

## Welcome

As you take your seat, please pick up a FOOD RANGE handout and the talk packet.

Please fill out the FOOD RANGE handout as you are waiting for the talk to begin = list in each column (proteins, fruits/veggies, starches) the food your child eats REGULARLY (= 2-3 bites 80% of the time it is served) by recipe or brand name (e.g. chicken piccata or chicken nuggets versus just chicken; Chex cereal versus just cereal; applesauce AND apples versus just apples; garlic bread AND wheat bread versus just bread)

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## WHEN CHILDREN WON'T EAT

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### Statement of Financial & Non-Financial Relationships

Dr. Toomey

- Paid Consultant for Nestec, a division of Nestle (Gerber Child Advocate/Developmental Panel member)
- Unpaid Medical Professional Council member for the Feeding Matters

Lindsay Beckerman

- Board Member for Charlotte's Day

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Objectives

1. Participants will be able to identify the major reasons why children won't eat.
2. Participants will be able to outline the necessary developmental skills for eating/feeding.
3. Participants will be able to implement at least 3 strategies to improve a child's eating and mealtime participation.

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When a child doesn't eat well enough to grow or to have good nutrition, it is most often because something about their body is not working quite right.

Dr. Kay Toomey

**IT'S NOT ALL IN THEIR HEAD.  
IT'S ALL IN THEIR BODY.**

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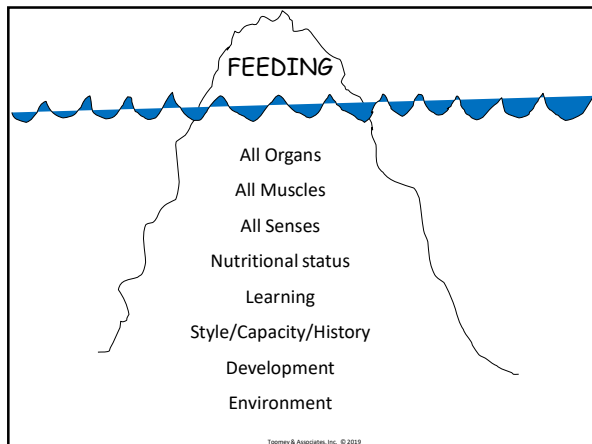
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### Development

Many people say – “it’s just a developmental phase”. “All children are picky and all kids outgrow it”.

- Not supported by the research
- ¼ to ⅓ of children will struggle with some type of feeding difficulty between birth to 10 years of age
- Only about ½ will “outgrow” their picky eating

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### Development

There are times in development when feeding gets better or worse for most children.

- 4-6 weeks
- 4 - 6 months
- 12 - 14 months
- 18 - 36 months
- 5 - 7 years
- 9 - 11 years

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### Development and Skill

There are also 5 SPECIFIC skills that children need to learn so a child will eat well.

#### SKILLS

- ✓ Sensory Tolerance/Exploration
- ✓ Postural Stability
- ✓ Tongue Tip Lateralization
- ✓ Rotary Chewing
- ✓ Positive Mind Set

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When and Why do children become Picky Eaters or Problem Feeders?

Children who have identified or unidentified physical issues (even mild), often don't fully manage these developmental transition times, and/or fail to gain the correct skills to eat enough to grow well or have good nutrition.

=> Picky Eating or Problem Feeding

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Environment

- Parents are NOT the major Cause of children's feeding problems.
  - Research shows Parents causing their child's feeding problems in only 5-10% of the cases.
- Skill Deficits and physical problems are the major causes of feeding difficulties.

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Environment

THAT SAID ...

- Our Family Mealtime Structure, Routines & Schedules;
- Our Ability to be a Good Role Model;
- The Food Choices we make, and
- How We Talk to our children about food,

ALL play a role in whether our child's feeding issues get better or worse.

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Physical Issues to consider when a child struggles to eat

EATING MYTH

= "Eating is the body's #1 Priority

FACTS:

▶ **Breathing = #1 Priority**

▶ **Postural Stability = #2 Priority**

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Organ Systems

• **Respiratory**

- The Body's #1 Priority = Breathing (not eating)
- Immature lungs/oxygen use in the NICU; chronic congestion, colds and/or sinusitis; asthma; suck-swallow-breathe coordination issues

• **Cardiac**

- Heart difficulties can impact oxygenation and may lead to early fatigue during feedings

• **GI (gastrointestinal)**

- If every time you eat it hurts, you learn to not eat.
- If you can't absorb calories, you can't grow.

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Organ Systems

- ▶ **Metabolic** (ability to use calories ingested)
- ▶ **Skeletal** (impact on postural stability)
- ▶ **Endocrine** (appetite and satiation peptides and hormones)
- ▶ **Neurological** (motor coordination, learning)
- ▶ **Renal/excretory** (ability to process nutrients & wastes)
- ▶ **Immune System** (ability to tolerate the food)

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Physical Issues to Consider in Feeding

**EATING MYTH**

= "Eating is the body's #1 Priority

**FACTS:**

- Breathing = #1 Priority
- Postural Stability = #2 Priority

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Children with Muscle Problems (such as Low or Low/Normal Muscle Tone) May...

- Slouch while sitting
- Prop when sitting
- Joint lock/fix
- Slide out from underneath tables/trays
- Not self feed
- Prefer to stand and eat
- Like to walk around and eat
- Appear stronger than they are because of joint locking or fixing

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Postural Stability Exercise

- Sit up straight
- No arms/hands on table or arm rest of chair
- Pick feet up off the floor and keep them up until instructed to set them back down

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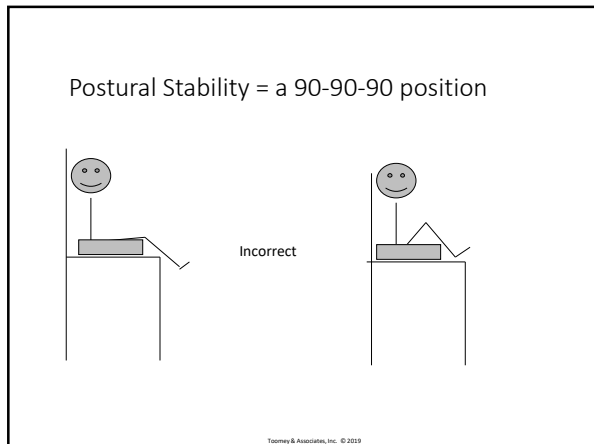
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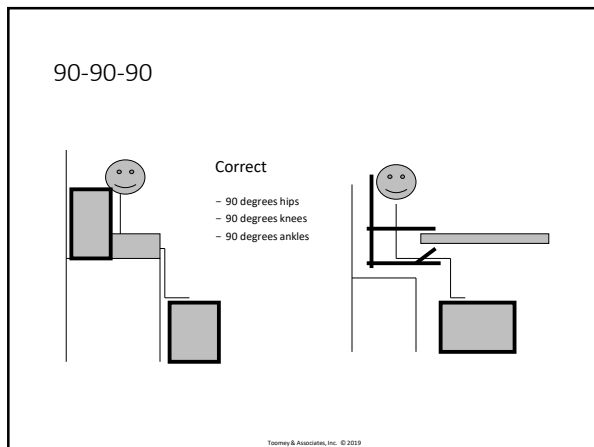
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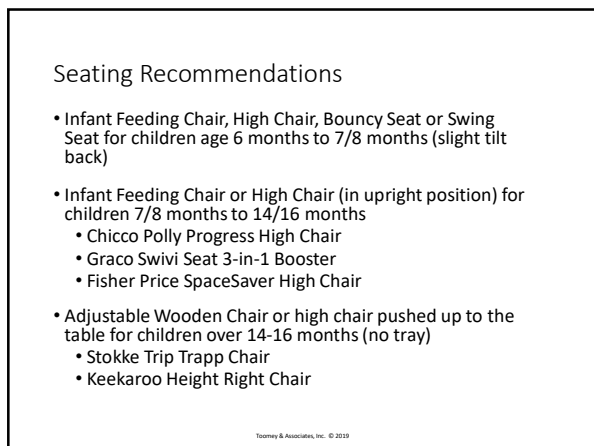
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Other Postural Stability Strategies

- “No-skid” mat on seat of child’s chair
  - Shelf liner works well
- Foot Rest
  - Cover phone books with duck tape to create a custom foot stool
- Side supports (if needed)
  - Yoga blocks
  - Fill small boxes with packing materials to make them firm, then cover in duck tape

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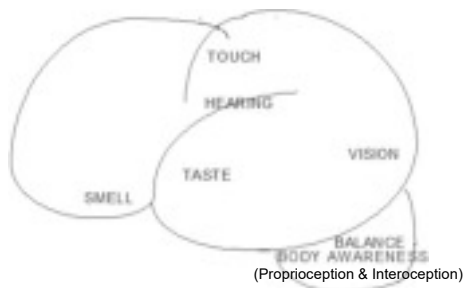
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Physical Issues to Consider in Feeding:

**SENSORY TOLERANCE**



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SENSORY SYSTEMS:

External Environment Information

1. Visual (Vision)
2. Tactile (Touch)
3. Auditory (Hearing)
4. Olfactory (Smell)
5. Gustatory (Taste)

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SENSORY SYSTEMS:

Internal Environment Information

- 6. Proprioception = position, location, orientation, and movement of the body muscles and joints
- 7. Vestibular = balance and orientation in space relative to gravity
- 8. Interoception = ability to read your internal body signals
  - > Sleep
  - > Toileting
  - > Appetite
  - > Temperature recognition
  - > Illness recognition
  - > Emotion regulation

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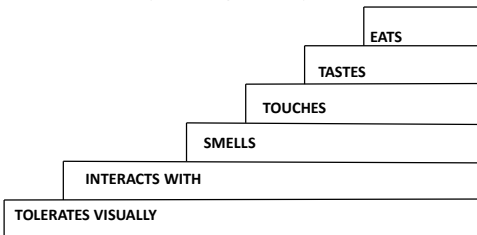
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STEPS TO EATING

Myth = Eating is a 2 Step Process



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EATING MYTH = Eating is instinctive

FACT

- Eating is driven primarily by the Appetite instinct only for the first 4-6 weeks of life.
- Eating is then driven by Primitive Motor Reflexes until 4 - 6 months of age.
  - Reflexes for eating “go away” by 6 months
  - Anatomy also changes
- After 6 months of age ...

Eating is a Learned Behavior

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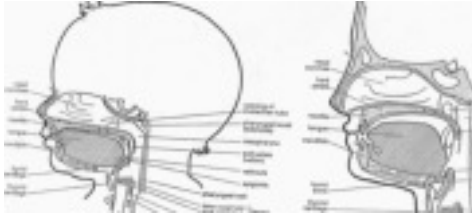
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Anatomy changes ~ 4-6 months



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A child has 3 choices after 4-6 months...

**LEARN TO EAT ...**

**LEARN TO NOT EAT ...**

**LEARN TO KIND OF, SORT OF EAT.**

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Because after 4/6 months of age, eating is a learned behavior ...

We need to re-think our role as parents/caregivers during meals:

- Every meal is class
- You are the professor
- Your child is the student
- Food is your subject

**Goal** = for your child to learn to eat any and all foods over time in order to develop a healthy, lifelong relationship with food

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## Necessary Oral-Motor Skills

### • Tongue Tip Lateralization

- Required to transition onto textured table foods
- Required to achieve correct positioning of food onto back molars for chewing

### • Rotary Chewing

- Required to eat “real” meat, hard/raw vegetables, and hard raw fruits (especially with peels)

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## Other Critical Developmental Shifts

12-14 Months = shift in flavor perception

18-36 Months = shift in self awareness

- Aware of self as own person, so really aware of what does and doesn't feel good sensory-wise
- Aware of own opinions and that I can actively do something about it (e.g. saying “no”)
- Cognitive shift from sensori-motor to magical thinking
- Desire to “food jag”

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## Other Critical Developmental Shifts

5-7 years = shift to Logical Thinking

- Desire to Food Jag

9-11 years = shift to Abstract thought

- Desire to Food Jag

**When children shift from one cognitive stage to the next, their sensory functioning regresses. As a result, they want to eat the same exact food over and over because then they don't need to use their sensory brain.**

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## Management of Food Jags

- **What are Food Jags?**

When a person eats the same food, prepared the same way, every day or at every meal.

- **The problem with food jags:**

Children eventually get burned out on these foods and they are typically permanently lost out of that child's food range.

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## Preventing Food Jags

**Offer any one particular food ONLY every OTHER day**

- To get through 2 full days without repeating a single food means your child needs 10 different proteins, 10 different starches and 10 different fruits/veggies that they will eat regularly
  - So let's look at your food lists

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## Picky Eaters vs Problem Feeders

**PICKY EATERS**

- ▶ Decreased range/variety of foods but will eat  $\geq 30$  foods
- ▶ Foods lost due to "burn out" usually re-gained after 2 weeks
- ▶ Tolerates new foods on plate and usually can touch or taste
- ▶ Eats  $\geq 1$  food from most all food texture groups or nutrition groups

**PROBLEM FEEDERS**

- ▶ Restricted range or variety of foods, usually  $< 20$
- ▶ Foods lost are NOT re-acquired
- ▶ Cries/"falls apart" with new foods
- ▶ Refuses entire categories of food textures or nutrition group

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## Picky Eaters vs Problem Feeders

### PICKY EATERS

- ▶ Adds new foods to repertoire in 15-25 steps
- ▶ Typically eats with family, but frequently eats different foods than family
- ▶ Sometimes reported as “picky eater” at well child checks

### PROBLEM FEEDERS

- ▶ Adds new foods in > 25 steps
- ▶ Usually eats different foods than family and often eats alone
- ▶ Persistently reported as “picky eater” across multiple well child checks

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## General Treatment Strategies

### •Social Modeling:

#### = Teaching the Social Experience of Eating

1. Family Meals
  - Sit down and eat with your child
  - Meals are class time. You are the professor so you need to make sure you show up to class.
2. Model good feeding behaviors
3. Discuss the foods being served
  - REMEMBER – Meals are class time, so you need to discuss your subject ...
  - Describe how the food looks, feels, smells, tastes, and sounds as you chew it using SCIENCE words

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## Social Modeling

4. Over-exaggerate motor movements  
... And teach your subject
5. The child is **not** to be the focus
  - The food is the focus of this class, and learning about the food.
6. Imitate your child's eating.
  - Research shows, children eat new food ONLY when their parent sits down and eats that new food too.
7. Make sure the food is FUN
  - Otherwise, they are not going to want to come to your class.

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Social Modeling

8. Child should be involved in all aspects of the meal that he/she can

9. Do not punish children at meals

10. Child needs to stay at the table  
=> no "time out" during the meal  
WHY? If we stress out the child, their adrenalin will increase.

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Issues with Adrenalin

- Causes Appetite suppression
  - Hypothalamus; amygdala; hippocampus; gut all play a role in appetite
- Shuts off digestive tract
- Shifts child into "React mode" versus "learning mode"

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Structure to Meal and Snack Times

1. Use same place, table and/or designated surface for EACH meal and snack
  - Buy new placemats as a "cue to eating"
2. Make sure there is at least one very preferred food for your child at EVERY meal and snack (so they have something to easily eat). BUT, also make sure that you offer your child the family foods as well (so they engage in some learning at every meal too).

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Structure to Meal and Snack Times

3. Follow same time schedule – a child older than 18 months needs to eat every 2.5 to 3 hours throughout the day

Eating Myth = Children only need to eat 3x's a day

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WHO Multicentre Growth Reference Study Group, Acta Paediatrica, 2006 (450): 27-37.

"Complementary feeding in the WHO Multicentre Growth Reference Study"

- N = 8440 children from Brazil, Ghana, India, Norway, Oman and USA
- Ages = birth to 24 months
- Mean age for introducing foods = 5.4 months
- Typical # solids meals at 6 months = 2
- Typical # of solids meals at 9 months = 4
- Typical # of solids meals at 12-24 months = 4-5
- 6-12 Months: Average # Total meals per day = 11
  - \* Total = breast, bottle and solids feedings
- 12-24 Months: Average # Total meals per day = 7

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Structure to Meal and Snack Times

4. Routine to Family Meals

- Step 1 = warning
- Step 2 = transition
  - = "it is time to wash hands now"
- Step 3 = sit at table with empty plate
- Step 4 = Family Style Serving
  - = everyone gets a little of EVERY food served (use a "Learning Plate if needed)
- Step 5 = Clean Up
  - = throw or blow one piece of every food served at that meal into trash/scraps bowl

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Structure to Meal and Snack Times

- 5. Make sure you present at least one Protein food, one food that is a starch and one fruit/vegetable at EVERY meal AND Snack
  
- 6. Don't "short order cook"
  - Can make 2 meals BUT serve them together as **one** big meal.
  - Everyone is expected to take at least one piece of every food served at the table

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Structure to Meal and Snack Times

- 7. If your child gets visually overwhelmed easily, present only 3 foods at one time and serve more than one course,
  - Make sure that every meal **and** snack has
    - = 1 protein,
    - = 1 starch, AND
    - = 1 fruit/vegetable

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Structure to Meal and Snack Times

- 8. Present foods in manageable bites for your child's SKILL level (not chronological age)
  - Cut foods into small, soft cubes or long sticks
  - Present foods on a cocktail fork
    - Helps get the food onto molars
  - Food choppers
    - Helps "pre-chew" foods to decrease rotary chewing, strength and endurance demands

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Structure to Meal and Snack Times

- 9. Rule of Thumb = serving size is ONE Tablespoon per year of age (up to the age of 10 years)
  - Use a teaspoon measure for calorie dense foods (e.g. peanut butter, cookies, hemp seeds)
- 10. Limit meals & snacks to 15 to 30 minutes

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Structure to Meal and Snack Times

- 11. To prevent Food Jags, do not serve your child the same exact food more than one time each day, and ideally, more than once in 2 days.
  - ▶ In order to go two full days without repeating a food, your child needs to have at least 10 proteins, 10 starches, and 10 fruits and vegetables in their food range.

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RED FLAGS

- does your child need Feeding Therapy

- 🚩 Ongoing poor weight gain, weight loss
- 🚩 Ongoing choking, gagging, coughing during meals
- 🚩 Ongoing problems with vomiting
- 🚩 More than once incident of nasal reflux
- 🚩 History of a traumatic choking incident

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RED FLAGS

- 🚩 History of eating + breathing problems, with ongoing respiratory issues
- 🚩 Inability to transition to baby food purees by 10 months
- 🚩 Inability to accept any table food solids by 12 months
- 🚩 Inability to transition to a cup by 16 months
- 🚩 Has not weaned off most/all baby foods by 16 months

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RED FLAGS

- 🚩 Aversion/avoidance of all foods in specific texture or food group
- 🚩 Food range < 20 foods, especially if foods are being dropped
- 🚩 Family is fighting about food/feeding
- 🚩 Parent repeatedly reports the child as difficult for everyone to feed

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The SOS Approach to Feeding

**Sequential Oral Sensory**

And Save Our Ship!

Dr. Kay Toomey

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TENET 1

= Myths About Eating

Interfere with understanding  
and treating feeding problems

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TENET 2

= Systematic Desensitization

is the best first approach to  
feeding treatment

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Systematic Desensitization

The use of competing “relaxation” responses  
(= Play with a Purpose) during exposure to a  
graduated hierarchy of challenging  
things/stimuli about eating/food (= Steps to  
Eating) to help a child overcome their  
difficulties.

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TENET 3

= the “Normal Development”  
of feeding gives us the best  
blueprint for feeding treatment

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TENET 4

= Food Hierarchies/Choices  
Play an important role in feeding  
treatment

- you can achieve sensory and oral-skill progression with food choices rather than “doing to” the child with stimulation tools
- food hierarchies help sensory systems shift slowly into accepting new foods

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Please Visit Our Website

[www.sosapproach.com](http://www.sosapproach.com)

- Access information about SOS trained providers in your area
- Contact the SOS Feeding Team
- Become a Parent/Caregiver Member

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