

Occupational Therapy Advice Strategies for Sensory Based Eating Difficulties

The reason for eating difficulties can vary greatly. It may relate to low muscle tone, the ability to sit and maintain balance, issues with swallowing, difficulties with crossing midline or using both sides of the body. It could also be psychological relating to episodes of choking, gagging or intrusive feeding interventions such as a naso-gastro tube. It is important any underlying medical issues are explored fully before suggesting it is a sensory-based difficulty. If the child is known to still regularly choke, gag or present with any other swallow or breathing related difficulty, then it is advised that a medical professional should be involved to rule out any mechanical feeding issues.

“Parent and professionals working with children are responsible for preparing and providing a balanced meal at an appropriate scheduled time. The child is solely responsible for whether they eat and how much they eat.” (Satter, 1987 as cited in Just Take a Bite, pg.38).

Environment:

- Child should be seated with feet supported, at a stable table in a comfortable, upright position.
- A calm environment will be beneficial. Consider other strong smells such as pets, bathrooms, and smoke or air fresheners. Low scent environment across your home may better prepare the child for eating.
- Ensure the mealtimes are fairly consistent in timings with a clear routine.
- Turn all distractions off e.g. TV or radio.
- Model behaviour by eating together as a family as and when possible. Children learn from watching others; watching you eat and use cutlery can have a positive impact.
- Consider your own eating habits and those of others that may care for your child.

General:

- If appropriate, give children a chance to handle food whenever possible; at the shops, in the home, garden and any educational settings.
- Give the child an opportunity to have an important job at mealtimes, to give a sense of purpose and control e.g. dishing food out to all.
- Do not comment on your child's eating during mealtimes.
- Discuss how to eat such as biting an apple with front teeth, using tongue to move the apple around mouth.
- When possible cook one meal for all the family that everyone can eat.
- Offer subtle (but reasonable) changes to rigid eaters, even slight placement changes will be considered a change.
- Consider presentation; a fun plate or arranging food as a smiling face can make mealtimes fun.
- Incorporate the desired 'treat' as a standard part of the meal. Having pudding as a reward may identify the pudding as "good" and other foods as "bad".
- Consider how much an appropriate amount is for a child.
- Allow the child to lead the pace, children are good at knowing how much to eat and when to stop, but need their natural pace to do this.
- Explore various textures, dry to wet/messy with hands and feet to help develop the sensory system.
- Consider the temperature of food that children appear to enjoy or tolerate the best.

- Consider using ice cubes to desensitise the mouth from tactile and taste input.
- Do not force a food that is not enjoyed.
- Use straws with yoghurts or puddings to suck hard. This can be calming and organising and prepare the mouth for food.
- Encourage blowing activities to prepare and strengthen the mouth.
- Try food in different sizes; small, large, pureed to determine which is easiest (only if appropriate for age and feeding ability of child).

Proprioceptive:

A child with poor proprioceptive processing may find it difficult to sit still; they may not know where their body is in space. It could cause difficulties with controlling the jaw, grading how hard to bite or chew, with using cutlery efficiently and accurately, maintaining position and controlled eating (may be really messy).

Try:

- Heavy work before mealtimes
- Move 'n' sit cushion
- Drink thick liquid with a straw prior to eating to ready the jaw
- Weighted cutlery or utensils

Vestibular (movement):

A child with vestibular sensory differences may find it difficult to know if they are moving, or even when they are stationary. The child may need to concentrate to maintain balance or they may slouch to support them sitting. Furthermore, a child with vestibular sensory differences may have difficulties controlling posture in seating while being expected to use a knife and fork together with accuracy.

Try:

- Move 'n' sit cushion
- Movement activity prior to mealtimes

Tactile:

The child with tactile sensory differences may have food on their face, be very messy when eating, not realise they have dropped something, seek to put their hands in everything, avoid touching food directly, open their mouth wide to avoid touching the lips and wipe food from hands and mouth very quickly- often using firm pressure. Children may gag on certain foods types, especially lumpy foods, which should be investigated further.

Try:

- Give children opportunity to explore textures outside of the context of food.
- Grade exposure to different textures usually dry is easier to tolerate than wet. Use very small changes during this process and keep colours and smells the same.
- Blowing bubbles before meal times can be calming.

Taste/ Smell:

The child who has taste or smell difficulties may either seek out or avoid strong smells and tastes.

Try:

- Consider introducing new foods and any new flavours very slowly over a long period.
- Avoid strong flavours if sensitive to taste or provide strong flavours if the child seeks taste or smell.
- Try to keep the environment free from strong smells such as pets, smoke or even strong smelling foods.

References:

Understanding Your Baby's Sensory Signals (2014), Angie, V.
Just Take a Bite (2004), Ernspere, L., Stegen-Hanson, T.