

# AUTISM AWARENESS MONTH

Children with autism often have a limited number of preferred foods and resist trying new foods. This is frustrating and often scary for parents that worry their child is not getting the nutrition they need. There are some strategies that parents can do to help.



## 20 SUGGESTIONS TO HELP YOUR CHILD WITH AUTISM EAT BETTER

BY PAMELA YOUNG PERRY OTR/L

**F**eeding your child is one of the primary roles of being a parent. It's what we do, right? Unfortunately, if your child has autism it is just not that easy!

Research suggests that up to 90 percent (Kodak and Piazza, 2008) of children with autism have some feeding difficulties. This can include

extreme selectivity, to taste, smell, temperature, texture and color. The child may seem to not ever be hungry. They may refuse to use food utensils or drink from a cup. They may have strange "rules" for eating. On top of that, our kids with autism often struggle to sit for any length of time; therefore compounding the poor eating.

We have all heard the advice:

- “If he gets hungry enough, he’ll eat.”
- “His BMI (height for weight) is in the low average range, so don’t worry about it.”

- “My son never ate anything but peanut butter sandwiches for five years and he eats great now.”
- “He’ll get sick of chicken nuggets eventually and eat other things.”
- “It’s behavioral; you’re letting him control you.”
- “He is doing this to get your attention, ignore it and he’ll eat more items.”

While the advice might be given with good intentions, it is just not that simple!

Having a 21-year-old daughter with autism and working as a pediatric Occupational Therapist, I have some practical and professional suggestions that may be helpful. Remember that every child is different and (particularly when working with children with autism) what works for one child or in one setting may not work the next time. A lot of what we do is trial and error.

What is the difference between a picky eater and a child with a feeding difficulty or feeding disorder?

A child with a feeding disorder has difficulties with eating or drinking that affect their growth and nutrition. They can be overweight (obese) or underweight (failure to thrive). This can include refusals of food or fluid due to extreme selectivity, behaviors, or skill deficits. I often use a general goal of wanting at least 30 different foods and at least one food in each food group. Most people eat at least 15 different foods each day, so if the child is eating less than 30 foods they are probably eating the same foods each day.

*There are many reasons kids struggle with eating. When a child with autism comes to my clinic for feeding difficulties, I look at a variety of issues:*

## MEDICAL

- **GERD** - gastroesophageal reflux disorder. This is when the contents of the stomach return up the esophagus and can cause vomiting or a head tilt. Children often have discomfort after eating when they have this. Although many kids will outgrow GERD by the time they are a year old, kids with autism seem to develop an aversion to eating that can be very challenging to change.

- **Chronic Constipation** - The Center for Disease Control and Prevention (CDC) found that children with autism are more than 3.5 times more likely to suffer chronic diarrhea or constipation than are their normally developing peers. If a child is very constipated, they will not eat.

- **Medications** - Some medications can reduce children’s appetites. This is often seen with medications that address attention deficit hyperactivity disorder.

- **Hyperactive gag** - This manifests as a child that will gag easily and frequently. They often gag during tooth brushing and struggle to tolerate feeding utensils in their mouth. These children may continue to insist on using toddler utensils or lick the food off them rather than put the utensils in their mouth.

- **Allergies** - This can cause the child to be congested, have a rash, or just not feel well and this impacts on their appetite.

*It is important that the child’s medical provider be informed of any of these issues.*

## ORAL SENSORY

The occupational therapist is the professional that generally helps the family and child with autism address this issue. The OT will start by completing a full sensory evaluation. Sensory Processing Disorder is characterized by significant problems to organize sensation coming from the body and the environment and this is seen by the child’s difficulties in one or more areas of life such as self-care, the ability to tolerate being in the community, eating, sleeping, or their ability to regulate their emotions and level of activity. The Sensory Processing Disorder Foundation suggests that more than 3/4’s of children with autism spectrum disorder have significant sensory processing difficulties. During eating this can cause some children to seem to not notice how much food is in their mouths and they may overstuff or pocket the food in their cheeks. Other children will gag and vomit with a new or mixed texture in their mouth.

## ORAL MOTOR

This is the process that includes chewing, the tongue’s movement and the swallow. I generally do not see difficulties in this area in the autism population unless the child has always refused solid foods, is now older and has never learned to chew. This is usually a combination of oral sensory aversion and oral motor weakness or coordination difficulties and can be challenging and time consuming to improve in therapy.

If your child has feeding difficulties, there are a variety of professions that work with this can be helpful: psychologists, social workers, physical therapists, occupational therapists, speech therapists, physicians, dietitians, and gastroenterologists.

*Case Example: Heather\**

Heather came to me as a three-year-old beautiful little girl with long blond hair and big blue eyes. She was non-verbal and spent her days completing self-stimulatory behaviors of screaming, running, or playing with string. She was working in an intensive Applied Behavioral Analysis Program (ABA) and making nice progress. (For more information on ABA go to [www.autismspeaks.org](http://www.autismspeaks.org).) Heather had limited interaction with other people other than her family and initially would not sit at a table for more than a few seconds. She tended to graze during the day and preferred sweets. Heather only ate a handful of foods and they were all sugar-based. Heather did not like being touched or having food on her hands. Her ability to run, jump, and climb was a relative strength for her. Heather’s more complex motor skills were impacted by her significant language difficulties. She was able to drink from an open cup and used a spoon when directed. I reviewed her program and discovered that she was getting M&Ms as a reward for her educational trials. This was working well and her teachers were pleased with her progress. I worked with her behavioral therapist and developmental therapist to come up with a variety of sensory based rewards they could use instead of food. These strategies worked very well and helped Heather to be less busy during educational activities as her need for deep pressure and movement were provided throughout the day. Heather started eating better when her belly was not full of chocolate! We also completed a variety of tactile exposure tasks to help her tolerate touching items that were slippery, slimy or sticky. Finally we discovered

*\* Name has been changed*

Allow your child to smell, touch and play with a new food. Exploring the new food will help the child to understand the texture of the food and provide them the opportunity to look at the food without the pressure of eating it.



that she loved ketchup (it's amazing how many items taste good with ketchup). When Heather left the program to go to Kindergarten she was eating a wide variety of foods.

*Case Example: Rylee\**

Rylee came to me as a four year old with high functioning autism. She was eating 20 different foods, but they were all white, beige or brown. She ate only one fruit and no vegetables. Rylee was easily overwhelmed by her environment. She screamed frequently and avoided getting messy. She struggled to use feeding utensils and tended to use her fingers for eating. Her mother attended all the sessions and was given daily "homework". Rylee was told that we would be working on helping her skin and mouth not be so sensitive and to explore some new foods that she might like. I completed many tactile activities with Rylee from "messy soup" (making a soup out of a variety of materials such as glue, glitter, rice, water, soap, paint, etc), where she mixed it with her hands or used feeding utensils to stir, scoop or feed a doll, thus practicing her utensil use. We also made art projects out of the foods we were trying (it is amazing the "art" that can be achieved with broccoli and mashed potatoes). *I would avoid doing this with children that would not understand that this is just for sensory therapy.* One of the challenges with Rylee was that she was extremely anxious and had a habit of screaming "help, help she's hurting me!" to get out of doing things she did not want to do. During the first couple of sessions with Rylee, my co-worker next door would be concerned so she would peek her head into the room while Rylee's mother and I were sitting across the table from her pointing to a pea or piece of broccoli. (*Who knew that broccoli could be so dangerous!*) Over the course of a year, Rylee's food list expanded and when she was discharged she was eating over thirty foods which included a variety of fruits and vegetables.

\* Name has been changed

## SUGGESTIONS

1. Avoid food jags! A food jag is when a food is eaten daily and the person grows tired of it and then avoids it for a long time. Children that have a short preferred food list (less than 30 foods) often have this happen to them. I have also found that when children with autism have a food jag they may never go back to eating that food. In order to avoid food jags, make sure that you take some days off a certain food if possible. Change the food properties around. If the child likes chicken nuggets give them a variety of different kinds of chicken nuggets. If they like blueberry yogurt give them different brands, if they like crackers, give them different shapes, etc.
2. Label a new food as a "new" food. Do not call this a food "they do not like." Keep a picture list of preferred foods to provide your child with a visual reminder to avoid refusing a food that they enjoy or to avoid them from removing a food off their preferred list.
3. Never physically force a child to eat. I have seen this backfire; kids with autism have an amazing memory for negative experiences. It can take a long time for them to trust adults again around food if they have been forced to eat.
4. Choose three or four new foods to expose them to. They need to feel comfortable with the food which can take several weeks. Constant initial food introductions can make them feel overwhelmed. The more often they interact with the new food, the more comfortable they will be to taste and eat it.
5. Allow your child to smell, touch and play with a new food. Children with autism can be very anxious about something new and coupled with some oral/tactile sensory issues new foods can be very scary to them. Exploring the new food will help the child to understand the texture of the food and provide them the

opportunity to look at the food without the pressure of eating it.

**6.** Expose to your child to food that has some of the same qualities of the preferred foods. If your child prefers crunchy foods, choose foods that are crunchy, if they only eat white or brown food start with foods that color, etc. Try foods that have lots of flavor or texture. Many kids actually prefer strong flavors like salsa, lemons, or onions.

**7.** Teach your child adjectives that describe food so they understand when you present a new food, such as, crunchy, chewy, soft, sweet, sour, etc.

**8.** Try using plates with dividers. I often use these plates because our kids with autism are so visual and this seems to help decrease their anxiety about their foods mixing.

**9.** Always present a small amount of the new food along with at least two preferred foods. If all they see is a new food, they most likely will avoid the plate all together. I always start the meal with eating a few bites of a preferred food.

**10.** Kids with autism often eat foods that look the same and they can become brand specific. Avoid this by presenting their foods without the containers when possible. This way they learn that they like chicken nuggets in a variety of ways versus one that looks a particular way. I had one child that ate three foods. One food was a cheese pizza from Domino's and they had to get it home before the temperature was too cold or he would not eat it.

**11.** Try to avoid food rewards with children that do not eat well (remember Heather and her M&Ms). Most kids would not eat lunch with a belly full of snacks. If possible avoid food rewards at least two hours before a meal.

**12.** Keep a food log by writing what your child is eating and how much. The primary care provider will take your concerns more seriously if they can see how many calories and the food list your child is ingesting each day.

**13.** Have your child practice using feeding utensils without the pressure of eating. They can use a spoon in the sandbox to scoop dirt into buckets, they can feed baby dolls or stuffed animals (I put the doll in a flat bottomed bucket or a wash basin to decrease the mess), or have them "assist" with cooking for dinner. Kids love to use a fork on Play Doh or therapy putty. Many kids like playing with utensils and containers while taking a bath.

**14.** Look at how your child is positioned at the table. Is the chair too low? Do they need their feet supported? If they are not comfortable at the table, they will want to get down much quicker.

**15.** Try using music during meals. I often play music during my sessions. This can be very calming and organizing.

**16.** When feeding your child, try approaching them from the side rather than in front of them. Many children with autism are threatened by someone in their face. Try sitting beside them but bring the spoon to the front of the mouth so they know when it is coming.

**17.** Try using different utensils. Some children are sensitive to a metal spoon or fork. They may be sensitive to the size. If they are struggling to self feed, try utensils with shorter handles.

**18.** I generally do not try to hide or mask food that I am trying to get them to experience. We want them to recognize that the new food is safe and eventually could be a preferred food for them. However, if you are just trying to get some vegetable or fruit into your child, be prepared to be very creative! Remember our kids with autism have an amazing memory for situations that were not positive.

**19.** Be involved! Attend therapy sessions when possible. Find out what is working and not working in therapy. Feeding happens throughout the day and the whole team needs to work toward the same goals. Communication is key in all areas of treatment. Share your successes. I learn something from each child and family and often relay that information to other families.

**20.** If your child is not transitioning from bottle to purees or purees to solids, please contact your child's primary care provider about seeing a feeding professional. The longer a child goes with eating difficulties, the longer it takes in therapy to improve their eating skills.

It can be very challenging to improve the nutrition of children with autism when they have restrictive diets. They often have a limited number of preferred foods and resist trying new foods. This limited diet is frustrating and often scary for parents that worry their child is not getting the nutrition they need.

These are some strategies that parents can use to help. Parents should discuss their concerns with their child's primary care provider as soon as their diet starts to become restricted or if they do not transition from a bottle to purees or from purees to solid foods. Reward/praise all attempts to interact with a new food including if the child touches, kisses, licks, scrapes on their teeth, nibbles, bites, chews or swallows. Try to give your child more attention for eating and trying a new foods rather than for not eating. This process can be daunting, but most children will improve their food range over time. Remember to relax and model that eating and trying new food is fun.

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Our kids with autism often pick up on our anxieties and frustrations. I know that if I have a bad day, my daughter is much more likely to have a bad day also. Over time most children learn that mealtime can be a positive experience and a time to be with people that care about them. •

#### ABOUT THE AUTHOR:

Pam Perry and her husband Eric are the proud parents of a 21-year-old daughter with Aspergers syndrome, a 19-year-old daughter that is a freshman in college and a 15-year-old son with a genetic disorder with global developmental delays. Pam has been a Pediatric Occupational Therapist since 1988 and currently is working at Maine General Medical Center in Central Maine.