HELP … My Child Won’t Eat!

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BOOK: EATING FOR AUTISM

HELP … My Child Won’t Eat!

● Picky Eater vs Problem Feeder
● Contributing Factors
● Basic Mealtime Strategies
● Feeding Therapy

Feeding Problems

“The prevalence of problem eating behaviors in children with autism has been estimated to range between 46% and 89%.”

Feeding Problems

Common Mealtime Behaviors:
- Selective food refusal
- Food neophobia (fear of trying unfamiliar foods)
- Nonfunctional mealtime rituals
- Tantrums

Mealtime Myths

“He’ll eat when he gets hungry enough. Kids won’t starve themselves.”

“Don’t worry, he’ll outgrow his picky eating stage.”

This is NOT true for most autistic children who have feeding problems as opposed to a typical developing child who is a picky eater.

Picky Eater vs Problem Feeder

**Picky Eater**
- Decreased variety of food (< 30 foods).
- Foods lost due to burn-out regained after 2 wks.
- Able to tolerate new foods on plate, touch, or taste.
- Eats at least 1 food from most food textures.
- Adds new foods to repertoire in 15-25 steps.

**Problem Feeder**
- Restricted range of foods (< 20 foods).
- Foods lost due to burn-out, foods not regained.
- “Falls apart” when presented new foods.
- Refuses entire categories of textures.
- Adds new foods in > 25 steps.

Kay Toomey, Ph.D.
Contributing Factors

1. Medical
2. Psychological
3. Nutritional
4. Oral-Motor Dysfunction
5. Sensory Processing Disorder
6. Environmental
7. Child
8. Parent
9. Therapist
10. Behavioral

**Medical**
- Gastrointestinal Disorders
  - Gastroesophageal Reflux Disease (GERD)
  - Eosinophilic Gastrointestinal Disorders (EGID)
- Food allergy, sensitivity or intolerance
- Medication side effects
- Dental problems
- Previous invasive interventions

**Psychological**
- History of medical problems
  Example: Reflux resolved; however, child connects eating to a painful experience.
Contributing Factors

**Nutritional**
- Nutrient deficiencies
  - Loss of appetite
- Excess intake of juice, milk, pediasure or other beverages
  - Displaces food intake

Contributing Factors

**Oral-Motor Dysfunction**
- Delayed self-feeding skills
- Difficulty sucking, biting, chewing, swallowing or coordination of tongue movements

Contributing Factors

**Sensory Processing Disorder**
- Hypersensitive to smells, touch and taste
- Hypersensitive to sound
- Sensory hyposensitive
- Visually overwhelmed
Contributing Factors

**Environmental**
- Mealtime distractions
- Grazing all day
- Lack of routine
- Improper physical environment

**Child**
- Hyperactive
- Short attention span
- Highly distractible
- Low frustration tolerance
- Need for routine and sameness
- Impaired social interactions

**Parents**
- Mealtime dynamics between child and parent
- Lack of positive reinforcement
- Inappropriate social modeling
- Inconsistent parenting
- Coerces, tricks or distracts child
Contributing Factors

**Therapist**
- Using food as a reward
- Treating child as a “picky eater”
- Inappropriate techniques utilized in feeding therapy sessions
- Not working in conjunction with a multi-disciplinary feeding team

Contributing Factors

**Behavioral**
- Refuse to come to table
- Does not sit still in chair or leaves table
- Refuses to eat
- Throwing food
- Tantrums
- Gagging and/or vomiting
- Spitting out food
- Disrupting others who are eating

Basic Strategies

- Do NOT allow child to “graze”
- 3 meals + 3 snacks per day
- Limit juice, milk and beverages to appropriate amounts
Basic Strategies
- Avoid distractions during mealtime
- Practice "social modeling"
- Offer manageable foods
- Positive reinforcement
- Use appropriate mealtime language

Basic Strategies
- Prevent food repetition and burn-out
- Change one property of the same food each time offered
- Do NOT bribe, beg or force child to “take a bite”
- Limit mealtime to less than 30 minutes
- Keep meal & snack times a pleasant atmosphere
-Expose child to a non-preferred food on a daily basis

Basic Strategies
- Teach child to sit in a chair
- Food play
- Shop and cook
- Vegetable garden

Non-Feeding Activities
Feeding Therapy

**What feeding methods are NOT helpful?**

1. Mere exposure to food
2. Food Deprivation

Research supports that mere exposure to food will increase food preference among typically developing children; however, no studies support this technique is effective for treating children with feeding problems.

**What feeding methods are helpful?**

A combination of feeding methods varying for each child based on their individual feeding problems.
**Feeding Therapy**

**Behavioral:**
- Positive reinforcement
  - Tangible item and/or praise
- Escape extinction
  - Nonremoval of spoon and/or physical guidance
- Stimulus fading
  - Increasing the number of bites and/or amount of food presented on spoon

**Feeding Therapy**

**Building on preferred foods:**
- Food Chaining
  - *Cheri Fraker, CCC-SLP*
  
  Expands the child's food repertoire by introducing new foods that have the same features as the foods the child currently eats.

**Feeding Therapy**

**Sensory:**
- Sequential Oral Sensory Approach to Eating (SOS)
  - *Dr. Day Toomey, PhD*

  32-step plan to ease the child into tolerating, interacting, smelling, touching, tasting and eating a new food.
SOS Approach

Steps to eating
1. Tolerate
2. Interact
3. Smell
4. Touch
5. Taste
6. Eating

SOS Approach to Eating
Kay Toomey, Ph.D.
Pediatric Psychologist

Feeding Problems

IFSP and IEP

“Incorporating Nutrition Outcomes into the child’s IFSP or Goals into the IEP is an opportunity to designate the required nutrition services to address the child’s developmental and educational needs.”

Elizabeth Strickland, MS, RD, LD
IFSP and IEP

IFSP (Individual Family Services Plan)
Outcomes & Objectives
A written plan for providing Early Intervention services to an eligible child and his family.
(Birth through 2 years of age)

IEP (Individual Education Program)
Goals & Objectives
A written plan for providing Special Education and related services to a child with a disability covered under the IDEA.
(Age 3 through 21 years of age)

IFSP and IEP

- Nutrition therapy
- Physical therapy
- Occupational therapy
- Speech therapy
- Behavioral therapies
- Support services
- Art
- Music
- Hippo

IEP – Feeding Problem

Goal:
Child will master the basic life skill of independently eating a variety of age appropriate nutritious foods.
IEP – Feeding Problem

PLOP: Child refuses new foods, accepts only soft foods, and eats less than five different foods.

Goal: Child will consume a variety of age appropriate foods and textures.

Objectives:
1. Child will consume greater than 20 different foods of different textures without resistance.

How progress will be measured: _______________________________________

Special Education:
Occupational Therapy and/or Speech Therapy

Start Date: ____________________
Location: _____________________
Frequency: ___________________
Duration: _____________________

Related Services:
1. OT and/or SLP will receive training on the Sequential Oral Sensory Approach to Eating (SOS).
2. Consult with RD to provide list of healthy choices for foods used in therapy sessions.

Federal Regulations

Examples of Nutrition Services that may be funded through IDEA include:
- Special foods, supplements, feeding equipment
- Consultation services of a Registered Dietitian
- Special education teacher, OT or other health professional in feeding the child or developing feeding skills.

Accommodating Children with Special Dietary Needs in the School Nutrition Programs
United States Dept. of Agriculture Food and Nutrition Service
www.fns.usda.gov/cnd

IFSP/IEP Nutrition Resources

1. Special Education Law
   Peter Wright  www.wrightslaw.com

2. Accommodating Children with Special Dietary Needs in School Nutrition Programs
   USDA, Food and Nutrition Service
   www.fns.usda.gov/cnd

3. Book: Eating for Autism
   Appendix 4: IEP Nutrition Goals & Objectives
   Elizabeth Strickland, MS, RD, LD
   www.ASDpuzzle.com
Summary

- Eating is one of the most important and complex skills acquired in early childhood.
- Children with ASD typically have problems with feeding.
- Feeding problems may lead to malnutrition negatively impacting brain and body function.
- A multi-disciplinary approach to assessing and treating the feeding problem is critical.
- The feeding treatment methods should be individualized for each child.

Thank you!!!

Pass on the message...

“Children with ASD are problem feeders not picky eaters!”

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