

22

downloads to guide
mealtime learning!

Meaningful Mealtimes

Practical Strategies
for All Young Eaters

Yev Veverka, Susan A. Ramage,
Christy Baker, Kelsey Milne,
& Emilie Dupont

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Contents

About the Downloads	vii
About the Authors.....	ix
Acknowledgments	xiii
Introduction.....	xvii
I Making the Most of Mealtime	1
1 Introduction to the Tiered Approach.....	3
2 Defining Mealtime Challenges	15
3 The Big Picture	25
II Gathering Information, Setting Goals, and Assessing Progress	35
4 Starting With Self-Reflection	37
5 Gathering Information About Your Setting	45
6 Gathering Information About Children and Families.....	51
7 Goal Setting.....	61
8 Assessment and Decision Making.....	73
III Strategies for Supporting All Children at Mealtime	91
9 Building the Foundation for Fulfilling and Meaningful Mealtimes	93
10 Supporting Communication and Conversation	107
11 Encouraging Mealtime Participation and Food Interactions	127
12 Incorporating Additional Goals and Curriculum Content	143
13 Bridging Connections Between Home and Early Learning Settings.....	159
14 Problem Solving and Next Steps.....	171
Appendix A For Further Exploration	179
Appendix B Additional Resources	185
References	231
Index	233

About the Authors

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Yev received her B.A. in psychology from the University of Minnesota and her M.Ed. in early childhood special education at the University of Missouri. She received her Ph.D. from the University of Washington in early childhood special education with an emphasis on applied behavior analysis (ABA). She is a Board Certified Behavior Analyst.

Yev's work as a researcher and practitioner consists of projects related to early support for young children with autism and related developmental disabilities and enriching mealtimes in early learning settings for all young eaters. Yev co-owns and directs Align Behavioral Solutions, a platform dedicated to demystifying the science of behavior and making it accessible to all.

Raised in a Russian household, Yev grew up where mealtimes were more than just eating—they were tradition, celebration, and a time to come together with family and friends. Yev often reflects on the role of mealtimes in her life when it comes to her work on making mealtime a meaningful part of the day for all young learners and their families.

Yev finds her most transformative role is that of being a mom to three children. This role has enriched her understanding of child development and caregiving, especially related to mealtimes, beyond her professional and academic expertise. In her free time, Yev enjoys spending time outdoors and exploring new places with her husband, three children, and two dogs.

Susan A. Ramage, RN, M.N., Registered Nurse, Haring Center for Inclusive Education, University of Washington, Box 357925, Seattle, WA 98195

Susan has been in the field of nursing for over 30 years. Initial nursing experiences included time in inpatient settings at Harborview Medical Center and Seattle Children's Hospital in Seattle, Washington, where she gained experience in surgery units. After completing her master's degree at the University of Washington, she was able to work as a clinical nurse specialist helping to support the pain management needs of pediatric patients at Seattle Children's Hospital. A strong interest in the developmental needs of children led her to her nursing position at the University of Washington Haring Center. She has enjoyed working with all the children attending the center, including children with and without disabilities. Being able to work with the children's families and support them in their parenting has offered opportunities to lead parenting classes and provide support that has allowed her to gain a deeper knowledge of the rewards and challenges parents feel in raising children. This has included struggles parents have felt in the area of feeding their child. She was

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x

About the Authors

able to connect with other clinicians associated with the Haring Center to discover ways of providing support to families and early childhood providers around feeding and mealtimes with the goal of providing environments in which children flourish and providers and caregivers feel listened to and supported.

Christy Baker, B.S., OTR/L, CLE, Pediatric Occupational Therapist, Experimental Education Unit of the Haring Center for Inclusive Education, University of Washington, Box 357925, Seattle, WA 98195

Christy grew up in Portland, Oregon. She earned a bachelor's degree in psychology at the University of Oregon, and a bachelor's degree in occupational therapy at the University of Puget Sound. She is practicing as a pediatric occupational therapist in early support for infants and toddlers, working with children under the age of 3 and their families.

For 20 years, Christy has provided therapy services at the Experimental Education Unit (EEU), an inclusive early learning program that is part of the Haring Center for Inclusive Education at the University of Washington in Seattle. Prior to that, she worked at Kinderling Center Early Support Program in Bellevue, Washington, for almost 10 years.

She has taken many continuing education courses and formal trainings over the years, focusing on various areas of development for children under the age of 3. Understanding the complexities of eating and working on feeding challenges quickly became a strong and favorite area of interest. Christy's favorite aspect of working with younger children is having the opportunity to build meaningful connections with families, share ideas, and help empower them to trust their instincts and ability to advocate for what they feel is best for their children and family.

She enjoys collaborating and learning from her colleagues and with professionals in similar programs, and she enjoys supporting children in toddler group classes, in their homes or child care, and in other community settings.

During her many years working closely with families, it became increasingly apparent that eating and challenging mealtime behaviors of children, from birth up through kindergarten, were a big source of stress for many families at the EEU. Christy was fortunate enough to connect with several colleagues at the EEU who shared a passion about finding ways to support these families and guide children in feeling comfortable, safe, and accepted unconditionally while learning about new foods, eating, and joining in mealtime at home and in school.

Christy's interest in eating, and in feeding young children, more recently inspired her participation in training and networking with colleagues to support babies and their families in the transition from the hospital neonatal intensive care unit to home. She received her Lactation Educator certificate this past year as well.

When she is not working, Christy enjoys spending time with her family, and she enjoys the newfound joys of spending time with her young adult sons. She loves exploring her ancestry, being active outside, taking long walks while listening to music or books, cross-country skate skiing, and "treasure hunting" at vintage consignment and antique stores.

Kelsey Milne, M.S., CCC-SLP, Speech-Language Pathologist, Experimental Education Unit of the Haring Center for Inclusive Education, University of Washington, Box 357925, Seattle, WA 98195

Kelsey grew up in Vancouver, Washington. She earned a bachelor's degree in speech and hearing sciences and a master's degree in speech-language pathology, both from the

University of Washington. Very shortly after graduation, she began work as a speech-language therapist at the Experimental Education Unit (EEU), an inclusive early learning center in Seattle, Washington, and part of the University of Washington Haring Center for Inclusive Education. She has remained there in all the years since! At the EEU, Kelsey has worked in the Early Support for Infants and Toddlers program, for children under age 3 and their families, and in the school's preschool and kindergarten classrooms. She currently divides her time between the early support and kindergarten programs. In early support, her work focuses on family partnership and coaching to support children's communication development in meaningful daily routines. In kindergarten, she works with families, students, and a transdisciplinary team of teachers and therapists to support diverse language learning styles and communication modes, and to find ways toward classrooms that welcome all children and families.

Kelsey's interest in feeding and mealtime support was sparked by wonderfully enthusiastic mentors at the EEU and by many families who candidly shared the stresses of mealtime, and who supported their children toward mealtimes that felt calmer and more comfortable with great creativity. Over the years, she has come to love mealtimes for the way they offer fascinating explorations of the human body, scientific topics of all kinds, and diverse ways of living and eating in our world; she has also come to appreciate the many complexities and challenges posed by the mealtime experience. She hopes that this book will spark interest in both the complexity and possibilities of mealtimes and will support people in finding the mealtimes that fit them best.

When she is away from the office and the computer, Kelsey loves wandering the windy beaches of the Northwest, finding a sunny corner for reading, riding her bike, and meandering walks and talks with her friends and family.

Emilie Dupont, M.Ed., Special Educator, Experimental Education Unit of the Haring Center for Inclusive Education, University of Washington, Box 357925, Seattle, WA 98195

Emilie grew up in Oakland, California. She holds a master's degree in early childhood special education from the University of Washington and a bachelor's degree in psychology from the University of Puget Sound. She is an educator working in early support for infants and toddlers, as a service provider for children under age 3 and their families. For over a decade, Emilie has taught toddlers at the Experimental Education Unit, which is part of the Haring Center for Inclusive Education at the University of Washington in Seattle. Prior to that, she worked in research for several years at the University of Washington Autism Center. Emilie values collaboration and ongoing learning. She has mentored many preservice teachers, participated and presented as a Hub member in a collaboration-focused Extension for Community Healthcare Outcomes (ECHO) group, and is currently leading a Community of Practice for early childhood mentor coaches in King, Pierce, and Snohomish counties in Washington state. As an early childhood special educator, her career has focused on creating inclusive early learning settings where all children can thrive and all families are welcomed and celebrated. She believes it is our responsibility as early childhood professionals to create supportive environments where meaningful connections are forged and children's unique needs are met. While Emilie has spent much of the last decade leading a toddler classroom, she currently also works with children and families individually in home and community settings, such as child care centers and co-op preschools, as well as virtually, providing coaching and support to help families work toward their priority goals. Mealtime-related challenges and goals have come up consistently as a priority for families, and Emilie enjoys partnering with families to meet their child's needs and work toward their mealtime vision as a family.

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xii

About the Authors

When she is not working, Emilie loves cooking with her son and husband and bringing people together for any type of celebration. Growing up, food was a central part of family gatherings, and cooking is one way Emilie likes to show care for her friends, neighbors, and family. She loves connecting with others and learning about people's cultural and family histories through food. Emilie hopes that this book will allow you to learn something about yourself and the children and families you work with; build community through mealtime; and take steps to affirm, accommodate, and appreciate the individual strengths, interests, and needs of every child.

Introduction

Mealtimes are an integral part of daily life. They are moments when people nourish their bodies, connect with others, and celebrate their cultures and identities. Although eating is a fundamental human need, the significance of mealtimes goes far beyond the mere consumption of food. They are opportunities for learning about individual bodies and needs, and for connection, learning, and the creation of lasting habits. This book is born out of our deep appreciation for the potential richness of mealtimes and our desire to support children, families, and early learning providers in making the most of these moments.

OUR PERSPECTIVE AND APPROACH

We are a group of dedicated providers from a range of professional disciplines and personal experiences with mealtimes. Our insights are rooted in what we have learned and practiced in our respective disciplines. Our aim is to provide a holistic understanding of mealtimes and offer a proactive, preventative, and inclusive approach to support.

As authors, we each come to this work from our own individual backgrounds and families. We also acknowledge that we have all benefited from multiple forms of privilege, each to a unique degree. We are cognizant of the impact this has on opportunities and resources available to us. We also recognize that some types of privilege (e.g., financial status, physical or cognitive ability) may change over the course of a lifespan, whereas others such as white privilege are constant, with people in the privileged group continuing to benefit from unearned advantages at the expense of marginalized groups throughout our lifetime. We recognize that we each only have our own lived experience and that the topic of food and mealtimes requires ongoing learning to listen to the histories and experience of others.

We have written this book in a way that we hope will allow you to weave in your own lived experience and expertise as well as that of the children and families you serve. We are continually learning, and this work will never truly be done, but we hope it can be a helpful tool and spark continued conversations about the topic of mealtimes in early childhood.

OUR MOTIVATION AND INSPIRATION

As an author team, our motivation for embarking on writing this book can be traced back to our individual experiences with children and families who were facing challenges during mealtimes. From year to year, families and providers we worked with consistently and frequently mentioned mealtimes as a point of stress. Mealtime struggles have come up in Individualized Family Service Plan (IFSP) meetings, family conversations, and staff debriefs, making it clear to us that there is a desire for support and collaboration around this topic.

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We witnessed the struggles providers and families encountered and recognized the potential for success and enrichment with the right support. We have also seen wonder, excitement, deep curiosity, and care, as we have welcomed many different children to mealtimes over the years. We know that communication, nourishment, and connection can thrive at mealtime.

These experiences, and our collective training and work within our own disciplines, inspired us to create a resource that would empower early learning providers to enrich mealtimes in their settings and provide universal support for all children. We believe that every child deserves a positive and nurturing mealtime experience, one that sets them up for success and fosters their overall well-being.

MEALTIMES: MORE THAN MEETS THE EYE

Although it may be tempting to view mealtimes as routine and straightforward, they are anything but. Mealtimes are a complex experience, including human interaction, learning, and cultural exchange, in addition to eating. They are moments when families and friends come together to celebrate unique traditions, values, and identities. Children, in particular, benefit immensely from mealtimes, as they connect with their peers, learn about their bodies and the world around them, and develop important social and emotional skills.

THE POWER OF AN INTERDISCIPLINARY APPROACH

Mealtimes are multifaceted, requiring an interdisciplinary approach. By drawing upon the collective knowledge of various fields, we aim to provide a comprehensive perspective on the complex nature of mealtimes with young children. This interdisciplinary approach allows us to explore mealtimes from multiple angles, offering a more holistic understanding.

WHAT WE HOPE TO ACHIEVE TOGETHER

We have tried many strategies over the years that we would choose to do differently today, and we were motivated to create an approach that reflects the possibilities of mealtime and sets providers up for ongoing learning. Mealtime support is a topic where much is changing as various disciplines learn how to better listen to and be guided by the voices of the people we serve. We aim to offer a framework for approaching mealtimes in a critical and reflective way as part of work toward building more inclusive communities.

We hope that this book serves as a valuable resource for you, the reader. It is not meant to be a rigid set of rules or a one-size-fits-all solution. Instead, we offer a framework and a guide to consider implementing this framework in your unique setting. Our goal is to provide you with tools and insights that can enhance your mealtime experiences in your early learning setting. We hope that this helps develop an understanding and appreciation for the many complexities of mealtime by sharing perspectives from different fields and areas of knowledge. We hope that this framework sparks thinking and discussion, gives you a starting place, and provides you with opportunities to bring your own wisdom and knowledge to the process.

Supporting mealtime is an evolving process, and we embrace that there are many ways to approach this work. We do not claim to have all the answers, nor do we suggest that this framework represents the definitive approach to mealtime support. Instead, we hope to be supportive partners on your journey to create enriching mealtime experiences. This process is iterative, adapting, and evolving as our understanding of mealtimes continues to deepen and expand. We continue to learn and welcome your feedback as you apply this framework in your setting.

We invite you to join us in exploring mealtimes with young children; to celebrate the diversity of experience; and to foster a sense of safety, autonomy, connection, nourishment, interest, and inclusion in all children as they learn about food and enjoy the mealtime experience.

A NOTE ON HOW THIS BOOK IS ORGANIZED

The chapters in this book are organized in three major sections. Section I: Making the Most of Mealtime discusses common challenges children, families, and early childhood service providers face at mealtime as well as the potential for making mealtimes enjoyable, enriching learning experiences. It introduces a tiered approach to handling mealtimes in the early learning setting. Section II: Gathering Information, Setting Goals, and Assessing Progress presents the major elements involved in implementing the tiered approach. Section III: Strategies for Supporting All Children at Mealtime describes how to implement specific strategies to improve and enrich mealtime experiences in the early learning setting. For a more detailed preview of the chapter contents, see Chapter 1.

A NOTE ON LANGUAGE

Our readers will be in unique settings; therefore we have tried to be as broad as possible with the language we chose to use.

Language Regarding Disability

For the purposes of this book, in most cases we are focusing on children's interests and mealtime needs rather than diving into specific diagnoses. When speaking about disability, some people prefer to use person-first language, which references the person followed by the diagnosis or disability (e.g., "a child with dyslexia"). Others prefer to use identity-first language, which lists the diagnosis or disability first, as a descriptor (e.g., "a dyslexic child" or "disabled person"). You have likely seen a variety of terminology used in the literature. As research and practice evolve and include more input from self-advocates from various identities and communities, you may see changing language in research, publications, and other media.

As providers, being responsive to individuals' needs and preferences is our priority. We want to stress that it is important to connect with children, families, and colleagues and give them space to share preferences for how they talk about disability and any of their personal or group identities. There is a wide range in how people prefer to talk about themselves. For example, each individual may have a preference for different terms, such as *neurodivergent*, *disabled*, *person with a disability*, *Autistic*, *person with autism*, and so forth. In addition, children and families may have preferences regarding how they discuss the use of feeding tubes or other supports. Your role as a provider is to listen and to honor the choices of the individuals and families you work with.

Provider

When we talk about *providers*, we are referring to any early childhood service providers working with young children, with a focus in this case on group settings. Settings and providers within them vary greatly from in-home child care centers to large preschools in school districts.

Caregiver

Family systems can look very different from one child to the next. When we talk about *caregivers* in this book, we are referring to anyone who takes care of the child in their home setting. This could include parents, grandparents, foster parents, siblings, and many others.

Mealtime

We will be using the term *mealtime* frequently in this book. For the purposes of this book, *mealtime* refers to any instance in which a child and/or family or group of children has an opportunity to eat food (a snack or a meal) in the settings where they spend time. Mealtimes may vary in length and location and occur at varying times of day.

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For the countless children who have and continue to teach, inspire, and motivate me every day.

—YV

To all the families and professionals who are working hard with children to make mealtime an enjoyable experience.

—SR

To my family, with special acknowledgment to Max and Jackson for your unconditional love, for your encouragement, and for inspiring me to continue to be curious and open to learning new things. I love you to the moon and back . . . always.

—CB

To the families, children, and providers out there discovering all the many paths to mealtimes that feel safe and welcoming.

—KM

To the young eaters of the world and the adults who feed and care for them. Your work is essential, and this book is for you.

To my parents, Jeannie and Jean-Luc, who always believed in me and cooked up a joyful, meaningful life for us. To my sisters and their families for their inspiration and encouragement. To Spencer, my partner in the kitchen and in life. And to Charlie—cooking with you is always an adventure, and my greatest joy in life is being your Mom. I am forever grateful to you all.

—ED

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Introduction to the Tiered Approach

Mealtimes have the potential to be a time of discovery, growth, and joy within a child's day. They are opportunities for learning, sharing, and connecting. While mealtime should be fulfilling and meaningful for all children, some need support to make the most of mealtime. This book explores the following questions: How can adults who work with children build mealtimes that are enriching learning experiences? In what ways can they welcome and represent the identities and life experiences of all families within a mealtime? What support do children need in order to participate in mealtime in the way that works best for their bodies? How can adults help children interpret their body's hunger cues and communicate their needs during mealtime? What will empower staff and caregivers to help children fully participate in mealtime? Finally, what can adults do to promote a feeling of safety for children at mealtime?

Keep the following goals in mind as you read Chapter 1.

LEARNING GOALS

- Explain how mealtime challenges in young children may limit mealtime participation and result in missed opportunities for learning.
 - Describe the current state of mealtime-related support available for young children and their families.
 - Provide a rationale for implementing a tiered approach to mealtime support.
 - Explain how a tiered approach includes cumulative layers of support based on an individual child's needs.
 - Identify the elements of a tiered approach to mealtime support in early learning settings.
-

Let's start by meeting a few children, each with unique backgrounds that they bring to mealtimes. Next, the chapter reviews the current state of mealtime support, then it offers an alternative—a “tiered approach” to better meet the unique needs of each child and their family. Finally, this chapter provides an overview of the elements involved in developing a tiered approach to mealtime in your early learning setting. These elements are discussed in depth in Chapters 4–13.

Sam: Unexplained, Ongoing Picky Eating

Sam, age 3 years, is described by his parents as a very picky eater, which makes mealtimes at home frustrating and stressful. Sam cries and runs away from the table when his parents offer him food from their family meal. Often, the only way that they can encourage him to join them is by offering his favorite food, Goldfish crackers. Sam's parents worry because they are not sure if his handful of preferred foods can provide all the nutrients he needs. They talked with their pediatrician about their concerns. The pediatrician responded, “This is very common for a 3-year-old, so don't worry too much. Sam's growing just fine on his growth curve. Just keep offering him different foods and make another appointment if things don't improve.” The doctor ended the visit by reassuring the parents that it will be okay to “wait and see” what happens between now and the next visit.

Although Sam's family is relieved that the doctor is not concerned, at dinner that night, Sam refuses food again and leaves the table. Sam's mom continues to follow him around, offering him a spoonful of food and asking him to eat the food she cooked. Sam's dad reminds her that the doctor was not concerned and tells her that she is pushing too hard. This causes tension in their relationship and stress over Sam's health.

At preschool, Sam does not touch the foods offered during snack and lunch, and he often protests coming to the table. His teachers, Jayden and Sage, are not sure what to do, and he ends up eating crackers in the book area instead of joining his classmates for snack and lunchtime.

A year later, there have been no improvements, and mealtime is as stressful as ever for Sam, his family, and his teachers. Sam's resistance to eating a variety of foods affects other aspects of his daily life as well. He often wakes in the middle of the night if he is hungry, and he has difficulty participating in social events that include food, such as birthday parties. At school, Sam's teachers report that he is irritable, pushes other children, and sometimes falls asleep in the middle of the day. Sam's pediatrician shows concern at his next checkup that Sam has dropped multiple percentiles on the growth chart. The “wait-and-see” approach did not work, and Sam's eating habits affected his health. The doctor refers Sam to a specialized feeding clinic with a 1-year waitlist. Sam's family does not know what to do in the meantime, and Sam's mealtime challenges intensify at home and school as his parents' and teachers' stress levels simultaneously increase.

Callie: Tube Feeding Since Infancy

Callie was born with a rare condition, esophageal atresia (EA) and tracheoesophageal fistula (TEF). She had surgery when she was just a few days old and received breast milk and formula via gastrostomy tube (G-tube) from the start. Her family began working with an early support occupational therapist specializing in feeding therapy within the first weeks of Callie's birth. Callie has always had medical specialists monitoring and adjusting her tube feedings to make sure she is getting adequate nutrition.

Callie's family received coaching throughout their introduction of liquids and solids by mouth. Her school nurse received training on tube feedings when Callie went to her first preschool. Callie wants to eat with her friends at school, but the busy environment of the classroom is distracting, preventing her from being able to eat enough by mouth to keep her energy up during the day. During school lunch and snack times, Callie has tube feedings in the nurse's office.

Missed learning opportunities appear in both Sam and Callie's stories. In Sam's case, the "wait-and-see" approach to mealtime intervention was ineffective, leading to negative health outcomes, increased family stress, and challenges with learning. In Callie's case, her therapists, family, and school team worked together to develop a careful plan to support her in eating at school. Although she is able to eat in a way that works for her body, she misses opportunities to share mealtimes with her classmates as a result.

CURRENT STATE OF MEALTIME SUPPORT

These stories reflect approaches to mealtime support that are common today. The "wait-and-see" approach recommended by Sam's pediatrician is common when it comes to mealtime and feeding challenges. Young children whose caregivers identify them as "picky eaters" might take several paths. Some children will "grow out of it," learning to eat a balance of foods that supports their health as they grow older. These individuals will have greater variety in their food preferences as older children and adults. Other children will develop more intense mealtime challenges that may eventually require clinical intervention. Clinical feeding intervention is often intensive and logistically challenging for families (Linscheid, 2006). Limited access to specialized care outside of urban areas can create geographic barriers, making it harder for families in rural or remote locations to access necessary expertise or resources. In addition, the long hours required for clinical intervention can strain family schedules and impact daily routines. Further, feeding intervention may reflect mainstream norms, and neurodiverse or culturally diverse families may have difficulty accessing support that reflects their experiences and values. Conversely, children such as Callie who are born with feeding disorders may have access to medical support but miss out on the social aspects of mealtime.

Pediatric feeding disorder (PFD) affects more than 1 in 37 children younger than age 5 years in the United States each year (Kovacic et al., 2021). Feeding challenges have become so prevalent and impactful that the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5; American Psychiatric Association, 2013) expanded to include Avoidant Restrictive Food Intake Disorder (ARFID) and the *International Classification of Diseases* (ICD) expanded to include Pediatric Feeding Disorder (ICD-10; World Health Organization, 2021). PFD is associated with medical, nutritional, feeding skill, and/or psychosocial dysfunction (Goday et al., 2019). Children with PFD often experience pain, fear, or inability to orally consume food, leading to detrimental health and social outcomes.

Selective eating (often referred to as "picky eating") is a common developmental phenomenon in young children. There is not one agreed-upon definition of selective eating, though by most definitions, selective eating involves a limited variety of foods eaten, a resistance to eating new foods, and often some impact on the individual's daily routines and/or family life, which can lead to stress among caregivers (Taylor et al., 2015). It is important to note that children (and adults) may demonstrate selectivity in their eating for a variety of known and unknown reasons. For example, some individuals may experience sensory overwhelm or stress in response to unfamiliar foods or certain textures, or perhaps they have had a negative experience with a particular food in the past. Limiting their food repertoire to their most preferred foods, sometimes known as "safe foods" or "comfort foods" may be one way that they respond to their body's cues and seek safety and comfort, which is a natural human behavior.

When discussing "picky" or selective eating, it is important to acknowledge that this eating pattern can be a protective response. At the same time, it can be a barrier to participation in important aspects of family and community life. It can create stress for children and caregivers, and it may have health implications down the line if the selectivity persists and the individual is not able to access all the nutrients they need. It is difficult to predict whether a child will go on to develop PFD or grow out of mealtime challenges. Therefore, early screening, identification of challenges, and support for mealtime concerns are of utmost importance in the early childhood years.

Research on treating mealtime-related challenges is overwhelmingly focused on older, school-age children whose feeding issues have progressed to a point where they experience negative impacts (Linscheid, 2006). These children may receive referrals to intensive, clinical intervention settings to receive feeding therapy, where they may be placed on long waitlists. During this time, their mealtime challenges and family stress intensify.

As evident in Callie's story, clinical support and close collaboration with specialists play an essential role in supporting some children to eat in the way that works best for their bodies. At the same time, children need genuine, safe opportunities to share the mealtime experience with their families, caregivers, providers, and other children.

Mealtime is not solely about the act of eating. Mealtime is also a time for children to learn their body's reactions, communicate their needs, and develop their ability to maintain safety and comfort. The feeling of safety is critical to a child's well-being. It allows for calmness, curiosity, and interest to drive learning.

Mealtime can also encompass a rich social experience that is integral to a child's development. Sharing meals with caregivers, providers, and peers provides opportunities for meaningful connections, identity development, and social awareness. There is a critical need for mealtime support that is embedded within a child's important relationships and daily routine; for an approach that integrates caregiver knowledge and clinical expertise; and for proactive strategies that lay a foundation of positive mealtime experience and help to prevent the development of more serious feeding disorders. This comprehensive approach to mealtime support can promote positive physical health outcomes and also preserve the important social and developmental benefits that come with the mealtime experience. Read on to discover one answer to this critical need—a tiered approach.

TIERED APPROACH TO MEALTIME SUPPORT

The tiered approach to mealtime support that is referenced throughout the rest of this book consists of three tiers and is based on the well-researched multi-tiered system of supports (MTSS) model (Sugai & Horner, 2009). MTSS is a framework used in educational systems to provide students with support at different levels of need. It consists of three tiers that address the varying needs of students. The first tier, known as universal support, provides high-quality curriculum, instruction, and support to all students. This tier intends to meet the needs of approximately 80%–85% of students. The second tier provides targeted support for students whose needs are not met at Tier 1. This tier meets the needs of approximately 10%–15% of students. The third and final tier provides intensive, individualized support to students with the most significant needs. Approximately 1%–5% of students will need Tier 3 support. Depending on the population of children you serve and the type of setting you work in, you may find that you have a higher or lower percentage of children who require Tier 2 and Tier 3 supports to thrive at mealtime. For example, if you work with children who have developmental delays and/or complex medical needs, you may find that a greater percentage of children will need Tier 2 or Tier 3 supports. The tiered framework aims to provide early identification and support along with data-driven decision making to ensure the well-being of all children.

Children learn best with support tailored to their individual needs. Using a tiered approach allows providers to move fluidly between different levels of support to meet children's needs. Consistency in the foundational supports (Tier 1) is crucial. When Tier 1 foundational practices are consistently in place for all children, many children will thrive without additional support. Adults can provide additional support for other children in specific aspects of mealtime that continue to be challenging (Tier 2); they may need to provide specialized individual support and clinical intervention for a few children (Tier 3). Figure 1.1 shows the relationship among these three tiers.

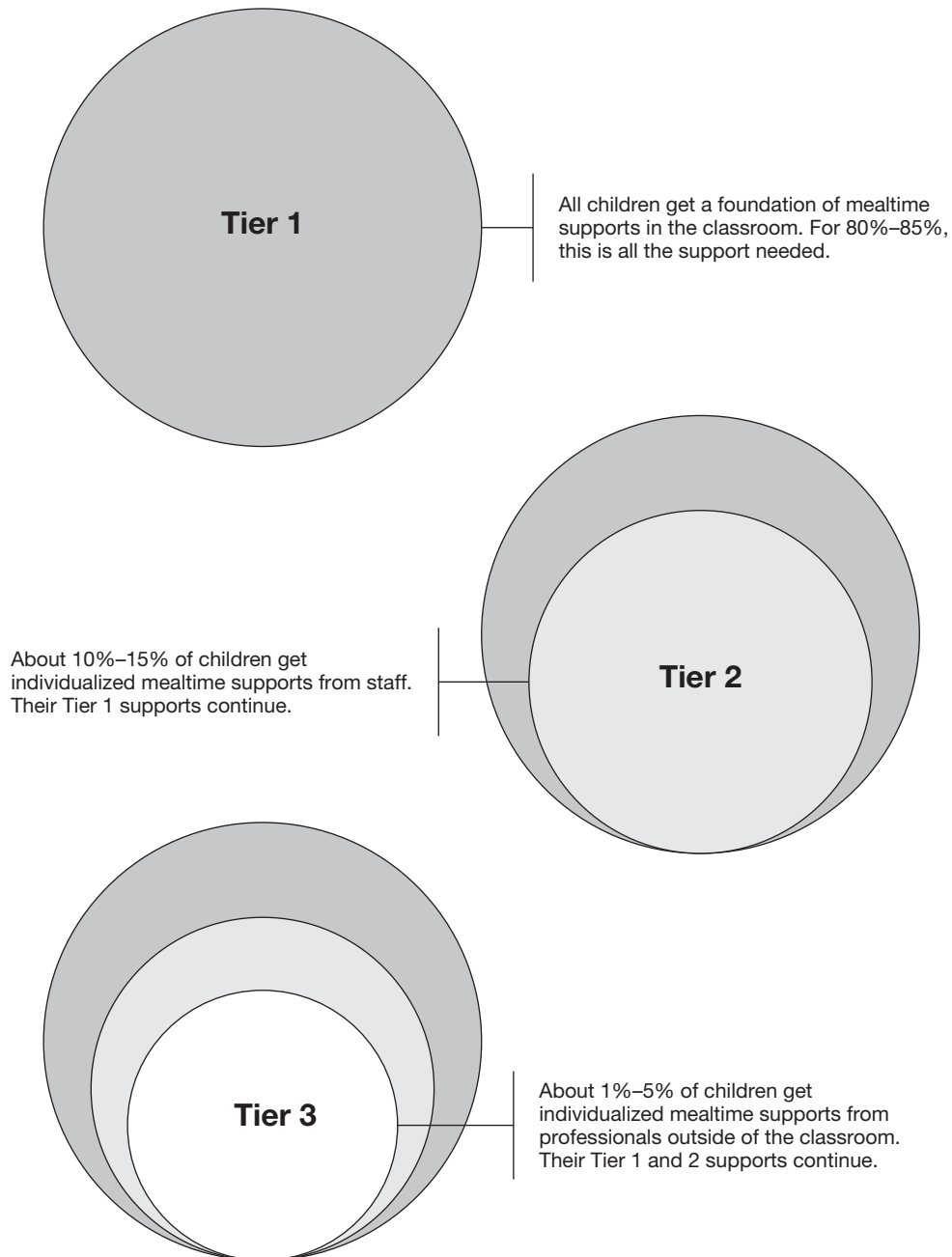


Figure 1.1. A tiered model of support.

Throughout this book, the primary focus is the foundational practices of Tier 1 for mealtime support. Children who need additional support beyond Tier 1 will continue to benefit from those universal, foundational supports that lead to the creation of meaningful and enriching mealtimes. By dedicating attention to components of Tier 1, the goal of this book is to guide providers in developing knowledge and awareness needed to enhance existing mealtime environments and routines to create a strong foundation where children can thrive. Implementation of Tier 1 supports benefits all children. By observing how children respond to Tier 1 supports, providers have the opportunity to identify early those children who will need more specialized support at Tiers 2 and 3. All children receive support tailored to their unique needs.

Tier 1: High-Quality Universal Support

In the first tier of mealtime support, adults incorporate high-quality support for mealtime that is beneficial for all children and families. This tier includes components such as engaging, responsive interactions in which adults attend carefully to children's communication; a predictable, structured environment; and meaningful involvement of families. These foundational elements ensure children experience connection, comfort, and safety during mealtimes.

Elements included in Tier 1 are intended to answer the question, "What do we need to provide all children, families, and staff to foster successful, enriching mealtimes in the early learning setting and beyond?" Note that the answer to this question might vary depending on the setting and the community served. Each child, family, and community will have knowledge that helps to answer this question in unique ways.

In general, Tier 1 includes high-quality education and support for children, families, and staff, with a proactive approach aimed at preventing the development of new or more significant mealtime challenges. A primary goal of Tier 1 is to provide an enriching mealtime experience for all children within that setting. Tier 1 strategies and supports are incorporated within existing settings and routines. Although this may require some initial planning in the early stages, the long-term goal is that Tier 1 supports remain consistently in place in your educational setting. The ultimate goals of Tier 1 strategies are to make mealtimes in any setting safe, enriching, and meaningful and to prevent the development of mealtime challenges.

Tier 2: More Specific, Tailored Supports

Ongoing assessment throughout Tier 1, which Chapter 8 discusses in detail, is instrumental in identifying children who need more support. Tier 2 supports come into play for those children and families who are still experiencing mealtime challenges despite the universal support provided in Tier 1. In Tier 2, the focus shifts toward more specific, tailored supports, modifications, or accommodations to meet the unique needs of children and families.

Supports, modifications, and accommodations encompass adjustments to Tier 1 strategies that can maximize a child's participation in mealtime routines. For example, this might include simplifying mealtime routines, creating a quieter environment, providing alternative utensils, or providing communication support. Since the majority of children do not need additional support beyond Tier 1, Tier 2 support can be crafted with a deeper understanding of the child's specific mealtime challenges and strengths.

Tier 3: Intensive Support

Although Tier 1 and Tier 2 support address mealtime challenges faced by most children, there may be instances where children continue to experience difficulties even after receiving support at these levels. In such cases, Tier 3 support is necessary, providing the highest level of mealtime support.

Tier 3 support entails the development of intensive, individualized support that specifically targets the unique needs of a child. If necessary, these plans may include referrals for clinical intervention—for example, to a registered dietitian who can monitor a child's caloric or nutritional needs, or to feeding therapists who can support safe swallowing. The goal of Tier 3 is to ensure that every child, regardless of the complexity of their mealtime challenges, receives the comprehensive support required for them to thrive and ultimately have successful and enjoyable mealtime experiences.

Cumulative Layers of Support

A crucial aspect to consider regarding the tiered approach, as illustrated in Figure 1.1, is that the layers of support are cumulative. If a child needs more individualized support at Tier 2 or 3, these additional strategies do not replace the key elements of Tier 1. The foundational

practices established in Tier 1 should continue for all children. This is critical to the inclusive nature of the approach and promotes equity by ensuring that all children benefit from enriched mealtime experiences, regardless of their needs. Ensuring that supports are layered cumulatively preserves a high-quality learning environment for everyone and allows for flexibility in how to meet children's support needs.

Ensuring everyone has access to Tier 1 supports aligns with the overarching goal of ensuring children feel safe and find meaning in their everyday mealtime experiences. Children may continue to make progress in some aspects of mealtimes with only the Tier 1 foundation, even if they need a more individualized level of support for other aspects of eating and mealtime participation. Think back to Sam, who was introduced previously.

Sam: A Tiered Approach to Mealtime

Sam's school staff have noticed his limited repertoire of foods, which has made mealtimes in the classroom challenging. The classroom staff implemented Tier 1 support strategies such as adding a handwashing routine, involving children in mealtime preparation, engaging in conversations about food, and sending home informational resources for caregivers.

Although Sam showed increased willingness to participate in the new routines, he was still struggling to join his peers at mealtime. After a couple weeks of observing Sam, the staff decided it was time to implement some Tier 2 strategies. They met with Sam's family to learn more about his home mealtime experiences. They discovered that his reluctance to try new foods was causing stress at home. They also learned some strategies from Sam's occupational therapist. Based on this information, staff implemented Tier 2 support strategies.

These strategies included providing Sam with a different chair at the table to help with positioning, using a visual to help him transition to mealtimes, and having his preferred crackers ready at the table. This led to some additional progress with Sam's participation. After a couple weeks, staff noted that he readily transitioned to the table for mealtime and seemed to enjoy sitting with his peers but was still struggling to eat. The classroom staff continued to communicate with Sam's family, who were becoming increasingly nervous about his nutrition, and decided to implement Tier 3 supports. The staff provided his parents with resources on nutrition and referred them to local nutrition specialists. Sam and his family met with a registered dietitian who provided them with some recommendations to try at home. Sam's parents shared some of these with his providers, who were able to implement a few strategies during snack and lunchtime. Throughout this time, Sam still had access to all the Tier 1 and Tier 2 strategies while also receiving outside individualized support.

MEALTIME IN TWO EARLY LEARNING SETTINGS

To demonstrate the benefits of a tiered approach, let's compare an early learning setting using a traditional approach to mealtime with a setting using a tiered approach. Assume that each of these settings is an inclusive preschool (consisting of children with and without disabilities) class of 20 children, one lead teacher, and one instructional assistant. (*Note:* Although this section refers to classrooms, you may work in a different type of early learning setting; nevertheless, you may recognize aspects of the traditional or tiered approach in the setting in which you work.)

Setting A: A Traditional Approach

In Setting A, lunchtime for the preschool students occurs after recess each day. That is the way it has always been done. The teachers expect the children to come in from recess, line up to wash their hands, then sit down for lunch. The leftover energy from recess leads to children acting rowdy in the line to wash their hands, pulling on each other and yelling.

Despite the teachers giving multiple verbal reminders that it's time to transition from outdoor to indoor behaviors, the energy level remains high. Once each child washes their hands, they sit down at the empty tables, waiting for lunch. Once again, they are loud and constantly touch one another.

When the teachers serve the food, six children start eating right away. The teachers need to remind another five children multiple times that it is time to eat, to keep their hands to themselves, and to stay with the group rather than breaking away to play. Five more children remain in their seats at the table; they eat a few bites of a preferred food and do not try anything else that is offered. The remaining four children do not eat, and they get up from the table frequently. The teachers give multiple verbal reminders and try to coax the children back to the table to eat.

During lunch, the lead teacher provides group reminders to eat and stay seated. The instructional assistant sets up for the small-group activity after lunch while also supervising four children who need more individualized support. This routine repeats daily in the classroom, with the same group of six children having a complete meal and trying new foods. Of the 20 children in the classroom, nine families have mentioned that they have concerns and stress around mealtime. Two caregivers consistently bring up mealtime concerns when picking up their child. One of them feels worried that their child only eats crackers all day. The teachers describe mealtime as chaotic and stressful.

Setting B: A Tiered Approach

In Setting B, the preschool has arranged the schedule to include a 5-minute transition period before lunch. During this time, the children sit on the carpet and do a “mindful minute” in which they practice getting their bodies calm. The lead teacher guides children to listen to their bodies. She comments that her stomach is making a rumbling sound and feels empty. She asks the children if their bodies are showing any signs of hunger. The teacher then talks to the children about what will be served at lunch, explaining what each food looks like and what it does for the body. On the day when carrots are served, the teacher shows the children a picture about how carrots grow. The teacher talks about how some people like to dip carrots into dips like ranch or hummus and asks the children to think about how they might explore with the carrots. Will they touch the carrots? Take a lick? The teacher gives an example of ways that children can communicate their preferences: “You could point to the food you want or say, ‘Carrots, please.’ If you’re not ready to try a food, you can shake your head, or say, ‘No, thanks.’”

The class transitions to the table that already has food on it. The children then take turns looking at the options and serving themselves. Sixteen children immediately start exploring with the food. Some children just put the carrots on their plate, some smell them, some lick them, and some dip them into ranch or hummus and take a bite. The instructional assistant sits at the table modeling food interactions and eating with the class. One child needs support to grasp utensils used at the table, like the serving spoon, and their own spoon and fork. They use adaptive utensils recommended by an occupational therapist to promote independence. The instructional assistant works with another child to pick up a carrot stick and combine it with the round crackers on their plate to make a train—their favorite mode of transportation! One child gags at the sight and smell of the food at the table and runs away. At the end of the day, the teacher checks in with that child’s family, setting up a meeting to discuss how to best support them.

In the family newsletter that week, staff write about what the children did with carrots and give families suggestions for how to implement similar strategies at home. In Setting B, the tiered approach proactively sets children and staff up for success. Eighty percent of the children are successful with Tier 1 supports, allowing staff the opportunity to further support the children who need Tier 2 and Tier 3 support.

Implementing a tiered approach in Setting B offers many benefits that extend beyond the scope of eating new foods. It creates an enriching mealtime environment for all children, not just those with mealtime challenges. All children and families receive mealtime support, which fosters interactions with foods, exposure to new experiences, and meaningful social interactions. In the tiered approach to mealtime, there is no reason to “wait and see” who will have challenges. As soon as teachers identify a struggle, they can seamlessly integrate support within the existing early learning setting. Further, ongoing assessment enables prompt identification of challenges, preventing issues from escalating to more severe levels and ensuring that mealtime experiences remain positive and nurturing for all involved.

What Is Different About the Tiered Approach?

Take a moment to think about specific ways the tiered approach differed from the traditional one. If you like, jot down a few notes about this. What differences did you notice?

Benefits at Mealtime In Setting A, the teachers expected the children to know how to transition from recess to lunch, but the children had trouble calming down. In Setting B, the teachers planned more intentionally for the transition and included a calming activity, setting the children up for a successful mealtime. The teachers in Setting A did not prepare the children for the specific foods they would encounter; the teachers in Setting B discussed the foods and got the children thinking about how to interact with the foods, without assuming all the children would eat these foods. Setting A staff reacted to behavioral challenges with verbal reminders and prompts to get the children to participate in mealtime and eat. In Setting B, the instructional assistant modeled different ways of interacting with the foods, and they set expectations proactively. Positive communication with families about food and mealtime is built into the daily routine of the staff in Setting B, with teachers also noting any concerns about individual children. In Setting A, families are left to take the initiative on communication about eating, and the communication is focused solely on concerns.

In sum, mealtime is going much more smoothly in Setting B. As in Setting A, not all children are eating all the foods offered. However, most are choosing to participate in some way, interacting with the food and with each other, even if they are not eating. The teachers in Setting B are making connections between mealtime and other learning, and they are keeping families well-informed.

Note that staff in Setting A are facing relatable challenges that are common in early learning settings. They are keeping children physically safe and following a routine, doing their best with their current knowledge and resources available to them. The goal of this book is to provide additional information to allow you to make simple changes to make the most out of mealtime and decrease the associated stress.

Benefits Beyond Mealtime Using the tiered approach to mealtime offers benefits to children’s development and learning beyond simply interacting with food and eating. Tier 1 support can help children learn where food comes from and how it interacts with their bodies. Mealtime also provides a natural opportunity for learning social skills as children communicate with one another about the foods they are trying and their food preferences.

Connecting food interactions to other interests and knowledge can further enhance learning. For example, children may get the opportunity to explore foods that are different from those they eat at home and learn about the diverse ways children eat around the world. They may learn about various mealtime traditions that their peers practice, promoting acceptance and inclusion. Enriching mealtimes in the early learning setting also

provides children with opportunities to practice skills such as communication, fine motor skills, and following instructions.

You may be wondering how much extra work goes into implementing the tiered approach used in Setting B. This approach does involve some additional thought and planning—but it also helps ensure children are not missing out on any opportunities at mealtime. Once you have put the time into the additional planning, you will find that your job actually gets easier! Instead of focusing on behavior management, you will be able to sit down with the children, model interacting with food, and have engaging conversations. The next section describes the major elements involved. Note, however, that the recommendations throughout this book have value even if you are not able to implement the tiered approach completely.

ELEMENTS OF A TIERED APPROACH

Figure 1.2 shows the elements involved in implementing a tiered approach to mealtime in your early learning setting. These elements and how they interact are explained in depth in later chapters. Although the book presents these elements in an ordered manner, follow them in a way that works in your specific setting. These elements are intended to provide guidance and suggestions rather than promote the idea that there is only one right way to support mealtimes.

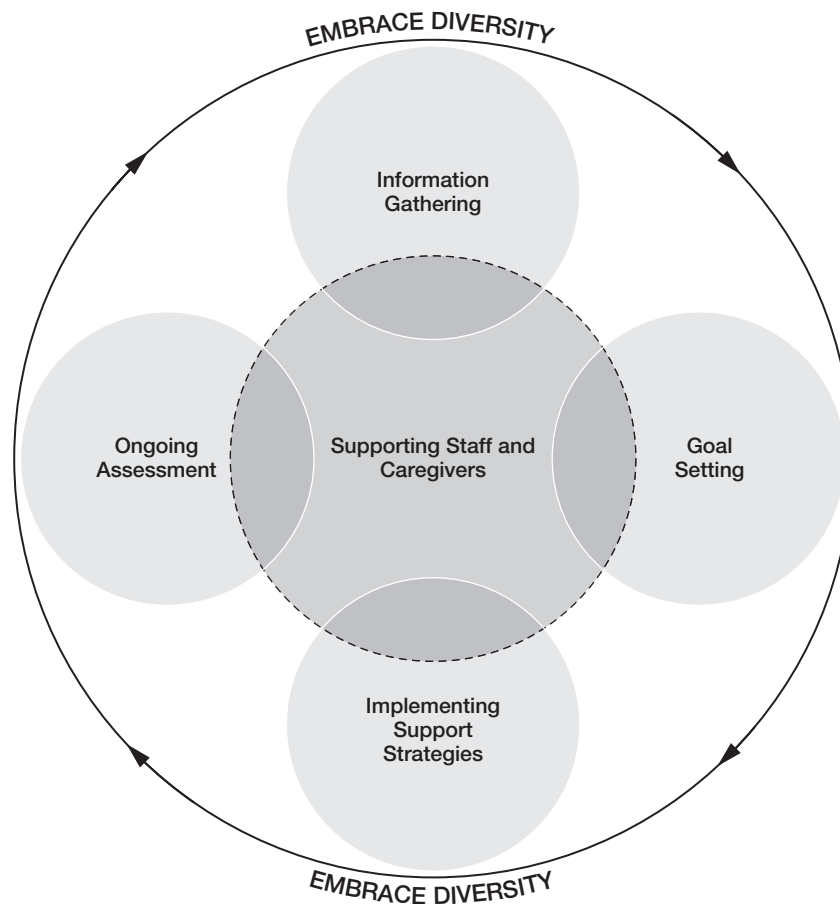


Figure 1.2. Elements of a tiered approach to mealtime.

Information Gathering

Before you can support children at mealtimes, you need to gather information about the context in which you work. You will learn how to gather information about yourself as a provider in Chapter 4 to reflect on what you bring to mealtime. In Chapter 5, you will gather information about your early learning setting and agency. In Chapter 6, you will learn how to gather information about the individual children and families you serve. You will use this information to inform your goals and support strategies.

Goal Setting

Once you gather information, you will have an idea of goals you would like to set for mealtime in your setting. Chapter 7 discusses how to set goals using the SMART (Specific, Measurable, Achievable, Relevant, and Time-Bound) goal format (Doran, 1981). You will write goals for yourself as the provider, for your setting, and for individual children.

Implementing Support Strategies

In Chapters 9–12, you will learn about support strategies to help you achieve the goals you set. Chapter 9 provides strategies for setting your environment up for success and minimizing stress and pressure. In Chapter 10, you will learn strategies for encouraging communication and social interaction at mealtime. Chapter 11 provides strategies for encouraging food interactions, and Chapter 12 will show you how you can embed other goals within this tiered approach.

Ongoing Assessment

Ongoing assessment is crucial to ensure progress toward goals. Chapter 8 discusses how to collect and interpret data and use those data to make decisions about mealtime practices. Ongoing assessment will provide you with valuable information about whether children are meeting goals or if they need additional layers of support.

Supporting Staff and Caregivers

Involvement, training, and support of staff and caregivers is imperative to ensure successful mealtime support in your setting. At all parts of the process, continue to communicate with caregivers and ensure consistency among staff. As demonstrated in Figure 1.2, staff and caregiver training and support are ongoing throughout all elements of the tiered approach to mealtime. The goal is that this book will serve as education and training for the staff who work with you. Engage in included exercises as a team whenever possible to ensure consistency. Chapter 13 will help you understand how you can make setting-to-home connections.

Embrace Diversity

An essential aspect of the tiered approach to mealtime is recognizing and celebrating the diversity children and families bring to the experience. Understanding, adapting to, honoring, and celebrating difference is an integral part of this approach and should be woven in throughout the implementation of the various elements.

By embracing diversity, you will create a more inclusive and enriching mealtime environment, allowing opportunities for children and adults to learn from one another. Mealtime serves as an opportunity to explore diverse cuisines, traditions, and mealtime practices. Children can learn that food and mealtime are not just about eating but are also a way to connect with their own culture and that of their peers. Incorporating cultural sensitivity into the tiered approach helps create a more holistic and responsive mealtime environment.

SUPPORT STRATEGIES À LA CARTE

You may find that implementing all the elements of a tiered approach in your setting does not feel realistic at this point. Staff may face constraints such as lack of time or lack of administrative support. You may have long-term goals of fully implementing this approach but need immediate support in the interim. Know that even the smallest changes can make a big difference in your setting. Using the parts of this book that feel feasible for you (à la carte, if you will) can still lead to lasting change and improved mealtimes for the children you serve. If this describes you, pay particular attention to the strategies described in Section III: Strategies for Supporting All Young Children at Mealtime. By implementing the strategies that feel feasible, you can lay the foundation to build a more comprehensive tiered approach to mealtime support in the future.

SUMMARY

This chapter described how mealtime challenges may interfere with children's participation in mealtime and result in missed learning opportunities. The chapter also discussed the current state of mealtime support, including the limited availability and logistical challenges of clinical programs as well as the disadvantages of taking a "wait-and-see" approach. The chapter compared traditional and tiered approaches to mealtime and described the benefits of a tiered approach, at mealtime and beyond. Finally, the elements involved in implementing the tiered approach were outlined, as well as alternatives to implementing it in full.

WHAT'S NEXT?

Now that you understand the purpose of the tiered approach and the steps involved, Chapter 2 will take a closer look at mealtime challenges and how they develop. You will also explore the long-term impact of mealtime challenges on families, children, and early learning settings. Before moving on, reflect on the following questions.

1. Think about the challenges that may be associated with mealtime for young children, along with the missed opportunities described in this chapter. Do you notice any obvious challenges in your early learning setting? Are there any subtler missed learning opportunities that you would like to address during mealtime?
2. Think about the broad priorities in your setting, encompassing learning priorities and community priorities. Given these overarching priorities, consider whether it is more suitable to implement the full tiered approach or try out specific strategies in your setting. Which option best aligns with overall priorities in your setting at this time?