

Conjuring Up Courage #92

Featured this episode: Shohreh Davoodi & Leah Hackney

Shohreh Davoodi: You are listening to episode #92 of Conjuring Up Courage. Today's guest is Leah Hackney. She is a pediatric registered dietitian and the woman behind the popular @kids.nutritionist Instagram account. Leah had great insights to share, not only for parents, but for anyone who spends time around kids. We talked about why you don't need to be married to growth charts, how to use more neutral language around food and bodies at home, strategies to help with picky eating, and lots more.

To access the show notes and a full transcript of this episode, head to shohrehdavoodi.com/92. That's shohrehdavoodi.com/92.

[Music plays]

This is Conjuring Up Courage, and I'm your host, Shohreh Davoodi. As a self-trust coach, I help people come home to themselves, so they can be more of who they are, and less haunted by who they think they're supposed to be. I created this podcast to celebrate what's possible when you commit to being brave.

You'll hear from diverse guests who are refusing to let fear and self-doubt stop them from building fulfilling lives and creating a better world for everyone. I'll also teach you my favorite tools, strategies, and mindset shifts so you can do the same.

Consider this your invitation to stop living according to "shoulds" and to step into your motherfucking magic instead. Stay open, get curious, and let's grow together.

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Welcome to the show, Leah! I am so excited to chat with you today.

Leah Hackney: Hi Shohreh! Thank you so much for having me, I'm really excited to be here, and it was such an honor that you asked.

Shohreh: Of course. I can't wait to have this conversation. First, why don't you tell me a little bit more about yourself and what lights you up?

Leah: Thank you. So, my name is Leah; I am a pediatric dietitian. I have a virtual private practice. I'm based in Canada, but I work with clients all over the world. And in terms of what really lights me up is I really love helping families raise kids to have a healthy relationship with food and their bodies. And I work with parents who are starting solids with their infants, I also specialize in picky eating, and then I help families really preserve their kids' ability to eat intuitively into adolescence so they grow to have a healthy relationship with food and their bodies into adulthood.

Shohreh: Yeah, so I am not a parent, and I have no plans to become a parent. I'm very much like the cool aunt figure, where I'm like, I'm gonna go in and I'm gonna hang with your kid and like give them gifts and snacks so that they love me, and then I'm gonna peace out when they start screaming or getting grumpy," which is perfect for me. But I've now reached the point in my life where like a lot of people are becoming parents around me: my sister just had a kid, my brother's gonna be having his first kid soon, a lot of my friends are starting to have kids. So, I'm having a lot more interactions with children lately, and just like a lot more respect for the importance of this because I'm seeing it happening around me.

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In fact, one of my friends recently sent me a text and was like, "Hey, do you have any resources on like body image or like how to step in when there's like body shaming happening with a kid?" because she was noticing that that was happening with her niece, where the niece went to the doctor, and the doctor is like, "Oh, well your kid is too high on the BMI." And this is like a three-year old. So, I got a bunch of resources together, but I'm like, a lot of parents are dealing with this stuff on the regular with food and body image, and I think there's just a lot of fears that can come up with that.

Leah:

I love that you bring that up because I think a lot of people don't talk about little experiences like that they may encounter, either within the medical system or with other families or other parents or even family members making comments on body image, and I think sometimes some parents really feel like they have to navigate it and struggle through it alone, which I definitely don't want them to have to feel like that.

In terms of this topic, I see it all the time, and I feel like there's kind of this generational thing, where we've been told that kids really do need to specifically look a certain way and culturally look and act a certain way. And so, I think navigating that as a parent, you're coming up against the societal expectations, but you're also coming up against some of the generational expectations that maybe your family had on you, and then you're understanding that, well, maybe those aren't the way we do things now. I think modern parents really recognize that our relationships with food and our bodies really are important.

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So, when I have families who are struggling with body image, body acceptance, and kids really making little comments like that, it's so helpful for them to just understand like, their body is perfect for the time that they're in, and their body is growing and it's going to change, and I think normalizing that changing of the body is something that a lot of people just have never really had in their life. I don't know about you, but I didn't grow up necessarily having that expectation of what's gonna be coming next with my body, and when I'm growing and when I'm changing and how I'm moving in the world and experiencing and seeing other people's bodies.

So, I think just really talking about things very neutrally, very factually, very logically, but then also arming yourself with education when you do encounter some instances, just like what you mentioned with doctors saying something like, "Your child is too high on the BMI." Well, were they always there [Laughs lightly]? That's my question too, is a lot of times there's misinformation around growth charts and around growing kids in general. And so, for example, babies—some babies are born higher on, they're called percentiles, so they're higher on the growth chart percentiles, and that's where they were, and we're never gonna expect those babies to be on the "average" percentiles; that's just not realistic for them. Same with some babies who are born really under the average percentiles, there's not really an expectation that we're always supposed to just get them up to being a certain weight, length, or growth status.

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So, I think really looking at the long-term with your child because at three, we don't know what their adult body is going to be like, but we know that we can arm them with tools and education on what normal body changes are and working on loving and accepting our bodies ourselves. And then, also, it's okay to ask your doctor more questions and to really honestly inquire, like, "Can you tell me more about what specifically you mean when you say [Laughs lightly] 'They're too high on this'? Can you tell me more about any changes you may be seeing?"

Because a lot of physicians and healthcare practitioners have 10, 15 minutes to talk with you, and their brain is going through checklists of things, their brain is going through all these different scenarios, but maybe they haven't actually communicated and asked you what's going on on your end. If you are concerned about some of the things that are going on with their health, wellness, nutrition, anything like that in their life, they're happy, healthy kids that are really living [Laughs lightly] their life, and they're three—

Shohreh: Right.

Leah: —at three, there are totally different developmental changes that happen than when they were babies, and they're gonna have more developmental changes coming up. So, I think it's just helpful to really communicate with your healthcare practitioner how much you do wanna emphasize a healthy relationship with their body and food. And then, work from there with your healthcare practitioner to understand where they're coming from when they make comments like that.

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Because often the comments maybe come out—they can be interpreted in so many different ways, and they can come out really, like, flippantly, and not really have them understand when we interpret those messages that it may lead to something greater down the road that really isn't necessary. So, we wanna make sure that the healthcare practitioner just is mindful of that as well. And that's okay to talk to them about it and be like, "Hey, I'd love it if you just didn't talk about weight in front of my child. We can talk about this at a different place or outside of the room," or something like that.

Shohreh:

Oh my gosh, so many good points in there. The last thing that you just said I think is important to mention, which is that you absolutely can ask that from doctors, and I know people who have had to take that step because it's like, you don't always have a wide pick of doctors, right? It's a privilege to be able to switch doctors. So maybe you have a doctor who you're having some issues with, but you can absolutely still set a boundary of like, "If you wanna talk about these things, you're not going to do it in front of my child, where I can't explain what's happening to them."

My understanding of growth charts—again, not a parent—is that this is sort of like a loose, we're looking for information, we want to chart it as we're going along, but it's not just like a, if your kid doesn't hit like these amounts, they are going to be ruined for life, like something is wrong with their body. Like, we don't care if the kid is like, skyrocketing on their height, but if the kid is higher on their weight, then we're

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bringing in all of the societal stuff of like, oh, well, that must mean the kid's unhealthy, even if the doctor hasn't even asked questions.

Leah: Oh my gosh, I was like nodding my head this whole time when you were saying that because it's so true. And the point that you made is so relevant when you talk about, we don't care as much when it's regards to height, and well, if they're skyrocketing on height, it's like, oh, they're just gonna be tall! [Laughs]

Shohreh: Congrats on your basketball player kid! Like, that's the messaging you get [Laughs lightly].

Leah: But, when it's suddenly now also weight, there's that fear. What I find with a lot of parents is that if they themselves have struggled with their relationship with food and their body and/or their weight in their life, almost every single parent I work with is like, "I don't wanna pass on that struggle to my child," and they don't want their child to struggle with that as well.

And, I think, personally, it comes down to our expectations, just like what you said, our societal expectations, the pressure of living in that thin, ideal body. And if you particularly have struggled with your relationship with food and your body, you really don't want to pass that onto your child and you don't want that struggle to occur to them. But the thing is that that doesn't actually protect them from what may or may not happen to them. And, I would say let's be a little bit more proactive on equipping them with the skills to cope with some of the things that they will encounter, whether they are the thin ideal or not.

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And, coming back to the growth charts, when we are totally fine with them being on a certain height, I tend to find some of those families are like, "Well, my child is a certain height, but then also here's their weight," and I'm like, "That makes sense to me." It makes sense to me when they're tracking on a certain way. It's hard to describe growth charts; I'm usually better when I have like a graphic [Laughter].

Shohreh: I can definitely put one in the show notes as well, so y'all feel free to pull up the growth chart in the show notes while Leah is explaining this [Laughs].

Leah: But growth charts do have some kind of plateaus you'll see where it's not quite a ski slope where it just goes straight down, it does have like, a few parts where it flattens out, just because kids' growth does kind of plateau at certain developmental stages.

What I'm trying to communicate, though, is that when we have a kid who is tracking on a certain place in their height, you do have to look at family history, genetics, a ton of other things, like all of these health demographics, all of these influences in this child's life, as to where their weight might fall. So, genetically, some people are going to have a different body diversity where they are naturally maybe going to be very tall and a certain body weight, and then at other times, they're going to be shorter and a certain body weight, and that is just how their family, genetically, has fallen [Laughs lightly] over the years and over the generations.

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And so then they come to me and they might be like, “Well, I’m just so nervous. My child is eating a lot, but they’re really tall for their age,” and it’s like, that’s okay, maybe they’re eating for their body’s needs. And they might think, “Well, my husband or my partner is this tall, and I’m not sure what they’re gonna be like,” and I’m like, “I don’t know what their adult body is gonna be like either.” But kids do really have—many kids, I’m not saying every single child—but many kids really do have an ability to self-regulate around food. And, one thing I like to tell families is that when we hyperfocus on each individual meal, it usually can backfire in the long run.

Shohreh: This is true for adults too, I just wanna say [Laughs lightly].

Leah: Yes! It’s absolutely true for adults, it’s absolutely true. And intuitive eating, when we hyperfocus on each individual meal, I can’t say how much that really does affect our relationship with food; it does too much. And when we hyperfocus even on—I’m not gonna say each individual meal, I’m gonna say each individual day, is also the same with kids.

We have studies to kind of prove this, that kids make up their nutrition over up to three to five to seven days. So, what does that mean? That means some days, kids will eat as much as us, if not more, and we may be like, whoa, where did this come from? And then, maybe two or three days after that, it’s like they’re surviving on air [Laughter]. You’re like, I know they had some water, so I know that they’re not going to [Laughter] die.” Yeah [Laughter], so they’re surviving on air, and then they panic, right? You had this huge influx of food, but their bodies are

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self-regulating around, hey, I just had a ton of energy, a ton of nutrition, I'm good for a little bit.

Some kids really—you'll see patterns in eating, where maybe they frontload their energy needs in the beginning of the day, and then by the time dinner hits, they're tired, they're cranky, they're just not really that hungry, they're okay. Other kids are not really big morning eaters, maybe they don't feel hungry until one, two, three PM, they eat more or less at dinner time, and then they kind of repeat that cycle. So really look at the patterns in your child's eating before just panicking over each individual meal [Laughter]. That's one of my top tips for parents is that it really—we want to look at that long-term, and we want to make sure that we're supporting their ability to self-regulate around food.

Shohreh:

For sure. And, it's just making me laugh because this is like literally the work that I do with adults around food. I'm also like, "Let's not focus on like, individual meals or days, let's look for patterns." [Laughs]. It's like all that messaging runs so deep.

But, you said something, like, when you first started talking about the growth chart that I thought was really important, which was that you were not really taught about changes that you might expect to see in your body, and I was thinking to myself, yeah, like, the only time we're told about changes is like the big puberty talk, right? I was thinking about yeah, no one else ever talked to me about my body or the fact that like, it's normal for bodies to fluctuate, especially when you're a kid. Like, I know I've had many conversations on the podcast before about, for instance, it's very common to gain a lot of weight in puberty

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and just like fluctuate a lot of weight in puberty in general, and a lot of people don't settle somewhere until they're in their twenties, and nobody told me that information, you know? Like, I very much had this view, again, of like, body diversity is not a thing, the goal is to be like as thin as possible, if at any point I am not, then I need to do something about it. And, this is, of course, what we teach children as well.

And, I'm not putting this on the parents, like we often have doctors or family or other people saying, "Oh, you know, your kid is gettin' too big there, your kid is eating too much. We need to do something about it," and not giving kids that space to be flexible and see like, well, maybe this is where your body is.

And, I think the other thing that you said that's really important is that it's less about the growth chart, even though that has some helpful information there, than it is about what is actually happening at home. And I assume with your clients, that's what you're looking at. You're not like, "I need all of the information about your kid's weight and height and that's how I'll make my decisions." No, you're asking parents, "Well, tell me what it's like when you feed your kids. What is your kid's relationship with food like?" and I think parents often invert that.

Leah:

Yes. Oh my gosh, you make so many good points. And, first, I wanna actually highlight some of the developmental changes that maybe parents may not be aware of, just so that they can normalize some of the changes. We hear about puberty all the time, and I don't know what statistics you may have read, but I've read some statistics saying anywhere from 20-pound, 30-pound fluctuations can happen, even

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upward of 40 pounds. This can be normal in puberty. However, we're gonna backtrack way back to infancy.

So, in baby's first year, babies can up to triple their growth in the first year. Then, after they kinda hit that year mark, between the ages of that one-and-a-half, two-year mark up to about five to six years, their growth plateaus quite significantly, and appetites reflect this. So that's potentially why in toddlerhood, some parents are like, "My child ate more as a baby [Laughter] than they did as a toddler." It is scary to some families. Then they panic because they've been used to this growth trajectory that infants have had, and it's slowed down, it's been over a longer period of time.

So, you'll see the growth in, you know, infancy is based off of months, like every month you're seeing all of this growth. Now, you're going off of multiple months—six months to twelve months of growth that you're seeing spread out with toddlers—and not a lot of people are prepared for that transition. But then, after that six-year mark, you start seeing some growth, and this is where between that kind of six-year mark and adolescence, like between pre-pubescent developmental stages, where some kids grow out, some kids grow up, and that is just naturally [Laughs lightly] how it goes.

And some kids, you'll see their bodies genetically, too, just grow in height, sometimes weight is something that they grow in, and then with the intake of all of the hormones and changes in puberty, then you start seeing it balance out to be eventually leading [laughs lightly]—I'm not saying like their bodies then are going to be like what it's like into

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adulthood because you were very clear too in that it can really change into your twenties. But, that starts changing kind of during puberty, where we're now not necessarily growing up and out, we're now filling out with our hormones to get closer to our adult bodies. But a lot of parents aren't expecting between that ages of six and teen years that your child may grow out longer than they may be growing up and tall and in length. I just wanted to preface that too to help parents kind of identify that there are some very normal changes with that as well.

So getting back to your last point about what's going on at home, what's the relationship with food like, this is really where I go into detail with clients, and I also do have a picky eating course that can help some families with this, so it's some strategies that I have used with clients. But, really, what I work with one-on-one clients is that we look at what kind of food environment did parents have growing up? Were they forced to be plate-finishers [Laughs lightly], or were they families that were doing kind of rewarding systems with food? Were they doing any food shaming? Body shaming? Were they putting certain foods on pedestals and this good/bad food language?

And then, I also look at the child, too, you know, what kind of food environment are they exposed to? So, are their parents really staying within their roles of feeding, and are kids really staying within their roles of feeding? And, one thing I like to mention when I talk about feeding environment is there is something called the "Division of Responsibility," it was founded by Ellyn Satter. If you're in the pediatric space, she's a pretty well-known dietitian and social worker who

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founded this kind of framework in the early '90s, late '80s. And, she really did find that there are two roles in feeding, where parents, their role is to provide the food, and to provide when the food is offered, and then to provide where it is offered. Kids' role in feeding is to determine if they eat the food the parents are offering and how much they eat of the food the parents are offering.

Now, so much easier said than done, and a lot of parents tell me, they're like, "Yeah, I'm already doing that, Leah [Shohreh laughs lightly]. That's what I do. I'm already doing that." But, what I do is I really look at the nuances of what that actually looks like. So, potentially, are kids asking for a ton of snacks or asking for a lot of foods? And then, now parents are just kind of like, okay, I just need to give it to you, yes, and we'll move on, and then really now the roles have been reversed, right? The child is determining when the food is getting offered and what food is getting offered, and the parent is kind of like [Light laughter] obliging.

But then there are other times where we want to be really considerate and conscious of kids' needs, and also, we want them to develop a healthy relationship with food. So, that's where you can offer age-appropriate choices to kids, like, "Hey, would you like grilled cheese or would you like quesadilla or something for lunch?" You're still determining what food is being served, but they feel like they have a choice, they feel like they are being heard. You know, kids are also humans too [Laughs lightly], they like to express their body autonomy,

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especially toddlers, and they love to feel like they have a little bit of a sense of control around the food that they like to eat.

Now, if we always ask kids, "What do you want to eat?" they have such a limited library of foods that they're gonna pull from [Leah laughs lightly], they're always gonna pull from their favorites, they're always gonna pull from foods that are potentially something that they have eaten often. So, it's really important for parents to just offer a variety of foods so that they can expand that library and expand those taste preferences, and so that they learn to eat a variety and really have a healthy relationship with all different kinds of foods.

I find some parents get into this cycle where it's offering only the foods that they know their child will eat because they're—lately, everybody is so stressed, everybody is at home, everybody is really struggling with just day-to-day tasks for a lot of people, and this is what a lot of my clients are expressing. They're just like, "Well, I just know my child will eat grilled cheese, so I'm gonna [Laughs lightly] have grilled cheese for lunch every single day." And that's totally fine, but it's helpful to really expand on that variety as much as you can. And sometimes it may seem overly simple, but even as much as changing the bread, changing the cheese, changing what you offer sides with, really can help them to expand their taste preferences so they develop a healthy relationship with food.

You may be thinking, "Okay, but they're still eating grilled cheese in the long run." That doesn't really matter. I'd rather see them just have small, accepted changes of variety 'cause that helps kids to stay flexible

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and realistic around food. When all of this stuff is done, they're gonna be experiencing different grilled cheeses at daycare, different grilled cheeses at Aunt Shohreh's house [Laughter], you know?

Shohreh: That's right.

Leah: They're gonna be expecting different foods from other places. It's gonna taste different no matter what. If you order grilled cheese at one restaurant, it's gonna be different than if you order it somewhere else. And we really do wanna equip kids with that resilience for that to be okay and for it to not spiral them into a panic, and then for them to also feel like they can self-regulate around those foods.

Shohreh: Let's definitely talk about picky eating strategies a bit because I know this is your specialty, and like you said, you do have a whole course around this for those who are struggling in this area. My first question is, what are some of the causes of picky eating? And I had a very picky eater in my family; I have three siblings, and all four of us are very close in age, and one of my brothers was just like, a supremely picky eater growing up. And I felt for my mom 'cause she's like trying to feed four kids and working, and so I think that she probably could've benefitted from a lot of strategies, but at the time was just kind of like, what can I do with this kid who doesn't want to eat this stuff? And I know so many parents who are just like, I don't know what to do. Like they feel like they've tried the things and nothing's working.

Leah: Oh my goodness, this is such a good question. In that case, when I see a lot of families who are struggling with a child who is struggling with

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picky eating and they maybe have others kids who are eating fairly easily at mealtimes—I mean, I don't want to say every kid is eating easily [Shohreh laughs] because there's usually whining or resistance or there's something, right? Kids will always express that. That's developmentally appropriate. But, we're talking like, the food refusals, the food tantrums, the like, I would rather not eat for days at a time [Laughs lightly] than eat the food that you're offering." And when I see stuff like that, I do think that there potentially could be some underlying medical reasons that may need to be addressed, that maybe have not been diagnosed.

Now, this isn't to panic parents and say that every single child is gonna have some of this, but I do see that there could be some sensory or texture issues that maybe the child just needs to be desensitized to. And I use that in like, a very kind, gentle way, meaning that they need repeated exposure over multiple periods of time with more textures of foods.

And then some other sensory needs might be like, it's a really strong smell, it's the color, the texture, something is like, really offensive to them. So figuring out what's wrong there.

Another one too is there are some kids who have difficulty with the actual anatomy of their mouth and swallowing and chewing. So you wanna make sure you're looking at, okay, have they been to a dentist? Have they identified if there's a sore tooth coming in? Did they lose a tooth and now it's, you know, tough to eat and you're like trying to struggle with them eating? [Shohreh laughs lightly]

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I think of I had orthodontics growing up, so I had braces, so there were some times where I was like, there is no way you're gonna get me to eat certain foods—

Shohreh: Right.

Leah: —just with that. So kind of considering a few other actual anatomical corrections there with kids.

Then there's also digestion as well. So, there could be some underlying intolerances if you do find that they complain of stomachaches or have diarrhea or constipation or anything like that after, it's really important to address that. It's also common to see when I see some families who are struggling with potty training or constipation, the constipation can lead them to feeling full, feeling like they don't want to eat, and then they kind of refuse, but then they get dehydrated [Shohreh laughs lightly], and then they're not eating the fiber in the foods that help with the constipation, and it's this whole cycle. Really, that is kind of the stuff that I work with clients on is identifying what can we try, and what can we do to get you closer to a diagnosis that would really be appropriate for your child.

Now, those are all medical diagnoses of underlying conditions. There are a lot of behavioral things to do with picky eating, so that's why picky eating is so complex because you have some feeding environment changes where—including both the kid and the parent—that could also be affecting their eating styles as well. So even something like a lot of OTs, occupational therapists, are really educated on this more than I

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am, but seating and seat placement and arrangement can play a huge role in kids wanting to sit at the table and wanting to participate in meal time. If their bodies are not feeling supported [Laughs lightly], then their brains may not be feeling ready to eat.

So then also, you have parental, like, tactics when you're getting them to eat, so those kind of badgering questions of, "If you don't eat this or don't try this then you don't get dessert," or "You have to finish your plate," or "There are hungry kids in this country." [Laughs lightly] "I made this for you, you have to try it." Like, all these techniques that have been passed down a lot of generations that a lot of parents maybe say, but they don't actually think about the implications of that.

So, one of the things you'll see on my Instagram account is kind of taking a different reframing approach for some of those generational tactics that some families maybe find that they say, but they just don't know why they say it, and then maybe offer a reframing suggestion to help kids stay within their roles of feeding, which are to eat the food if they choose to eat it and how much they choose to eat the food, and then parents' roles really are just providing the variety of food.

Shohreh:

You had mentioned before about kids who have like, specific things that they're like, "I like these," and so the parents will be like, alright, well, I know this is the only thing you'll eat, so I'm gonna feed this to you, and what I've noticed on your Instagram is you'll give a lot of examples of how you can take something that you already know that your kid likes, and you can kind of expand from there to help them learn new things. Or be like, "I'm gonna serve the thing you like, and

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then maybe we're going to try some new stuff next to it." So, it seems like there's a lot of techniques with even just serving the food, and like you said, how you talk about it, that can help kids like, start to expand outside of it. Because yeah, I'm with you. I had one of those households where it was like, "If you don't eat the food, you're gonna go to bed hungry," and that is not an effective method [Laughs lightly].

Leah:

[Laughs] Yeah, I agree. And I like that you bring that up too because in my background, I find in pediatrics and in specifically pediatric nutrition, you won't always see people saying that they're Health At Every Size-aligned or they're intuitive eating-aligned, but you find some of the principles are kind of inherent in this role of feeding framework that I mentioned earlier, and you find that it's kind of inherent in how to help kids eat a variety, is to really honor some of the foods that they do like, right? In intuitive eating, you wanna make sure that you're honoring some of your hunger, fullness cues, you wanna make sure you're also honoring the emotional aspect of what eating is like to you, the cultural aspect of what eating is like to you, and kids have that as well, they just might not be able to express it.

And what I really like to do is help families add upon the variety of the foods that kids already like and love because positive experiences with food are always going to be more powerful for their relationship with food in the long run than it will be if we have any negative technique. And I talk about this with all foods. When I say all foods, I literally mean like, we're talking about sweets, we're talking about—I don't love the words "junk food"—

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Shohreh: We'll put it in quotes [Laughs].

Leah: —Yeah, put it in quotes. Processed foods, things like that. I really mean that having positive experiences with it, and having it not associated with a bribe or reward, and keeping food neutral, and thinking about the long run. So, do we want kids to be able to self-regulate around all of these foods? Because health and wellness can be a pendulum, and it can swing the other way. Only teaching kids they have to just eat their veggies, sometimes it actually teaches kids that they have to just tolerate veggies to get to the foods that they like, or it maybe teaches them that, ugh, I have to have this yucky, gross thing before I get to the food that I like. And it never actually created an association with it like, oh, I can actually really love the seasoning on this, or I can really love this food prepared different ways.

And when I think of like intuitive eating with adults, sometimes you do have to go back to your relationship with food where maybe for some adults who have struggled with their relationship with food, maybe like an orthorexia style where they went on the opposite end of the spectrum [Laughs lightly] with, hey, I like have to have salads with no dressing, and then they discover intuitive eating, and then it's like they go on the opposite end where they're just eating all the foods they love, and then they're struggling to get back to finding that self-regulation and balance that works for them.

So, it's the same with kids; we really do have to offer that variety, and just only offering veggies all the time [Laughs lightly] doesn't actually help them develop that self-regulation around all kinds of food.

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Shohreh: I think this is why Division of Responsibility especially scares parents who don't start with it, is because there is that initial pendulum swing when you suddenly change what you've been doing around food in your household. If like certain foods have been demonized or not offered, and then all of the sudden they're like around, like of course your kid at first is going to be like, oh, now I'm just like allowed to eat the brownies? Well, I definitely want to eat the whole pan. Because there's like, that fear, just like there is with adults, of like, well, the other shoe will eventually drop and I'm not gonna be allowed to have this, so I just like need as much of it as possible.

And so I think that's so important for parents who are just starting with some of this stuff and trying to have their kids have a healthier relationship with food to realize that like, this isn't like a magical overnight change where you're just like, "Alright, we're doing it this way" and your kids are like, "Sound good." Like, it's a big change for them, and they have to adjust and their bodies have to adjust, and there's like this trust that has to be established between you if food has, up to that point, been really contentious in your household.

Leah: Your point about trust is the biggest thing that I teach clients on, and it is also the hardest thing for parents to learn. I find the trust is really, in so many different ways, it's trust in, okay, if I do a no-pressure approach for eating, are they going to eat and self-regulate around these foods? And just like what you said, now I'm serving a brownie with dinner versus after dinner as a reward for something that they did, what happens when they eat the brownie and only the brownie, and then

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they're full and they say they're full after the mealtime? How do I navigate those situations?

And, that's exactly what I work with clients on, and I do have some tips on my Instagram, but for the sake of time as well, part of that is trusting the process that if [Laughs lightly] we're only focusing on those one individual meals, we're really losing sight of the long-term and the benefits of teaching them a healthy relationship with food. And in that moment, you can let them have a second brownie piece, and then maybe you're just not offering brownie again, like, later that day. We don't have to make it harder than it needs to be, and also, trusting that in the beginning, just like what you said, it is a process, they will likely eat the food that they prefer first, they will likely possibly even eat past fullness, but this is actually a learning opportunity for them and for you. We can't feel fullness for them, so they really have to learn what that's like for them. Then, we're really doing them a disservice in honoring their hunger and fullness cues.

Now, same for hunger as well, and hunger is really, really difficult for parents. I find that one's harder for parents for a lot of reasons because as babies, we spend the first year of their life, they're crying when they're hungry, [Laughter] so then it's like, you go to solve it or absolve it. And then, you know, now into toddlerhood, then you start seeing some kids who are—you have them be hungry, yes, but then you also have them realize, well maybe if I say I'm hungry, I will get something [Laughter].

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And so, you know your child best, right? You know whether they're like, trying to get something from you, or you know whether they're trying to push the boundaries, which are totally developmentally appropriate for kids to try to push the boundaries. That means they feel safe with you, that means they feel comfortable with you. And in that sense, it's also helpful for the kids to learn gentle hunger. And this is so, so difficult, especially now that a lot of people are home, is that they have access to their pantries at all times. And it's okay to just allow some space between meals to help kids have gentle hunger so that they know what that feels like in their body, and they know, okay, I'm gonna have another meal coming.

So kids need to be able to trust you that they're going to have another meal coming, and you have to be able to trust them that, you know what, they may eat more than I expect at meal times, or they may eat way less than I expect at meal times, but I trust that over a certain period of time, barring that there are no medical underlying issues, then over a certain period of time, they will make up their nutrition for the body that they will grow into.

Shohreh: I think you're so right that this is really hard for parents because parents see their role as like, I've gotta keep my kid happy, healthy, and fed. And again, it's the trust. It's like, ugh, can I really trust that they're being truthful when they're saying they're hungry or that they're full? And I think that what can be really helpful, and I know you talk about this too, is starting to have those conversations about sensations in the body with your kids. Taking advantage of that natural, interoceptive

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awareness that kids have and talking about, well, what does it feel like? You know, what are you even looking for?

Because when you don't have those conversations, like you said, how are kids gonna know otherwise? 'Cause I definitely had times like that when I was growing up where it's like, you know, I was home all summer, and it's just like, you eat 'cause the food is there and you're bored and you're like a little bit hungry. And that's not a great relationship with food either, but no one ever talked to me about like, what is ideal in terms of hunger and fullness. And, at this point I was like a teenager, and so my understanding was like, totally diet-focused about, you know, either you're just like, restricting food or you're doing what I was doing, which is like eating out of boredom. There was no in-between for me because I never had conversations about well, what is normal?

I think we just kind of ignore that often with kids, and we have these natural hunger and fullness cues and things that come up, but of course as kids grow older, we start having all of these other influences, and so if you don't have the conversation, like, it's very easy to have those influences start to come in and not know what that even feels like in the body.

Leah:

I love that. Whenever you mentioned that too, the first question that a lot of parents get or ask me—I don't know if any listeners would have this question as well—is, "Well how do I do that? How do I have these conversations with kids?" And it starts with just speaking your truth, and speaking about your bodies, and speaking about them in a very

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neutral way about maybe saying like, "You know, sometimes we have this inner dialogue. If we're working on our relationship with food, we have this inner dialogue of, 'Well, should I have a little bit more?' Or maybe I just really only want the like, taste of something. I just really want a little bit, and then I feel full, but I really just like a tiny extra taste and then I'm gonna save this for later. Or, there are other times where you're like, 'You know what? I am way more hungry than I thought. I am gonna have two to three second helpings of this, and I know this is what my body needs.'"

Actually saying that out loud in front of kids teaches kids that concept of self-regulating around food, of eating intuitively, is possible. I don't know if you had anyone in your life, or any parents who did this growing up, but I think it's okay to start talking about our bodies like that around food in front of kids specifically. You don't have to do it around other people if it [Shohreh laughs] feels uncomfortable or awkward for you, but I think it can be really helpful for you as a family unit to identify moments like that. It doesn't have to be every day, it doesn't have to be every meal, your child doesn't have to know [Laughs] everything that's going on with your body, but I don't know if I ever had an example like that growing up where I had someone who was expressively saying what their body was doing and what it felt like and why they chose to eat certain foods or not eat certain foods and feel the way they felt in a not-diet sense [Laughs lightly]. In a very neutral, "this is what my body needs" sense.

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When I'm speaking about this I'm always saying from a very body-neutral, from a very neutral lens because it can be easy to take these kind of words and twist them into like, "Well, I eat healthy because I want to grow big and strong." That really doesn't mean much to kids, in all honesty. A lot of parents think, if I just tell them that this is healthy, then they're going to eat it and they're going to love it. It really [Laughs lightly] actually means nothing to them, and sometimes still can actually create a weird relationship with that food.

And I would say speaking about how that food feels in your body, and that can just be so universal because some parents who are struggling with their relationship with food and their body, maybe they're trying to eat intuitively, but maybe they have an underlying chronic illness or condition, let's just say celiac. So they're trying to have a healthy relationship with food, but maybe they're avoiding gluten for medical reasons. Maybe the child asks, you know, "Mom, how come you never have bread on your sandwich?" It's one thing to say, "Well, carbs are bad," [Light laughter], which again, I don't agree with, I want to preface that, but it's another thing to say, "Gluten, carbs, or bread really upsets my stomach. It really does not make me feel well. It makes me sick, but that doesn't necessarily mean it's gonna make you sick. My body, you know, functions a little bit differently." And it's okay to just speak about it really neutrally in a way that you feel comfortable.

I just hope that parents can start understanding that it doesn't have to be a huge amount of work to put in to help raise kids to have a healthy relationship with the body. It actually usually means a lot less talking

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about the food and a lot more just neutrality around, "Well, how does your tummy feel? Let's check in with our bodies to see what our bodies need. Let's check in with our stomachs." Saying neutral stuff about like "You know, we're gonna have dinner in an hour. We have this option before dinner if you'd like this, if not, we're gonna be having dinner super soon," and helping them self-regulate around those feelings of gentle hunger. If they're having seconds or thirds, just saying, "Okay, let's check in with our body. Let's make sure we're having a little bit of water, and we're gonna have ten more minutes of mealtime, so let's make sure we're checking in before we have seconds," or something like that, where, again, finding language that works for your family.

Sometimes it's hard to navigate, but it's not impossible, and it's really just helpful for families to realize, like, give yourself grace [Laughs lightly]. There's no perfect way of doing this. It will look different for your family, and you may find you identify with certain techniques versus others, but know that the more neutral you can speak around food and your body, usually the better outcomes your kid will have.

Shohreh:

I love this idea of creating a dialogue between you and your kids around food and bodies because I didn't have that growing up either, and I think when you don't have that, it also contributes to this idea that like, there's one right way to eat, which is whatever the way you eat in your household. And, I'm thinking even with what you said about like, the person who has celiac, and maybe they're talking about, "Oh, this thing upsets my tummy," like this can lead into a conversation of, "Are

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there any foods that upset your tummy?" and like opening it up to the kid to be like, oh, that's something that I should think about.

Like, I have a friend who didn't get diagnosed with celiac until she was like, late twenties or early thirties, and one of the things she told me that I was struck by was that she was like, "Yeah, I didn't know that you're not supposed to like, feel like garbage all the time after eating." 'Cause no one had ever had the conversation about like, "Hey, something may be wrong, like that's not normal to constantly feel this way."

And so, when we have conversations about what kinds of range of things do bodies feel and what happens when your body doesn't feel good, like, then instead of kids just being like, uh, I don't know what this is, I guess I just have to deal with it, they're more likely to talk to you about it. And then if there is a problem, then you can actually go get that checked out instead of having no idea that something is going on. Like, in some households, it's like, you don't talk about food, the parent's like, "I am the arbiter of all things food," and so if your kids don't feel like they can speak up about it, then like there's some really important knowledge you just may be missing as a parent.

Leah:

Oh my goodness. Yeah. Your point is so strong there because I feel for that person that went that long without diagnosis because yeah, exactly, I didn't grow up with that, I know a lot of people didn't grow up with that. It wasn't really a conversation people were having around "Does this make my tummy feel good?" And that really does equip kids for then navigating what to do next. That's just like what you said,

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having those open-ended questions, not “Does candy make your body feel bad?” You know?

Shohreh: Yeah [Laughs lightly].

Leah: Like, leading questions are very different, and I know you know this kind of with your background, but leading questions are really different than these open-ended questions where you’re saying, “Tell me about some foods that maybe—have you had any experience like this with foods before? Tell me about that,” and talking to kids about, “Well, what do you think we could do next time?” or “What would you change next time? What would you do next time?”

Again, some of these are a little bit more for advanced kids, maybe in your elementary school age, but don’t ever underestimate that toddlers know so much. I mean, toddlers are so smart, their brains are growing so fast, and it’s actually great years to start to talking about it as young as possible, even into infancy.

Some parents are like, “Well, how do I start this like, as an infant?” Talking about the food, the taste, the texture, the smells. I love doing that with babies. If you’re feeding them or doing baby-led weaning, something like, “Okay, this is avocado. It’s really soft, it has a really mild smell,” and just like explaining the food to them. Because sometimes some parents are like, “Okay, it’s quiet, and I’m just like watching my baby smooch avocado into my face. This is awkward, what do I do?” [Laughs]

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You know, and so it sounds weird, but I do like to have a little bit of that dialogue because then into toddlerhood they're used to it, and now they're starting to remember, oh yeah, this has a different texture or a different taste or smell. Maybe they can start communicating to you, "This doesn't feel good in my body," "This does feel good in my body." The more we're opening up that dialogue by starting neutral with very neutral descriptive words of the food, and then moving up from there as kids developmentally progress. You can just start keeping that [Laughs]—I say the word neutral so many times. People, listeners, are sick of me saying the word neutral. Like, I cannot emphasize it enough, to be neutral around food, especially around kids.

Shohreh:

So, speaking of being neutral around food and bodies, which is something you've mentioned, and there are gonna be parents who struggle with that because they have their own issues and that's something that they're working on, so you have this kind of piece of it. But most of the people listening to this podcast, like this is something they are really trying to work on within themselves, and so that if they are raising kids or they're around kids, that they're not contributing to that. So, my question is, how do you handle the people outside of that?

So, whether it's strangers or other family members, they're coming in and they're saying these rules around food that I'm trying to give your when they're with me, or the random person in Target who like comes up to you and like makes a comment about your kid's body. Like, I'm sure you see this all the time, and I just know this is something that parents who are like, trying to do their best really struggle with is like,

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well, what do I do with all of these outside people when they come in and they're the ones making these comments about food or my kids' bodies?

Leah: Oh my gosh, when it comes to kind of natural reactions of things, you know, there's that common like fight or flight, I'm a freeze person [Laughs]. So, I actually freeze and I go blank. So, for me, whenever I've experienced anything like that, my natural reaction is to entirely ignore it. As I've gotten into this work more, I find it's always usually coming from a place of misinformation or education, or lack of education, and depending on your personality, you will have some people who will be like, "Screw you."

Shohreh: Right [Laughs].

Leah: Like, you'll have some people who will say, "I don't want to hear this. F off, screw you." Then, you'll have some other people who have different personalities maybe go for more of a teaching approach, education. And then you have people like me who naturally are like, "I'm just gonna entirely pretend like you didn't just say something offensive." [Shohreh laughs] I usually just look at them like, "I can't believe you just said that." [Laughs]

Shohreh: Hey, you can say a lot with a gaze.

Leah: You can say a lot with a gaze, I will say that. Body language is very powerful. But for the other people who are wanting to actually have a response, I did do a post on this, but it's actually something I'm always trying to evaluate, is saying something like, "We're doing okay in that

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aspect." Like, "We're working on having a healthy relationship with food and our body, and that means I trust them to self-regulate around food, and we're working on building trust around food."

Simple statements of something like that, like, "We're working on a healthy relationship with food," "We're working on building trust with food," "We're working on building trust with our bodies," lets the other person know, hey, your remark is totally off, and not even in the same galaxy as the mindset that we are on, so like, please [Laughter], please go away.

But, I find too, just arming yourself with something that feels the most natural for you, whether it's saying something like, "We're good, we didn't really ask for your opinion, thanks," or whether it's saying something like, "Hey, this is actually what we're focusing on." I also like saying, "Hey, newer feeding research says that a no-pressure approach is actually really beneficial for their relationship with food and their bodies, so this is what we're learning and trying." And whether they have to agree with it, whether they want to say anything else, you can just kind of move on from there. It also depends on the context of the person. Are they a very confrontational person, kind of like a troll who's trying to just unload on you?

And so I think that it does depend on the context, but I want parents to feel like it is a process, they will get resistance, they'll get resistance in some area of their life, whether it's actually from the child, whether it's actually from a partner, whether it's actually from, you know, a family member, and that's to be expected. And sometimes when we know

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what's coming and what's gonna be expected, then we can arm ourselves with what to do from there and have that response. So, whether that is a nasty glare like what I do [Laughter], or whether that is a "screw you," or whether that is a "Hey, research doesn't actually support that tactic any more, this is what we actually are learning."

Because that's the thing too, is in the parenting realm, we didn't have education on psychology around a lot of this stuff. We didn't have education on the long-term effects, and we didn't have the research studies that we do now. And it's really fascinating seeing the generational differences, and you have to look at the history of things as well. You have families coming out of the Great Depression teaching their kids how to eat. So they're having grandparents, great grandparents who had really limited access to food, limited access to resources, are now teaching their kids, "You have to appreciate this food. You have to eat this food. It's this food or you starve." Then, you have people who are then—that's what they learned and they're teaching that to kids, but now they have all of these convenience foods in the '50s and the '60s, and microwaves [Laughter] and all of these things, and they're like, "Wow, I can do TV dinners."

The point of that rant is that it's usually not about the food.

Shohreh: Yeah. I think that's true for almost everything related to food [Laughs], whether I'm talking about adults or children.

Leah: Yeah.

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Shohreh: And strangers, I feel like, typically you can figure out what's my method when a stranger is gonna say something, and how do I want to address it in the moment, and then how do I want to address it with my kids after. Where people really, really struggle is like you said, it's like within families. I have a lot of clients who are like, "I'm terrified to talk to my mother-in-law about not making these comments or like feeding in this certain way," and I know it can just cause a lot of frustration and fighting within the family where it's like we have these different ideologies.

And so, I feel for all the parents out there who are trying to navigate that because it's so tricky when you are like, I am trying to do better by my kid, and I have these like family influences who don't get why I'm doing this.

Leah: Yeah. You've actually inspired me, I might have to make a post on this [Laughs] 'cause it's definitely so relevant. And, you know, I think a lot of parents understand that times are changing, and especially millennial parents as well, we get that there is this generational divide. And it's not that it is a bad thing, it's that people just were not educated, and they didn't have—they were working with what they knew.

No one tells you when you're a parent how to feed kids. Like you get zero manuals, you get zero education on it [Shohreh laughs]. You actually have to actively seek it out, so by the time you usually are seeking it out, there's usually a problem that's arisen. So, you're kind of then like, retroactively trying to fix the problem, and then all of those feelings of guilt and shame come along with it.

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But, I tell parents, it's never your fault because you didn't know, and you didn't have that education, and no one teaches these things, other than professionals like me [Laughter], but it's still such a niche topic. And it's even hard to find like, in general, access to this kind of information. So, that's one of the reasons why I created the Instagram account is because I understood that there's just not a lot of diversity in the parenting realm of offering this kind of education for families, specifically regarding intuitive eating.

Shohreh:

Well, and I think that if there's anything I've learned from my friends who are parents, it's that like, you're damned if you do and you're damned if you don't when you're a parent. No matter what choice you make, someone is gonna have a judgment on it, is gonna say that you're doing it wrong or you should do it a different way. And so, I think as parents, one of the most important things is to really cultivate grace and self-compassion for yourself because you're not gonna get it from other people because we live in this very judgmental world when it comes to being a parent.

So it's like being able to rely on that in yourself and know that like, you are doing the best that you can, and you don't know what you don't know, and like, it is impossible to like, raise children "perfectly," that I'm putting in quotes because that doesn't exist, right? Everyone's just like doing the best that they can.

And I think for me, and I've had a lot of conversations with this about my clients too, that like with parents, one of the best things that you can do with kids is just be open to the fact that like, you might get

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some things wrong. That's okay. It's way better if like, later on, like if your kid comes to you and is like, "Hey, I didn't love the way that you did this," for you to be able to hear that and be like, "Yeah, you know, I thought that was the right thing at the time, but I hear you, it sounds like it wasn't, and I'm sorry." Like, I would kill for my parents to ever apologize instead of like double-down on things that they're like, "No, we did it the right way."

Like, I think that so many of us just want that. It's not that we expect parents to be perfect, it's that we want them to see, like, how some of their decisions maybe weren't the best and affected us, and so that's just a big difference that I've found a lot of my clients saying who are either parents and now they're navigating this with maybe older children, or they have parents where they're like, "Wow, it's not necessarily about 'I needed my parents to be perfect,' it's just that I want them to be understanding of where I'm coming from."

Leah:

Oh my gosh, yeah [Laughs]. I'm like sitting here nodding while you're saying all of this because it's so true. There is no perfect way to feed a child, and I'm gonna preface with, if you find anyone who's online who tells you that you have to do that, please run [Shohreh laughs]. There's no perfect way in doing that, and this feeding framework of this Division of Responsibility has so much nuance to it to find what works for your family, and also culturally, as well, there's just gonna be some things that will or won't apply to you, and there gonna be some exceptions to everything, there's always exceptions.

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And just like what you said with wanting—kids wanting parents to be understanding, that is building that trust. And most kids, from toddlerhood, are just wanting to be heard and understood when they're rejecting certain foods. So, not everything is an emergency—first of all, I like to say that, not everything is an emergency [Laughter]. Not every snack is an emergency, not every whine or cry is an emergency. But also, even if you did something “wrong,” I'm using quotes, quotes, quotes, all these quotes, even if you said something like, that just slipped out.

Because I was a nanny for three years, for a really long time, full-time, and this was where I started implementing a lot of these practices, and it was like, I had something slip out of my mouth. I was in the intuitive eating space, I was a dietitian, and I had something slip out while I was a caregiver for these kids, and I was like, where did this come from? And I was almost embarrassed, I was like, ugh, I know that this doesn't feel good when I say this, like, “You have to take a bite before you get dessert,” or something like, it didn't feel good when I said it, but I didn't know why, and I didn't know why I said it [Laughs lightly], and I didn't know why it didn't feel good.

So, really having that trust with the kid where you can go back and be like, “You know, I said that thing the other day, but I just want you to know I do actually really trust that you know how to self-regulate—you know, eat around mealtimes. So, I'm just gonna make sure I won't say that again,” and move on. It doesn't have to be a big ordeal.

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You doing something, and you're maybe listening to this podcast, if you feel guilt that maybe you have said some of these phrases or done some of these bribing, rewarding that I mentioned, and I do have parents, they look at my Instagram, they come to me and they're in my messages, and they feel so guilty. And I'm like, "No, it's not that you did anything wrong, it's that you didn't know. You didn't know what you didn't know, and now, you're gonna work towards building back that trust with your child, and kids really do just want to be understood."

Shohreh:

Right, and we don't invent this stuff, right? Like you were like, "I don't know where this comes from." It came from somewhere. Because we heard someone say it, we saw someone say it—that stuff is deep inside of our brains. Even when we do a lot of unpacking and a lot of work in this area in particular, sometimes like some things just slip out, or like a thought bubbles up, and it's like, you know you don't want it anymore, but it's there. And what matters is more, again, what you do after. If that comes out, how do you have that conversation? It's so much more important than trying to be like, oh, I can never do this, 'cause that's impossible, and if you hold yourself to that standard, you will just give up.

Leah:

That is so true. And with a lot of these techniques that I mention on my page and just even previously in this episode, you don't have to counter every statement that you do. So you don't have to replace the "If you take two bites, you're not gonna get dessert" or "You are gonna get

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dessert if you take two bites.” You don’t have to replace that statement with anything else. You can actually just drop it

Shohreh: Just take it away!

Leah: You know, you can actually just drop it and see how things go. Like, I have so many families—this is gonna be a tip and it’s gonna sound nuts, it’s going to seem counterintuitive, but when you’re struggling so much at mealtimes, that’s usually when I say, “We need to drop like all of the talk around food. Like, we’re talking about nothing related to what’s on the table. We’re not looking at how many bites they’re having, we’re not talking about anything.” I was like, “If I hear any words about anything [Laughter] about the food, then usually you have to like reset.” And so, I’m like, “Think about anything else. Talk about anything else other than the food and their bodies at the table, and reset.”

And just because we’re saying some of these phrases that maybe generationally have been passed down, we can just literally not say them. You can try the, you know, check in with your tummy, we can do that every once in a while. Or we could also just talk about our favorite music and talk about what made us laugh today and talk about something else, and really see—I want you to notice the transformation at mealtimes and the transformation in your child when they suddenly build that trust back with you of, I don’t have to eat a certain amount around you, and I’m not eating to please you, and I’m also not eating a specific amount more or less because this is what you told me to do.

So, I think that that can be a huge game-changer for some families.

Conjuring Up Courage #92

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Shohreh: Oh yeah. That's such a good point to end on because I think that the ultimate goal with food is like, we want it to be a part of our lives. We don't want it to be everything, right? You see people get into adulthood, and it's just like, they spend all of their waking time thinking about food and their bodies and exercise and all these pieces, and if we micromanage in childhood, like this is what happens when we grow into adulthood.

So like you said, if you pull back from that and like, food is a thing, it's that neutralizing again, right? Food just becomes a part of our life. Then it doesn't ever explode and become this like, ugh, my whole brain space is taken up by this. And that's what you want! Like, you want an appropriate amount of brain space [Laughs lightly] to be taken up by choosing what to eat, because as it turns out, we're humans, and we do have to eat every single day, mostly, in order to stay alive [Laughs]. But beyond that, it's like, we want our kids to be off doing other stuff and like having fun and going to school and learning and of these great things. And when they become adults, you want them to be doing all this great stuff too and not having to be constantly bogged down by thinking about food.

So, I think of all of the things you've mentioned today, it's really just like about making things easier. It's about just like, being able to relax some of this stuff, instead of it always being so high stress around food, around being at the dinner table as a family, which is awesome.

Leah: I so agree, and I think that's a great point to end on.

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Shohreh: Awesome. Well, thank you so much for being here, Leah. How can people find you, and is there anything my listeners can do to support you at this time?

Leah: Awesome. I'm working on my website; it is under construction [L]. People can find me most commonly at my Instagram handle, @kids.nutritionist. I will send you my website if I [Laughs] can get it up and running.

Shohreh: I can also totally put it in the show notes later. So, people will be listening to this episode for a long time, so it will get there when it's done.

Leah: [Laughs] Yeah. And then also, in terms of supporting my work, I do work with some clients one-on-one, I do have a course for picky eating, but I want to make sure that it's a good fit for you. I'm never gonna try to offer you a service that would not be a good fit for you, so I do offer discovery calls to make sure that if you are struggling with picky eating the course would be appropriate, or versus you possibly wanting some one-on-one attention.

I'm in the process also of developing an infant feeding app. So this is free to download for everyone who may or may not be starting solids soon, and then there are some in-app purchases if you would like to purchase like a menu or something, so you don't have to think about what to eat [Laughter] with your baby. But, I wanted to make that information accessible for a lot more families to just have a good start when they start solids.

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And then, if you are wanting to donate to the WaterStone Foundation, I found that's an organization that supports, and I think funds, eating disorder patients' treatment. So if you are finding that you have a little bit of spare cash [Laughs] to donate to any organization, I'm really passionate about my work in the long-run hoping to prevent eating disorders, so I would love to help other people who may not have access to treatment of their eating disorder or who may need financial support with that. I always like to donate to organizations that help provide for people to have access to eating disorder treatment.

Shohreh: Perfect. I will put links to all of that in the show notes so it's easily accessible for everybody. Thank you for being here, and thank you for this important work that you're doing with kids and their parents so that people can have better relationships with food and we have less incidences of eating disorders, because it really matters.

Leah: It really does. Thank you so much Shohreh for having me.

Shohreh: Of course.

[Music plays]

Shohreh: And that's our show for today. If you're enjoying Conjuring Up Courage, don't forget to subscribe through your podcast provider of choice so you never miss an episode. Additionally, if you haven't left a rating and review in the Apple Podcasts app yet, you can do so from any Apple device to help more people find and benefit from the show. I also love hearing from listeners, so feel free to take a screenshot from your podcast player, post on social media, and tag me. My username is

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@ShohrehDavoodi on all platforms. Finally, you can sign up for my email newsletter, The Sunday Share, and get more details about how to work with me by going to www.ShohrehDavoodi.com. Thank you so much for listening, and I hope you'll join me for the next episode.

[Music fades]