

# DON'T PANIC

HELPING A CHILD WITH PEDIATRIC FEEDING DISORDER



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# TABLE OF CONTENTS



6  
Chapter 1: Introduction

8  
RJ's Story

12  
Chapter 2: The Basics

18  
My Child's Feeding Story

24  
Chapter 3: Professional Assistance

31  
Specialist Interview Sheets

35  
Chapter 4: At-Home Strategies

40  
12 Steps to Eating Cards

49  
Chapter 5: Managing Others

56  
Our Family Food Rules

60  
Chapter 6: Resources and Support

63  
Chapter 7: Mindset and Encouragement

66  
Personal Journal





hello, my name is

**Kewanta**

and this is

**about me**

I merged my experiences as a classroom teacher and mom to create Elite Kids.



**Founder  
and CEO**



### my Boys

I'm a proud mom of two brilliant boys. I am passionate about teaching. My favorite form of exercise is dancing. And... Game of Thrones season 8 sucked!

### FUN FACTS:

- Lead actress in an Off-Broadway Play
- Jackie Robinson Scholar and Alumnus

things that make my day





**DON'T PANIC.  
YOU'RE NOT ALONE,  
AND YOU'RE NOT  
POWERLESS. EVERY  
SMALL VICTORY  
WITH YOUR CHILD  
IS A BIG STEP  
FORWARD.**

# CHAPTER ONE

# INTRODUCTION

- ✓ Welcome
- ✓ RJ's Story
- ✓ What is PFD?
-  PFD Red Flag Checklist

# WELCOME

If you're reading this, chances are you're worried about your child and his/her issues with food.

Maybe you've heard well-meaning friends or family say, "They'll eat when they're hungry," but something inside you knows it's not that simple. You're not alone, and this guide was created just for you.

Pediatric Feeding Disorder – often misunderstood – is real. And as a parent, navigating it can be frustrating, heartbreaking, and deeply isolating. This guide is a roadmap, a lifeline, and a reminder that help is out there and progress is possible.

I'll start by sharing my story and then walking you through what to look for, who to talk to, and how to begin your journey with more clarity and confidence.



# RJ'S STORY

I noticed RJ's feeding difficulties after I stopped breastfeeding. He had/has an extreme aversion to certain textures, with a strong preference for crunchy foods. I had hoped that he would grow out of it.

I consulted with a few professionals. I was told, "Kids do not starve themselves." All I needed to do was present the food, walk away, and he would eventually eat when hungry.

He refused to eat for 24 hours straight. It was traumatic for everyone. He was starving and even vomited up stomach bile. The 'experts' were wrong. He was willing to starve himself rather than eat certain foods. I gave up after that and allowed him to eat only the foods he liked until I found a solution.

After some research, I discovered information about Pediatric Feeding Disorder (PFD). It was a relief to have a name for his condition, but also sad. I blamed myself, feeling like I had failed him in some way. You know - the usual mom guilt.

RJ began feeding therapy in January 2023. I know! I had no idea such a thing existed. But I was so glad to receive the support and the tools to help my son navigate through this difficulty.

One crucial aspect about PFD that I believe others should know is that it can affect any child and any family. For some, it's a physical issue, but for RJ, it's more psychological.

I sincerely hope that RJ's story helps you and your family.

This guide exists because I don't want you to feel as alone or confused as I did at the beginning. I want you to feel empowered, supported, and ready to take the next right step – one bite, one win, one day at a time.



*Buying, prepping, and cooking fish for the first time. And, YES! He ate the fish!  
Check out page 36*

# WHAT IS PFD?



Pediatric Feeding Disorder, often called extreme picky eating, goes far beyond normal pickiness. It's a real medical and psychological condition where a child's aversion to food affects their health, development, and family life.

Some children are naturally adventurous eaters –they'll try anything once. But children with PFD may react strongly (even violently) to certain foods, smells, textures, or colors. They might gag, vomit, cry, or run away at mealtime. This is not defiance or stubbornness – it's often a sensory or medical issue that needs professional attention.

This condition can create stress not just for the child but for the entire household. The dinner table, once a place of joy and connection, becomes a battleground. And while some children outgrow typical picky phases, problem feeders often need therapy and structured support to make progress.

Use the following checklist to determine if your child has PFD.

# SIGNS TO LOOK FOR

## Feeding Behavior

- Eats fewer than 20 foods total
- Refuses entire categories of food (e.g., all vegetables, all proteins)
- Often cries, gags, or vomits during meals
- Avoids mealtimes or leaves the table frequently
- Must have food prepared the exact same way every time
- Frequently spits food out rather than swallowing it
- Accepts only specific brands, shapes, or colors of food

## Sensory Sensitivities

- Refuses foods based on texture, temperature, smell, or color
- Cannot tolerate being in the same room as certain foods
- Reacts strongly (crying, gagging, covering nose) to the smells of foods
- Won't touch certain foods or insist others don't eat near them

## Communication & Emotional Cues

- Says things like "this will make me sick" or "I can't eat that."
- Has a strong fear or anxiety about trying new foods
- Associates food with punishment, discomfort, or distress

## Developmental & Medical Indicators

- Has a history of reflux, choking, aspiration, or GI issues
- Has trouble chewing or swallowing
- Diagnosed with or suspected of having developmental delays or autism spectrum disorder
- Has oral-motor delays or low muscle tone in the mouth/jaw
- Has feeding challenges that affect growth, weight, or nutrition

## Physical Impact

- Noticeable weight loss or poor weight gain
- Only drinks (and rarely eats solid foods)
- Gets tired or stops eating quickly due to fatigue
- Takes more than 30–40 minutes to complete meals (or doesn't finish at all)



**If you checked 3 or more boxes, especially in multiple sections, it's a good idea to talk to your child's pediatrician and seek a referral to a feeding specialist for a formal evaluation.**

# CHAPTER TWO

# UNDERSTANDING

# THE BASICS

- ✓ PFD vs Picky Eating
- ✓ Why this Happens
- ✓ Common Myths
-  “My Child’s Feeding Story”

# PFD VS. PICKY EATING

When a child refuses certain foods or pushes their plate away, many people are quick to call it “picky eating.” And in many cases, that’s true—picky eating is a normal phase of childhood development. Most picky eaters will still eat enough variety to meet their nutritional needs, even if they resist vegetables or prefer their food a certain way.

But what if it’s more than that? What if food refusal goes beyond preference, into fear, anxiety, or physical discomfort?

That’s when we’re no longer talking about picky eating. We’re talking about Pediatric Feeding Disorder (sometimes called Avoidant/Restrictive Food Intake Disorder (ARFID) or Extreme Picky Eating).

Here’s a simple way to think about the difference:

● Picky Eating	● Pediatric Feeding Disorder
Eats at least 30 different foods	Eats fewer than 20 foods, and may drop foods over time without adding new ones
Will eat at least one food from each food group	Refuses entire food groups or textures
Tolerates new foods on their plate, even if they don’t eat them	Gets upset, anxious, or distressed if new foods are even near them
Able to sit at the table with family and participate in mealtime	Avoids meals, runs away from the table, or becomes disruptive during meals
Will eventually eat when hungry	May skip meals entirely, risking malnutrition or weight loss
Feeding issues don’t interfere with growth or health	Feeding issues impact weight gain, growth, or nutritional status

# WHY THIS HAPPENS

When your child refuses food—or even struggles to be in the same room with certain foods—it’s natural to wonder, “Why is this happening?”

Problem Feeding Disorder isn’t caused by one single issue. Instead, it’s often the result of multiple underlying challenges happening at the same time. Understanding these root causes can help you and your care team tailor the right support.

Here’s a breakdown of the four main areas that can contribute to problem feeding:

01

## Sensory Factors

Some children have extreme sensitivities to how food feels, smells, tastes, or looks.

Their sensory systems may be overwhelmed by

- Certain textures (e.g., mushy, crunchy, slimy)
- Strong smells (e.g., fish, spices)
- Bright or unfamiliar colors
- The way foods mix or touch each other on a plate

👉 Even seeing or smelling a food can trigger gagging, distress, or avoidance.

## Oral-Motor Challenges

Some kids have trouble chewing, moving food around their mouth, or safely swallowing.

This can be due to low muscle tone in the mouth or jaw

- Poor tongue coordination
- Delayed oral motor skill development
- History of choking or coughing while eating

👉 If eating feels physically hard or scary, your child may avoid certain foods to protect themselves.

02

03

### Gastrointestinal (GI) Issues

Feeding difficulties can also be linked to internal discomfort or pain. A child who experiences digestive issues might start associating eating with feeling sick. Possible GI-related causes include:

- Acid reflux or GERD
- Food allergies or intolerances
- Constipation or tummy pain
- Eosinophilic esophagitis (an allergic inflammatory condition)

☞ A child who avoids food because it “hurts their belly” may not be able to explain it clearly—they simply stop wanting to eat.

### Psychological or Behavioral Factors

Eating isn't just physical—it's deeply emotional. A child's relationship with food may be shaped by:

- Traumatic feeding experiences (e.g., choking, force-feeding, frequent vomiting)
- High anxiety or fear around food
- Feeling overwhelmed or pressured at mealtimes
- Difficulty coping with change or new experiences

☞ Some children develop food-related anxiety or phobias that make trying new foods feel unsafe or impossible.

04

**It's important to remember: Many children with Problem Feeding Disorder have overlapping factors in two, three, or even all four categories.**

That's why a comprehensive evaluation, by professionals like feeding therapists, occupational therapists, speech-language pathologists, and pediatricians, is so important.

Understanding the “why” behind your child's feeding struggles is the first step toward building a plan that meets their unique needs.

#### ☀ Key takeaway:

Problem feeding isn't just about food—it's about how a child's body, brain, and emotions interact with food. Every child's journey looks different, and every step forward counts.

# COMMON MYTHS

When it comes to children who struggle with eating, well-meaning family, friends, and even professionals might offer advice that's rooted in myths instead of facts.

It's frustrating. And sometimes, it's harmful.

Let's clear up some of the most common misconceptions parents hear—so you can advocate confidently and trust your instincts.

● Myth	● Truth
<b>“Don't worry—kids won't let themselves starve.”</b>	<p>While many children will eat eventually when hungry enough, children with PFD may limit food intake to the point of malnutrition, dehydration, or medical risk.</p> <p>Their nervous system or physical difficulties may override hunger cues. In some cases, eating is so stressful or uncomfortable that they simply won't eat—even if their body needs food.</p>
<b>“They're just picky; they'll grow out of it.”</b>	<p>Picky eating is normal at certain developmental stages. But Problem Feeding Disorder is different. Children with PFD usually don't “grow out of it” without support. Early intervention can prevent long-term feeding, growth, and social challenges.</p>
<b>“You just need to be stricter at mealtime.”</b>	<p>Forcing, bribing, or pressuring a child with feeding challenges to eat can actually worsen their relationship with food. Instead of encouraging eating, mealtime pressure may increase stress and anxiety—leading to even more avoidance, gagging, or refusal</p>
<b>“They're just being stubborn.”</b>	<p>Problem feeding isn't about willpower or misbehavior. Children aren't refusing food to manipulate or upset parents. Their refusal is a protective behavior—their brain and body are trying to avoid discomfort, fear, or pain.</p>
<b>“If they're hungry enough, they'll eat.”</b>	<p>Hunger doesn't always translate to eating. Imagine being terrified of a food's texture or afraid of choking. No matter how hungry you are, your brain's “danger alarm” would stop you from eating.</p>

You may face criticism, judgment, or unsolicited advice from people who don't understand PFD.

Here's what matters most: You are the expert on your child. You are doing what's best for their health and well-being.

When you're armed with facts, you can push back on myths with confidence—and seek the right support without guilt or shame.



# MY CHILD'S FEEDING STORY

When you're meeting with doctors, therapists, or specialists, it can feel overwhelming trying to explain your child's feeding challenges, especially when you've lived them day after day.

The "My Child's Feeding Story" worksheet is designed to help you organize and communicate the key pieces of your child's journey: their struggles, milestones, triggers, and what's worked (or hasn't).

## Why it's helpful:

- Saves time at appointments
- Ensures no important details are missed
- Helps professionals see the full picture, not just isolated symptoms

Think of this worksheet as your advocacy tool. Bring it to evaluations, therapy sessions, or even school meetings to ensure everyone on your child's care team is working from the same foundation.

Your story matters—and telling it clearly is the first step toward getting the right help.



# FEEDING WORKSHEET

Use this worksheet to tell your child's unique feeding journey. Fill it out before meeting with doctors, feeding therapists, or specialists so you're ready to advocate clearly and confidently.

## INFORMATION

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Caregiver Name(s): \_\_\_\_\_

Today's Date: \_\_\_\_\_

## FEEDING OVERVIEW

Typical foods my child eats regularly (safe/preferred foods):

Foods my child refuses or struggles with:

Current mealtime routine (when, where, who's present):

## MAIN CONCERNS & CHALLENGES

(Check all that apply or add your own.)

- Gags easily on certain foods
- Vomits during or after eating
- Refuses entire food groups (e.g., fruits, proteins)
- Avoids specific textures (e.g., crunchy, soft, wet)
- Avoids certain colors or food appearances
- Needs food prepared/served a specific way
- Refuses to touch certain foods
- Anxiety or meltdowns around meals
- Extremely limited food variety (fewer than 20 foods)
- Weight loss or poor weight gain
- Still eats mostly purées or baby foods
- Eats very slowly (meals take longer than 30-45 mins)
- Reliant on specific feeding tools (bottles, specific utensils)
- Only eats while distracted (TV, screens, toys)
- Has trouble chewing or swallowing certain foods

 Other concerns not listed:

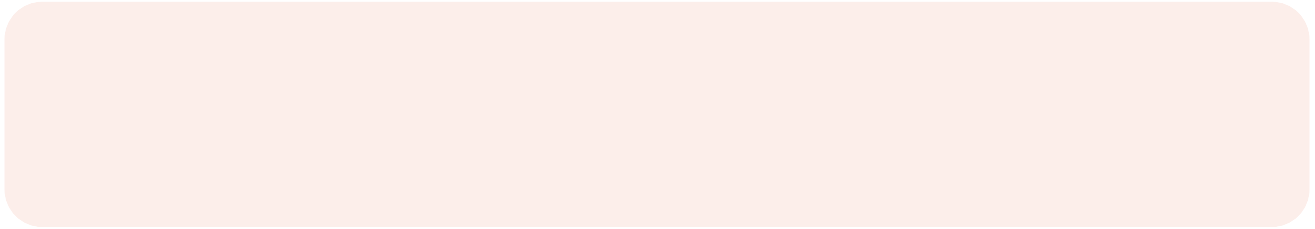
## HISTORY TIMELINE

When feeding challenges began: \_\_\_\_\_

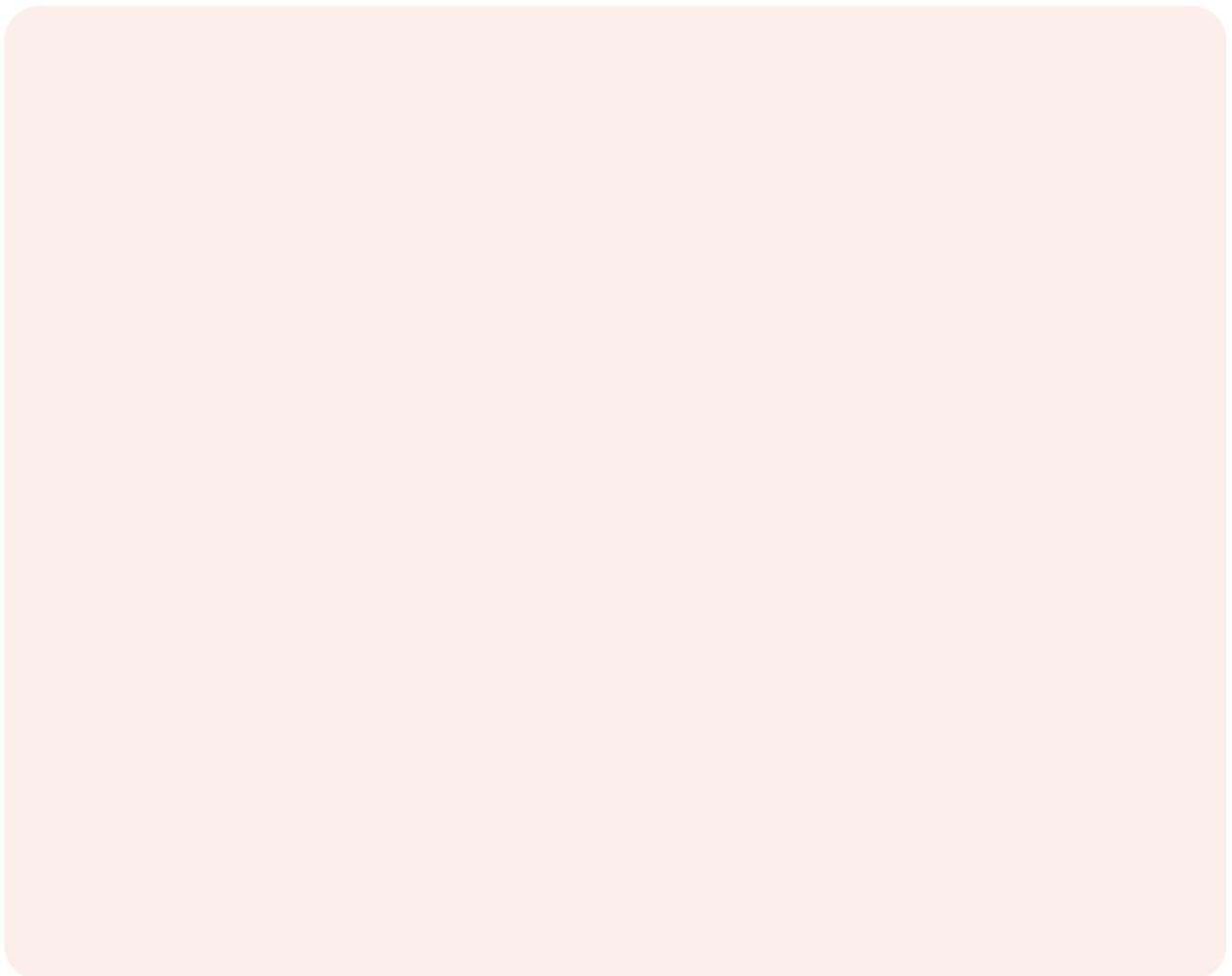
Past evaluations or diagnoses: \_\_\_\_\_

Therapies attempted (if any): \_\_\_\_\_

Hospitalizations, medical issues, or relevant milestones:



Timeline of important events:



**WHAT'S HELPED (EVEN A LITTLE)**

**Foods, tools, or strategies that worked:**

**People, settings, or routines that made eating easier:**

**BIGGEST TRIGGERS OR BARRIERS**

**Foods, smells, textures, settings, or routines that worsen the struggle:**

**GOALS FOR MY CHILD**

**What I hope to achieve through feeding therapy/support:**



**IT'S NOT JUST  
PICKY EATING**

# CHAPTER THREE

# PROFESSIONAL

# ASSISTANCE

- ✓ Talking to Your Pediatrician
- ✓ Evaluation Expectations
-  Feeding Specialist Interview

# TALKING TO YOUR PEDIATRICIAN

When you first bring up your child's feeding challenges to your pediatrician, it can be hard to know where to start—or what to say to make sure they take it seriously. Remember, you are your child's best advocate. The clearer, more specific, and more persistent you are, the better.

Here's how to approach the conversation:

## Before the appointment

- ✔ Bring your completed My Child's Feeding Story Worksheet from this guide.
- ✔ Write down or print any growth charts or past notes from medical visits.
- ✔ Be ready to share examples of meals, what your child eats, and what happens when new foods are introduced.

## What to say - You can start the conversation like this:

- ➔ "I've noticed some serious challenges with eating. It's not just picky eating—it's affecting their nutrition, health, and our family's daily life."
- ➔ "I'd like to discuss whether this could be more than a phase, and what steps we need to take to get an evaluation or feeding therapy."
- ➔ "Here's a record of what my child typically eats, refuses, and how they respond to new foods." (Hand them the worksheet).



**Use these questions to guide the conversation:**

**“Based on what I’m describing, do you think my child might need an evaluation for a feeding disorder?”**

**“Can you refer us to a pediatric feeding therapist or specialist in our area?”**

**“Do we need to see an occupational therapist, speech therapist (for oral motor), or other professional?”**

**“Should we check for any underlying medical issues—like reflux, food allergies, GI problems, or oral motor delays?”**

**“How do I document or track my child’s eating behaviors to support a referral?”**

**“What signs would mean we need more urgent intervention (like nutritional deficiencies or weight concerns)?”**

**“Will insurance cover feeding therapy? Do I need pre-authorization or documentation from you?”**

**“What should we avoid doing at home so we don’t accidentally make it harder for my child to progress?”**



# IMPORTANT TIPS

01

Don't downplay your concerns—describe the impact on daily life, family stress, and your child's well-being.

Be prepared for follow-up appointments, growth monitoring, or screenings before getting a referral.

02

03

If your pediatrician dismisses your concerns, ask for a second opinion or seek direct contact with a feeding specialist.

# EVALUATION EXPECTATIONS

Once you've secured a referral or appointment with a pediatric feeding specialist or multidisciplinary feeding team, it's natural to wonder what's next. Knowing what to expect can help you—and your child—feel more prepared and confident.

Here's a breakdown of what typically happens:

## Who's involved

A feeding evaluation may involve one or more specialists, depending on the clinic or hospital:

- Speech-language pathologist (SLP) specializing in feeding and swallowing
- Occupational therapist (OT) focusing on sensory and oral-motor skills
- Registered dietitian (RD) to assess nutritional intake and growth
- Pediatric gastroenterologist or ENT if medical issues are suspected

## What they'll ask you

Expect a detailed interview about your child's:

- Feeding history (breastfeeding, bottle, transition to solids)
- Current food preferences, refusals, and typical meals
- Behaviors around food (gagging, vomiting, pocketing food, tantrums)
- Sensory sensitivities (textures, smells, colors)
- Medical history (reflux, allergies, constipation, respiratory issues)
- Developmental milestones

👉 Bring your completed "My Child's Feeding Story" worksheet to help provide clear answers.



### **What they'll observe**

The evaluation may include a feeding observation session, where the therapist watches your child eat or try foods in a relaxed, play-based setting. They'll note things like:

- How your child sits at the table
- How they hold utensils or finger-feed
- Their ability to chew, swallow, or manipulate food in the mouth
- Reactions to different textures, smells, or types of food

Don't worry if your child refuses to eat or participate fully—it's very common. Therapists are trained to gently assess without pressure.

### **Possible assessments or tests**

In some cases, the team may recommend additional evaluations to rule out medical issues, such as:

- Swallow study (videofluoroscopic swallow study or modified barium swallow)
- Endoscopy if GI issues are suspected
- Oral motor exams to check strength and coordination

### **What you'll receive**

At the end of the evaluation (or within a few days), you'll usually get:

- A written report with findings
- A diagnosis, if applicable (like Pediatric Feeding Disorder, sensory-based feeding issues, oral motor delays)
- Recommendations for therapy—what type, how often, and goals
- A plan for follow-up, home strategies, or referrals to other specialists





# IMPORTANT TIPS

01

Bring familiar foods and preferred utensils from home if the therapist asks.

Stay calm and positive—your child may feel nervous in a new environment.

02

03

Write down your own questions ahead of time so you don't forget to ask.

A feeding evaluation is a critical step toward answers and solutions. It's not about labeling your child—it's about understanding what's making eating so hard so you can support them better.

# SPECIALIST INTERVIEW SHEET

Use this worksheet to keep track of important details as you contact feeding specialists. You can print multiple copies or use one sheet for comparing up to 3-5 therapists.

Name of Therapist/Clinic: \_\_\_\_\_

Phone Number/Email: \_\_\_\_\_

Location (miles/minutes from home): \_\_\_\_\_

Specialty (SLP, OT, Feeding Team): \_\_\_\_\_

## Key Questions

1. Do you specialize in pediatric feeding disorders?

\_\_\_\_\_

2. What is your approach/philosophy to feeding therapy?

\_\_\_\_\_

3. Do you accept my insurance? (Name of insurance: \_\_\_\_\_)

\_\_\_\_\_

4. What is my co-pay or out-of-pocket cost per session? \_\_\_\_\_

5. How often are sessions recommended? \_\_\_\_\_


6. Is there a current waitlist? If yes, how long? \_\_\_\_\_

7. Do you provide therapy in a clinic, home, or school setting? \_\_\_\_\_

8. Do you offer parent coaching or home exercises? \_\_\_\_\_

9. Will you coordinate care with other professionals (pediatrician, dietitian, school)?

\_\_\_\_\_

 Notes/other info:

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8. Do you offer parent coaching or home exercises? \_\_\_\_\_

9. Will you coordinate care with other professionals (pediatrician, dietitian, school)?

\_\_\_\_\_

 Notes/other info:



**IT TAKES A VILLAGE**

# CHAPTER FOUR

## PARENT-LED AT-HOME STRATEGIES

- ✓ How to use natural interest
- ✓ 12 Steps of Food Exposure
-  12-Step Food Exposure Cards
-  Food Wins Journal

# USE INTERESTS



*RJ is eating expensive a\$\$ Dover sole and a side of shrimp at his 6<sup>th</sup> birthday dinner with Mommy.*

Remember RJ? Mealtimes were a battle. He had a very short list of foods he'd tolerate. But something amazing started happening when I stopped focusing on the food and started noticing what fascinated him.

RJ loves animals and certain characters. One day, we were watching a nature documentary, and a whale leaped out of the water to eat a fish. Later, RJ told me, "Mommy, I want to eat what whales eat!" Suddenly, seafood—something I never imagined he'd want—became interesting. That opened the door to him trying shrimp, mahi-mahi, and even crab legs (though I have to admit... the grocery bill for a six-year-old seafood lover adds up fast!).

Another time, we were looking at a picture of Godzilla eating a hot dog. "I want a hot dog like Godzilla," RJ said. And so hot dogs were added to his preferred food list. Then came Popeye and spinach. Po from Kung Fu Panda and noodle soup. Each moment of interest happened naturally, without me planting the idea or pushing.

But here's what I learned. When I tried to force it, it didn't work.

For example, once I searched up a video of a hippo eating watermelon to encourage him to try watermelon. He politely told me, "No, thank you, Mommy." No matter how cute or convincing the video was, it wasn't his idea—and that made all the difference.

# KEY TAKEAWAYS

01

Let their curiosity lead. Observe what your child is naturally interested in—TV shows, animals, superheroes, characters, hobbies

Stay ready to connect it back to food, but don't force the connection. When your child says, "I want to eat what Po eats"—that's your moment.

02

03

Celebrate every new food added to their list, no matter how small. Each one is a win.

Don't worry if it doesn't happen with every character or every food. It's not about forcing interest—it's about following it.

04

And the best part? The foods your child chooses through their own curiosity are more likely to stick around as preferred foods. These victories may feel small in the moment, but over time, they add up to meaningful progress.

**Remember:** every child's path is different. Trust their timeline. Stay open to the unexpected. And celebrate that one day you might have a little seafood lover, noodle fan, or spinach-eating superhero sitting at your table.

# THE 12 STEPS TO EATING

When it comes to helping a child with PFD expand their food list, it's important to remember that trying a new food isn't an "all or nothing" event. For many kids, especially those with sensory, oral-motor, or psychological challenges, it's a journey that takes time, trust, and tiny steps.

That's why feeding therapists often use a framework called the "12 Steps to Eating" (from Dr. Kay Toomey's SOS Approach to Feeding). It breaks down eating into small, achievable steps that gradually build comfort and confidence with food.

## Here's what it looks like:

1. Tolerating the food being in the room
2. Tolerating the food being at the table (but far away)
3. Tolerating the food being on their plate (without touching it)
4. Touching the food with a utensil or another object
5. Touching the food with their finger
6. Holding the food in their whole hand
7. Bringing the food to their mouth (without tasting it)
8. Touching the food to their lips
9. Touching the food to their teeth
10. Biting the food (and immediately spitting it out if needed)
11. Holding the food in their mouth (without chewing or swallowing)
12. Chewing and swallowing the food

Notice that eating is the final step, not the first. Each earlier step is a milestone worth celebrating!

For some kids, moving from Step 1 to Step 3 might take weeks or months. That's okay. For others, they may skip steps or jump ahead once trust is built.

# HOW TO USE THE 12 STEPS AT HOME

01

Pick one food you'd like to introduce (especially one they're already curious about).

Focus on the process, not the outcome. If they're stuck on touching with a utensil, that's progress.

02

03

Never force or pressure. Gentle encouragement and positive reinforcement go much further.

Praise their bravery at each step, even if they don't taste or swallow it yet.

04

**Remember:** moving forward at your child's pace builds long-term trust with food. Trying a new food is a big deal for a problem feeder. Every step counts, no matter how small it feels.



## 12 STEPS CARDS

These 12-Step Food Exposure Cards are designed to guide you and your child through gentle, stress-free food exposure.

Print them out, laminate them for durability, and use them as a visual tool during mealtimes or feeding therapy. You can place them on the table, wall, or fridge—or hold them like flashcards to track each small victory.

Move to the next step only when your child feels ready, celebrating progress along the way.

Think of these cards as a supportive roadmap—not a strict timeline—helping you turn each step into a moment of encouragement and empowerment.

1

FOOD IN  
THE  
ROOM



2

FOOD AT  
THE TABLE  
(BUT FAR  
AWAY)



3

FOOD  
ON THE  
PLATE



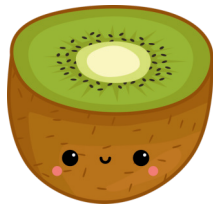
4

TOUCHING  
THE FOOD  
WITH A  
UTENSIL



5

TOUCHING  
FOOD WITH  
YOUR  
FINGER



6

HOLDING  
THE FOOD  
IN YOUR  
HAND



7

HOLD THE  
FOOD CLOSE  
TO YOUR  
NOSE AND  
SMELL IT



8

TOUCHING  
THE FOOD  
TO YOUR  
LIPS



9

TOUCHING  
THE FOOD  
TO YOUR  
TEETH



10

TAKE A TINY  
BITE (AND  
IMMEDIATELY  
SPITTING IT  
OUT)



11

HOLDING THE  
FOOD IN YOUR  
MOUTH  
(WITHOUT  
CHEWING OR  
SWALLOWING)



12

CHEWING  
AND  
SWALLOWING  
THE FOOD





# FOOD JOURNAL

Feeding challenges can feel overwhelming, but every small step forward is worth celebrating.

The Food Journal gives you a daily space to record even the tiniest victories, whether it's your child letting a new food sit on their plate, smelling something unfamiliar, or bravely taking a bite. This journal helps shift focus from frustration to progress, creating a positive, encouraging record of your journey together.

Every win counts, no matter how small—and this journal helps you see just how far you're both coming, day by day.

# FOOD JOURNAL

Date: \_\_\_\_\_

Food: \_\_\_\_\_

Exposure Step (e.g., smelled, touched, tasted): \_\_\_\_\_

What happened? (brief description)

Child's reaction/emotions

Reflection and Notes

Today's Win

# FOOD JOURNAL

Date: \_\_\_\_\_

Food: \_\_\_\_\_

Exposure Step (e.g., smelled, touched, tasted): \_\_\_\_\_

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What happened? (brief description)

Child's reaction/emotions

Reflection and Notes

Today's Win

# CHAPTER FIVE

## MANAGING “THE OTHERS”

 Responding to  
Judgement

 Manage Sibling Dynamics

 Yes/No Food List

 Our Family Food Rules

# SCRIPTING RESPONSES TO JUDGMENT FROM OTHERS

One of the hardest parts of parenting a child with Problem Feeding Disorder isn't just the daily mealtime challenges—it's navigating the opinions, unsolicited advice, and outright judgment from others who don't understand. Whether it's a relative saying, "They'll eat when they're hungry," or a well-meaning stranger commenting on what's on your child's plate, these moments can be frustrating, hurtful, and isolating.

This section equips you with ready-to-use, calm, and confident responses you can lean on when faced with criticism, pressure, or unhelpful comments. The goal isn't to argue or convince—it's to protect your peace, advocate for your child, and redirect the conversation.

**Here are some scripts you can customize for your voice:**

"Thanks for your concern. We're working closely with feeding specialists, and we have a plan that's right for [child's name]."

"It might look like picky eating, but it's actually a feeding disorder. It's more complex than it seems."

"We're celebrating small wins every day—you'd be surprised how big a step it is for [child's name] just to touch or smell a new food!"

"We're following our team's recommendations, so we're avoiding pressure at mealtimes—it's part of helping [child's name] build trust with food."

"This isn't about stubbornness or spoiled behavior. It's a medical issue, and we're giving [child's name] the support they need."

You can also use non-explanatory boundaries if you're not in the mood to educate or explain:

"We've got it covered, but thanks."

"We're following our care plan."

"We're doing what works for [child's name]—appreciate your understanding."



**Remember:**

**You don't owe anyone an explanation. These responses are tools to help you stay grounded and redirect conversations without compromising your emotional energy.**

**You might even role-play these scripts at home so they're easier to recall in the moment—or write your own versions below:**

 **My personalized responses:**

A large, empty, light pink rounded rectangular box intended for writing personalized responses.

# MANAGING SIBLING DYNAMICS

Having a child with Problem Feeding Disorder doesn't just affect mealtimes—it affects the whole family, especially siblings. It's normal for brothers and sisters to notice the differences in rules, attention, or expectations around food.

You may hear questions like, “Why doesn't [child's name] have to eat their veggies?” or “Why do they get special foods?”

Managing these dynamics takes intention, patience, and open communication. Here are some key strategies to help:

## 1. Explain in simple terms.

Kids don't need a clinical explanation but benefit from understanding. You might say:

“[Child's name]'s body works a little differently with food, so we're helping them learn to eat in a way that works for them.”

This keeps things honest but age-appropriate.

## 2. Avoid labels like “good eater” or “picky eater.”

Instead of creating comparisons, focus on everyone's unique relationship with food. Praise effort rather than ability.

“I love how you're both trying new things in your own way.”

## 3. Carve out “fair, not equal” moments.

Siblings may need reminders that fairness doesn't always mean sameness. Finding little ways to give each child their own special time, attention, or privileges can ease feelings of jealousy or resentment.

#### 4. Involve siblings in supportive roles—without pressure.

If a sibling wants to cheer on or model trying new foods, that's great—but never make them feel responsible for “fixing” or “leading” their brother or sister's eating. Encourage natural kindness, not pressure.

#### 5. Normalize different needs in the family.

Whether it's feeding therapy, different meals, or extra appointments, show that everyone has their own needs at different times. “Just like [sibling's name] needs glasses to help them see, [child's name] needs help learning to eat.”

#### 6. Watch for hidden frustrations.

Siblings may bottle up worries, jealousy, or misunderstandings. Create safe spaces for check-ins where they can express their feelings without guilt.

This journey doesn't just shape your child with PFD—it shapes their siblings, too. With openness, fairness, and intentionality, you can nurture empathy and support while honoring each child's unique experience.



# YES/NO/MAYBE FOOD LIST – QUICK REFERENCE FOR CAREGIVERS

This simple but powerful tool helps parents and caregivers track what foods a child with PFD currently eats, refuses, or is starting to explore.

Use this list to clearly communicate food preferences and avoid mealtime stress when your child is with a nanny, babysitter, grandparent, or any supportive adult.

✔ Yes - Foods your child reliably accepts and enjoys

✘ No - Foods that are known triggers or cause distress

🤔 Maybe - Foods your child is beginning to tolerate, interact with, or is willing to try under the right conditions

Print and update as needed. Post it on the fridge, slip it into a caregiver binder, or keep it with your child's feeding gear for easy reference.



Empty rounded rectangular box for listing 'Yes' foods.

Empty rounded rectangular box for listing 'No' foods.

Empty rounded rectangular box for listing 'Maybe' foods.



A large, empty, light pink rounded rectangular box, intended for writing or drawing.

A large, empty, light pink rounded rectangular box, intended for writing or drawing.

A large, empty, light pink rounded rectangular box, intended for writing or drawing.





# OUR FAMILY FOOD RULES

Help your household build a safe, consistent, and supportive mealtime environment. These rules remind everyone (parents, siblings, caregivers, and guests) that food is not a battleground. It's a space for connection, curiosity, and compassion.

Post these family rules in your kitchen, dining area, or mealtime binder. Read them aloud at the start of a new week or when new guests or caregivers join you at the table.

**1**

## NO FORCING.

No one is required to eat or try something they're not ready for.

**2**

## NO SHAMING.

No comments like "just eat it!" or "you're being dramatic" allowed.

**3**

**TRYING IS  
WINNING.**

**Touching,  
smelling, or  
licking counts as  
progress.**

**4**

**ALL FOODS ARE  
NEUTRAL.**

**No “bad” or “good”  
labels—just foods  
we eat now and  
foods we’re  
learning about.**

**5**

**MEALTIME IS A  
SAFE TIME.**

**No  
punishments or  
power struggles  
at the table.**

**6**

**FOOD IS  
OFFERED, NOT  
PUSHED.**

**We make food  
available and  
celebrate interest—  
but never demand.**

**7**

**WE HONOR  
OUR OWN  
PACE.**

**Every eater in this  
house is on their  
own journey.**

**8**

**CURIOSITY IS  
ENCOURAGED.**

**It's okay to ask  
questions, explore,  
play, and even say  
"no thank you."**

**9**

**WINS ARE  
CELEBRATED—  
BIG OR SMALL.**

**Every step forward,  
even a tiny one, is  
something we're  
proud of.**

**10**

**LOVE IS NOT  
MEASURED BY  
BITES.**

**Mealtimes are  
about connection,  
not control.**



**YOU HAVE  
PERMISSION TO  
BYOF TO THE EVENT  
OR FAMILY  
FUNCTION**

# CHAPTER SIX

# RESOURCES AND

# SUPPORT

- ✓ You're Not Alone
- ✓ SOS Approach to Feeding
- ✓ Feeding Matters
- ✓ UHCF Grant

# YOU'RE NOT ALONE

Navigating PFD can feel overwhelming, but you don't have to do it alone. There are dedicated organizations, experts, and communities ready to support you and your child with compassion, tools, and even financial assistance.

In this section, you'll find some of the most trusted and helpful resources available today:



## The SOS Approach to Feeding

This evidence-based program was designed by feeding specialists to help children develop a positive relationship with food.

Their free 2-hour webinar is a must-watch for parents seeking a deeper understanding of what problem feeding looks like, why it happens, and how to gently support progress at home. You'll walk away informed, empowered, and ready to take the next step.



Visit:  
<https://sosapproachtofeeding.com/>



### FeedingMatters.org

More than a website—this is a community. Feeding Matters offers research-backed information, a network of support for parents, and a family scholarship program to help cover the cost of feeding therapy and related services. You'll also find forums and webinars where you can connect with families walking a similar journey.

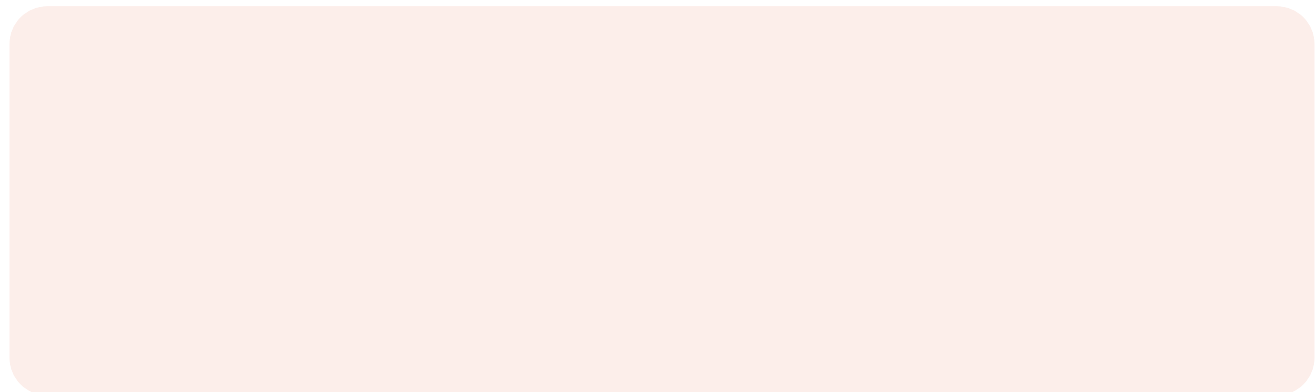


### UnitedHealthcare Children's Foundation (UHCCF)

UHCCF provides grants to help families pay for medical-related services that might not be fully covered by insurance—including feeding therapy. Their simple application process can open doors to therapies that make a real difference, especially for families navigating insurance gaps.

Visit: <https://www.uhccf.org/>

These resources can give you guidance, funding, and the confidence to keep going. Bookmark them and share them with other families.



# CHAPTER SEVEN

# MINDSET AND

# ENCOURAGEMENT

 Setting Expectations

 Your Journal

# SETTING REALISTIC EXPECTATIONS

## Grace for the Journey

When you're in the thick of navigating PFD, it's natural to want quick results. We hope the next meal will be different. We want to believe that once therapy starts, the change will come fast.

But here's the truth: this is not a quick fix. This is a journey.

Problem feeding isn't something a child "grows out of" in a few weeks. It often takes months or even years to see the kind of progress that feels life-changing. That can sound discouraging, but in reality, it's an invitation. An invitation to breathe deeper, lower the pressure, and focus on steady, compassionate growth.

## Why It Takes Time

Feeding challenges are often rooted in sensory sensitivities, oral-motor delays, psychological triggers, and even physical discomfort. These are not habits to break but systems to rewire—gently and at the pace your child can handle.

Think of it like learning to walk again—slow, shaky, with many stumbles. You wouldn't rush someone in physical rehab. You'd cheer every small victory. That's the energy we bring to feeding therapy.



## **Realistic Expectations for Your Child**

- **Your child might only smell a food for weeks before touching it. That's still a win.**
- **A lick might be the biggest victory of the month. Celebrate it.**
- **Some foods will take years to be accepted, and others may never be. That's okay.**

**The goal isn't to eat everything. It's to slowly expand their comfort zone. Every step forward matters, no matter how small.**

## **Grace for Your Child**

**Your child isn't being dramatic. They aren't trying to be difficult. Their reactions are real, and sometimes involuntary. What looks like defiance may be fear or discomfort. Meet them where they are, with compassion.**

**Give them the time and safety they need to explore food at their own pace. And on hard days, remind yourself: they're doing their best with what their body and brain can handle.**

## **Grace for Yourself**

**You are not failing.**

**Not when your child refuses the new food.  
Not when dinner ends in tears (theirs or yours).  
Not when you feel exhausted or overwhelmed.**

**You are showing up. You are learning. You are advocating. That is enough.  
Let go of the guilt. Perfection isn't the goal—connection, understanding, and progress are.**

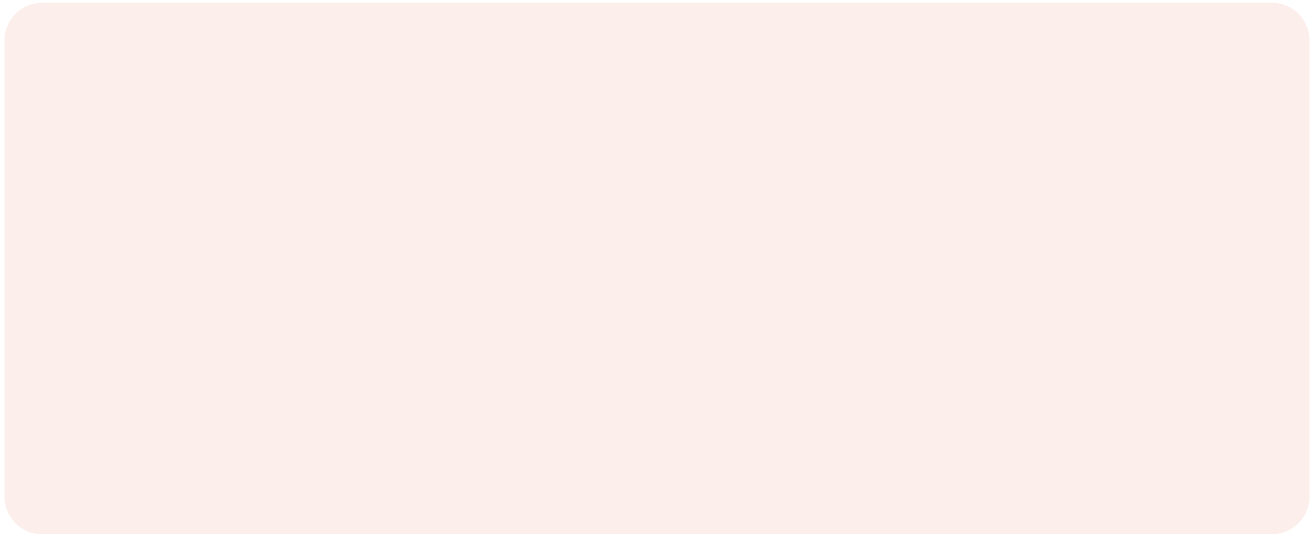
**You're not alone, and you're doing an amazing job.**

# PERSONAL JOURNAL

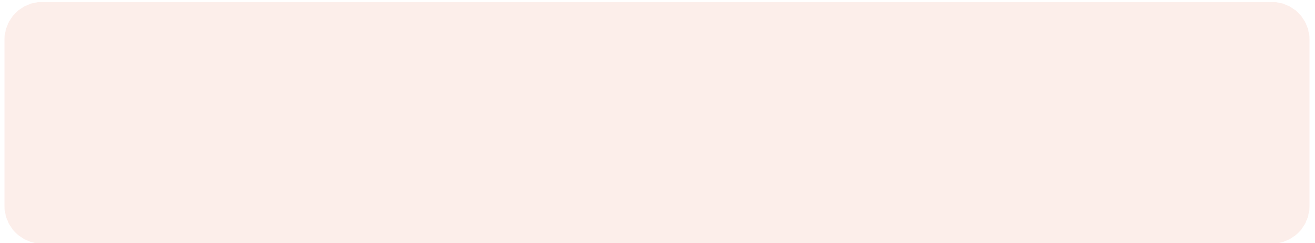
Use this space is to reflect, track, and celebrate progress.

Date: \_\_\_\_\_

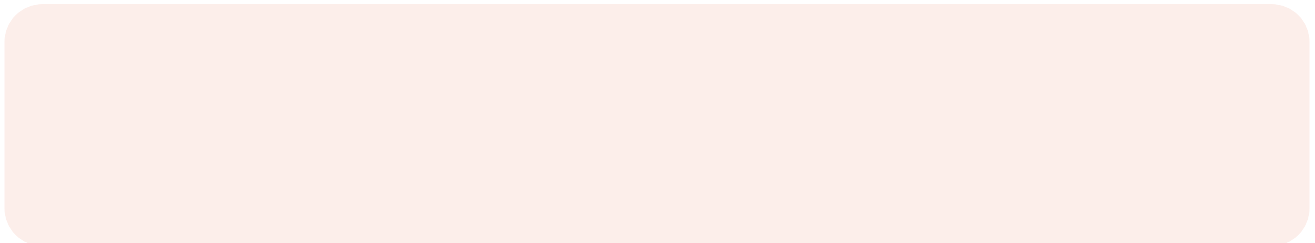
My Emotions Today (Honest check-in: How am I feeling?)

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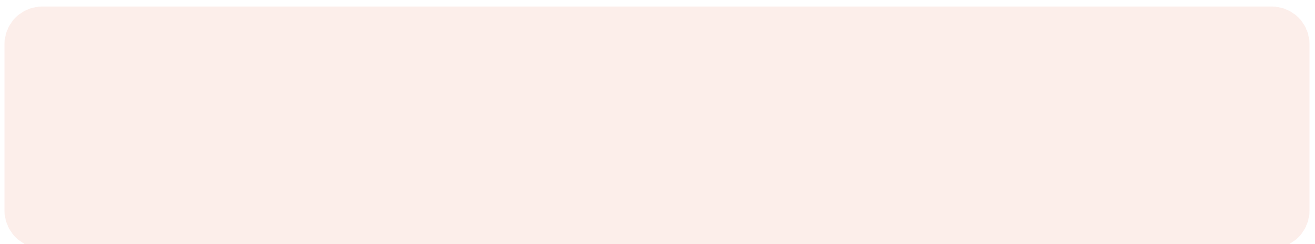
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One affirmation or reminder for myself

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Mealtime wins

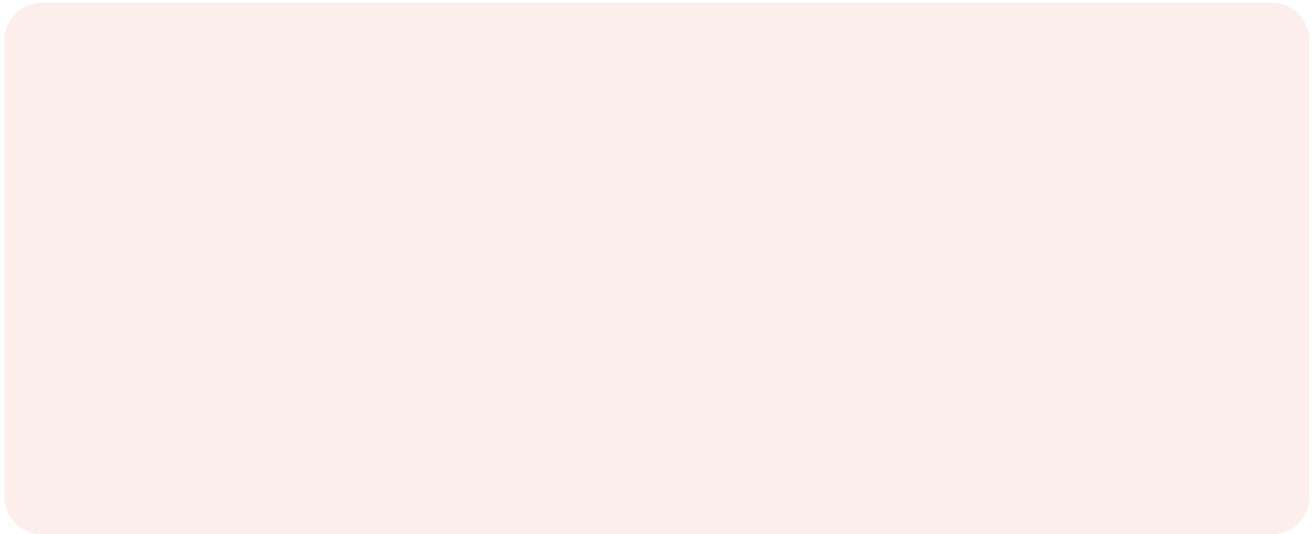
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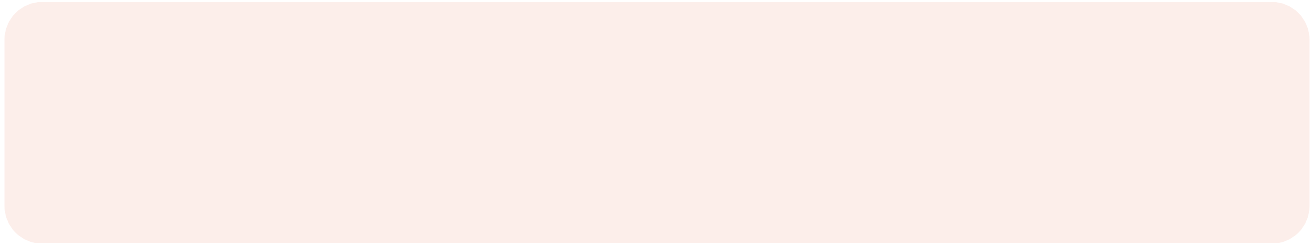
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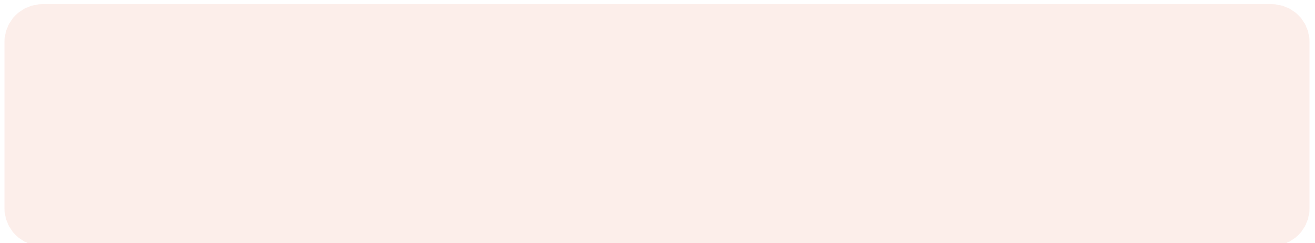
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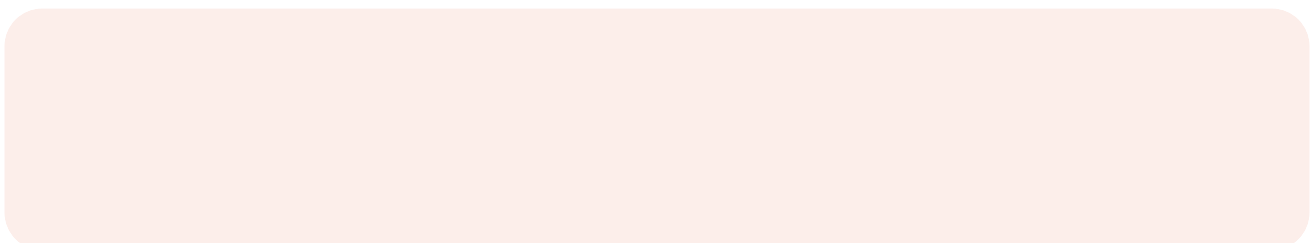
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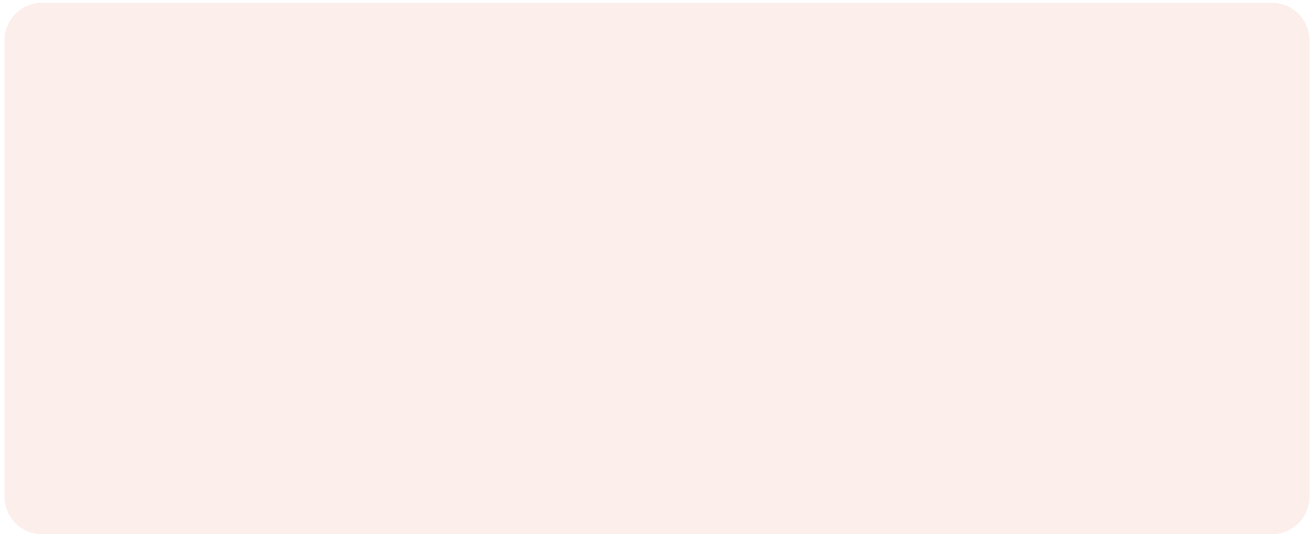
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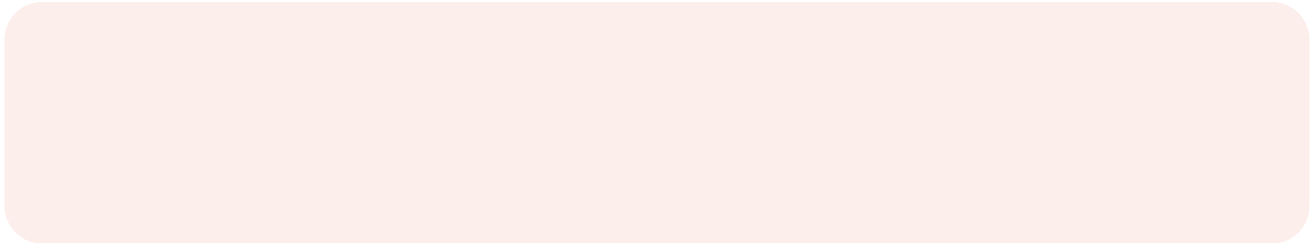
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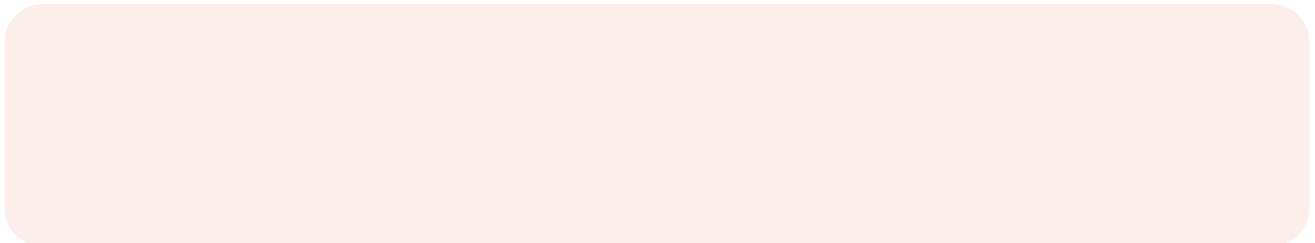
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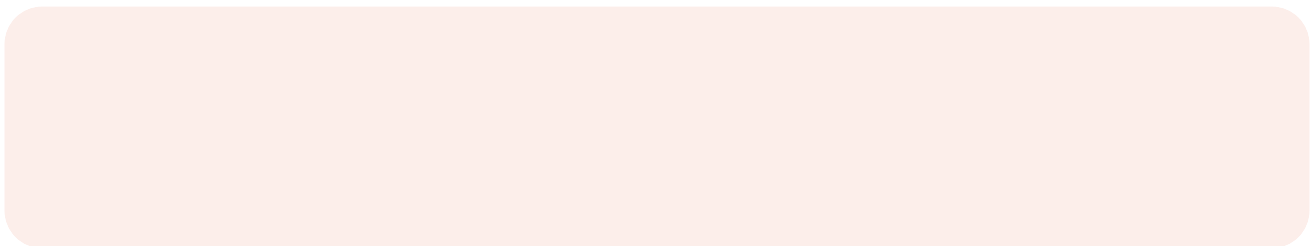
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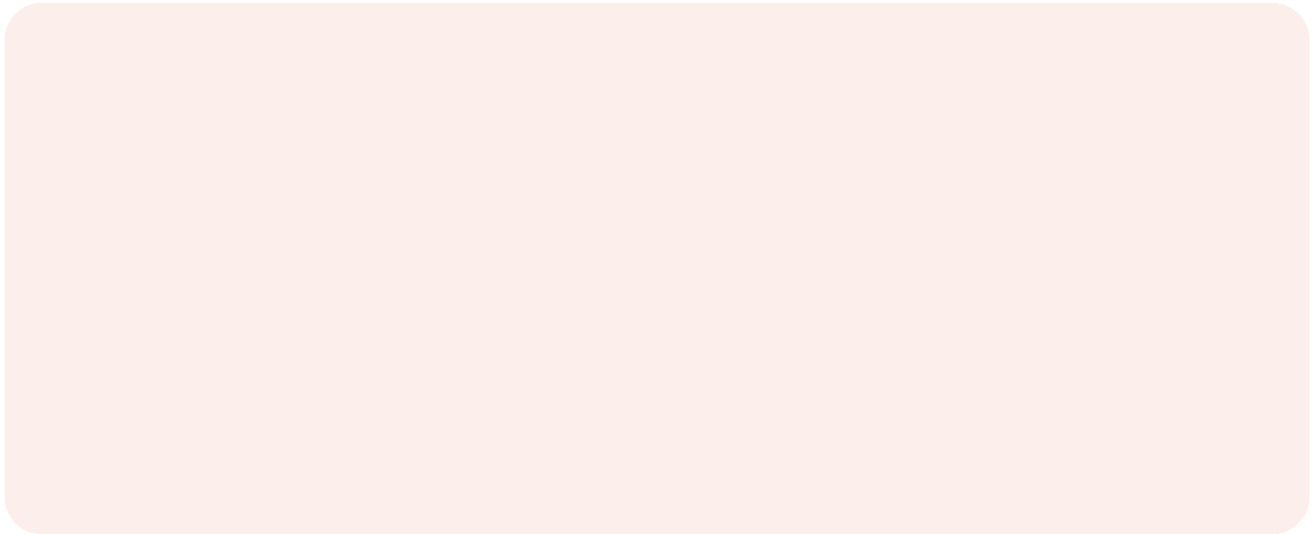
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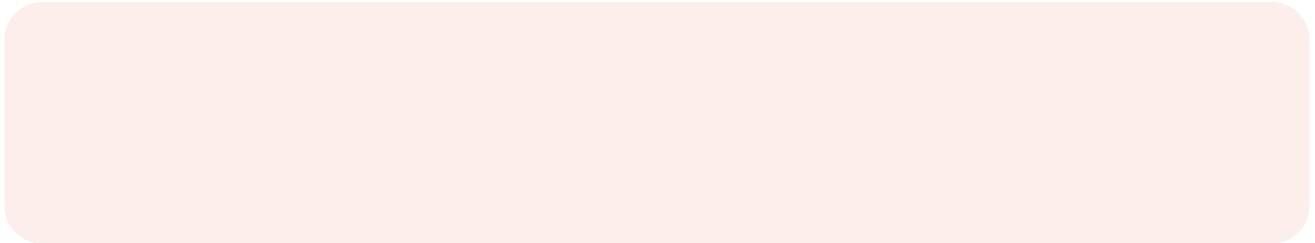
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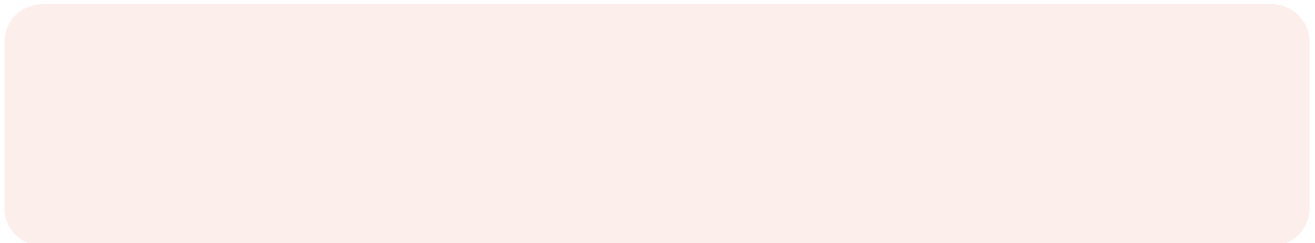
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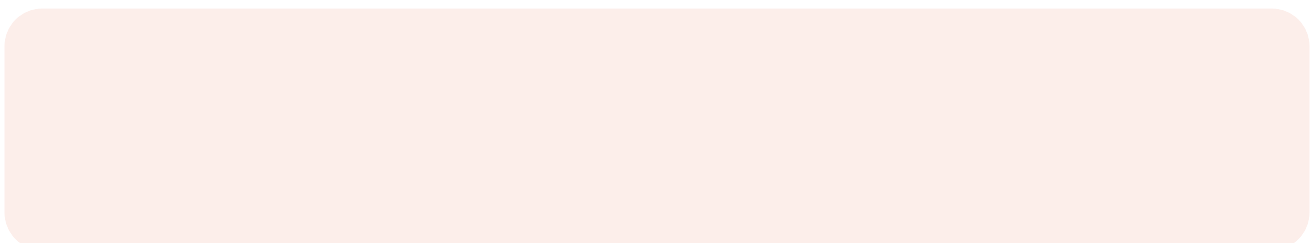
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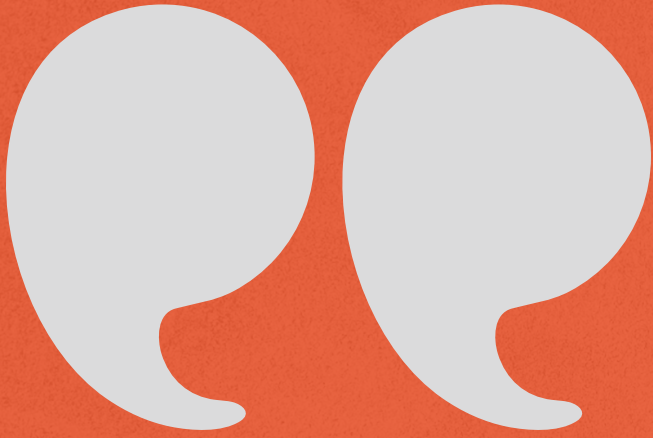
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**YOU'RE DOING AN  
AMAZING JOB!**