




# CYF NEWS

SUMMER 2006

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## CYF COMMITTEE MEMBERS:

- Nancy Hill, PhD—Chair
- Karen Budd, PhD
- Barbara Fiese, PhD
- Mario Hernandez, PhD
- John Lochman, PhD
- Lonnie Sherrod, PhD

## MEET THE NEW CLASS: CYF'S NEWEST MEMBERS

This year, the Children, Youth, and Families Committee welcomed two new members to its roster; Barbara H. Fiese, PhD and Karen S. Budd, PhD.



**Barbara H. Fiese, PhD**, is Professor and Chair of the Department of Psychology at Syracuse University and Adjunct Professor of Pediatrics and Psychiatry at Upstate Medical University,

Syracuse, New York. She received her PhD in Clinical and Developmental Psychology at the University of Illinois at Chicago under the mentorship of Arnold Sameroff, PhD. She is a fellow of the American Psychological Association (Division 43), member of the Society for Research in Child Development Policy and Communications Board, and Wynne Center for Family Research Board. She is an Associate Editor of the *Journal of Pediatric Psychology* and serves on the editorial boards of *Journal of Family Psychology* and *Family Process*. She has been the guest editor of several special peer-reviewed journal issues including the *Journal of Family Psychology's* special section on Family Routines and Rituals co-edited with Ross Parke and *Journal of Pediatric Psychology's* special issue on Family Based Interventions in Pediatric Psychology. Her research focuses on family factors that promote health and wellbeing in children and has been supported by the National Institutes of Health, National Science Foundation, John D. and Catherine T. MacArthur Foundation, W. T. Grant Foundation, Spencer Foundation, and March of Dimes Foundation. She is currently engaged in a five year project supported by the National Institute of Mental Health examining the role that family routines

and rituals play in promoting medical adherence and reducing anxiety in children with asthma. Interviews focusing on her work appear frequently in the popular press including the New York Times, Wall Street Journal, and Ladies Home Journal. Her latest book, *Family Routines and Rituals*, Yale University Press, is due to be released August 2006.



**Karen S. Budd, PhD**, is Professor of Psychology at DePaul University in Chicago, where she teaches and supervises undergraduates and doctoral students in the Clinical Psychology Program.

Karen's primary research interests center on at-risk parenting, including a focus on understanding and strengthening parenting in cases of child abuse and neglect, disruptive child behavior disorders, teenage parenting, and other conditions that complicate childrearing. She examines parenting and parent-child relationships from cultural, ecological, and social learning perspectives. Karen directs the Parent-Child Interaction Therapy Program at the DePaul Community Mental Health Center and formerly directed an innovative demonstration and research project at Cook County Juvenile Court on assessment of minimal parenting competence. Karen is coauthor (with J. Kedesdy, 1998) of *Children's Feeding Disorders: Biobehavioral Assessment and Intervention* and coauthor (with T. Stokes, 2003) of *A Small Matter of Proof: The Legacy of Donald M. Baer*. In 2004, Karen was a Fulbright Senior Scholar at Charles University in Prague, Czech Republic. She serves on the APA Committee on Children, Youth and Families and the Illinois Association for Infant Mental Health Board.

## FAMILY MEALTIMES: OPPORTUNITIES FOR CHILD AND FAMILY HEALTH AND WELLBEING

Although lasting less than twenty minutes, on average, family mealtimes are densely packed events. In this issue of the CYF News, we present some of the latest findings documenting the powerful effects of this important group gathering. At the forefront of this discussion is the growing concern that family time is shrinking and what little time is available is in direct competition with out of home demands such as work, school, and extra-curricular activities. Associated with concerns about family time is the mounting evidence that children's health and wellbeing is compromised when family members spend less time with each other. A focus on family mealtimes intuitively raises the topic of children's physical health. With the near epidemic rise in overweight conditions in childhood, the type and amount of foods served during family meals has been of concern to physicians, dieticians, and policy makers. Psychologists recognize that the type of food that is put on the table, how much is consumed, and whether individuals engage in exercise is as much a behavioral issue as it is a nutritional index.

Children's health outcomes are multi-determined and what goes on the table will be affected by a host of factors. For example, children living in low income neighborhoods are more likely to be overweight than their more affluent peers. The physical environment of low income neighborhoods are noted for their lack of safe playgrounds and side-walks that promote playful exercise and regular activity in the natural environment. Grocery stores in low income neighborhoods are also noted for limited and more expensive fresh fruits and vegetables than comparable stores in more advantaged neighborhoods. I raise these contextual issues at the outset to highlight the multifaceted nature of an identified health condition and its link to what appears to be a relatively straightforward event- family mealtimes.

I have invited noted scholars to contribute

brief articles to this issue to illustrate how family mealtimes are affected by such conditions as maternal psychiatric illness, childhood chronic illness and serve as a context to promote self identity and reduce adolescent high risk behaviors. While these may appear to be relatively disparate topics, they bring into relief the many layers of this collective gathering. The issue concludes with some thoughts on how mealtimes may be used to promote mental and physical health for children and their families. To put these pieces in perspective let us first consider some of the myths about family mealtimes in contemporary families.

### *Mealtime Myths*

In the 2003 National Survey of Children's Health 102,353 a nationally representative sample of families responded to questions about frequency of mealtimes.

- 80% of families with children ages 6 to 11 shared a meal on 4 or more days
- 55% of families with children from 6 to 11 shared a meal on 6 or 7 days
- 69% of families with children from 12 to 18 years shared a meal on 4 or more days
- 42 % of families with children from 12 to 18 years shared meals on 6 or 7 days
- Rates did not differ greatly between ethnic groups and social classes
- Survey responses from teens suggest that since 1998 rates remain stable or may have increased

Why is it that common depictions of the family suggest that mealtimes are on the verge of extinction? Many scholars believe that the root of the issue lies with mythic images of family life conveyed through television. Sometimes referred to as the "Ozzie and Harriett" view of family life (in reference to the 1950's image of a two parent family with two children living in the suburbs- regularly home for dinner), historians are quick to point out that

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this configuration of family life (and the relative absence of conflict and dissent) never really existed. Yet, many still hold onto these nostalgic images as if they truly depict what happened at the dinner table. While it is true that the absolute amount of time spent on a given meal both in terms of preparation and at the table may have decreased slightly in the past quarter century, the consequences for this collective gathering on children's development remains firm.

### *Essential Elements of Healthy Family Mealtimes*

Recent epidemiological surveys and in depth observational studies have identified some of the key elements to mealtimes that promote healthy development and may foster a sense of belonging to the group. At the core of these observations has been the importance of clear and direct communication. Families that are able to communicate clearly during routine mealtimes are less likely to have children who either act out at the dinner table or are perceived by their teachers as having problematic behaviors in the classroom. Further, clear and direct communication is also associated with reduced health risks such as overweight conditions, anxiety symptoms, and respiratory conditions. While the findings to date are correlational, and intervention studies are in the pilot phases, mechanisms of effect are still somewhat speculative. Some researchers have proposed that mealtime conversations allow

for problem solving opportunities which should reduce problematic behaviors. Further, mealtimes also afford the opportunity to monitor children's activities - a known factor in reducing risk.

Another aspect of family mealtimes that may promote health has to do with the emotional connections that are made over time. Mealtimes are replete with "insider" information only known to family members. Nicknames, inside jokes, and running commentaries are the strings that bind families together. Over time, these repetitive interactions come to have meaning to individual family members and create a sense of personal belonging as well as group identity. It is this sense of belonging and symbolic connection that has been found to be related to mental health in several empirical studies.

Thus, when psychologists examine family mealtimes they tend to focus less on the menu of the day and more on variations in conversation, allocations of roles, emotion regulation, and problem solving. Systematic variations across several domains have been found to be related to children's academic achievement, language development, mental health, physical health, and cultural socialization. Highlights of some of these findings are presented in Table 1. Again, I caution against drawing causal inferences as many of the features observed during a routine mealtime such as conversational style and disciplinary tactics is embedded in a larger socio-cultural context.

Table 1

Characteristic	Example	Findings
Role Assignment	Setting and clearing table	Gender linked-Women and girls more likely to perform meal related tasks
Manners	Say "please" and "thank you"	Related to language development and learning rules of discourse
Serving patterns	Use of high chairs	Varies by culture and tolerance for independence and autonomy in toddlers
Conversation	Use of rare words	Related to vocabulary development and academic achievement
Communication	Clear and direct requests for information	Fewer internalizing symptoms
Discourse	Focus on "today" stories	Western cultures more likely to discuss events of the day in contrast to Eastern cultures more likely to discuss past events
Length of meal	Varies by child health	Longer meals associated with more problematic behaviors

## FAMILY MEALTIMES: OPPORTUNITIES FOR CHILD AND FAMILY HEALTH AND WELLBEING

### *Threats to family mealtimes*

The evidence is relatively clear that family mealtimes have the potential to serve as powerful settings for healthy child development. However, there are also real threats to practicing healthy mealtimes on a regular basis. The most obvious threat is time. For many families, finding 18-20 minutes four times a week seems like an overwhelming burden. However, when you consider this totals to approximately 90 minutes- the equivalent of three thirty minute television shows there may need to be a shift in priorities. This brings us to the second threat- screen time. The Kaiser Family Foundation recently reported that children between 8 and 18 years of age spend an average of three hours a day watching television and approximately one hour a day on the computer outside of school work. When other media are included such as music and movies the total rises to 6 ½ hours a day. Thus an average family mealtime represents 7% of the time children are engaged with some form of electronic media. These threats are compounded considering that when television sets are turned on during family mealtimes children are at increased risk for being overweight. Television viewing during a mealtime also has the potential to decrease the amount of time available for direct communication and problem solving. Families may have a variety of reasons for not allocating time to four meals a week with their children. Parents holding down two or more jobs, long or irregular work hours, children's schedules that compete with regular mealtimes, and balancing the developmental needs of a whole family are real tangible circumstances. It is also important to recognize that for some families, being together is an opportunity for conflict and derision rather than warmth and support. Generational patterns and traditions built on neglect and/or coercion may derail the positive influences of collective gatherings such as family mealtimes. In these situations

targeted assistance from mental health professionals can aid families in developing rules for healthy interactions to reduce the maleffects of histories of impoverished routines and rituals. Indeed, pilot intervention programs with families in transition suggest that attention to regular mealtimes can have a positive influence on child and adult mental health.

Opportunities exist for psychologists and families to benefit from the family table. Whether it is sharing a favorite comfort food passed down across generations, catching up on the days' news, deciding on a name for the new puppy, or telling stories- these brief moments may have lasting effects for children's health and wellbeing.

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The evidence is relatively clear that family mealtimes have the potential to serve as powerful settings for healthy child development. However, there are also real threats to practicing healthy mealtimes on a regular basis.



## BUILDING STRENGTH THROUGH STORIES: FAMILY DINNERTIME NARRATIVES

During adolescence, children begin to construct an independent self-identity through reflecting on, questioning and challenging the norms and values of their families, communities and cultures. In the Family Narratives Project, we are examining patterns of family ritual and story telling that may help adolescents as they begin their journey into adulthood. We focus on narratives because narratives are the way in which we make sense of our experiences. Narratives move beyond the simple description of experienced events to provide explanatory frameworks and emotional evaluation of what these events mean to the individual.

Narratives told around the family dinner table may be especially critical for adolescents. The National Center on Addiction and Substance Abuse at Columbia University (CASA) has found that children who have a regular family mealtime are less likely to smoke, drink, use illegal drugs, experiment with sex at a young age, or get into fights. Further, these children are at lower risk for suicidal thoughts and are more likely to do better in school. Teens that have frequent family dinners are more likely to be emotionally content, to work harder, to have positive peer relationships, and to have healthier eating habits. Family mealtime is the single strongest predictor of academic achievement scores and low rates of behavioral problems, regardless of race, gender, education, age of parents, income, or family size. Mealtime is a more powerful predictor of these child outcomes than time spent in school, studying, at church, or playing sports. Clearly, something is happening at the family dinner table that builds positive skills and behaviors and creates resilience to the stress of adolescence. We think one of the most important aspects of dinner table interaction is the telling of family narratives.

Dinnertime narratives take many forms. These include each individual's stories of

what they did that day, as well as shared stories of the day. For example, the mother and child might tell the father about the child's performance at a school event that the father could not attend. These kinds of stories bring each individual family member back into the fold of the family. Dinnertime narratives also include stories from the shared family past, such as holidays, visits to or from relatives, or family vacations. These kinds of stories create a shared history, anchoring each individual firmly within the family and creates a shared family identity. Finally, there are also intergenerational stories, stories about the parents' childhood, or about grandparents, aunts and uncles not present at the table but that form a web of relationships in which each individual family member is cradled. These kinds of stories give the developing child a sense of self, a sense of belonging and a sense of security, each of which helps to build strengths and resilience.

When we examine family dinner time conversations, indeed, family narratives emerge quite frequently, about once every 5 minutes for most families. Most of the stories are about what happened to each individual family member during that day, but about a third of the narratives are about more remote events, building a family history that places the individual child in a secure family past. There are several important aspects of these narratives that are worth emphasizing.

First, even when a family member tells a story about their individual day, this narrative is collaboratively told; especially when children talk about their day, parents, and especially mothers, ask questions, add background information, and generally help in constructing a coherent narrative of what occurred. In this way, individual stories are validated by the family, although as I'll discuss in a moment, families differ in the extent to which they engage in this kind of collaborative storytelling.

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Second, parents also tell stories about their individual day. Family dinnertime narratives do not simply focus on parents questioning children about their day at school. Parents also share with their children what they did at work and home. And children participate in these narratives; they ask questions, they provide emotional evaluation (for example, “that’s cool” or “Yuck!”) and express interest in their parent’s experiences. In this way, these narratives help adolescents to develop perspective taking, an ability to understand their parents both as their parents but also as individuals in their own right, with lives, and relationships, and emotions that are separate from their children. This kind of perspective talking is a critical skill for the development of empathy and identity. Children who are better able to take the perspective of others, to see others as individuals with their own lives and needs, are less likely to engage in antisocial behavior, and more likely to engage in prosocial behavior.

Third, although most of the narratives are about each person’s day, about a third of the narratives are about more remote events, including shared family experiences such as vacations, previous houses lived in, and funny or poignant stories of past adventures. Importantly, when these topics emerge in conversations, the telling of the narrative is a joint family venture. These narratives are just as long as narratives of the day’s events, and multiple family members participate in the telling, suggesting that the family is engaged and enjoying the narration. These narratives are important in maintaining a family identity. Even as the adolescent begins to develop an individual identity, these family stories maintain a sense of identity as a member of the family, and this family identity anchors the adolescent in a secure emotional space.

This research establishes that family narratives are a frequent and integral part of family dinner times. Around the dinner table, families share the stories of their day and the

stories of their past. Moreover, families are engaged in this activity, with multiple family members participating in the telling of any given story, even when it is about a single individual. The patterns also suggest that adolescents are learning important skills and developing a sense of self and identity both as an individual and as a family member by participating in these narratives.

Importantly, families that tell stories of their shared past around the dinner table are helping their adolescents to create healthy identities. Families that tell more shared narratives of their past have adolescents with higher self-esteem and a higher sense of self-efficacy, the idea that one is an active agent in the world. Adolescents in these families also show fewer behavior problems, including fewer internalizing problems such as depression and anxiety and fewer externalizing problems such as aggressions and delinquency. Clearly, family stories about the shared past is a positive factor in adolescent’s developing identity.

Our work on the Family Narratives Project has identified family story-telling as a frequent and important part of daily family interaction, especially around the family dinner table. Families that share their past through stories, and that create emotional bonds through a shared history and a shared perspective, have children who face the challenges of adolescence armed with a secure sense of self as embedded in a safe and caring world. How do we apply these findings to help buffer adolescents against the difficulties they face?

### Applications

At the most basic level, we need to help families understand the importance of shared family mealtimes. The research is unambiguous in the beneficial effects of having a family dinner time at least three times a week. And we need to educate families about the importance of sharing their experiences and their lives with each other.

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## BUILDING STRENGTH THROUGH STORIES: FAMILY DINNERTIME NARRATIVES

We need to develop ways to teach families to talk about their individual and shared past together in ways that facilitate adolescent self-understanding and self-esteem. We need to teach families to talk about their negative experiences and their negative emotions in ways that help adolescents learn to manage and regulate their negative affect, rather than to act out on it. These are not difficult concepts; if we can help families to collaboratively construct narratives then we can help families buffer adolescents from the stress and storm of adolescence and help these adolescents to form healthy adult identities. Families build resilience through building stories.

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## FAMILY MEALTIME FUNCTIONING, MATERNAL DEPRESSION AND EARLY CHILDHOOD OUTCOMES

Maternal depression is a family matter. It is associated with a host of adverse outcomes for individual family members—including very young children—as well as problematic functioning for the family as a whole. There has been an abundance of research on the influence of maternal psychopathology, particularly depression, on child outcome. This is for good reason – such research generally supports the notion that maternal illness is associated with disruptions in maternal behavior and mother-child interaction. Depressed mothers often report more dissatisfaction in relationships with their spouses and children, as well as more stress and uncertainty regarding their own role as parents. Further, children of depressed mothers exhibit a variety of impairments in social, psychological, and emotional function-

ing. Maternal depression is also associated with family difficulties that include disorganization in planning activities, less adaptability, less cohesion, and less clear allocation of individual responsibilities. Yet when maternal depression occurs in a family that functions well (for example, with low rates of stress and high perceived support), children seem to do better.

In order for the whole family to function well, a multitude of roles, tasks, and interactions need to be well coordinated and integrated among all family members. During times of transition or crisis, the family relies on these routines to maintain regulation, orienting members toward familiar patterns of relating and coping. Especially at these times, the functioning of the family as a whole may

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serve as a "gatekeeper" – that is, family patterns may support competence of family members, or family patterns may perpetuate risks. In the case of maternal depression, family routines and patterns of interaction play a role in the trans-mission of risk across generations such that, healthy family routines may serve to interrupt the negative consequences of maternal depression for early childhood outcomes.

We have found that family mealtime provides a particularly good opportunity to observe routine family interactions that may be important in shielding the child from adversity related to maternal depression. It is a good time to observe how families negotiate a host of agendas, not the least of which is accomplishing the task of getting all families members fed. For many families, dinnertime may be the only predictable time that all family members gather together. As such, it is a time for updates about the day, discussions about family matters, and coordination of schedules and plans. It is a rich context in which families transact patterns of communication, problem solving, and role negotiations. Our research has aimed to focus on the manner in which families accomplish important tasks during the mealtime, rather than on the importance of having a meal together, per se. Mealtime patterns are considered to be a "snapshot" of family life, from which we make inferences about the functional abilities of the system as a whole.

We focus on the processes occurring within family systems that generate behaviors disruptive to everyday functioning of the family as well as strengths that families bring to these situations. This functional view of the family involves the manner in which the family provides a supportive structure within which to accomplish basic tasks (providing food and shelter); to negotiate developmental tasks (promoting growth and development of individuals as well as facilitating family stage

transitions); and to cope with crises and changes such as illness or loss of employment. Even when a parent is showing signs of clinical depression, the family may display healthy functioning to the extent that family members compensate for the diminished capacities of the ill individual. This may occur by shifting roles and responsibilities as developmentally and pragmatically feasible; by facilitating the individual's access to appropriate mental health services; and/or by infusing the family with additional support (e.g., have grandmother come for a visit) in order to provide affective and pragmatic assistance.

The task of having a family dinner, particularly in families with young preschool-age children often requires the management skills of a top-notch CEO coupled with the negotiation finesse of a diplomat. Prior to eating a meal, pragmatic decisions need to be made including menu selection, procurement of ingredients, and meal preparation. During the meal, tasks and challenges often include coordinating the process of eating, communicating daily events, teaching about what is accepted (e.g., no throwing food) and expected (e.g., manners), managing relationship interactions, and generally meeting the various needs of each family member.

Functional interactions within families are profoundly affected by maternal depression. When a parent is depressed, symptoms such as sad or irritable mood, lack of interest in activities and relationships, lethargy, and feelings of low self-worth and helplessness can interfere with accomplishing even the most basic tasks of family life. There may be a general sense of disconnection among family members, and/or children may be required to take on responsibilities for which they are developmentally ill equipped. In our work, we found that intensity of maternal depressive symptoms is associated with unhealthy mealtime family functioning. Mealtimes of poorly functioning families are often



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quite painful and unsatisfying. The families seem disjointed, chaotic, and individuals may demonstrate significant symptoms of psychopathology that are left unchecked. Children are inadequately fed and/or nurtured, and adults do not get along. The meal seems to be an unpleasant experience for the family.

Alternatively, the healthy family's overall quality of meal inter-actions is high, and family members clearly enjoy each other's company. The tasks of the meal are accomplished smoothly, behavioral problems are handled without disrupting the meal, and there is generally time made during the meal for family members to talk about things that matter to them. Challenges are certainly apparent although behaviors do not become problematic to the point of disruption. Not surprisingly, children generally do better when their families function well. Healthy family functioning is related to the child's social-emotional competence and report of fewer behavioral difficulties during the toddler and preschool years. Further, healthier levels of family functioning are associated with significant improvement in depression symptom severity level over time. This intriguing piece of evidence suggests that finding ways to help the whole family function

better may actually serve as a protective factor – if not a component of effective depression treatment – for women with young families.

Based on our results, there is reason to speculate that helping young families to improve their ability to effectively manage the functional aspects of family life such as those required to plan and bring about a family meal, may impact the developmental competence of children, and may also influence the expression and maintenance of maternal depressive symptoms over time.

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## BENEFITS OF FAMILY MEALS - FINDINGS FROM PROJECT

Sitting down for regular family meals can be a real challenge today. Parents are busy, kids are busy. Teens may desire more autonomy and want to eat away from home with friends. Family members may be dissatisfied with their relationships with each other and avoid spending mealtimes together. Kids may just not like the food being served. But in spite of these difficulties, family meals are rumored to be good for young people. The Project EAT team at the University of Minnesota's School of Public Health has been investigating the many health benefits for teens of eating family meals.

Project EAT (Eating Among Teens) is a comprehensive study of eating patterns and weight concerns among 4,746 adolescents, conducted during the 1998-1999 school year. Thirty-one public middle and senior high schools in ethnically and socio-economically diverse communities in the urban and suburban school districts of the Minneapolis/St. Paul metropolitan area participated in the study. A 221-item survey was designed by study investigators, drawing largely from existing adolescent health surveys, to assess a range of socio-environmental, personal and behavioral factors relevant to dietary intake

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and weight issues. Students completed the Project EAT survey and a food frequency questionnaire during class periods. In addition, height and weight were measured by trained research staff in a private area of the school. The response rate for student participation was 81.5%.

Project EAT found that approximately one-quarter of respondents ate seven or more family meals in the past week, and about one-quarter ate family meals twice a week or less frequently. Middle school students ate with their families an average of 5.5 times per week, and high school students, an average of four times per week.

The frequency with which a teen eats family meals appears to be associated with a variety of psychosocial and behavioral variables, including cigarette smoking, alcohol and marijuana use, grades in school, depressive symptoms, suicidal ideation and suicide attempts. We found family mealtime to be a protective factor in the lives of adolescents for nearly all of these variables, particularly among girls. Specifically, kids who reported eating more family meals per week reported significantly less substance use and significantly better academic and mental health than those eating fewer meals with family. These associations were apparent across the spectrum of meal frequency – each additional meal per week conferred some additional benefit.

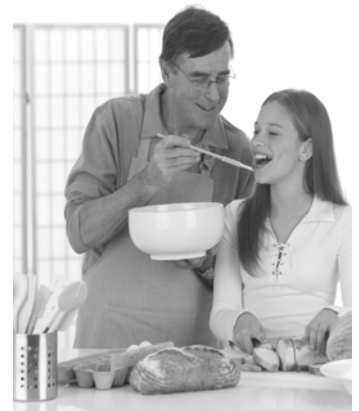
Importantly, we also considered the role of family connectedness, recognizing that families who get along well may be more likely to eat together, and the results we found may simply represent the well-known protection of a cohesive family. We therefore statistically controlled for general family connectedness – the teen’s feelings of being cared about and being able to talk to parent(s). Even with this adjustment, family meals remained a significant protective factor for substance use, grades (for girls only),

depressive symptoms and suicide behaviors (for girls only). This suggests that eating meals as a family has benefits for young people above and beyond their general sense of connection to family members, and that these benefits may apply to a broad range of health domains.

The Project EAT team has also investigated dietary intake, dieting and disordered eating behaviors as a function of family meal frequency and other characteristics (such as prioritization of family meals, positive atmosphere and structured mealtime environment). Family meal frequency and other characteristics were related to disordered eating behaviors: those eating more frequent family meals which were prioritized by the family, and structured and positive in atmosphere, reported fewer unhealthy weight control behaviors than their peers without such family meals. In analyses adjusting for all the family meal variables, priority of family meals emerged as the most consistent protective factor for disordered eating. Associations between family meal patterns and disordered eating behaviors tended to be stronger among girls than among boys. In terms of dietary intake, adolescents eating regular family meals had higher fruit, vegetable, and calcium intakes than their peers not reporting regular family meals, and they drank significantly fewer soft drinks.

We are now in the process of extending our work in this area to examine the long-term impact of family meals in adolescence. Specifically, we will explore the ways in which family meals during adolescence predict subsequent dietary intake, body mass index, disordered eating behavior and psychosocial well-being. New items added to the Project EAT follow-up survey will also enable us to describe the social eating behaviors of late adolescents (e.g., college students) who live apart from their family of origin, and identify the influence of family meals during the high school years. Additional measures will allow

The frequency with which a teen eats family meals appears to be associated with a variety of psychosocial and behavioral variables, including cigarette smoking, alcohol and marijuana use, grades in school, depressive symptoms, suicidal ideation and suicide attempts.



us to explore the roles of TV viewing during family meals and fast food consumption during family meals, and their associations with well-being.

There is great diversity in both quality and quantity of family meals among youth, and certainly many questions remain to be answered. Our research indicates, however, that family meals may indeed be worth the trouble, in that they can contribute positively to the health and well-being of young people.

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## INTERVENTIONS TO IMPROVE CALORIE INTAKE IN CHILDREN WITH CYSTIC FIBROSIS

Increasing calorie intake is an essential part of managing cystic fibrosis (CF), a chronic and currently terminal illness affecting approximately 22,000 Americans. CF is a genetic illness that affects the exchange of salt and water across cell membranes, leading to increased mucus secretions which primarily affect the lungs and pancreas. Daily medical regimens for patients with CF include airway clearance, inhaled medications, oral medications, and increased calorie intake. This treatment regimen is among the most complex and time-consuming, making it especially challenging for families caring for a child with this disease.

Children with CF must eat 125% to 150% of the Recommended Daily Allowance in order to maintain their weight and even more calories in order to promote growth and adequate nutrition. Better nutritional status in CF has also been linked to better lung function and longer survival. Despite its importance for long-term health outcomes, children with CF and their families find it very

difficult to meet this daily calorie requirement and adherence to this part of the medical regimen is very poor. Studies measuring adherence to the many aspects of medical treatment for children with CF have consistently shown that rates of adherence to the nutritional requirements are lower than rates of adherence to airway clearance and nebulized medications. Recent data from the Cystic Fibrosis Foundation indicated that 18% of patients with CF were below the 5<sup>th</sup> percentile and 31% were below the 10<sup>th</sup> percentile for weight. Thus, improving calorie intake is an important target for intervention.

A series of behavioral observation studies has shown that children with CF spent significantly more time in dinner meals, but are still not able to consume the recommended number of calories. Videotaped studies of dinnertime meals in families caring for a child with CF have indicated that the strategies parents use to increase their child's calorie intake are not effective. They typically issue many commands to the child to

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eat, coax, physically prompt, and often agree to prepare a second meal. In response, children delay eating by talking, refuse food, leave the table or become noncompliant with requests to eat. Higher rates of these problematic behaviors were negatively correlated with caloric intake in children with CF.

In response to these data, a behavioral intervention was designed to increase calorie intake in children with CF and teach parents more effective parenting strategies for increasing eating behaviors. Families were randomly assigned to either a nutrition education program (NE) or nutrition + parenting training (behavioral intervention; BI). In both interventions, parents were taught to establish calorie goals for each meal, use calorie boosters (added butter, oil), and cook high calorie meals. In the BI intervention, parents were taught to provide reinforcement for achieving calorie goals, use differential attention to ignore non-compliant behaviors but attend to eating behaviors, and to use contingencies to increase behaviors that were compatible with greater calorie intake.

In a small study of 7 families, these two interventions were compared. Significant improvements were found in BI vs. NE groups in calorie intake (1,036 calorie increase vs. 408 calorie increase) and weight gain (1.42 kg vs. 0.78 kg). A Daily Phone Diary procedure also indicated that families in the BI group ate more meals with their children at the 12-month follow-up than the NE group, and maternal mood during meals improved in both groups and maternal stress decreased over the intervention and follow-up assessments for both groups. A measure of coping efficacy suggested that the BI group reported less frequent and difficult problems related to nutrition and increased the competence of their coping strategies by 12 months post-intervention. Decreases in difficulty and increases in coping efficacy were not found in the NE group.

With funding from NIH, we have now extended this intervention study to several CF Centers in

the US. This larger, randomized controlled trial will give us an opportunity to test these interventions with a larger group of families. Preliminary analyses of these data suggest that the behavioral intervention with the parent training component is more effective than nutrition education alone. The implementation of this type of intervention, which is time and resource-intensive, poses other challenges for psychologists and health care professionals working in medical centers. If the behavioral intervention is successful, additional research will be needed to develop an "effectiveness" trial to assess the practicality of using this intervention in medical settings.

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### A, B, C's of Healthy Family Mealtime Interactions

Most of the research to date on family mealtimes suggests that clear and direct communication is associated with positive mental and physical health benefits for children. The challenge for many families is allocating time during the meal so there is ample opportunity to talk about events of the day or plan for the future. Typically, families that are able to engage in more positive communication also feel less hassled and mealtimes are more satisfactory. Based on parent management strategies whereby a 4:1 ratio of positive emotional behaviors to management behaviors, the following allocation can be made for a typical family mealtime. The goal is to spend approximately 3/4 of the time engaged in some form of communication that indicates a genuine interest and concern about other family members. Psychologists can use this as a guide with families who aim to make their mealtimes more manageable and focus on pleasurable communication.

A-Action	Turn off TV, cell phone, computer	2 minutes
B- Behavior Control	Assign Roles-Identify Routines Set the table Attend to manners	3 minutes
C- Communicate	How was your day? What happened at school? Is there anything special happening this week? What's for dinner tomorrow night? Who needs help with homework?	15 minutes

#### Family Friendly Websites:

- *Reclaiming the Family Table*. Parenting 24/7. Advice for parents of young children prepared by University of Illinois Extension – <http://parenting247.org/article.cfm?ContentID=597&strategy=2&AgeGroup=4>
- *Benefits of the Dinner Table*. Excerpts from Lara Tarkan's N.Y. Times article on family mealtimes. Links for activities with children – <http://www.bridges4kids.org/articles/7-05/NYTimes5-3-05.html>
- *Florida State Department of Health* gives useful tips on safe food handling and healthy family interaction – <http://www.doh.state.fl.us/Family/familymatters/dining/default.html>
- *Meals Matter*. A comprehensive site that gives meal planning tips as well as discusses socioemotional benefits of family mealtimes – <http://www.mealsmatter.org>
- *SAMHSA Get Involved campaign* lists several ways that parents can get involved with their children including family mealtimes – <http://family.samhsa.gov/get/mealtime.aspx>
- *KidsHealth* supported by the Nemours Foundation offers helpful tips for families, teens and children – <http://kidshealth.org>
- *PBS TableTalk*. Good site for parents of toddlers and preschool children to encourage conversations during mealtimes – <http://www.pbs.org/parents/readinglanguage/articles/tabletalk/main.html>

**2006 APA CONVENTION HIGHLIGHTS**

It goes without saying that after twenty years of dedicated service, the 2006 APA Convention in New Orleans served as a landmark occasion for the Children, Youth, and Families Committee (CYF). To commemorate this milestone, the Committee sponsored several events during Convention, the highlights of which occurred on Friday, August 11 at the Presidential Program, "Growing Up with Diversity: The Role of Psychology in Strengthening Families", and at the CYF 20<sup>th</sup> anniversary reception.

At the former, President Gerry Koocher awarded the Committee with a presidential

citation lauding two decades of hard work and commitment to a constituency that often has no voice. The CYF Chair, Nancy Hill, PhD, accepted the citation on behalf of the Committee, after which she and Lonnie Sherrod, PhD, co-chaired the symposium. During the reception, it was Dr. Hill's turn to present an award on behalf of the Committee to Mary Campbell, Director of the CYF Office, for her immeasurable support to CYF since its inception in 1986. The reception was held in the Public Interest suite at the Hilton New Orleans Riverside hotel and drew several CYF alumni and APA staff. Photos of the event are displayed below.



L-R: Mary Campbell and CYF Chair Nancy Hill, PhD pose with her plaque of appreciation



President Koocher and Mary Campbell pose with the Presidential Citation to CYF



Public Interest Directorate Executive Director, Gwen Keita, PhD and Mary Campbell



L-R: Nancy Hill, PhD; Lonnie Sherrod, PhD; Mary Campbell; Gerry Koocher, PhD; Brian Wilcox, PhD; and Donald Hernandez, PhD