

SPD'S EFFECT ON EATING

From *The Out-of-Sync Child, 3rd edition: Recognizing and Coping with Sensory Processing Differences* (Tarcher/Perigee, 2022)

By Carol Stock Kranowitz, MA

Because of poor self-regulation, children with autism and sensory processing differences (SPD) often have accompanying difficulties with eating, urinating/defecating ("toileting"), and sleeping. These are daily activities that everybody must do for oneself and that nobody else can make one do.

People do what they can to control how they experience the world. If crunchy food or a noisy toilet or a scratchy pillowcase is distressing, the child with SPD will do what is necessary to avoid it. Wouldn't you?

Let's consider SPD's effect on eating. (Future issues of *Autism Digest* will include articles about toileting and sleeping.)

Preferring certain foods and protesting at others is every little child's prerogative.

As she grows, the typical child learns to try and accept a variety of foods. For the child with SPD, however, settling down to eat may be a battle. Eating involves all eight senses simultaneously, and one sense or more may be in revolt or out of action.

The child may be a picky eater with a limited food repertoire. Of more concern, the child may be a "problem feeder" with a severely restricted list of acceptable foods. More than two-thirds of children with SPD have feeding issues. Not only taste and smell, but also touch, proprioception, vision, and hearing affect the child's ability to eat and drink. She may not have developed a sensory-based motor pattern involving sucking, swallowing, and breathing. The result is poor oral-motor skills, which affect eating solid food, trying new food, keeping food down, digesting food, as well as

relationships with family members and emotional security.

Nutritional deficits may affect her development, weight, and stamina and may cause behavioral ups and downs, like a yo-yo. Usually absent from her diet, and thus from her body and brain, are essential fatty acids, B vitamins, minerals, and fat-soluble antioxidants. A child who rejects peanut butter, broccoli, beans, and sweet potatoes, for example, may get insufficient magnesium, an essential mineral. A magnesium deficiency may lead to hearing damage, auditory processing problems, muscle spasms, restless sleep, and sensory-based motor difficulties associated with frequent ear infections.

A deficiency in zinc (found in eggs, peanuts, bran, cocoa, etc.) may affect the "out-of-zinc" child's sense of smell and taste and, thus, her interest in food. It may

also lead to low muscle tone, auditory and visual problems, rashes, and “fly away” hair.

Here are some suggestions to improve your child’s eating, from nutritionist Kelly Dorfman, author of *Cure Your Child With Food*:

- Eliminate junk food, which offer empty calories.
- Eliminate juice and replace with water.
- Eliminate irritants, which may include chocolate, citrus, carbonated soda, dairy products, and food coloring.
- Add nutritional supplements, especially Omega-3 fats, found in flaxseeds, walnuts, and salmon. (The brain is made up of about 60% fat and needs the right kind of fat to function well.)
- Offer a vibrating toothbrush or facial/oral massager to desensitize lips and mouth and to provide deep pressure that increases tolerance of other sensory input.
- Consider occupational therapy with a sensory integration approach (OT-SI).

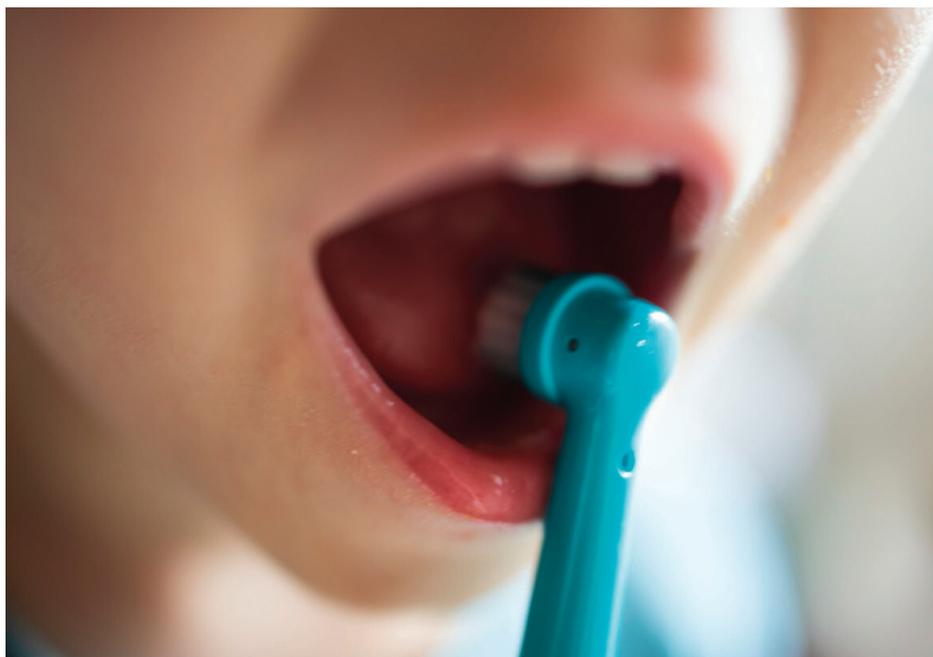
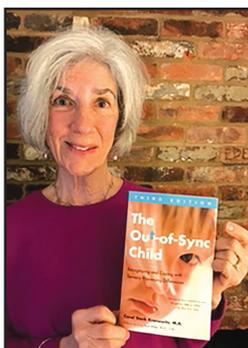
Meanwhile, support your child’s daily functioning with sensory-rich activities that have been planned or approved by an occupational therapist or a speech-and-language therapist to help the child

become more self-regulated. Fun and functional activities include chewing a big wad of gum, using a paper-towel roll as a wand to blow bubbles, sucking applesauce or a thick milkshake through a straw, or spitting watermelon seeds.

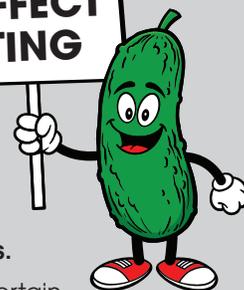
These ideas may help your child get in sync so he can develop more mature coping strategies when it is time to eat. Let’s make everyone comfortable coming to the table. ■

Carol Stock Kranowitz is the author of the “Sync” series, including *The Out-of-Sync Child, 3rd edition*, and *The Out-of-Sync Child Has Fun*, which has many sensory-motor activities to help picky and messy eaters. Visit her websites to learn more.

www.out-of-sync-child.com
www.insyncchild.com



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Differences in any or all eight sensory systems may cause eating problems.

- **Sight:** Seeing certain foods may evoke previous bad eating experiences. Or foods on the plate may touch one another, or their color may be objectionable, or they “just look gross.”
- **Touch:** The texture, consistency, and temperature of food matter greatly. An over-responsive child may refuse to eat soft, smooth food; or lumpy, crispy, chewy, seedy, grainy food; or hot or cold food. The child with underresponsivity or poor discrimination may be uncertain about what is in his mouth and whether he has chewed sufficiently to swallow it without choking.
- **Smell:** Fried or aromatic food may make the overresponsive child gag or feel nauseated.
- **Taste:** Foods that taste very sweet, sour, bitter, spicy, or “off” may be disgusting. Or the child may crave sugary snacks, drink pickle juice, suck lemons, and gobble red hot chili.
- **Sound:** Hearing others take bites, chew, slurp, and swallow may be painful. This condition is known as misophonia, literally, “hatred of sound.”
- **Body position:** Positioning his hands to use utensils, getting food to his mouth, and chewing may be difficult because of inefficient processing of sensations coming from muscles and joints.
- **Movement:** Staying seated may challenge the child if he has low postural tone, or if he cannot sense whether he is sitting up or falling off his chair. Or he may crave movement and be unable to sit quietly for long.
- **Internal organs:** Eating or even the anticipation of eating may be distressing. An overresponsive child may dread the feeling of a full stomach, for example, or avoid foods that may cause an upset stomach or diarrhea.