

Sensory Disorder or Picky Eating - Topic of the Month

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Children need proper nutrition to live, grow, and thrive. Difficulties in feeding make mealtimes challenging for all members of the family. Picky eating can be a normal part of development. This topic of the month may help identify concerns when what parents are describing seems to go beyond picky eating.

Feeding problems

An inability or refusal to eat an adequate amount or variety of foods can leave children at risk for poor nutrient intake due to restrictive diet. When children refuse to eat, eat fewer than ten foods, or struggle to try new foods, it moves beyond picky eating to a possible feeding problem.

Feeding disorders can be placed into three main categories, structural abnormalities (affecting the airway and esophagus), neurodevelopmental disabilities (impacts learning to eat), and behavioral feeding disorders (refusal or selective eating). Feeding disorders can occur at any development stage.

Signs of feeding disorder:

- Coughs, gags, or chokes often at mealtimes.
- Struggles to eat sufficient quality or quantity of foods at meals.
- Prolonged breast or bottle feeding, or prolonged mealtimes.
- Lack of independent feeding.
- Failure to progress to advanced textures.
- Loses weight or has trouble maintaining or gaining adequate weight.

Associated factors

Associated factors can contribute to feeding problems but are not typically the primary cause of the disordered eating. Some of these include food allergies, intolerances (gluten or lactose) to foods, gastroesophageal reflux disease (GERD) and other digestive conditions, or emotional issues. It is often the case that children will refuse a food that is similar to another food they have had an adverse reaction to in the past.

Children with Autism Spectrum Disorders (ASDs) are often described as picky eaters. It has been suggested that sensory issues in these children can play a role in their dietary intake, particularly with food textures. Another group of children, those with Attention Deficient

Hyperactivity Disorder (ADHD) have been found to struggle with similar sensory food related issues as well.

Children with a sensory food aversion often refuse to eat foods due to adverse taste, texture, smell, temperature, and/or appearance.

Sensory food aversion could be caused by:

- Hypersensitivity of chemoreceptors (relies on taste and smell).
 - Sweet, bitter, sour, salty, or acidic.
- Mechanoreceptors: relies on sensation or pressure.
 - Tongue pressure, temperature recognition, volume or texture consistency.
- Genetics.
 - More research is needed to determine if there is a genetic link, meaning it could run in the family.

Identifying a disorder

Identifying children at risk for a true feeding disorder involves an individualized approach. It often means looking at the family as a whole and narrowing down the possibilities for the feeding concerns. Below are some things to consider as you are talking with a family about eating behaviors.

Five key elements:

- What are the signs of a feeding problem?
- Is the child suffering from a medical condition?
- Has the child's growth and development been affected?
- What is the home mealtime environment like?
- Are there great stress factors in the family affecting eating?

Some of the more complicated cases, like sensory disorders, can exist on a spectrum and therefore require a more specialized approach to care. When in doubt, encourage the family to discuss concerns with their health care provider.

WIC's role

[Section 5.3: Nutrition Risk Assessment](#) was developed to assist staff in understanding the nutrition assessment process. A simple open-ended question may be the very thing that reveals a caregiver's concern about feeding problems. There are many [WIC Nutrition Assessment](#) tools

available to support staff as they learn to identify participant concerns and discover associated risks.

Targeted assessment Tools:

- The *Brief Questions and Probes* and *Complete Question Format* can be used when developing your own technique during the assessment.
- The *Training Tools for Nutrition Assessment* provides background into why the questions asked are important and what the participant's answers can mean.

The goal at WIC is to provide individualized services based on the fully completed assessment and the participants specific needs.

Supporting families

Feeding behaviors can be a difficult topic and some parents are bound to become sensitive to the issue. Using [Reflective Listening](#) during the assessment lets the participants know that you care and want to help. Reflections can help to keep the conversation in motion and allow staff to direct it using the participant's words as a guide. Reflections can also shift the focus of a conversation if it is leading off track by redirecting the participants to their original thoughts and it may prompt the participant to consider their commitment to change.

When to refer

Knowing when to refer is an important part of the assessment. Our scope at WIC is limited to the services we provide. If after completing the full nutrition assessment, you determine there are concerns about eating behaviors or growth, it is best practice to refer the participant to their health care provider. Their provider will be able to connect the participant to a care service that specializes in identifying and treating feeding disorders if warranted. There are also many county-led programs that provide assessment services, it may be helpful to have a list of resources available to your specific service area.

Resources

[Picky Eating](#). Minnesota WIC.

[An approach to feeding problems in infants and toddlers](#). *National Library of Medicine*. December 16, 2024.

[Picky vs. Problem Eater: A Closer Look at Sensory Processing Disorder](#). *Food & Nutrition Magazine*. August 26, 2014.

[Food Selectivity and Its Implications Associated with Gastrointestinal Disorders in Children with Autism Spectrum Disorders](#). *National Library of Medicine. Nutrients*. June 27, 2022.

[Atypical Eating behaviors in Children and adolescents with Autism, ADHD, other Disorders, and Typical Development](#). *Science Direct*. August 2019.

Sensory Processing Disorder (SPD). *American Academy of Family Physicians*. September 2024.

Training tips

- **Read.** Break into small groups (or if alone, skype a colleague) to discuss the information shared in this memo and any concerns about discussing this topic with a participant.
- **Practice.** Imagine what it might feel like if a participant shared concerns about feeding behaviors. What questions might you ask? Did you use reflective listening with the participants responses? Role-play a conversation surrounding discussion of feeding and feeding behaviors. Take turns playing the CPA and participant.
- **Share.** Have you been concerned about a child's feeding behavior and a parent refused to discuss the topic? How did you handle it? What did you learn?
- **Review.** The [Training Tool for Child Assessment Questions](#) along with the [Section 5.3: Nutrition Risk Assessment](#) are refreshers on technique used during the nutrition assessment. Remember, the nutrition assessment tools provided are meant as to be used to enhance your skills, but questions can be rephrased to help you be most effective in assessing risk.
- **Invite.** It may be helpful to invite a local Feeding Clinic representative to come speak with WIC staff to provide a better understanding of Sensory Food Aversion and what services or therapies are available. This is a great way to connect with a valuable community resource!

References- complete listing of hyperlinks:

Section 5.3: Nutrition Risk Assessment

(https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch5/sctn5_3.pdf)

WIC Nutrition Assessment

(<https://www.health.state.mn.us/people/wic/localagency/training/na.html#NaN>)

Tools (<https://www.health.state.mn.us/people/wic/localagency/training/na.html#tools>)

Reflective Listening

(<https://www.health.state.mn.us/people/wic/localagency/training/pcs/skills/development.html#reflective>)

Picky Eating

(<https://www.health.state.mn.us/docs/people/wic/nutrition/english/childpicky.pdf>)

An approach to feeding problems in infants and toddlers

(<https://pmc.ncbi.nlm.nih.gov/articles/PMC11698276/#:~:text=Feeding%20difficulty%20is%20a%20general,categories%20as%20follows:%5B2%5D>)

Picky vs. Problem Eater: A Closer Look at Sensory Processing Disorder

(<https://foodandnutrition.org/september-october-2014/picky-vs-problem-eater-closer-look-sensory-processing-disorder/>)

[Food Selectivity and Its Implications Associated with Gastrointestinal Disorders in Children with Autism Spectrum Disorders](https://pmc.ncbi.nlm.nih.gov/articles/PMC9268444/) (<https://pmc.ncbi.nlm.nih.gov/articles/PMC9268444/>)

[Atypical Eating behaviors in Children and adolescents with Autism, ADHD, other Disorders, and Typical Development](https://www.sciencedirect.com/science/article/abs/pii/S1750946719300595)

(<https://www.sciencedirect.com/science/article/abs/pii/S1750946719300595>)

[Sensory Processing Disorder \(SPD\)](https://familydoctor.org/condition/sensory-processing-disorder-spd/) (<https://familydoctor.org/condition/sensory-processing-disorder-spd/>)

[Training Tool for Child Assessment Questions](https://www.health.state.mn.us/docs/people/wic/localagency/training/pcs/assessment/child.pdf)

(<https://www.health.state.mn.us/docs/people/wic/localagency/training/pcs/assessment/child.pdf>)

[Section 5.3: Nutrition Risk Assessment](https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch5/sctn5_3.pdf)

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Minnesota Department of Health - WIC Program, 625 Robert St N, PO BOX 64975, ST PAUL MN 55164-0975; 1-800-657-3942, health.wic@state.mn.us, www.health.state.mn.us; to obtain this information in a different format, call: 1-800-657-3942.

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