Welcome to this short E-book.

My name is Jaemey and I have been working on feeding Autistic kiddo's professionally for 1 year and feeding my autistic daughter for nearly 9. With the help of my wife, my fellow therapists, and my families I work with, we have created a simple to follow guide for picky eaters. Easy and accessible.

For a 1 time purchase of $5 you can join our newsletter with regular tips and tricks to help your child consume the nutrients they so desperately need.

PARENTS

- Concepts that apply to you should be studied carefully. Breeze over what does not apply.
- You have the power in your hands to completely alter your childs trajectory.
- Expect 2 days of rehab for every 1 day of regression
- This is a lifelong journey
    - Relax into the process 🙂

Michelle Dorsey SLP

Pediatric Feeding and Swallowing

Before discussing some tips and tricks for helping you with your child at home, it is first important to learn what is meant by feeding and swallowing, pediatric feeding disorder, and swallowing disorders.

The term **feeding** within the field of speech pathology refers to not only eating and drinking, but also the gathering and preparing of food and liquid for consumption, sucking or chewing and swallowing.

Mealtime helps to provide an environment where caregivers and their children can communicate with each other and experience social engagement.

The term **swallowing** within the field of speech pathology refers to all the phases that are behind feeding and consists of the oral preparatory phrase, the oral transit phase, the pharyngeal phase, and the esophageal phase.

In the oral preparatory phase the individual suckles, chews, their food, mixing it with saliva and forming it into a bolus that can be safely swallowed. During the oral transit phase the individual pushes the food backwards in their mouth and starts to swallow. The pharyngeal phase refers to the muscles in the propelling the food from the upper esophageal sphincter towards the esophagus. Finally, during the esophageal phase the food bolus gets propelled into the stomach.

Pediatric Feeding Disorder (PFD)

Pediatric Feeding Disorder is a diagnosis given when a child has difficulty with oral intake when compared to their same aged peers. Children with PFD may experience difficulty consuming adequate food and liquids to maintain healthy nutrition and hydration.

Swallowing Disorders or Dysphagia

This refers to difficulty processing or moving liquid and/or boluses through the oral cavity, pharynx, esophagus, gastroesophageal junction. The following problems can result from dysphagia:

-aspiration pneumonia (infection caused by inhaling something other than air into the lungs such as water or food)
- dehydration
-feeding and swallowing problems
-food aversion
-gastrointestinal issues
-need for gastrointestinal parenteral nutrition

-oral aversion
-poor weight gain and/or undernutrition
-psychosocial effects on the child and their family

Causes of Feeding and Swallowing issues in the Pediatric Population

There are many different causes of swallowing disorders of dysphagia. There are 26 muscles and 6 cranial nerves in the human body that work together to prepare the food in the mouth by chewing it and softening it with saliva, and then transferring it to the back of the mouth to be then propelling through the upper esophageal sphincter, and finally into the stomach. Damage to these muscles and nerves can cause dysphagia. Children with Cerebral Palsy or Meningitis may have difficulty swallowing. Sometimes that problem is rooted in structural issues. For instance, babies born with a cleft lip have a difficult time creating a seal around the nipple in order to suck, and babies with cleft palate are not able to suck properly while nursing or drinking from a bottle because that mouth is not closed off from the nose. Other causes of feeding and swallowing difficulties include reflux or other stomach problems, premature birth or low birth weight, heart disease, breathing problems like asthma or other diseases, autism, brain injury, muscle weakness in the face and neck, medicines that make them sleepy or not hungry, sensory issues including problems with textures, colors, smells, and taste, and behavior problems.

It is important to note that for infants within the first few weeks or months of life, feeding and swallowing will be the most demanding and complex task they will complete.

When To Be Concerned About Your Child's Feeding

There are certain red flags to look for in your young child that can help you as a parent determine if your child may have a feeding or swallowing disorder. First, does your child let know when they are hungry? Does your child eat enough food? How many minutes does it take to feed your child/baby? It may be concerning if they take less than 5 minutes or more than 30 minutes. Do you have to do anything special in order to help your child eat? And finally, does your child let you know when they feel like they have had enough to eat? You can find a more in depth questionnaire that you can fill out on the following website: feedingmatters.org (The infant and child feeding questionnaire).

In an infant, feeding and swallowing disorders may be characterized by vomiting, choking, gagging, coughing when eating, tiredness before or after feeding, and poor weight gain.

Other signs that a child may have a feeding disorder are difficulty feeding and swallowing, getting tired during feedings, limited food repertoire, or requiring a feeding tube.

Ideas for Helping Your Child who has Feeding/Swallowing Difficulties at Home

-Establish a regular mealtime so that your child knows what to expect and their appetite is regulated (not too full or too hungry) when asked to eat.

-Make sure when eating that your child has proper seating that allows them to sit at a 90 degree angle with their feet supported underneath.

-Create an environment that reduces stress for your child by making it relaxed and fun. Reduce loud noises or bright lights. It is okay for your child to take breaks from eating.

-You as the parent can control what is on your child's plate. You can allow your child some control at mealtime by letting them determine what and how much food they will eat from their plate.

- Give your child one non-preferred food in their meal paired with two foods you know they like. This will help your child be more willing to explore new non-preferred foods.

- Allow your child to have fun during mealtimes and be able to explore their food in order to decrease stress, anxiety, or pressure. Introduce new foods without the pressure that your child has to eat it, and instead encourage them to play games with it, create crafts with it, describe how it smells, touch it, describe it's texture or taste. Allow your child to lick it, kiss it, or break it apart. Cook the food differently or put it in a different dish and ask them to describe how the food looks.

-Keep language around the table positive. Instead of saying "You have to try it," say, "You get to try it." And instead of saying "You don't like it," you can instead say, "You might like it later."
- You can provide your child with the appropriate utensils and encourage him or her to self-feed. You can model for them how to eat the food. Self-feeding can also be encouraged with finger food such as with fruit or cheese.
-If your child is old enough you can involve them in the grocery shopping, food preparation, and meal clean up process. Allowing your child to be involved in food preparation may help increase their willingness to eat healthier foods and eat more calories according to one study.
-You can let the child know it's mealtime by playing a nursery rhyme or song that signals to your child it's time. You can also include your child in setting the table and even have a timer at the table that indicates when mealtime is over.
-Do not force your child to eat since this will cause your child to associate foods with negative experiences.
-Do not introduce new foods too quickly. Instead, start with small amounts of the food and then increase the amount.
-Set a good example for your child and eat a healthy well-rounded diet.

Jaemey Matherly OTR/L

You are not alone

My child was developing normally until age 2. They spoke, ate a variety of foods, and was otherwise on a “typical” development pathway. Then they stopped eating the foods they were regularly eating and stopped speaking as much or all together. As this story has been told, I have asked and dug for reasons why and come up without any definitive answer. I wish that I could tell you there was a magical moment, a certain vaccine, a specific food die, but the truth is that I don’t think anybody on earth knows the answer to this mystery yet. My best current guess is that children are being born more and more by malnutritioned parents who didn’t know they were missing a key nutrient. I will continue to stand vigilant at the doors of science awaiting an answer and tell the masses as soon as one is convincing enough to share.

Variables worth exploration

Kids on the spectrum seem to need their meals a specific way. The variables that go into a meal are nearly endless. The monthly munch newsletter found on azpediatricot.com will cover scientific basis for finding which of these have the highest success rate. For now, explore these in your life and allow for reflection time.

- Questions to ask yourself
  - Does my kid need to feel in control of the meal?
  - Does my kid like casual or more official dining?
  - What does my kid like to talk about while eating (if they talk)?
  - What do they like me to act like during dinnertime?
  - Are they at all willing to help cook? If yes have them help.
- Environmental variables
  - Lighting
  - Chair
  - Table size
  - Plate size
  - Utensil use
  - Number of people present (underrated)
- Variables of the adult helping with the feeding process
  - Being positive vs negative
  - Quiet vs loud
  - Close or far away
  - Silly or normal

- Parent or friend
- Helpful or hurtful

- Variables of the food itself
  - **Texture** – Crunchy, soft, mushy, chewy, dry, or sticky textures can be appealing or aversive. Many autistic children prefer uniform or predictable textures.
  - **Temperature** – Some children are sensitive to hot or cold foods, preferring lukewarm or room-temperature options.
  - **Color** – Some children may prefer or avoid certain colors of food. Bright, uniform colors can be appealing, while mixed or unpredictable colors might be rejected.
  - **Smell** – Strong odors (like fish, garlic, or certain spices) may be overwhelming, while mild or neutral smells are often more tolerated.
  - **Taste** – Some children prefer bland foods, while others may enjoy strong flavors (sweet, salty, sour, or umami). Bitter or spicy flavors are often avoided.
  - **Consistency/Predictability** – Familiar foods that always look, taste, and feel the same can be comforting, while inconsistent foods (e.g., mixed textures like casseroles or yogurt with fruit chunks) may be rejected.
  - **Presentation & Shape** – The way food is arranged, cut, or served (e.g., only eating sandwiches cut in a certain way or preferring whole foods over mashed) can impact acceptance.
  - **Sensory Overload & Mixed Textures** – Foods that mix multiple textures (e.g., yogurt with fruit chunks, soup with different ingredients) can be challenging.
  - **Autonomy & Routine** – Many autistic children prefer familiar foods and eating in a structured way (same plate, same utensils, same seating arrangement)

Sensory in a nutshell

Kids with autism have a hard time processing the world around them. They may have tongues that are literally creating a far different experience than you or I. It is the adults job to see their experience, accept it as true, and help them emotionally work through the struggle.

You as a parent in this situation have 2 primary options. I recommend doing both.

1. Exposure therapy to the sense that is in question. For example, my daughter gags on her toothpaste every day. It is sad to see but her and I both understand that the only way out is through. I have gradually over the past 3 years had her add more and more toothpaste and brush more and more thoroughly. Same for feeding. At 7, she hated when foods touched. We eliminated the word casserole from our vocabulary and have slowly been asking her to attempt to combine foods that she is okay with combining. (ranch + carrots) → (peanutbutter + banana) then we move on to weirder combo's and make it fun but noxious to her mouth and praise her for the attempt. This week without prompting she dipped her egg in peanut butter! It was not a winner but we were so happy to see her self-employ the tactics we have taught.

2. Use the master key. Vestibular and proprioception.

The idea that vestibular and proprioception work together to dates back to Jean Ayre and her original sensory integration (SI) theory. Jean was an OT and educational psychologist who pioneered the Idea of SI. Below are a few key points from the theory. Integrating primitive reflexes also appears to be linked to sensory processing difficulties so examine the blogs section if your child has sensory needs.

Sensory Integration as a neurological process:
The brain actively organizes sensory input from various senses (vision, hearing, touch, taste, smell, movement, body position) to create a unified perception and response to the environment.
Importance of the "just right challenge":
SI therapy aims to provide sensory experiences that are challenging enough to promote integration without being overwhelming, tailoring activities to each individual's needs.
Adaptive response:
The goal of SI therapy is to facilitate the ability to make adaptive responses to sensory stimuli, leading to improved motor planning, coordination, and participation in daily activities.

Focus on play-based activities:
Sensory integration therapy often incorporates playful activities that provide rich sensory input to encourage engagement and learning.

Key sensory systems:
Ayres highlighted the importance of the vestibular system (balance), proprioceptive system (body position), and tactile system (touch) as foundational for sensory integration.
Impact on behavior and learning:
Difficulties with sensory integration can manifest in behavioral challenges, learning difficulties, and motor coordination issues.

I recently had a client who was 15 with Autism and was being raised by a single mother her whole life. The mother put her daughter in gymnastics at 2 years old and the young girl was now on the best team in the whole place. It turned out I take my daughter to the same gymnastics studio. Gymnastics gave her a sense of belonging and accomplishment but in my eyes it checks all the boxes in Jean Ayre's SI theory. It is for this reason that I bring gymnastics equipment with me to sensory based home health clients.

Logistical thinking

On many occasions all the above information goes in one ear and out the other. This is because most modern families are struggling to manage their time. Parents find themselves spending their day at an unsatisfying, underpaying job, just to come home to an unreceptive spouse or no spouse at all. They are drowning financially, emotionally, and spiritually. This causes parents to reach for distraction. The distraction feels good short term in the parents body but the truth is the parents attachment moves from the child to the addictive substance (drug, alcohaul, sticky tech). Ask yourself, what hole is this filling? The next time you feel the urge to consume, sit with the feeling for 3 minutes and question if you absolutely need it. Big emotions will bubble up and you would be wise to allow them to flow through you. After that, if you want to indulge, go for it. Notice what emotions arise after you start to fall into that old habit. We should save financial, relational, employment, and other logistical decision making for a time when we can sit around and chat.

Taking my therapist hat off

Please teach your children to read labels, and cook, and clean, and be a friend. Kids on the spectrum require more repetitions but are able to learn all of the above. I know it's really hard sometimes but know that you have always done your best with what you have known. Now that you know more, you have a chance to do better.