

# Overheads – Feeding Connection

Child Care Training And Resource Kit - Feeding Connection Overheads

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# Healthy Child Care Washington The Feeding Connection

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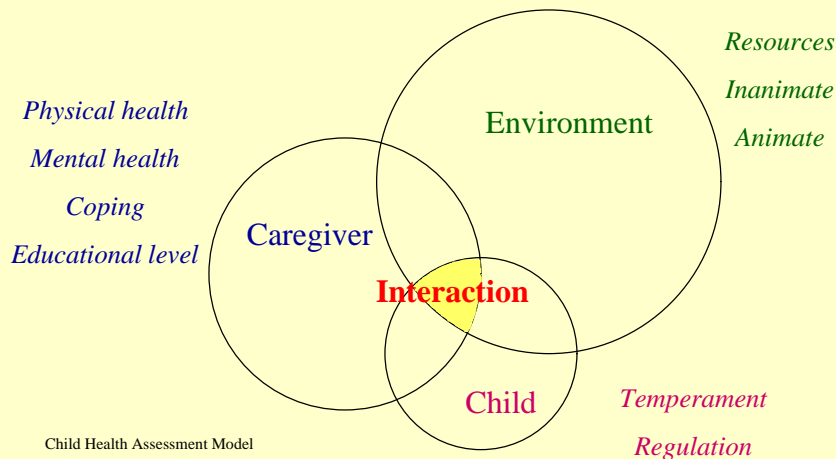


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# Child Health Assessment Interaction Model



Child Health Assessment Model  
Barnard and Eyes, 1979  
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Most important is the interaction between all 3

Interaction is the ability for the caregiver and the child to adapt to a given environment. The more passive the interaction the less adaptation to the environment occurs and the less positive the interaction is.

Responsibilities for both child and caregiver:

Caregiver: respond to infant cues in a contingent way, alleviate distress and provide growth fostering situations

Child: As a result - produces clear cues and is responsive to the caregiver

The outcome = each responds and reacts to the other hence adapting their behavior to accommodate or modify the other's behavior.

### **Feeding example:**

Baby sucks on hand, flexes arms, begins to cry

Caregiver picks up child, settles him down in lap in appropriate feeding position and begins to feed.

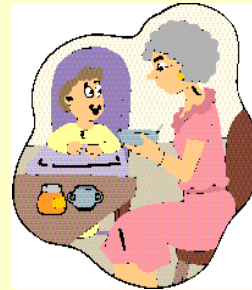
Child learns this works and continues to show the caregiver this when hungry.

Interference of the adaptive process causes the interactive system to breakdown.

# Healthy Interconnectedness

## “The ability to adapt”

- Caregivers role
  - Sensitivity to cues
  - Responsive to distress
  - Provide growth fostering situations
- Child’s role
  - Clarity of cues
  - Responsiveness to caregiver



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Show Lauren and Dad, Older infants video

How is the situation ‘growth fostering’?

What cues is Lauren giving to Dad

## Interaction at feeding times

# The "Interactive Dance"

- “The feeding time is the 1st joint task between infant and caregiver.”

(Keys to CareGiving™, 1990)

- The caregiver and child react and respond to each other
  - Caregiver recognizes cues
  - Child’s cues become clearer



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Interactive dance - works 2 ways

The process happens 8-12 times per day at the beginning and is the first way for infant and caregiver to learn adaptation strategies.

Very rich and complex time:

an active process in which both parent and infant read the others cues, response to the cues, and adapt and modify their behavior accordingly

Interaction at feeding times

# **Healthy Relationships**

- Based on responsiveness
  - Length of time to respond to child’s cues
  - Ability to read and respond to cues
    - Engagement - mutual gaze, smiling, talking,
    - Disengagement - Back arching, fussing, “NO”
    - Behaviors are a combination of both

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Best to respond within 5 seconds and less than 1 minute during feeding

## Communication Cues Associated with Feeding

- **Want to eat**
  - Mouthing, rooting, hands to mouth, sucking, clenched fingers or tight fists over chest, crying
- **Suck/Pause**
  - Suck for 10-15 times then pause for 3-5 seconds to rest
- **Wants a break**
  - Spitting up, choking, arching back, relaxed arms
- **I am full**
  - Pushing away, falling asleep, relaxed body
- **I want to be with you**
  - Smiling, looking at face, reaching out to touch

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Show ES Infant video / David and baby...poor cue reading

Not doing the dance...limited adopting strategies

Ask for feedback

What cues is Dad missing?

What is baby trying to say?

How could Dad do his role better?

## Healthy Interconnectedness

- Benefits a child's long term learning
  - Verbal communication
  - Problem solving
  - Social interactions
- Helps develop  
Healthy Eating Habits

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Children know how to cooperate better, share, take turns

Children have higher self esteem...not afraid to make their own choices

May be more willing to try new foods based on greater level of trust, and more connected attachment, willingness to explore



“The relationship between the child and the caregiver is the foundation for how a child thinks and feels about their surroundings.”

Kathryn Barnard, UW

## Supporting Development at Feeding Times

# EXPLORATION



- Determined by caregiver's control of the environment
- Strive for balance to help master new skills
- Builds child's sense of self
- Depends on child's comfort level

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### Balance

Overprotection - fear of serving new textures

Unrestrictive - accessibility to inappropriate foods

### Attachment

Child feels secure to step it up a notch!

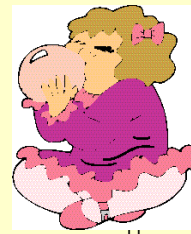
Try new textures, attempt to hold spoon, drink from a cup,  
serve self, be with new children

Show Oh Baby video

Supporting Development  
at Feeding Times

# Verbal Behavior

- Using words (language) to support child:
  - Reinforces behavior and actions
    - “You never act this way unless you’re hungry.”
- Don’t “Burst the bubble”
  - Catch opportunities to interact
  - Meals offer time to listen and respond



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Show, Satter, Toddler, Amanda video

# The Role of the Child Care Provider

- Be aware of physical abilities / limitations
  - Transitions depend on readiness
- Tend to emotional needs
- Enhance skill development
  - Auditory
  - Motor
  - Social/Communication



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## Know the developmental stages

### \* physical capabilities

Introduction of solid foods & transition foods

Introduction of the cup, eating utensils

weaning from bottle

Avoiding choke foods

### \* Emotional needs

Trust / holding or facing a child during feeding and interacting appropriately

Attachment / attending to distress and minimizing anxiety

Responding to feeding, satiety cues

Autonomy / respecting child's ability to self regulate intake and take control of internal cues

### \* Abilities for skill development

auditory, motor, communication, social

## Balance the Levels of Involvement

- **Stabilizing Presence**
  - Presence affirms and provides security
- **Facilitative Intervention**
  - Entering into experience can assist, clarify and extend an activity
- **Shared participation**
  - Allows role modeling and facilitation
  - Develops a sense of self in relation to others
  - Beneficial at meal time



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Show Satter, Toddler, Nicole(after Amanda)

Activity:

What you say matters: 5-10 minutes

Discuss the food given to your group in positive, non-judgmental ways

Use: auditory, sensory (texture), visual, experiential, historical, categories

Taste is OK...but not enough!

What would you say to a child who says :YUCK!

## Physical development determines when to transition to solid foods

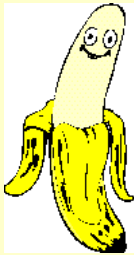
- Holds head up by self
- Can sit up without support
- Does not push food out of mouth with tongue
- Shows interest in food



Show Satter, Older Baby, Michelle (after Lauren) Not developmentally ready

## Transition Foods

- 4 - 6 months: Start with soft strained foods
- 6-8 months: Progress to mashed table foods. Begin cup drinking
- 9-12 months: Progress to safe, chopped table foods and cup drinking.



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## Feeding the Toddler

- Growth rate slows/calorie needs decrease
- Brain growth continues at a rapid rate.
- Appetite is often erratic
- Limited teeth for chewing and biting.
- Neophobia begins--reticence to try new food



## The Division of Responsibility During Feeding

- Caregivers are responsible for providing appropriate foods in a safe and nurturing environment.
- Children are responsible for how much, and whether they eat.



## What Makes a Healthy, Happy Meal Time?

- Adults set the feeding environment
- Adults **eat** with children
- Children choose how much  
and what to eat

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Adults eat with children: Discuss benefits

Children choose how much to eat:

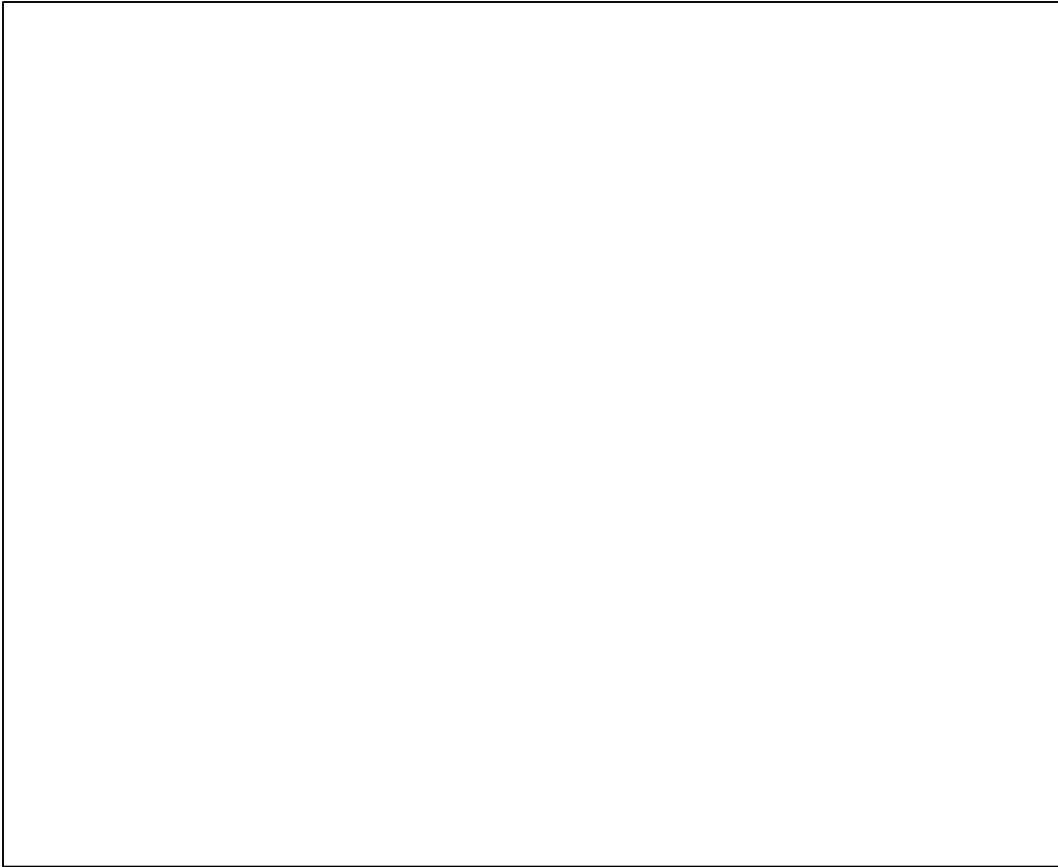
Children should serve themselves

Discuss family style feeding? Pros and cons

Food Safety issues to be aware of

Adult set the feeding environment

Show “He’s such a picky eater”.



## The Best Meals in Child Care

- Promote a variety of healthy and appealing foods
- Regard the Division of Responsibility
- Consider meal time a learning opportunity
- Are FUN!



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