Promoting Positive Parent-Child Interaction for Preventing and Managing Obesity
Disclosure

• Neither I nor any member of my immediate family has a financial relationship or interest (currently or within the past 12 months) with any proprietary entity producing health care goods or services consumed by, or used on, patients related to the content of this CME activity.

• I do not intend to discuss an unapproved/investigative use of a commercial product/device.
Objectives

1. Understand the impact of obesity and inactivity
2. Learn about causes of problematic eating habits
3. Discover evidence-based prevention methods
4. Learn how clinicians can support the whole family in adopting healthy habits
5. Understand how healthy habits improve mental health
6. Become aware of supportive community resources
7. Discover the benefits of active play
How is obesity impacting our children?

- Obese - BMI at or above 95th percentile
- 1 in 5 school-aged children in the US are overweight or obese
- 13.7 million children
- Disproportionally affects kids from low-income families
- Early intervention is critical
- Obesity prevalence by age in US:
  - 2-5: 13.9%
  - 6-11: 18.4%
  - 12-19: 20.6%
  - Adults: 39.8%

What causes eating problems in the first place?

➢ Overeating – Coping skill for unwanted feelings
➢ Pickiness/food refusal – lack of exposure, sensory sensitivities
➢ Inflexibility – Needing routines or rigidity – anxiety or autism
➢ Problematic table behaviors – ADHD or developmental delays
➢ Trauma considerations
  ➢ Neglect
  ➢ Using food to cope with abuse
  ➢ Negative associations with food
  ➢ Lack of exposure to desirable table behaviors

Those sound like kid problems – why should pediatricians focus on the parents?
Why a whole-family approach matters

➢ Caregivers are often unaware of how their feeding strategies influence their child’s weight
➢ Pediatricians can emphasize the importance of their role in child development
➢ Describe how children watch and learn from parents (both positively and negatively)
➢ Explain how parent feeding styles are the most modifiable factor in children’s eating habits
➢ Refer to family-engaged treatments that support families and communities in obesity prevention
➢ Encourage healthy parent food selection
So where does the parent’s responsibility end and the child’s start?
Division of responsibility

Parent Role

What
When
Where

Division of responsibility

Child’s Role

- How much
- Explore
- Not to Eat
- To Eat

What is exposure practice?

➢ We all need a balanced, healthy diet
  • The less ingredients in the item, the healthier the food choice
  • Fresh meats and produce
  • 100% whole grain bread and rice, unbleached, unseasoned

➢ Food plate shows recommended portions of each group

➢ Consistently expose children to variety of foods over time

➢ 3+ groups per meal is a good rule of thumb
How can healthy eating = better mental health?

- Healthy eating has more than physical benefits
- Develops healthy attitudes toward food
- Reduces risk of eating disorders
- Makes mealtime a positive experience
- Supports the body’s natural satiation cues
- Avoids power struggles between parents and children
- Reduces eating as an emotional coping tool
- Reduces eating as a means to feel control
What evidence-based treatment can instill these skills in families?
What is Family Mealtime Coaching (FMC)?

➢ A live coaching intervention (1 parent & 1 child)
➢ Empirically based: positive psychology & social learning
➢ Uses coaching & modeling techniques to improve:
  ➢ Mealtime interaction
  ➢ Behaviors
  ➢ Communication
  ➢ Movement-based play
➢ Aims to build parent-feeding competence through coaching
FMC Course of Treatment

- Referral
- Baseline Assessment
- Didactic Session
- 4 FMC & Active Play Sessions
- Post Session

Video Demonstration
What should pediatric care providers counsel parents to do and not to do?
ABCDE Behaviors

Don’t Behaviors

ABCDE

Artificial Comments
Mmmm, yum... Tasty

Bribing
“If you finish all of your vegetables, you can have ice cream.”

Emotional Eating
“It makes me happy when you eat your broccoli” “I’m proud!”

Coaxing
“Come on.. eat just five more bites of your sandwich – here”

Defining Preferences
“You don’t like mushrooms”
FIT Skills

Do Behaviors

**F**
- Food Groups
- Family Style Serving

**I**
- Intuitive Eating
- Modeling

**T**
- Table talk
- I-Statements
- Sharing non-food related interests

What has research shown on the FMC’s effectiveness?
Research at Child Guidance Center

➢ Coaching to Improve Mealtime Parenting in Treating Pediatric Obesity

➢ Analyzed:
  ➢ BMI
  ➢ Healthy mealtime behaviors
  ➢ Emphasized reduction of ABCDE behaviors and use of FIT skills

Diversity of data

➢ Our study aimed to be cross-culturally inclusive
➢ Account for different cultural attitudes toward weight and eating
➢ Latinos
   ➢ Heavier is healthier
   ➢ Thinness = illness
   ➢ Emphasized by history of food insecurity

FMC Outcomes

Statistically significant **Reduction in BMI** after 4 weeks of coaching!

Figure 1: BMI z-scores at the pre-treatment and final assessment for children entering with BMI z-scores classified as lower (<1.9, i.e., < 85th – 97th percentiles) and higher (1.9 or greater, i.e., 97th percentile and above).
FMC Outcomes

Reductions in ABCDE Behaviors & Increase in FIT Skills

Figure 2. Frequency of ABCDE pre & post-treatment.

Figure 3. Frequency of FIT skills pre & post-treatment.

FMC Outcomes

Statistically significant **Increase in Active Play**!

Figure 4. Mean number of pedometer steps at pre-treatment and post-treatment.

Is FMC like PCIT?

➢ PCIT – behavioral intervention

➢ Similarities to FMC include
  ➢ Clients behind one-way mirror
  ➢ Coaching parent through earpiece
  ➢ Empower parents to increase positive behaviors and decrease unhealthy behaviors

➢ Different in that FMC
  ➢ Revolved around a meal interactions and not play
  ➢ Emphasizes reduction of ABCDE and increase of FIT skills

➢ Both FMC and PCIT have consistently positive outcomes

When & where should I refer my patients?

➢ Access to these programs are limited
➢ Family Mealtime Coaching for patients with
  ➢ Obesity
  ➢ Eating disorders
  ➢ Problematic mealtime behaviors
➢ PCIT Coaching for patients with
  ➢ Disruptive, externalizing behavioral problems
  ➢ Children overcoming abuse or neglect
➢ Child Guidance Center provides both interventions
➢ Other PCIT providers:
  https://pcit.ucdavis.edu/find-a-provider/united-states/state/california/
Best Practices for Pediatric Providers

• Identify families at increased risk for obesity
• Identify community resources that support families with:
  • Access healthy food
  • Opportunities for active play
• Share FMC concepts
  • Reducing ABCDE
  • Apply FIT skills
• Demonstrate movement during pediatric visit
• Offer the choice to stand or sit
• Determine when different behavioral strategies should and shouldn’t be used


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Transition Slide => Arlene & Candice