

# Exploring Feeding Behavior in Autism



*A Parent's  
Guide*



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Feeding issues are common in children with autism spectrum disorders (ASD). Feeding can be very stressful for the child and for the family. Helping your child overcome feeding issues can be a long, slow journey, but it is well worth the reward of better health and food flexibility.

Feeding can present a significant challenge for children with ASD. Language delays (for example) can limit a child's ability to report pain and discomfort that might be interfering with feeding.

This tool kit is designed to help families affected by ASD *understand eating behaviors, give guidance on how to address feeding issues, and review some common questions that families have about eating problems.*

## What are feeding problems and why do children with ASD have them?

Believe it or not, feeding is a complicated human behavior. Feeding behavior is dependent on a person's developmental status. Medical, maturation and body mechanics issues relate to oral-motor abilities. How food tastes, smells and feels (sensory issues) and our experiences related to food also impact feeding. When all of these areas work well, feeding goes well. If there are problems in one of these areas, feeding behavior can be affected.

Feeding involves every sensory system (touch, sight, taste, smell and sound). Many children with ASD have difficulties with sensory processing and this can make eating certain foods a challenge for them. Children with autism can also develop behavioral problems at mealtimes. For example, children may learn that they can leave the table and play after refusing a food they do not like.

Researchers found that 69% of children with ASD were unwilling to try new foods and another 46% had rituals surrounding their eating habits.<sup>1</sup>

Feeding problems in any child can be stressful for both the child and parents. Children need appropriate nutrients and calories to maintain good health and appropriate growth patterns.

It may be possible to address a feeding problem in a child who has ASD by following these recommendations. When your child's feeding problems have significant consequences, you should seek professional help.



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<sup>1</sup> Williams, P.G., Dalrymple, N. & Neal, J. (2000). Eating Habits of Children with Autism. *Pediatric Nursing*, 26 (3), 259-264.

### *When should I be concerned?*

- ✓ If your child is losing weight or showing signs of poor health
- ✓ If your child is eating fewer types of foods or has few foods in his or her diet
- ✓ If mealtime behaviors are causing stress

### *Medical Conditions*

Are there medical conditions that might affect feeding?

- ✓ Is your child reacting to stomachaches or pains? If your child will not eat, this may be his or her way to avoid stomach problems. Constipation may also make your child have stomach cramping and cause food refusal. Problems such as acid reflux or stomach upset caused by medicines your child takes daily may cause stomach pain and make him or her not want to eat. Concerned about constipation? Look for our Autism Speaks ATN/AIR-P's Guide for Managing Constipation in Children at [www.autismspeaks.org/family-services/tool-kits](http://www.autismspeaks.org/family-services/tool-kits)
- ✓ Does your child have a food allergy? If you notice a food your child eats regularly causes GI upset or a rash or other symptoms, a food allergy may be present. You and your primary care provider (PCP) might decide to consult a specialist, such as an allergist or a GI specialist, for further evaluation.
- ✓ While less likely for children with ASD, tooth problems or swallowing issues may need to be ruled out as medical reasons for feeding difficulties.



### *Behavioral/Developmental Conditions*

Are there behavioral/developmental conditions that might affect feeding?

- ✓ Is your child responding to the sensory aspects of his or her food? Keeping notes on what your child eats, how much he or she eats, what he or she refuses to eat, and his or her behavior during mealtimes can give you and your PCP some clues about any food sensitivities.
- ✓ Difficulties with behaviors can add to feeding difficulties. Has your child's negative feeding behavior been accidentally reinforced? Has your child learned over time that being upset or angry allows him or her to get out of an uncomfortable situation? For example, being able to leave the table and go play after turning down food can make it more likely that your child will refuse again so that he or she can go play.
- ✓ Is your child's difficulty in understanding and using language complicating feeding? If your child has trouble paying attention, following rules or being compliant with your requests, he or she may have difficulty understanding what you are expecting of him or her at mealtime.

### What do I do now?

1. Start with your child's primary care physician (PCP). Your PCP can help you decide how to proceed. Often your PCP can manage these problems. However, you may need to include other professionals on your team to help rule out medical issues. You may also need to bring in other professionals to help address the feeding problems.
2. Along with your family and your PCP, who else may be on this team? Medical specialists such as allergists or GI doctors, psychologists, speech therapists, occupational therapists, registered dietitians or behavioral specialists trained in feeding issues may be asked to give recommendations or provide therapy.

It is important to ask if professionals know about feeding issues and about autism. It is OK for you to ask them about their experience before making an appointment.

You can approach this by asking questions like – Do you see this type of problem often? Can we manage this together or will we need to see a specialist?



## What can we do at home to help with feeding issues?

Here are some tips that you can use to help make feeding a little easier. Each child is different, so families will need to be creative in their use of these tips. These strategies have been proven effective in the majority of feeding problem cases. Along with support and guidance from your child's PCP and your team, these actions may help in the slow and steady process of improving feeding issues

**Set a Feeding Schedule and Routine.** Have your child eat at the same place and follow the same mealtime schedule and routine. Keeping the same time, place and routine helps your child to know what will happen during mealtimes and what you want him or her to do during meals.

**Avoid All Day Eating.** Do not allow snacking all day or have food/drink available for your child all day. This decreases appetite, willingness to try new foods, and the number of total calories taken for the day. Set aside five or six scheduled meals/snacks a day and limit how much your child eats at other times. Other family members should not snack all day either. If your family snacks all day, your child will too.

**Provide Comfortable and Supportive Seating.** Place your child in a high chair, booster or at a child-size table so that he or she is able to sit upright without leaning, swaying or dangling his or her feet. A stool or stack of old phone books may be used for foot support. This physical stability promotes good feeding behaviors and reduces distracting behaviors by allowing him or her to feel "grounded" and safe.

**Limit Mealtime.** Even picky eaters do most of their eating in the first 30 minutes. Limit mealtimes and snacks to 15-30 minutes. At the end of mealtime, remove all food and allow your child to move on to other activities.

**Minimize Distractions.** Distractions such as the TV can take the focus off the food and the task at hand. Feed your child only when he or she is alert and attentive.

**Get Your Child Involved.** Allow your child to help with the selection and creation of meals even if they don't taste the final product. Involving your child allows him or her to explore and play with different food, without the expectation that he or she has to eat it.

**Practice Pleasant and Healthy Eating Behaviors.** Children learn by observing. During family mealtimes, parents and other children can model good eating behavior for the child. Make mealtime fun and don't over focus on your child's eating. Avoid repeatedly prompting, coaxing and begging. By making healthy food choices for your entire family, you show your child how to choose healthy foods too.

**Reward Positive Behaviors.** Offer praise when your child approaches or tries new foods. Immediate rewards, such as blowing bubbles or a sticker, can be helpful to encourage new feeding behaviors. Remember that rewarding good mealtime behaviors will increase the likelihood that they will happen again.

**Ignore Negative Behaviors.** When possible, ignore your child when he or she is doing things such as spitting, throwing or refusing food. Remember, you don't want to encourage these behaviors by paying attention to them. Proper management of these behaviors when severe may require consultation from a specialist.

**Remember the Rule of 3.** It is important to offer foods your child already likes, as well as foods your child does not yet like. A good rule of thumb is to only offer three foods at a time. Include one to two foods your child already likes and one food your child does not yet like. If your child will not tolerate the new food on his or her plate, place the new food near him or her on a separate plate to help get your child used to the new food.

**Presentation.** Present new foods in small bites and in fun or familiar ways to make it more likely that your child will eat it.

**Do not give up!** It typically takes many tries before any child will taste a new food.

Here are a few **Frequently Asked Questions** from families...

**Q: Why does my child prefer processed foods/carbohydrates and refuse to eat fruits and vegetables?**

**A:** Carbohydrates are often bland (e.g., they do not have strong colors, tastes, smells). They also may have a strong, consistent crunch, which stimulates your child's sense. Conversely, fruits and vegetables have stronger colors, tastes and smells. Your child's responses to these sensory factors may help explain his or her food preferences.



**Q: How can I prevent my child from cutting out foods from his or her diet? How can I encourage my child to eat a wider variety of foods?**

**A:** It's ideal to offer a particular food not more than once every other day. It's also helpful to keep as many foods as possible rotating through the diet. If your child eats enough different foods to rotate them, it is good to do so. Some children with ASD only like a few foods, making it difficult to follow this guideline. If your child has only a few preferred foods, you may try presenting a food he or she already likes in a new way or with something small added to expand your child's diet.

**Q: My two-year old child hates the booster seat, but he will not come to the table, sit with the rest of the family and eat. He prefers to walk past the table, take a bite of food and eat as he moves around the room or plays. How can I get him to sit and eat with us?**

**A:** There are different reasons why children with autism may have difficulty coming to and remaining seated at the table for meals. Some children have a high activity level and have trouble sitting even for short periods of time during any activity, including mealtimes. Your child may also be reacting to the unfamiliar or non-preferred food that is on the table. It may be very difficult for him to tolerate the presence of a wide variety of foods. The sight and smell of these foods may be overwhelming to him. It is also possible that your child could be avoiding sitting with the family at the table because he gets anxious in such close social situations.

Depending on which of these factors seems to be present, there are several things you can do to help. Engaging in gross motor activity (jumping, running) and sticking to a regular routine before and during meals can be calming and help prepare him for the meal. By approaching the table to get something he wants to eat, he could be working on desensitizing himself to new foods or the social situation. Praise him for coming to the table and slowly encourage him through praise or small rewards to spend more time at the table, even if he is just standing. Eventually, he should become comfortable enough to sit for a short time.

**Q: We started some new ideas for feeding about three weeks ago, but we are only seeing small changes in our child's eating. Shouldn't it be better by now?**

**A:** Navigating and resolving feeding issues is a journey. Small, subtle, consistent changes are most likely to result in long-term, lasting changes in your child's eating habits. Do not grow discouraged if the progress ebbs and flows. It is common for children to improve and then fall back into old eating habits from time to time. These ups and downs can be trying for parents. Remember to celebrate the small but significant successes!



## Resources

The Autism Speaks Family Services Department offers resources, tool kits and support to help manage the day-to-day challenges of living with autism [www.autismspeaks.org/family-services](http://www.autismspeaks.org/family-services). If you are interested in speaking with a member of the Autism Speaks Family Services Team contact the Autism Response Team (ART) at 888-AUTISM2 (288-4762), or by email at [familyservices@autismspeaks.org](mailto:familyservices@autismspeaks.org)

ART en Español al 888-772-9050.

## Websites

Picky Eaters information on the website FAQAutism.com: <http://faqautism.com/2008/08/picky-eaters-part-1/>

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