

## Overcoming eating difficulties through Play Picnics

Kirralee Moores<sup>1</sup>, Debra Sandford<sup>1</sup>, Erin Croft<sup>1</sup>

<sup>1</sup>Southern Fleurieu Health Service

For many children eating is a pleasurable and social experience which also provides the nutrients needed to maintain health. Enjoyable mealtime experiences provide the opportunity to participate in social interactions which fosters positive reinforcement and teaches the child valuable social engagement rules.<sup>1,2</sup> Further, the importance of establishing good nutritional habits in early childhood in order to mediate the development of poor diet or eating disorders in adulthood is well acknowledged.<sup>3,4</sup>

Conversely, for many families, supporting their child to eat is extremely challenging. The literature suggests that between 25- 40% of developmentally normal young children experience feeding difficulties<sup>5</sup> as reported by their caregivers. Increasing to between 40-70% for severe feeding difficulties in children with either developmental or chronic medical conditions.<sup>6,7,8</sup> There is evidence to suggest that problematic eating in early childhood remains fairly stable through to adolescence.<sup>9</sup>

Many parents or carers of young children seek assistance from health care providers with issues around their child's eating. Some families are referred to specialist units, others may be told not to worry, their child will grow out of it, and other families persist in trying to manage their child's reluctance to eat unsupported by external agencies. Some of these parents resort in punitive or overbearing measures in an attempt to get their child to eat.<sup>10</sup> Parental responses which increase the tension at mealtimes have been shown to intensify the problem.<sup>11</sup>

Further, for families of children who have an identified genetic syndrome or physiological issues that prevent them successfully being able to gain enough nutrition via oral intake, the result is being fed manually by naso-gastric tubing or gastrostomy. It is well acknowledged that this population of children often find weaning difficult, and develop sensitivities or fussiness around oral intake of food.<sup>12</sup> Many studies have been conducted in inpatient settings that involve children who have had tube feeding as a result of physiological issues that encourage the child to explore and try oral intake of food. One such successful study was conducted by the Graz Hospital for Sick Children in Austria.<sup>13</sup>

The aim of the current study was to provide parents and their child who were identified with oral eating difficulties with a relaxed and social alternative to more formal inpatient services. The focus was twofold, firstly on helping the child develop more healthy eating behaviours and secondly, removing as much as possible, adverse experiences that were associated with food intake. The latter focus was to help support the parents with providing a fun, social and relaxed environment.

## METHOD

### Participants

Four children participated in the Play Picnic (PP) program with their parent. All children presented with an identified difficulty around their oral intake or comfort around food and mealtimes. Within the group, two children were receiving nutrition via naso-gastric tube as a result of identified genetic syndromes. One child had a diagnosis of Autism Spectrum Disorder. One child within the group presented with normal development and a co-occurring feeding problem. All the participants in the program were male. One child attended the program with his mother and father. The remaining participants attended with their mothers.

### Procedure

The PP program was adapted from The Early Autonomy Training (EAT) Program developed by the Graz Hospital for Sick Children in Austria. This program is designed to support children weaning from naso-gastric tube or gastrostomy. There are several principles underpinning EAT program. This

includes, introducing the children to a variety of foods, including foods that had differing textures and tasted either sweet, sour, salty spicy or savoury. In addition, there is no pressure placed upon the child to eat. The child is also encouraged to explore and have fun with the food in their own way.

The Early Learning for Families Team incorporated additional aspects to the EAT program in order to involve the parents and to provide them with skills that can be replicated at family meal times. As such, parents were introduced to the principles of the EAT program prior to the group starting. The facilitators then provided further briefing and coaching about ways to support their child to explore the food without having pressure to actually eat the presented food items throughout each group and between sessions if required.

The Play Picnics (PPS) were facilitated by a Multi-Disciplinary (MD) team (Speech Pathologist and Occupational Therapist) in the Early Learning for Families (ELF) team at Southern Fleurieu Health Service with support from a Therapy Assistant. Additional support from the ELF Physiotherapist and Psychologist was also provided as required. PPS were held for 1 hour once a week over a four week period, with an agreement parents would provide an additional two PPS each week at home.

A variety of foods and textures were presented at the Play Picnics over the four weeks. Food was presented in small portions using bowls, plates and cups from a children's toy tea set. Food was not offered to the children. During the PP children are allowed to experience the food as they like by looking, touching, feeling, smelling, licking and tasting. Parents were encouraged to add words to what their child was seeing, touching, tasting, feeling and doing. They were provided with specific and positive examples of language they could use during their child's exploration. Parents were asked not to wipe or clean their child during the picnic unless requested by their child or the meal was finished. Parents sat with their child as part of a circle on the floor and were encouraged to join in with them, eating with them or copying what their child was doing.

### **Measure**

Parents/carers were interviewed using a semi structured interview pre and post program. Using qualitative methods the pre and post interviews were themed into the following categories: Food Intake (FI), Food Variety (FV), Food Exploration (FE) and Parents Perceived Stress around Meal Times (PSMT). During the program therapists discussed with parents their food experiences at home, any progress towards goals and other concerns and successes.

### **Results**

Under the FE theme parents reported that their child appeared more relaxed and happy and showed more pleasure and willingness to explore new foods during the eating experience after completing the PP program. Parents were able to identify ways in which their child explored food including looking at the food, touching the food and licking the food. Following the PP program parents recognised the significance of all types of food exploration not only food intake.

Under the FI theme parents reported an increase in their child's general willingness to consume food at meal times and an increase in the amounts of food their children ate at mealtimes. Although parents said they found it difficult at home not to offer food to their child they observed when food was not offered their child was more likely to try it. A number of parents also identified the presenting foods in smaller portions and using smaller utensils supported increased food intake.

Parents reported an increase in the types and variety of food their child was willing to attempt (FV). Parents commented that having the opportunity to watch other children explore and taste foods encouraged their child to try new foods. Parents also introduced different foods at home that had been successfully explored by children at the PP.

Parents reported that they felt less stressed and anxious before and during mealtimes (PSMT). Parents also identified they felt more confident to follow their child's cues and describe what their child was

experiencing to support their exploration and surprise. Parents added that family members who had not attended the PPS still found mess and food exploration at home difficult to tolerate.

## Discussion

This model has provided successful and long lasting results. Clients that participated in the initial group continued to access Early Childhood services to address other issues associated with their children. Anecdotal reports from these parents suggest that the children continued to show improvement with their willingness to explore new foods. Additionally, the parents were able to replicate the principles of PP and continue to apply it at mealtimes.

The PP program has been manualised and can be easily replicated. Further it can be facilitated by a variety of MD combinations. Programs such as PP reduce the demand on services provided by metropolitan acute settings.

This program does not fill the gap in the services sought by many regional clients to support with weaning from non-oral feeding. To the best of the author's knowledge, currently no public hospitals in South Australia are providing MD inpatient services to support children and their families in the weaning process. It has been shown that providing oral experiences to children with tubes in situ does support oral acceptance at a later stage.

The freedom of food exploration does create mess and for many parents this is challenging to accept, particularly in their own homes. Support to translate PP principles in families' homes needs to include all family members who are present at mealtimes in order for mealtimes to be successful. It may be useful for family members to attend at least one PP session to observe the benefits and results of PP when the mess isn't being made in their own home.

A limitation of this study was the small group size and the limited power of the qualitative measures. It was also recognised that children with identified oral skills difficulties required additional 1:1 therapeutic services to develop these skills. Some children also required additional PT or OT support to develop postural stability, fine motor skills or sensory integration. However, the results from this study are encouraging and further PP will be implemented based on need from clients accessing the Service.

Programs such as this provide a valuable alternative to expensive inpatient services. Often inpatient services mean that families have to leave their home town and travel to the closest metropolitan hospital. This has been acknowledged to create many stressors on these families financially and psychologically. Being able to access services locally reduce most of these stressors.

The effectiveness of many of early intervention programs provided by Community Health Teams including the PP, relies on a MD approach. Therefore it is imperative that Government Health Departments continue to support MD services in rural and remote areas. As well as acknowledge the cost savings and the better outcomes for families that do not have to travel long distances to access quality Health Care Services.

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