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DATE: April 1, 2020
TO: WIC Coordinators & LA Staff
FROM: Carole Kelnhofer, Training Coordinator
SUBJECT: Sensory Disorder or Picky Eating - Topic of the Month

Children need proper nutrition to live, grow, and thrive. Difficulties in feeding make mealtimes challenging for all members of the family. Picky eating can be a normal part of development; at times children may refuse whole food groups or simply refuse to try a new food. There are more extreme cases when you may think what parents are describing goes beyond picky eating.

There are feeding problems in 25-40% of all infant and toddlers.¹ Common problems related to feeding include colic, gagging or vomiting, slow feeding or refusal to eat.¹ When children eat fewer than ten foods and struggle to try new foods, it moves beyond picky eating to a possible feeding problem.² This can leave children at risk for inadequate nutrition due to their restrictive diet.

A feeding disorder may be present if a child:

- Coughs, gags, or chokes often at mealtimes.
- Is unable to eat sufficient quality or quantity of foods at meals.
- Loses weight or has trouble maintaining or gaining adequate weight.

Associated factors can contribute to feeding problems but are not typically the primary cause of the disordered eating. Some of these include allergies to foods, intolerances (gluten or lactose) to foods, gastroesophageal reflux disease (GERD) and other digestive conditions, or emotional issues. It is often the case that children will refuse a food that is similar to another food they have had an adverse reaction to in the past.

Children with Autism Spectrum Disorders (ASDs) are often described as picky eaters. It has been suggested that sensory issues in these children can play a role in their dietary intake, particularly with food textures.^{3,5} Another group of children, those with Attention Deficient Hyperactivity Disorder (ADHD), have been found to struggle with similar sensory food related issues.³ Children with a sensory food aversion often refuse to eat foods due to adverse taste, texture, smell, temperature, and/or appearance.^{3,4}

Sensory food aversion could be caused by:

- Hypersensitivity of chemoreceptors: relies on taste and smell.
 - Sweet, bitter, sour, salty, or acidic.
- Mechanoreceptors: relies on sensation or pressure.

- Tongue pressure, temperature recognition, volume or texture consistency.
- Genetics.
 - Current research is exploring the possibility of a genetic link, meaning it could run in the family.^{2, 4, 6}

Identifying children at risk for a true feeding disorder involves an individualized approach. It often involves looking at the family as a whole and narrowing down the possibilities. Some of the more complicated cases, like sensory disorders, can exist on a spectrum and therefore require a more specialized approach to care.

Five key elements to consider with possible feeding disorders: ¹

- What are the signs of a feeding problem?
- Is the child suffering from a medical condition?
- Has the child’s weight and development been affected?
- What is the home mealtime environment like?
- Are there great stress factors in the family affecting eating?

WIC’s Role

The [Nutrition Risk Assessment](#) (Section 5.3) has been developed to assist staff in discovering areas of participant concern and identifying risks in order to provide individualized services. The [Complete Child Question Format](#) is a guide that can be used when developing your own technique during the assessment. The [Training Tool for Child Assessment Questions](#) provides background into why these questions are important and what the participant’s answers can mean.

Using Participant Centered Services

Feeding behaviors can be a difficult topic and some parents are bound to become sensitive to the issue. Using [Reflective Listening](#) during the assessment lets participants know that you care and want to help. Reflections can help to keep the conversation in motion and allow staff to direct it using the participant’s words as a guide. Reflection can prompt the participant to determine their degree of commitment to change. Reflection can also shift the focus of a conversation that is leading off track by redirecting the participant to their original thoughts.

Know When to Refer

Knowing when to refer is an important part of the assessment. Our scope at WIC is limited to the services we provide. When in doubt, it is best practice to refer the participant to their healthcare provider. Their provider will be able to connect the participant to a care service that specializes in identifying and treating feeding disorders if warranted. There are also many county led programs that provide assessment services; it can be helpful to have a list of resources available to your specific service area.

Resources

1. [Feeding problems in infant and toddlers](#). Bernard-Bonnin AC. *Canadian Family Physician*. October 10, 2006; 52(10):1247–1251.

2. [Picky vs. Problem Eater: A Closer Look at Sensory Processing Disorder](#). Zelman, K. *Food & Nutrition Magazine*. August 26, 2014.
3. [Food Selectivity and Sensory Sensitivity in Children with Autism Spectrum Disorder](#). Cermak, S. A., Curtin, C., & Bandini, L. G. (2010). *Journal of the American Dietetic Association*. February 2010; 110(2), 238–246.
4. [Could Breastfeeding Help Prevent and Overcome Sensory Food Aversion?](#) Carole Hervé, IBCLC, BNCLC. GOLD Learning Online Conference April 2019.
5. [Atypical Eating Behaviors in Children and Adolescents with Autism, ADHD, Other Disorders, and Typical Development](#). Dickerson Mayes, S. & Zickgraf, H. *Research in Autism Spectrum Disorder*. August 2019; Vol. 64, 76-83.
6. [Sensory Processing Disorder \(SPD\)](#). *American Academy of Family Physicians*; online source: familydoctor.org. March 14, 2018.
7. [Picky Eating](#). Minnesota WIC.
8. [Childhood Feeding Problems and Solutions](#). Ellyn Satter Institute; online source EllynSatterInstitute.org. 2019.

Training Tips (Group Activity):

- **Read** through the facts above. Break into small groups (or if alone, skype a colleague) to discuss the facts and any concerns about discussing this topic with a participant.
- **Practice**. Imagine what it might feel like if a participant shared concerns about feeding behaviors. What questions might you ask? Did you use reflective listening with the participant's responses? Role-play a conversation surrounding discussion of feeding and feeding behaviors. Take turns playing the CPA and participant.
- **Share your experiences**. Have you been concerned about a child's feeding behavior and a parent refused to discuss the topic? How did you handle it? What did you learn?
- **Encourage staff** to review the [Training Tool for Child Assessment Questions](#) along with the [Nutrition Risk Assessment](#) for a refresher on technique during the nutrition assessment. Remember, the nutrition assessment tools provided are meant to be used to enhance your skills but questions can be rephrased to help you be most effective in assessing risk.
- **Bring in a speaker**. It may be helpful to invite a local Feeding Clinic representative to come speak with WIC staff to provide a better understanding of Sensory Food Aversion and what services or therapies are available. This is a great way to connect with a valuable community resource!

Continue to send any topic suggestions or feedback to carole.kelnhofer@state.mn.us or talk to your State WIC Consultant.