

Mealtime/Food Advice – Top Tips January 2021

This information is designed for families of children with restrictive diets with autism and/or general developmental delay, not those who have an eating disorder such as anorexia, or other similar medical condition.

Advice is compiled from clinician experience, books including 'Just Take a Bite' and websites -

- www.ellynsatterinstitute.org/how-to-feed/the-division-of-responsibility-in-feeding
- www.yourkidstable.com
- www.sosapproachtofeeding.com

All have free introductory info and/or webinars.

Reasons a Child Won't Eat

Medical - e.g. constipation, bowel or stomach issues, teething, sore in mouth or digestive tract, acid reflux, generally unwell, anxiety

If concerned that your child's eating is related to a medical condition, please see your GP or Paediatrician.

Sensory

Smell – this is a powerful sense and will start detecting food and possibly contributing to the anxiety around eating prior to food getting to the table.

Vision – eyes detect the appearance of food working with the brain and other senses to determine if the food is appetising and safe. Food that always looks the same such as a particular brand of chicken nuggets are all going to taste the same. Vision is a powerful tool for identifying the food and packaging.

Touch – the touch receptors in the fingers and mouth are particularly sensitive due to increase in density. If the brain remembers that the food does not feel nice in the mouth or hands if finger feeding, the child will find it harder to eat it again or try

something similar. Touch is also vital for discrimination which is needed to be able to move the food around in the mouth.

Noise – some hate the noise of others eating, the sound of the cutlery on the plate, general conversation whilst others are eating.

Interoception – the internal sensations that tell us when we are hungry. A child who snacks throughout the day will not know what this feels like and can impact on their appetite.

Motor skills

Postural control - to be able to sit at a table for approximately 30 minutes,

Fine motor skills - to use cutlery or finger feed

Oral motor skills - to be able to move the food around in mouth to chew and safely swallow.

Myths for Eating

Dr Kay Toomey has a list of 10 myths in the US, on her website. For more detail on each myth, please see the website - www.sosapproachtofeeding.com/top-10-myths/

1. Eating is the bodies number 1 priority.
2. Eating is instinctive.
3. Eating is easy.
4. Eating is a 2-step process – you sit down, you eat.
5. It is not appropriate to touch or play with your food.
6. If a child is hungry enough, he will eat. They will not starve themselves.
7. Children only need to eat 3 times a day.
8. If children won't eat, they *either* have a behavioural *or* an organic (physical) problem.
9. Certain foods are only to be eaten at certain times of the day, and only certain foods are 'good for you'.
10. Mealtimes are a proper social occasion. Children are to 'mind their manners' at all meals.

Other experts in the subject talk about different myths. Alison Grogan of Your Kids Table has 3 myths –

- They will eat eventually – This will work for some children, but for those with extreme picky eating, it won't and can (but not always) lead to serious physical and mental health difficulties, including hospital admissions and needing to be tube fed.
- They Will grow out of it – Again, some will do this, usually between ages of 3 – 5 years and if their picky eating is mild. Some don't and are not likely to if the picky eating is linked to a diagnosis, sensory or motor issues.
- The parent is to blame - they are picky eating for a reason, not because they have only been offered a specific brand of chicken nuggets every week.

More Information on why children Won't Eat

Anxiety/Stress

When we are stressed our bodies produces adrenaline which in turn can suppress hunger. Other reactions can be a slowing down e.g. bloating/loss of appetite or speeding up e.g. diarrhoea. What makes one person stressed or anxious will be different to another. For children it could be too much noise, feeling rushed, previous argument or disagreement, poor sleep, feeling unwell, smell or appearance of food and many more.

Sensory Sensitivities

Convenience and packaged food has exactly the same shape, texture, smell, colour, taste etc to the next packet if the brand is the same so is very predictable. Food that is not convenience such as fruit and veg or meat is not and can be seen as a completely different food each time for some children. We all experience an apple that is juicy and the next is dry and tasteless although they can be the same type. For a child with sensory sensitivity to touch (texture) smell and taste then the differences will be even more apparent. If a child is not regulated or had a bad day, then these differences are likely be even more apparent combined with the anxieties factors above can make eating even harder.



Some children hate anything messy e.g. paints, playdoh on their hands, and can follow through into food – if not able to touch different food textures in hands why would they want to touch with mouths?

Motor Skills

Children who do not have the oral motor skills to move the food around in their mouth will find some food, usually chewy or soft food such as bread, much more difficult whereas crunchy food such as crackers/breadsticks and melt in the mouth food such as puree's, chocolate, and crisps like Skips/Wotsits are much easier.

Motor skills can impact on the ability to use cutlery, carry food, have sufficient posture to sit on a chair for the required duration, taking food to the mouth and cleanliness.

Routine

Sensory clues such as visual (e.g. sitting at a table with a plate) noise (e.g. verbal instructions, sound of cooking) smell, can all help a child and thus their digestive system that it is time to eat. Links such as eating a biscuit with a hot drink or feeling hungry at a particular time of day are all linked to routine.

Previous Experience

Positive or negative experiences will impact on ability to eat, and repeated exposure to stressful events could impact for many years. Ellyn Satter talks about 'pressure to eat' can relate to stress and advises to avoid pressure as copied below -

Avoid pressure

Instead of putting pressure on your child's eating, follow the division of responsibility in feeding -

'Pressure of Eating Always Backfires

- Trying to get a child to eat more than she wants makes her eat less.
- Trying to get her to eat less than she wants makes her eat more.
- Trying to get her to eat certain foods makes her avoid them.
- Trying to get her to be neat and tidy makes her messy.
- Putting up with negative behaviour in hopes she will eat makes her behave badly but not eat.

What does pressure on eating look like?

- Pressure can seem positive: Praising, reminding, bribing, rewarding, applauding, playing games, talking about nutrition, giving stickers, going on and on about how great the food is, making special food, serving vegetables first, making food fun (to get the child to eat, not just to have fun).
- Pressure can be negative: Restricting amounts or types of food, coaxing, punishing, shaming, criticizing, begging, withholding dessert, treats, or fun activities, physically forcing, threatening.
- Pressure can seem like good parenting: Insisting on "no thank you" bites, encouraging or reminding the child to eat, taste, smell or lick, making her eat her vegetables, warning her that she will be hungry, making special food, keeping after her to use her silverware or napkin, hiding vegetables in other foods, letting her eat whenever she wants to between meals.
- Pressure can be hard to detect: Ask yourself why you are doing something with feeding. Is it to get your child to eat more, less or different food than he does on his own? If so, it is pressure.'

Ref - <https://www.ellynsatterinstitute.org/how-to-feed/childhood-feeding-problems/>

Suggestions to Help Explore a Wider Option of Foods

The first priority at mealtimes is to reduce and ideally, remove pressure.

Using pressure of any kind, as above, signifies that the food is difficult to eat. The aim is to enjoy food together. The more the child is able to see that food is to enjoy as well as needed to live, then the more likely they will try different foods. Dr Toomey talks about the purpose of food is to provide energy to play, and that there is no such thing as junk food, just that different food has different nutritional value.

Lead by example.

Teach your child that it is OK to eat a range of foods, part of that is parents and others at the table to be able to eat your child's safe food, to show that food is available for everyone.

Slow, informed changes

Any changes to mealtimes should be explained to the child when possible, consider social stories, explaining whilst putting food on the table, or showing through example.

Learn about food

A child is not going to eat the food if they cannot tolerate the food in their personal space, or in some cases, the room they are in. By them joining in the mealtime with you, they learn that it is safe, and gradually increase the tolerance. Then move onto a learning plate, so they have a plate next to them that they can put small amounts of the food onto it, and then move it onto their plate if they choose to. There should be no expectation that they eat the food on their plate. Encourage them to empty the food they do not eat into the bin, as that is another contact with the food. If they do not want it near them, then it is OK to push it away, or move it elsewhere. It is not OK for them to throw it onto the floor. If this happens, calmly clear it up when able and reiterate that food stays on the table. See it as a communication from the child to say that they do not want the food. Teach coping strategies through demonstration of how to deal with food they do not like.

What if my child does not sit at the table?

If you do not have a dining table at home, and are not able to get one, then all eat together wherever it may be. Make very gradual changes to encourage your child to join you, from moving the screen slightly closer if they use that during mealtimes, to sitting near or next to them for a small part of the meal wherever that may be. If they do use screens, and are sitting with you at mealtimes, then start by slowly moving the screen further away, before reducing the time it is available. It may be that other members of the family use screens during mealtimes, so all should start to reduce the screen use. It may be that you just make changes for one meal a week to start, then increase to 2, or start with changes for all evening meals for example.

Screens at mealtimes significantly reduce the interaction between people, observation of the environment and focus on what we should be doing.

The aim is to be able to make the changes without causes undue distress for the child or family, if it does cause distress, then leave for another day.

Routine

Many children who are picky eaters strongly value routine and predictability not only in the food they eat but also in daily routines. Consider this when looking at mealtimes with timings and how food is presented.

Sensory Regulation

Reducing anxiety around food does not just start at mealtimes. If your child is more relaxed prior to the meal or eating, then anxiety will be less during the meal. Consider a range of sensory based activities to do prior to food. Ideas include:

- Playing with bubbles
- Bouncing on a therapy ball – if they are safe to do so
- Pillow fight – great for alerting or releasing frustration
- Heavy work activities – e.g. household chores, physical exercise
- Vibration/massage if enjoyed

Seating

If your child is comfortable, it will help their digestion, motor skills and ability to sit for longer periods of time. Aim for feet and back to be supported so knees and hips

are at right angles. A cushion to lean on and a footrest/step will be helpful to manage this.

Play with food

It is OK to play with food as then the child will learn about the smells, textures and consistency of food in a fun way. If they feel comfortable touching the food, then they are more likely to eat it.

Use of Cutlery

Cutlery is a complex task uses bilateral skills (both hands), sequencing, timing, and visual motor skills. Using a fork or spoon will change the feeling of the food in the mouth as well as the oral motor skills required. It is often much easier to use fingers to eat. Prior to using cutlery, consider your child's developmental age and motor skills with other activities such as opening packets, scissors and writing.

Some children benefit from equipment such as caring cutlery (shaped to fit the hand) plate guard, scooped plate and/or dycem (a non-slip mat).

Division of Responsibility (Ellyn Satter)

www.ellynsatterinstitute.org/how-to-feed/the-division-of-responsibility-in-feeding/

It is the parents/adult responsibility to provide the food, including safe food, to make mealtimes enjoyable, be considerate to your child's lack of experience. It is the child's responsibility to eat the amount he needs, learn to eat the foods you eat, learn to behave appropriately at mealtimes. See the link for more information, also the Facebook group 'Mealtime Hostage'.

Most of all, enjoy mealtimes, and remember even though any progress may seem small, it is still progress.

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Disclaimer

The supervising adult is responsible for the safety of the child at all times. Always be aware of the risk of choking, especially for children with poor oral motor skills. Please note this is general advice so it is the parent/carers responsibility to review the information in this booklet and decide what is suitable for the child, as in most cases they will not have received an assessment or be known to Kathryn Alexander. It is not a therapy program and uses publicly available information from the websites mentioned.