

## **Positive Approach for Picky Eaters**

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Over the years my practice has evolved from focusing on oral-motor intervention with the goal of improved articulation skills to one that concentrates on providing intervention to facilitate improved diets among picky eaters. I have developed a program that involves parents, progressive oral-motor skill enhancement, sensory desensitization and a positive reinforcing behavioral approach. I also have worked closely with occupational therapists and nutritionists.

Goals are decided by the parent, child and therapist. I have had wonderful success with this approach. Parents are relieved to know that there are reasons why their child avoids certain foods and that it is not a battle of wills. They often have attempted other eating programs and followed a lot of different advice to no avail.

Parents try placing new foods in front of their child, improving the visual appeal of food, and providing rewards, but their children gag or refuse to try the food. The analogy I use is that children usually will not jump into a swimming pool unless they have the necessary skills to swim.

An initial evaluation determines oral-motor and sensory weaknesses and sensory desensitization and the specific motor skill training and behavioral approach required to increase the child's diet. During the evaluation, the child's medical history is addressed with regards to allergies, reflux, bowel movements and any other gastrointestinal (GI) issues.

Parents share their child's food preferences. If any of these appear to be ongoing concerns, the appropriate referrals are made. If basic nutrition is a concern, the family is encouraged to consult with a nutritionist for assistance with possible supplements and to ensure that the child receives the basic daily amount of protein, for example. Health and growth are crucial.

After the initial oral-motor and sensory evaluation, we establish the appropriate oral-motor goals. Each session begins with oral-motor and sensory work, either on a therapy bench or in a swing. Children are made to feel safe at all times. They are reminded that if they raise a hand to indicate "stop," I will stop whatever we are doing at any time.

The child then moves to the table to begin eating foods within his or her repertoire. The rule is that eating has to take place at the table. We focus on establishing rotary chewing, biting foods, and using the tongue to place food on the molars.

I have developed hand movements and a little song to make the process of moving the food from one side of the mouth to the other easier for the child. The rhythm of the song and the accompanying hand movements provide essential cues. When the children internalize the rhythm, they have a better time monitoring their chewing.

Once there is sufficient progress with oral-motor and sensory issues, I discuss with the family and child about trying new foods because it is a joint decision-making process. At this point the child is experiencing success from having made tangible progress with the oral-motor goals. The family also decides on a "reward" for the child, which is often food.

Depending on the cognitive level of the child, the reward may be given after each targeted behavior or after five behaviors. The five behaviors may include, for example, holding the food on the lips and counting to one, holding the food on the lips and counting to two, placing and holding the food in the mouth and counting to one, placing and holding the food in the mouth and counting to two, and placing the food on the molars and chewing once.

The reward may be given after each behavior. For instance, the child can receive a piece of cracker after holding the food on the lips and counting to one or be given two pieces of cracker after completing all five behaviors. Many children want water after each targeted behavior or after all five. If the child is being rewarded after all the behaviors have been completed, place a smiley face or checkmark on a chart after the child completes each one.

The targeted behaviors always are discussed with the child and/or parent and then written on a list that everyone has agreed on. These mini-goals are very specific. It is beneficial for children to see the different steps even if they are non-readers.

As therapy progresses, more sets of five behaviors are completed. We usually begin with completing three sets and eventually move to 10 sets. After each set the child gets a short break, which could involve discussing the next list or giving the child the opportunity to leave the table to play with a toy for a limited time. Therapy is individualized but consistent for each child.

There is a progressive hierarchy with the acceptance of new food. However, I assure children that when the food initially is presented, they will not be expected to eat it. I provide positive reinforcement when a child reaches the targeted behavior.

Children first touch the food with a finger and begin counting. They then engage in various activities with the food, such as smelling and licking it, placing the food on the lips, placing it in the mouth for one second before spitting it out, holding the food on one side of the mouth for longer intervals, and placing it on one side of the mouth and using the tongue to move it to the other side. After each step the food is eliminated from the mouth.

We then progress to chewing, where the child executes two chews on one side of the mouth, and elimination. The child then performs two chews on one side of the mouth, moves the food to the other side, and chews twice. We slowly increase the frequency of this activity and back up if any resistance occurs. Remember to remain positive. Behavior always must be reinforced positively.

Eventually, we work up to five chews on each side, switching back and forth about five times. Children are encouraged to spit out the chewed food, but eventually they will swallow it. Sometimes this just occurs, while often it is a decision by the therapist and/or child.

Swallowing the first new food usually takes the longest amount of time. The process speeds up as more new foods are introduced.

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