Children with Persistent Feeding Difficulties: An Observational Analysis of the Feeding Interactions of Problem and Non-Problem Eaters.

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1.1 Aim
This study examined the relationship between parent's feeding practices and the feeding behavior of toddlers and preschool-age children with \( n = 19 \) or without \( n = 26 \) persistent feeding difficulties. Specifically, patterns of parent-child interaction were assessed during standardized family mealtime observations in the clinic. Parents also kept observational records of their children's mealtime behavior at home and rated the degree of difficulty they experienced in feeding their child during each meal on a daily basis. Another aim of the present research was to determine the extent to which levels of maternal depression, marital adjustment, and social support differentiated between problem and non-problem feeders.

2.1 Hypotheses
We hypothesized that (a) children with persistent feeding problems would engage in lower levels of appropriate feeding and would display higher levels of disruptive and oppositional behaviors at mealtimes compared with non-problem eaters, (b) parents of children with feeding difficulties would engage in more coercive interactive behaviour and lower levels of positive or non-aversive behaviour (c) there would be a significant association between maternal feeding style and children's feeding behavior, and maternal aversiveness would be a significant predictor of feeding problems, (d) parents of problem eaters would display higher levels of depression and marital discord and lower levels of social support from friends or within the family, and (e) the specific type of feeding difficulties would vary as a function of age of the child.

3.1 Results
Observational results showed that feeding-disordered children engaged in higher levels of disruptive mealtime behavior and lower levels of chewing during mealtime. There were several significant age effects, with younger children engaging in more vomiting and less aversive demanding and verbalizations. Parents of feeding-disordered children were more negative and coercive in their feeding practices and engaged in higher levels of aversive instruction giving, aversive prompting, and negative eating-related comments. There were several significant associations between coercive parental behaviors and children's food refusal and noncompliance in the sample. Measures of children's disruptiveness at mealtimes in the clinic were significantly correlated with measures of behavior in the home. We found no evidence to support the hypothesis that children's feeding problems were related to problems of marital disharmony, maternal depression, or maternal social support, because none of these self report measures differentiated the two groups.

4.1 Findings
The present study provides support for treatment methods that directly alter parents' feeding practices. Observational results confirm that children with persistent feeding problems display a variety of other problem behaviors, particularly oppositional behavior, which complicates the parents' task of encouraging their children to eat.

5.1 Implications
1. Observational data on more homogeneously defined clinical samples would be useful. 2. An additional test of the role of social learning variables in explaining feeding difficulties would involve a detailed assessment of the antecedent and consequences of specific episodes of food refusal. 3. It would be useful to monitor children longitudinally to determine whether any of the interactional behaviors predict persistence of feeding problems or malnutrition. 4. It would help to determine whether contextual variables other than parental feeding practices influence children's feeding. 5. Because some problem feeders are clinically malnourished, a more detailed analysis of children's nutritional status is warranted.

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