Thinking about feeding difficulties....
In the context of neurodiversity

Dr Vicki Ford, Clinical Psychologist
How can we identify feeding difficulties?

• Child not eating enough to sustain growth
• Child not eating a nutritionally balanced / adequate diet
• Only eating particular foods, presented in a specific way
• Missing out whole food groups
• Being unable to eat in certain environments
• Behaviour that challenges at mealtimes
• Finding it difficult to tolerate others eating nearby
• Being reliant on distraction to eat
• Mealtimes taking an excessively long time
• Fear of negative consequences that could result from eating
• Being unable to sit or focus long enough to eat
• Lack of interest in eating
• Not recognising or responding to hunger cues
How do feeding difficulties impact on families?

- Parents and carers experiencing anxiety
- Family may feel isolated from social events
- Feeding difficulties commonly misunderstood by wider family and society
- Conflict at mealtimes
- Worry about siblings copying behaviours
- Not able to go on holiday
- Unable to eat at restaurants
- Difficulty in sourcing preferred foods
- Additional expense of restricted diet
- Having to prepare several different meals
Why do so many neurodiverse children struggle with feeding?

Pre-disposing factors

- Sensory issues
- Rigid/concrete thinking style
- Impact of environment
- Hard to follow social model
- Aversive early feeding
- Impact of anxiety
- Family / cultural beliefs and expectations re: feeding
- Attention/focus
- G.I. factors
- Poor sense of interoception
- Self regulation
Why do so many neurodiverse children struggle with feeding?

**Maintaining Factors**
- Rigid / concrete thinking style
- Sensory sensitivities
- Ongoing difficulties with constipation
- Ongoing difficulties with attention
- Side effects of medication
- Poor sense of interoception
- Stress in social situations
- **Avoidance**
ARFID - Also known as ..........

• Behavioural feeding difficulties
• Selective eating
• Perseverant eating disorder
• Sensory-based feeding difficulties
• Feeding aversion
• Food refusal
• Extreme fussy / picky eating
• Feeding disorder of infancy or early childhood

• Avoidant Restrictive Food Intake Disorder
ARFID - DSM V 2013

• An eating or feeding disturbance
  • apparent lack of interest in eating or food
  • avoidance based on the sensory characteristics of food
  • concern about aversive consequences of eating as manifested by persistent failure to meet appropriate nutritional and/or energy needs

• Associated with one (or more) of the following:
  • Significant weight loss (or failure to achieve expected weight gain or faltering growth in children)
  • Significant nutritional deficiency
  • Dependence on enteral feeding or oral nutritional supplements
  • Marked interference with psychosocial functioning
Strategies for calmer mealtimes

What doesn’t tend to work....
• Tricking by hiding or disguising new foods in preferred foods
• Force feeding
• Withholding preferred foods
• Using preferred foods as rewards
• Star charts for eating new foods
• Leaving long gaps between meals
• “Leave them to get hungry and they’ll eat”

What can be helpful....
• Regular familiar mealtimes and routines
• Avoiding standard healthy eating advice
• Giving permission to give child preferred food to maintain weight and reduce mealtime stress
Real strategies and tools to tackle fussy eating and create happy mealtimes

Award-winning tools and support for

- Parents
- Health professionals
- Childcare professionals
Division of responsibility – Ellyn Satter

Strategies for introducing new foods

For younger children or children with intellectual disability

• Messy food play
• Child led
• Progression through textures
• Avoid ‘contamination’ of preferred foods
• Across a range of contexts if possible
• Use child’s interests
• Follow ‘steps to eating’
  tolerate – look – smell – touch – lick - taste
Strategies for introducing new foods

For older children

• Use special interests
• Reward charts if appropriate to encourage ‘brave behaviour’
• Encourage child to participate in programme development
• Encourage a ‘scientific approach’ make predictions and test them!
• Follow ‘steps to eating’
  tolerate – look – smell – touch – lick - taste
Food chaining

- Identify safe acceptable food
- Identify other foods with similar sensory properties
- Introduce very small changes
- Avoid contaminating ‘safe’ foods
- Likely to take multiple attempts
- No expectation but praise if happens
Further resources

  - Gillian Harris and Elizabeth Shea

- The Picky Eater’s Recovery Book
  - Jennifer J. Thomas, Kendra R. Becker, and Kamryn T. Eddy

- Avoidant Restrictive Food Intake Disorder in Childhood and Adolescence: A Clinical Guide
  - Edited by Rachel Bryant-Waugh and Claire Higgins