Parenting Strategies to Promote Child Fruit and Vegetable Intake: Rethinking Involvement, Fun, and Frustration

Myles S. Faith, Ph.D.
Dept. of Counseling, School, and Educational Psychology
University at Buffalo - SUNY
• Question: Is parental ‘involvement’ always/necessarily better for promoting a healthier child diet and weight control?

• Specific behavior change strategies:
  ➢ More effective (ideally fun, potentially family-strengthening)
  ➢ Less effective (probably frustrating)

• Conclusion
Overview

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Parental Involvement and Childhood Obesity Treatment Response: 
A Game-Changing Review

• Meta-analytic review.

• Compare studies with low, medium, or high level of parental participation in childhood obesity treatment.

• “High” = Family involved in all aspects of tx.
  “Medium” = Family is involved, but child is solely responsible for significant aspects of tx.
  “Low” = Parents have minimal involvement.

<table>
<thead>
<tr>
<th>Participation Level</th>
<th>N</th>
<th>Cohen’s d (Standardized mean difference for tx vs. control)</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>6</td>
<td>.48</td>
</tr>
<tr>
<td>Medium</td>
<td>6</td>
<td>.70</td>
</tr>
<tr>
<td>Low</td>
<td>12</td>
<td>.51</td>
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“Since providing training to parents may increase the cost of childhood weight loss programs, this finding suggests reducing parental participation to minimum necessary levels”.

Evaluating Parents and Adult Caregivers as “Agents of Change” for Treating Obese Children: Evidence for Parent Behavior Change Strategies and Research Gaps

A Scientific Statement From the American Heart Association

Myles S. Faith, PhD, Chair; Linda Van Horn, PhD, RD, FAHA; Lawrence J. Appel, MD, MPH, FAHA; Lora E. Burke, PhD, FAHA; Jo Ann S. Carson, PhD, RD; Harold A. Franch, MD, FAHA; John M. Jakicic, PhD; Tanja V.E. Kral, PhD; Angela Odoms-Young, PhD, MS; Brian Wansink, PhD; Judith Wylie-Rosett, EdD, RD; on behalf of the American Heart Association Nutrition and Obesity Committees of the Council on Nutrition, Physical Activity and Metabolism, Council on Clinical Cardiology, Council on Cardiovascular Disease in the Young, Council on Cardiovascular Nursing, Council on Epidemiology and Prevention, and Council on the Kidney in Cardiovascular Disease
• Parents treated together with (vs. separately from) their obese child or parents (vs. the child) was the focus of treatment.


• Did interventions with greater parental involvement achieve better improvements in child overweight?

• Result: Parental involvement $\rightarrow$ better child outcomes in only 2/12 studies ($\sim$17%) after treatment.

• Result: Parental involvement $\rightarrow$ better child outcomes in only 3/12 studies ($\sim$25%) at follow-up.
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Core Behavior Change Strategies

- Identify Behavior to Change
  - Specification of targeted behavior changes

- Change Environment
  - Stimulus Control
  - Change Behavior

- Set Behavioral Goals
  - Self-monitor Behavior

- Develop Self-Efficacy and Self-Management Skills

- Positive Reinforcement

Faith et al. (2012). Circulation, 125, 1186-1207
Core Behavior Change Strategies

- Identify Behavior to Change: Specification of targeted behavior changes
- Change Environment: Stimulus Control
- Change Behavior
- Positive Reinforcement
- Set Behavioral Goals
- Self-monitor Behavior
- Develop Self-Efficacy and Self-Management Skills

Keep repeated exposure!
Covert control (Ogden and colleagues)
Core Behavior Change Strategies

1. Identify Behavior to Change
   Specification of targeted behavior changes

2. Change Environment
   Stimulus Control

3. Set Behavioral Goals

4. Self-monitor Behavior

5. Develop Self-Efficacy and Self-Management Skills

6. Change Behavior

7. Positive Reinforcement

Keep on repeated exposure!

Keep on writing!
Monitoring Forms: Flexibility and Personalizing
Core Behavior Change Strategies

1. Identify Behavior to Change
   - Specification of targeted behavior changes

2. Change Environment
   - Stimulus Control

3. Change Behavior

4. Positive Reinforcement

5. Set Behavioral Goals

6. Self-monitor Behavior

7. Develop Self-Efficacy and Self-Management Skills

Tips:
- Keep on repeated exposure!
- Keep it positive!
- Keep on writing!
‘Broaden and Build Theory’
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Controlling Feeding Styles and Child Nutrition/Obesity

• Restrictive feeding associated with increased child BMI gain (Faith et al., Pediatrics, 2004, 114: e429-436; Shloim et al., 2015, Frontiers in Psych, 6, 1849)

• Pressuring children to eat food is associated with poorer eating regulation and questionably effective for promoting healthy eating (Blissett, Appetite, 2011, 57, 826-831).

• Compliant eating among girls is associated with obesity onset over 10 years (Faith et al., 2012, Childhood Obesity, 2013, 9, 427-436).

• Restrictive feeding predicts poorer child treatment response to family-based obesity treatment (Holland et al., Obesity 2014, 25, E119-E126)
Feeding Demands Questionnaire:

- Parent ‘Anger/Frustration’ correlated with greater parental pressure to eat.
- Parent ‘Food Amount Demands’ correlated with greater parental restriction, pressure to eat, and monitoring.
- Parent ‘Food Type Demands’ correlated with greater monitoring.

Predicting use of ineffective vegetable parenting practices with the Model of Goal Directed Behavior

Tom Baranowski*, Alicia Beltran, Tzu-An Chen, Debbe Thompson, Teresia O’Connor, Sheryl Hughes, Cassandra Diep and Janice C Baranowski

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Reflections: Looking back and forward

• ‘Parental involvement’ may not always/necessarily be helpful for promoting healthier diet and weight control. Vague construct.

• More refined, nuanced measures of involvement are need to discriminate more vs. less effective strategies. Need to study how strategies are implemented in different interventions.

• Need for more research on parent emotion – negative and positive. Implications for intervention?

• Need to study treatment influences on family relationships. Do they foster fun or family frustration/conflict? Implications for sustainability?