

Happy Mouths, Happy Meals

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DEAR SENSORY SMARTS,

My five-year-old is such a picky eater! There are only a few foods she'll eat: pasta, pizza, and ice cream. She wants to eat macaroni n' cheese almost every meal, but it *has* to be one particular brand. If the store is out, she will *not* eat another brand. My parents and in-laws think it's because I spoil her. They all say I should serve her what everyone else is having and if she doesn't

eat, then tough. I did try it once and she simply did not eat. Help!

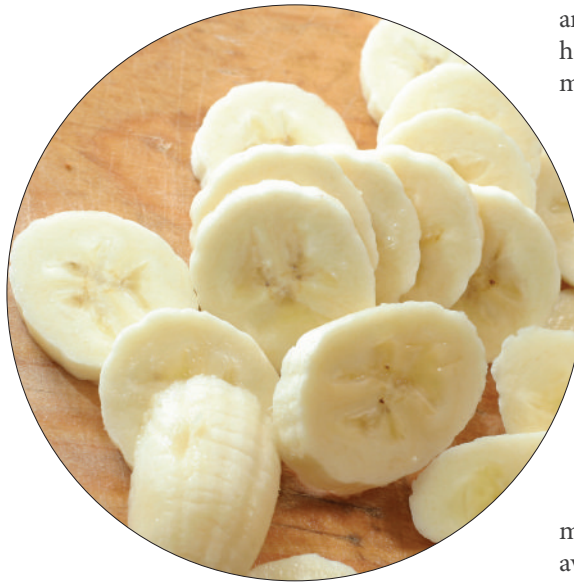
From,
Mac n' Cheese Maven's Mom

Dear Maven's Mom,

Kids with oral sensory issues and food aversions will not eat foods they find repulsive and may wind up with nutritional deficiencies. Your child did not become an extremely selective eater because of something *you* did. It may help to consider the underlying factors that may be impacting your child's inability to tolerate a wider variety of foods.

Oral Sensory Problems

Kids with sensory challenges, especially those on the autism spectrum, often have sensory issues in and around the mouth. Remember that the lips, tongue, inside cheeks, and throat are lined with skin. A child may be exquisitely sensitive to textures, and unable to tolerate foods that are lumpy, slippery, chewy, crunchy, or a combination of textures, like yogurt with granola. Some kids are particular about flavors, and may only eat foods that are bland, sweet, or even highly spiced. Some



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kids are particular about temperatures and insist on or refuse foods that are cold, hot, or lukewarm. Some kids stuff their mouths to feel there's something in there.

Other kids object to the way food looks or when items touch each other on a plate.

Some problem feeders have oral-motor weakness, and lack strength and stability in the lips, tongue, and jaw for nursing and later for eating solid foods. Jaw weakness makes chewing difficult while tongue weakness makes it hard to form a bolus (round food mass) to swallow. High or low muscle tone in the mouth can also be an issue. A child may have a hyperactive gag reflex and avoids eating and gagging. At its most extreme, a child may throw up when an offending food is tasted, smelled, or simply mentioned.

Most kids on the spectrum crave predictability. Your daughter may insist on exactly the same brand of mac n' cheese cooked exactly the same way as a form of control in a world that sometimes feels out of control. If she has successfully eaten that one type of mac n' cheese in the past, it's got to be the very same kind in the future.

It sounds like your daughter sticks to “the white diet,” consisting of carbs and cheese, a common diet among kids with sensory issues. These foods are relatively soft and have an easy “mouth feel.” Unfortunately, these foods consist of gluten and dairy, which many kids with autism do not tolerate well. Gluten is the main protein in wheat and other grains and casein is a protein in cheese and other dairy products. The theory is that these proteins trigger immune responses in some kids, resulting in a pleasurable, druglike response. Gluten and casein sensitivities are worth exploring with a nutritionist or allergist.

What To Do

When a child has a significantly limited food repertoire, do *not* withhold the few foods that *are* acceptable. If you take away that one brand of mac n’ cheese, you’re taking away one of the few sources of nutrition for your child, even if it is a poor one. Pizza can be healthy if you buy or make it with high-quality ingredients.

I start by identifying *one* food the parent would like to add to a child’s diet, typically a fruit or vegetable. If possible, the child selects the particular fruit or vegetable.

Here’s how we approached a similar situation with a client your daughter’s age. She and her mom identified bananas as a food she would consider eating “when she is older.” For about 10-20 minutes each session, we worked on bananas. *Session 1:* We made a collage of banana pictures. Real bananas were within sight. *Sessions 2-4:* she learned to slice bananas and fed them to her mother, in a playful, unpressured interaction. She smelled and felt the banana and observed her mother enjoying it. *Sessions 5-8:* She touched one banana slice to her lips before either feeding it to her mom or throwing it away. *Sessions 9-12:* She touched the banana slice with her tongue and threw it away. *Sessions 13-14:* She nibbled on the banana slice and then spit it onto a napkin. On the 15th session, she swallowed the nibble. *Sessions 16-17:* She ate one slice of banana. *Session 18:* She ate half a banana. Now she loves bananas and has selected sweet peas as a vegetable she will eat when she is older.

While you do want to “work on” just one food at a time, don’t give up introducing new foods. When it’s dinner time, go ahead and serve her favorite food but also make other food available on the table. One exception is if your child cannot bear the smell of a food such as brussel sprouts, which may be so nauseating that she will be unable to eat at all. Remember that it may take dozens of introductions before a food becomes familiar enough to try. Here are a few other ideas:

- Combine acceptable foods with new foods. While your sensitive child will immediately detect when you’ve snuck some

peas into her mac n’ cheese, you may be able to get her to dip a “tree” (broccoli) in the cheese sauce. Many kids are willing to try new foods if they can dip them into a favorite sauce such as ketchup, tahini, or salad dressing.

- Try introducing a food that is similar to another food the child already eats, such as a different and healthier brand of frozen pizza or chicken nuggets. Remember, you may have to introduce the new food dozens of times. Change accepted foods *slightly* to present new textures, shapes, and colors. Break crackers into four pieces instead of two, cut bread into a funny shape. Experiment with food temperatures. A child might try frozen blueberries or snow peas for the novelty of it.
- Avoid empty calories. Don’t let your child fill up on high-sugar fruit juice during the day or snack on high-calorie junk foods like chips. Keep treat portions small. Rather than give a full bag of Veggie Booty (which doesn’t count as a vegetable), serve a small bowlful.
- Provide “oral comforts” that help normalize mouth sensation. These nonfood items are safe to suck and chew on and come in a variety of shapes and textures. Some favorites include: Chewy Tubes, Chew-Eaze, Dr. Bloom’s Chewable Jewels, and Kid’s Companion Jewelry. You can find these in most therapy catalogs and on the sensorysmarts.com website under Toys & Equipment/Oral Comforts.

Above all, avoid food battles. Mealtimes are social time, not therapy time. Serve food you know your child will eat when your family sits down for a meal and focus on having a pleasurable family experience.

You may need to work with a feeding specialist (usually an occupational therapist or speech language pathologist) especially if your child has significant oral sensory issues, oral motor weakness, muscle tone problems, or extreme reactions to food. The feeding therapist will evaluate your child’s issues and implement a therapeutic program with a home component. Also investigate supplements such as multivitamins and essential fatty acids to make sure your child is getting the nutrients he or she needs to stay healthy.

Find more on eating difficulties and other sensory challenges in *Raising a Sensory Smart Child* and at sensorysmarts.com. You may also want to check out these books: *Just Take a Bite* (by Lori Ernsperger, available in bookstores and online) and *Happy Mealtimes with Happy Kids* (by Melanie Potock, available at MyMunchBug.com).

Got a question? I’d love to hear from you. Please email questions to Lindsey@sensorysmarts.com. ■