

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

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Overview

- 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

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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.

Participation Level	N	Cohen's d (Standardized mean difference for tx vs. control)
High	6	.48
Medium	6	.70
Low	12	.51

“Since providing training to parents may increase the cost of childhood weight loss programs, this finding suggests reducing parental participation to minimum necessary levels”.

AHA Scientific Statement

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

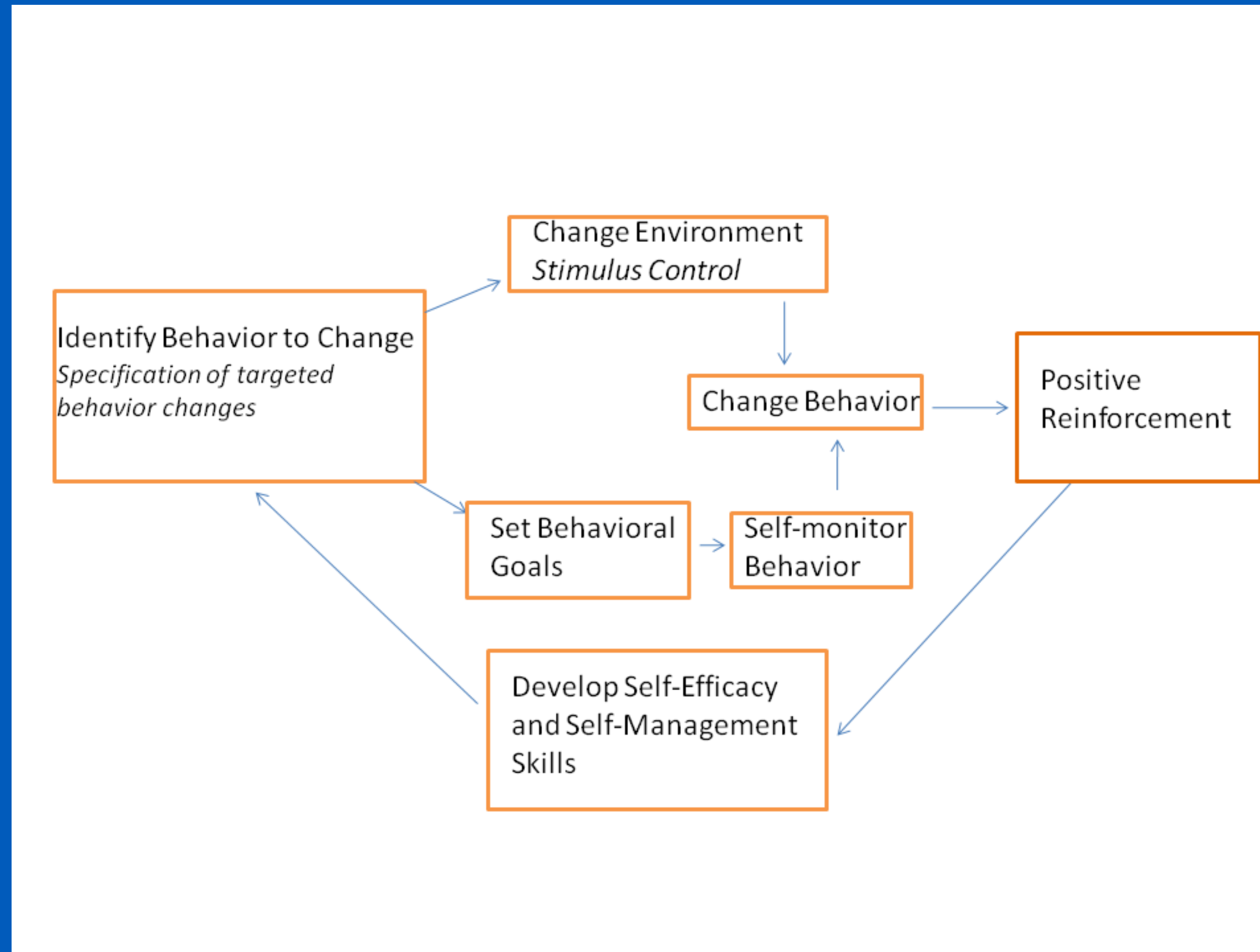
Myles S. Faith, PhD, Chair; Linda Van Horn, PhD, RD, FAHA;
Lawrence J. Appel, MD, MPH, FAHA; Lora E. Burke, PhD, FAHA; Jo Ann S. Carson, PhD, RD;
Harold A. Franch, MD, FAHA; John M. Jakicic, PhD; Tanja V.E. Kral, PhD;
Angela Odoms-Young, PhD, MS; Brian Wansink, PhD; Judith Wylie-Rosett, EdD, RD; on behalf 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.
- N= 12 studies, 1975 through 2008. Family-based pediatric obesity tx.
- Did interventions with greater parental involvement achieve better improvements in child overweight?
- Result: Parental involvement → better child outcomes in only 2/12 studies (~17%) after treatment.
- Result: Parental involvement → better child outcomes in only 3/12 studies (~25%) at follow-up.

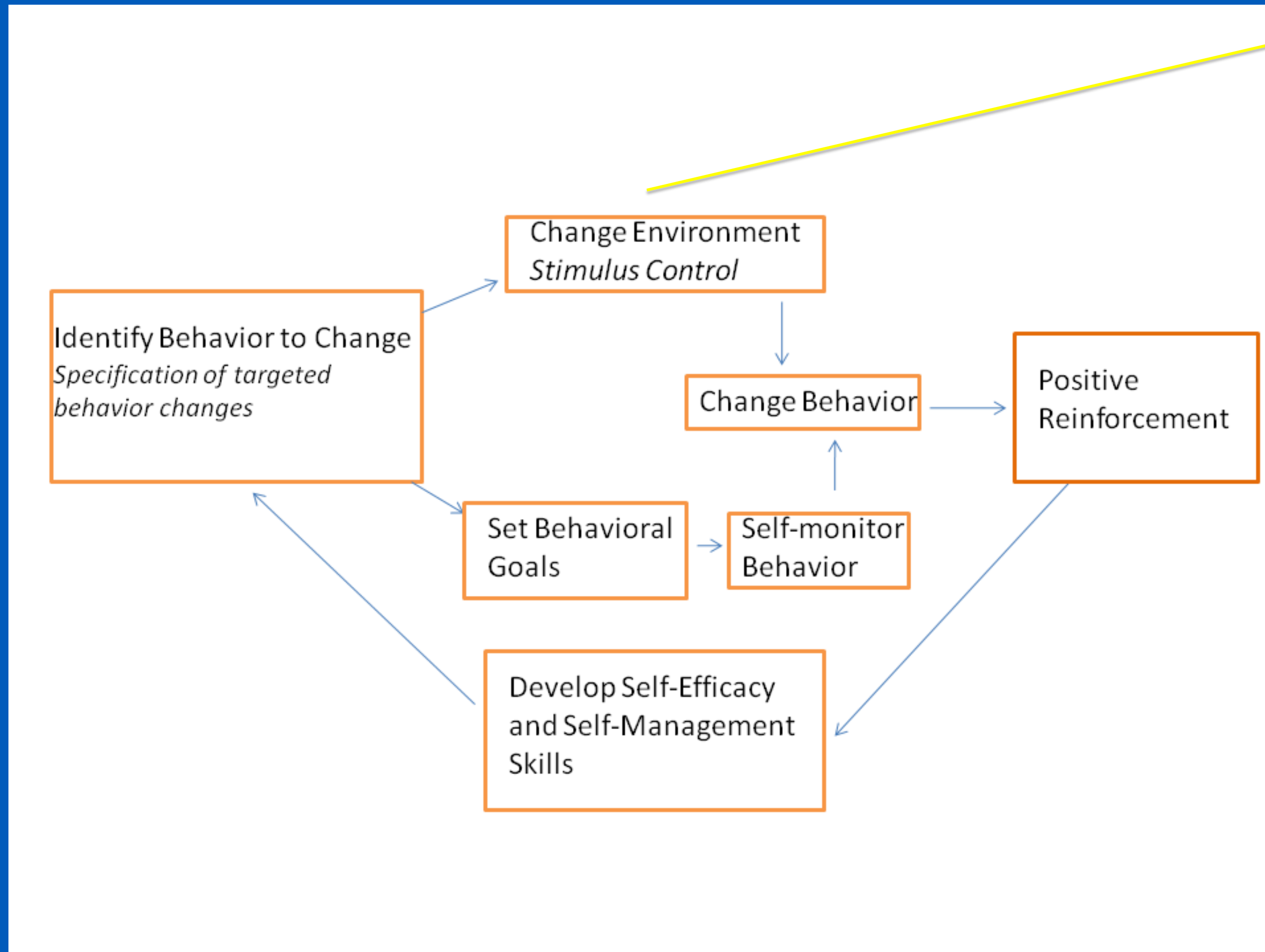
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Core Behavior Change Strategies



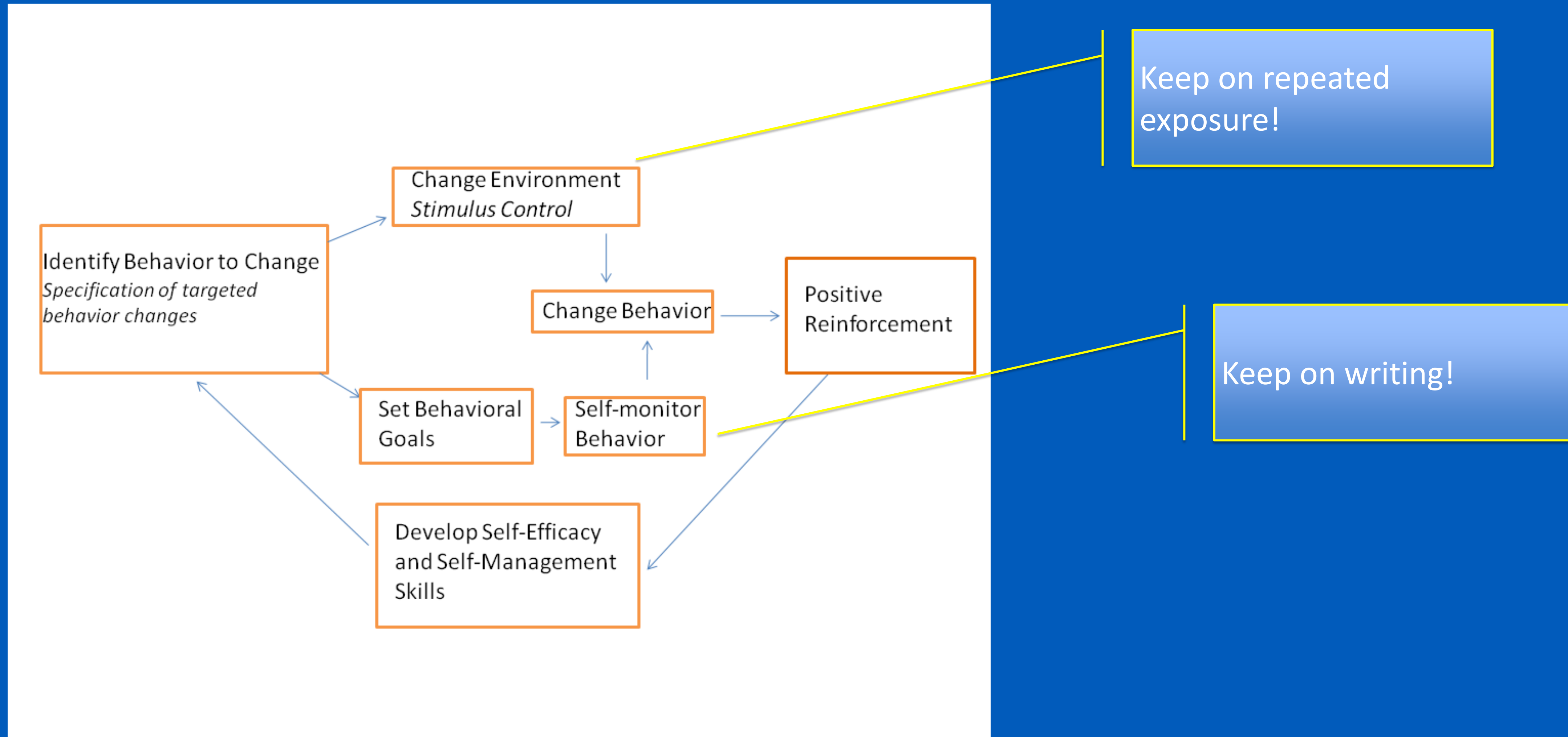
Core Behavior Change Strategies





Keep repeated exposure!

Covert control (Ogden and colleagues)

Core Behavior Change Strategies



Monitoring Forms: Flexibility and Personalizing


 My Fruit and Vegetable Sticker Chart
 

Week # 8 ID# _____ **ME**

	1	2	3	4	5	6	7	8	9
Day 1	★	★	★	★	★				
Day 2	★	★	★	★					
Day 3	★	★	★						
Day 4	★	★							
Day 5	★	★	★	★	★				
Day 6	★	★	★	★					
Day 7	★	★							

MOMMY

	1	2	3	4	5	6	7	8	9
Day 1	★	★	★						
Day 2	★	★							
Day 3	★	★	★	★	★				
Day 4	★	★	★	★					
Day 5	★	★							
Day 6	★	★	★						
Day 7	★								

DATE: _____

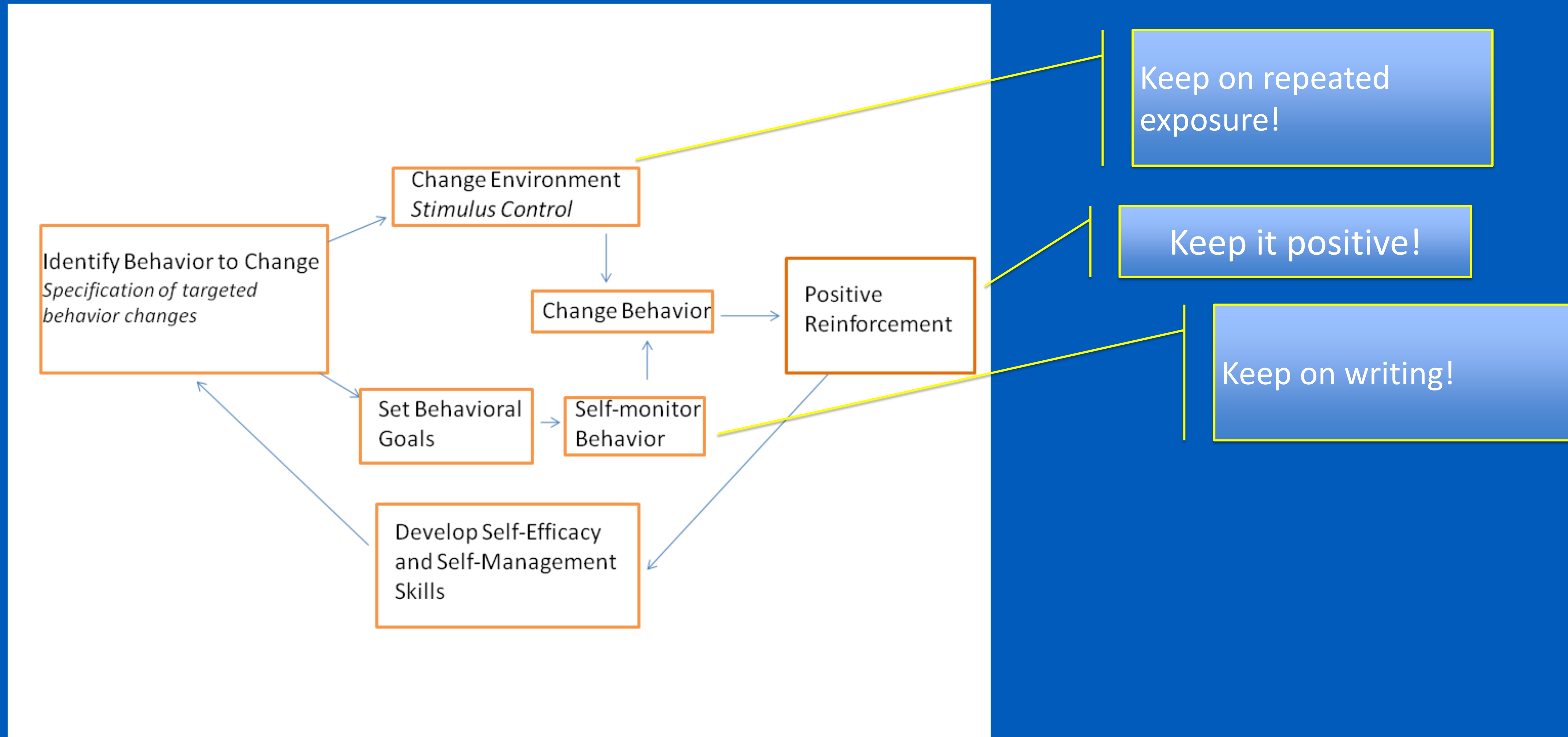
GO Drinks

	8+	8	7	6	5	4	3	2	1	
										SUN
										MON
										TUE
										WED
										THU
										FRI
										SAT

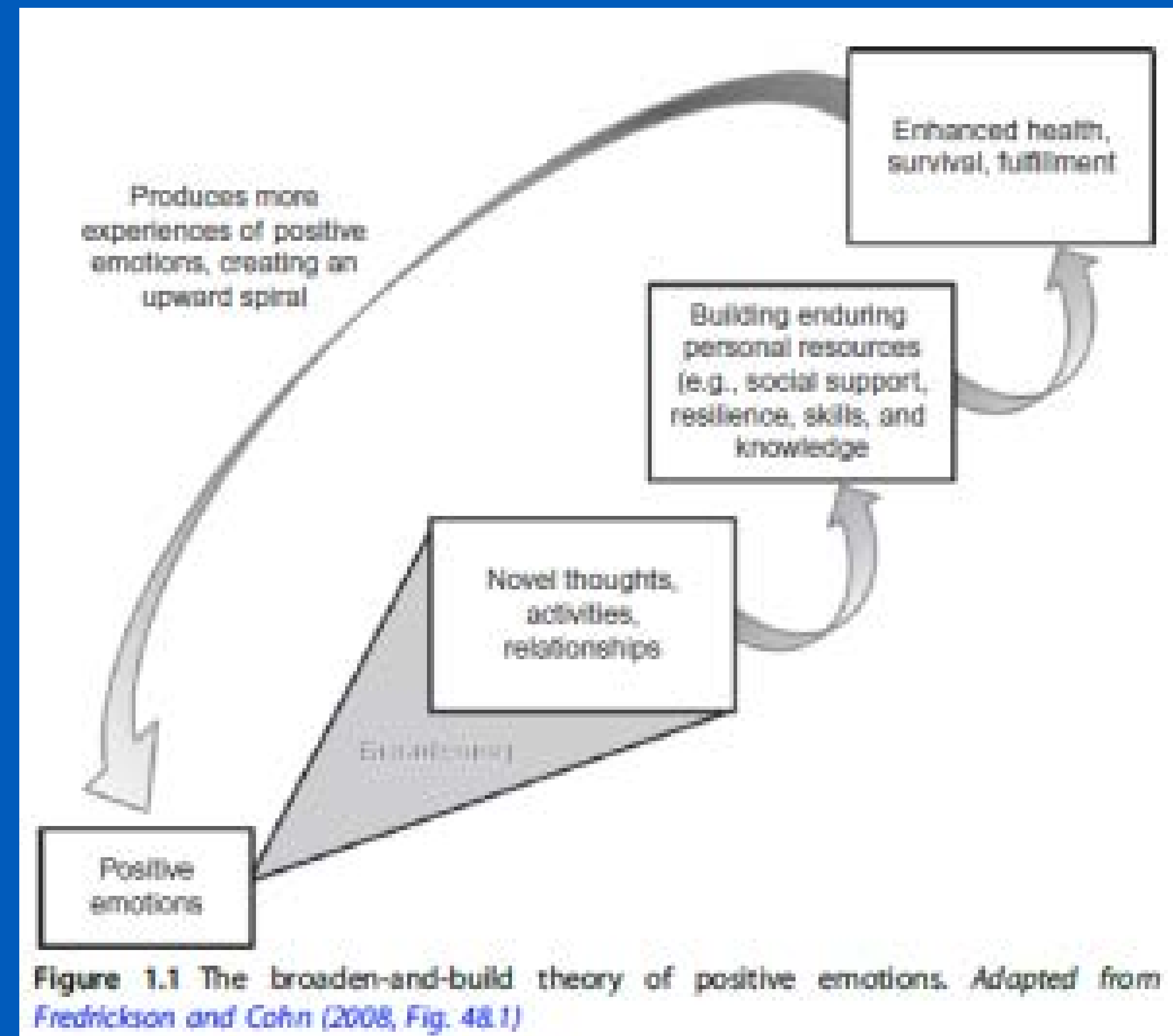
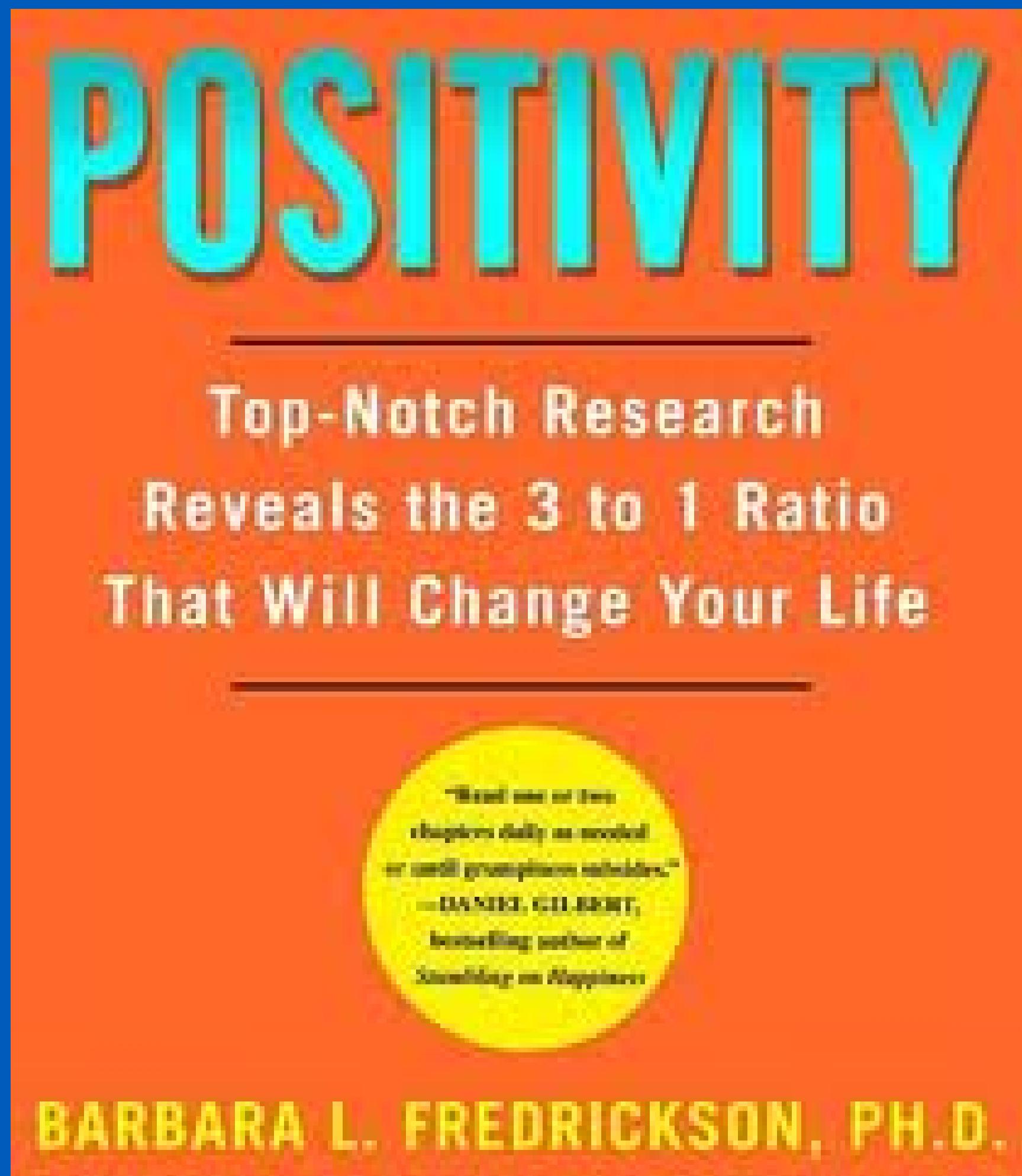
WHOA Drinks

	8+	8	7	6	5	4	3	2	1	
										SUN
										MON
										TUE
										WED
										THU
										FRI
										SAT

Core Behavior Change Strategies



'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)

1. As a parent, I should decide <u>the kinds</u> of food that [child name] eats.						
1	2	3	4	5	6	7
disagree strongly	disagree moderately	disagree slightly	neither agree nor disagree	agree slightly	agree moderately	agree strongly
2. As a parent, I should decide <u>the amounts</u> of food that [child name] eats.						
1	2	3	4	5	6	7
disagree strongly	disagree moderately	disagree slightly	neither agree nor disagree	agree slightly	agree moderately	agree strongly
3. [child name] should obey my decisions about <u>the kinds</u> of food to eat.						
1	2	3	4	5	6	7
disagree strongly	disagree moderately	disagree slightly	neither agree nor disagree	agree slightly	agree moderately	agree strongly
4. [child name] should obey my decisions about <u>the amounts</u> of food to eat.						
1	2	3	4	5	6	7
disagree strongly	disagree moderately	disagree slightly	neither agree nor disagree	agree slightly	agree moderately	agree strongly
5. I can't stand it when [child name] doesn't eat <u>the kinds</u> of food I want him/her to eat.						
1	2	3	4	5	6	7
disagree strongly	disagree moderately	disagree slightly	neither agree nor disagree	agree slightly	agree moderately	agree strongly
6. I can't stand it when [child name] doesn't eat <u>the amounts</u> of food I want him/her to eat.						
1	2	3	4	5	6	7
disagree strongly	disagree moderately	disagree slightly	neither agree nor disagree	agree slightly	agree moderately	agree strongly
7. I get angry with [child name] when he doesn't eat <u>the kinds</u> of food I want him/her to eat.						
1	2	3	4	5	6	7
disagree strongly	disagree moderately	disagree slightly	neither agree nor disagree	agree slightly	agree moderately	agree strongly
8. I get angry with [child name] when he doesn't eat <u>the amounts</u> of food I want him/her to eat.						
1	2	3	4	5	6	7
disagree strongly	disagree moderately	disagree slightly	neither agree nor disagree	agree slightly	agree moderately	agree strongly
<small>Note: The name of the actual child was electronically inserted into the questionnaire, tailed for each participating mother. Other investigators might substitute in "my child" as a generic alternative.</small>						

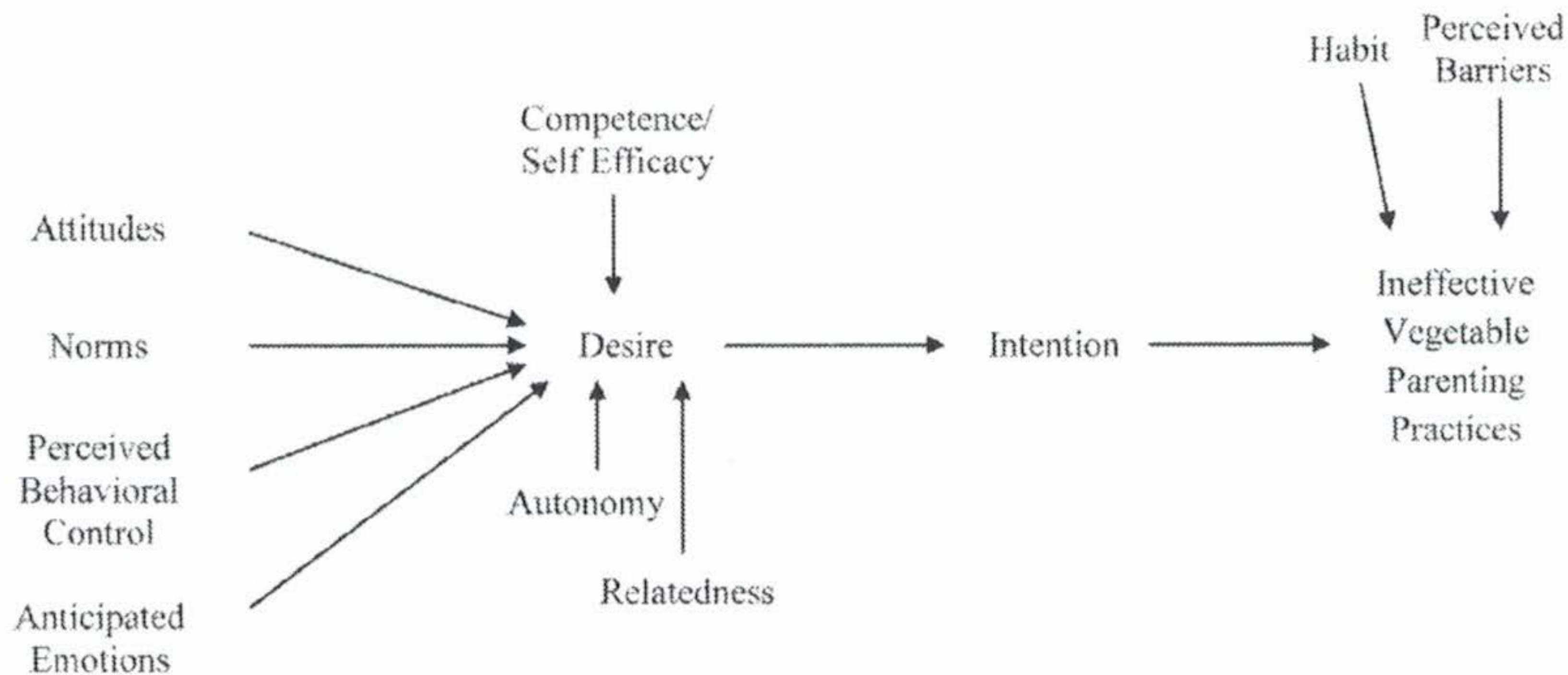
Feeding Demands Questionnaire:

- 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.

Faith et al. (2008). *J Am Diet Association*, 108, 624-630.

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 needed 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?