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Addressing Feeding Concerns in Children & Understanding Individualized Approaches to Nutrition Therapy

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NDAND Nourishing Health

Welcome- About Me

Jami received her master's degree in Nutrition with specialization in nutrition education and counseling from the University of North Dakota in 2020 and holds a dual bachelor's of science degree in Community Nutrition (2013) and Dietetics (2022). She has worked as a child nutrition professional since 2013 with background in pregnancy and lactation, women, infants and children as a Child Nutrition Specialist for the state of North Dakota and Child Nutrition Manager, now consultant, for Head Starts/Early Head Starts and Migrant and Seasonal Head Starts throughout the United States. She is the founder & CEO of Headwaters Nutrition Counseling, LLC.

Jami is nationally recognized as a Farm to School and Early Care advocate and a national conference speaker. She has authored a Farm to Early Care curriculum that coincides with Head Starts creative curriculum allowing teachers to easily incorporate it into their classrooms while meeting learning objectives and Head Start Performance Standards.

As a passionate Dietitian Nutritionist she has dedicated her professional on-going training to include pediatric nutrition therapy, neurodivergent eating issues, sensory feeding issues, ARFID, and eating disorders.

Jami is a Certified Lactation Counselor, Certified Food Protection Manager and MN approved Food Service Manager CEU trainer. She serves on multiple boards including the Board of Directors for the Association of State Public Health Nutritionists (Chair for National Fruit and Vegetable Council) , past Board of Directors member for the National CACFP Sponsors Association and the University of North Dakota's Nutrition and Dietetic Advisory Committee. She is an active member of the American Academy of Nutrition and Dietetics Association and MAND.

Jami is a wife and the mother of 2 busy kids. She enjoys family time, anything outdoors, and being a hobby farm enthusiast.

Jami Rokala

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My Mission

As a provider, it is my mission to to support and listen to families and children & understand their struggles in order to support parents and children in their success.

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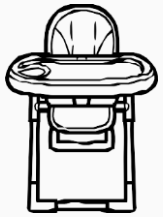
Objectives

Picky Eating, selective eating, and the new kid on the block ARFID

Recognize red flags & nutrition concerns



Therapy approaches for feeding concerns

Your role in supporting children with feeding concerns

Lets Roll

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Picky Eating

Generally eat less than 30 different foods

- Will normally accept and eat food after taking a 2 week break without eating it
- Able to tolerate new food, can usually touch or taste a new food, even if they are reluctant
- Eat at least one food from most food textures and nutrition groups
- May want different foods at a meal than family, but will sit at the table and eat
- Add new foods in their repertoire in 20-25 steps

- https://sosapproachtofeeding.com/wp-content/uploads/2019/01/Picky-Eaters-vs-Problem-Feeders-Color-white.pdf

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Selective/Problem Feeders

- Have a restricted range or variety of foods less than 20 foods
- Will rarely ever accept a food again after they food jag, often leads to a decreased number of foods
- Cry, Protest, and "fall apart" when presented with new foods
- Refuse entire categories of food textures and nutrition groups
- Almost always eat different foods at meals than their family, and often don't eat at the same time
- New foods take more than 25 steps

https://sosapproachtofeeding.com/wp-content/uploads/2019/01/Picky-Eaters-vs-Problem-Feeders-Color-white.pdf

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Avoidant Restrictive Eating Disorder (ARFID)

- Newly diagnosed DSM-5, previously called "Selective Eating Disorder"
- Child does not consume enough calories to grow and develop properly. Results are stalled weight gain and vertical growth.
- Do you feel like your house is so full of your stuff?

According to the DSM-5, ARFID is diagnosed when:

An eating or feeding disturbance (e.g., apparent lack of interest in eating or food; avoidance based on the sensory characteristics of food; concern about aversive consequences of eating) as manifested by persistent failure to meet appropriate nutritional and/or energy needs associated with one (or more) of the following:

- Significant weight loss (or failure to achieve expected weight gain or faltering growth in children).
- Significant nutritional deficiency.
- Dependence on enteral feeding or oral nutritional supplements.
- Marked interference with psychosocial functioning.

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3 ARFID Profiles

- Lack of interest: Clients with this type of ARFID have a genuine lack of interest in eating and food. Get full quickly.
- Sensory Avoidance: Clients with sensory avoidance have issues with food tastes, textures, temperatures, and smell.
- Fear of Aversive Consequences; fear of illness, choking, nausea, and allergies

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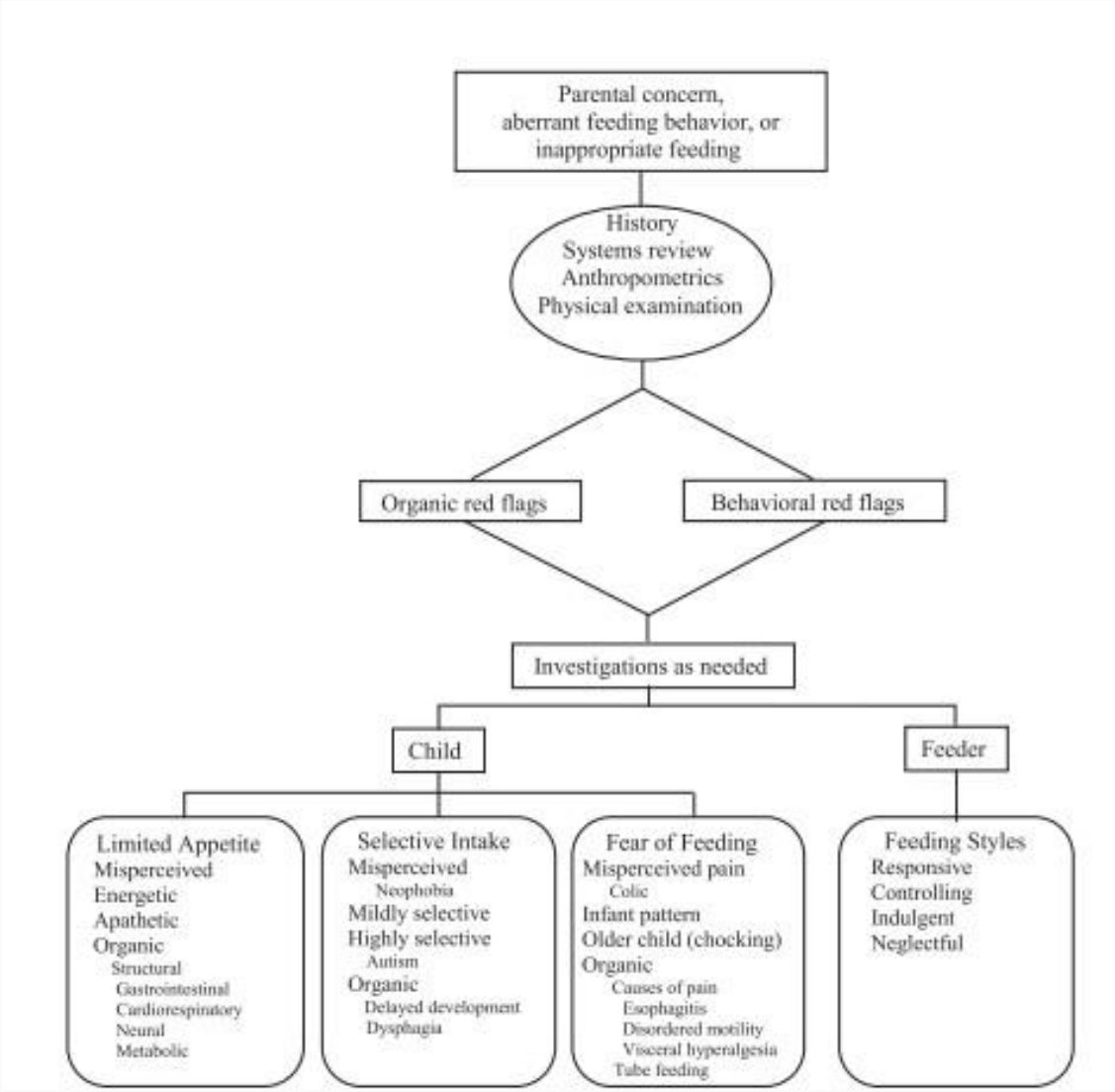

Kerzner, B., Milano, K., MacLean, W. C., Jr, Berall, G., Stuart, S., & Chatoor, I. (2015). A practical approach to classifying and managing feeding difficulties. Pediatrics, 135(2), 344–353. https://doi.org/10.1542/peds.2014-1630

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Red Flags: some children who need help don't get it

Presenting Features of Feeding Difficulties

Prolonged mealtimes

Food refusal lasting <1 mo.

Disruptive and stressful mealtimes

Lack of appropriate independent feeding

Nocturnal eating in a toddler

Distraction to increase intake

Prolonged breast of bottle-feeding

Failure to advance texture

Kerzner, B., Milano, K., MacLean, W. C., Jr, Berall, G., Stuart, S., & Chatoor, I. (2015). A practical approach to classifying and managing feeding difficulties. Pediatrics, 135(2), 344-353. https://doi.org/10.1542/peds.2014-1630

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Red Flags: some children who need help don't get it

Organic Red Flags

Dysphagia

Aspiration

Apparent pain with feeding

Vomiting and diarrhea

Developmental delay

Chronic cardio-respiratory symptoms

Growth failure

Kerzner, B., Milano, K., MacLean, W. C., Jr, Berall, G., Stuart, S., & Chatoor, I. (2015). A practical approach to classifying and managing feeding difficulties. Pediatrics, 135(2), 344–353. https://doi.org/10.1542/peds.2014-1630

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Red Flags: some children who need help don't get it

Behavioral Red Flags

Food fixation (selective, extreme dietary limitation)

Noxious (forceful and/or persecutory)feeding

Abrupt cessation of feeding after a trigger event

Anticipatory gagging

Failure to thrive

Kerzner, B., Milano, K., MacLean, W. C., Jr, Berall, G., Stuart, S., & Chatoor, I. (2015). A practical approach to classifying and managing feeding difficulties. Pediatrics, 135(2), 344–353. https://doi.org/10.1542/peds.2014-1630

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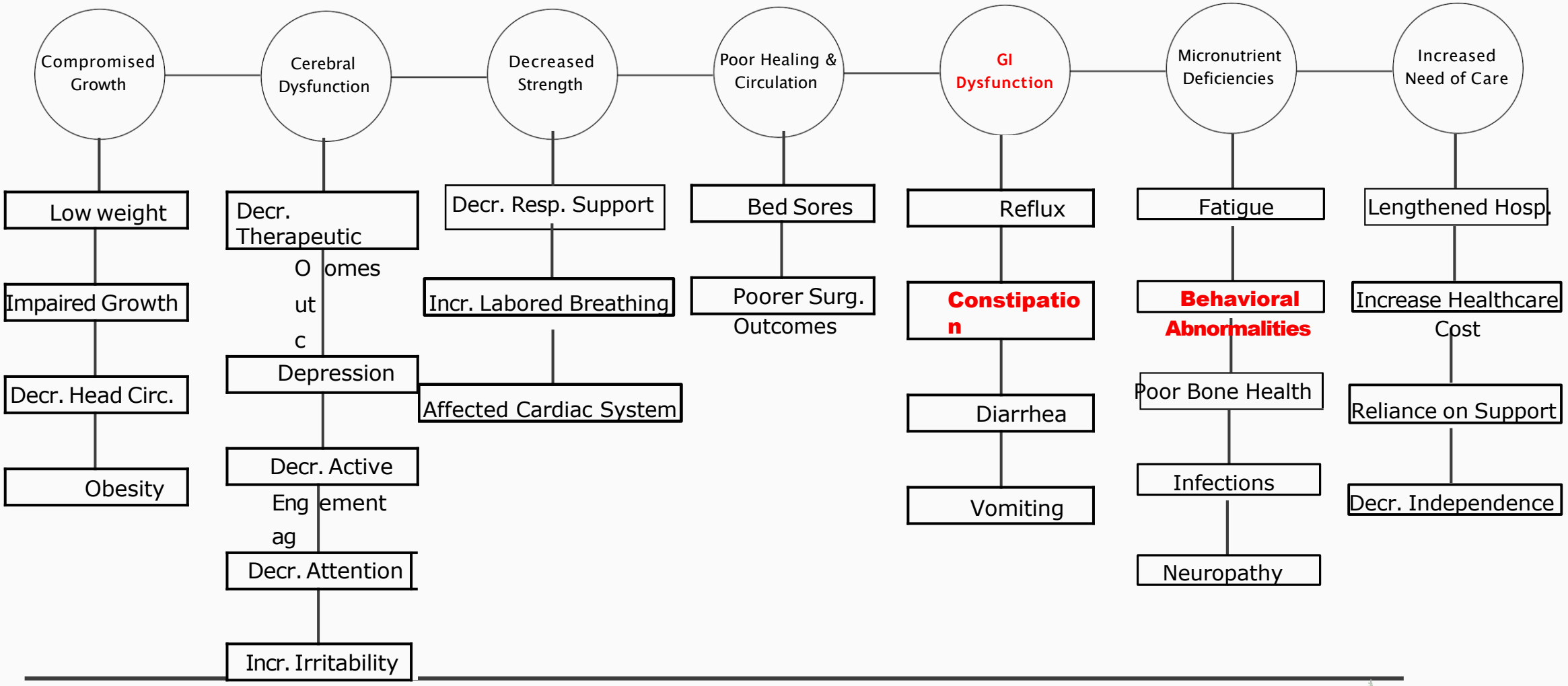
Consequences of Poor Nutrition



Leonard, M., Dain, E., Pelc, K., Dan, B., & De Laet, C. (2020). Nutritional status of neurologically impaired children: Impact on comorbidity. Archives de pediatrie : organe officiel de la Societe francaise de pediatrie, 27(2), 95–103. https://doi.org/10.1016/j.arcped.2019.11.003

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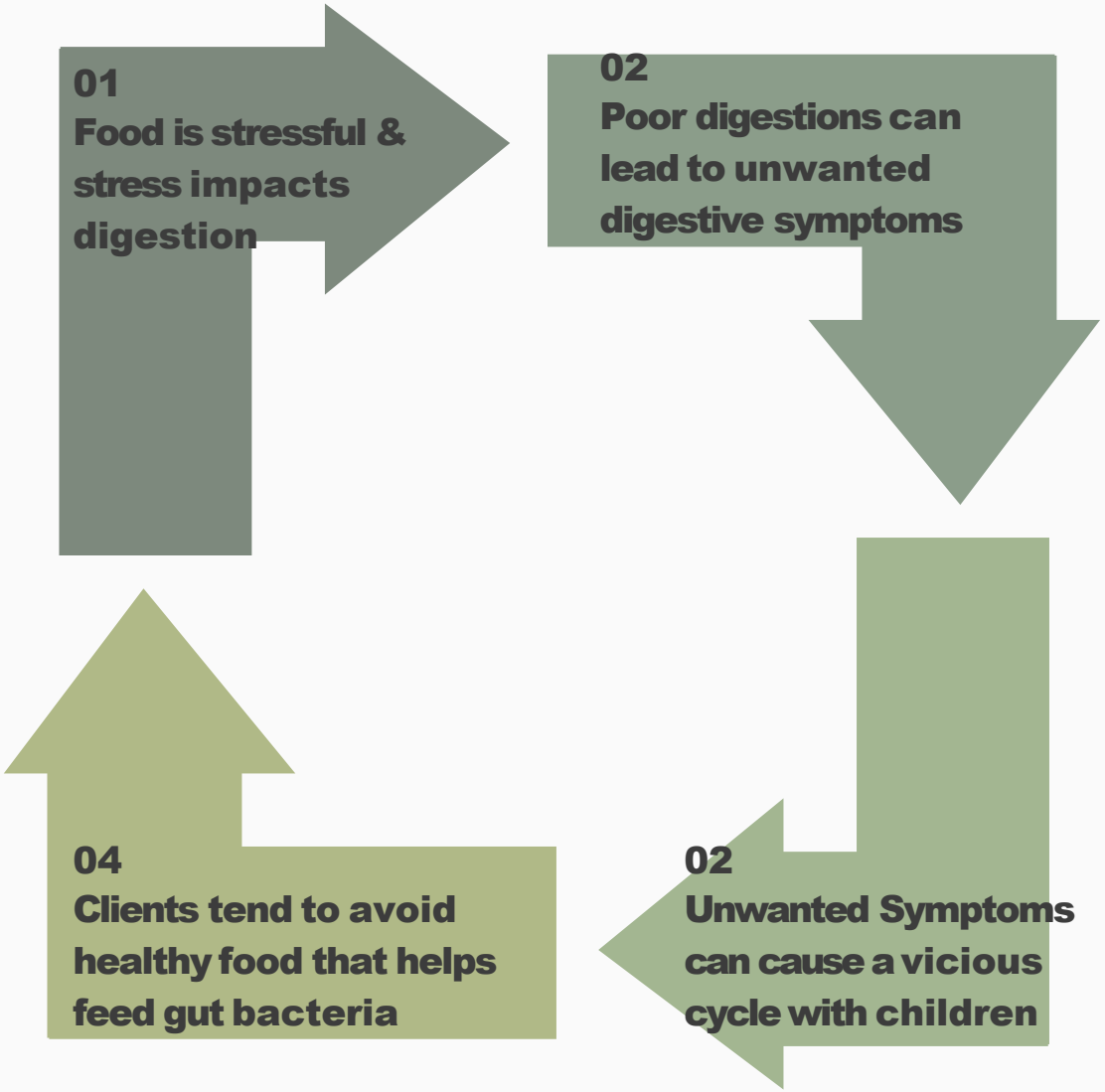
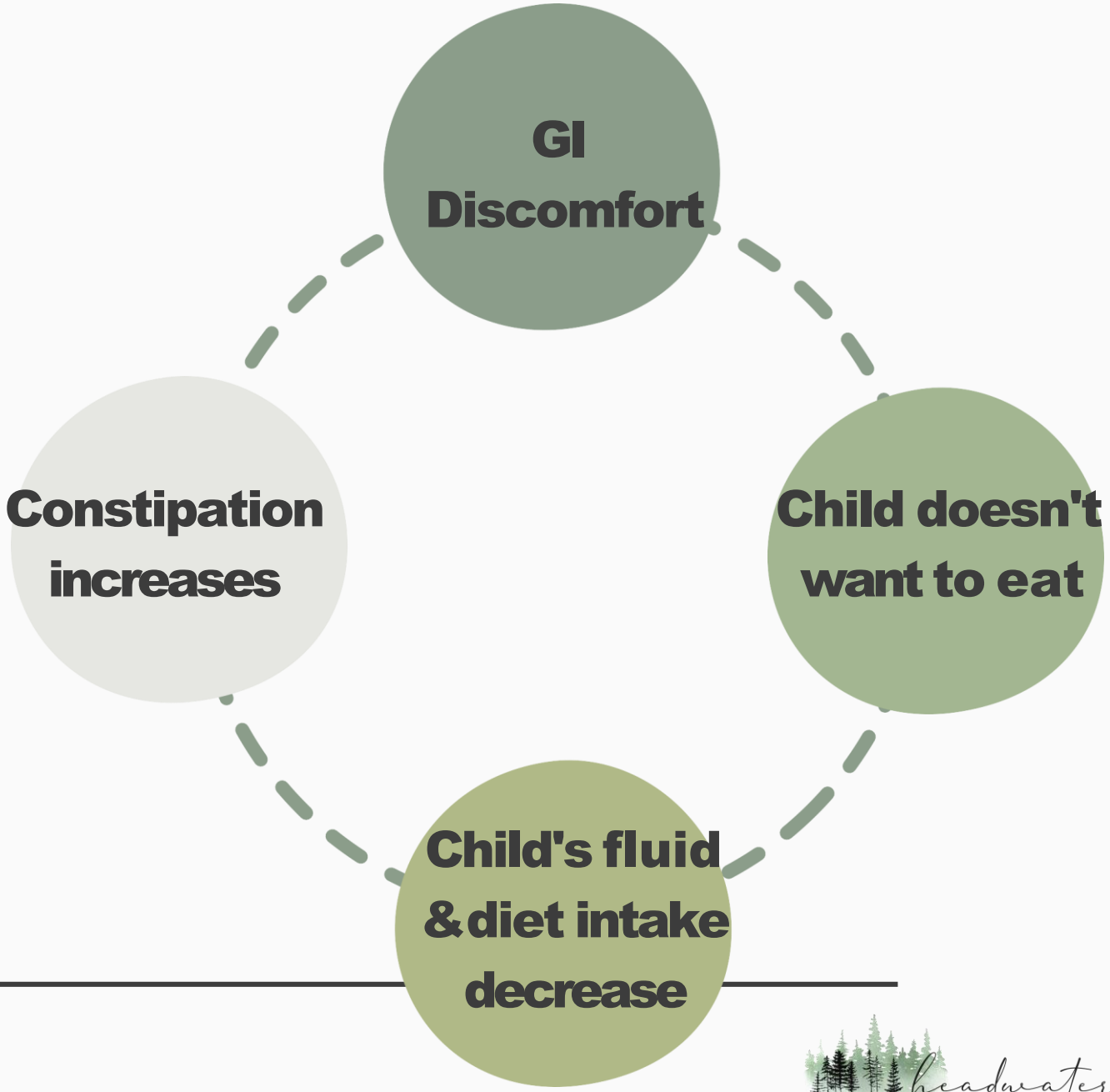


How does this apply?

Constipation



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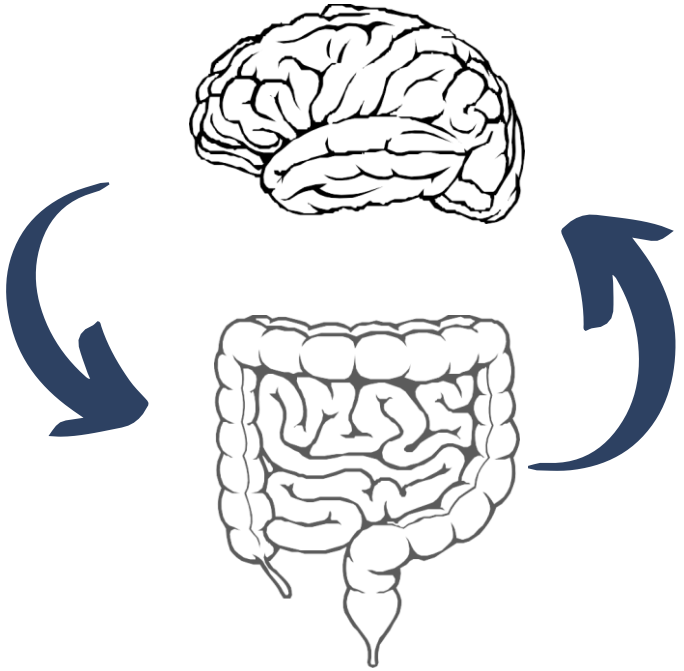
VEGUS NERVE

Gut is lined with the enteric nervous system (dense set of nerve endings);has more nerve endings than the spinal cord; Vagus nerve directly connects the gut and the brain.



IMMUNE SYSTEM

Immune system is housed in the gut (70-80% of immune tissue); Immune system response is communicated to the brain from the gut.

NEUROTRANSMITTERS

Neurotransmitters and small molecules in the blood that are made in the gut are directly absorbed into the circulatory system (blood) through the gut lining.

(https://www.drheatherfinley.co/)

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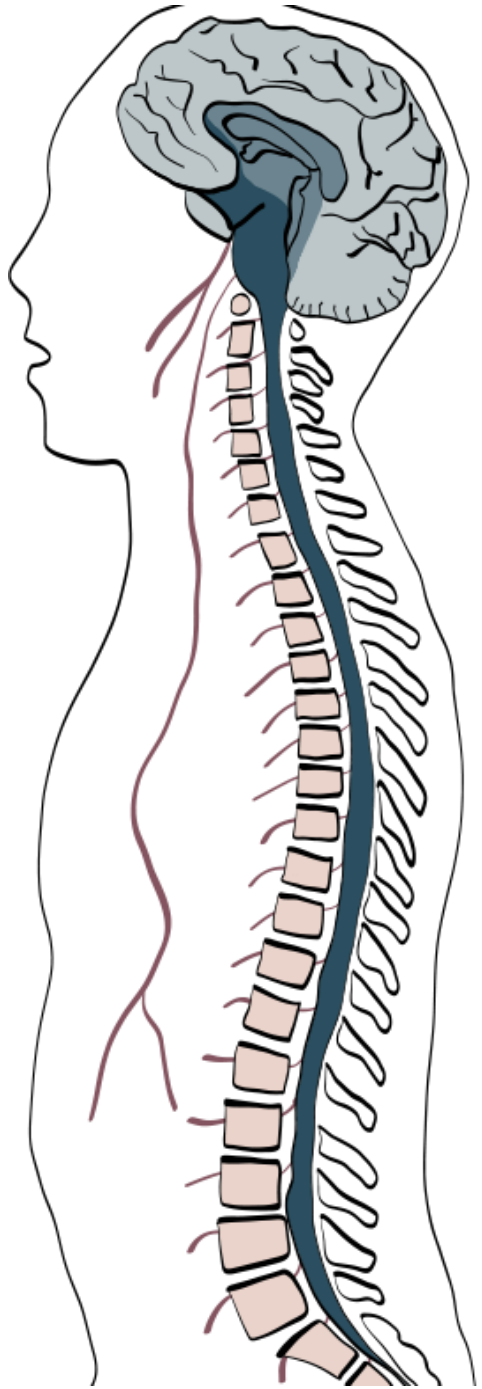

Vagus Nerve

- Dictates fight or flight OR rest and digest
- Provides parasympathetic supply to decrease heart rate
- Stimulates contraction of the smooth muscles of intestines and glandular secretion
- Pushes food into the small intestine
- Responsible for regulation of digestion, heart rate, respiratory rate, vasomotor activity, and reflux reactions

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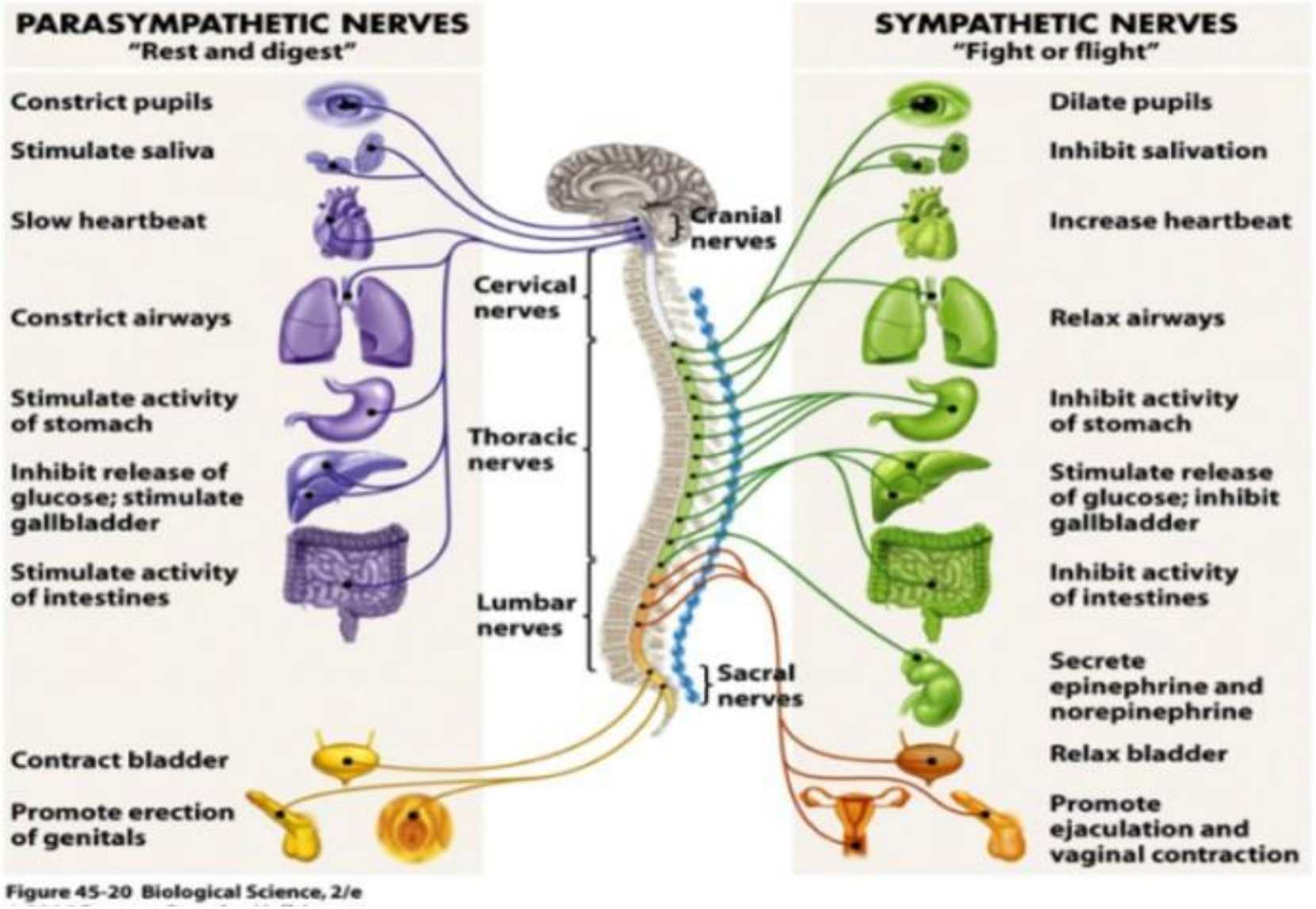

Figure 45-20 Biological Science, 2/e

https://fourdirectionswellness.com/2017/02/27/lets-talk-stress-kids/

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1

Identify the sources of your child's stress

Physical Stress
Psychological Stress
Psychosocial Stress
Physiological Stress including under eating

2

Make time for fun and relaxation

As a parent incorporating stress reduction techniques for your child is important. Here are some stress reducing activities.

- Taking a class together on meditation or yoga. Here is my favorite child youtube channel: http://bit.ly/cosmickidsyoga
- Meditating together at home through music/voice meditation.
- Checking in with your child to gauge their stress level. If your child continues to express signs or symptoms of stress, you may wish to consider seeking professional help.

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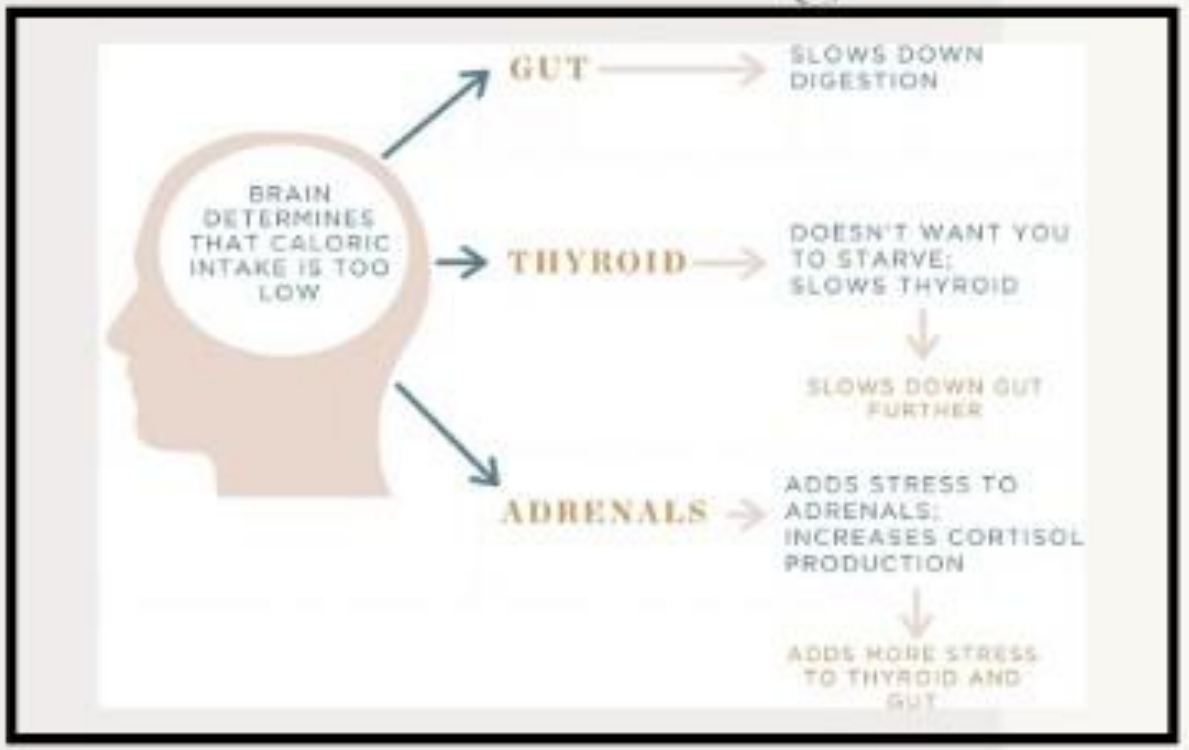
3 Maintain a healthy lifestyle: chronic undereating and the gut



(Finley)

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How can we help?

Activity: Pass out blueberries and crackers.

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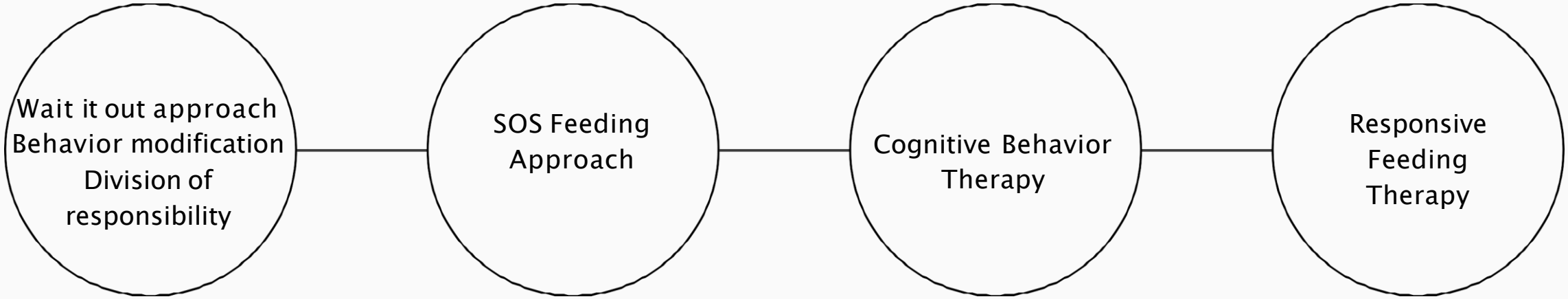
No One Size Fits All



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Wait It Out Approach

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Satter's Division of Responsibility

Parent's Responsibility

- What
- When
- Where

Child's Responsibility

- How much
- Like or Dislike

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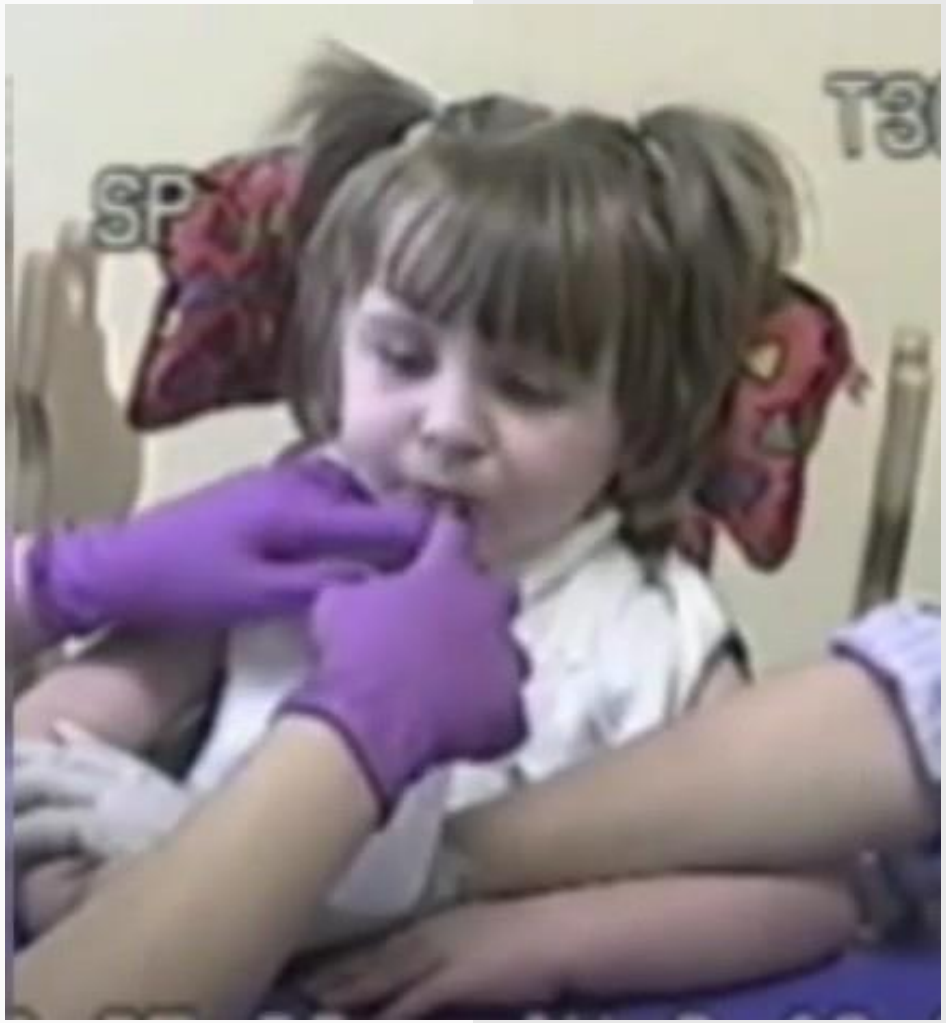
Behavior Modification

Commonly used by behavioral psychologists.

- Positive reinforcement: praise, rewards, reinforcer, distraction
- Negative reinforcement: withholding preferred food until eats non-preferred, withhold attention/eye contact, stop or limit technology
- Escape extinction: Target 'behavior' does not enable escape of aversive situation
- Adults take full control, self-feeding not allowed



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SOS Approach

- Focuses on quality over quantity with aim to refine and develop feeding skills that are needed to be a successful and safe eater

TENET 1 = Myths About Eating interfere with understanding and treating feeding problems.
TENET 2 = Systematic Desensitization is the best first approach to feeding treatment.
TENET 3 = "Normal Development" of feeding gives us the best blueprint for creating a feeding treatment plan.
TENET 4 = Food Hierarchies/Choices play an important role in feeding treatment.

https://sosapproachtofeeding.com/introduction-to-the-sos-approach-to-feeding-program/

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Cognitive Behavior Therapy-AR

CBT-AR goals are to acheive or maintain a healthy weight, correct nutritional deficiencies, eat foods from the 5 food groups, and feel more comfortable eating in social situations.

4 stages over 20-30 sessions

1. Learn about ARFID and make Early Changes
2. Continue early changes and set big goals
3. Face your fears
4. Prevent relapse

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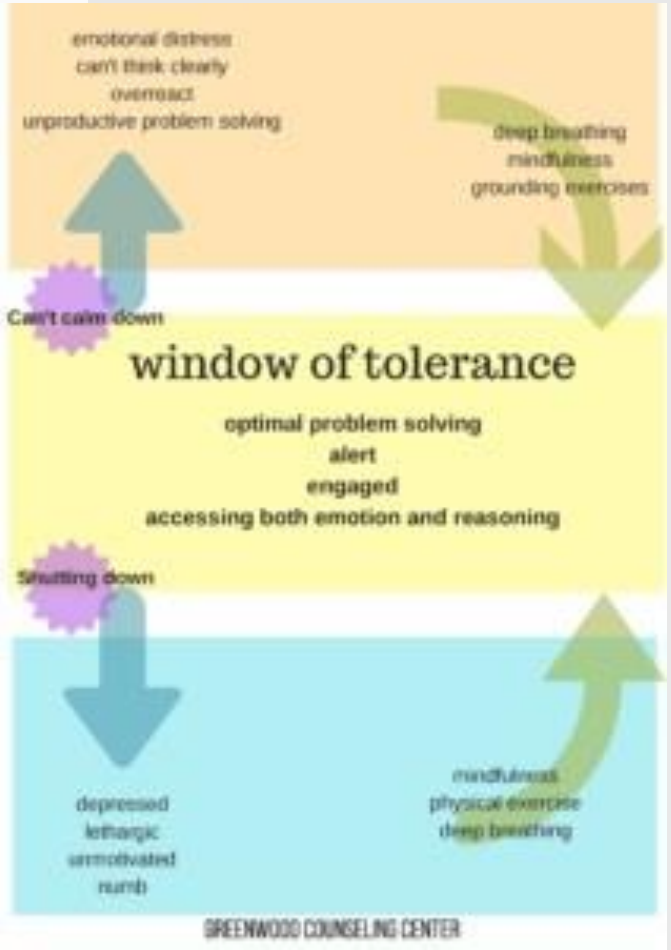
Responsive Feeding Therapy

- The child's bodily integrity ("my space, my body") must be respected
- Strategies to 'get' children to engage with a food or therapy task
- The child's agency ("I decide") must be prioritized
- Crying, gagging, or vomiting are not 'behaviors to extinguish',
- Therapeutic goals are guided by the child's current presentation, skills, and readiness



https://responsivefeedingpro.com/wp-content/uploads/2021/08/WP.RFpro_.v1-1.pdf

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Recognizing the caregiver's feeding style

1. Controlling
2. Indulgent
3. Neglectful
4. Responsive

Influenced by cultural norms, parents' concerns, and child characteristics

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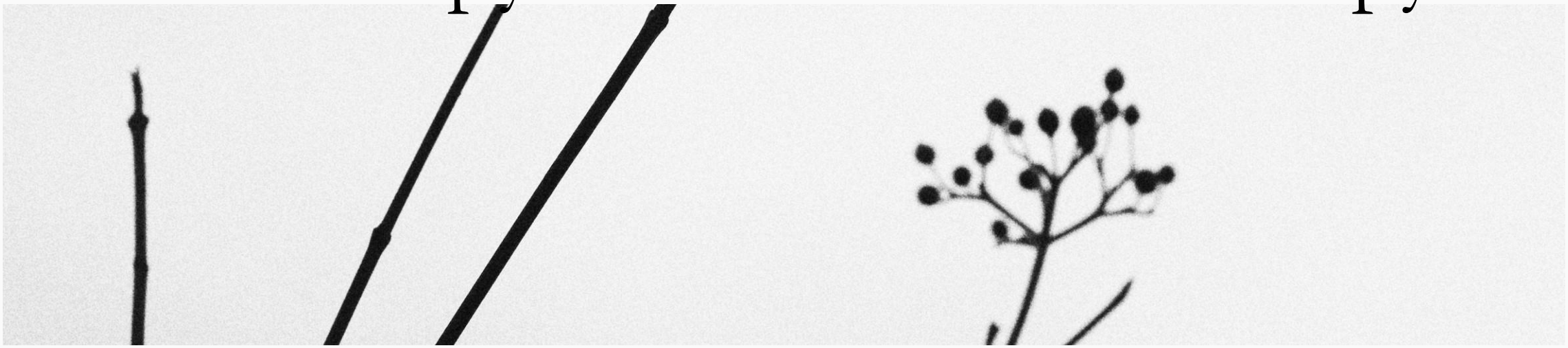
"Bad therapy is worse than no therapy"



If therapy increases:

- Anxiety
- Power Struggle
- Gagging/ Vomiting

It is probably not helping!

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Case Study 1

- 5.yo. Hispanic Male, no diagnosis of ARFID, Obese
- Very restrictive diet, diet consisted of white foods, white rice, tacos, queso, milkshakes
- Became very scared and teary eyed when vegetables were brought out to him, anticipatory gagging
- Language barrier with parents, controlling feeding style

Case Study 2

- 5 y.o., Caucasian Male, WNL, diagnosis agenesis of the corpus callosum
- Specific to brands of food, had an under 20 preferred food list, preferred crunchy texture
- Spent a short period of time at a feeding therapy group clinic
- Responsive feeding style with parents

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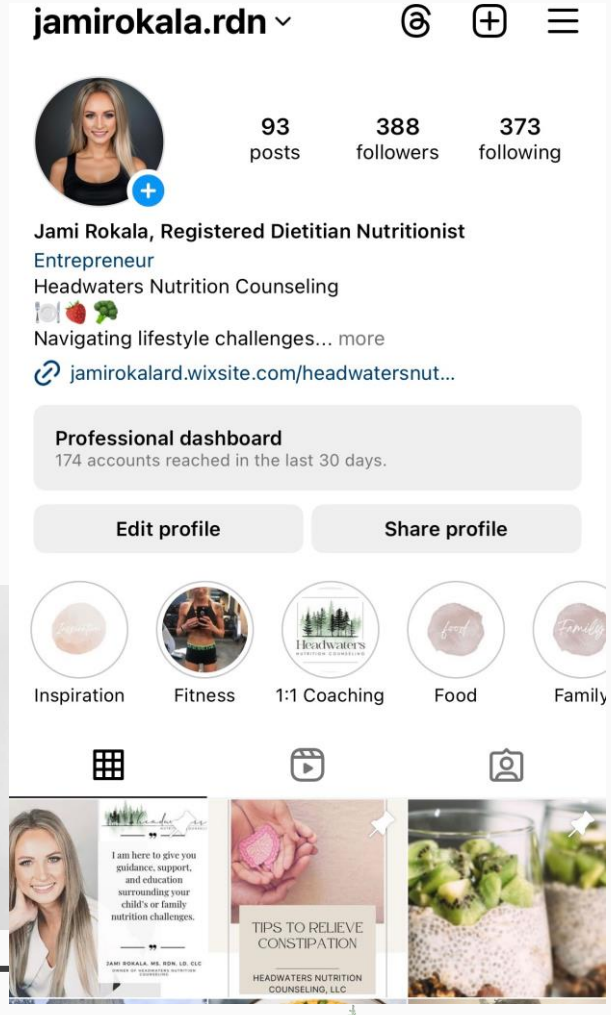

https://jamirokalard.wixsite.com/headwatersnutrition/professional-speaking

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