

## PICKY EATERS VERSUS PROBLEM FEEDERS

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### PICKY EATERS

Picky eating is a normal part of learning to eat and is a common concern for many parents. For most children, this is a stage and they continue to meet their nutritional and energy needs. A parent's job is to create a positive mealtime experience, have appropriate expectations, provide mealtime routines and present continued opportunities for learning about new foods without pressuring.

Picky eaters are selective about what they eat but will have about 30 different foods and will eat foods across all food groups and of all textures. They may have certain textures or tastes that are preferred but will not demonstrate excessively strong aversive or avoidant responses to non-preferred foods. Children will also be able to eat in the community, at school and at friends' houses without distress. Picky eaters may eat the same favorite food every day and burn out on that food but will start eating it again after a couple of weeks. They will tolerate new foods on their plate and be willing to explore new foods even if they are not yet willing to taste or eat a bite. They will usually eat a new food after 10 to 15 separate presentations and opportunities to taste and eat the food.

### ADDITIONAL ACTIVITY RECOMMENDATIONS

- Read books about foods
- Cook together
- Make art projects with food
  - Use food to stamp with ink pads or paint, glue pieces of food onto paper to make a design, make necklaces or string diced, pierced or dried fruits and vegetables with favorite cereals or snacks
- Play with plastic foods
  - Combine pretend play with food
- Go on a picnic
- Make messes
- Become a food scientist
- Talk about how foods sound, smell, look, feel
- Change the way food looks together
  - Cut, break, dice, chop, peel, shred, blend, cook, freeze, etc.
- Construct sculptures with food
- Always respect your child's readiness to participate.
- Praise new levels of exploration.
- Most of all, have FUN!!

### PROBLEM FEEDERS

Problem feeding is not a typical part of childhood and typically there are many contributing factors. Problem feeders often have compromised nutrition related to extreme food selectivity or poor caloric intake. Contributing factors may include a history of prematurity, tube feeding, swallowing problems, respiratory issues, GI issues including GE reflux, food allergies/sensitivities and constipation, heart problems, early or ongoing medical or developmental problems, oral motor delays, sensory processing differences, anxiety, social emotional/behavioral problems, environmental factors, family factors and medications.

## WARNING SIGNS

The following are signs of a problem feeder and professional intervention would be recommended.

- Eating fewer than 20 foods, “drop” foods and do not recover previously preferred foods. Do not add new foods to repertoire after 10 to 15 exposures. This is dangerous as children will continue to eat fewer and fewer foods.
- Refusal to eat all foods within a particular food group or a particular texture with big aversive responses to non-preferred foods. Failure to progress to age appropriate foods.
- Refusal and strong avoidant responses to presentation of new or non-preferred foods. Crying, yelling, tantrums, aggression, throwing food, gagging, vomiting with presentation.
- Insistence on sameness and rituals around foods/mealtimes; no flexibility. Limited or unable to eat out with family, at school with peers or at friends’ homes.
- Mealtimes are a battle and very unpleasant. Family is not able to eat together or enjoy mealtimes.
- Ongoing difficulties with swallowing, gagging, vomiting at any age.

## IF YOU THINK YOUR CHILD MAY BE A PROBLEM FEEDER

Consult with your pediatrician about medical, growth and nutritional concerns. Evaluation and intervention can be provided through outpatient clinics with trained therapists who specialize in feeding disorders. Occupational therapy and speech therapy providers as well as mental health providers may be involved in both evaluation and intervention. A team approach to evaluation is recommended based on presenting concerns along with coordination of care with medical providers and consultation with a dietician as appropriate.

Educate yourself and seek additional information. Parents need to know they did not cause the problem – problem eating is the result of many factors including real physical and neurological differences that impacted the child’s experience with food and interfered with learning how to eat. Nevertheless, there are patterns around eating that are often long-standing in the home and it is essential for the family to actively participate for change to occur. Understanding the contributing factors to the feeding problem is key.

Families need to be prepared for slow progress as new patterns are established and in many cases, the underlying factors that contributed to the feeding problem will also need to be addressed directly. Early intervention is recommended.

See list of additional resources below.

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## RESOURCES

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- [Food Chaining: The Proven 6-Step Plan to Stop Picky Eating, Solve Feeding Problems and Expand Your Child’s Diet](#) by Cheri Fraker, Mark Fishbein, M.D. and Sibyl Cox
- [How to Get Your Child to Eat.... But Not Too Much](#) by Ellyn Satter  
[www.ellynsatter.com](http://www.ellynsatter.com)  
See Family Meals Focus Newsletters - a wonderful resource for healthy mealtime strategies for all ages.

- The Out-of-Sync Child : Recognizing and Coping with Sensory Processing Disorder by Carol Stock Kranowitz
- PreFeeding Skills : A Comprehensive Resource for Mealtime Development by Suzanne Evans Morris and Marsha Dunn Klein  
[www.mealtimeconnections.com](http://www.mealtimeconnections.com)