

Are They Picky or is it Tricky? Why Eating May be Hard for Your Child

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For children with sensory processing and/or oral-motor challenges, mealtimes may be a constant challenge and a source of stress for both the child and caregivers. Feeding, something most people take for granted, is a complex task that requires a unique approach and much patience on the part of the caregiver.

Eating: A Complex, Multisensory Experience

Eating begins with the eyes (vision) and the sensation of smell (olfaction). The sensory experience continues as food is explored through touch on the hands, face and mouth (tactile). Additionally, sensation from the muscles of the mouth (proprioception) tells us where to move the food and also provides feedback on how much force to use when chewing. The proprioceptive sensory system, along with the sense of movement (vestibular), provides information that enable individuals to keep their bodies upright and their head and neck stable when eating. Hearing the sounds of food as it is chewed (auditory) and tasting its many flavors (gustatory) are all components of the sensory experience as well.

In addition to being a multisensory experience, eating requires complex motor control. It requires use of core muscles to maintain appropriate posture and requires simultaneous coordination of the arms and hands to bring food to the mouth. A stable head and neck is required to control the many small muscles needed for chewing and swallowing. *In total, it takes 6 cranial nerves and 26 muscles in order to consume only one bite of food!*

Oral Motor Development: Typical vs. Atypical

From birth to 36 months of age, typically developing infants and toddlers experience a progression of oral motor skills that prepare them for successful consumption of a variety of solids and liquids. These skills are the crucial building blocks for feeding behaviors obtained in childhood and ultimately, in adulthood. During this maturation process, children exhibit feeding skills that correlate with their oral motor abilities. For example, from birth to about 5 months of age, the suck/swallow reflex and tongue thrust reflex allow typically developing infants to be fed by breast or bottle, not spoon or cup. By 6 to 8 months of age, the tongue thrust and rooting reflexes disappear and the gag reflex decreases, allowing the child to accept pureed and strained foods by spoon without fear of excessive gagging or choking. Additionally,

typically developing children acquire tongue lateralization skills between 8 to 12 months of age, allowing children the ability to transfer food from one side of their mouth to the other when chewing. These are only a few examples of how the development of numerous oral motor skills are necessary for children to experience what is typically thought of as "normal" feeding and eating behaviors. Children inherently provide important clues about their ability to eat. Delays in these skills may be indicators that the child is having difficulties with oral motor control, and are important prompts for parents to seek professional assessment and intervention. Signs of atypical oral motor feeding patterns that children may exhibit include the following:



- Difficulty with feedings (i.e., breast-feeding, bottle-feeding, drinking from cup)
- Motor planning difficulties (i.e., difficulty with suck/swallow pattern as infants/toddlers)
- Pocketing foods (i.e., food remaining in mouth/cheeks long after the meal is finished)
- Difficulty with oral manipulation of foods and liquids
- Delay in chewing development
- Untimely swallows
- Frequent coughing/gagging/choking episodes
- Absent tongue lateralization skills past 12 months of age

Signs of Sensory Concerns

In addition to adequate motor control, the ability to appropriately process sensory information is vital in order for eating to be a pleasant, enjoyable, or in some cases, merely a tolerable experience. When one or more of the sensory systems is not functioning properly, eating becomes an overwhelming and unpredictable task. Because of this, children with difficulty processing sensation often seek control of mealtime and often insist on eating the same foods prepared the same way for nearly every meal. For children with sensory processing difficulties, mealtime becomes much easier if all the sensory aspects stay the same from meal to meal.

Feeding observations that may indicate sensory over-sensitivity:

- Looking away from food/closing eyes when presented with food
- Moving chair back from table
- Squinting
- Vomiting or gagging

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- Frequent hand wiping
- Covering ears during mealtime
- Shuddering
- Finger splaying

Feeding observations that may indicate sensory under-responsiveness:

- Pocketing food in mouth
- Swallowing food before chewing
- Preferring big flavors/tastes
- Grinding teeth
- Being constantly in motion



For children with sensory *discrimination* difficulties, eating is very complex due to the changing properties of food as it is chewed. The texture and shape of the food, it's location in the mouth, as well as the force required for chewing changes with every bite. These constantly changing properties of the food provide changing sensations in the mouth which require different motor responses.

For children with sensory processing disorders, eating is not necessarily an automatic and enjoyable experience as it is for most children. Children with sensory processing deficits often have added anxiety and need to exert greater effort when eating, as compared to their typical peers. Therefore, it is important that caregivers provide an environment that will support the child's sensory and motor needs. First, equipment must be considered: the feeding chair and table should be at a proper height and should provide adequate support. The environment is important as well. It may be helpful to alter the room's lighting and add or remove background visual or auditory stimuli, such as music, as needed. In addition, it is critical to establish a routine: meals should be kept consistent in terms of location, time and utensils used. As much as possible, the entire feeding process must be shaped into a positive and supportive experience for the child. Children are adept at sensing stressors and negativity. By making mealtimes fun, they will feel a greater level of support, comfort and ease.

**Picky Eaters vs. Problem Feeders:
What's the Difference?**

It is extremely common for parents to state that their child is a "picky eater." By 24-30 months of age, typically developing infants begin to form definite food likes and dislikes, and may refuse to eat a variety of certain foods.

Problem feeders, on the other hand, are children who are at risk for significant oral motor and/or sensory issues that impact their participation in this daily, vital task. Some characteristics that distinguish the difference between the two are highlighted below.

Picky eaters:

- Exhibit decreased range or variety of foods, usually 30 or more foods
- May drop foods due to "burn out" because of a food jag, with food usually re-gained in approximately two weeks
- Will tolerate new foods on plate and usually will touch or taste a new food (even if reluctantly)
- Will eat at least one food from most food texture groups

Problem feeders:

- Exhibit restricted range or variety of foods, usually less than 20 foods
- Do NOT re-acquire foods lost to food jag
- Will cry or have a breakdown when presented with new foods
- Will refuse entire categories of food tastes/textures/temperatures (i.e., all salty foods; all crunchy foods; all hot foods)

For children and adults with a history of normal motor and sensory development, eating is likely the pleasurable, sustaining experience that it is for nearly all creatures of the earth. From a motoric, sensory and social standpoint, eating is a crucial skill in development, but it does not come naturally to all. Children will not eat when it is hard, distressing or painful, and it is important to read their cues before assuming that they are simply being disagreeable during mealtimes. With successful identification, assessment and treatment of children with feeding disorders, it is possible for all individuals to experience a lifetime of joyful eating.

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Do you have questions about your child's eating or feeding skills? Please contact our office and set up a free screening with one of our speech/language pathologists or occupational therapists.



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