

Restricted and Fussy Eaters

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1. Restricted and fussy eaters - tips

My name's Charlene, I'm a mother of four neurodiverse children, three of them have some restrictive eating issues that I'm really keen to solve, hence why I'm here to talk to these lovely ladies. I'm Sophie Hall, I'm a dietitian at Te Whatoa Ora at Waitaha and also a private practice dietitian and we see children with restricted eating. And my name's Rebecca Barnard, I'm an occupational therapist and director of Nourish Feeding Therapy which is a private practice supporting children experiencing these complex feeding challenges. So for me I've got four children, my eldest daughter Willow is, I believe has ARFID and what we did with her when she was younger when she wouldn't eat her dinner was to sit there and encourage, encourage, encourage.

And then put timers on, you've got to put timers on. You've got ten minutes to eat it, you know. And it was always so stressful, dinner time was so stressful. So what do you do when your kid just won't eat, won't eat his dinner? Gosh, I mean dinner is obviously the most complex meal because it's A the end of the day, everyone's exhausted and overwhelmed and doesn't necessarily want to be there. And I guess in terms of the food from a sensory point of view, it's the foods that are, there's no crunch, there's no texture. It's kind of those, more those challenging foods. So I guess where I would probably tend to start from an OT from that sensory point of view is working out can we change any of the sensory properties of the food.

So I think a lot of people sometimes go it has to be these three veggies, three veg cooked. Can they be raw instead? Because sometimes, you know, the crunch has, it's a bit easier to manage the, you know, a mushy carrot compared to a raw carrot. I don't like a mushy carrot. No one likes a mushy carrot. And I think in peas as well, like some people go for cooked peas, frozen peas. Yeah. Had the same nutritional value. Yeah. They're just from a sensory wise a bit, a bit easier. So I think that's one place that I tend to start from a dinner. Food itself is going to be hard. That's where you're getting some of the battles.

Yeah. I think, yeah. And I think you're right. We, the way you worded the question, getting a child to eat is, is, is really key. We, it's very hard to get a child to eat. Short of force feeding, we're not going to get our child to eat. We really want to encourage that. Yeah. We want to encourage them and family and whānau are perfect people to sort of model enjoying mealtimes, relaxed, happy mealtimes. And it's also looking at that mealtime in the context of what's happened over the day. So have they, you know, have they been grazing all the way up to dinner time? They're actually, you know, they've grazed it on all their favorite crunchy foods and they're not actually hungry by the time they get to dinner time.

Or are they becoming unwell? They're not really, again, do they have the skill to manage the foods that we're offering them? I thought that there's regulation during the day. Absolutely. Has it been a stressful day? All of those other factors that can contribute to not managing dinner. And again, the stress is going to, stress can compound that resistance to eating anyway. So. Yeah. Wherever possible. Yeah. I think it's important to have a relaxed experience and making the goals achievable. So rather than saying you must eat your dinner, you must sit at the table. Let's start with getting you at the table, sitting down at the table, enjoying your food.

Maybe offering a food that they're going to be successful with. Like Rebecca was saying, if they love a crunchy carrot, then offer that. If they want some beige chips, start with that. So we're wanting a safe, enjoyable experience. And then we can start working on expanding. Yeah. Yeah. I guess that leads on to my next question, which was, am I making things worse by offering them, or sorry, just giving them their safe foods? Because I cook myself usually three to four dinners a night. And we all sit down to eat. Mostly we sit down together, but we're all eating different things. And that was purely because of the stress of getting them to eat.

But in doing that, I'm not really exposing them. I'm not really exposing them to other foods. No, you're not doing anything wrong. You're getting through dinners, is what you're doing. One thing that I quite like to do, and obviously it's working out for each family how this actually works, but you're kind of still serving, making sure that each child has their safe food or the foods that they like. But rather than saying, here's your food, here's your food, here's your food, putting it in the middle of the table, and going, here's food, you get to choose what goes onto your plate. So obviously what we see at the start is, yes, we're going to get your safe food, but you're at least, there's opportunity to potentially expand to this other person going, oh, I see you've got these shoestring fries, but you've also got curly fries.

Or you know, you've got a different type of fry that's similar but different. But you're still kind of meeting everyone's, everyone's got a safe food. You're kind of, yeah. Sort of exposing them to the other food. Yes, offering them something they're going to be successful with, but also offering them opportunities to try new things. And lots of talking about sensory characteristics. Like your shoestring chip is long and crunchy. Is the curly chip crunchy? Is it a different colour? Is it a different texture? Is it a different temperature? All of that is sort of trying to encourage curiosity rather than fear.

So we want to encourage them to sort of lean in. Lean into the different foods rather than feel as though they're scared of it because they have to eat it. Yeah. I think so much we go straight to eating. We go straight to just crunch it. But it's like, actually, even if you can touch it, that's a win sometimes. And so I think by having it in that way, you've got the safety for them knowing there's a food they can eat. But also, you've then got the exposure. But there are some times and some situations where whatever you're doing is getting you through. Like is managing stress and that is also, okay, if that felt like too much, don't beat yourself up for needing to jump to that.

But if you're ready for that, that would be my next step in getting that exposure happening. And having that safe food. There's nothing wrong with giving them foods that they're going to be successful with. For you as a parent, you're nourishing your child. You want to get something into them. At the end of the day, you're trying to feed your child. So the first step would be getting them to eat something. Yes. The next step would be getting them to eat something.

2. Restricted and fussy eaters - the 48hr menu

With a lot of foods that my children eat, they eat copious, like they binge on it, and then they get sick of it. And then how do I, how do you reintroduce a food without it becoming a binge food again? Like an example is my son Xander, he's four, he likes yogurts, but only urno yogurts, and sometimes he'll have nine. Yeah, and so we stock up, and we stock up, and then he stops. And he goes on strike. He goes on strike, so yeah. So I guess we would look at something like a 48-hour menu. So for those foods, for children who have a really restricted diet, it's really common, they'll go hard on something and then, you know, get sick of it.

What's it called, sorry? Food jags. So we would say, try not to. We want to offer that same food more than once within a 48-hour period, unless something has changed. So we want to change it enough that it's noticeable, but not so much that it won't be accepted. So small enough that it will still be accepted, but not big enough to be noticed. So it might be that urno yogurt is always in a pottle, put it in a bowl, try a different flavor if that's, and it's very individualized what, how far you can change. So for some children, you could. You could say, okay, they like strawberry urno yogurt, but you could try a different brand.

Other children, no, it has to be that brand, but you change how it's presented. So little tweaks. Yeah. Sometimes they come in a pot or like a squeeze pouch. Yeah, they love the pouches, but they're like, thrice the price. Yeah. So if we ate nine of those a day, I'd be in trouble. It would be a very expensive grocery bill. Yeah. Yeah. But like you said, that cycle kind of reduces that. Yeah. Need to binge, I guess. Yeah. Clear the fatigue on the, on the foods. I think if any of us ate nine urno yogurts every single day, we wouldn't want to eat it either. Yeah. You get sick of it. So yeah, any way you can change it or, um, sub in other preferred foods or foods that are sometimes foods, um, do.

Yeah. I guess if it's, if it's a food where, you know, it's not an essential food and you, and you've got other options to fall back on, sometimes it'll take, you know, one time where they'll have nine. Yeah. And one food. And then they'll quickly go, it doesn't feel good to have nine. Yes. Of one food. Yeah. I'm going to just have one. Yes. Next time. Sometimes. Yeah. Sometimes it takes that experience to go, I need to have nine. Yeah. And then I can have one. Yes. After, after that. So kind of a controlled opportunity. Yeah. Learning. Yeah. But that obviously doesn't work for everyone. Yeah.

A lot. Okay. Mm. Um, a really big concern of mine, uh, and I guess every parent is, how do I know, um, that my child is going to be able to eat nine of these? Child is getting enough, like, um, substance. Um, I have introduced a, um, gummy vitamin, um, thing. That's the only one that, um, my nine year old girl would take and some vitamin C that tastes like, you know, like a lolly. Um, but I can't get anything into my young son because he doesn't like lollies or anything of that description. So how did we, how do I know that they're getting what they need and, and how do I supplement that? For their dietitian?

Um, well, I guess, first of all, if your child is growing and active and happy, chances are they're getting enough. Also, if they're getting something from all the main food, four, four food groups, so carbohydrates, fruit and vegetables, protein foods, and milk or milk alternatives. If they're getting something for the, from all of those four food groups every day, and they're growing and they've got active, they've got energy, um, they're likely to be getting everything. They need. However, if you're at all concerned, it's worth speaking to a dietitian just to make sure that we can, you know, that any of those gaps can be filled with things like gummy lollies.

But again, you're right. There is that, that, um, whether your child will take the supplements. I worry about iron levels in my children, especially, and, um, vitamin B and, um, because they don't have, um, they, they've dropped complete food groups. Um, mostly meat, um, and, and fruit and vegetables, um, yeah, um, yeah. So that's, that's a really, um, the iron supplements I was able to crush into my son's yogurt, um, when he was eating on those, um, but then he stopped eating them and then I'm stuck with, there's nothing else I can, yeah, as a constipation that goes with it. Yes, exactly. So generally iron, vitamins.

A. And E and D are the ones we see more regularly and definitely speaking to your dietitian about how we can, because there are so many supplements on the market, there's often something that we can do like crushing and adding and things like that to foods or giving, just giving it as a medicine. If your child will, it's, won't, isn't open to trying foods, but will take a medicine, sometimes that's a way of getting it in as a form of a, yeah, as a medicine. Because there's some fortified foods, right? There are, and using fortified. So iron, for example, fortified breakfast cereals, um, baby rusks, there are lots of sort of beige crunchy foods that are fortified, um, so there are a few, um, foods on the market that are pre-fortified or fortifying them ourselves.

Some children, if they need energy and nutrient supplementation, there are, um, specialist supplement drinks that can be used as well. Um.

3. Restricted and fussy eaters - involving the GP, private and public services

With the likes of weight gain in children, so for instance my youngest girl's nine and she hasn't put on any weight for the last four months and she's just, but she has grown taller because she's measuring herself all on the wall at the moment. So what, she's small and she's dainty and she's tired and at what point is it like a real concern that we need to really just jump up? That's a tricky one. If you're concerned, I would speak to your GP and then either getting a referral through to the dietitian, either through the public system or privately, getting bloods done to check iron levels and other nutrient levels.

Well you tend to ask for bloods anyway, so maybe just getting that done at the GP as a starting place. And so what's available for, as far as through the public system for instance, if we were to go down that road, which we are, what can I expect from the public system versus the private? Right. So if you're looking at restricted eating, so we have a pathway for, to follow. So GPs, if you're going to your GP, a referral through your GP would generally come to the dietitians. And we, at the moment we offer those three sessions that you mentioned earlier, that sort of thing. If those three sessions aren't enough to support you and your child, then there is the option for moving on to a feeding assessment clinic, which sort of triages children into our food school, multi-disciplinary food intervention clinic.

And that works with groups of children who are restricted eaters to sort of explore and learn about foods. And that's all through public? Yeah. And the private side? Yes, well I was going to say that makes a certain group of children, but there's obviously some children where it doesn't quite suit. So through the public system, essentially, oh sorry, private system, essentially you can self-refer. It's kind of

an open system. Obviously there's the, the difference is the cost, is kind of the main difference. The cost, but also we get intensive. If a child does, mainly autism is one that's funded, that child can use that.

Because sometimes, you know, the public system, it's usually a group setting and that might not work for an autistic child. So they might have to go down the private pathway. They're doing one-on-one at home, yeah, processes. But because they'll have an autistic diagnosis, they can, you know, use their funding to cover that. But it is, it's a confusing system. It is confusing, but it can be interesting. Go to your GP first, but then potentially explore. Even if you might not have the means to do private, still reach out and still explore. Because there are always funding options popping up. Yeah.

4. Restricted and fussy eaters - what is ARFID - resources, outcomes

So from what I've read and got into, ARFID is quite a new diagnostic tool, and by getting a diagnosis, what does that mean for, could a child get funding for treatment with a diagnosis, or can you just go private without a diagnosis? So ARFID, it was, I want to say 2013, it became an official diagnosis. I don't really know why, but we haven't quite recognised, the country, the health system, haven't quite recognised it as something that can be funded on that diagnosis alone, but what it can do is open up to some disability allowances to again help to cover some of that. So it's not just like dietic appointments or OT appointments, it can open doors in that way, but I think we're still a little way off it being more widely recognised.

So you don't need a diagnosis to go down the private, actually you don't need a diagnosis for public, you don't need a diagnosis for either. I think what a diagnosis does is provides a sense of relief for the parents to go, I'm not crazy, this is what I need. This is what's happening, you know, there's a reason or something to explain why this is happening, but also I would probably say Google with caution as well, sometimes it goes down rabbit holes, but so you don't need a diagnosis, but like you say, often we find ARFID comes alongside a neurodiverse diagnosis, which in which case then you get funding, but with an ARFID alone, we're not quite there yet, hopefully soon though.

Is ARFID and selective eating or restrictive eating a bigger problem than, you know, I feel like I've lived this for 16 years and just finding out what it is, so is this something that's becoming a bit more known about and also is there information out there for people to be able to access without having to go through that process? Yeah, definitely, well Health Info has some really good, has a really good page on fussy eating, problem feeders, and that sort of talks you through the different, yeah, talks you through fussy eating and problem feeding. CDS has a few modules as well that go through, yeah, feeding.

Yeah, I was just going to say there's sort of ARFID, but also the, I guess. The group of feeding challenges, fussy eaters, it affects about 1 in 30 children, so it's very, it's very, very common, incredibly common when it's, because obviously you have your toddler phase of fussy eating, which is normal, common, developmentally appropriate, but it's when it extends that extent or from birth, from day one, that's when we're in terms of fussy eating. And that's what the Health Info page sort of goes. I'm not sure if we can link it somehow, but yeah, that sort of talks about fussy eaters versus problem feeders.

Because I think that's quite a common question, right, is like how do I know that this is something we're going to grow out of, or? Yeah, at what point? At what point, yeah. Is it, like, I feel like my daughter's got to 16, and I've just learned about this, and I could have, you know, done something and it would have been sooner, yeah, so. And I think early intervention is wise. Yeah. As early as you can see that there's something. Absolutely. Because the strategies for fussy eaters and problem feeders are essentially the same, we work on similar, similar strategies. I think the problem feeder one is just a lot more graded and a lot more slowed down and a lot more, takes a bit longer.

It's longer, yeah. Yeah, yeah. And the success rate with treatment. Yeah. I, from what I've read, especially in an older age, I think that there's a lot more success rate with treatment. Yeah. Yeah. Especially in an older child or adult that, unless you're ready to, to, to change this and take this on board, it's not something that, you know, like, they've got to put the work in, right? Yeah. It's a long road. Yeah. Yeah. So if you're, because there's kind of ARFID, which I guess is addressing more the psychological side of eating, but then there's also this whole other piece, which is some medical complications and sensory challenges and feeding skill deficits, like, that kind of piece.

That's more where they target why the child is having a challenge. We can address it, if we know what it is, we can address it reasonably quickly and, you know, the success rate is quite, quite good. ARFID is obviously a lot more, like, pure ARFID is a lot more complex because, yes, we do, we often, because there's that kind of psychological, that if we do some things around that early and slow it or it makes some changes, but when you're in that, if the child or adult doesn't want to change. Yeah. Yeah. Yeah. I mean, there's no real amount of therapy that, I mean, it's kind of with anything really, like if you don't want to change what you're currently doing, no one can force you to change.

And I don't know of anybody else who has done this. Free question. Yeah.

And as far as, say for instance, with you working at Nourish, so you were saying you did in-home sessions and meetings. So is it something that you would do, need to repeat like every year or every six months, or I guess it would be tailored to each person? Yes, very much tailored. I think we have a little bit of a luxury where we can be a bit more intensive. So especially if there's funding, it might say we're going to do a block of 10 sessions. So every week we come in to your home, which we quite like because everyone's anxiety is lower and you can just transfer foods a little bit easier to the home.

So it's almost just learning to live a different life. Absolutely. And I think that's what we found going into the home was doing the therapy session in the way that you would then potentially do it at home. Or making those changes that you would do at home being in the structure. It's a little bit easier. But also I think it's upskilling because we're only with you 1% of your life. And you're there the other. And it's a long game. Yeah. You're there the other 99% of the time. But also kind of making those, I just don't want people to think it's a massive change that we're asking you to make. We might go, we'll do the assessment and then go, can I get you to change this one thing.

So you're pushing that boulder up a hill. If you let go, you're going to slip back. And you're bound to slip back. It's a heavy boulder. And it's just gradually pushing it up the hill as you can to achieve round success here.

Is this something that's going to affect my children's health long term? In most cases, no. I guess if there's a chronic deficiency in something and it's affecting growth and development, then potentially yes. So that's where, if you have any concerns, it's being proactive and getting in touch with the GP, getting a referral to a dietitian, seeing a dietitian privately, getting those just so we're crossing off any potential concerns. And also that social side of things, like you were talking about before, eating out can be a really stressful time. And as kids get older, we're wanting to build strategies to make that less stressful.

It's more that kind of piece, which I guess is where we work quite a bit. The strategies and the long... How to... Yeah, make life a little bit easier. Yeah. I think, yeah. Say, an ARFID parent, so a parent with ARFID, are they... Is it something that they will pass on to their children either genetically or... This might be a too big a question. No, it's just... Genetically or by just... By their children mimicking their style of eating? Is that... Yeah, I mean, there's a bit of research starting to happen. And around what's behind it. And it is kind of... Anecdotally, we see lots of parents who have restricted eating patterns.

Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. make me feel bad, kind of thing, but there is research coming out on that, because people are starting to do that. Because I look at my situation where I've got two children eating, you know, with restricted eating, my husband and I love every type of food there is, and there's nothing that we won't eat, and I threw everything at them as babies, so that's why it's just got to be a genetic... Yeah, and I guess that's where some of that parenting guilt that you talked about, is it something I've done, is it something that I've contributed to in some way, and a lot of times, not that we like to compare siblings, but sometimes there's only one, you know, out of three, or something like that, and it's like, you parented them the same way.

Yeah, that's the difference, yeah, that's the difference, is when you're not growing out of it after a couple of months, and you go, oh, this is now going to go on. So, it's three months, if they were to eat beige, you know, like, five foods for three months, is that sort of, you'd be like, okay, something's going on here? I mean, in that toddler phase. Yeah, it's not a hard and fast process. No, no, no. And it depends on how old the child is, if they're cutting out whole food groups, if foods are coming out, and they're not going back in, all sort of red flags that you might want to keep an eye on the other, yeah.

7. Restricted and fussy eaters - starving rather than eat - what to do

Yeah, and I think sometimes, I mean, I've heard. I've heard lots of stories of parents going to the GP, or another health professional, and that professional saying, you know, starve them, essentially, or only serve these foods and they will eat those foods, which is. And they don't. And they don't, which is then making you question. Yeah, I'm starving my child. I'm starving my child, exactly. So yeah, I think, no, they won't, especially with ARFID, or if there's a medical reason or a feeding school reason why the child can't. Wow. Eat. If they don't have the skills to eat the food, they can't eat the food, can they?

Build on the same. Yeah. I like to call it family style. Family style serving, just buffet. Like, rip the table in tinfoil and put all the. Actually, I did see that. It's not a bad idea. And even if they're not eating the food, it encourages them to interact with the food. Yeah. So we talk about eating is not as simple as. Two step, find the food, eat food. There are 32 steps in between. So we have to work up those steps to

eating with every single new food before we're going to see food, eat food. Oh, yeah, it's quite complex. Yes, I think when you're, you know, eaters like probably we all are is just any food will be consumed.

We do think it's simple and easy, but it's a two step process. But yeah, for a lot of it, it's a very complex. So you've done very well. I've been doing this for 16 years. That's yeah, yeah, really long time. Yeah, it's I wish I'd just known. So, you know, as you do. Yeah, yeah, you don't know what you don't know, right? Well, this is true. Yeah, yeah, yeah. So, yeah, it's been really good talking to you guys. Good, good.

8. Restricted and fussy eaters - responding to comments from grandparents and others

I have another question. So this is quite new to me. So as you can imagine, my parents are like, you know, you're pandering to her, you know, she needs to be eating this and, you know, why are you letting her watch TV while she's eating? She should be at the table and, you know, all these things. Have you got anything that you can use, you know, as a parent to say, hey, back off? Back off. Nothing we know. Aside from saying back off. Yeah, because when you, as soon as you start talking about an eating disorder, they're like, oh, rubbish, you just, they need to sit down and, you know, have their dinner and, you know, back in our day.

I think a lot of the times they kind of go, this wasn't a thing back then. Which, that's wrong. It was. It was. Lots of children who presented, but it was obviously never treated or diagnosed or anything along those lines. I was like, hey, it's been around for a while. I mean, we even have, there's like cavemen, like back then, of people like tweaking bottles to change the flow for babies who couldn't manage, you know, in terms of that type of eating challenge, who couldn't manage the flow. It's like, it's been around for a really long time. Like, it's not, it's not new. Essentially. But yes, we'll acknowledge that there's difference in generations and different parenting practices and styles.

I'd like to say, whether you're actually working with a therapist or not, sometimes saying, we are trying something new, or we're going to change the way we're doing things, it'd be really helpful for you to remember what we're, I mean, obviously it depends on the relationship you have with your parents. But yeah, we're trying some things, so this is what we're going to be doing. And we'd really appreciate if you could do the same. If you could do the same, and we're just not going to force our child. And there are some structures that we do encourage, like having planned, structured meal times, kitchens closed, so we're not grazing right after dinner time.

Yes, that, which is, my grandparents were very keen on, you have your breakfast, you have your lunch, you have your dinner, and you maybe have a snack. Yeah. So having those structured eating times, having sort of, yeah, structured meal times, washing your hands before. Dinner, preparing for the meal time. So there are, some of that structure is really important, but not the forcing thing. But we would restrict the timing, so if dinner's going on for more than 20, 30 minutes, you're not going to get any more in daily. And I guess if there is a grandparent who's really involved in your meal times, giving them a role like that.

Absolutely. Like kind of saying, again, we're trying something different, or we're doing this. Can your job be to plan our meals? Or can your job be to set the table with the kids? Or you don't. Give them a job. Because then sometimes it kind of means, oh, well, I'm doing the process. Ownership, I'm doing something to help the process. There are some grandparents out there who, you know, they need research, they need evidence. Like they need to kind of see and show, this is what the diagnosis is. And again, refer to those websites and things, and this is actually what is happening. And this is not, you know, this is not something I've created.

This is something the child is struggling with, and we want to support them. And when we force, bribe, they're demonstrating, that's setting us back. That's, but that is a really tough, tricky conversation. But we also know that the higher stress levels, the higher the stress levels, the lower the intake. So we know as the meal time goes over, as the pressure goes on. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. And I think it's coming from the grandparents as well. You want to, I think it depends on the information base, like what's the best way to approach it.

It's giving them the right tools to sort of, to do their own, come to their own conclusion. Absolutely. Pretty much. Any strategy, you want to be on the same page. Say, okay, well we're going to try this now. If it doesn't work, we're open to suggestions. But, you know. Yeah. Yeah. Yeah. And as best you can. That's a them problem. It's actually about them more so than it is about... So my parents are actually amazing. So when they're watching this we're good. They are, they cater to the kids. That's so helpful. More so than I do probably. My parents are really great. That's so, so helpful. Well they've just always under the understanding, I don't want them to be upset.

Because they don't want to eat that then. I don't want them to be upset. So it's great. Like you say, and if you need to explain that, saying it just pushes us back. It just sends us back and causes more anxiety and more stress. And what I would actually... Sorry, just talking about this. If there's a grandparent who's really struggling with it, ask them if they have any fears. Ask them if they have a fear of something. Be it spiders, heights, snakes, whatever it is. And say, if three times a day you were asked to confront that fear, what would you do? What would you want in that situation? Would you want pressure?

Would you want force? What would you want in that situation? Because they're going to say, I'd rather not do it. And this is what's happening three times a day. So sometimes using... And like I say, getting them to come to their own conclusion, but you're kind of giving them the tools. Because it happens a lot of times.

9. Restricted and fussy eaters - key learning – take home messages

Thanks very much for today. Something that's really got me thinking, first of all, is the food all over the table for them to jump in and get amongst. And also, you've really helped me to, I guess, drop some of that guilt that I've been having, and that this isn't a me problem, if you know what I mean. So I appreciate you guys giving me all this information to ponder, and especially the, sorry if I'm going on, I'm getting a lot from this, is the private versus public. And just what the private offers, and I love the idea of that one-on-one, and just coming into the home, and I think that would be something that's going to be really beneficial for me and my family.

So thank you very much. Good. I was so pleased. Yeah. Good. Beautiful. Take-home messages, I guess, from my point of view, is consistency. It's a long road, just keeping on going with the strategies that you learn along the way, and realistic goals, I guess. We're not going to jump right to eating necessarily first time. It might be working up, and really celebrating each success, because every step up that steps to eating is a step up. Absolutely. It is a success. So I think. I mean, I also love the family style. Yeah. I just think it's great. Because it just works so well. So I think. Oh, yeah.

I don't know what, like I'm just like, why didn't I think of that? I know. I don't know. So yeah, it's basically, like I said, rather than just serving each food on their plate, everyone gets to, all the food goes in the middle. There's always safe foods, and everyone gets to choose. I mean, that's like my favorite take-home piece. Same as doing four meals. Yeah. I mean, you're still cooking lots. We still cook four meals. Yeah. But yeah. Yeah. Yeah. Yeah. Yeah. Yeah. But at least I'm not doing, like, there's one. Okay, there's yours. Okay. There's yours. Okay. There's yours. Okay. Now, here's ours.

Yeah. Exactly. Well, then you can start to work towards that. That. That. Yeah. The family. Yeah. Which is something we've always had. Yeah. But now it can be quite disjointed. You know. Because some things are really earlier. So it's like. Yeah. Yeah. Yeah. And it encourages that conversation around eating. Yeah. And that's another key point. Having that conversation around eating. So. Yeah. So that you're building curiosity about the food in front of you. Yeah. Rather than. And it helps to take away that fear. Yeah. I think the more we talk and interact with something we're feeling anxious about in a relaxed environment.

Yes. The better. Yeah. Yeah. And there are those safe options. Yes. And I love that idea of, you know, talking about the size of the food. The crunch. Yeah. The thing. Yeah. You know. The smell. The texture. The sense of it. Yeah. Yeah. Yeah. It's sort of mindfulness, isn't it? Yeah. Yeah. Yeah. It kind of is. Absolutely. Yeah. And just. Just being present with the food. Totally. And it can just break that. Yeah. So it takes that fear away of going, it's a foreign object. Or going, well I don't have to eat it straight away. No. Exactly. I can learn about it. Yeah. I like using learn about rather than eat.

Yeah. Yeah. Yeah. And they want to see you enjoying what you're eating. You want to teach them about the food. Yes. Yeah. Yeah. And like you say, not being, I know it's easy to say and hard to do, but not being so hard on yourselves. Yeah. As parents in general, like you're keeping your kids going. And even that some days can feel impossible. So do your best to black out the societal expectations and comments and just know that you are doing an incredible job. Yeah. Oh, I have to say that sometimes when I get into bed it's like, I did it, they're still alive. Yeah. Yeah. Yeah. Another day. Yeah.

Yeah. And also that should be celebrated, right? Yeah. Right. That should be. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. So it's also fun to be a part of it. One quick thing, you know, with this pandemic of course most things didn't come through until, you know, a few weeks gone. And like you say, we're not happy with the weather. Yeah. But when you think about it, we had some dreams come true. Oh yeah. Oh yeah. Yeah. Absolutely. It's exciting. It's interesting. Of course. Yeah. Yeah. Yeah. So I get, I get, I get a more informing sense. Yeah. Yeah. I got that.

Yeah. A bit of that. Just to make sure that we don't always see something before. Sure. Yeah. I'm not saying that you can only Still would be.