

Food Therapy Booklet

Advice for parents and professionals supporting children who are reluctant to try new foods



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The aim of this booklet is to pass on the knowledge we have gained through our experience of running the food therapy project at Brookfields School; a specialist special educational needs school, in Reading, Berkshire. We recognise that, whilst we have significant experience, having run the project for 5 years, we cannot account for, or cover every reader's situation. Therefore this booklet cannot provide a personalised treatment programme. We hope however that it offers some ideas and tips which will lead to success.

For every child you will need to know why they are not eating. You MUST have their eating issues assessed by qualified professionals to make sure there is no: physical, mechanical, medical or dental reason that is preventing their progress. The child's safety is imperative. The advice given by paediatricians, therapists and dieticians overrides the advice given in this booklet.

Food Issue	Description	Next Steps
Physical	The child may have an illness or condition which affects their ability to eat.	If yes, STOP and seek advice from qualified professionals.
Mechanical	The child may have difficulties chewing, controlling the movement of food in their mouth or swallowing.	If yes, STOP and seek advice from qualified professionals.
Sensory	The child may over-respond or under-respond to sensations in or around their mouth. For example, <ul style="list-style-type: none"> ▪ If a child over-responds to tactile information, some food textures may feel overwhelming or painful inside a child's mouth ▪ If a child under-responds to tactile information, they may not be able to feel the food in their mouth ▪ If a child has poor body awareness they may not feel stable when seated for eating. 	If yes to any of these points please continue reading, combining these suggestions with any specific advice from an OT.
Developmental	Neophobia is a stage of normal development in which most children limit new or novel food intake. It begins at around 18 months. The purpose is to prevent children eating things that are potentially dangerous. Therefore, it is driven by a need to feel any food is safe.	If yes, please continue reading.
Behavioural	A learned response to food that may have its origins in prolonged neophobia.	If yes, please continue reading.

The advice in this booklet is aimed at helping children with sensory, developmental or behavioural difficulties only.

Food Neophobia – Is that food safe to eat?

Food neophobia is the reluctance to tolerate, try or eat new foods. It is typified by avoidance behaviour which impacts upon food preferences and choice. In evolutionary terms it is important



because it prevents us from consuming potentially hazardous matter, at a stage in our development when we don't know any better and we are able to toddle away from our parents' ever watchful eyes.

At this stage of development, we become particularly wary of food that is a different colour. For example, we avoid green (because this colour is associated with stagnancy or mould) and we avoid black (because this colour might indicate decay).

We are also wary about food moisture (wetter food might indicate slime). We become suspicious of any food that is different to the foods we know and trust.



In typical development, the process of overcoming food neophobia involves the child learning to categorise food and food properties, into groups and then generalise these groups. At the same time the child is watching other people eating different types of food and their trust builds.

Problems with food intake can affect any group, but at Brookfields School we see many children with the diagnosis of Autism being referred to our food therapy service. Autism is a condition in which individuals may struggle to categorise and then generalise many things including food.

Understanding that the developmental purpose of food neophobia is linked to safety and that feeling safe is associated with feeling relaxed and calm, underpins our food therapy approach at Brookfields School. We therefore create a relaxed, stress-free environment where we are able to model that new food is safe to touch and eat in order to make progress.



Parents – here are a few words for you

In our experience, some of the parents we have met have blamed themselves for their child's food challenges. They talk to us about how they have tried to encourage their child to eat but their sense of failure is often great and they have given up because trying is stressful for them and their child. This is a common story and completely understandable. After all:

- Eating is the most difficult sensory activity a child can do¹.
- Eating is also a many-step process and a lot of children struggle with the skill level required.

¹ Toomey, K. A and Ross, E. 2013

- Across the country the level of services (to help parents of children with food neophobia) varies – it can be difficult to find the right help.

We urge you to cast away any guilt and think about food in a fresh light.



We get best results if we forget the ultimate aim of eating altogether.

When food becomes a medium for stress-free play and fun it becomes much less scary (and remember it is about feeling safe and not scared). For best results keep the following three words in the forefront of your mind:

Fun, stress-free and do-able.

Next step – finding a food friend. Are you the best person to help?

A food friend is the person that will consistently work with the child on this project.



It's time to be honest. If you can't stand mess, the smell of food, mixing foods, the texture of foods or have an allergy, don't start this project. It is of no fault of your own that you are not the best person to be a 'food friend' for your child; your own anxieties or food intolerance may negatively impact on the progress of your child. It might be better to involve someone else.

How to be a top food friend

- Be relaxed – stop caring about whether your child eats a varied and wholesome diet – you can work on the finer points of healthy eating in the future. In fact, the less you expect your child to try new foods, the better. Removing your expectations reduces the stress around food. Once your child feels relaxed, they feel safer around food.
- Be positive – remember the above – your goal is now to be positive about ANY interaction with food whatsoever. If you are being truly positive you can't fail. When a child purposely drops food in one of our sessions we don't see this as a problem, we see this as an interaction with food. When the child only looks at a new food, we praise them as they've looked at a new food which for them can be a really big deal.
- Don't be put off if your child spits out the food. Spitting out is part of the normal process of learning to eat.
- Be persistent – It can take 10-15 times (sometimes in our experience, even more) for a child to interact with a new food.
- Expect mess – relish mess! Remember, it's tricky to be neater when you're turning into an eater.



- Always eat the food yourself first to show it is safe. **This is key.**
- Be honest – show and tell your child what you are doing with food. This sincerity means you must always be open and up front. Show your child exactly what foods they will be interacting with and then show them this is safe by interacting with and eating some yourself.
- Empathise with your child's fears – imagine being faced with the prospect of eating your worst food. It's ok to tell them you understand that they find this hard.
- Be prepared to be fed by your child. This is a good way to engage your child, showing them that the food is safe.
- **Make all interactions fun and stress-free**



Things a food friend should avoid

- If you or your child are having a bad day, don't start new food play; wait until you are both calmer.
- Don't beg or plead with your child to eat – that's stressful.
- Threatening and bribery are a no-no too.
- Never force feed.
- Don't mix food behind your child's back.
- Don't sneakily mix medicines with your child's favoured foods – they need to trust you. Talk to the doctor in a clinic – it may be useful for the doctor or pharmacist to know what flavours or colours your child likes. There may be alternatives to oral medicine that suit your child better.
- Don't tell your child the food is something that it's not e.g. these are branded crisps when they are a supermarket own brand because your child will know; remember, they have to trust you if they are to feel safe about new food.
- You can be negative about the food you have eaten e.g. 'I didn't like the taste of that' but don't be negative about your child's progress e.g. 'we're not getting anywhere' 'he's never going to eat that'; or speak negatively about food that hasn't been tried e.g. 'urgh, I'm not trying that'.

FOOD FRIEND

DO's & DON'Ts CHECKLIST

DO's		DON'Ts	
Be relaxed and positive	✓	Play with food on bad/stressful days	✗
Accept spitting as part of process	✓	Beg or Plead	✗
Be persistent	✓	Threaten or Bribe	✗
Expect mess	✓	Force Feed	✗
Eat food first -show it's safe	✓	Mix/prepare food out of sight	✗
Be honest and empathise	✓	Hide medicines in favourite foods	✗
Let your child feed you	✓	Pretend the food is something else	✗
Make it fun and stress free	✓	Be negative about progress	✗

Here are some ideas that have been successful for us:

Trust

However long it takes, build up the trust between you and your child. The greater the investment in this, the better the results.

Environment

Seating - postural stability (the ability to keep oneself balanced and prevent falling) is very important. Humans don't prioritise eating if we are not feeling steady. Stability can be achieved in a range of ways, it doesn't have to involve being sat at a table, although positioning here is important too. See the illustration on the right for a seated position that gives better postural stability if sat at a table; the child's hips, knees and ankles are at 90°.



However, when the children are playing with food in our sessions, they are rarely sat at a table. They might be kneeling on the floor, sat on a beanbag or walking around. These are positions that they have chosen and feel comfortable in. It is important to allow them to choose their position as this will help them feel more relaxed.

We have found that using a room with immediate access to a sink is useful.

Noise levels

Some children like to eat when it's noisy and some find noise overwhelming and this prevents them concentrating on any new activity. Find out what level of noise suits your child and go with this. If they prefer a quiet environment limit how much you chat or use a quiet voice.

Communication

If your child has limited receptive language (understanding of what is being said), keep words to a minimum. Use key words only; too much chat can be confusing.

For every child, find a positive response (and a happy facial expression) for every small interaction with food. Here are some examples; give praise for: looking at the food, touching the food, poking the food, smelling the food, feeding someone or something else with the food, scraping the food into the finished-bowl at the end of the session (see 'How to Present The Food' section for an explanation of the 'finished-bowl').



Sensory processing

We approach all tasks with more skill and ability to learn if we are calm yet alert. Learning to eat is no exception. Occupational Therapists advise on activities to help children achieve this state. There are also some good books and resources that give more generalised ideas (see references and suggested reading at the end of this booklet). It is important to make sure your child is in a good place (regulated) before food is introduced. We sometimes spend over half of our allotted session time working on this.

Play

This is going to be different for each child and their developmental level. Some of our children love playing 'hide the crisp' whereas others like pretending to be food chefs or connoisseurs. You are trying to create meaningful fun for your child. Play is child-led and we urge you to just go with the flow.

Find out what motivates your child and use it to be creative, spontaneous, silly, and fun – whatever it takes to engage your child.

Throughout your play, make sure you are modelling eating the food yourself. Modelling is key to success.

Activities for the mouth

Oral motor exercises can help the muscles in the mouth and face work more effectively for speech, eating, saliva control and sensory regulation (helping us stay in a calm yet alert state). The following are ideas and games that we encourage the children to play and have found useful:

- Blowing bubbles works on breath control and lip movement; bubbles are a hit with most of our children!



- Playing a funny face making game using a mirror. This exercise works on overall facial muscle control and movement. It allows your child to see what happens when they move their lips, cheeks and tongue in different ways.
- Blowing toys like windmills, blowing through straws, the floating ball game and warbling bird whistles promote sucking and blowing skills
- If an Occupational Therapist recommends vibrating toys, they can be used around the face and mouth.



Your child

Find an activity that will relax your child at the start of the session. As mentioned above, an Occupational Therapist can advise on sensory regulatory activities. Some of our children like to bring their own toys to the session. We use a three step process: we initially let the child play with their chosen toy or equipment. When they are ready, we join in their play and finally we introduce food into the game.

If the child is able, we include them in choice making; for example, we might say ‘this week we have tried smiley faces, mash and chips. Which of these would you like to choose next week? Is there anything else you want to try?’ You can try asking them to score the food out of 10 and how they could improve the score, it’s more fun if you join in too!

The family

If you are a professional you will need to inform the child’s family that you are starting this project. In our experience, all of our children have made greater progress when their families have been on board and willing to try the techniques at home.

Some of our families have found using the techniques we suggest challenging and that’s ok – it’s not for everyone, but they have got involved by establishing a family mealtime together so their child watches others eat and enjoy their food.



Food

We consider all food to be equal; a chocolate button is just as worthy as any other food, if it's never been tried before. Our sessions are about helping the child feel relaxed and safe when experiencing something new.

A limited diet that covers all food groups can still be healthy – some foods considered to be unhealthy still contain useful components. Did you know that chocolate contains: calcium, copper, iron, magnesium and phosphorus and tryptophan which increases serotonin levels making us feel less stressed and happier²?

Remember if your child has had their calorific intake for the day they will be less interested in eating but you can still play with food. A dietician can advise on calorie intake for your child or more general information is available through various websites e.g. www.kidsandnutrition.co.uk/how-many-calories-does-your-child-need

Avoid having a fun-food-play-session at mealtimes. This is because you don't want your child to feel concerned that their 'trusted' mealtime is going to be different. As you progress, you can extend the new and trusted foods into mealtimes.

If you are a professional you will need to complete a food hygiene course in order to prepare or heat food. There is online training available.

How to carry out a food therapy session

Always disinfect any work surfaces before and after the session – always wash your hands and your child's (where possible).

Provide a wet or dry flannel for wiping food off hands/face etc. depending on what your child responds best to.

Take the food out of its packaging and present it in clear plastic containers – over time, this helps brand dependent children swap their focus from the packaging being safe to the food being safe.

Always have a 'finished-bowl'. This is a clear plastic bowl that acts as a bin. It benefits from being clear because your child is still able to see the food they have rejected. It should look different to the clear plastic containers in which you are presenting the food. This is so that it can be easily recognised by your child. Your child may want to reject the foods you are presenting and that's ok but they must put the food, or help put the food, in the finished-bowl. If you or your child have put food in your mouth and decide you don't like the food, you could either swallow it or spit it into the finished-bowl. Being able to spit food out is important if you are learning to trust food.

When it is time to tidy up encourage your child to put all foods into the finished-bowl. This is another great way to interact with non-preferred foods.

Initially, when choosing foods to use in your session, start with known, preferred foods.

² Legge, 2002

We then use this food in different ways; here's one example - if a child likes onion rings, we might crumble them, hide them in our hands, balance them on our fingers or nose, cut them up, spin them on a straw. Most importantly, we would then eat the food. This shows the child that food is safe to eat even if it is presented differently.

You may need to play with preferred foods for several sessions until you feel your child trusts you and understands the structure of the session (and that they are not going to be forced to eat anything).



When choosing new foods, think about food properties such as texture, colour, taste, dissolvability of the food ('bite-dissolve' foods may have been recommended through the Speech and Language Therapy assessment). Work out the properties of your child's preferred foods and choose a new food that has similar properties with only minimal difference - see table below as an example

Properties	Preferred food – onion rings	New food - Cheerios
visual	larger circle with hole	smaller circle with hole
texture	dry	dry
taste	savoury	sweet
sound	crunchy	crunchy
colour	shade of brown	shade of brown

If we mix foods (for example two preferred foods or a preferred food with a new food), we do so in front of the child and also tell them what we have done. We then eat some to model that mixing food is safe even though it has changed.

We include any willing child in all types of food preparation, mixing, pouring, mashing etc.; this also extends to tidying away. At the end of every session we indicate clearly that the session has finished and that it is time to tidy up. It is really beneficial for your child to help you. We ask the children to scrape, tip or pick up and place the foods into the finished-bowl. Some of our children enjoy hoovering up afterwards.

Keep the session short but regular. Some of our initial sessions have involved 20 minutes of sensory calming activities and 5 minutes of food play.

FOOD THERAPY SESSION CHECKLIST

ACTION	
Are you all feeling in the right place to start a food therapy session?	✓
Prepare activities that make your child feel calm yet alert	✓
Disinfect surfaces and wash hands	✓
Have a wet or dry flannel ready for wiping hands	✓
Take food out of packaging and put in non-descript containers	✓
Put the Finished-bowl in a known place	✓
Start by having fun/playing with known/preferred foods	✓
Choose new foods with similar properties to play with next	✓
If mixing the food, do so in front of your child	✓
Include your child in preparation and tidying (where possible)	✓
Short and regular session time	✓

The Bigger Picture

When you embark on a project like this, define your goal. Make it realistic, small and achievable – you can always make another one when you achieve greatness.

Remember, all interactions with new foods, however small, are given an equal weighting; all signify progress.

Your child could be seemingly stuck at a certain stage for a long time but don't give up because, in our experience, this 'plateauing' is part of the process.

Record progress to keep track of success. If your child is able perhaps involve them in this process to reinforce their achievements.

Change is unlikely to happen over-night – remember the hare and the tortoise scenario – don't rush things.

Consult closely with everybody involved in supporting the child e.g. parents, teachers, respite staff and family. You may find others have had success with new foods you haven't tried. Consistency in approach across all settings speeds-up progress.

Some people have approached us and asked whether they should stop using the ideas they are using successfully because they are different to our suggestions. We always suggest that if an idea is working, carry on (and give yourself a pat on the back!)

And finally.....



Thank you for reading. We hope you enjoy stress-free food play with your child 😊

References and Resources

References

Toomey, K. A and Ross, E., 2012. Picky Eaters vs Problem Feeders; The SOS Approach to Feeding – course notes.

Can't Eat, Won't Eat; Dietary Difficulties and Autistic Spectrum Disorders by Brenda Legge (2002). Published by Jessica Kingsley Publishers LTD London

Food therapy courses that have helped us enormously:

Birmingham Food Refusal Service - www.foodrefusal.co.uk/education-and-training

Sensory Integration Education - www.sensoryintegration.org.uk

SOS Approach to Feeding - <https://sosapproach-conferences.com>

Books

Pre-Feeding Skills; A Comprehensive Resource for Mealtime Development by Suzanne Evans Morris and Marsha Dunn Klein (2000). Published by Therapy Skill Builders available from www.PsychCorp.com

I Will Not Ever Never Eat a Tomato featuring Charlie and Lola by Lauren Child (2001) .Published by Orchard Books

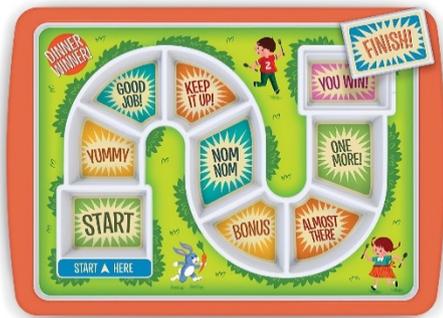
Just Take A Bite: Easy, Effective Answers to Food Aversions and Eating Challenges by Lori Ernsperger and Tania Stegen-Hanson (2004). Published by Future Horizons

Helping Your Child with Extreme Picky Eating: A Step-by-Step Guide for Overcoming Selective Eating, Food Aversion, and Feeding Disorders by Katja Rowell (2015). Published by New Harbinger Publications

Other Ideas

Please be aware that these may not be appropriate for all children.

Fred DINNER WINNER Kids' Dinner Tray. Available from Amazon



A board game/tray with segmented sections that can be used for portions of food. There are various designs to appeal to different children.



Fred FOOD FACE Dinner Plate. Available from Amazon

Children are encouraged to have fun decorating the plate face with their food; creating a hat out of peas or a beard from potatoes etc.

Apps

Smart Oral Motor



Copy a duck named Clever in a range of oral-motor (mouth area) exercises such as sending a kiss, puffing out cheeks, and tongue movements, to help develop oral praxis.

www.smartyearsapps.com/smart-oral-motor-2

TOCA Kitchen Monsters



Offer food items to the monster, and if the monster refuses the food, consider other ways to prepare it that might be more appealing. With simple graphics and colours most suited to young children, this app explores food and mealtime behaviour, in a non-threatening way that is fun and engaging.

www.tocaboca.com/app/toca-kitchen-monsters

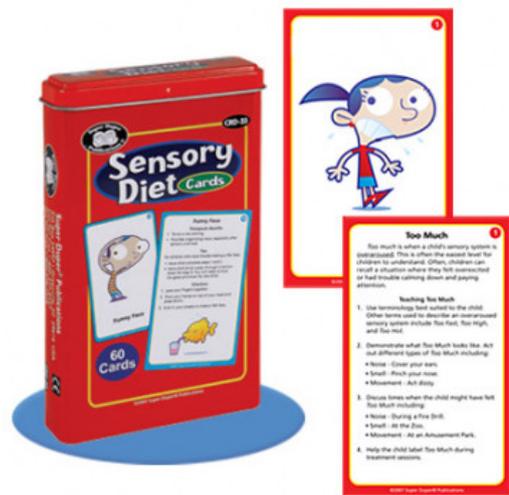
Sensory Regulation

Sensory Diet Cards

The cards present ideas and activities. They help the user understand why these activities are useful.

<https://www.sensorydirect.com/sensory-diet-cards>

For a comprehensive list of books on sensory regulation visit www.manula.com/manuals/si-network/si-network-amazon-shop/1/en/topic/sensory-diet



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www.facebook.com/maisyinstonillustration

www.instagram.com/maisyinstogram

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Brookfields staff, parents and children who have played, laughed, crumbled, poked and enjoyed food in all manner of ways, all in the name of therapy 😊

A page to record your progress.....