

# The Typical Toddler: Diet and Approaches to Picky Eating

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## BACKGROUND & PURPOSE

Feeding is the most complex daily occupation (Toomey, 2019). Feeding difficulties can be mild, such as picky eating, or more complex in the form of a pediatric feeding disorder. The reported rates of picky eating range from 10-50%, depending on research cohort and operational definitions (Mascola et al., 2010, Taylor et al., 2015). Not only is there a risk for nutritional deficits related to feeding difficulties with avoidance of foods such as meat or vegetables, problem feeding also impact social participation of the family system (Cardona Cano et al., 2015; Samuel et al., 2018; Xue et al., 2015). There are also multiple ways to address picky eating and problem feeding, with behavioral or systematic desensitization approaches (Addison et al., 2012; SOS Approach to Feeding, 2022). The purpose of this capstone experience was to provide an objective definition of picky eating to aid in the therapeutic process, as well as explore a specific method to address picky eating.

## METHODS

**Clinical Component:** The clinical component of the capstone experience consisted of two days per week observing feeding and occupational therapy sessions at Anderson-Smith Therapy Institute, as well as service provision with one client using main tenants of the SOS Approach to Feeding. Additional time was spent taking continuing education courses related to sensory and feeding needs, as well as a level II SOS Approach to Feeding course.

**Scholarship Component:** The remaining time of the experience was spent conducting research related to the typical toddler diet to further provide information to support a definition of picky eating and problem feeding. The study consisted of a cross-sectional survey involving demographic information and a food inventory for children between the ages of 18 months to 5 years old.

## RESULTS

**Clinical:** Applying a specific approach to feeding proved to be challenging but worthwhile. Using systematic desensitization and food chaining as directed in the SOS Approach to Feeding, my client accepted over ten new foods, though he has not fully integrated them into his diet. We were also able to build therapeutic rapport by playing with foods and introducing a variety of other sensory experiences.

**Scholarship:** In the population, 34.9% of children were identified by their parents as picky, whereas 65.1% of the children were identified as non-picky. The largest prevalence of picky eaters (40.3%) occurred between the ages of 36-48 months. Of the 252 eligible participants, 231 completed the food inventory in its entirety. The most consumed foods included grain-based carbohydrates, including crackers (n=226), cereal (n=220) and bread (n=212). Least frequently consumed foods include spinach (n=51), asparagus (n=55), and zucchini (n=58). There was a significant difference in consumption for 63/74 foods ( $p < .05$ ). Children reported to not be picky eaters by their parents ate on average 51 foods ( $p < .001$ ), whereas picky eaters ate 32 ( $p < .001$ ), and children with a feeding diagnosis ate 26 ( $p < .001$ ).

### Participant Demographics

Age of Child	
18-24 months	26 (10.3%)
25-36 months	77 (30.6%)
37-48 months	72 (28.6%)
49-60 months	48 (19.0%)
61-72 months	19 (7.5%)
Missing	10 (4.0%)
Picky Eater	
NPE's	164 (65.1%)
PE's	88 (34.9%)
Medical Conditions	
Yes	46 (18.3%)
No	125 (49.6%)
Missing	81 (32.1%)
Feeding Conditions	
Yes	9 (3.6%)
No	143 (56.7%)
Missing	100 (39.7%)
Ethnicity	
White	214 (84.9%)
Hispanic or Latino	3 (1.2%)
Black	1 (0.4%)
Asian	1 (0.4%)
Other/Multiple	33 (13.1%)

## THEORETICAL FOUNDATION

The primary guiding model of practice is the Person-Environment-Occupation model (PEO) (Law et al., 1996). The use of this model aided in consideration of personal factors such as motor skills or sensory concerns, environmental and contextual factors, and the specific occupation or foods presented. Two supporting models of practice were used, Sensory Integration and the Motor Learning and Task-Oriented Approach (Ayers, 1972; Mathiowetz & Bass Haugen, 1994). The Sensory Integration model was used to analyze individual sensory processing skills, as well as the sensory properties of foods presented during therapy sessions. The Motor Learning and Task-Oriented Approach enabled oral motor skill development using foods and tools to further aid in the feeding process. Each model and frame of reference was necessary to fully address sensory, motor, and contextual concerns related to feeding challenges.

### Foods with Significant Consumption Differences

	Picky Eater		Typical Eater		Chi Square
	Eats	Does Not Eat	Eats	Does Not Eat	
<b>Hard Textures</b>					
Chicken	54	28	142	7	<.001
Beef	43	39	134	15	<.001
Celery	12	70	64	85	<.001
Cauliflower	7	75	66	83	<.001
<b>Pre-chewed</b>					
<b>Meats</b>					
Corndog	40	42	87	62	.205
Hotdog	60	22	127	22	.059
Fish Sticks	31	51	63	86	.601
<b>Mixed Texture</b>					
<b>Dishes</b>					
Cottage Cheese	17	65	84	65	<.001
Oatmeal	22	60	99	50	<.001
Casserole	21	61	113	36	<.001
<b>Aversive</b>					
<b>Properties</b>					
Fish	15	67	78	71	<.001
Lunch Meat	33	49	124	25	<.001
Tuna	7	75	55	94	<.001
Broccoli	29	53	107	42	<.001
Spinach	6	76	45	104	<.001

## IMPLICATIONS

**Scholarship:** The significant difference in the numbers of foods eaten by the picky children and children with a diagnosis related to feeding should be used by practitioners as a gauge to measure when a child may require intervention for a feeding challenge. Primary care providers and parents alike can use these numbers as a baseline to determine when a child may require further intervention for problem feeding. Further research is warranted and may be beneficial to utilize a food diary to ensure all possible foods are addressed.

**Practice:** In order to fully address the client's needs, a thorough evaluation including assessment of oral motor and sensory processing skills should be conducted. Utilizing a food diary should give a good idea of trends related to the child's feeding habits. The use of theoretical frames of reference that support both sensory and motor needs can address the multifaceted nature of feeding difficulties. An approach such as the SOS Approach to Feeding that addresses multiple deficits may be indicated. Collaboration with an interprofessional team of speech therapists, dietitians, primary care providers, and more should be used to fully support the child and family when addressing problem feeding. When serving foods to children, both the sensory and mechanical properties of foods should be considered to ensure the food is appropriate for the child.

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## REFERENCES



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