



- Delayed Speech
- Developmental Coordination Disorder
- Speech Impairments
- Non-communicative Speech
- Oral/Verbal Apraxia
- Language Disorders
- Feeding Difficulties
- Autism/Asperger's/PDD
- Developmental Delay
- Cerebral Palsy
- Sensory Integration Disorders
- Sensory Modulation Disorders
- Handwriting Impairments
- Fine & Gross Motor Delays



When to Get Help for Picky Eaters



Bonnie Hacker, MHS, OTR/L
Founder / Director

Problem feeding and picky eating are common problems among children, but 10 to 25% of parents become concerned enough about dietary intake to present the problem to their pediatricians.¹ For some children, problem feeding is more than just a normal stage of development. Aside from the family stress that can develop when every meal becomes a battle, studies have connected picky eating and problem feeding with being underweight², delayed growth³, upper respiratory tract infections⁴, development of anorexia nervosa,⁵ and susceptibility to chronic illness.⁶ Some research suggests that picky eating is a consistent pattern evident even in infancy⁷ and that some picky eaters do not improve with maturity.⁸



Picky eating has a prevalence of up to 80% among developmentally delayed children, but developmentally normal children are often picky eaters as well.^{1,8} Picky eating can stem from a number of possible causes including sensory integration disorder, motor skill deficits, neophobia, digestive disorders, nutritional deficiencies, and drug side effects. Regardless of the original cause for picky eating, children learn behavioral patterns around the picky eating practices. Even when medical/organic causes have been addressed, unlearning unproductive behavioral patterns is recommended.⁸ Most parents receive coaching on how to work with their picky eaters. Strategies include introducing new foods 12 to 15 times before giving up, not bribing, and being good parental role models for healthy eating. More help is available when it comes to helping picky eaters develop better nutritional habits. The pediatric speech and occupational therapists at Emerge - A Child's Place can help picky eaters with their ability to consume a healthy diet. Below are some indications that speech and occupational therapy from Emerge would be beneficial:

- Parents have tried suggested strategies and have still not achieved desired nutritional status
- Conflict over eating resulting in stress between parent and child
- Avoidance of all foods in a specific texture or food group
- Only eats hot or cold foods
- Slow growth: between the ages of 2 and 5 years, children typically gain between 2 lb. 3 oz. and 4 lb. 6 oz. per year
- Ongoing choking, gagging, or coughing during meals
- Food range of less than 20 foods, especially if foods are being dropped and not replaced with new foods
- The child refuses to eat at other people's houses, doesn't like eating in new restaurants, or resists foods simply because they are new.

At Emerge, each child receives an individual, expert evaluation from a pediatric speech and/or occupational therapist. This enables Emerge therapists to develop a plan of action that addresses each child's individual challenges correctly. Sessions may be individual or in carefully enrolled groups. Programs for children are fun, and children perceive them as play. Programs also include important education for parents. The end result is a child with increased food acceptance, increased variety in diet, and improved nutrient intake.

The Fun Place for Therapy



At Emerge, children find skilled therapists, colorful surroundings, and lots of toys and playful equipment. In general, Emerge is a place children like at first sight and look forward to visiting again. Important therapy has never been so much fun.

Please tell parents about Emerge – A Child's Place
Believing in a Child's Potential to Flourish

References

1. Mascola A, Bryson S, Agras W. Picky eating during childhood: A longitudinal study to age 11-years. *Eat Behav.* 2010; 11 (4): 253-257.
2. Dubois L, Farmer A, Girard M, Peterson K. Preschool children's eating behaviours are related to dietary adequacy and body weight. *Eur J Clin Nutr.* 2007; 61 (7): 846-55.
3. Lindberg L, Ostberg M, Isacson I, et al. Feeding disorders related to nutrition. *Acta Paediatr.* 2006; 95(4): 425-9.
4. Alarcon P, Lin L, Noche M, et al. Effect of oral supplementation on catch-up growth in picky eaters. *Clinical Pediatrics (Phila).* 2003; 42(3): 209-17.
5. Marchi M, Cohen P. Early childhood eating behaviors and adolescent eating disorders. *Journal of American Academy of Child & Adolescent Psychiatry.* 1990; 29: 112-117.
6. Manikam R, Perman J. Pediatric feeding disorders. *J Clin Gastroenterol.* 2000; 30(1): 34-46.
7. Jacobi C, Agras W, Bryson S, et al. Behavioral validation, precursors, and concomitants of picky eating in childhood. *J Am Acad Child Adolesc Psychiatry.* 2003; 42(1): 76-84.
8. Carruth B, Skinner J. Revisiting the picky eater phenomenon: neophobic behaviors of young children. *J Am Coll Nutr.* 2000; 19 (6): 771-80.