



Feeding Difficulties in Young Children with ASD

- The following factors can contribute the development of feeding difficulties in children with ASD:
 - *Medical*
 - *Behavioral* (e.g. attempts to get or refuse food)
 - *Social* (e.g. stressful or overwhelming social environment)
 - *Physiological* (e.g. gastrointestinal problems)
 - *Motor-based* (e.g. low muscle tone in mouth, postural instability)
 - *Sensory-based* (e.g. hypersensitivity to particular textures, tastes or smells)
 - *Emotional* (e.g. fear of/ resistance to eating caused by negative memories of being pressured or forced to eat)
- As a result of some combination of these factors, children with ASD can develop extreme sensitivities or aversions to particular foods (e.g. soft foods, crunchy foods, salty foods, foods served in bowls) or may eat *only* specific foods (e.g. potato chips without ridges, orange cubes of cheese)
- Consult with your physician to identify and address possible medical, physiological, and/or motor issues (e.g. poor muscle development, gastrointestinal difficulties)

Understanding & Behaviorally Addressing Feeding Difficulties

- Many children with ASD have difficulty clearly communicating their desire to eat, as well as their particular food preferences and dislikes
- Well-intentioned parents and professionals may “pressure” children to eat in social situations where children *already feel* anxious, confused, or frustrated (e.g. a busy school or daycare setting, at the kitchen table with family members, etc.). This can result in:
 - Greatly reduced appetite or motivation to eat
 - Willingness to eat only specific foods and/or only in specific situations
- As a child develops eating problems, concerned parents, family members and caregivers may try even harder to get the child to eat. As a result, the child may feel even more “pressured” and stressed, and may resist or refuse eating even more forcefully (e.g. tantrums, aggression).
- Many parents and professionals have been trained to use food, eating, and/or mealtime to reinforce, prompt or teach children particular behaviors or skills. Such techniques can unintentionally create stressful experiences for children around food and eating. An example:
 - *A well-intentioned therapist holds out a cookie to get a child to say the word “cookie”. The child grabs the cookie and looks at the therapist, but has difficulty saying the word. The adult holds the cookie tightly and repeatedly prompts the child to say “cookie”. The child grows increasingly confused, anxious and frustrated, frantically attempting to pull the cookie out of the adult’s hand. The child finally drops to the floor and begins screaming and tantruming.*
- These factors can create significant anxiety, confusion and frustration for children with ASD, their families and professionals, and can make eating or mealtime routines extremely difficult and stressful

Behavioral Strategies to Support Children with Feeding Difficulties

- *The following are only **suggestions** and will not necessarily apply to all children. Determining **if** or **how** to apply these strategies should be based on the child’s age, communication skills, cognitive and self-regulation abilities. Work closely with your ASD Clinician or others to determine which would be appropriate.*

1. **Modify the environment to *decrease* child's anxiety and *increase* feelings of comfort and control around eating/mealtime:**

Help your child feel more :	Help your child feel less :
<ul style="list-style-type: none">• Relaxed• Calm• Physically comfortable• Curious• Interested• Control	<ul style="list-style-type: none">• Anxious• Distressed• Physically uncomfortable• Guarded• Pressured• Out of control

- Make eating as **enjoyable, fun** and **relaxed** as possible:
 - Less social stimulation (e.g. fewer people, less noise, etc)
 - Provide toys, objects, and materials that your child likes or prefers (e.g. favorite pictures, table, chairs, cup, bowl, book, etc.)
 - Give child enough physical distance from other people
 - Put a variety of foods out in the eating environment (e.g. 3 different bowls with similar but different foods on child's favorite table)
 - Allow your child to explore foods without pressuring them to eat "properly" (e.g. let them touch food with their hands!)
 - Let child decide when to approach foods without your direct attention, commenting, offering, etc.
 - Try eating "anxiety producing" foods in child's presence, but do not offer them to child. The less pressure the child feels from you, the better
 - Try soothing or calming background music
 - If child is somewhat relaxed, introduce or offer new foods *gradually*

2. **Be responsive to your child's verbal & non-verbal communication attempts** (*this shows child that they have some control over what and/or when they eat, and can greatly reduce their stress and anxiety*):

- **Recognize** and **affirm** their attempts to refuse food (you can try offering again in several minutes)
- **Recognize** and **affirm** their requests for food by giving foods and/or offering choices

3. **To expand child's diet:**

Introduce new foods that have similar "sensory properties" (e.g. taste, texture, color, smell) to their preferred foods. For example, trying to introduce green beans to a child who likes only applesauce or plain Cheerios is too much of a change. Here are examples of foods with similar sensory properties:

- Potato chips = veggie chips, pretzels, salted carrot chips, crackers, etc.
- Apples = pears, crunchy persimmons, jicama, crunchy peaches, etc.
- Applesauce = pureed bananas & other fruits

Additional Resources

- Ernsperger, L. & Stegen-Hanson, T. (2004). *Just Take A Bite*. Arlington, TX: Future Horizons.
- Satter, E. (1987). *How To Get Your Child To Eat...But Not Too Much*. Boulder, CO: Bull.
- Lowman, D., Murphy, S. (1999). *The Educator's Guide to Feeding Children with Disabilities*. Baltimore; Paul H. Brookes.
- Schreck, K., Williams, K., & Smith, A.F. (2004). A comparison of eating behaviors between children with and without autism. *Journal of Autism and Developmental Disorders*, 34(4), 433-438.
- Schreck, K., & Williams, K., (2005). Food preferences and factors influencing food selectivity for children with autism spectrum disorders. *Research in Developmental Disabilities*, 27, 353-363.
- Creating supportive eating environments: <http://www.new-vis.com/fym/p-info.htm>

Medical Review:
Garrett Watanabe, M.D.

Author:
Andrew Shahan, M.A.
ASD Regional Health Educator

Last Updated:
September 2009