

10

FEEDING CHALLENGES: AVERSION

Module Overview

Total Time: 55 minutes

Learning Objectives

- Define and explain feeding aversion.
- Recognize reasons an infant or child might develop a feeding aversion.
- Recall signs that a child might have a feeding aversion.
- Understand what to do if you suspect a child has a feeding aversion.

Topics

10.1 What Is a Feeding Aversion and Why Might One Develop?

10.2 Signs of a Feeding Aversion

10.3 Feeding Aversion: What to Do About It

Materials

SUPPLIES	ACTIVITY SHEETS	HANDOUTS
<ul style="list-style-type: none"> ○ PowerPoint slides ○ Flip chart ○ Markers 	<ul style="list-style-type: none"> ○ Picky Eater vs. Problem Feeder Activity Sheet ○ Picky Eater vs. Problem Feeder Answer Sheet ○ Feeding Aversion Scenarios Activity Sheet ○ Feeding Aversions Scenarios Answer Sheet 	<ul style="list-style-type: none"> ○ Feeding Aversions Handout ○ Helpful Phrases Handout

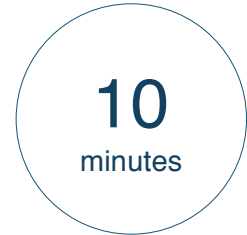
Prerequisite

- Module 2 (Mealtime Overview)
- Module 5 (Responsive Feeding), Topics 5.1 and 5.2

10.1

WHAT IS A FEEDING AVERSION AND WHY MIGHT ONE DEVELOP?

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| Supplies: | <ul style="list-style-type: none"> • PowerPoint slides • Flip chart • Markers |
| Activity Sheets: | <ul style="list-style-type: none"> • None |
| Handouts | <ul style="list-style-type: none"> • None |



Learning Objectives	<ul style="list-style-type: none"> • Define and explain feeding aversion. • Recognize reasons an infant or child might develop a feeding aversion.
Learning Activities	<p>Introduction</p> <ul style="list-style-type: none"> • Tell the group that you are going to talk about feeding aversions. <p>Feeding Aversions Large Group Discussion</p> <ul style="list-style-type: none"> • Ask the group: <ul style="list-style-type: none"> ○ Has anyone ever heard the term “aversion”? ○ What do you think a feeding aversion is? ○ How might it differ from picky eating? • Summarize and synthesize the group discussion. • Use the Trainer’s Notes to present the <u>Feeding Aversions Overview</u> to define feeding aversion. <p>Causes of Feeding Aversion Brainstorming Activity</p> <ul style="list-style-type: none"> • Tell the group that there are many reasons why an infant or child might develop a feeding aversion. • Break participants up into small groups. • Ask each group to brainstorm: <ul style="list-style-type: none"> ○ Why do some children develop feeding aversions? ○ What examples of children with feeding aversions can you think of? What might be the potential cause? • Have each group share about their discussion of why some children develop feeding aversions and one to two examples of children with feeding aversions. Write some of the reason discussed on the flip chart. • Use the <u>Reasons for Feeding Aversions</u> content in the Trainer’s Notes to discuss reasons for feeding aversion. • Present the <u>Additional Examples of Feeding Aversion Causes</u> content in the Trainer’s Notes to provide additional examples. <p>Summary</p> <p>Build participants’ empathy for feeding aversions. Tell them to imagine feeling sick to their stomachs, and that they may feel weak, achy, and nauseous. Ask the group:</p> <ul style="list-style-type: none"> ○ Can you think of a time that you felt like this?

- Do you want to eat when you feel this way?
- Do you want to try new foods when you feel this way?
- How would you feel if you felt this way and I placed food in front of you and told you to eat it?
- Use the Building Empathy for Feeding Aversions content in the Trainer’s Notes to facilitate a discussion about building empathy for feeding aversions.

Feeding Aversions Overview

- You might have heard that someone has a feeding aversion, an oral aversion, or maybe even a food aversion. A feeding aversion is a reluctance, avoidance, or fear of eating. This can be partial (meaning an aversion to certain foods, textures, or types of food) or full (meaning all foods) and is typically observed with children who are physically able to eat.
- Significant distress may be observed during feeding, including the child refusing to drink or eat, turning their body or head away from the food, crying, gagging, or even vomiting. Sometimes kids with an oral or feeding aversion do not like ANY sensations in/around their mouth, like having their teeth brushed or face washed.

Reasons for Feeding Aversions

- An aversion is usually developed over time and caused by either repeated negative or painful experiences while eating, or because of negative or painful experiences around the mouth and face. In many cases, children develop oral aversions due to experiencing medical conditions that made breathing or eating difficult or painful. It can also develop due to repeated negative mealtime experiences. Even when the medical condition or negative experience is in the past, the child may still have a very strong negative association (or bad memory) of eating and pain.

Examples of Feeding Aversion Causes

- If a baby is born early and cannot eat by mouth but instead is fed through a tube in their mouth or nose for a long period of time.
- If a baby has difficulty breathing and requires intubation or frequent suctioning in their nose and mouth.
- If a baby is born early and learning to eat by mouth and bottle feeding is offered before the baby can manage it comfortably.
- If a baby or child aspirates or used to aspirate (food or liquid goes into the lungs instead of the stomach) while eating and food/liquids put them at risk for choking or having respiratory problems.
- If a baby or child is being forced to try to finish more than they are able to.
- If a baby or child has a lot of trouble with GERD (Gastro Esophageal Reflux Disease) or acid reflux and experiences pain each time they eat.
- If a child struggles with constipation and experiences discomfort when they eat.

Building Empathy for Feeding Aversions

- Usually, children who develop feeding aversion have felt sick, in pain, or uncomfortable over a period of time. Maybe mealtimes have been unpleasant, scary, painful, or uncomfortable. Perhaps they learned from a very young age, “When I eat, it hurts and I don’t want to eat.” Occasionally, just the sight or smell of food can make a child feel sick, nauseous, or in pain again. Imagining how we feel when we feel sick to our stomach and our own reactions to food, smells, and mealtime may help us build understanding for children with feeding aversions.

Evidence of Learning

- Participants will be able to define feeding aversion.
- Participants will be able to name three reasons an infant or child might develop a feeding aversion.

10.2

SIGNS OF A FEEDING AVERSION

Supplies:	<ul style="list-style-type: none"> • PowerPoint slides • Flip chart • Markers
Activity Sheets:	<ul style="list-style-type: none"> • Picky Eater vs. Problem Feeder Activity Sheet • Picky Eater vs. Problem Feeder Answer Sheet
Handouts	<ul style="list-style-type: none"> • None

20
minutes

Learning Objectives	Recall signs that a child might have a feeding aversion.
Learning Activities	<p>Introduction</p> <ul style="list-style-type: none"> • Tell the group that often, it can be clear to a parent or caregiver that something is wrong when they have a child who has a feeding aversion, but they may not realize that the child specifically has a feeding aversion. <p>Feeding Aversion Brainstorming Activity</p> <ul style="list-style-type: none"> • Ask participants: <ul style="list-style-type: none"> ○ What might be a potential sign of a feeding aversion? • Have participants each name one sign of feeding aversion. Write down each sign on the flip chart as participants share. • Use the Trainer’s Notes <u>Signs of a Feeding Aversion</u> content to fill in any gaps and build an understanding of the signs that a child may have a feeding aversion. • Ask participants: <ul style="list-style-type: none"> ○ What might be the potential impact of a feeding aversion? • Have participants each name one potential impact of a feeding aversion. Write down each impact on the flip chart as participants share. • Use the Trainer’s Notes <u>Impact of a Feeding Aversion</u> content to fill in any gaps and build understanding of the potential impacts of a feeding aversion. <p>Picky Eater vs. Problem Feeder Activity</p> <ul style="list-style-type: none"> • Introduce the activity by telling participants that it can be difficult to determine if a child’s feeding challenge is a problem. Many caregivers struggle to tell the difference between picky eating and problem feeding. This activity will help build understanding of the difference between a Picky Eater and a Problem Feeder. • Ask participants to break up into groups of two or three people. • Provide each person with a copy of the Picky Eater vs. Problem Eater activity sheet. • Ask participants to discuss each of the descriptions and decide if it best describes

	<p>a child who is a picky eater or a problem feeder.</p> <ul style="list-style-type: none"> • After 5-10 minutes, when participants have had an opportunity to go through the entire handout, go through each of the descriptions listed as a large group. Use the Picky Eater vs. Problem Feeder answer sheet. • Facilitate a discussion to ensure understanding. <p>Summary Synthesize and summarize the discussion, using the activity note in the Trainer's Notes.</p>
<p>Trainer's Notes</p>	<p>Signs of a Feeding Aversion</p> <ul style="list-style-type: none"> • Intense food refusal • Refusing to eat even if the child appears hungry • Gagging or feeling sick at the smell or sight of food • Vomiting at meals or with attempts to eat • Irritable when placed in the position for feeding • Movement or posture indicating fear or avoidance (e.g., turning away, finger splay, arching/flexing body) • Crying or having a tantrum at every meal or at the table • Extreme fear response at the site of food or at having to go to the table • Gagging or intense refusal with tooth brushing or face washing <p>Impact of a Feeding Aversion</p> <ul style="list-style-type: none"> • Poor growth and nutrition • Compromised development • Impaired parent/child bonding • Difficult and unpleasant mealtime experiences for the child and other members of the family • Child/infant and parent distress • Parents lose/lack confidence in their ability to care for and feed the child <p><i>Picky Eater vs. Problem Feeder Activity note: A picky eater is defined as an individual who does not like a wide variety of foods and sometimes displays an unwillingness to try new foods (also known as choosy or fussy). Picky eating can be a normal developmental challenge but can be frustrating for caregivers. A feeding challenge, like feeding aversion, becomes a problem when it begins to impact growth, nutrition, and family dynamics. With problem feeders, it is necessary to seek professional help.</i></p>
<p>Evidence of Learning</p>	<p>Participant will be able to identify two signs that a child might have a feeding aversion.</p>

10.3

FEEDING AVERSION: WHAT TO DO ABOUT IT

Supplies:	<ul style="list-style-type: none"> • PowerPoint slides • Flip chart • Markers
Activity Sheets:	<ul style="list-style-type: none"> • Feeding Aversion Scenarios Activity Sheet • Feeding Aversion Scenarios Answer Sheet
Handouts	<ul style="list-style-type: none"> • Feeding Aversion Handout • Helpful Phrases Handout

25
minutes

Learning Objectives	Understand what to do if you suspect a child has a feeding aversion.
Learning Activities	<p>Introduction</p> <ul style="list-style-type: none"> • Introduce the topic and tell participants that this topic will help answer the question about what to do if you suspect a child has a feeding aversion or is at risk for developing a feeding aversion. • Remind the participants that a feeding aversion often develops over time and more than one factor may contribute to the aversion. This feeding challenge can be very complex and it is highly recommended that caregivers seek professional help. • Use the <u>Professional Help</u> content in the Trainer’s Notes to provide information about seeking help. <p>Improving Mealtimes Large Group Discussion</p> <ul style="list-style-type: none"> • Ask the participants: <ul style="list-style-type: none"> ○ In addition to getting help, what can you do to improve mealtimes in light of this feeding challenge? • Encourage participants to think of responsive and trauma-informed ways to improve mealtimes at home. Write down each idea on the flip chart as participants share. • Use the <u>Additional Ideas for Improving Mealtimes</u> content in the Trainer’s Notes to discuss recommended strategies to improve mealtime and add to the list created by participants. <p>Feeding Aversion Scenario Activity</p> <ul style="list-style-type: none"> • Introduce the activity by telling participants that this activity will help improve understanding of how to meet a child at their level. • Present the <u>Increasing Tolerance</u> content in the Trainer’s Notes.

- Present the list of small steps using a PowerPoint slide or write the following list on a flip chart as a reference for the activity:
 - Tolerates food in the same room, across the room
 - Tolerates food in the same room, next to the child
 - Tolerates food at the same table as the child
 - Tolerates food on the plate
 - Looks at food
 - Smells food
 - Touches food
 - Tastes food
 - Consumes food
- Divide the participants into four groups.
- Give each group one of the brief scenarios. Remind participants to “start where the child is at” and think about ideas they might be able to share to begin slowly working on mealtime at home. Tell participants to keep the list of small steps in mind.
- Ask each group to:
 - Identify what the mealtime challenge is.
 - Discuss what they might be able to ask the child to do next.
- After about 5 minutes, invite each group to share their ideas about the challenges and strategies they identified. Allow other groups to provide feedback.
- Use the Feeding Aversion Scenario Answer Sheet to guide the discussion.

Summary

Synthesize and summarize the discussion. Pass out the Feeding Aversions and Helpful Phrases handouts for participants to take home.

Professional Help

A feeding aversion can impact a child’s growth, nutrition, development, and family dynamics. If a feeding aversion is suspected, ask the child’s doctor for a referral to an occupational therapist or speech therapist that specializes in feeding difficulties or to a feeding clinic at your local children’s hospital. It is very difficult to address a feeding aversion without professional help.

Additional Ideas for Improving Mealtimes

- Remember that mealtime is about connection. Prioritize relationships and always respond with support and care.
- Work to reduce stress and pressure at mealtimes.
- Do no harm. NEVER force feed.
- NEVER trick a child into opening their mouth by tickling or making them laugh to sneak bites of food in their mouth.
- NEVER place food in a child’s mouth if they are gagging or refusing.
- Meet the child at their level. Start with what is acceptable to the child. Always introduce new foods and textures in a responsive, loving, and supportive way that honors where the child is at.

Increasing Tolerance

Always take a responsive, supportive, and loving approach. This means allowing the child to give permission, allowing the adults to learn to read the child’s cues, and getting back to the basics. When helping a child explore food and participate in mealtime, it is important to work slowly and expect change to happen little by little.

For example, if the child gags with food on the plate, you may have to start with just working on tolerating food at the table but not on the child's plate. Those small steps are important! Work on slowly increasing the exposure to the food and improving the child's tolerance to the sight, smell, touch, and eventually taste of the food.

Evidence of Learning

Participants will understand what to do if they suspect the child has a feeding aversion.