

## Assessment

### Colby, age 4.5 years

Dear Mr. and Mrs. F.

I appreciate the opportunity to work with you and with Colby. While I agree with you that there is a problem with Colby's eating attitudes and behaviors, she also has a lot of strengths and so do you. You are devoted and responsible parents who love and provide for her.

You are wise to address Colby's eating issues now while she is very young. You are quite right that she eats a very short list of foods and behaves badly at mealtime. Feeding her is a continual struggle and apparently has been since you started solid foods when she was 4 months old. Feeding got off on the wrong foot, and you have been struggling to get food into Colby ever since.

To address Colby's negative eating behavior, I recommend that you follow the division of responsibility in feeding. This will address your previous feeding issues, where you have been attempting to do Colby's eating jobs along with your feeding jobs. Like a lot of parents, you felt that getting Colby to eat solid foods was critically important. When Colby showed lack of interest, rather than realizing that you could back off and let her take her time, you got scared and got pushy. (Some children don't eat solid foods until they can finger feed themselves soft grownup food.) From that time on, you viewed Colby as being reluctant to eat. In fact, you have been feeding her in the same pressured way that you were fed as a child. That has caused Colby to be reluctant to eat and to develop lots of ways to avoid eating: playing games, whining, behaving badly at the table, bargaining and then not living up to her bargains.

Colby's mealtime behavior will improve and her resistance to eating will decrease when you follow the division of responsibility with feeding. That is, you attend to your jobs of doing the *what*, *when*, and *where* of *feeding* and let Colby be responsible for the *how much* and *whether* of *eating*. Her mealtime behavior will improve, and after a considerable period of time, she will begin to experiment with the foods that you enjoy and ever so gradually increase her dietary variety. This could take a year or more – I simply can't predict – but if you hang in there with DOR, it will happen. Keep in mind that your struggles around feeding have been going on for most of her life. I can predict, however, that if you continue to struggle with Colby about her eating, her mealtime behavior will get worse and worse and her list of acceptable foods will become even shorter.

Before we get more specific about what to do, let's look at the results of the evaluation.

**Medical.** Colby seems to have been a healthy child with no more than her share of childhood diseases. There is nothing in her medical record to explain her food refusal.

**Growth.** From Colby's growth records, it appears early feeding went well. The trouble began somewhere after age three months (as you said, you started solids at age 4 months) when her weight began to falter, dropping from the 60<sup>th</sup> to the 5<sup>th</sup> percentile by 18 months. Her length gradually decreased from the 50<sup>th</sup> to the 25<sup>th</sup> percentile during that time, giving further evidence that Colby was under-eating. Subsequently her weight recovered to the 25<sup>th</sup> percentile where it has stabilized. That could indicate that you and Colby achieved some sort of truce with her eating: not as much as you wanted, not as little as she had before.

You said that you first became aware of a growth change when she was a year old. At that time you said the doctor told you that Colby looked fine and that you shouldn't worry. I agree with your doctor that medically, Colby did look fine. To do a medical work-up would have likely turned up nothing and would have alarmed you. As you pointed out, however, you *were* having problems with feeding and your doctor didn't recognize

that those problems were important.

**Developmental** Colby appears to act her age – like a preschooler – except with respect to eating. She is poised, interested, able to share information about herself and not invested in testing for control. Her preschool teacher says she behaves stage-appropriately at school, even when they sit down for snacks. However, on the videotapes you did of family meals, Colby behaved like a toddler who was very involved in struggling for control. She is so inclined to get into those struggles, in fact, that she forgets all about her eating. Little wonder that she panhandles for sweets in order to make up for the calories she doesn't take in at mealtimes.

The fact that Colby's growth fell off most dramatically during the toddler period substantiates this observation. Colby needs to be supported in developing autonomy with her eating. She needs to be allowed and supported in *doing it herself*.

**Nutritional.** Currently, your food selection is good. You do a good job of choosing a variety of nutritious foods for meals, enjoy those foods, and have regular and reliable meals. Consequently, Colby has a good chance of learning to like most foods. Colby's food record shows what she actually *eats* is a monotonous diet, heavy on sweets and carbohydrates, food that children find easy to like. You appear to give her baby food carrots and squash because she doesn't make as much of a fuss about eating them as she does about regular vegetables. It appears that, just as you said, she doesn't challenge herself to learn to like a variety of food.

While the bar graph shows the 1389 calories she is eating to be only about 77% of the recommended calories, my recalculation (based on 33 to 49 calories per inch of height) indicates that she is within the range of 1303 to 1936 calories for children her age. However, Colby gets only 21% of her calories from fat. That's way too low. She should have closer to 35%. To increase her fat intake, she should be offered whole milk instead of skim milk, have more butter or margarine for her noodles, sandwiches, potatoes, etc. and have dressing for her salads. Since Colby doesn't eat much meat she doesn't have that reliable source of fat in her diet. More fat in the food might make it more appealing for her. At times, food too low in fat impairs a child's appetite.

In spite of all the struggles, Colby's nutritional analysis (enclosed) is good. As indicated by the bar graph, it adds up to a generally well-balanced diet. Only Colby's vitamin E, copper, iron and zinc appear to be low. Plant oils and nuts give vitamin E. We get copper in meats, shellfish, nuts and seeds. Iron and zinc are in whole grains, fruits and vegetables and meats. Colby would benefit from being offered more margarine, salad dressings, vegetable oil, or mayonnaise to increase her vitamin E. While Colby's nutritional limitations are not serious, while you wait for her eating to improve it wouldn't hurt to give her a broad-spectrum vitamin-mineral supplement like *Centrum for children*.

**Feeding dynamics.** It appears that most of Colby's negative eating behavior is coming from pressure on her to eat. You remind, coerce, reward and even physically put food in Colby's mouth. All of these behaviors put pressure on her to eat and make her eat less well, not better. Rather than taking responsibility for her own eating, Colby fights back against your pressure. Even providing Colby with her special foods puts pressure on her to eat. Colby knows you make foods especially for her, and that because you have gone to the trouble to do that, she is expected to eat them. As is typical, growing out of these ongoing feeding struggles, Colby's list of acceptable food has gotten shorter and shorter. At the present time, she is taking very little responsibility for her own eating. She depends on prompts and encouragements from other people to get her to eat. She also gets a lot of attention that way.

While Colby depends on being cajoled and nagged to eat, she doesn't seem anxious or phobic about eating and that is good. She comes to the table willingly and isn't frightened when she is there. She also behaves appropriately at preschool with eating. Colby's apparent unwillingness to eat solid foods may have been temperamental. Some children are naturally cautious about everything and many don't start to eat solid foods

until they can finger feed themselves soft table food. Whatever the cause, you could have used some help knowing that you could safely take your time introducing solid foods and sooner or later, Colby would learn to eat them.

Reviewing both of your eating histories offers some explanations for why you were inclined to put pressure on Colby's eating. You both grew up with pressure. Mrs. F., you said that you were forced to eat as a child, and as a consequence there are many foods, particularly vegetables, that you don't like. However, you do prepare them and Mr. F. eats them. Mr. F., you say that you were expected to clean your plate when you were a child—and you did.

**Psychosocial.** The key question in the social and emotional part of the evaluation is, “to what extent will you be able to maintain a division of responsibility with feeding Colby?” It appears to me that following DOR will be pretty difficult for you. Mrs. F, you are far too angry with Colby to trust that she will take responsibility for her own food intake. Colby, in turn, engages with you in that battle for control. Colby gets a great deal of attention that way, but of course, it is negative attention. Colby's growth faltering attests to the fact that this struggle is intense. The two of you appear to have trouble acting as a team where Colby is concerned. Mr. F., rather than taking an active role with parenting Colby you seem to be more of a spectator and unwilling participant in the battle between Colby and Mrs. F. An important question for you both is, “why do you have to be so preoccupied with Colby and her eating?”

**SUMMARY IMPRESSIONS.** Colby's poor food acceptance, negative eating attitudes and behaviors and possible growth deficiency appear to be resulting from long-standing and ongoing pressure on her to eat.

## RECOMMENDATIONS

### Feeding management

Tell Colby that the rules have changed with respect to her eating. She will have regular meals and snacks, she won't have to eat anything she doesn't want to, but that she does have to behave nicely at meal- and snack-time.

Follow a division of responsibility with feeding.

- Have planned, sit-down snacks at set times with foods that you pick out for her. Have these be foods she likes reasonably well and are nutritious. (See *Snacks for children.*)
- Incorporate Colby's candy at occasional snacks, and let her eat as much as she wants.
- Don't give her food or drink handouts between times, even nutritious ones like juice.

Plan meals to be considerate of Colby's limitations, but don't cater:

- Include 4 or 5 foods, let Colby choose 1 or 2 if that is all she wants.
- Pair foods – favorite with not-so-favorite; familiar with unfamiliar
- Include at least one food that you know she can usually eat. Have enough to go around so it doesn't look like short-order cooking.
- Offer Colby 2% or whole milk rather than skim milk. Offer her margarine or butter for bread and vegetables, salad dressing for salads.
- Put the food in serving dishes, and pass the dishes to Colby. Let her serve herself, and take no for an answer. Don't expect her to eat all of what she serves herself. (See *How to feed your preschooler.*)
- Realize it may take her 10-15 (or more) tries with a new food before she learns to eat it.
- Let her down when she finishes eating. She is finished when she loses interest in the food, even if she hasn't eaten as much as you think she should.
- If she behaves well, let her know you noticed. Don't praise her *eating*, just her *behavior*.

Stop trying to get Colby to eat—stop bargaining, rewarding, coercing, reminding. Instead, put the emphasis on teaching Colby positive mealtime behaviors and let Colby attend to her own eating.

- Enjoy your own eating. Make conversation, and let Colby have her share of the attention.
- Reassure Colby she doesn't have to eat, just sit with you for a little while (set the timer for 5 minutes).
- Get Colby a booster chair or a junior chair so she can sit more comfortably at the table.
- Teach Colby to behave appropriately at the table
- To pick and choose from what is on the table
- To turn down food politely.

Plan some undivided-attention time with Colby to make up for some of the attention she *won't* be getting around her eating.

Be aware of indications that Colby is working on learning to like new food:

- Looking but not tasting
- Tasting but not swallowing
- Swallowing but not taking any more

### **Collateral**

- Talk to Colby's doctor and tell him what we are doing and why. If you request, I will send a summary of this report to him as well as a report when we finish treatment.
- Talk to Mrs. F.'s parents and others whom you see regularly, and tell them what you are doing. Ask for their support in maintaining a division of responsibility in feeding, in not reminding or urging Colby to eat and in not asking you how Colby is eating.
- Visit preschool to see how other children behave with their eating and in general. Much of Colby's eating behavior is simply normal-child behavior.

### **DISPENSATION**

This is a long list of tasks to work through. Don't try to tackle them all at once. If you decide to work with me on follow-up, we will begin with establishing a division of responsibility with feeding. As we go on, we will touch on all of the issues that I have outlined above.

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Ellyn Satter, MS, RD, MSSW