



GENERAL TIPS FOR PICKY EATERS / PROBLEM FEEDERS

Practical, low-pressure ideas for calmer and safer mealtimes



Family meals provide routine, connection, and natural modeling. The goal is calm exposure—not pressure.

Feeding challenges can involve nutrition, sensory processing, oral-motor skills, medical comfort, swallowing safety, behavior, and family routines. Choose only strategies that fit your child. When feeding is stressful, growth is affected, or swallowing seems unsafe, seek an individualized assessment.



1. POSSIBLE FEEDING-TEAM MEMBERS

Your feeding therapist may recommend additional consultations so the team can address the whole child. Not every child needs every provider.

Speech-Language Pathologist (SLP)

evaluates oral-motor skills, mouth structures, feeding skills, and swallowing safety.

Occupational Therapist (OT)

supports sensory processing, positioning, self-feeding, and coordination.

Registered Dietitian (RD/RDN)

reviews nutrition, growth, dietary restrictions, supplements, and tube-feeding plans.

Pediatrician / Primary Care Physician

monitors growth, development, hydration, and possible medical contributors.

Psychologist / Behavior Specialist

supports anxiety, distress, extreme avoidance, caregiver-child interaction, and behavior.

Gastroenterologist (GI)

evaluates reflux, constipation, allergy-related disease, motility concerns, pain, and other GI conditions.

Physical Therapist (PT)

addresses core strength, trunk stability, pelvic alignment, endurance, and supportive positioning.

Otolaryngologist (ENT)

evaluates structural and airway concerns such as enlarged tonsils/adenoids or other conditions affecting breathing and eating.

Bring useful information: a 3-day food record, accepted foods and brands, meal videos (if your clinician requests them), growth history, medications, bowel patterns, and your top family priorities.



2. GENERAL MEALTIME RECOMMENDATIONS

STRUCTURE & MODELING

- Use a predictable rhythm: Many children do well with meals and snacks about every 2.5-3 hours. Limit unplanned grazing between opportunities, while continuing to meet hydration and medical needs.
- Keep meals time-limited: A common target is 20-30 minutes. End calmly when the meal is over; prolonged meals can increase fatigue and resistance.
- Model eating: Eat together when possible. Let your child see adults and siblings calmly enjoying foods without demanding imitation.
- Serve family-style: Offer shared bowls and allow age-appropriate serving or passing. This can reduce pressure from a fully loaded plate.

NUTRITION & INTAKE

- Fortify preferred foods carefully: If growth or intake is a concern, ask an RD or physician before adding cream, butter, oils, avocado, nut/seed butters, or supplements. Consider allergies and safe textures.
- Plan liquids with the team: Some children fill up on milk or juice; others need fluids throughout meals. Ask your clinician about timing rather than automatically withholding drinks.
- Think across the week: One difficult meal does not define overall intake. Track patterns, growth, hydration, comfort, and energy.
- Protect the relationship: Caregivers decide what, when, and where food is offered. The child decides whether and how much to eat from what is available.



Offer shared foods, a calm model, and predictable routines—not pressure.



3. LOW-PRESSURE BEHAVIORAL STRATEGIES

SMALL, SAFE, PREDICTABLE

- Offer micro-portions: Start with a tiny amount of a learning food—a single pea, crumb, noodle, or shred—so the plate does not feel overwhelming.
- Include a safe food: Offer at least one familiar food at meals and snacks. A safe food supports participation; it is not a reward for eating something else.
- Use a learning plate or “bye-bye bowl”: Teach the child to move an uncomfortable food to a separate bowl instead of throwing it. This preserves control without removing all exposure.
- Prioritize enough intake when needed: For children with very low volume, the immediate priority may be eating enough accepted foods before working intensively on variety. Coordinate with the team.

LANGUAGE & EMOTIONAL SAFETY

- Describe objective properties: Use neutral words: “The apple is red, cold, and crunchy.” Avoid labeling foods as good/bad or announcing that a child will love them.
- Avoid pressure: Do not force bites, bargain, bribe, hide foods, or require a clean plate. Pressure can increase fear and reduce trust.
- Notice progress beyond swallowing: Looking, tolerating, serving, touching, smelling, licking, and tasting can all be meaningful steps.
- Keep praise neutral: Try: “You kept the food on your plate,” or “You learned that it feels sticky.” Avoid excessive celebration that makes tasting feel like a performance.

A useful caregiver script: “You do not have to eat it. It can stay on the learning plate while we eat together.”



4. ENVIRONMENTAL RECOMMENDATIONS

CALM THE SPACE

- Reduce distractions: Turn off screens and move toys away when possible so eating is active rather than passive.
- Adjust light and noise: For sensory-sensitive children, soften harsh lighting and reduce sudden or loud background sounds.
- Use a consistent eating space: A regular table or feeding area provides a clear, predictable cue that it is time to eat.
- Limit visual clutter: Try a plain plate and one or two foods at a time if many foods or patterns feel overwhelming.

SUPPORT POSTURE & CONNECTION

- Keep the emotional climate neutral: Use a calm voice and relaxed face. Avoid forced feeding, visible frustration, or over-praising.
- Sit at eye level: For assisted spoon feeding, sit in front of the child and support a neutral head position.
- Support the body: Aim for stable hips, knees, and ankles near 90 degrees, feet resting on a firm surface, and the table near the bottom of the breastbone.
- Individualize positioning: Children with low tone, asymmetry, pain, or motor needs may need OT/PT guidance and adaptive seating.



Stable feet and a supported trunk free the head, jaw, and hands to work more efficiently.

5. SUPPORTING SENSORY SKILLS

The goal is to make sensations predictable and give the child control—not to push through distress. A feeding therapist can help choose the right starting point.

GRADUAL DESENSITIZATION

- Use a steps-to-eating sequence: Move gradually from looking → tolerating nearby → touching → smelling → kissing/licking → tasting → chewing/swallowing. The child may stop at any step.
- Keep a dry towel nearby: A child who dislikes wet or sticky hands can wipe immediately, preserving control over sensory boundaries.
- Try dry-to-wet transitions: Begin with dry, predictable textures before introducing tiny amounts of moist, sticky, or mixed textures.
- Change one feature at a time: Modify a familiar food in very small increments—shape, brand, temperature, or texture—not everything at once.

TOOLS, TEXTURES & PARTICIPATION

- Temperature and flavor require care: Notice whether safely cool, warm, tart, or strongly flavored foods improve awareness. Use only textures and flavors that are safe and accepted; ask the team first for children with swallowing, GI, allergy, or sensory concerns.
- Use tools only with guidance: Vibrating oral tools, textured teethingers, and specialty dippers are not appropriate for every child. A trained clinician should select and demonstrate them.
- Separate textures when helpful: A plain divided plate may reduce visual or tactile overwhelm and keep foods from touching.
- Play and prepare: Stack crackers, paint with puree, wash vegetables, stir, pour, or serve. Participation creates low-stakes exposure without requiring eating.



Food play builds predictability without requiring a bite.



Meal preparation builds ownership and multisensory exposure.



6. ORAL-MOTOR SUPPORT & SWALLOWING SAFETY

ORAL AWARENESS

- Build awareness safely: Some children benefit from clinician-approved crunchy, cool, tart, or carbonated options. Food must match the child's chewing and swallowing abilities.
- Avoid unsafe "wake-up" foods: Do not use whole ice cubes or hard foods as chewing practice unless a feeding professional has specifically confirmed safety. Ice can be a choking and dental hazard.
- Use a mirror when appropriate: A table mirror may help an older child notice food remaining in the mouth and learn what an empty mouth looks like.
- Address overstuffing with the team: Try smaller portions, pacing, visual cues, and one bite available at a time only if recommended for your child.

WATCH FOR POSSIBLE SWALLOWING DIFFICULTY

- Coughing, choking, or repeated throat clearing: during or after eating or drinking.
- Wet or gurgly voice: or a new voice change after swallowing.
- Breathing or color changes: watery eyes, breath-holding, increased work of breathing, or turning pink/red/blue.
- Pain or discomfort: in the mouth, throat, chest, or stomach.
- Other concerns: frequent congestion with meals, prolonged chewing, food pocketing, recurrent respiratory illness, or poor growth.

Safety note: Aspiration can sometimes occur without obvious coughing. Contact your child's clinician if you notice persistent signs. If your child cannot breathe, turns blue, or becomes unresponsive, call emergency services immediately.

A feeding or swallowing evaluation is needed before changing textures, liquid thickness, pacing, or positioning for a child with suspected dysphagia.

7. DEVELOPING LIQUID INTAKE

CUPS & STRAWS

- Practice with a small open cup: Use a narrow, lightweight cup and offer small amounts. A therapist may demonstrate safe jaw or cup support when needed.
- Introduce straws gradually: A short straw may be easier to control. Some clinicians use a small taste of preferred puree on the straw tip to encourage lip contact; use only when safe for the child.
- Choose specialized cups thoughtfully: Short-straw or squeezable training cups may help some children, but flow rate and assistance should be individualized.
- Never force liquid: Stop if the child coughs, chokes, becomes wet-sounding, refuses, or shows distress. Seek professional guidance.

8. SUPPORTING UTENSIL USE & ORAL-MOTOR CONTROL

SPOONS, BOWLS & SELF-FEEDING

- Match the utensil to the child: Small, flat spoons and narrow cups can reduce oversized mouthfuls.
- Adjust bowl depth gradually: Begin with a shallow bowl if scooping is difficult, then increase depth as coordination improves.
- Practice active spoon clearing: Offer an appropriate tiny amount and allow the lips to close around the spoon.
- Pull the spoon straight out: Remove it horizontally after the lips close; avoid tipping upward or scraping food onto the upper teeth or gums.
- Support independence: Use non-slip mats, suction bowls, easy-grip handles, or hand-over-hand assistance only as needed, then fade help.
- Follow the child's safety plan: Bite size, texture, utensils, cups, and liquid consistency should match individualized recommendations.



Small utensils, stable dishes, and manageable portions support skill-building.



A SIMPLE PLAN FOR THIS WEEK

Choose one or two changes—not every strategy at once. Consistency is easier when the plan is small and specific.

Routine I will try	What it will look like
Meal/snack rhythm	
Safe food + learning food	
Environmental support	
Low-pressure phrase	
Question for the feeding team	

TRUSTED PARENT RESOURCES

American Speech-Language-Hearing Association: Pediatric Feeding and Swallowing
www.asha.org/practice-portal/clinical-topics/pediatric-feeding-and-swallowing/

American Academy of Pediatrics / HealthyChildren.org: How Do I Help My Picky Eater Try More Foods?
www.healthychildren.org/English/tips-tools/ask-the-pediatrician/Pages/How-Do-I-Help-My-Picky-Eater-Try-More-Foods.aspx

American Academy of Pediatrics / HealthyChildren.org: 10 Tips for Parents of Picky Eaters
www.healthychildren.org/English/ages-stages/toddler/nutrition/Pages/Picky-Eaters.aspx

Remember: Feeding progress is rarely linear. A child may need repeated, pressure-free experiences before a food feels predictable. Safety, adequate nutrition, trust, and participation come before “perfect” eating.