HELP! My Child Won’t Eat.
How a Nutritionist Can Help

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BOOK: EATING FOR AUTISM
HELP! My Child Won’t Eat.

How a Nutritionist Can Help

- Picky Eater vs Problem Feeder
- Contributing Factors
- Basic Mealtime Strategies
- Vitamin/Mineral Supplement
“The prevalence of problem eating behaviors in children with autism has been estimated to range between 46% and 89.”


*Focus Autism Other Dev Disabil.*

2006;21(3):153-166.
“Children with ASD experienced significantly more feeding problems versus peers.”

Feeding Problems

Common Mealtime Behaviors:

- Selective food refusal
- Food neophobia  
  (fear of trying unfamiliar foods)
- Nonfunctional mealtime rituals
- Tantrums
“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 children with ASD 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
Contributing Factors

**Medical**
- Gastrointestinal Disorders
  - Gastroesophageal Reflux Disease (GERD)
  - Eosinophilic Gastrointestinal Disorders (EGID)
- Food allergy, sensitivity, 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
SOS Approach

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
**STEPS TO EATING**

**EATING**
- chews and swallows independently
- chews, swallows with drink
- chews, partially swallows
- bites, chews "x" times & spits out
- bites pieces, holds in mouth for "x" seconds & spits out
- bites off piece & spits out immediately
- licks lips, tongue licks food

**TASTE**
- tip of tongue, full tongue
- teeth
- lips
- nose, underneath nose
- chin, cheek
- top of head
- chest, shoulder
- whole hand
- fingertips, fingerpads

**TOUCH**
- leans down or picks up to smell
- odor directly in front of child
- odor at table
- odor in room

**SMELLS**
- uses utensils or container to serve self
- uses utensils or a container to stir or pour food/drink
- assists in preparation/set up with food

**INTERACTS WITH**
- looks at food when directly in front of child
- being at the table with the food approximately in front of child
- being at the table with the food ½ way across the table
- being at the table with the food on the other side of the table
- being in the same room

**TOLERATE**

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Kay A. Toomey, Ph.D.
Contributing Factors

Environmental

- Mealtime distractions
- Grazing all day
- Lack of routine
- Improper physical environment
Contributing Factors

Child

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

Parents
- Mealtime dynamics between child and parent
- Lack of positive reinforcement
- Inappropriate social modeling
- Inconsistent parenting
- Coerces, tricks or distracts child
Contributeing 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”
- Offer 3 meals + 3 snacks per day
- Keep meal & snack times a pleasant atmosphere
- Practice “social modeling”
Basic Strategies

- Avoid distractions during mealtime
- Positive reinforcement
- Use appropriate mealtime language
Basic Strategies

- Offer manageable foods
Basic Strategies

- Limit juice, milk and beverages to appropriate amounts
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
- Expose child to a non-preferred food on a daily basis
Basic Strategies

Non-Feeding Activities

- Teach child to sit in a chair
- Food play
- Shop and cook
- Vegetable garden
Should you recommend a V/M supplement?

YES

“Because most U.S. children do not receive adequate nutrition through their diet and children with ASD have additional nutritional concerns, adding a daily multi vitamin and mineral supplement to the child’s treatment plan is warranted.”

Elizabeth Strickland Sauls, MS, RDN
Selection of a V/M supplement:

- Full spectrum vitamins & minerals
  - Fat soluble vitamins (A, D, E, K)
  - Vitamin B complex (B1, B2, B3, B5, B6, B12, folic acid, biotin)
  - Vitamin C
  - Minerals (calcium, magnesium, zinc, selenium, manganese, chromium, molybdenum)

- 100 – 300% RDA
Selection of a V/M supplement:

- Read the label

Avoid:
- Artificial colors and flavors
- Potential allergens (wheat, milk, soy, egg & corn)
- Herbs
Approaches to get child to take supplement:

1. Incorporate into child’s Behavior Therapy Program
2. Oralflo pill swallowing cup
3. Pill Swallow Program
4. Negotiation
5. Mix supplement into food or beverage

*Eating for Autism, Chapter 3*

*Elizabeth Strickland Sauls, MS, RDN*
Mix in:

- Beverages
- Juice box
- Fruit smoothie
- Fruit sorbet
- Rice dream
- Yogurt, pudding, custard
- Peanut butter
- Fruit preserves
- Honey
- Ketchup
- Cooked foods (after cooking)
- Popsicles (homemade)
- Coromega®
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.
- The Nutritionist plays a critical role in identifying children with a feeding problem and educating caregivers on basic feeding strategies.
Thank you!

Pass on the message…
“Children with ASD are problem feeders not picky eaters!”

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