

# WELCOME!

- As you take your seat, please pick up a FOOD RANGE handout and the talk packet
- Please fill out the FOOD RANGE handout as you are waiting for the talk to begin = list in each column (proteins, fruits/veggies, starches) the food your child eats **REGULARLY** (= 2-3 bites 80% of the time it is served) by recipe or brand name (eg. chicken picatta or chicken nuggets versus just chicken; Chex cereal versus just cereal; applesauce AND apples versus just apples; garlic bread AND wheat bread versus just bread)

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## PICKY EATERS

VS

## PROBLEM FEEDERS

How to Help Children Develop  
Healthy Relationships with Food



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# DISCLOSURE

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# Objectives

1. Participants will be able to identify the major reasons why children won't eat.
2. Participants will be able to outline the necessary developmental skills for eating/feeding.
3. Participants will be able to implement at least 3 strategies to improve a child's eating and mealtime participation.

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## PICKY EATERS VS PROBLEM FEEDERS

### PICKY EATERS

- decreased range/variety of foods but will eat  $\geq 30$  foods\*
- foods lost due to "burn out" usually re-gained after 2 weeks
- tolerates new foods on plate and usually can touch or taste
- eats  $\geq 1$  food from most all food texture groups or nutrition groups

### PROBLEM FEEDERS

- restricted range or variety of foods, usually  $< 20$
- foods lost are NOT re-acquired
- cries/"falls apart" with new foods
- refuses entire categories of food textures or nutrition group

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## PICKY EATERS VS PROBLEM FEEDERS

### PICKY EATERS

- adds new foods to repertoire in 15-25 steps
- Typically eats with family, but frequently eats different foods than family
- Sometimes reported as "picky eater" at well child checks

### PROBLEM FEEDERS

- adds new foods in  $> 25$  steps
- Usually eats different foods than family and often eats alone
- Persistently reported as "picky eater" across multiple well child checks

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## When and Why do children become Picky Eaters or Problem Feeders?

### WHEN:

- There are 5 MAJOR developmental shifts and 4 SPECIFIC skills that occur or have to be learned properly in the process of learning to eat

#### SHIFTS

- 4-6 months
- 12-14 months
- 18-36 months
- 5-7 years
- 9-11 years

#### SKILLS

- Sensory Tolerance/Exploration
- Tongue Tip Lateralization
- Rotary Chewing
- Positive Mind Set

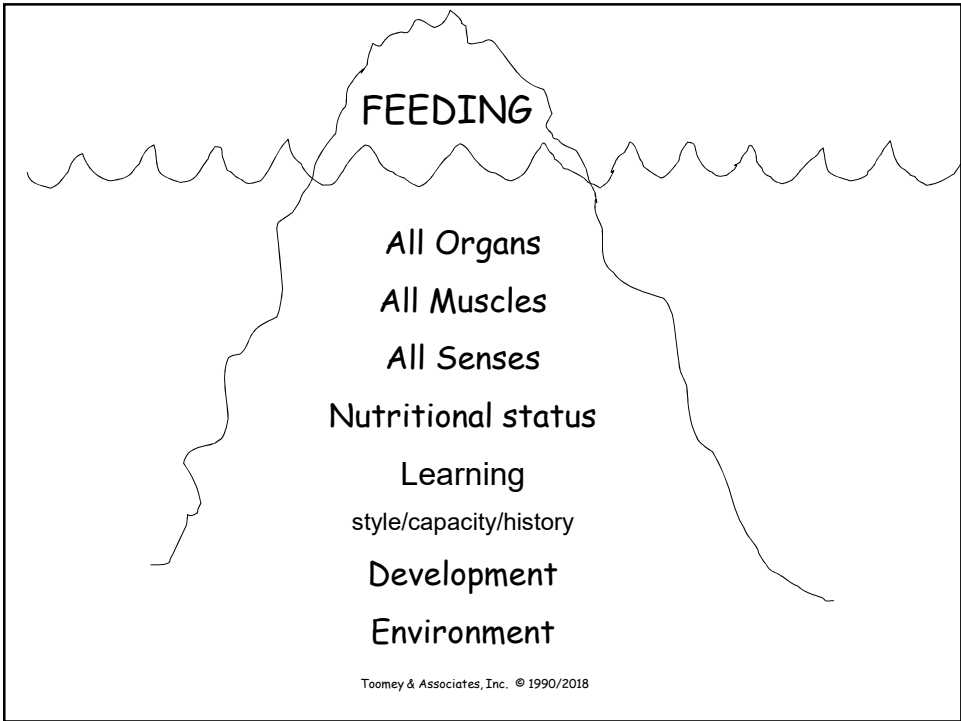
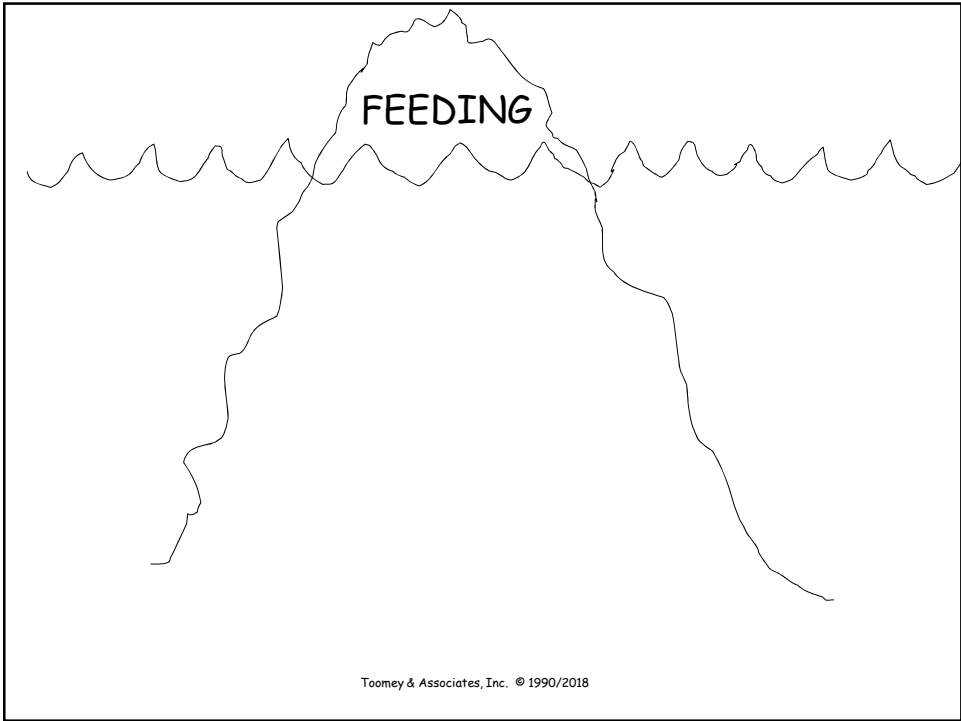
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## When and Why do children become Picky Eaters or Problem Feeders?

### WHY

- Children who have identified or unidentified (usually mild) physical issues often don't fully manage these transition times => picky or problem feeding
- Our Family Mealtime Structure, our Ability to be a Good Role Model, and whether we allow our children to Food Jag, ALL play a role in the development of our children's relationship with food.

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**Physical Issues** to consider in Feeding:

**EATING MYTH**

= "Eating is the body's #1 Priority

**FACTS:**

Breathing = #1 Priority

Postural Stability = #2 Priority

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**Physical Issues** to consider in Feeding:

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= "Eating is the body's #1 Priority

**FACTS:**

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RE: Postural Stability

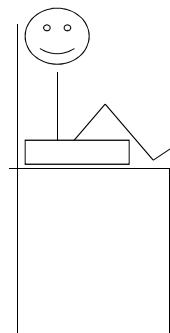
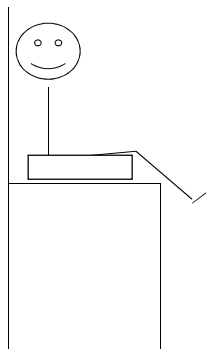
**Children with Low Muscle Tone May...**

- Slouch while sitting
- Prop when sitting
- Joint lock/fix
- Slide out from underneath tables/trays
- Not self feed
- Prefer to stand and eat
- Like to walk around and eat
- Appear stronger than they are because of joint locking

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**90-90-90**

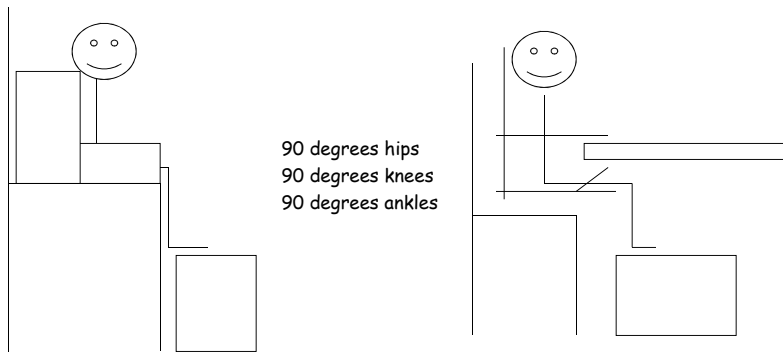
Incorrect



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## 90-90-90

Correct



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## Seating Recommendations:

- No-skid mat under rear-end
- Foot rest (create for high chair and under table)
- Side supports if needed (High Chair Helper)
- Infant Feeding Chair, Bouncery Seat or Swing Seat for 6 months - 7/8 months (slight tilt back)
- High Chair (upright position) for 7/8 months - 14/16 months
- Sassy seat or Adjustable Chair for > 14-16 months

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## **SENSORY SYSTEMS:**

### External Environment Information

1. Visual (Vision)
2. Tactile (Touch)
3. Auditory (Hearing)
4. Olfactory (Smell)
5. Gustatory (Taste)

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## **SENSORY SYSTEMS:**

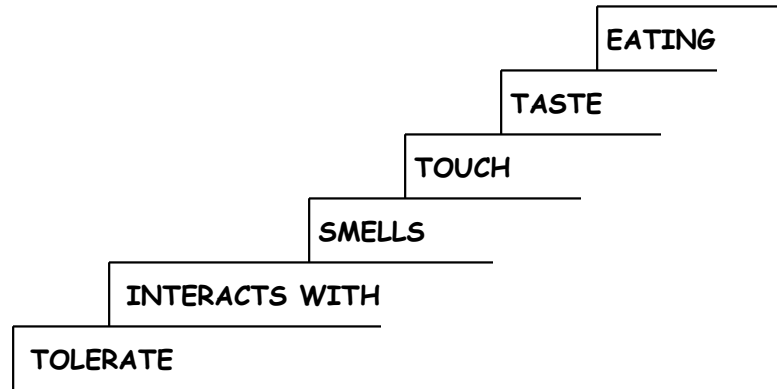
### Internal Environment Information

6. Proprioception = position, location, orientation, and movement of the body muscles and joints
7. Vestibular = balance and orientation in space relative to gravity
8. Interoception = ability to read your internal body signals
  - > Sleep
  - > Toileting
  - > Appetite
  - > Temperature recognition
  - > Illness recognition
  - > Emotion regulation

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## STEPS TO EATING

Myth = Eating is a 2 Step Process



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Physical Skill Issues to consider in Feeding:

### Oral Motor Skills

- 4-6 month Anatomical/Reflex Shift
- Tongue Tip Lateralization
- Rotary Chewing

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## Anatomical Issues: 4 - 6 months

- Major change in anatomy
  - Downward-forward growth of mandible
  - Tongue no longer fills oral cavity
  - Breast and/or bottle nipples no longer automatically compressed inside the mouth
  - Tongue must be active to help achieve compression
  
- Reflexes for eating "go away"

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EATING MYTH = Eating is instinctive

### FACT

- Eating is instinctive for the first 4-6 weeks of life
- Eating is reflexive between 1 and 6 months of age
- After 6 months of age ...

**Eating is a Learned Behavior**

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After 4-6 months, a child has 3 choices...

□ Learn TO eat

□ Learn to NOT eat

□ Learn to KIND OF/SORT OF eat

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HABITUATION = learning to eat new foods

□ CLASSICAL: UCS = new taste  $\implies$  UCR = rejection

□ OPERANT: same, somewhat familiar taste  $\implies$  DESIRABLE CONSEQUENCE  $\implies$  willing to try

REPEATED TRIALS...

same taste  $\implies$  Desirable Parental Response  $\implies$  tries again

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## Oral-motor skills critical to teach:

### Tongue Tip Lateralization

- Required to transition onto textured table foods
- Required to achieve correct positioning of food onto back molars for chewing

### Rotary Chewing

- Required to eat "real" meat, hard/raw vegetables, and hard raw fruits (especially with peels)

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## Other Critical Developmental Shifts

### 12-14 Months = shift in flavor perception

### 18-36 Months = shift in self awareness

- Aware of self as own person, so really aware of what does and doesn't feel good sensory-wise
- Aware of own opinions and that I can actively do something about it (eg. "no")
- Cognitive shift from sensori-motor to magical thinking
- Desire to "food jag"

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## Other Critical Developmental Shifts

- 5-7 years = shift to Logical Thinking
  - Desire to Food Jag
  
- 9-11 years = shift to Abstract thought
  - Desire to Food Jag

When children shift from one cognitive stage to the next, their sensory functioning regresses

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## **MANAGEMENT OF FOOD JAGS**

- What are Food Jags?  
Eat the same food prepared the same way every day or at every meal.
  
- The problem with food jags  
Children eventually get burned out on these foods and they are typically permanently lost out of that child's food range

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## Preventing Food Jags

- 1. Offer any one particular food ONLY every OTHER day
  - Because children should be eating every 2.5 to 3 hours during the day, they should be eating 4-6 small meals a day (average = 5)
  - At EVERY sitting they should be offered one protein, one starch, one fruit or vegetable
  - To get through 2 full days without repeating a single food means your child needs 10 different proteins, 10 different starches and 10 different fruits/veggies that they will eat regularly

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## What if your child doesn't have enough variety in their diet?

- Picky eater/problem feeder
- Medically restricted food choices (eg. Allergies)
- 2. If a child does not have a wide enough food range to eat 3 different foods at each of 5 meals across the course of 2 days, then a Parent needs to Change Something About the Physical Properties of that Food EACH TIME IT IS EATEN
  - 1<sup>st</sup> => **Change the Shape**
  - 2<sup>nd</sup> => **Change the Color**
  - 3<sup>rd</sup> => **Change the Taste**
  - 4<sup>th</sup> => **Change the Texture**

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## Preventing Food Jags

□ The “JUST noticeable difference”

A *large* enough change to be noticed,  
but *small* enough that your child  
will still eat the food

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## GENERAL TREATMENT STRATEGIES

□ Social Modeling:  
= Teaching the Social Experience of Eating

1. family meals

2. model good feeding behaviors

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## Social Modeling

3. discuss the foods being served  
Eating Myth = meals should be solemn
4. over-exaggerate motor movements
5. imitate child's eating

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## Social Modeling

6. child is not to be the focus
7. food is to be Fun

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## Social Modeling

8. child should be involved in all aspects of the meal that he/she can
9. do not punish child at meals\*
10. child needs to stay at the table  
=> no "time out" during meals

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## ISSUES WITH ADRENALIN

- Causes Appetite suppression
  - Hypothalamus; amygdala; hippocampus; gut all play a role in appetite
- shifts child into "React mode" versus "learning mode"

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## Structure to Meal and Snacktimes

1. use same place or designated surface  
=> buy new placemats as a "cue to eating"
2. follow same time schedule - a child older than 18 months needs to eat every 2.5 to 3 hours throughout the day

Eating Myth = children only need to eat 3x's

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WHO Multicentre Growth Reference Study Group, *Acta Paediatrica*, 2006 (450): 27-37.

"Complementary feeding in the WHO Multicentre Growth Reference Study"

- N = 8440 children from Brazil, Ghana, India, Norway, Oman and USA
- Ages = birth to 24 months

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WHO Multicentre Growth Reference Study Group,

- Mean age for introducing foods = 5.4 months
- Typical # solids meals at 6 months = 2
- Typical # of solids meals at 9 months = 4
- Typical # of solids meals at 12-24 months = 4-5
  
- 6-12 Months: Average # Total meals per day = 11
  - Total = breast, bottle and solids feedings
- 12-24 Months: Average # Total meals per day = 7

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### 3. Routine to Family Meals

Step 1 = warning

Step 2 = transition

= "it is time to wash hands now"

Step 3 = sit at table with empty plate

Step 4 = Family Style Serving

= everyone gets a little of EVERY food served  
(use a "Learning Plate" if needed)

Step 5 = Clean Up

= throw or blow one piece of every food  
served at that meal into trash/scraps bowl

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## Structure to Meal and Snacktimes

4. only 3 foods at any one time depending on how visual your child is (serve more than one course if need to), making sure that every meal and snack has a minimum of =  
1 protein, 1 starch, 1 fruit/vegetable

Eating Myth = Only certain foods are Healthy, and we can only eat Specific Foods at Specific Times of the day

**"Food is Just Food"** => nutrition and texture

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## References:

- James Lock, MD., PhD. re: "black and white" thinking in Picker, L. (2002), *CHILD*, November, 116.
- Steve Bratman, MD., (2002), Health Food Junkies, *CHILD*, November
- Donna Spruijt-Metz, PhD. re: "food restriction on desired food backfires" in Clayton, V. (2002), *CHILD*, November, 110-114.

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Ventura, A.K. & Birch, L.L. (2008). Does parenting affect children's eating and weight status? International Journal of Behavioral Nutrition and Physical Activity, 5, 5-15.

Research Review of 66 studies:

1. Higher levels of parental pressure are associated with lower levels of child intake and weight; and higher ratings of child "pickiness"
2. Being rewarded for eating a food (ie. get dessert) leads to less liking for that food
3. Restrictive feeding practices can increase intake of and preference for palatable foods; and increased eating in the absences of hunger

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## Structure to Meal and Snacktimes

5. present foods in manageable bites
6. Rule of Thumb = 1 tablespoon per year of age (up to the age of 10 years)
7. limit meals/snacks to 15 to 30 minutes

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## **RED FLAGS**

- is this child a candidate for referral?

- ☞ **Ongoing poor weight gain, weight loss**
- ☞ **Ongoing choking, gagging, coughing during meals**
- ☞ **Ongoing problems with vomiting**
- ☞ **More than once incident of nasal reflux**
- ☞ **History of a traumatic choking incident**

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## **RED FLAGS**

- ☞ **History of eating + breathing problems, with ongoing respiratory issues**
- ☞ **Inability to transition to baby food purees by 10 months**
- ☞ **Inability to accept any table food solids by 12 months**
- ☞ **Inability to transition to a cup by 16 months**
- ☞ **Has not weaned off most/all baby foods by 16 months**

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## **RED FLAGS**

- ☞ **Aversion/avoidance of all foods in specific texture or food group**
- ☞ **Food range < 20 foods, especially if foods are being dropped**
- ☞ **Family is fighting about food/feeding**
- ☞ **Parent repeatedly reports the child as difficult for everyone to feed**

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The SOS Approach to Feeding

# **Sequential Oral Sensory**

And Save Our Ship!

Dr. Kay Toomey

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## TENET 1

= Myths About Eating interfere  
with understanding and  
treating feeding problems

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## TENET 2

= Systematic Desensitization  
is the best first approach  
to feeding treatment

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## SYSTEMATIC DESENSITIZATION

The use of competing "relaxation" responses (= Play with a Purpose) during exposure to a graduated hierarchy of challenging things/stimuli about eating/food (= Steps to Eating) to help a child overcome their difficulties.

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## TENET 3

= the "Normal Development" of feeding gives us the best blueprint for feeding treatment

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## TENET 4

= Food Hierarchies/Choices  
play an important role in  
feeding treatment

- you can achieve sensory and oral-skill progression with food choices rather than "doing to" the child
- food hierarchies help sensory systems shift slowly into accepting new foods

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