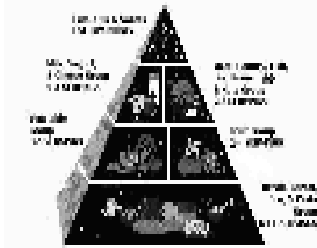


How to Get Your Kids to Eat: Practical Strategies for Addressing Food Aversions

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Overview

- Introduction to Resistant Eaters
 - Prevalence
 - Characteristics
- Oral-Motor Development
- Environmental Factors contributing to Resistant Eaters
- Physical Factors Contributing to Resistant Eaters
- Introduction to the Treatment Plan
 - Environmental Controls
 - Physical and Oral Motor Activities
 - Stages to Sensory Development

Tx= Treatment Strategies

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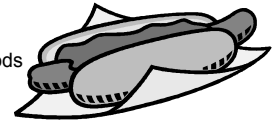
Introduction to Resistant Eaters

- Prevalence
 - 75% of children on the Autism Spectrum Disorders
 - 80% of children with severe mental retardation
 - 30-45% of typically developing children

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5 Common Characteristics

- Eating Continuum
- Characteristics
 1. Limited Food selection
 2. Limited Food groups
 3. Anxiety around new foods
 4. Food Jags
 5. Diagnosed with a DD



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Introduction to the Treatment Plan

- Goals for a comprehensive written plan
 - Create a safe and nurturing environment
 - Make changes slowly
 - Expand the child's responsibilities for preparing, eating, and cleaning up
 - Improve oral-motor development
 - Play based- Have fun
 - Learn about new foods
 - Respect the child and start with their strengths
 - Positive exposure

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Collaborative Approach

- Develop a Feeding Team to include:
 - Family
 - Physician
 - OT
 - SLP
 - School Psychologist
 - Nutritionist
 - Teacher

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Causation: Oral-Motor Skills

- Definition:
Movements of the muscles in the mouth, lips, tongue, cheeks, and jaw.
- Includes the functions:
biting, crunching, chewing, sucking, & licking

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Causation: Oral Motor Skills

A child with poor oral-motor skills may demonstrate delays in:

- Development of motor skills (low muscle tone, poor postural control, poor bilateral coordination, poor eye-hand coordination)
- Speech and language development (facial expressions, breath control, voice volume)
- Paying attention and organizing own behavior (cannot calm self, struggles with transitions, inflexible)
- Reduced energy for eating different textures

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Tx: Oral Motor

- Oral awareness and oral stimulation
- Mouth Box
- Mouth Madness by Catherine Orr
- “Can Do” Oral Motor Cards (www.superduperinc.com)
- Oral-Motor Activities for Young Children (www.linguissystems.com)

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TX: Chewing Activities

Bolus Bag

- Small bag to practice chewing without swallowing pieces of food
- Polyester Organza
- Different colors

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Causation: Environmental Factors



- Family schedules, settings, and serving sizes
- Problem behaviors
- Lack of knowledge and awareness of serious problems

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Parental Responsibility



- Myth: Good parents are responsible for getting their child to eat.
 - “Parents and professionals working with children are responsible for preparing and providing a balanced meal at an appropriate schedule and setting. The CHILD is solely responsible for whether they eat and how much they eat.”
 - Ellyn Satter, [Secrets of Feeding a Healthy Family](#)

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Tx: Environmental Controls

- Schedule
 - Written and posted
 - Understandable to the child
 - Timers
 - Includes snacks
 - No grazing and only water between meals

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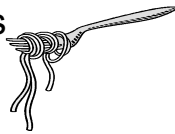
Tx: Mealtime Setting

Create a Consistent Setting

- Eating and drinking is done at the table
- Supportive and nurturing
 - Role model good eating habits
 - Do not discuss the child's eating habits during the meal
- Limit distractions

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Food Jags



- Insistence on the same
- Food Jags and children with DD
- Tx: Guidelines for Food Jags
 - Make small changes ie food coloring
 - Choice-making
 - Include the child
 - Support and encouragement

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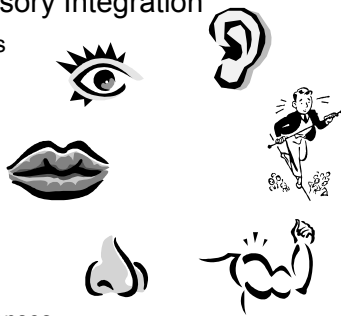
Portion Size and Food Selection

- Tx: Food selection
 - Always have one preferred food item at every meal
 - Pair a new food with a preferred food
 - Child-friendly
 - Temperature
- Tx: Portion size
 - Age appropriate plates and utensils
 - Measuring spoons and cups
 - Less is best

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Causation: Sensory Integration

- Dr. A Jean Ayres
- Our brain:
Receives sensory information from our bodies and surroundings
Interprets these messages
Organizes our purposeful responses



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Tx: Sensory Activities

- Importance of correct handling techniques (light touch - irritating)
- Desensitization methods
 - Distal to proximal
 - Caution: vibration
- Stimulation to face and mouth
 - With an OT/SLP specializing in oral motor therapy
 - With the child's permission

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Tx: Proprioceptive system

- Weighted utensils
- Utilize a mirror
- Weighted drinking cup
- Crazy Straws
- Thickened liquids
- Sensory diet:
 - wheelbarrow walking
 - silly animal walks
 - carrying/pushing heavy items
 - squishing between pillows

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Vestibular System & Mealtimes

- Definition
- Focus all attention on moving sensations
- Quick movement – alerting
- Slow movements - calming
- Muscle tone
- Max

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Tx: Vestibular system

Vestibular Activities: (prior to eating)

- bouncing
- swinging
- climbing
- calm: linear swinging, rocking gentle
- bouncing
- lycra material

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Tx: Tactile system

- Organizing oral sensorium - touch can prepare a child for a meal and help focus attention (wiping face)
- Sensory diet:
 - play dough
 - “Feelie road”
 - make-up / dress-up
 - bath time

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Gustatory System & Mealtimes



- Decreased taste sensitivity (inedible objects, spicy foods, extreme temperatures)
- Increased taste sensitivity (object to textures/temperatures, gag)
- Medication and a mild deficiency in zinc distorts taste
- Sweet-tasting addiction

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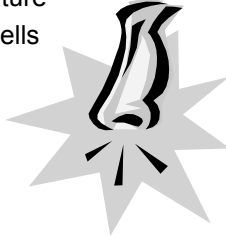
Olfactory System & Mealtimes

- 75% of taste perceptions depend on efficient sense of smell
- Olfactory stimulus goes to the limbic system (emotions and inner drive) – strong association with memory storage
- Odor & childhood memory?

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Tx: Olfactory

- Food at room temperature
- Limiting number of smells
- Calming activities:
 - blowing
 - proprioceptive input
 - drinking water
 - sucking on ice



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How the Visual and Auditory systems affect mealtimes

- Alerting stimuli:
 - shiny objects
 - bright colors
 - moving objects or peripheral movements
 - Television
- Auditory stimulation is always there – it cannot be ignored (cafeteria)

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Tx: Visual/Auditory

- Calming visual input:
 - dull finish utensils
 - lighting
 - table setting
- Music with a slow tempo, and regular sustained rhythm slows down breathing and heart rhythms – lead to relaxation

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Physical Competence

- Postural alignment
- Postural control
- Postural stability
- Case study: Easton

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Tx: Postural Control

- Move 'n Sit cushion
- Foot bench
- Eating utensils
- Exercises to prepare body before eating
- Activities to strengthen and improve postural control
- Case study: Logan

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Sensory Development

- Children learn to eat through their senses
- “Learning about new Foods”
- Playful and fun
- Avoid judgments
- Food Rich Environment
- Use of ice in treatment
- 10-15 successful trials at each stage
 - Systematic desensitization

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Food Selection (Evans-Morris)

- Resistance
 - Cracker vs. bagel
- Sensory Input (spicy, sour, bitter)
 - Pickle vs. cheese
- Size
 - Sm. Cookie vs. hamburger bun
- Shape
 - Pretzel stick vs. toast
- Texture Scatter
 - Graham Cr. Vs. nuts
- Placement
 - Beef Jky. Vs. Apple
- Transfer
 - Lunch meat vs. raw vegies

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Acceptance and Touch

- Exposure
- Food Preparation
- Desensitization
- Hot potato- place food in a bowl if child does not want to touch it
- Be prepared to get messy
- Use one food to touch another food (use a pretzel stick to touch a cucumber)
- Avoid coercion
- Mystery Items

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Smell



- Select Calming foods
- Respect the child
- Include only 1-3 new scents
- Guess the smell

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Taste

- A taste can be a lick or a small bite not swallowed
- Spit bucket
- Select foods with similar tastes
- Have water or ice available for cleansing
- Hide and Seek in the mouth
- Bobbin' for foods
 - Use a shallow pan with 1 inch of water

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Steps for Implementation in Schools

- Create a food center
- Identify a time on the schedule/post
- Request food: parents, grocery store
- Select activities- may be repetitive
- Include child in set-up
- Check for communication
- Have fun!

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Recipe For Success!

- Trust and acknowledge the child's inner knowing and follow his lead
- Make changes slowly
- Be fully present and fully attentive when you are with the child
- Want the very best for the child and family. Know that they are doing their best at the moment.
- If you make a mistake , try again
- It starts with you!

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