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Diet for Autism



Help for Picky Eaters

by Julie Matthews, Certified Nutrition Consultant

Are you considering a special diet for autism, such as the gluten-free/casein-free (GF/CF) or Specific Carbohydrate Diet (SCD)? Would you like to take your autism diet to the next level with better nutrition?

If you're like many parents I know, you may be thinking, "My child is picky and very inflexible when it comes to eating new foods. I'm never going to be able to get him to eat anything other than wheat and dairy – not to mention anything 'healthy.'"

I appreciate these concerns. Children with autism are often very restrictive with their food intake; there can be many reasons for this. There may be sensory sensitivities or oral motor challenges, nutrient deficiencies, anxiety, or food addictions/cravings.

As a nutrition consultant, addressing food and food addictions is common in my practice – this is a factor in picky eating. When the body creates opioids from foods (as with many children with autism) a child can become "addicted" and thus crave nothing but those foods. Additionally, if there is yeast overgrowth, another common condition with autism spectrum disorders (ASD), a preference for eating only carbohydrates and sugars can result from the cravings that feed these pathogens. Children eventually narrow their food choices to include only those that make them "feel better" (in the short term). It's worth trying dietary intervention to interrupt the pattern (whether it's GF/CF, SCD, or another) because once the child gets past the cravings (a few days to a few weeks), they often expand food choices

dramatically, and it becomes much easier to do.

It can be helpful with picky eaters to have several people to help you. Often a nutrition consultant can support you with dietary changes, healthy foods to incorporate into the diet, and creative cooking ideas. An autism physician or Defeat Autism Now! doctor can support overall health and medical needs such as nutrient deficiencies and yeast overgrowth. A feeding therapist, occupational therapist, or speech therapist can assist with oral motor and sensory needs and help "problem feeders."

Most of my clients with autism eat limited amounts of vegetables – if any at all. However, it's also common that once they apply a diet (and the cravings diminish and appetite increases), children begin eating more vegetables (or meat) – often for the very first time. Most of my clients report this type of positive experience after progressing with diet. To be sure, there are some children who are very self-limiting and may require additional assistance to broaden their diet.



NOTE: Don't remove all foods with the expectation that "if they're hungry, they'll eventually eat." While this may be true for many children, some have real feeding problems and may stop eating altogether, which could be very problematic. Add new foods before removing others. Be sure to seek professional guidance from a feeding specialist or qualified clinician if your child won't add any new foods. For information on the difference between picky eaters and problem feeders and what to do for problem feeders, please see the article by certified feeding therapist Dawn Winkelmann following this one.

Some children really are problem feeders and/or have medical reasons for their limited eating and need professional support and therapy. Many will expand their diet with some concerted focus and effort. It's helpful to work with someone and/or have your child assessed if you suspect more serious feeding issues. I want to encourage parents to try expanding their food choices, which is generally done in conjunction with a special nutrition-focused autism diet. Parents are often very surprised to see their child expand their diet once the problematic foods have been removed. I have heard countless stories from parents who tell me that after they removed the problematic foods (often gluten and casein), their child became less restrictive – they began to eat many new foods, including vegetables.

Factors Affecting Picky Eating

Here are some solid reasons why children can be so one-sided in their food choices and become picky eaters:

- "Addictions" to opioids (gluten/casein) can cause consumption of primarily wheat- and dairy-containing foods. According to this theory, when gluten (wheat) and casein (dairy) are not digested properly, the body can create compounds that fit into opioid receptors in the brain and feed opioid (morphine-like) cravings/addictions. The child then becomes restricted to only the foods that fuel this addictive cycle, creating very limited and picky eating.

- "Addictions" to chemicals (e.g., MSG, artificial additives) can affect restriction to one brand or a strong preference for processed foods. These chemicals can also be addictive like opioids. MSG is known to create "excitement" in the brain by stimulating the glutamate (excitatory) receptor, making food seem to taste much better. Artificial ingredients such as artificial colors and flavors can also affect similar cravings.
- Nutrient deficiencies (such as zinc) can make all foods taste bad or bland. When zinc is deficient, which is a common finding in children with autism, sense of smell is reduced and food tastes boring or unappetizing. Texture can then become an even bigger factor: imagine eating mashed potatoes if you can't taste the potato flavor – a bland mouthful of mush.
- Yeast, viral, and microbial overgrowth may cause a heightened focus on eating mainly high carbohydrate and sugar-rich foods. Yeast and other microbes feast on carbohydrates and sugar. They can actually get their "host" to crave the food that feeds them by giving off chemicals that get kids to crave refined carbohydrates and sugar. This can create self-limitation to only these foods.
- Sensory sensitivities can result in restriction of foods of certain textures. For children with sensory issues such as tactile and sound sensitivities, food texture can be a big hurdle. Crunchy foods can be too loud, and mushy foods can be intolerable. In these cases, it's advised to seek an occupational therapist or other professional who can help you work through these sensory integration challenges; a feeding therapist can help with this, too. Sometimes as sensory integration therapies begin to address food textures, a child begins to expand the food choices.

Once you've identified possible causes of your child's finicky eating habits, begin to look for creative ways to address them and get support when you need it. If you have your child's trust around food and you're able to make some changes to your child's

diet, consider the following ideas. If you are unsure, seek a professional evaluation first.

Making nutritious foods enjoyable for children

Addressing picky eating is essential for expanding the diet and implementing an autism diet, but sometimes the diet won't expand until certain foods are removed. *Don't let picky eating stop you from implementing an autism diet. Find new foods your child will eat before implementing a new diet, then, after the problematic or addictive foods are removed, see if your child will expand little by little.* In other words, find several breakfast, lunch, dinner, and snack options for the new diet, often making one-for-one substitutions with foods they already eat. This way we are not removing any foods in an already restrictive diet. After implementing the new diet, such as GF/CF, begin to try adding new foods and some vegetables of varied texture. Even if your child has been on a diet for a while or has not begun to implement a new diet, there are suggestions below that can be helpful for getting new and nutritious foods into the diet.

Get creative and make foods crunchy or smooth based on the picky eater's preferences. Be aware that brand preference may be due to MSG or other additives that can be addictive, making that food "exciting." Add enough salt to make your versions of their favorites more flavorful; don't go overboard, but don't feel you need to limit salt.

Be creative with food. Begin to add vegetables where you can, and slowly introduce foods in a slightly different way than they have had before. See if you can make food a little different each day: don't vary it so much that they reject it, but vary it to the degree that they don't expect sameness and you can work in new nutrients. Add purees to pancakes, applesauce, meatballs, or sauces. Make vegetables crunchy by making carrot chips, sweet potato fries, or vegetable latkes. Hide meat in pancakes. Try mixing or diluting a brand of food/beverage they like with a healthier version in very small amounts until the item is swapped for the new food; this works well for milks, peanut/nut butters, applesauce, and other foods that blend well.

Here are some good tasting ideas for introducing vegetables, fermented foods, and meat into a child's diet. I explain many of these tactics in my *Cooking To Heal* autism nutrition and cooking DVD.

PUREED VEGETABLES:

- Add pureed vegetables to muffins.
- Add pureed vegetables to pancakes (1/4-1/2 cup puree per cup of pancake flour mix).
- Include pureed vegetables in meatballs, meat patties, and meat loaf.
- Mix pureed vegetables into sauces, such as tomato sauce.

SHREDDED VEGETABLES:

- Add shredded beets to chocolate cake for birthdays (let other parents know).
- Add shredded carrots to muffins.
- Add shredded zucchini to bread.

CRISPY TEXTURE VEGETABLES:

- Make vegetables into chips (like potato chips). Use carrots, sweet potatoes, butternut squash, beets, parsnips, or other roots or dense vegetables.
- Shred zucchini and other vegetables, and add these to shredded potato for crispy vegetable/potato hash browns or latkes.

FERMENTED FOODS:

- Shred an apple(s) and add 50/50 with raw sauerkraut to reduce sourness. Serve as shredded fruit salad.
- Puree raw sauerkraut or other cultured vegetables in a food processor with applesauce (or other fruit sauce).
- Add non-dairy yogurt (such as nut milk yogurt or coconut yogurt) to fruit and puree into a smoothie, or use a small amount of fruit and make a fruit-yogurt dipping sauce for fruit kebabs.

ANIMAL FOODS:

- Puree cooked chicken breast and add it to muffins or pancakes for children who do not like the texture of protein. Chicken pancakes are simply a chicken breast and three eggs blended in a food processor into a batter, poured into a pan, and cooked like any pancake. Another option is to add a small amount of pureed cooked chicken (appropriately 1/4 cup, less to start) to a regular flour-based pancake or muffin recipe.

Nourishing hope takes persistence and patience; even the pickiest eaters can progress and benefit from diet for autism.

- Homemade bone broths are rich in nutrients. Use broth for soups or stews. Cook grains or pasta in broth. Add concentrated homemade broth to sauces.

Here are some ideas to help introduce picky eaters to new foods:

- Always provide food that the child likes in addition to one new food.
- Involve your child in the food preparation of a new food.
- Don't require the child to do anything other than get familiar with it. Consider incorporating the food into therapy or playtime.
- Inform the child. Say whether it is sweet, salty, or sour. Eat some yourself and say how delicious it is.
- First have your child touch the food and lick it without eating it.
- Let your child chew it and spit it out.
- Start with only a small taste – approximately 1/2 teaspoon. Let the child determine the amount.
- Try and try again! At least 15 times!
- Get creative. Try a new food in a preferred texture, e.g., crunchy or smooth.
- Avoid being emotionally "attached" – children sense anxiety. Keep mealtime calm. Visualize your child eating and enjoying new food.
- Avoid forcing or pushing – maintain trust.
- Choose rewards or other encouragement but not food-based rewards.
- Make sure that the whole family participates – serve everyone at the table.
- Make it fun!

Step-by-step progress

Was mom or dad a picky eater? If so, try having that person feed the child. While it may be frustrating to cook food and

have your child refuse it, try your best to avoid projecting negative energy or frustration. Children are very sensitive and pick up on your cues, which affects how they feel. If they don't eat it, don't give in and prepare something completely new. Set yourself up for success by making sure that each meal includes something you know they will eat along with the new food. Or try a new food when they are hungry at snack time. This is a good time to do so because, while they may skip a snack, they will not be going without a main meal, and you won't teach them that if they hold out you will fix them something else. They will also be a little hungrier at dinner and may be more motivated to try something new.

Getting good nutrition is an important step to health and healing. Try implementing diet and adding nutritious foods step-by-step. You can do it – and your child can too! I have seen countless children expand their diet. Once food addictions, texture, and exposure to a new food are addressed, you'll be surprised by what your child may eat. Visualize that they can do it. Get creative. Try things in a texture they like. Taste it yourself and make sure it tastes good. You'll be pleasantly surprised when they eat that first vegetable and more! Nourishing hope takes persistence and patience; even the pickiest eaters can progress and benefit from diet for autism.

The information expressed here comes from Julie's experience as a certified nutrition consultant with clients who are picky eaters and listening to their parents' experiences. Julie is not a feeding specialist. This information is intended to help parents find creative ways to feed their children healthy food. It is not intended to act as or replace professional feeding therapy or medical needs. Parents of children with serious feeding issues should seek professional and medical guidance.



Problem Feeders

by Dawn Winkelmann, Certified Feeding Therapist

Parents can become overwhelmed and frightened when their child refuses to eat. Many struggle at mealtime, hoping to find a way for their child to eat and drink without resistance. To best address these challenges, we need to discern if the child is a problem feeder, learn why they are not eating, and provide avenues for parents to get professional and medical guidance, if necessary.

Some signs and symptoms of problem feeding are:

- eating fewer than 20 different foods
- taking too long to eat (generally over 45 minutes)
- refusing food
- vomiting, gagging, or choking when eating
- inappropriate behaviors surrounding mealtime (e.g., hitting, kicking, throwing food)
- refusing entire categories of food textures or food groups
- tantrums when presented with new foods
- refusing to eat a once-favorite food and never reinstating that item back into his food inventory
- medical complications leading to poor growth

While eating fewer than twenty different foods or taking longer than 45 minutes to eat can be signs of feeding problems – these are not uncommon behaviors for a child with autism; typically, additional symptoms are present with problem feeders. For example, if a child ate fewer than 20 foods and took a long time to eat but was generally happy and not gagging or crying at meals, then the child may not be a problem feeder. And, as Julie points out in her article, many children with limited diets (who are not problem feeders) often expand their eating choices once diet changes are implemented.

If you think that you may have a problem feeder in your home, you'll need to address the underlying medical conditions that are affecting the problem. Seek out a feeding therapist certified in several different feeding programs such as The Get Permission Trust Approach to Mealtimes and Sensory Treatment by Marsha Dunn Klein, MEd, OTR/L and the SOS Approach to Feeding by Kay Toomey, PhD. Your feeding therapist should have extensive training in the anatomy and physiology of the swallow, be skilled in identifying and ruling out aspiration, and have experience with the biomedical approach and the positive outcomes of autism diets. A speech language pathologist or occupational therapist is generally the trained medical professional who diagnoses, treats, and specializes in the area of feeding and feeding disorders.

You may be empowered by the gains your child makes with feeding therapy as improvements in overall nutrition and diet compliance improve. You might even bring back some fun at the dinner table while working from picky to plenty. Happy eating!

Here are some of the reasons why a child may become a problem feeder:

- The child may have a feeding or swallowing disorder (dysphagia).
 - Are they having difficulties with eating and/or sucking, chewing, and swallowing different foods safely into their stomach instead of their lungs (aspiration)?
- The child may have medical complications.
 - Are they dealing with gastrointestinal issues such as gastroesophageal reflux (GER), constipation, pain, diarrhea, or inflammation?
- The child may have food allergies, addictions, nutrient deficiencies, or microbial overgrowth concerns.
 - See the current article "Help for Picky Eaters" and the earlier "Diet for Autism" column article titled "Food Allergens, Sensitivities, and Substitutes" (Winter 2008).
- The child may have low tone, sensory, or oral-motor delays.
 - Are they drooling, unable to touch different textures, or having difficulties moving their articulators (tongue, jaw, teeth, and lips)?
- The child may have fears.
 - Are they dealing with neophobia (fear of foods) or phagophobia (fear of swallowing)?
- The child may have daily medications.
 - Are the side effects of these medications poor appetite, constipation, or inability to feel hunger or thirst?

