



## President's Message

**Eric Ornstein**

Post-election, I'm finding myself feeling anxious and despairing. I can't really think of anything profound to say, except to express my deep concern for the well-being and safety of the vulnerable clients we serve. I'm afraid that our practices will become even more challenging and that our client's lives will become more difficult. I'm not optimistic, but hopefully we will be able to call upon our inherent persistence and resilience in order to survive, if not flourish.

In any case, I will attempt to write a normal message. This month I would like to focus on the society's longest running program, the Jane Roiter Sunday Morning Seminars. The seminars are named after and dedicated to the memory of Jane Roiter who was a President of our Society and chaired the Sunday Morning Seminar committee for many years.

Over the years the presenters at the seminars have been among the most distinguished and talented clinicians in the Chicagoland area. In recent years presenters have included Irwin Hoffman, Frank Summers, Froma Walsh, Catherine Tyson, Joseph Palombo, Jill Gardner, Hylene Dublin, Barbara Berger, and Matthew Selekman, and our most frequent presenter, Society member Anna Lieblich. Each of her presentations has included a scholarly literature review and evocative case vignettes. She has a special talent for illuminating the countertransference issues involved in the challenging areas of practice that her presentations have explored. Her topics have included "Dealing with Sexual Feelings", "Intimacy in the Therapeutic Relationship", and "Bad Therapy". This year for presentation will be on the topic of "Kindness in Psychotherapy" on April 9<sup>th</sup>, 2017.

This year's round of seminars got off to a great start with a fascinating and intriguing presentation by Frank Summers on the topic of "Transcendence in Psychoanalytic Therapy. Upcoming presenters, in addition to Anna, will include: Alan Levy, who will present on the topic of, "Self and Object Constancy in the Face of Multiplicity" on December 6, 2016, and Margaret Moore, who will present on "The Profound Clinical Significance of Shame" on March 12, 2017. I strongly suggest that you mark your calendar, and make every effort to attend what I know will be outstanding presentations.

Over the years, our Society has developed a wonderful collaborative relationship with the Jewish Child and Family Service, the cosponsor of the Sunday Seminars. They have graciously allowed us to use a comfortable classroom in their Northbrook office as the site of our Sunday Seminar presentations.

Clearly, seminars provide participants with wonderful opportunities to improve their clinical skills, gain cutting-edge knowledge of contemporary practice theory, to socialize and network with friends and colleagues and to accumulate CEU's for LCSW license renewal. A highlight of each seminar is a delectable and scrumptious continental breakfast served by the Seminar Planning Committee. The Committee members include: Myself, Karuna Bahadur, Carol Crain, Margaret Grau, Jane Pinsoff and Mary Ann Jung. I hope I have an opportunity to meet and greet each of you at our next Jane Roiter Sunday Morning Seminar presentation.

## **Letter from the Newsletter Editor**

**Ben Goldberger**

**I am honored by the opportunity to serve as your new ISCSW Newsletter Editor. When Ruth Sterlin, former Newsletter Editor and current Board Member, asked me to take on this role, I knew had big shoes to fill. For nearly 10 years Ruth has been dedicated to the task of putting out a high-quality publication. By developing relationships with a diverse group of contributors, and through her attention to detail and eye for content, she has helped grow this newsletter into what it is today. I am excited to continue bringing our readership original clinical content, literature reviews, and more.**

**As Eric talked about in the President's Message, social services, and the vulnerable clients who depend on them, are preparing to move into a most uncertain political, economic and social climate. This makes our work as social workers, and the role of publications like this one, all the more important. My hope is to continue expanding our readership and list of contributors, so I'd like to invite readers to respond, in writing, to any content that moves you to do so. In future issues we will feature selected reader responses with an eye toward rich, lively discussion and respectful disagreement. So please, send us your clinical observations and insights! I am also seeking contributions in the area of Cultural Competence, a column that I look forward bringing back in future issues.**

**My professional background: I have worked in the field of social work for over six years since receiving my MSW from the University of Chicago's School of Social Service Administration. I began my career working at JCFS where I was a DCFS group home therapist and outpatient psychotherapist. During that time I also worked as a part-time ER crisis worker at Northshore Hospitals. In 2013, I moved to Jesse Brown VA as an addictions counselor and case manager in the Homeless Department. Since March 2016, I have worked in Jesse Brown's MHICM Program on an ACT (Assertive Community Treatment) team serving veterans effected by serious mental illness. I also serve as a Field Supervisor to MSW students for Jesse Brown's Affiliation Committee and maintain a small private psychotherapy practice in the Lincoln Square neighborhood.**

# ORIGINAL CLINICAL ARTICLE

## Understanding How Parents Feed Babies and the Impact on Eating Later in Childhood

Denaye Barahona, Ph.D., M.S.W., L.C.S.W

Maintaining a healthy diet from a young age is vital for the development of children. Rising childhood obesity rates are related to the fact that the diets of most American children do not meet the recommendations of the U.S. Department of Agriculture (USDA) (Falciglia, Couch, Gribble, Pabst, & Frank, 2000). The key message from the USDA guidelines is that parents should consider variety, moderation, and balance in food choices (Wansink & Kranz, 2013). It is recommended that choosing a large variety of foods across many food groups will increase the likelihood that children will meet the recommendations for daily essential vitamins and nutrients.

Obesity rates are rising in American children, and their diets are in large part attributing to this phenomenon (National Center for Health Statistics, 2011; Subar et al., 1998). A large number of children develop picky eating behaviors in the first years of life, during which time they may begin to prefer processed foods over healthier options. The feeding relationship that develops beginning in the first year of life has a lasting and impactful role on future eating habits and taste preferences

(Cashdan, 1994; Satter, 1986); therefore, parents have the potential to positively influence a child's eating habits from the very beginning, before these picky eating behaviors set in. Picky eating is a phenomenon that can strike as early as the second year of life. Children who display picky eating behaviors do not eat a wide variety of foods and have a tendency to reject foods that are both known and unknown to them (Dovey, Staples, Gibson, & Halford, 2008).

This study sought to understand the association between a parent's approach to starting solid foods and the impact on eating habits later in childhood. In an effort to better understand how parental feeding practices in the first year of life may be related to nutritional outcomes at age 6 years, this study examined the relationship between maternal approaches to feeding infants and toddlers and later eating habits. In an effort to better understand the role of a mother in the feeding relationship, several factors were considered in this study. This includes the frequency of feeding commercial baby food to infants, the frequency of introduction of new foods, and the amounts of fruits and vegeta-

bles consumed by children as infants and later on at 6 years old. It was expected that these factors would improve our understanding of how early feeding impacts later acceptance of healthy food and the relationship children have with food later in childhood.

### **A Review of the Literature**

The way parents feed infants has changed and developed dramatically in the past 100 years. With the arrival of the field of nutrition and discovery of vitamins, we have seen a dramatic change in the types of food we feed infants. In the early 20<sup>th</sup> century, fruits and vegetables were thought to be dangerous to feed to children (Bentley, 2014; Wickes, 1953). We now know children need sizeable portions of these foods, and many parents struggle to get children to eat them. As many as 50% of young children may be classified as picky eaters (Carruth et al., 2004).

Like many facets of development, some researchers have hypothesized that a sensitive period to expose children to new tastes, textures, and food experiences exists in the first years of life (Cashdan, 1994, Coulthard et al. 2009). A sensitive period is a limited window of time in the life of a person to achieve a developmental milestone (Hinde, 1987). During this window of time, it is critical that certain events occur to drive normal development. As it relates to feeding children, it has been theorized that evolution may play a role in children refusing certain tastes during the time that they begin to experience independence. An aversion to certain sour or bitter flavors may serve as a mechanism to protect young children from eating dangerous foods.

Fortunately, through repeated exposure to a variety of tastes and textures, children are likely to accept new tastes. Traditionally, in the U.S., many infants are fed their first foods in the form of jarred commercial baby food. These foods have a

tendency to be overly sweet and lack the variety of texture infants need to experience during the critical, sensitive periods (Coulthard et al., 2009). Exposure to a wide variety of tastes and textures may increase the rate of acceptance of new and previously disliked foods (Gerrish & Mennella, 2001). This can take a great deal of time and effort on the part of the parents, as children may need to taste new foods 10 to 15 times before accepting them (Carruth et al., 2004).

Because of the time and energy it takes to introduce new foods to children properly, parents often turn to using pressure to get children to eat more of the targeted foods (Orrell-Valente, Hill, Brechwald, Dodge, Pettit, & Bates, 2007). Unfortunately, pressure frequently results in children eating either too much or not enough of the food. Pressure can have a negative effect on a child's ability to self-regulate food intake (Orrell-Valente et al., 2007).

Parents should aim to develop a positive feeding relationship with their children (Satter, 1986). This relationship should include the modeling of eating healthy foods and a positive emotional climate at mealtimes (Satter, 2007). As obesity rates in America continue to climb, adequate attention should be paid to how we can get children to eat healthy foods.

### **How Taste Preferences Are Formed**

Theories suggest human evolution has affected the diet of young children living today. By identifying the sensitive period for accepting new foods, it is possible for parents to help their children to establish a healthy diet that includes fruits and vegetables that may otherwise be rejected. It is believed that evolutionary, biological, and genetic tendencies towards picky eating may likely influence behavior in the early years of life (Cashdan, 1994; Cooke et al., 2007; Falciglia & Norton, 1994) This tendency for young children to be fin-

icky may complicate parental efforts to feed children healthy food successfully. Biology and evolution can be obstacles to overcome when feeding young children. The positive news is that significant research shows giving children adequate exposure to fruits and vegetables from a young age (e.g., the first year of life) will make them more likely to consume these foods later (after the picky eating phase of life, common in the toddler and preschool years, has passed) (Barends, de Vries, Mojet, & de Graaf, 2013; Mennella, Nicklaus, Jagolino, & Yourshaw, 2008; Wardle, Cooke, Gibson, Sapochnik, Sheiham, & Lawson, 2003).

As infants grow into toddlers, many parents attempt to feed children fruits and vegetables, but are met with opposition. It can be easy for the media and pediatricians to tell parents what they should feed their children. However, it is often difficult for the parents successfully to get their children to eat the foods that are less desired. It has been found that most parents face rejection of particular vegetables 3 to 5 times before they stop serving these foods to their children (Carruth et al., 2004); however, to have their children eat these foods, research shows children must be offered the rejected foods 10 to 15 times to increase acceptance. This suggests that parents may view the taste preferences of young children as static. As children grow and develop, their food preferences are rarely static, but rather dynamic and changing, in particular, as it pertains to food.

### **Looking at Parent Demographics**

The impact a parent has on eating behavior is important to consider. The demographic variables that characterize mothers may play a role in how and what children are fed (Fein et al., 2008a; Gazmararian, Adams, & Pamuk, 1996). Demographic factors have been linked to the health outcomes and eating behavior of children.

Unhealthy infant feeding practices have been

linked to demographic factors, such as lower parental income, lower education, and racial minorities (Fein et al., 2008a; Gazmararian, et al., 1996; Hendy & Williams, 2012; Wasser, et al., 2011). Nonadherence to health recommendations is inversely related to education (Fein et al., 2008a). For example, mothers who had lower levels of education were more likely to feed juices early in infancy and introduce cow's milk before 12 months, which are against APA recommendations (American Academy of Pediatrics, n.d.).

Income in particular is an interesting variable to consider. The lack of availability of whole foods may lead to a lack of exposure, which later results in fussy eating behaviors. When fruits and vegetables are not available due to price, it is possible that parents resort to feeding processed foods as both a less expensive alternative and a preferred taste for young children.

The first year of eating in a child's life is full of pivotal transitions and experiences. This time includes a sensitive period to be exposed to tastes and textures. Parents who prioritize feeding a variety of foods to their children may be more likely to establish a lifelong pattern of healthy eating behavior. Similarly, relying heavily upon commercial baby food products may impede the optimization of good eating habits. If the sensitive period is missed, parents may be more likely to use pressure to gain compliance in eating healthy food. This pressure can result in a negative emotional climate and even overeating or undereating.

### **Methodology**

The feeding relationship that develops in the first year of a child's life likely impacts eating behavior throughout life. With concerns about the health of children growing up in the United States today, several governmental organizations collaborated to produce a longitudinal, consumer-based research study, called the Infant Feeding Practices

Study II (IFPS II). The organizations involved in the design and data collection include the Food and Drug Administration (FDA), The Centers for Disease Control and Prevention (CDC), the Office of Women's Health in the Department of Health and Human Services, the National Institutes of Health, and the Maternal and Child Health Bureau in the Health Services and Resources Administration. Following the initial IFPS II data published in 2008, the Year 6 Follow Up Study (Y6FU) was published in 2014, using the same sample participants.

The present study used these data from the IFPS II and the Y6FU to examine the relationship between feeding habits in the first year of life and eating behaviors at 6 years of age. The IFPS II published data in 2008, using a sample of 3,033 mothers, with data collection starting prenatally, in the seventh month of pregnancy, and continuing until the infants were 12 months of age. The mothers were asked to report on a variety of topics related to their own eating habits and the eating habits of their children at 12 designated time points. The follow-up study (Y6FU) collected data from the sample again when the children were 6 years old.

### Participants

Compared to the U.S. population, the mothers who participated in both the IFPS II and the Y6FU were more likely to be older, married, and white (Fein, Ruowei, Jian, Scanlon, & Grummer-Strawn, 2014). They were also more likely to have a higher level of education and income. They were less likely to have smoked and more likely to have received early prenatal medical care.

For the purposes of this study, data collected from two questionnaires at unique time points were used. The first were collected from the mothers when the infants were 10.5 months old. This age was chosen for the study because 10 months is

a transitional age in feeding solid foods to infants (Cashdan, 1994; Coultard et al., 2009). Of the participants in the IFPS II ( $n=3,033$ ), there were 1,808 participants who also participated in the Y6FU. For the Y6FU, a questionnaire was administered to the mothers when the child was 6 years old. For the purposes of this study, the sample included participants who completed both the 10.5-month questionnaire of the IFPS II and the 6-year-old data collection methods of the Y6FU, yielding a total sample size for the present study of 1,123 mothers.

### Measures

Participants were asked to complete questionnaires on their child's eating habits when the child was 10.5 months old, and then again when the child was 6 years old (CDC, 2014). The research team developed the questionnaires and tested them through cognitive interviews and a pilot study (Fein et al., 2008b; Fein, Ruowei, Jian, Scanlon, & Grummer-Strawn, 2014). The cognitive interviews were used to explore the constructs of the questions.

### Variables

The variables chosen for this study were selected to gain a better understanding of how a parent's approach to feeding children can be multifaceted and impact eating behavior throughout childhood.

### Independent Variables

**Commercial fruit.** The proportion of commercial baby food fruits fed to infants within a 7-day period at 10.5 months of age was gathered through maternal report

**Commercial vegetable.** The proportion of commercial baby food vegetables fed to infants within a 7-day period at 10.5 months of age was gathered through maternal report.

**New foods.** Mothers were asked to indicate how often they introduced new foods to their infants in the past 2 weeks on a single Likert-type

scale ranging from 1 to 7.

**Demographic variables.** In addition to the previously described independent variables, the following demographic variables will be examined in relation to the dependent variables: Mothers Education, Mothers Age, and Income

### Dependent Variables

The relationship between the aforementioned independent variables with the following dependent variables will be examined.

**Fruit Consumption.** Participants were asked to specify how many times per day their child ate from the fruit food group at the age of 6 years.

**Vegetable Consumption.** Participants were asked to specify how many times per day their child ate from the vegetable food group at the age of 6 years.

In this study, the research questions and hypotheses were analyzed using SPSS 23. Descriptive statistics were calculated for each variable. Pearson's correlation was computed to examine the relationship between the dependent variables used in the multiple regressions: Fruit Consumption and Vegetable Consumption. A small to moderate positive correlation was found ( $r=.37$ ,  $n=1,118$ ,  $p<.001$ ). This means there is a relationship between fruit and Vegetable Consumption at 6 years of age; however, the small to moderate nature of the correlation allows us to view these variables as separate constructs (Field, 2011).

### Primary Analyses

The use of two multiple regressions gave insight into how well commercial baby food, the frequency of new foods introduced, along with the continuous demographic variables (income and mother's age) predict the dependent variables of fruit and Vegetable Consumption.

A multiple linear regression was computed to determine whether the amount of commercial baby foods and the frequency that new foods were in-

troduced would affect Fruit Consumption at age 6. The regression analysis revealed that the model was significant  $F(5, 1035) = 11.08$ ,  $p < .001$ ,  $R^2 = .051$ . Therefore, the independent variables of Commercial Fruit, Commercial Vegetable, and New Foods fed at 10.5 months explained 5.1% of the variance of fruit consumed by six-year-olds. When the individual variables were examined for their contributions, both Commercial Fruit (Beta =  $-.19$ ,  $p < .001$ ) and Income (Beta =  $.02$ ,  $p < .001$ ) were significant predictors of fruit consumption at age 6.

A multiple linear regression was used to determine whether the amount of commercial baby foods and the frequency that new foods were introduced would impact Vegetable Consumption at age 6. The regression analysis revealed was significant  $F(5, 1026) = 9.37$ ,  $p < .001$ ,  $R^2 = .044$ . and therefore the independent variables of Commercial Fruit, Commercial Vegetable, and New Foods fed at 10.5 months were found to explain 4.4% of variance in amount of vegetables consumed by six-year-olds. When the individual variables were examined for their contributions, Commercial Fruit (Beta =  $-.09$ ,  $p < .05$ ) was a significant predictor of Vegetable Consumption at age 6.

To assess the MANCOVA output, Wilk's Lambda was chosen because there were more than two groups for the Education variable. For Education, there was a multivariate effect across the three dependent variables at the same time,  $F(9, 2251) = 3.35$ ,  $p > .05$ ; Wilks  $\Lambda = 0.97$ , partial  $\eta^2 = .01$ . The Between-Subjects test indicated that Education had a significant effect on the levels of Fruit Consumption,  $F(3, 937) = 8.75$ ,  $p < .001$ , partial  $\eta^2 = .028$ , and Vegetable Consumption,  $F(3, 937) = 3.20$ ,  $p < .05$ , partial  $\eta^2 = .008$ , at 6 years of age. According to the pairwise comparisons, the children of mothers with a college degree ( $M=1.45$ ) or postgraduate degree ( $M=1.54$ ) ate

significantly more fruit than the children of mothers who had only some college ( $M=1.13$ ) and high school or lower levels of education ( $M=1.10$ ). There was no significant difference between the groups on Vegetable Consumption.

### **Discussion**

This study focused on understanding how a parent's feeding behavior during infancy may affect the way children eat at age 6. The findings in this study indicate that the approach parents use in the first months of feeding solid foods has a significant effect in the years that follow. These findings confirm that maintaining a healthy diet from an early age will have a positive impact on the health and development of children later in life (Nicklas & Johnson, 2004).

### **The Effect of Commercial Baby Food and New Foods on Fruit and Vegetable Consumption**

This study sought to understand if the amount of commercial baby food fruits and vegetables fed and the frequency that new foods introduced to a 10.5-month old baby would affect the amount of fruits and vegetables consumed at age 6. The results were significant for both fruits and vegetables consumed at 6 years. In two respective multiple regressions (one for Fruit Consumption and the other for Vegetable Consumption), a model for the amount of commercial baby food fruit and vegetables with the frequency of new foods introduced was predictive of the levels of Fruit and Vegetable Consumption of at age 6. In particular, the analysis indicated that the more commercial baby food fruit, compared to non-commercial baby food fruit, fed to infants at 10.5 months of age, the lower the quantities of fruits and vegetables eaten at age 6.

Commercial baby foods are limited in how they prepare children to eat whole foods as they pass through the weaning period. As evidenced in Fig-

ure 1, there is little to no texture, even in Stage 3 commercial baby foods. It was found that texture must be adequately introduced in the first year of life (Coulter et al., 2009). Coulter et al. reported that infants introduced to texture after 9 months of age had more feeding problems and a narrower diet when they reached the age of 7, compared to the infants introduced to textures between the ages 6 and 9 months.

These findings are consistent with the literature that illuminates the need for infants to experience variety in taste, texture, and eating experiences from the early months of eating solid food. A large body of research demonstrates the importance of introducing a wide variety of foods to young children to expand their diets (Gerrish & Mennella, 2001; Mennella et al., 2008). Exposure to a variety of taste and texture relates to an increased rate of acceptance of new and previously disliked foods. Therefore, these findings are consistent with the existing research as it relates to the need to introduce children to many new foods.

These commercially produced foods have a tendency to lack texture and to be overly sweet. This may prevent infants from receiving the necessary exposure to taste and texture during this sensitive period of development (Cashdan, 1994). The flavors of commercial baby food are limited by the standardized formulations the manufacturers create; therefore, infants experience less of the natural variety in taste that comes with homemade baby foods and table food. Therefore, the literature supports the findings that larger amounts of commercial baby food predict lower amounts of whole food consumption as children grow older.

When parents rely heavily on commercial baby food, the options in the flavors are limited. The experience is almost entirely parent-led in nature because the food is fed by the parent on a spoon. Feeding table foods allows children to self-feed



from a younger age, which results in more autonomy over the feeding process.

### **Understanding the Influence of Demographic Variables**

The existing literature indicates demographic factors play a role in how babies are fed by parents (Fein et al., 2008; Hendy & Williams, 2012). To develop a better understanding of the way demographics may relate to eating behaviors at age 6, two variables were examined in this study: income of the family and education level of the mother.

Income and Education were found to be significant. The level of education a mother had did significantly impact fruit and vegetable consumption at age 6. Mothers who are more educated may be more likely to know the importance of feeding infants a nutritious, varied diet. Knowing that education can improve outcomes, a parent education program to teach research-based methods to implement solid foods may be beneficial.

Income was found to be a significant predictor of fruit consumption at age 6. This finding supports existing literature that points to the fact that income is related to the number of daily servings of fruits and vegetables with the mere availability of these foods in the home (Darmon & Drewnowski, 2008; Hendy & Williams, 2012). Homes with higher incomes are more likely to have fresh produce available, as opposed to frozen or canned produce, which produces less desirable tastes.

### **Implications**

This study contributes to the literature on feeding young children. It affirms that the first few months of introducing solid food make a lasting impact on a child. It also confirms that parents play a large role in the eating behaviors developed by their children. Therefore, parent education on this topic is imperative. Research-based infor-

mation should be more readily available and promoted by pediatricians. This study supports the idea that information presented to consumers by The American Academy of Pediatrics for feeding solid foods to infants must be updated to reflect current research recommendations (AAP, 2012). This research also indicates that the sensitive period of development in infancy must be emphasized, particularly as it relates to parent education. The decisions that parents make around selecting, preparing, and introducing foods during infancy have an enduring effect on later eating.

If parents are provided with research-based information on how to start solid foods with their children, they can take certain actions in the first year of life to prevent fussy eating behaviors later in childhood. It is commonly known and accepted that breastfeeding in the first year of life has a lasting positive influence on the development of children. Often, there is significant time and attention given to teaching parents about feeding young infants a milk-based diet of breastmilk or formula. New parents are commonly given the opportunity to take classes at the hospital on breastfeeding and are routinely provided with breastfeeding support in the hospital postnatally. However, less importance is placed on teaching parents about the weaning process.

Most parents look to their pediatrician to provide guidance through the weaning process. Weaning from a milk-based diet to a solid-food based diet is expected to take place during the short time between beginning solid foods (around 6-months of age) and the first birthday. The resources and education provided to parents around making this transition is limited. Between 4 and 6 months, it is typical for a pediatrician to give the "okay" to start solids foods. As tradition in American has dictated (Bentley, 2014), most Americans go to the grocery store and purchase baby food,

based on the guidelines set forth by the food manufacturers. This study has demonstrated that baby food manufacturers are ill-equipped to guide parents through the weaning process as the “Stage” system they have devised serves children poorly due to the lack of texture, variety, and opportunity for self-feeding.

For pediatricians to provide parents with an evidenced-based approach to feeding infants, the recommendations for starting solids by the American Academy of Pediatrics must be revisited and reconsidered for internal consistency. Pediatricians will often provide patients a pamphlet or print out of information on starting foods, which includes recommendations on what foods to select. The information provided to parents is frequently inconsistent and not based on research. The lack of research-based evidence in information provided by pediatricians is demonstrated by the discrepancies on the website for the American Academy of Pediatrics. There are notable incongruities between the recommendations and the research.

The lack of research-based information available to parents is important to consider. Most notably, parents should be provided with better educational materials with the emphasis on feeding a variety of textures and tastes from the beginning of the weaning period. With parent education, children may more successfully transition to a well-rounded diet of whole foods around the conclusion of the first year of life.

### **Limitations**

While this study had many strengths, it had limitations as well. A major limitation in using secondary data is that researchers are limited to the information collected by the original body gathering the data. However, since the data utilized was collected by a prominent organization, such as the CDC, the data set provided certain advantages to which this researcher would otherwise

not have been privy.

### **Future Research**

Research tells us that a baby who drinks breastmilk in the first year of life has significant developmental advantages over those who are formula fed. If the quality of sustenance in the first months of life plays such a vital role, it may be critical to understand the role that a high-quality solid-food diet will play in the months and years that follow. Further research is necessary to understand the importance a well-rounded diet has on development in the first years of life. This research may provide evidence that there is a difference between having a small child eat a piece of fruit, rather than a bowl of cereal fortified with vitamins—similar to the differences found between breastmilk and formula. With large rates of picky eating and increasing rates of obesity in American children, it is important to understand whether it is vital to improve the diets of small children or if it is just as well to “wait it out” until the period of common picky eating (ages 2 to 6) has passed (Carruth et al., 2004; Cashdan, 1994; Falciiglia, et al., 2000).

### **Summary**

This study indicates this is an important issue in the health of young children. The decisions parents make in feeding children in the first year of life impact later eating behaviors. Therefore, this study provides a basis for looking further into how parent education and the education of baby food companies could have the potential to affect the overall health and wellness of young children.

Many factors impact the eating behavior of young children throughout childhood. These factors vary from genetic, biological, psychological, and environmental. However, small changes in early childhood can result in children eating less processed food and more fruits and vegetables. Therefore, this study offers researchers and professionals who work with families a window to make

a positive change in eating habits from the very beginning.

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### ***About the Author***

*Denaye Barahona* has spent her career working with children who have behavior challenges. This includes various capacities such as group homes, foster care, and hospitals. Her work currently focuses on supporting parents to develop positive eating behaviors with children. Denaye runs an online community, Simple Families, which focuses on family wellness.

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# The Cutting Edge

## Reviews of Recent Literature

### **Analyzing Evidence Based Practice: Myths and Realities** by Allan Scholom, Ph.D., an unpublished paper

Analyzing Evidence Based Practice: Myths and Realities by psychoanalyst Allan Scholom, Ph.D. is a compelling paper. Therapists with a psychodynamic relationship-based orientation and aversion to manual-based, formulaic brands of “psychotherapy” will find the paper informative. Dr. Scholom begins by warning that psychotherapists must inform themselves about broader political-economic-social issues, beyond the clinical aspects of psychotherapy. This is so important because these broader issues affect the brands of psychotherapy like EBTs, evidence based treatments like CBT, that are ever more frequently offered to people. Also, these broader issues are the impetus for personal struggles patients bring into psychodynamic psychotherapy.

Dr. Scholom describes the political-economic-social context evolving over the last 35 years beginning with the Regan Era tilt toward laissez-faire economic policies. Laissez-faire, French lit-

erally meaning “let to do,” refers to governmental deregulation of business, the markets, with the aim of allowing commerce to flourish. The thinking is that if businesses flourish unfettered by government regulation more jobs will be created, more people will be employed (trickle-down Reaganomics) and everyone will be better off. It will *Make America Great Again*. Essentially, the thinking is that businesses unencumbered by regulation will solve society’s problems by efficiently allocating resources most productively. Laissez-faire policy applies to most sectors of the economy including healthcare. In mental health this has set the stage for the emergence of briefer varieties of mental health care or EBTs, with CBT being the most representative EBT.

Dr. Scholom goes into specific detail about how psychodynamic psychotherapy has been marginalized and how the healthcare industry in the US is not better overall, but worse by many measures. The lamentable state of healthcare in the US is the effect of the laissez-faire political-economic context which Dr. Scholom clearly and concisely describes.

Disputing efficacy claims by the EBT practitioners, Dr. Scholom cites published papers challenging claims of EBT efficacy and questioning published research supporting EBTs. Of course, increasingly powerful corporations—insurance and healthcare—seek advantage and profits by endorsing CBTs. Relational psychodynamic psychotherapy has been marginalized because it costs more and takes longer. Dr. Scholom writes, “In this sense the EBT movement is an attempt to rewrite, if not eliminate the research-supported his-

tory of the general effectiveness of psychotherapy.” Psychotherapists are aware of how the healthcare industries pushing EBTs directly effect psychodynamic relationship-based practice.

Dr. Scholom helps psychotherapists understand how the political-economic-social context directly and indirectly influences people psychologically. He identifies two popular myths. One myth is that “big government,” a government that makes laws and rules, is bad, and secondly, that “free market,” unregulated economic activity is good. These myths support the laissez-faire political-economic-social agenda. The myths get reflected in the conscious and unconscious attitudes and conflicts patients struggle with in psychotherapy, and it is the therapist’s task to help patients understand. For example, on the one hand, the myths absolve those who govern from their responsibility to protect the people they govern. And, on the other hand, they convey notions that people should not depend on others, and if they do, of course, there is something wrong with them. As he states, “Put another way, the illusion and fantasy of control over our psyches embodied by CBT, triumph over the acceptance of vulnerability and interdependency via self-understanding embodied by psychoanalysis.”

Exposing these myths is important, too, because they justify corporatization in healthcare and related services, and it is in the interests of these corporations to limit access to mental health options by endorsing EBTs or CBT-type mental healthcare. Dr. Scholom writes, “The painful truth is that government has ceased to function as the caretaker of last resort. Instead, it is increasingly merging with and serving the interests of large

corporations.”

Finally, Dr. Scholom traces how the American Psychological Association (APA) has come to endorse EBTs such as CBT and aligned itself with political-economic-social trends. The alignment embraces current myths and trends rather than parsing out sound clinical practice realities from the political-economic-social context. Though the reader of this review is more likely a clinical social worker, Dr. Scholom’s discussion of APA deliberations about the place of EBTs is interesting.

While Dr. Scholom does not address the question of how a broader range of mental health services like psychodynamic psychotherapy would be financed or who would be eligible to receive the services, he does point out that the present healthcare system is inefficient and wasteful with huge profits frittered away by bureaucracy or going to the very top.

This reviewer recommends this paper to clinical social workers who have a psychodynamic, relationship-based orientation because it will sharpen clinical acumen and raise social awareness.

*William Kinnaird*



## Board Positions Available

This has been a very busy and productive year, given that ISCSW has hosted two conferences, four Sunday Morning Seminars and an important Networking Event. While our Society remains quite productive, the board has said a number of sad goodbyes to board members who have left due to relocation, new parenthood, and job pressures. As a result, we are looking for new board members to fill the following positions:

*Vice President (Ruth Sterlin is Interim until the position is filled)*

*Secretary*

*Legislation and Policy*

*Public Relations*

*New Professionals*

*Cultural Competence*

*Student Liaison (to be filled by a social work student)*

*Member-at-large*

The board meets on the third Tuesday of every month at 1300 W. Belmont from 7:30 to 9 p.m., and the meetings are both fun and productive. If you would like to be part of our board, please contact ISCSW at [iscsw@ilclinical.com](mailto:iscsw@ilclinical.com), or 312-346-6991.

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