



The Assessment and Treatment of Feeding Disorders for Individuals with Autism Spectrum Disorder

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Picky Eating vs. Feeding Disorder

Many parents and caregivers have been told by someone they know, “Your child is just a picky eater!” But how do we know if your child is just a picky eater or has a feeding disorder? Check out the items below to see if your child has any of these concerns:

- ◆ *Missing food groups* (fruits, veggies, and protein).
- ◆ *Selectivity*: Eating certain foods based on brand, texture, shape, etc. (like only Go-Gurts or round crackers).
- ◆ *Eating Out*: It’s hard to go to a restaurant because there is nothing there your child will eat; doesn’t eat well at school; can’t go to birthday parties, etc. Sometimes families don’t go out to eat at all.
- ◆ *Mealtime behaviors*: Saying “no”, crying, refusing to sit to eat, running away, hitting, etc.
- ◆ *Rewards don’t work*: Not caring about rewards; would rather go hungry than try a new food, even if they lose a favorite food or toy.

What Causes Feeding Disorders?

It can be hard to tell what causes a feeding disorder. Here are some possible reasons:

- ◆ Children may have had a bad experience with eating (e.g., bad illness, vomiting, or choking incident). They healed, but still remember it and think eating will still make them sick.
- ◆ Children who are premature are more likely to have feeding problems due to poor early lung development.
- ◆ 75% of children with Autism Spectrum Disorders (ASD) are at risk for having feeding problems due to rigidity, need for sameness, and difficulty with transitions.
- ◆ Children with general worries or stress often fear that food will make them sick, will taste bad, etc., and will then limit their food choices to food they think is safe.
- ◆ Children who need tube feedings may learn to depend on them. They may not learn eating skills soon enough or may never feel hungry.

Challenges of Feeding Disorders

Feeding problems are challenging for a number of reasons:

- ◆ The child may not eat enough healthy foods which can affect their nutrition.
- ◆ Parents become “short order cooks.”
- ◆ Parents may have to go to certain stores or buy specific brands.
- ◆ Siblings may copy the picky eater, and limit their food choices too.
- ◆ It can stop or get in the way of family life and make mealtimes very stressful.



Diagnosing Feeding Disorders

Below are some of the things we see most often in children with feeding disorders. We use this to help us diagnose the issue and find the right care.

- a. ___ Food selectivity
 - a. Brand
 - b. Container/box
 - c. Texture
 - d. Flavor
 - e. Smell
 - f. Food preparation
- b. ___ Food refusal (by sight, smell, taste)
- c. ___ Grazing, hard to structure meals
- d. ___ Poor appetite
- e. ___ Low amounts of food eaten
- f. ___ Delayed chewing/swallowing skills
- g. ___ Delayed self-feeding skills
- h. ___ Medical concerns

Associated Conditions

- ◆ Vomiting, nausea
- ◆ Choking/oral trauma
- ◆ Reflux
- ◆ Delayed Emptying (Food doesn't go through the stomach quickly enough)
- ◆ Food Allergies (even environmental allergies)
- ◆ Constipation
- ◆ Frequent Ear Infections
- ◆ Tube Feedings



How Can You Find Help?

It takes a team to find the right tools to help your child learn to try new foods, eat healthier foods, and manage their medical concerns. Usually, families need some type of feeding therapy to make treatment goals and learn to do it at home. A variety of providers are available to assist with your child's feeding problems, depending on their training and expertise:

- ◆ Psychologist or Behavior Analyst (mealtime structure, parenting, behavior management)
- ◆ Registered Dietitian (nutritional deficiencies, food allergy, healthy food choices, weight gain)
- ◆ Speech-Language Pathologist (chewing and swallowing skills, changing textures, safe eating and drinking)
- ◆ Occupational Therapist (self feeding, chewing skills, changing textures, seating)
- ◆ Some providers may have a combination of skills.

For children with multiple issues, it may take a team of providers to address all the feeding issues. Services are often provided to children under three through Early Intervention Services. Some school therapists are trained in feeding disorders also. Your pediatrician can help direct you to other local therapists or hospitals that have the experience your child needs.

Types of Feeding Techniques

Here are some basic strategies to try to improve mealtimes at home:

- ◆ Structure:
 - Set up scheduled meals and snacks
 - Family should sit at a table for mealtimes
 - Food stays at the table, and is eaten just at meals/snacks
- ◆ Trying new foods:
 - Make mealtimes fun
 - Participate in cooking or shopping
 - Allow children choices
 - Offer foods similar to what your child already eats
 - Allow your child to “check” the food out before having to taste it.
 - Have a small reward for trying, like a favorite dessert or game time after dinner
- ◆ Eating more at dinner:
 - Make sure there is no food or milk 2 hours before dinner
 - Always offer a preferred food
 - Put an amount of food on the plate that your child can eat
 - Provide positive attention and praise for good eating
- ◆ These tactics tend to make meals worse, not better.
 - Don't:*
 - Talk too much about food (“I like it, It’s good for you”)
 - Force them to eat or stay until they are done (kids can hold out longer)
 - Withhold major activities due to difficulties eating (especially things you have to do anyway)
 - Yell at or punish children for not eating (makes eating and food a negative experience)



Pediatric Feeding Disorders Program

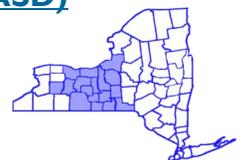
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