Feeding Challenges

Some of the research that I’ve done has shown that at least 80% of children with special needs have some sort of feeding difficulties throughout the course of their life. Children with Autism Spectrum Disorders typically have difficulties with feeding as it relates to rigid behaviors, challenges associated with mealtimes, and just in general their inability to want to change routines and foods. And foods really fall into that routine. “I like a certain thing, I like it a certain way. And if you try to change that, I don’t want to eat it that way.” So you know children of all disabilities, all nationalities, will have feeding difficulties, but children with Autism Spectrum tend to have more difficulties because of these issues.

We have a lot of tips that can help. Some are very basic. And they can start with developing a consistent mealtime routine. As families we want to make sure that we set up the expectation that a child’s gonna sit at the table and engage in a meal. Often times what we see is that families will want to feed their child on the go, and we’re concerned about their nutrition or their intake so we’re always trying to feed them little bits, but what we find is that they don’t get hungry. So if I’m not hungry and you present me with a food that I don’t like I’m not gonna be real interested in eating it.

By offering structured mealtimes, where we include a mealtime, wait two to three hours, maybe two hours, have a snack, wait another two hours then offer another meal, and we establish a hunger routine. So that if a child is hungry when they come to the meal, they’ll be more likely to be interested in the new foods, to explore them and to try them, rather than just pushing them away.

Sometimes what we find is that children on the Autism Spectrum get into what we call a Food Jack. And that’s when they’ll eat the same food, the same way, presented in the same manner all of the time. And they don’t want to move from that. There are some extremes where children will eat only specific brands of food. And they are able to detect even the slightest of changes. So we want to make sure that children maintain a variety of foods.

We encourage families to present the foods out of their original containers, in bowls or plates, so that the children don’t get used to seeing specific packaging. We encourage families to present foods even if they know the child won’t eat it, or they are unlikely to eat it. Present it to them so that they have the opportunity to explore those foods. Often times it takes up to 20 presentations of a new food before a child will accept it. The more presentations that you have, the better that it’s gonna be for you. And offer different cups and spoons, it is not uncommon for a child to accept milk only from one cup and on straw. So to continue to present these utensils or these cups over the course of time so they become more familiar and less fearful for the child.
Unlike what your mother told you when you were a child, we encourage kids to play with foods. By playing with them they begin to explore the sensory properties of the food. How they look, how they taste, how they smell. Using our hands as the least threatening method so we encourage families to start by touching foods, playing with them on their hands, making sure it’s a fun, pleasurable experience for the children, and then progressing more towards their face and on their mouth. More than one time I’ve worn yogurt on my cheeks in an attempt to get a child to engage with it. So be playful, have fun, engage with other children in the family or other adults so that they know it’s not themselves that we are just trying to get THEM to do it, but everybody’s involved, and work towards eating it. It doesn’t have to stop with the lips. We encourage kids to bite something and spit it out. Get that taste in their mouth. Get that texture, know what it feels like and it becomes much less threatening to the child, rather than just putting it on a plate and saying “Eat it right now.”

Sometimes children have sensory responses to food and those sensory responses might result in gagging, or even vomiting. But we try not to really address those vomiting behaviors. Often times it is used as a method to avoid the experience. So they’ll put a food in their mouth, they’ll gag, and they’ll force themselves to vomit in order to avoid the activity. So often times we have bowls or we have cups and we just if they vomit, we can clean them up and we can continue on the activity. We don’t stop the activity because then they begin to learn that if I do this I get out of the demands of the activity, so we kind of move on, pretend it didn’t happen and continue. Gagging is very typical, very normal, even for children without disabilities. Gagging is a protective way to protect our airways and make sure that what we swallow is safe for us. So if a child gags on a food it is ok, you can acknowledge it, “good job”, we’re gonna positively reinforce anything that the child does to explore a new food. And then move on and not really acknowledge the behaviors that we see.

Organizations such as Children’s Specialized Hospital have feeding teams where you can bring your child to be assessed. In our team we have a physician, an occupational therapist, a speech therapist, and a nutritionist, and a psychologist. So we can assess the whole child to determine whether there are behavioral issues, or nutritional issues, or sensory issues impacting their feeding, and we can really narrow it down from that point as to how we can help a child.

For more real life tips on children with autism spectrum disorder visit www.childrens-specialized.org/KohlsAutismAwareness.