Setting the Table for Mealtime Success

Practical Strategies for Families

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Letter From the Founder

Dear Families,

Mealtimes are an important opportunity for connection, learning, and building healthy habits. Every child explores food in their own way, and every family has its own rhythm around meals. My goal is to provide practical strategies that make mealtimes smoother, more enjoyable, and successful for everyone—whether your child is curious about new foods or takes a little more time to try something different.

This resource is designed to give you tools you can use right away, along with ideas to encourage variety, confidence, and positive experiences at the table. Remember, small steps can lead to big changes, and every taste, every attempt, and every shared meal counts.

I hope you find these tips helpful and encouraging. Mealtimes can be fun, rewarding, and stress-free when we set the table for success—together.

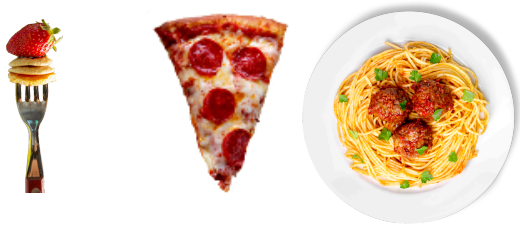
Best,

Dena Kelly, LPC, BCBA, LBS/LBA
Founder and CEO, Focused Approach

What Are Typical Eating Behaviors?

Changing preferences

It is typical for children to rotate through favorite foods. As long as they maintain foods in each food group, it's not a concern.



Fluctuating portion sizes at different meals

It is typical for children to eat more at one meal and less at another. As long as it evens out, this is normal.

Changes in eating behavior when sick

It is typical for children, just like adults, to reduce eating when they aren't feeling well-as long as it doesn't last.

Requires involvement/interaction to eat; not fully independent

It is typical for children to need someone to participate in the task with them, just like other daily living tasks.

Concerns don't last

For a variety of reasons, or no reason at all, kids will have short bursts of minimal intake. as long as it doesn't become a consistent pattern, it isn't something to be concerned about.

Eating Milestones

6–8 Months – First Foods & Exploration

- You can - but don't have to - start with purees
- Offer soft finger foods (soft cooked carrots, avocado)
- Encourage self-feeding with fingers
- Sit in a high chair for meals

Tip: Introduce one new food at a time and watch for allergies
NOTE: If using purees, offer table foods instead of prepackaged, store bought options

8–12 Months – Transition to Textures

- Soft chopped foods: banana, cooked sweet potato, pasta
- Offer small protein pieces: beans, soft meat
- Introduce open or straw cup for water
- Encourage pincer grasp with finger foods
- Offer opportunities to take bites from larger pieces (pizza crust, fries, etc.)

Tip: Let baby explore textures—messy is okay
NOTE: Offer meal before breastmilk or formula to promote appetite

12–18 Months – Self-Feeding & Variety

- Offer chopped table foods: fruits, veggies, soft cheese, cooked grains, as well as opportunities for the child to bite from whole foods
- Introduce utensils (spoon/fork)
- Encourage trying new flavors and foods at each meal
- Serve family meals when possible

Tip: Keep portions small and age-appropriate
NOTE: Now is when you should start establishing structured mealtimes

Eating Milestones

18–24 Months – Developing Independence

- Encourage self-feeding with spoon/fork
- Offer a variety of textures and colors
- Continue exposure to new foods - start small - even one bite of a new food can be considered a success

Tip: Repeated exposure helps acceptance
NOTE: This is the time that kids learn the word "no," make sure you balance autonomy with limits

2–3 Years – Building Healthy Habits

- At this stage, your child should be consistently eating 3 meals + 1–2 snacks daily, even if portions are small
- Include all food groups: fruits, veggies, protein, grains, dairy
- Offer new foods alongside familiar favorites

Tip: Involve kids in food prep for curiosity and willingness to try
NOTE: This is a critical time for setting mealtime expectations

3–6 Years – Exploration & Family Meals

- Encourage family meals and independent choices, as appropriate
- Offer balanced meals and small portions
- Continue to consistently introduce new foods to avoid getting stuck in a food rut

Tip: Implement "New Food Tuesday" where everyone tries something new each week
NOTE: Keep mealtimes positive but structured to establish good eating behaviors and patterns

If Your Child Isn't Meeting Milestones

First, know that you're not alone! It's estimated that up to **45%** of neurotypical and **80%** of neurodivergent kids have feeding challenges.

Let's dive deeper!

Everyone has heard of the term "picky eater" but typically that encompasses a wide variety of eaters. While it is common for toddlers and young children to go through a "picky eating" phase, it is not common for the pickiness to be super restrictive, have no flexibility, and last for an extended period of time.

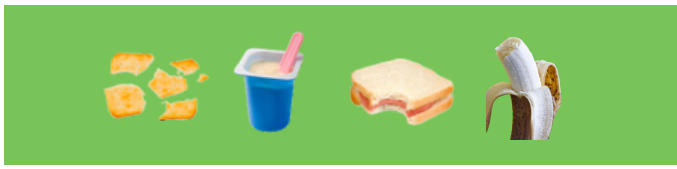
Picky Eater *Might be a phase*	Restrictive Eater *Very rarely a phase*
Decreased range of food variety	**Restricted** range of food variety
Experiences food burnout, but can regain	Experiences food burnout, but **typically does not regain**
Allows food on their plate even if they don't want to eat it	**Difficulty allowing foods on their plate** that are not on their accepted food list
Has preferred foods from each food and texture group	Refuses **entire categories** of food
Won't refuse food solely based on brand, color, or texture	Refuses food based on **brand**, **color** or **texture**
Will eat at family dinners without tantrums	Engages in **tantrums** or **withdrawals at family dinners**
Will usually accept new food after approx. 10 exposures	**Will not accept new foods** simply based on exposure

If your child falls in the restrictive eater category, it is very rarely a phase and often requires professional intervention.

Red Flags

Are you still unsure if your child qualifies as a restrictive eater? Or, if you're becoming more aware of his/her eating behaviors, here are some top red flags to look for:

Grazes all day



Gravitates towards snack foods

Avoids socialized mealtimes (group snack/lunch)

Only eats the same foods or flavors; Isn't open to trying new foods (even if similar)

Exhibits extreme crankiness, intensity in refusal, or behavior/tantrums

Is lethargic and has difficulty paying attention to tasks

Experiences constipation

Misconceptions About Picky Eating

If your child is a picky eater, chances are you've reached out to parent friends, consulted your own parents or in-laws, scoured the internet, sought advice from Facebook groups, or even asked your pediatrician for guidance. However, instead of finding clarity, you might be feeling more bewildered than ever!

Let's debunk these myths.

Don't make a big deal out of eating and they'll eat

Unfortunately, for children with a feeding disorder, this is not the case. They will sooner starve if left to their own decision.

Just give them a calorie booster to increase weight gain

Most calorie boosters/supplements are filled with unnecessary sugar and lack essential nutrients, which a growing body needs. They are a short term solution to a long term challenge.

They'll grow out of it

Mild picky eating is a phase kids *can* grow out of. However, if your child is struggling with significant food refusal, they will typically not grow out of it and will require intervention. It is also often easier to tackle food refusal when the child is younger, than when they have been struggling for years.

Because of sensory sensitivities they can't expand their diet

Many children who have experienced sensory aversions to food were able overcome them during feeding therapy. These sensitivities are not a wall to successfully expanding a child's diet.

Building Strong Eating Habits

Small steps that support mealtime success

1. Set designated eating times at home

Avoid continuously offering food hoping they'll eat at some point. Instead, designate set meal and snack times and only offer food at those intervals. This allows your child to potentially feel hunger and to set an eating routine.

2. Present opportunities for similar but different foods already in their repertoire

For example:

- A new flavor or brand of yogurt
- A different type of chicken nugget
- A varied chip flavor

3. Avoid engagement with foods outside of mealtime

Find **nonfood** mediums to use for sensory play (shaving cream or play dough vs of cool whip or pudding).

Remove food items from their reach if they are playing, squishing, or throwing the food.

4. Start small

Pick one day a week to introduce a new food and then add those into weekly rotations. Allow your child to be part of the decision process.

Foods don't need to be equal portions. A preferred food can fill most of the plate; add just 1 bite of a new/challenge food and slowly grow the portion over time.

5. Establish a high motivator

For some kids, eating isn't motivating. Weird, right?! So, just like other non preferred tasks, adding a motivator can be helpful.

6. Stay consistent

Something could work the first day because it is exciting and new and then not work again, or it might not work in the beginning because changing expectations is hard, but if you establish a plan and stick to it, over time positive behavior change will occur.

Still Struggling?

Wondering if your child might need extra support?

Let’s explore:

- Pediatric Feeding Disorder (PFD)
- Avoidant/Restrictive Food Intake Disorder (ARFID)
- Treatment options

What is Pediatric Feeding Disorder (PFD)?

Pediatric Feeding Disorder (PFD) is when a child has ongoing difficulties with eating or drinking that affect their health, growth, or daily life. It's more than just "picky eating."

Children with PFD may struggle in one or more of these areas:

- **Medical:** reflux, swallowing problems, or other health conditions that make eating difficult
- **Nutrition:** not getting enough calories, vitamins, or protein for healthy growth
- **Feeding skills:** trouble chewing, swallowing, or moving food safely
- **Behavior / Social:** stress, anxiety, or mealtime battles that make eating hard for the whole family

Common Signs Parents Notice

- Very limited foods accepted (often fewer than 15)
- Gagging, choking, or pocketing food in the mouth
- Refusal to try new textures or foods
- Long, stressful mealtimes (over 60 minutes)
- Reliance on supplements or shakes instead of food
- Poor weight gain, or growth concerns

Why Early Help Matters

Without support, feeding problems often get worse over time.

Early evaluation and treatment can:

- Make mealtimes less stressful
- Expand the variety of foods a child will eat
- Support healthy growth and nutrition
- Reduce long-term medical or emotional challenges

What Parents Can Do

- Talk to your pediatrician if you're worried
- Keep track of what your child eats and how long meals last
- Ask for a referral to a pediatric feeding specialist

Remember: You are not alone, and help is available!

Disclaimer: This resource is intended as a reference for education It does not provide a complete diagnostic framework.

What is ARFID?

Avoidant/Restrictive Food Intake Disorder (ARFID) is a feeding disorder where a child avoids or limits foods in a way that affects their health, growth, or daily life. Unlike other eating disorders, ARFID is not about body image or weight concerns.

Children with ARFID may avoid foods because of:

- Sensory sensitivities: taste, texture, smell, or appearance
- Fear or trauma: choking, gagging, vomiting, or allergic reactions
- Low interest in eating: not feeling hungry or not wanting food

Common Signs Parents Notice

- Eats only a very small number of foods
- Refuses entire food groups (no fruits, no proteins, etc.)
- Extreme distress at mealtimes or when new foods are offered
- Reliance on supplements/shakes for calories
- Trouble eating in social settings (school, parties, family meals)
- Adequate growth does not rule out ARFID — many children maintain weight but still meet criteria

Why Early Help Matters

ARFID can affect more than nutrition. It may impact a child's confidence, social life, and family stress.

Early support can:

- Expand food variety safely
- Reduce anxiety and mealtime battles
- Improve health and daily functioning
- Prevent the disorder from becoming more entrenched over time

What Parents Can Do

- Share your concerns with your pediatrician
- Track what your child eats and any stressful mealtime behaviors
- Ask for a referral to a feeding specialist or mental health provider experienced with ARFID

Remember: ARFID is real, and support is available to help your child thrive.

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Still Struggling?

You have tried the tips but your little one is still struggling to eat? Don't pull your hair out, there are professionals who can help you.

Every child and situation is unique. After ensuring there are no underlying medical issues causing your child's feeding challenges, you can consider one or multiple providers based on what best supports your child.

Board Certified Behavior Analyst (BCBA)

Beneficial to address significant feeding challenges that impact growth and family functioning.

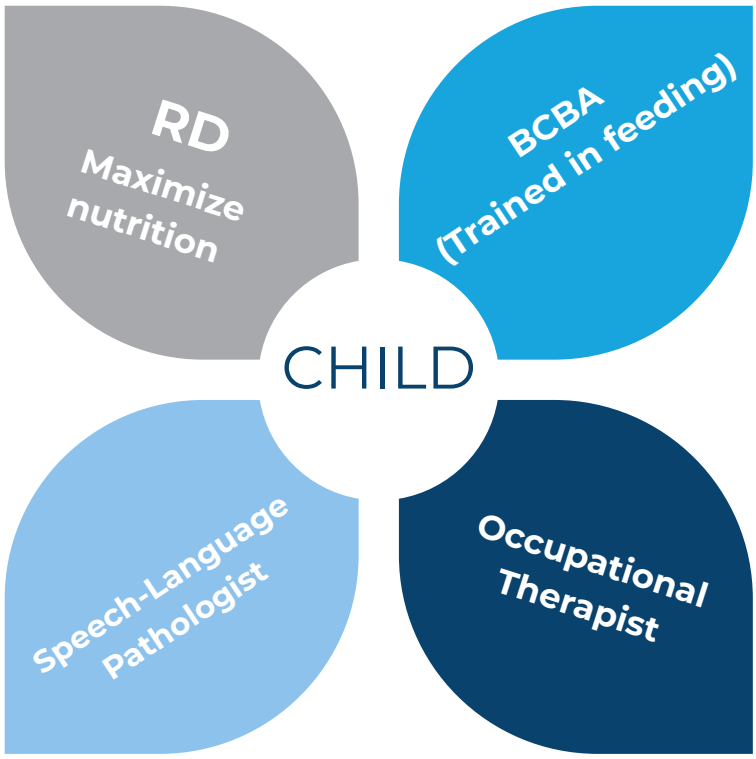
**Only Applied Behavior Analysis (ABA) is backed by empirically validated research as effective treatment for food refusal*

Speech Language Pathologist (SLP)

Beneficial to address oral motor deficits.

Occupational Therapist (OT)

Beneficial to address certain eating skill deficits, such as: hand grip, eye/hand coordination, etc.



Nutritionist/Registered Dietician (RD)

Beneficial to ensure nutritional needs are met and complement the work of the rest of the care team.

What to Look For in a Program?

If you are interested in a feeding therapy, there are several important factors to keep in mind. **You should look for a program that...**

Is behaviorally based, NOT sensory based

Some programs focus on having the child *play* with the food as part of therapy. This sensory approach can actually cause confusion for children and decrease their food consumption.

Is focused on consumption and appropriate mealtime behaviors

There are programs that focus on getting the child to smell, lick, or kiss food, but this is not proven to increase the consumption of food.

Besides, as parents, you don't want your child playing with food, you want them eating it. If you want your child to increase what they eat, be sure the program you select is focused on consumption-based goals.

Meets your child where they are

It would be a challenge to take a child that is only eating crackers and expect them to eat a piece of broccoli right away. However, if you can move from the cracker to the peanut butter cracker to the peanut butter toast, you can get to the peanut butter sandwich - which is an appropriate meal choice. You should ask how the program handles new food exposure.

Uses positive reinforcement

Positive reinforcement is ideally a component in any feeding protocol. Most children that struggle with feeding challenges are not internally motivated to eat, so finding outside motivators that can increase appropriate eating behavior will be helpful.

Sets mealtime expectations comparable to other activities of daily living

As parents, it is typically easier to set limits and consequences for things like homework, a bedtime routine, or a morning routine, but it is a struggle to apply those same limits/consequences to mealtime. However, just as they are needed to have successful outcomes in other areas, they are needed at mealtime too.

Includes parent/caregiver training

Parent/caregiver training is essential to a positive outcome in feeding therapy. Often times, food refusal is a family struggle and just as the child will learn some new strategies to use at mealtime, parents/caregivers need new ones as well.

Fits your schedule and real-world environment

Any program you sign up for is going to require commitment and adjustment. However, if the program requires too much shift in your every day schedule, or doesn't include generalization to the environments your child is most likely to eat, it is not likely to be a sustaining program that you will be able to maintain results.

Comparison of Feeding Therapy Approaches

	Sensory-Based Therapy	Behavior-Based Feeding Therapy
Main Goal	Build comfort around food	Increase acceptance & actual eating
Typical Activities	Focuses on engagement with food (Touching, smelling, licking, etc.)	Focuses on food consumption paired with positive reinforcement
Parent Role	May observe sessions	Actively trained to support meals at home
Timing	Typically one year or more	Intensives last about 6 weeks, w/ full programs running appx 6 months
Progress Often Looks Like	Child gets more comfortable being near food and may add a few new foods to repitoire	Child eats new foods regularly and expands variety
Setting	Often clinic-based	Clinic or virtual programs (effective at home)
Research Support	Limited evidence for severe cases	Strong evidence base for severe feeding disorders

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Red Flag Checklist

Early Signs of Pediatric Feeding Disorder (PFD) / Avoidant Restrictive Food Intake Disorder (ARFID)

Growth & Nutrition

- ☐ Growth concerns (plateau or decline), though many children maintain expected growth despite significant feeding issues
- ☐ Reliance on supplements/shakes as primary nutrition source
- ☐ Nutrient deficiencies (iron, vitamin D, etc.)
- ☐ Limited food variety (<15 accepted foods OR avoidance of 1 or more food groups)

Steady growth does not rule out PFD/ARFID. Many children with restrictive eating maintain weight/height percentiles but still meet criteria for feeding disorder.

Feeding Skills / Oral Motor

- ☐ Coughing, gagging, or vomiting with regular textures
- ☐ Avoidance of age-appropriate foods (e.g., not advancing to solids at 9–12 months)
- ☐ Difficulty chewing/swallowing or pocketing food

Medical / Functional

- ☐ Recurrent respiratory infections or pneumonia (possible aspiration)
- ☐ Frequent vomiting or reflux symptoms
- ☐ Long mealtimes (>60 minutes)

Behavioral / Psychosocial

- ☐ Intense mealtime distress (crying, tantrums, refusal to sit)
- ☐ Extreme selectivity (brand-specific, rigid preparation, refusal of entire food groups)
- ☐ Anxiety or distress related to eating or new foods

Boxes checked:	
1	It could be a phase. Make a note and check in with your physician in 3 months.
2+	Consider applying to appropriate program (based on child's individual challenges) for earliest intervention possible.

Disclaimer: This checklist is intended as a quick reference for early identification. It does not provide a complete diagnostic framework. The presence of one or more red flags should prompt closer monitoring and, when indicated, referral for a comprehensive feeding evaluation.

Child's Daily Food Journal

Track your child's food intake (type and portion)

Child's Name: _____ **Week of: _____**

	Breakfast	Snack	Lunch	Snack	Dinner
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

About Focused Approach

Focused Approach is a leading provider of specialized children's services and programs, with an initial concentration on feeding therapy. Founded by a top authority in applied behavior analysis (ABA) and clinical psychology, Focused Approach's Focused on Feeding program uses trusted, research-based techniques to address a wide scale of feeding challenges. Focused Approach delivers training and consultation to BCBA professionals, partners with existing clinics to add results-driven, full feeding programs into their offerings, and delivers direct feeding therapy support for families. Focused Approach goes above and beyond generalized services, tackling the most challenging and unique pediatric challenges.

Focused Approach

Consultation. Therapy. Education.

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