Many disruptive behaviors can center around mealtime. Your child communicates through behaviors, often without meaning to be disruptive. Understanding where these behaviors come from and what to expect can assist in healthy mealtime functioning.

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Where Does It Come From?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overeating</td>
<td>Overeating often develops as a coping skill when having unwanted feelings. Food gives children positive, rewarding feelings at a biological level. Children with anxiety or depression may overeat, as they know food gives them an immediate rewarding sensation.</td>
</tr>
<tr>
<td>Pickiness/Food Refusal</td>
<td>Children often need to be around different food items many times to increase what they will eat. Those who are picky, have a restricted diet, or refuse to eat certain foods may have had little exposure to new foods in their early years. Also, children with sensory sensitivities may not like certain flavors, textures, or colors of food.</td>
</tr>
<tr>
<td>Inflexibility</td>
<td>Eaters with inflexibility may have routines in their eating behaviors, such as eating in a certain order or only eating foods prepared in a particular manner (such as eating only the meat from a hamburger). Children with anxiety can try to control their environment through routines; also, children with developmental challenges (e.g., autism) may have rigidity, such as not liking food to touch on the plate.</td>
</tr>
<tr>
<td>Problematic Table Behaviors</td>
<td>Behaviors at the dinner table are created through consistent family mealtime patterns. Children with attention and/or hyperactivity problems may be restless or easily distracted at mealtime. Children with developmental concerns may not understand social expectations, such as staying seated at the table.</td>
</tr>
</tbody>
</table>

**Trauma Considerations**

When children have experienced significant trauma in their past, the above behaviors can also occur. Examples include:

- a child with neglect engaging in food hoarding
- those with a history of abuse engaging in overeating as a positive coping skill
- food pickiness/refusal and inflexibility can occur if a negative reminder of the trauma is associated with food items
- problematic table behaviors may be due to a lack of exposure to expectations at the table and/or hyperarousal/hypervigilance in their surroundings

Both children and adults develop thoughts and feelings with food. These thoughts/feelings can be helpful and/or unhelpful. Think of foods you like, and foods you dislike. Why do you like this food? Dislike this food?

**Practice Exposure**

We all require a mix of foods from different food groups to meet our nutritional needs from day to day. The Food Plate shows recommended portions of each food group a person should be served daily per meal. Food groups include **Fruits, Grains, Vegetables, Protein, and Dairy**. However, this can be difficult to practice, especially with children that have behavior challenges related to eating. Consistently exposing children to multiple food groups is a great way to promote well-balanced eating. A good rule of thumb is to offer 3 or more food groups at every meal.

The less ingredients in each food item, the healthier the choice. **Make sure to provide fresh options from the produce section and meat counter with few to no additives. Ensure bread and rice are 100% whole grain, unbleached, and unseasoned. Skim milk or water are ideal choices for drink options.**

**Mealtime Expectations**

The **Division of Responsibility** refers to the parent-child roles at mealtime. A parent is responsible in determining **what, when, and where** a child eats; the child is responsible for **how much and whether they will eat**. In order to promote a healthy Division of Responsibility:

- **Family Style Eating** should be used at all mealtimes. This includes eating together at a table and allowing for each person to serve him or herself.
- **Pairing** preferred food items with non-preferred items to expose and promote exploration of new foods.
- **Let the child define his or her own food preferences.** Follow the child’s lead at mealtime within limits (i.e., having only appropriate food choices available).
- Most importantly, **make mealtime about the interaction, not about food.** Your child needs to develop positive thoughts about mealtimes to practice healthy eating.