FOOD HOARDING

Continuum Consulting Australia PTY. LTD.

WHAT IS FOOD HOARDING?

Food hoarding is a coping strategy whereby a child may hoard, store or steal food \rightarrow food hoarding is most often a response to neglect and attachment that has been impacted by severe trauma.

• Lack of secure attachment = inability to understand when needs will be met.

• Closely aligned with other challenging behaviours, such as aggression, and can co-exist with eating disorders.

FOOD HOARDING & EATING DISORDERS

HOW DOES IT DEVELOP? NATURE VS. NURTURE

DEVELOPMENTAL AND FAMILIAL/INTERPERSONAL INFLUENCES

- Experience of a period of neglect
- Early attachment difficulties
- Parental ability to feed child
- Adaptive behaviours to experiences
- Acute stress

SOCIETAL CHALLENGES/

Food hoarding is one of many food maintenance syndromes. The symptoms of food hoarding bears resemblance to several other eating disorders, which increase under acute stress.

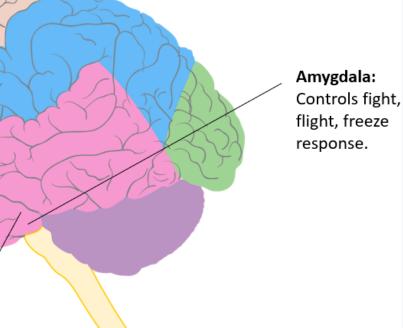
Even alongside eating disorders, it is not uncommon to have an additional diagnosis such as an anxiety disorder, impacted growth, or disrupted sleep.

SOCIOCULTURAL INFLUENCES

- Limited understanding of health/food nutrition
- Cost of food
- Access to healthy food
- Low household income
- Education around food choices

FOOD FOR THOUGHT

Pituitary Gland: Controls relationship between eating, sleeping & their contribution to growth



Hypothalamus: Controls body temperature, hunger/thirst, attachment behaviours, fatigue and sleep – Metabolic processes & Autonomic Nervous System

When we eat these parts of the brain are stimulated for survival. Hunger \rightarrow Need for stimulation \rightarrow Look for food



LINK TO ATTACHMENT

Behaviours such as hoarding are strongly linked to the provision of needs by a caregiver. Our brain rationality response is impacted by our need for survival, hence our instinct to prepare for a period of non-stimulation: lack of food provision.

•A secure attachment can trust that needs will be met.

•An avoidant attachment believes needs are unlikely to be met, due to lack of engagement by caregiver.

•An insecure/ambivalent attachment cannot rely on needs being met.

•A disorganised attachment has no strategy as to how needs will be met. This state comes as a result of erratic, passive, or intrusive behaviours of caregiver.

HEALTH REPURCUSSIONS

Diabeties

Failure to thrive

Growth deficiency

Rumination



Anxiety

Swallowing difficulties

Sleep disturbance

Weight loss/gain

Nutritional deficiency

FOOD HOARDING

- Eating quickly
- Stuffing food in the mouth
- Stealing or hiding food
- Eating large quantities even to the point of vomiting
- Becoming upset if someone eats off their plate
- Getting upset if food is limited/taken away
- Only eating familiar or "safe" foods
- Pocketing

HOW CAN I SUPPORT MY CHILD?

- Model healthy eating and nutrition
- Make eating together an enjoyable time
- Avoid using food as reward
- Encourage participation with cooking and groceries
- Have patience around repetition of need for favored foods of your child these represent safety
- Educate about & encourage interest around origin of food
- Regular consistent feeding times
- Regularly assure "There will always be enough food"
- If you go to the park; bring a balanced and filling snack
- Incorporate different food groups in meals
- Avoid restricting meal and snack times
- Let the child know that they may politely spit out any food they do not wish to swallow in a napkin more likely to try new foods if they can spit them out
- Serve foods family-style so the child can serve him/herself and feel a sense of control
- Keep a snack next to bed

www.continuumconsulting.net.au