

Eating



Access to reliable and useful information is important for understanding the needs of individuals on the autism spectrum. Not only are individual's lives dramatically affected but the lives of their families, friends, schools and colleagues are too.

Based on our knowledge and understanding of common challenges that arise, we continually develop our information resources on a range of day-to-day topics and issues. Our fact sheets help many to understand, develop practical skills and build confidence when interacting with someone on the autism spectrum.

As a parent the most satisfying thing is to see your child nourished and growing. A child refusing to eat or not eating a well balanced diet is one of the most difficult things to contend with. Many parents of children and adults on the autism spectrum report difficulties with eating.

There may be a number of reasons for this but first and foremost it is vital to look at the person's health and get a medical check in order to eliminate any serious illness.

It is then necessary to look at the individual profile of autism and how that may be impacting on eating habits and preferences. It will also be important to look at sensory issues as many people on the autism spectrum have sensory integration difficulties and this may impact on their eating and environment. Some people on the autism spectrum are reported to have difficulties with food intolerances and allergies.

Some of the things that you may want to think about when looking at your child /adult's autism in relation to eating are;

Examples of Health issues

- Bowel problems
- Oral motor (drooling, tongue thrust, chewing, swallowing)
- Refusing to eat
- Sore throat
- Pica (crave and eat non food items)
- Teeth

If you have any health concerns always check with your GP or health professional (dietician) for advice on these matters. Look out for bowel problems being associated with drinking a large amount of milk and milk products like yoghurt, custard, cheese or eating large quantities of bread or wheat products. This could indicate food intolerances.

A speech and language therapist may help with exercises for oral motor skills and advise on foods to increase chewing ability.

Keep a food diary which will help to indicate routines likes/dislikes and intake of food and drinks. This can also be used to help motivate the person by drawing up a motivator checklist.

Communication

- Does he communicate (can he express what he wants / likes / dislikes)
- Does he use a communication system
- Does he express when he is hungry
- Is he motivated by food

Help the person to communicate their likes and dislikes around food. You should consider objects; pictures and photographs (menus).

Communication systems should be devised at the level of communication skills the person has. A speech and language therapist may assess this and advise on the right level to pitch the support.

Social eating

- Does he follow a routine for eating
- Does he sit at the table, use cutlery, drink from a cup etc.
- Can he tolerate eating beside others

A good established routine with regular meal times around eating along with the right eating environment e.g. sitting down at a table or high chair if child is young, will help the person develop associations with meal times and accept this as part of the wider daily routine. It may be helpful to consider their favourite characters i.e. Thomas the tank, dogs, cars etc to use in the routines to motivate them to attend.

Sitting position is also important. Some people have gross and fine motor problems or fidget on the seat and this can be helped by cushions or rubber mats or lightly weighted waistcoat. An occupational therapist can help in assessing difficulties with coordination and provide supports around this.

Thinking around food and eating

- Is he only eating certain foods
- Are there certain foods he will eat and won't eat
- Think about the textures of food
- Are the foods he eats certain colours, shapes, textures
- Some people may experience difficulties with transition (e.g. finishing playing to come to the table) or after experiencing sore throat or teeth problems which make eating difficult they find it difficult to re-establish a normal eating routine.

Sensory

- Is he averse to foods touching
- Is he only eating certain textures, colours, or shapes of food (this could also be thinking around food)
- Does the person have difficulty with the temperature of food
- Are certain smells causing retching or upset
- How is the food presented visually –some people cannot recognise foods e.g. banana looks different with the skin off and some people could be upset by this
- Do they only eat foods of similar tastes
- Do they register feeling of hunger or fullness?

If there is a problem with foods touching you could serve it on separate plates and gradually change to separate positions on the one plate then build on this so that your child can accept foods touching. Taking a gradual approach can be helpful and will allow you to see your child is progressing and can accept change.

Try and integrate different textures in small amounts e.g. finely grated cheese into potatoes on top of beans etc. If tastes are very similar gradually add sweet to sour but with the preferred taste being dominant.

Try and make the food visually motivating to the person. For instance a child with autism who was obsessed with circles was able to be motivated to eat new foods by presenting them as food circles. He recorded on a chart the circles he liked and disliked for the future menus.

Summary

Remember that each person is different and they will need different strategies of support. Always check that there is no medical reason for eating difficulties or problems. Use what motivates and interests your child in your support strategies. If possible seek professional advice where you can but also bear in mind that other parents may have had similar experiences and can be a great source of support and inspiration.

Make it a relaxing and enjoyable everyday routine.



Suggested books/reading material:



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