

Breaking the Rules: Letting Go of Manners to Decrease a Child's Feeding Aversions

By Megan-Lynette Richmond, CCC-SLP

How do I determine if my child has a food aversion?

Every child has food preferences. Some children love spaghetti, while others do not. Peanut butter and jelly sandwiches may be your child's favorite snack, while his best friend's snack is a turkey sandwich. There is no cause for alarm if your child does not like cherries. But what if your child refuses all foods that are red? He blocks his or her mouth anytime you place ketchup on the plate. She cries and tantrums, gags, or even vomits if you do not cut the red skin off of apples.

What if your child despises crunchy foods? You may see him or her spitting out potato chips, throwing crunchy granola bars on the floor, or refusing to come into the kitchen because you have crackers out for snack. Your child may have an aversion to a particular group of foods characterized by color, texture, taste, smell, or even size that causes his or her behavior to change. Feeding aversions are more common in children with Autism Spectrum Disorder, Developmental Disorders, or those needing alternative feeding methods (i.e., feeding tubes) for a period in their lives.



A team of professionals can diagnose whether your child has a food aversion. First, consult your physician to rule out the possibility of your child having a swallowing disorder – problems with chewing and/or swallowing foods due to disorders of the lips, tongue, teeth, jaw, and/or pharynx. Some children may stop eating foods if they experience pain every time they try to swallow. A poor diet can lead to delayed physical and mental growth, and development. If the doctor confirms an aversion to feeding, he or she may refer you to a feeding team: behavioral psychologist and/or developmental psychologist, dietician, speech language pathologist (SLP), and/or occupational therapist (OT).

Why so many professionals for such a small problem?

For many children, feeding aversions are not small at all and affect all aspects of their lives. There are so many components to a feeding aversion that it takes a team to identify it as such. The pediatrician will help gauge if your child is consuming enough foods to get the necessary vitamins and nutrients for development. In addition, he or she can tell you how your child is developing in relation to other children his or her age. If the child's feeding aversion becomes severe, the pediatrician may recommend other alternatives (i.e., feeding tubes).

A psychologist will help your family with implementing any recommended interventions and with diagnosing if the disorder is behavioral. For example, a change in lifestyle (change of school, recent move, loss, and/or addition in the family) can cause your child to start refusing foods, or the child may suffer from "neophobia" – fear of food. A psychologist can help identify this information. The dietician can help develop a plan to make sure the child receives all age appropriate nutrients and calories for healthy growth.

The SLP will assist the child by assuring that the child is processing various textures of food safely. If necessary, the OT and SLP can help the child strengthen lip, tongue, and jaw muscles to chew and swallow foods. The OT will also help if the child's feeding aversions are due to deficits in sensory integration or regulation. The OT targets this by desensitizing the child's aversion to various textures, smells, tastes, and/or color.

How can parents and caregivers help? Break the Rules!

If the professionals agree that your child has a food aversion, break the rules to help your child eat more.

Play with your food!

If your child has an aversion to food at the table, present the food to him/her in another setting and for a purpose other than eating. Encourage your child to play with the food. Take potatoes and cut them into various shapes. Dip the potato shapes into finger paint, stamp pictures on paper, and viola! You have a masterpiece! On the other hand, smash berries in a bowl, and use the juices as paints. Use marshmallows, fruits, and cereals to make faces on a plate. Hint: use peanut butter as a paste.



You do not have to clear your plate!

Rejoice in your child's feeding accomplishments. Start small. Set a target (two bites, five bites, etc.), and reward your child when he or she reaches the goal. The reward can be anything from verbal praise, playtime, or even better – a food he/she enjoys eating. If you as the caregiver set the goal, stick to it. If your child finishes two bites in thirty seconds, stop and reward them. If that was the entire goal for the meal, allow your child to change activities or leave the table. This helps your child build rapport and trust with you during mealtimes. Once your child is consistently accepting the food, you can begin working on increasing the volume.

It's OK to talk with your mouth full.

It is a good practice to sit and eat the undesirable foods with your child. During feeding time, talk about how you bite into the food, how you chew it, how it feels to you, and/or how it tastes to you. Make up a cute story or song to get your child engaged in the mealtime or the aversive foods. This will decrease the stress or anxiety and encourage communication skills about foods. It is better for your child to express "I don't like this food because....." rather than throwing the food, crying, or even refusing it. By talking about what you like, your child can begin to identify what he/she doesn't like. This helps you know about other foods you may want to work with.

Sweets and Treats are OK at mealtime.

If your child enjoys a particular treat, this gives you leverage for presenting other foods. Thus, you can present these foods intermittently throughout the meal. Think of using them as a reward system during mealtime. Using preferable treats at the beginning of the meal may also encourage the child, and get them "rolling" during mealtime.

Hopefully, "Miss Manners" will pardon our behavior this one time!