



DIETITIAN WITH A DIFFERENCE

Helping your child flourish

Selective eating in under-5s: A practical guide for the real world

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What I will cover today?

- Where 'picky eating' came from: a short history
- Selective eating vs problem feeding
- Assessment, red flags and when to refer
- Optimising nutrition
- Practical strategies for the clinic
- Managing social media





**Where did 'picky eating'
come from?**



Historical overview

- 'Picky eater' entered everyday English in the early 20th century and became common after WWII
- Western parenting culture increasingly stressed 'proper' eating and feeding children 'correctly'
- 1950s to 70s parenting advice and paediatric literature labelled children who resisted expected foods as 'picky'



From feeding behaviour to behavioural problem

- Mid-20th-century paediatric research shifted from survival and nutrition to behavioural regulation
- 'Picky eater' came to mean non-compliance, not a sensory or neurodevelopmental difference
- Early definitions rested on food refusal, neophobia and limited variety, often by parent report



'Picky eater' as a cultural construct

- Early research populations were largely neurotypical, middle-class and Western
- Feeding became a site of moral performance: a child who ate the 'right' foods signalled a competent parent
- Refusal was read as stubbornness, manipulation or poor parenting



So what does this mean for your clinic?

- Parents arrive already told they are 'too anxious, too permissive or not consistent enough'
- The words we use can reinforce that blame
- Our first job is to listen, believe and reduce shame

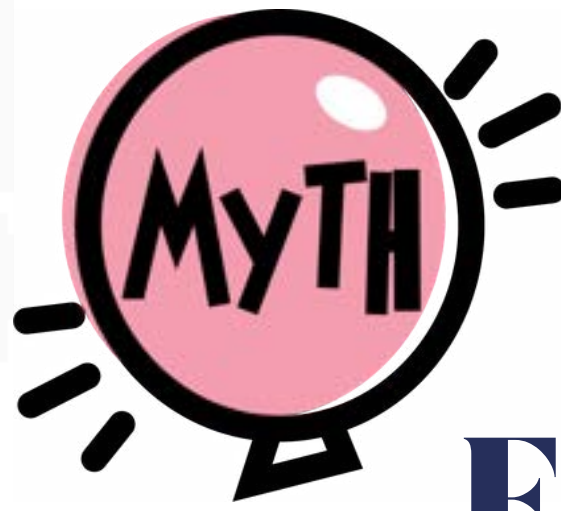
Fussy Eating vs Problem Feeder

Fussy Eater	Problem feeders
Eat at least 30 different foods	Restricted variety of foods and usually less than 20 foods.
Food jag but will reintroduce food back into their diet after taking a 2-week break	Food jag but will rarely accept the food back into their diet again
Can tolerate new foods on their plate – they can touch or taste even if they are not keen	Cry and fall apart when given a new food. They refuse to do anything with the food.
Will eat foods from most food groups and different textures	Will miss out whole food groups or textures
Will eat with the family but sometimes different meals	Nearly always eat different meals and sometimes will not eat with the family

Source: SOS Feeding Approach 2023 (Questionnaire)



3 Common Myths



Myth #1

Eating is the Easy

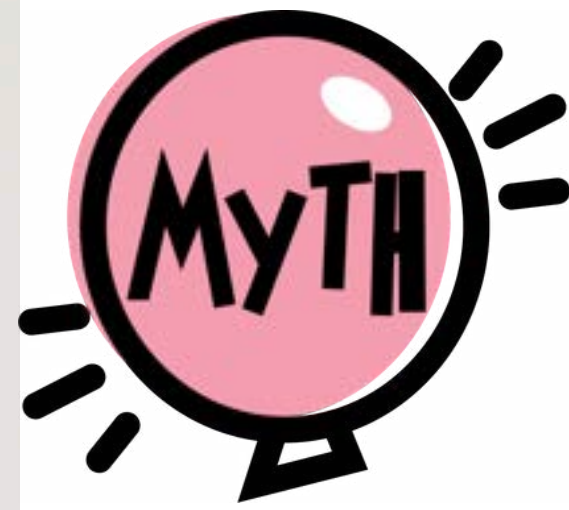
- Breathing is the main priority - if you can't breathe you can't eat
- Eating is the most complex task that human engage in and it requires all organ systems
- It requires 26 muscles and 6 cranial nerves just to swallow
- Plus eating is the only task a child does which requires coordination of all our 8 sensory systems.



Myth #2

Eating is a step 2 process

- There are about 25 steps for typically developing children and 32 steps or more for children with feeding problems
- There can be 18 steps from licking a food to actually swallowing it



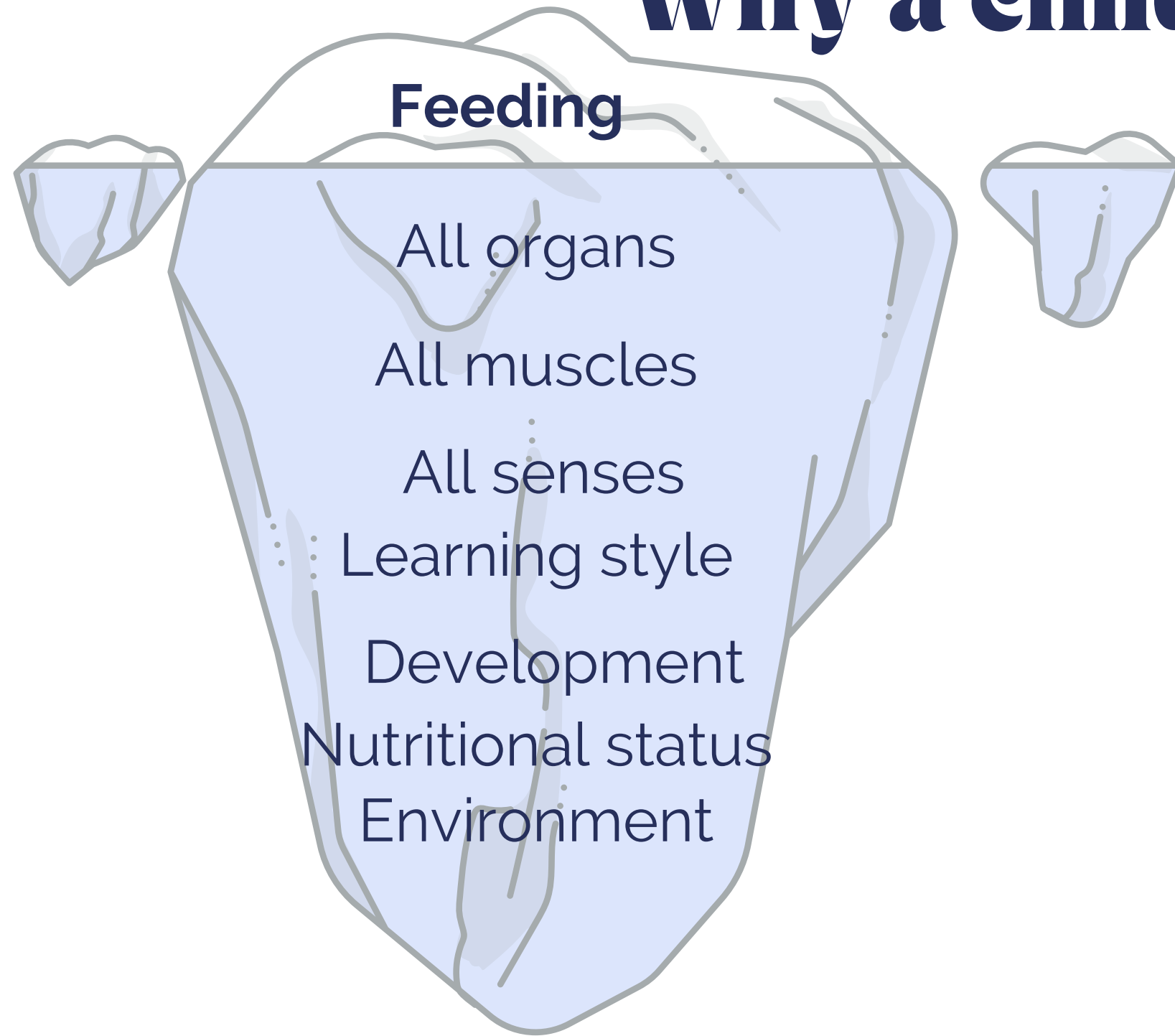
Myth #3

If a child is hungry enough they will eat

- For 4-6% of children who have a feeding problem they will starve themselves
- If eating doesn't work and it hurts no amount of hunger is going to make that stop
- If a children have a skill or medical problem with eating, their appetite becomes suppressed over time, and they don't respond to their appetite to eat

TUNE into the Causes

Why a child is not trying new foods



- Feeding is like an iceberg
- When children have difficulties eating/feeding it is often due to physical and or skill based difficulties
- It is rarely behavioural or anything parents have done
- Children who struggle to eat often have more sensory symptoms

Neophobia



- Food neophobia is when a child rejects foods that are new or unfamiliar
- This may be because of how a food looks, smells, or tastes
- It often starts between 14 and 24 months of age
- This is a stage when children are becoming more mobile and naturally more cautious about new foods
- It also happens at a time when growth begins to slow and children start to show more independence and autonomy

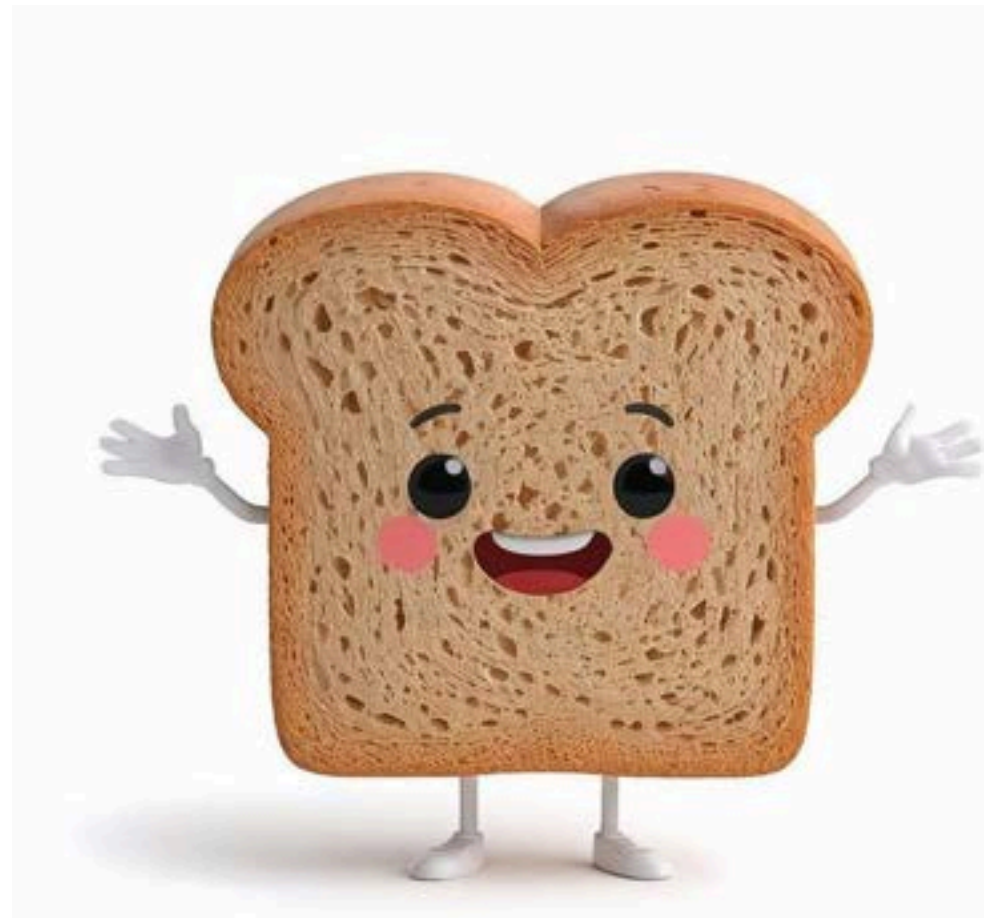


How can we support parents Nutrition

Help Optimise Nutrition

Growth

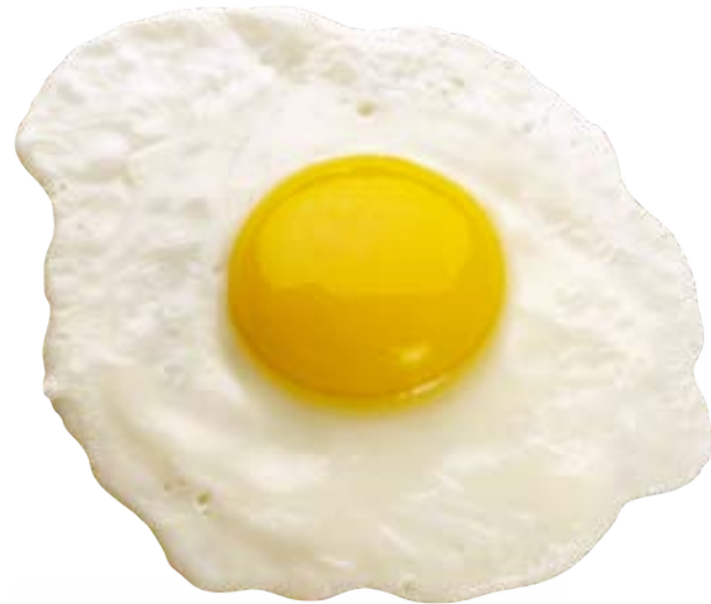
Nutrient deficiencies



Vitamin and
mineral
supplements

Alternative foods
to boost nutrients

Iron Rich Foods



Fried egg 2.2mg



Peanut butter 2.1mg



Beef mince 2.7mg



Apricot 3.4mg



Sesame seeds 10.4mg



Baked beans 1.4mg

Iron Fortified products

- Cereals and Ready Brek- 2-6mg per serving e.g cheerios have 3.5mg of iron
- Kingsmill 50/50 Vitamin boost bread – 2.1mg per slice
- Innocent Super smoothies - 3.4mg per 150ml
- Arla Big Milk - 1.2mg per 100ml
- Spaghetti Hoops - 4.2mg per ½ can



Iron Fish



An "iron fish" is a reusable, fish-shaped ingot used to fortify food and drinks with iron to combat iron deficiency.

It is added to boiling liquids like water, soups, or stews for at least 10 minutes, along with a few drops of acidic juice like lemon to help the body absorb the iron.

The Lucky Iron Fish and Leaf provide 6-8mg of bioavailable iron per use, which is a majority of daily iron intake for most individuals.

When added to the slightly acidified boiling liquid, the Lucky Iron Fish/Leaf will release microscopic iron particles off its surface and into the liquid.

Vitamins and Minerals



Liquid Vitamins A,B,C,D and E, Iron, Zinc, Iodine and copper



Chewy Vitamins A,B, C, D, E
No minerals



Chewable Sainsbury
Vitamins A,B,C,D,E,K and iron, iodine and zinc



Chewable Boots
A, D, E, K, C, B, Magnesium, iron, zinc, selenium, iodine

Vitamins and Minerals



Spray Vitamins, A, D,
Bs, K and C iodine,
selenium



Powder tasteless
Vitamins A, B, C, D, E, iron,
zinc, iodine and cooper



Powder tasteless
Vitamins A, B, C, D, E, K,
zinc, iodine (but no iron)



Ways to Help



Reduce Mealtime Stress

- The Division of Responsibility (DoR) in feeding, developed by Ellyn Satter.
- It is a framework designed to guide parents and caregivers in fostering a healthy eating relationship with children.



Division of Responsibility

- **Parent's Responsibility:**
- **What:** Parents are responsible for deciding what food is offered to the child. This includes the types of foods and the variety within each food group.
- **When:** Parents determine when meals and snacks are served. Establishing a consistent schedule helps regulate hunger and promotes a sense of routine.
- **Where:** Parents choose the location for meals and snacks

Division of Responsibility

Child's Responsibility:

- **How Much:** Children are responsible for deciding how much they want to eat. This encourages them to develop awareness of their hunger and fullness cues.
- **Whether to Eat:** Children have the autonomy to decide whether they want to eat the food that is offered.





Mealtime Routines

Some children (and adults) will need help to feel calm & comfortable before joining mealtimes

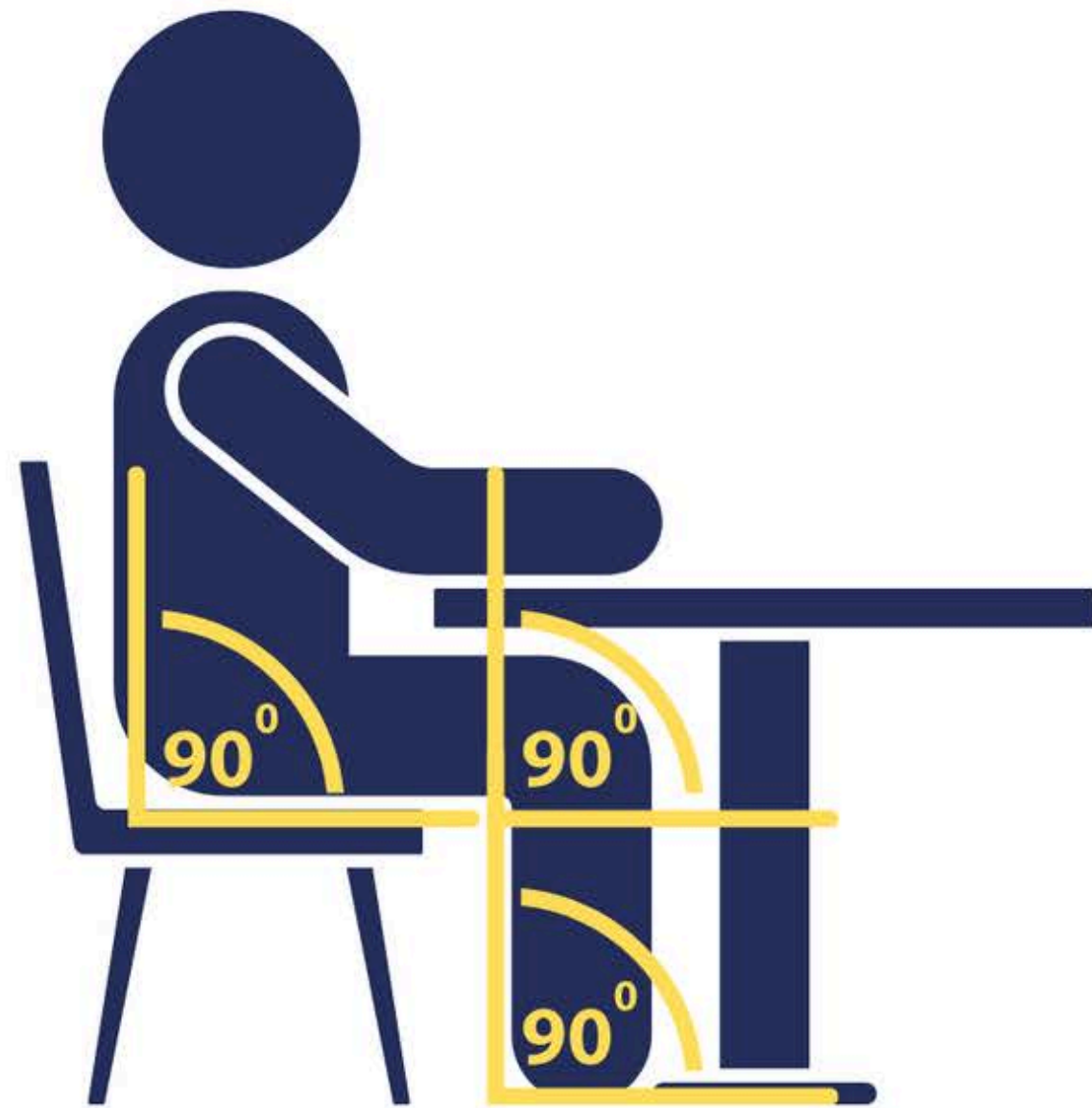
Others-stressful/overwhelming/something to be endured & dreaded

Consider what will help a child before they come to the table

- Movement?
- Being outdoors?
- Quiet time?
- Deep pressure input?

Does the child have preferred sensory tools that can be used at the table?

Mealtime Routine



- Exercise - I want you to lift your feet up the ground straight out in front of you (hold it for 2 minutes) and then try to bring your hand or fork to your mouth to eat
- This can have such a big impact on a child's eating and is our first thing to address especially if the child refuses to sit at the table
- Check it every 3 months and adjust it for a child needs





Mealtime Routine

- Empty Plate and platemat
- Family style meals in the middle of the table
- Position child as chief server
- Everyone eats for 5 minutes
- Focus on sensory properties of the food
- Clear up routine

Remember a child doesn't need to eat to participate in mealtimes! Children eat well when they can!



Meal and Snack Schedule

- Consistent meal schedules create a routine that helps fussy eaters anticipate and prepare for meals.
- Predictability can reduce anxiety and resistance associated with mealtime.



Reduce the Pressure

- Pressuring a child to eat, bribing with rewards
- Good praise is still pressure e.g., 'wow well done on finishing your vegetables'
- Guilting pressure e.g. I spent hours making this you have to eat it!
- Threatening - you must eat everything on the plate then you can get down from the table



Reduce the pressure

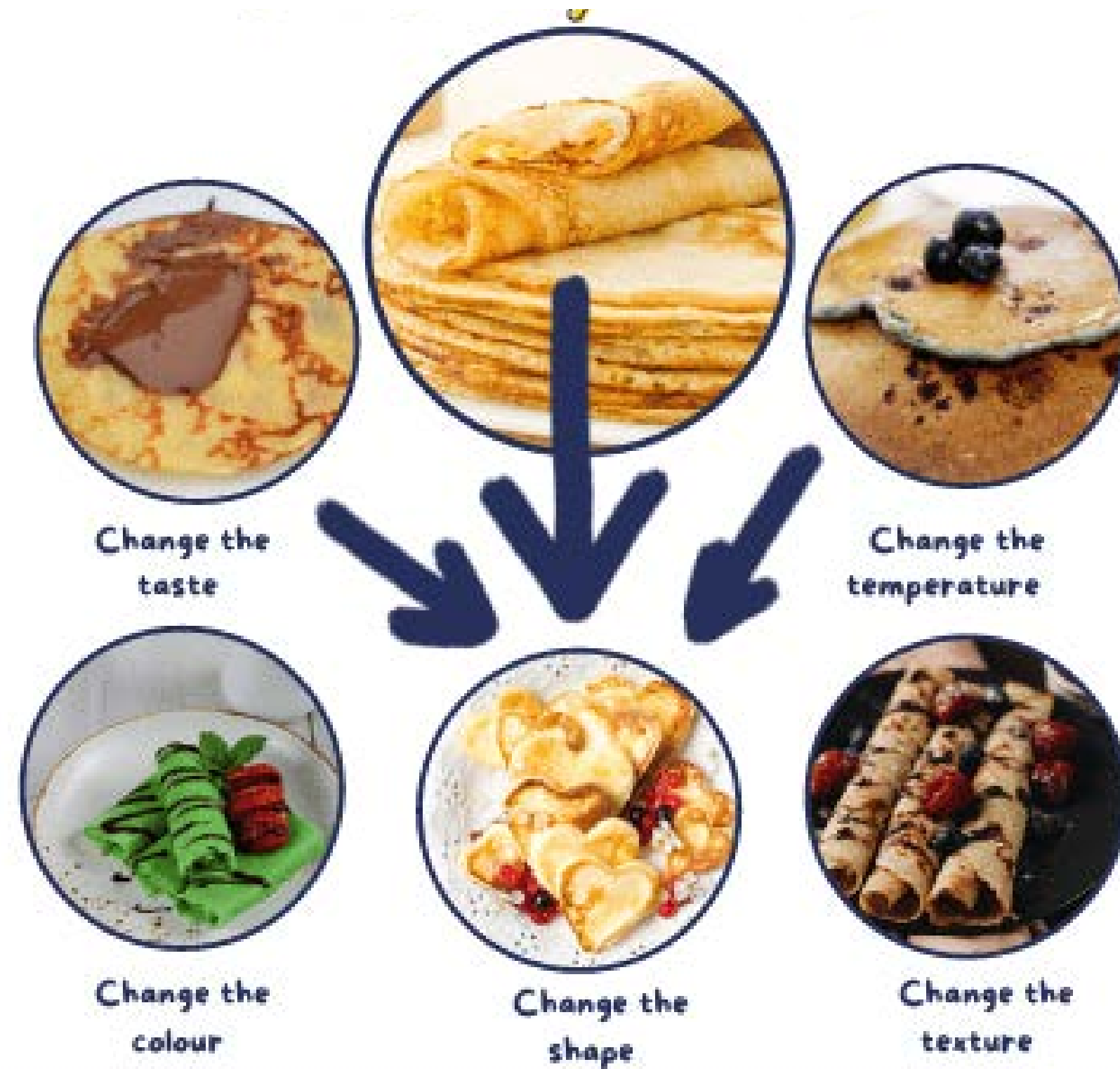
- No more one more bite
- Reduces the anxiety at the table and they start to trust the adult feeding them
- No more hiding or sneaking food.
- Take away the anxiety



Eating Out

- Check the menu in advance and plan what they are most likely to eat
- Take familiar snacks and, if needed, offer the child something before they go to avoid them becoming too hungry
- Keep expectations realistic many children find it hard to sit still for a long meal and may be more interested in playing than eating

Food chaining



- Food chaining involves taking a child's preferred food and making small changes in size, shape, colour, temperature, texture, and flavour.
- It can increase the variety of a picky eater's diet, and as a result, improve diet quality

Chips to Potatoes



French fries



Homemade french
fries



Homemade sweet
potatoes



Cubed sweet
potatoes



Mashed sweet
potatoes and then
add to skin of
potatoes



Sweet potatoes
or jacket
potatoes

Examples for Vegetables



Macaroni
cheese



Pasta with melted
cheese



Pasta with melted
cheese and cauliflower
(crumbs to start with)



Pasta with melted
cheese and cauliflower
(bigger bits)



Pasta with melted
cheese and cauliflower
(even bigger bits)



Steamed
cauliflower with
melted cheese

Feeding Therapy – Magical Thinking



- Magic, fairies, and monsters are real
- Everything on TV is real – Dora and cartoon characters exist in real life.
- Imagination blossoms – they can now think in words and pictures in their head.
- Inanimate objects have feelings or motives – e.g. “the broccoli is looking at me!”
- Limited understanding of the body – don't grasp what happens to food once it's eaten.
- If you were told to eat something that you weren't familiar with, would you just pop it into your mouth?
- Or would you investigate it first by poking it, squishing it, or smelling it?

Steps to Eating

**There are 32 Steps to Eating
within the 6 categories**



Tolerating



Interacting



Smelling



Touching



Tasting



Eating

6 Steps

- Tolerating e.g. visually looking at the food - play peek boo or now you see it now you don't
- Interacts e.g. uses a utensil to touch the food, straw to blow the food, puree in a plastic zip container
- Smells e.g. fan the smells like a breeze
- Touch e.g. poke the food with one finger, chews with fingers, paint fingernails,
- Tasting e.g lips, brushes teeth, hide and seek in the mouth

Trying Food through Play





Food Challenges

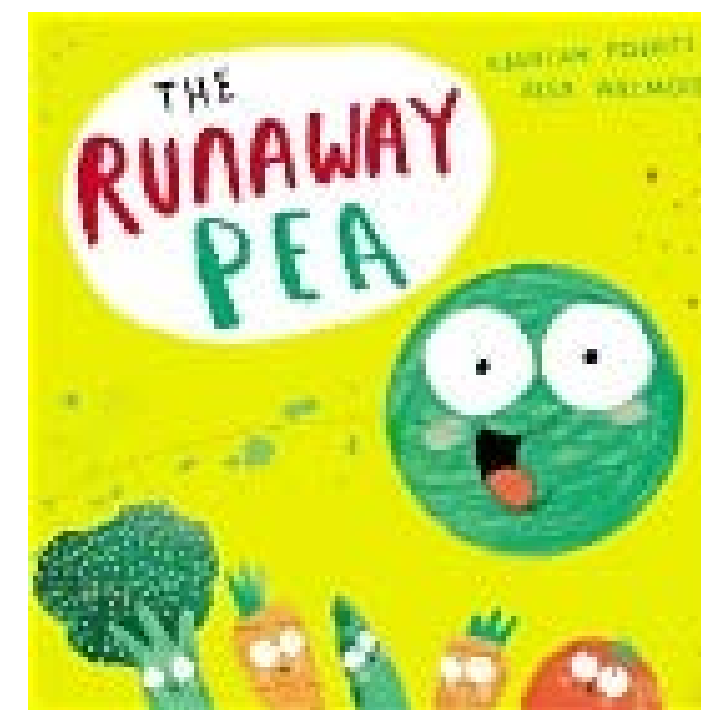
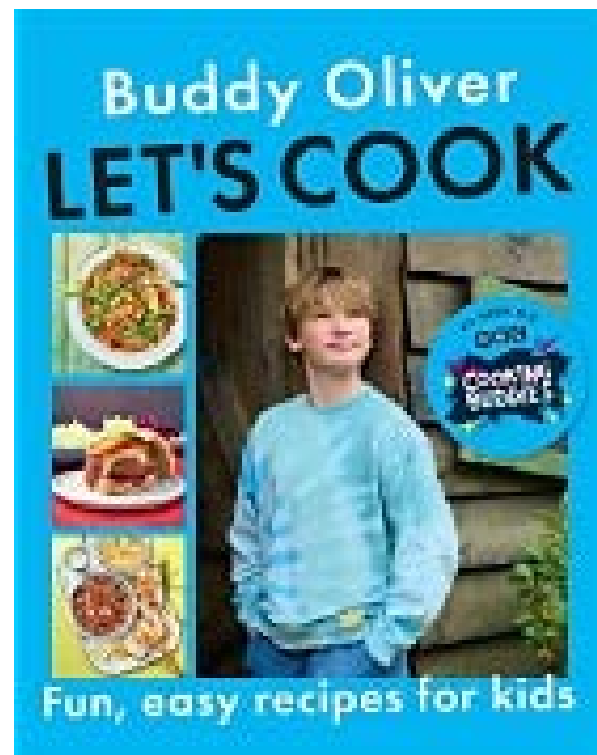
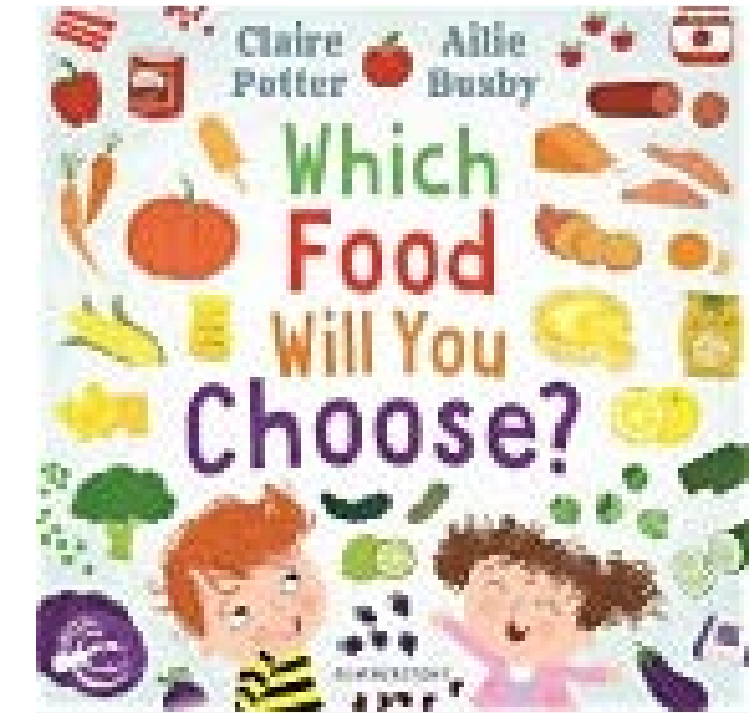
Here are the foods we have tried and the outcome:

- Avacado chocolate mousse
- Kiwi frozen yoghurt pie
- Mango
- Pomegranate in yoghurt with honey
- Baked plum
- Pears - roasted in cinnamon and yoghurt

Books and Cooking



- Books about food e.g., the runaway pea or Veggietales the league of incredible vegetables a lesson in handling fear. There are lots out there that families can buy or borrow from the library.
- Suggest visiting farmers markets or fruit picking to help learn about fruit and vegetables.
- There are also food boxes families can buy so you can plant and learn about food that is in season each month



Managing parental anxiety, conflicting advice and social media

Filter the advice

Suggest choosing trusted, qualified source to lean on

Ask who is giving it and whether it fits their child



Scroll with care

Social media shows highlights, not real mealtimes

Be wary of quick fixes and miracle claims

Mute accounts that leave them feeling guilty



If you only have 20 minute appointment

Listen listen and listen

There is a limit to what advice you can give but you can support and believe parents as they are carry so much shame and guilt and that can stop them getting help



Training

SOS Feeding Approach

The SOS Approach to Feeding is a transdisciplinary, evidence-based feeding therapy program developed by Dr. Kay Toomey that uses systematic desensitization, play-based exploration, and developmental skill-building to help children with feeding difficulties learn to eat a wider variety of foods.

Picky, Selective, ARFID? Assessment and Treatment of Pediatric Feeding Difficulties in Neurodivergent Children

<https://www.rdsforneurodiversity.com/>

Responsive Feeding

Responsive Feeding Therapy: The Foundational Series

<https://rfpro.teachable.com/p/responsive-feeding-therapy-foundational-series>

Thank you so much for listening

