

Module 4: Negative Food and Mealtime Behaviors, Conditions, and Their Relationship to Trauma

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Outline

The goal of this module is to help caregivers of children with histories of trauma understand the impact trauma and unmet needs can have on feeding and mealtime behaviors and why children in care are at an increased risk for eating disorders and other mealtime related conditions

Part 1

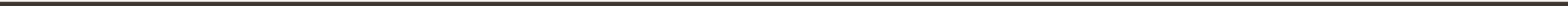
Behaviors

Part 2

Conditions



Introduction



Adverse Childhood Experiences

Adverse Childhood Experiences (ACE's)

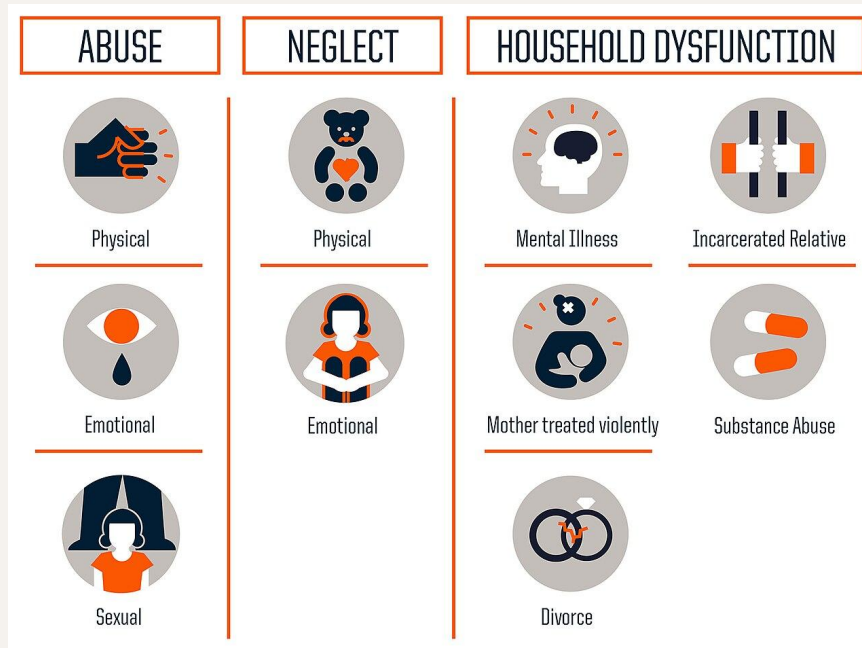
Traumatic events or adverse situations that children may encounter during their upbringing

ACE's can have a lasting negative effect on health and wellbeing of a child and can carry with them well into their adulthood

Children with a history of multiple ACEs may:

1. eat too quickly
2. never feel satisfied
3. hoard food
4. or lose their appetite

Children with insecure attachments are more likely than securely attached children to regulate their emotions by overeating, hoarding, stealing, or eating non-food items





Trauma and Behaviors



Trauma and Behavior

Behavior can be impacted by:

1. child's unique skills
2. comprehension abilities and communication skills
3. parenting style
4. family values
5. and the context of mealtimes

Neglect

1. children with a history of **neglect** often have diminished self-control and higher levels of anxiety, dysregulation, and limitations in inhibition and self-monitoring

Abuse

2. children with a history of **abuse** are more likely to display externalizing behaviors such as yelling, aggression, and disruptive behaviors





Unmet Needs



Unmet Needs

Behaviors serve as a form of communication, often indicating an unmet underlying need

What is your child trying to say?

Or

What do they actually need?

Establish Connection and Safety

1. Create a safe, consistent, and supportive environment
2. Playful eating/ make it fun
3. Talk about the child/ building relationship into meals





Proactive Strategies

- ★ Emotional regulation
 - Coping Skills Ideas
- ★ Create a structured/ predictable routine
 - Visual timers
 - Visual schedules
 - Representational objects
 - Verbal warnings/ first-then statements
- ★ Engage in family meals and model appropriate behaviors
- ★ Establish a sensory friendly environment
- ★ Task modification
- ★ Set reasonable time limits
- ★ Allow choices
- ★ Practicing communication
- ★ Child-focused attention



Proactive Strategies for Specific Needs

Addressing food hoarding/stealing

Stems from a history of neglect, insecurity about their access to food, and traumatic experiences related to food scarcity

Signs to look out for:

- Finding empty wrappers in pockets or drawers
- Food disappearing from the fridge
- Begging for food even after eating
- Overeating to the point of illness
- Refusing to eat around others or at the table
- Eating in secret or in isolation
- Becoming distressed when food is running low
- Reacting negatively when food is taken away, even scraps
- Eating quickly when asked to slow down
- Being possessive about their food and getting upset if someone eats from their plate

DO:

1. Provide reassurance and be compassionate
2. Establish regular meal times and routines
3. Provide an “anytime bowl” of fruits and healthy snacks
4. Provide your child their own cupboard space or provide a bag of snacks everyday

DONT:

1. Don't restrict
2. Dont put locks on cabinets or the fridge

Proactive Strategies for Specific Needs

Addressing picky eating and other food avoidance behaviors

Stems from:

- history of limited access to healthy foods
- heightened sensory experiences around food
- or due to a history of negative mealtime experiences



DO:

1. Make the meal fun and playful
2. Offer multiple exposures and repetition to new foods
3. Implement a rating system
4. Teach polite tasting
5. Offer new foods at the beginning of a meal or at snacktime
6. Ensure there are no underlying oral motor or sensory impairments

DONT:

1. Pressure your child to eat
2. Bribe with desserts or fun activities



Reactive Strategies

Reactive strategies are implemented in response to specific situations or behaviors

Strategies include:

- ★ Remaining calm
- ★ Offering a chance for a “Re-Do”
- ★ Accepting “no”
- ★ Asking for a compromise
- ★ Providing coregulation in the moment of a tantrum or outburst
 - Create a calm down corner with calming and comforting sensory items and tools
- ★ Trust-Based Relational Intervention (TBRI) caregiver training



Conditions

Introduction into Conditions

Children in foster care or those with histories of trauma often face unique challenges and stressors and suffer from PTSD at far greater rates (21.5%) than those in the general population (4.5%) which leave them vulnerable to the development of eating disorders

Factors contributing to increased risk of eating disorders

1. Trauma and Disrupted Attachments
2. Inconsistent Food Availability
3. Emotional Regulation
4. Loss of Control
5. Lack of Nutritional Education
6. Sensory Processing Problems

Additional Factors:

1. Body image concerns
2. Social isolation
3. Stress and mental health issues



*Eating disorders are caused by a combination of **genetic**, **psychological**, **sociocultural**, and **physiological** factors. Due to the complex nature of these illnesses, they are best treated by a multidisciplinary care team with areas of expertise that include **therapy**, **nutrition**, **medical**, and **psychiatry**.*

Source: The Emily Foundation

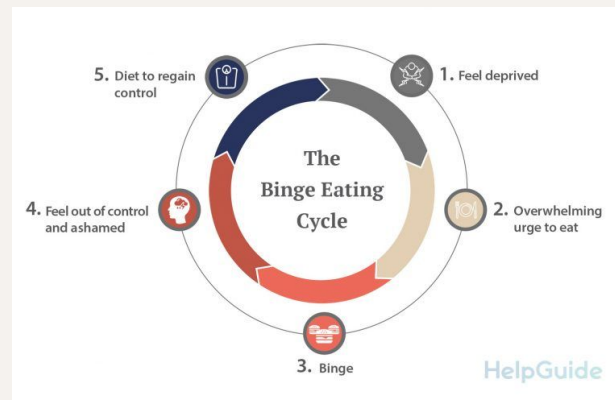
Overeating Vs Binge Eating

Emotional overeating in children can stem from early life experiences that hinder their ability to distinguish between hunger and fullness and other distressing emotional states

Heightened physical or emotional distress can lead to an increased intake of "comfort foods" which are often high in sugar and fat. These foods activate the brain's reward pathways and trigger the release of "feel-good" neurotransmitters like dopamine. Eating food in response to stress overtime becomes an automatic response and decreases an individual's capacity to use other coping strategies

Binge eating is characterized by consuming large amounts of food in one small sitting and is eaten without attention to hunger or fullness and is not purged afterwards

Can be a coping mechanism to deal with intense emotions and past trauma or instinctual for children with histories of food insecurity, starvation, or for children who had to compete with others for food





Overeating Strategies

Reassurance and redirection:

Reassure child that there will always be food. Plan meals ahead of time and create a visual menu board with times and meals so your child knows what to expect. Redirect child to engaging activity if they are preoccupied on their next meal

Consistent family meals:

Provide regular and consistent meals every 2-3 hours. Eating meals together provides opportunities to model healthy eating patterns and teach children about nutrition

Allow child to serve themselves:

Provide a portion plate for child to serve themselves. If your child goes back for multiple portions it is ok to cut them off, but reassure there will always be food when they need it

Food timeout:

Use this time to discuss interoception and hunger and fullness cues. Engage in engaging activities like going for a walk, flying a kite, etc

Do not restrict:

Include all types of food into meals and snacks. Offer less nutrient dense foods like chips and fries and desserts at mealtime or occasionally at snack times. Avoid using desserts as a bribe to eat meal

Set up an “anytime bowl”:

Provide access to “healthy” foods throughout the day

Rule out other types of “hunger”:

Mouth hunger, hunger in response to the sight or smell of food, emotional hunger in response to emotional triggers, thirst hunger, or sleep hunger [see module 2]



Bulimia Nervosa

Individuals who experienced childhood sexual or physical abuse are at increased risk for developing bulimia nervosa. In youth who had once been in foster care bulimia nervosa was found in 2.9% of this population which is 7x higher than the 0.4% rate found in the general population

Bulimia Nervosa is characterized by a cycle of bingeing and compensatory behaviors such as self-induced vomiting, misuse of laxatives, diuretics, fasting, or excessive exercise. There may be a fear of weight gain and strict "rules" about eating, but it also involves a lack of control while binge eating may be followed by purging

Symptoms of bulimia to look out for include but are not limited to:

- binge-eating with no noticeable weight gain
- obsession with physical activity
- vomiting or laxative use
- unusual interest in certain foods and development of unusual eating rituals
- depression
- bruised or callused knuckles
- bloodshot eyes
- light bruising under eyes
- sore throat and/or swollen glands
- fear of not being able to control eating
- trips to the bathroom following meals



Anorexia Nervosa

In children with histories of trauma eating restrictions stem from an adaptive strategy to deal with excessive interoceptive uncertainty or difficulty accurately perceiving internal body signals

Anorexia Nervosa is characterized by a severe restriction of calories; there may be a fear of weight gain and strict "rules" about eating. Binge eating followed by purging also may occur

Symptoms to look out for include but are not limited to:

- dramatic weight loss and refusal to maintain a body weight that is healthy
- wearing baggy clothes or layers to hide body shape
- a preoccupation with weight, exercise and/or calories
- food restriction and avoidance
- belief life will be better if weight is lost
- use of diet pills, laxatives and/or enemas
- secretive eating patterns or isolation and fear of eating with others
- hair loss
- sunken eyes
- pale skin
- depression, anxiety, and/or fatigue

Physical Dangers of Anorexia Nervosa:

- constipation
- low heart rate and blood pressure
- abdominal pain
- lack of menstrual periods
- anemia
- bone loss
- kidney problems
- changes in brain function

PICA

Pica is characterized by eating things that are not food, or eating from unhealthy sources such as from the garbage at an age that is not developmentally appropriate

Children who have experienced neglect or abuse, parental separation, or lack of parent-child interaction may be at an increased risk for pica. A child may present with pica due to:

1. ***Developmental delays***
2. ***Seeking sensory stimulation***
3. ***Copying animal behaviors***
4. ***Gain attention from caregivers***
5. ***Genetic predisposition***

Strategies while you wait to see your child's pediatrician:

1. Address other types of hunger (i.e mouth hunger)
2. Teach child to discriminate between edible and nonedible items
3. Offer alternative edible food items and develop a reward system
 - a. Edible Rice Paper
 - b. Easy Edible Sand
4. Remove items in the environment that present a health and safety risk



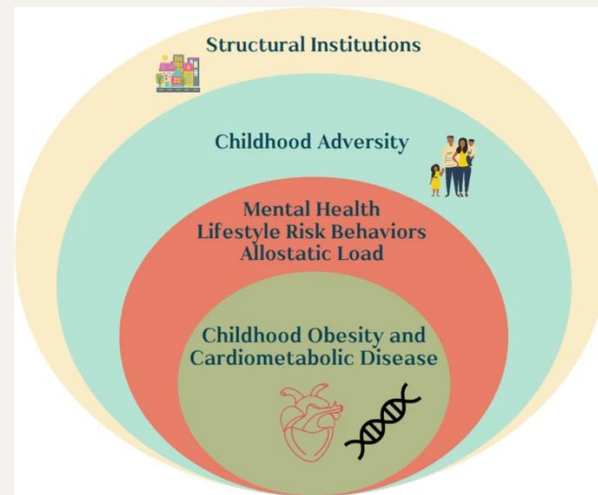
Obesity

FACTS

1. Obesity is the most common medical condition noted among foster children 2–19 years of age
2. Children in foster care face an increased risk for obesity due to a combination of complex factors. Severe physical, sexual, and emotional abuse in childhood were associated with 28%–45% greater risks of adult obesity
3. Among a group of 6,177 children assessed at the time of their entry into foster care, 35% of children over the age of 3 were found to have a BMI (Body Mass Index) at or above the 85th percentile

FACTORS

1. Trauma and Emotional Stress
2. Disrupted Living Situations
3. Lack of Healthy Role Models
4. Nutritional Challenges
5. Psychological Factors



Source: Childhood Obesity and Cardiovascular Disease Risk

STRATEGIES

- Provide access to nutritious meals and safe spaces to play/exercise
- Provide emotional support to help your child develop a positive relationship with their bodies and understanding of the importance of a balanced lifestyle
- Avoid overly restricting your child's diet



Malnourishment and Failure to Thrive

Children in foster care are at an increased risk of malnutrition, growth, and nutritional deficiencies due to several factors, including their prior life experiences, disruptions in their living situations, and challenges associated with the foster care system

1. Prior Neglect or Abuse
2. Food Insecurity
3. Limited Access to Healthcare

Failure to Thrive: any child who fails to gain weight or height according to standard medical growth charts, which is primarily caused by nutritional deficiencies and neglect, leading to developmental delays and behavioral issues

Children in foster care are also at a higher risk for:

1. Anemia
2. Iron deficiency
3. Zinc deficiency
4. Vitamin A and D insufficiency
5. And insufficient macronutrient consumption from protein and specific fats



Resources

Eating Disorders

[About Eating Disorders - The Emily Program](#)

[Eating Disorders Screening Tool | Help & Support | NEDA](#)

[Eating Disorders](#)

[Eating Disorders Helpline | Chat, Call, or Text | NEDA](#)

[Eating Disorders | Boston Children's Hospital](#)

[Pica: Symptoms, Causes, and Treatment](#)

[Parent's Guide to Managing Pica in Children with Autism](#)

[Pica Information Sheet](#)

[Info for Parents - FEAST](#)

Picky Eating

[Mealtime with a Picky Eater](#)

[Healthy Tips for Picky Eaters | TN.gov](#)

[Phrases that HELP and HINDER](#)

[Tips to Help Your Picky Eater | DNPAO | CDC](#)



Resources

Obesity

[Tips to Help Children Maintain a Healthy Weight](#)

[Obesity Infographic | NHLBI](#)

[Helping Your Child: Tips for Parents and](#)

[Other Caregivers - NIDDK](#)

[Healthy Tips for Active Play](#)

Malnutrition

[Healthy Nutrition for Children in Foster Care](#)

[Failure to Thrive | Johns Hopkins Medicine](#)

Other

[WIC Foster Care Informational Flyer](#)

[Infant Nutrition and Feeding](#)

[Top 10 Myths - SOS Approach to Feeding](#)

[Constructive Eating](#)

[FOOD FACE – Genuine Fred](#)

[Buy - FunBites](#)

[Vegetable Cutter Shapes](#)

[rice paper edible](#)

[Easy Edible Sand - Mia's Cucina](#)

[Coping Skills Ideas](#)

[TBRI | AGAPE of North AL](#)

[TBRI®: Trust-Based Relational Intervention®](#)

Thanks

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