - Take Turns
 - Coaching
 - Move distally
- After the session:
 - Reflect

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Participation: Giving Away the "Magic Moments"

- As therapist, we know how to regulate child, get child to try new things, enjoy the successes
- BUT, to enfold families into intervention we need to give these "magic moments" away to the parents!
- Hits at ultimate goals of supporting the parent/child relationship, decreasing stress around mealtimes, and working yourself out of the equation
- Look at the parents' faces in the moment and consider these your new successes and magic moments!

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Supporting Children's Emotional Development: The Use of Empathy Books

Francis F. Lueken, Ph.D.

Empathy Books

What are Empathy Books?

- They are simple books adults make for children to connect with them and help them understand what is happening in their lives.
- They can be compared to the Journal writing that many adults use to support themselves.
- Adults can make books for children when children begin to use symbols to share meanings at about 18 months.

How do empathy books support children?

- They describe the child's experience and feelings and support the development of children's capacity for reinternalization. Children "feel left" by the adult.
- They foster the development of affect regulation.
- They communicate that reading and writing are valuable ways to access the world.

How do empathy books support adults?

- They help adults be present and attuned to the child's experience.
- They provide the adult a moment to pause, emotionally regulate, and engage their own reflective capacity.
- They give adults a simple way to communicate with children, repair ruptures in the relationship, and give empathy.

When can empathy books be used?

- To prepare children for an upcoming event or changes in their lives (eg. Starting school, going to the doctor, etc).
- To resolve conflicts and identify feelings and needs driving behaviors.
- To help children understand limits.
- To help understand a stressful or traumatic event.
- Almost every life situation can be made into a book.

How do you make empathy books?

- Adopt an empathic stance with the child. When making a book, the adult is trying to deeply connect with the child.
- Take one or two pieces of paper, fold them in half.
- Draw the child on the cover with some identifiable feature (eg. curly hair, striped shirt).
- Name the book with the child's name and subject. Eg. "Mary's book about her angry feelings".
- Draw simple pictures in each page. Simple stick figures work well.
- Write words describing the situation followed by the child's feelings. With younger children, may only draw pictures.
- Use lower case letters. These are the letters they will learn when they start school.
- Use words the adult would use. E.g. "Alex is sad. He is crying".
- If appropriate, include a solution to the problem.

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Empathy Book - Practice Activity

Scenario:

Johnny was excited to have yogurt as his afternoon snack. As he began to eat it, the bowl tipped over and spilled all the yogurt. Johnny was very upset and began to cry. His mother gave Johnny more yogurt.

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Empathy book - Example

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TAKE HOME POINTS

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Overarching Principles

- Consider parents as essential players in the feeding therapy
- Understand the impact of stress on parents
- Lead interventions with empathy
- Individualize intervention for every parent
- Continual check-in - always come back to regulation
- Scaffold for everyone—parent as well as child
- Work yourself out of the equation

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Take Home Points

Engagement

- Set the tone for roles in therapy
- Set the expectation for participation
- Give the family the time they need
- Add family into goals and goal-writing process

Regulation

- Continue to practice and model calming strategies
- Ask reflective questions
 - Why do you think she is _____?
 - What do you think it is like for him when _____?
 - What is your experience during mealtimes?
 - What is it like for you when _____?
 - How would you like mealtimes to look?
 - What did you notice about her response when you _____?
 - Why do you think he smiled right then?
 - What do you think it is like for her to _____?
 - I noticed you paused when feeding him. What did you see him do that made you think to stop?
 - How does she tell you that is all done?
 - What do you think would happen if _____?
 - What helps him calm down?
 - In what way does it bother you when _____?

Education

- Learn before you educate
- Don't educate unless they are ready
- Check in
- Support success - consider learning style, scaffold as needed
- Create confidence
- Confirm comfort and learning
- Praise honest and effort

Participation

- Prepare family with session expectation and strategies
- Strategies to support parent participation include:
 - Modeling
 - Narration
 - Coaching
 - Scaffolding
 - Take Turns
 - Reflect

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Take Home Points

Empathy book video: <https://www.youtube.com/watch?v=ruzGK8ySay0&feature=youtu.be>

Erikson Institute: <https://www.erikson.edu/news/fan-tool-developed-by-eriksons-fussy-baby-network-has-become-a-national-model/>

The diagram shows a central circle labeled 'Parent's Urgent Concern' surrounded by four quadrants: 'FEELING' (Empathic Inquiry), 'THINKING' (Collaborative Exploration), 'DOING' (Integration), and 'SAYING' (Mindful Self-Regulation). Each quadrant lists specific actions and leads to a box: 'Increase Parental Confidence', 'Strengthen Parent-Infant Relationship', and 'Promote Healthy Development of Parents & Infant'.

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