Feeding Difficulties: When Is it More Than Picky Eating?
Feeding Challenges Are Common

You are not alone!

It’s estimated that up to 45% of neurotypical and 80% of neurodivergent kids have feeding challenges.
Avoidant/Restrictive Food Intake Disorder (ARFID)

• Typically present in childhood
• A feeding or eating disturbance that includes, but is not limited to:
  ○ Lack of interest in food or eating
  ○ Avoidance based on the sensory characteristics of food; or concern about aversive consequences of eating
  ○ Persistent failure to meet appropriate nutritional and/or energy needs associated with 1 (or more) of the following:
    • Significant weight loss (or failure to achieve expected weight gain or faltering growth in children)
    • Significant nutritional deficiency
    • Dependence on enteral feeding or oral nutritional supplements
    • Marked interference with psychosocial functioning
Pediatric Feeding Disorders

If your child is struggling with mealtime but doesn’t meet the criteria for a formal diagnosis, such as ARFID, they might still benefit from feeding therapy.

Examples of challenges include:
- Transitioning to new textures
- Self-feeding
- Chewing
- Mealtime behavior
What Are Typical Eating Behaviors?
Typical Eating Behaviors for Toddlers/Young Children

- Changing preferences
- Fluctuating portion sizes at different meals
- Changes in eating behavior when sick
- Requires involvement/interaction to eat; not fully independent
- Concerns don’t last
Picky Eater
VS
Restrictive Eater
<table>
<thead>
<tr>
<th>Picky Eater - Might be a phase</th>
<th>Restrictive Eater - Very rarely a phase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decreased range of food variety</td>
<td>Restricted range of variety of food</td>
</tr>
<tr>
<td>Consumes approx. 30 foods</td>
<td>Consumes fewer than 15 foods</td>
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<tr>
<td>Experiences food burnout, but can regain</td>
<td>Experiences food burnout, but typically does not regain</td>
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<tr>
<td>Allows food on their plate even if they don't want to eat it</td>
<td>Difficulty allowing foods on their plate that are not on their accepted food list</td>
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<tr>
<td>Has preferred foods from each food and texture group</td>
<td>Refuses entire categories of food</td>
</tr>
<tr>
<td>Won’t refuse food solely based on brand, color, or texture</td>
<td>Refuses food based on brand, color or texture</td>
</tr>
<tr>
<td>Will eat at family dinners without tantrums</td>
<td>Engages in tantrums or withdrawals at family dinners</td>
</tr>
<tr>
<td>Will usually accept new food after approx. 10 exposures</td>
<td>Will not accept new foods simply based on exposure</td>
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</tbody>
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Misconceptions About Feeding Disorders

- Don’t make a big deal out of eating and they’ll eat
- Just give them a calorie booster to increase weight gain
- They have autism, so of course they have a restricted diet
- They’ll grow out of it
- Because of sensory sensitivities they can’t expand their diet
Red Flags
Red Flags

- Gravitates towards snack foods
- Grazes all day
- Avoids socialized mealtimes (group snack/lunch)
- Only eats the same foods/flavors every day; isn’t open to trying new foods
- Exhibits extreme crankiness, intensity in refusal, or behavior/tantrums
- Is lethargic and has difficulty paying attention to tasks
- Experiences constipation
Is Feeding Therapy Something To Consider For Your Child?
What Can Behavior-Based Feeding Therapy Address?

**INCREASE**
- Acceptance of food and liquid
- Swallowing of food and liquid
- Texture and variety
- Volume
- Self feeding
- Caregiver education and skills

**DECREASE**
- Refusal behaviors
- Packing
- Expelling
- Gagging and vomiting
- Meal duration
- Caregiver inconsistencies
Certain activities are “non-negotiable”

As parents/caregivers, there are situations where our kids may not want to engage in a certain activity, but we require it due to health/safety concerns.

Examples include:

• Buckling in the car
• Staying out of a busy street
• Taking medication
• Being protected from the sun

Eating meals / exhibiting appropriate mealtime behavior should also be on that list.
What to Look for in a Feeding Program?
Look for a Feeding Program That...

- Is focused on consumption/appropriate mealtime behaviors (avoids playing w/ food as part of therapy)
- **Meets the child where they are** and shapes food choices for therapy sessions accordingly
- Uses positive reinforcement
- Sets mealtime expectations comparable to other activities of daily living
- Includes parent/caregiver training
Tips Towards Appropriate Eating Behavior

• **Set designated eating times at home**
  - Avoid continuously offering food hoping they'll eat at some point
  - Designate set meal and snack times and *only* offer food at those intervals. Doing this:
    - Allows your child the opportunity to potentially feel hunger
    - Allows your child to set an eating routine

• **Present opportunities for similar but different foods already in their repertoire**
  - A new flavor or brand of yogurt
  - A different type of chicken nugget
  - A varied chip flavor

• **Start small for new skills**
  - Pick one day a week to do a new food introduction and slowly incorporate the foods they do well with into meals during other days of the week.
  - Not all portions need to be the same.

• **Avoid engagement with foods outside of consumption**
  - Find *nonfood* mediums to engage in sensory play with (shaving cream or playdough vs of cool whip or pudding)
  - Remove food items from their reach if they are playing/squishing/throwing the food
Still Have More Questions?

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