

Guidelines for Picky Eaters

The feeding issues for children with Autism Spectrum Disorder (ASD) can be very challenging. They may not respond to the strategies that work for typical “picky” kids. Children with ASD may be sensitive to the appearance, texture and smell of foods, the light and sounds in the environment, and who is eating with them. Check for their reaction to the appearance, texture, temperature, smell as well as taste of foods. They also initially may need to eat in a quiet environment with limited interruptions from siblings. The following guidelines for typical “picky” kids are a good place to start.

Setting

Expect appropriate seated behavior for meals. This will limit potential for choking & set appropriate social expectations. Use a timer to establish extended sitting behavior, rewarding sitting that lasts the length of the timer.

Eat meals together as often as possible to increase understanding of social aspects of eating. Utilize influence of kids in day care for introducing new foods.

Social/Behavioral

Offer 3 meals and 2 to 3 snacks per day, with about 2 hours between eating meals or snacks to allow for hunger. Give no snacks, juice or water for ½ hour before a meal. THIS IS CRITICAL! Consider a 1-bite rule for all foods, new & old. You can call these “No thank you” bites. Do not allow throwing of foods or pushing foods away. Have an “All done” bowl for disposal of foods once they have been tried and discarded.

Use the time when child eats with other kids at day care to help introduce new foods. Others eating with child should be careful in their reactions to foods, so that the child doesn’t pick up on reactions.

Have child get used to foods s/he struggles with by helping with food preparation, having him cut them up, moving them to plates, etc. Encourage him to touch, smell and taste if possible.



Foods

Build texture into the softer, wetter foods that aren't liked by adding crackers, ground up Ramen noodles, dry cereal, etc. Use foods that are liked to add to foods/textures he doesn't like. Add spreads of difficult foods to bread, crackers, and other foods that are liked.

Foods which are not liked as chunks can be fork mashed, if tolerated better. Try to slowly increase the level of texture in these foods by doing less mashing.

For kids who hold foods in their mouth, request they chew & swallow foods and empty their mouth before they get down. Offer drinks to help with swallowing if necessary.

Have them show empty mouth before all done or next bite.

Vary brands of foods and ways of preparing them, so that child doesn't become brand dependent in food choices.

Present foods with lots of flavor. Try things like dill pickles, salsa, etc. Sometimes strong flavors will overcome resistance to less liked textures.

Some kids do best if offered only 1 food at a time. Keep portions on plate of food small so child does not feel overwhelmed.

Try to limit new foods/disliked foods to 1 per meal.

Sensory

Continue to push for change. It may take a slow stepwise process of exposure to new foods, from smelling it, looking at it, touching it, touching to lips/tasting it.

Some sensory preparation work before eating may help settle sensory reactions. Try to develop a regular (2 x/day) tooth brushing habit.

Try allowing the child to eat difficult foods with a fork or spoon so s/he doesn't have to touch food. Sometimes touch aversion keeps kids from accepting foods.

Rewards/Contingency

Reward trying new foods; keep sticker chart for trying new foods or eating difficult foods; consider requiring the child take 1-2 bites to earn getting down, time with preferred activity, etc. Consider having special video or activities that s/he can have as contingent rewards after meal time.

This document was developed as part of the ACCESS project. The ACCESS Project (Assuring Comprehensive Care through Enhanced Service Systems for Children with Autism Spectrum Disorders and other Developmental Disabilities) was supported by a federal Health Resources & Services Administration grant to the Oregon Center for Children and Youth with Special Health Needs at Oregon Health & Science University (HRSA Grant #H6MMC26249) for the period September 1, 2013 through December 31, 2016.

