

CHAPTER 4

The E.A.T. Program: What It Is and How It Works

I MET MARCO WHEN HE WAS ALMOST ELEVEN. He was of normal weight, but ate only three foods (pasta, yogurt, and bagels) and had begun to feel awkward socially because of his very limited palate. His parents had visited several psychologists and doctors about the problem, to no avail. Whether or not Marco would attend an event had more to do with the food being served than the activity itself—he was nervous that someone would ask him to try something. If he was invited to a party, he had to check ahead to make sure they'd be serving a food that he'd eat. This is not as rare a situation as you might think.

Marco explained very honestly that he wanted to eat more foods and try new things, but couldn't get himself to do it. Just talking about peanut butter brought tears to his eyes! His parents wanted to help because they worried that in the teenage years his eating habits would become an even bigger social liability. "If only pizza was one of the three foods he ate," they lamented. His parents admitted they had finally just thrown up their hands in defeat, figuring he would eventually grow up and perhaps spontaneously decide to try new foods then.

In my assessment, I picked out two clues to follow: one, Marco was literally disgusted by many foods; and two, although he had become very anxious about even *thinking* about trying a new food, he seemed to want to change this attitude. Because so many foods disgusted him, clue number one made me think about zinc. Children with a deficiency of the mineral zinc can become almost repelled by the tastes or smells of many foods. Marco's "white" diet did not contain zinc (and many other minerals); people with low levels of zinc can lose their senses of smell and taste or have those senses altered, causing them to experience normal foods in unpleasant or unusual ways. So the first thing I did was put Marco on a multivitamin with zinc to improve his sense of taste and smell. (See page 112 for more information on testing of zinc levels.) Because of his poor diet, his mother had been giving him a chewable kids' multivitamin for years, but it had only 2 milligrams of zinc. The supplement I suggested provided a better spectrum of minerals and, most important, 15 milligrams of zinc.

In response to clue number two, I had him take a specially formulated fish oil to address anxiety. Many studies have demonstrated the positive effect of one of the fats in fish oil (called EPA) on anxiety, mood, and behavior. Marco's limited diet was completely devoid of basic essential fats, including the omega-3 fats found in fish and seaweed. Fats are structural nutrients that affect the way the brain operates and are calming. If we could not help Marco reduce his emotional stress around eating, we were not going to be successful at introducing new foods. You will read the details of how omega-3 fatty acids affect anxiety in chapter 13.

To support him further, we put together the "one food, one bite" plan for introducing new foods. I asked him, "Do you think it would

Children with a deficiency of the mineral zinc can become almost repelled by the tastes or smells of many foods.

be possible to try just one bite of the same food every day for a few weeks?" This is a good technique for getting extremely picky eaters to change their habits over time. Generally, 11- to 12-year-olds choose the new food or try to choose

a food similar to something they already eat. Younger kids need more direction and ideas. Try to limit your food suggestions to two so the child is not overwhelmed by too many choices.

The foods Marco wanted to learn to eat, such as pizza and hamburgers, were too intimidating to start with, so I suggested radishes. This is an unusual first trial food, but radishes are mostly white and have a strong flavor, and Marco had no emotional history or thoughts about them. Many other therapists had tried and failed with more traditional bland foods such as applesauce and adding cheese to his pasta. I figured the radishes were worth a try.

I warned Marco that he would probably gag the first several days and that this was normal. He was shaky but reluctantly agreed to stick with only one bite of a slice of radish for two weeks. And he did! Marco did indeed gag and shake every day during the first week when he put the bite of food into his mouth. The key to his success was based on both his surviving the gagging and his parents remaining serene, even when his anxiety increased. I told his parents they had to stay absolutely calm and tell him he could do it even though he was struggling like crazy. Repeating the small successes (one bite) gradually helped him develop a healthy acclimation to eating new foods. Slowly, through the first two weeks, he grew accustomed to both the idea of trying a new food and the experience of eating a new food. He did not like gagging, but rather than seeing it as a signal to stop immediately, he saw it as something he could overcome. By the end of the month, he rarely retched when trying new foods. I often remind parents that acclimation will happen, but that it can take time and effort.

Marco and his parents stuck with the program, not stopping with one successful food, but using the positive experience to continue introducing new foods. It turned out that Marco had spent a lot of time "watching food," and when it came time to try the next few new foods, he chose them. Marco ended up liking (and eating) duck, hamburgers, and mustard! He did not like radishes but overall preferred strong flavors—showing that not all kids prefer sweet foods. With his preferences in mind, we looked for other foods to awaken his taste buds.

THE E.A.T. PROGRAM

Improving the diet of a picky eater—or any child lacking in nutrients—is difficult but necessary and possible. With both Tom and Marco, I followed the clues that their behavior and diet were suggesting, eliminated irritants when necessary, waited for or helped the boys to calm down and feel better enough, and then began adding foods and other supplements to further improve their nutritional status and all-around health. My basic strategy, and one that I have successfully used with hundreds of picky eaters, is designated by the acronym E.A.T. Follow it, and before you know it you will have a child who . . . eats!

E—Eliminate any irritants that may be causing a bad reaction.

A—Add one food at a time.

T—Try one bite of this food each night for two weeks.

The basis of this program is that kids need time to get used to foods that are unfamiliar or otherwise distasteful. Food preferences develop through a process of acclimation. People get used to what they have been exposed to and tend to prefer the known. Thus, Irish people tend to like potatoes, Chinese people eat rice rather than bread with meals, people growing up in the South eat turnips, and so on. The observation is not an attempt to defend cultural stereotypes but an acknowledgment that people tend to like what they know.

You can't expect any child to embrace a food at first glance, never mind first bite. In Mexico, mothers put hot sauce on babies' lips at nine months old. Of course the babies often scowl, but the mothers persevere, because eating food spiced with hot peppers is part of their cultural diet and children need to get used to it. In the United States, we shy away from this kind of training. If Mikey doesn't like the first taste of peas, we announce that Mikey does not like peas and tend not to try them again, so Mikey never has a chance to actually grow accustomed to peas. He becomes a pea-avoiding adolescent (or a broccoli-hating president). Should ten-month-old children really make that decision? They often

do in Western cultures, and we have an epidemic of picky eaters in this generation to prove it.

Resisting the urge to respond immediately to a child's initial dislike of a food takes a lot of patience on the part of parents and caregivers. And although the E.A.T. program works, it does require you to stay calm, cool, and collected and to persevere. Don't stop after one success or failure—keep going!

The E.A.T. program works like this:

1. You **Eliminate** any irritant, or in some cases unhealthy food, from your child's diet.
2. You explain to your child that for the next two weeks, he is going to **Add one new food**. (You help your child decide on this food, making it somewhat similar in texture, color, or taste to a food he already enjoys.)
3. You then explain that all you are asking for him to do is **Try one bite** of the new food. He will be trying one bite of the same new food every day for two weeks.

One mother brought her seven-year-old daughter, Claudia, to see me because she and her husband were heartsick with worry about Claudia's pickiness around food. Like many children, Claudia ate everything until she was two, at which point her diet was reduced to your typical kids' menu: pancakes, cookies, sugared cereal, chicken nuggets, mac-and-cheese, pizza. No fruit. No vegetables. No fish. No whole grains, legumes, or mixed dishes. She was extremely sensitive to smells, often constipated, and had trouble going to sleep. As an only child, Claudia had all her parents' attention; she became hysterical when asked to try a new food, and her parents backed off immediately.

We all know that food and eating provides one of the first and most stubborn battlegrounds for kids, which makes sense, developmentally. At two years old, most kids notice that when they do something, they get a reaction. If they put a sneaker in the toilet, it makes a fun sound trying

to go down the pipe. Isn't that interesting? They begin to wonder what else they control, because clearly there is some control to be had. This is a normal part of development.

Very frustrating for toddlers, most events seem to be under the control of the big people. The giants force them into car seats, shove them into strollers, and put them to bed when they don't want to go, and there is not a darn thing they can do about it. Screaming does not seem to help very much. But, what is this? Close my mouth and the food goes away? Finally, something a two-year-old can control. This is why so many kids are such good eaters until age two.

Unlike Tom, whom we met earlier, Claudia was not moody or difficult, nor was she sick often (though she was often constipated). In fact, she was a sweet little darling beloved by both friends and teachers. However, her mother began to panic when she started getting reports from school about her deteriorating attention span. As the demands increased, Claudia was not able to follow directions and seemed to be increasingly in her own world.

In this case, the first clue I followed was how easily upset Claudia's parents became: They panicked right alongside their daughter when she struggled with eating. I figured that their reaction was not helping anyone. We reviewed the E.A.T. program, and I gave Claudia's parents their marching orders: Claudia could learn to eat new foods, but they would have to be able to tolerate her initial distress when trying a new food. Under no circumstance were they to stop trying a new food just because Claudia found it difficult.

After three visits, over three months, Claudia had not only begun to eat the "one bite" but had discovered some healthy foods she liked. The reports stopped coming home from school, and as her diet continued to improve, she began to listen better and follow directions better, and overall seemed more alert and resilient.

How did Claudia improve so quickly on the E.A.T. program? She did not have irritants in her diet per se, but she was consuming a lot of empty calories. It is always easier to *eliminate* junk than to *add* healthy

foods. Therefore, for the first step—Eliminate—I suggested removing the worst of the empty-calorie junk foods from her diet because they were adding no nutritional value, but were taking up stomach space. We eliminated sugary breakfast foods and desserts.

At the second step—Add—we added eggs and then carrots (one at a time). We asked her whether she would rather practice eating eggs or chicken for the first food. She was too upset to answer, so her father chose eggs and told her she could pick the second practice food. Once the one bite of egg was taken every day for two weeks, he offered her a choice of two vegetables (carrots or lettuce). She picked carrots.

For the third step—Try—her parents told her she needed to try just one bite of the practice food. She tried the bite, but only after a couple of days of howling and copious tears. Her parents did not jump to her rescue as she expected but stayed strangely calm and encouraged her to keep going. With nothing else to do, Claudia began to try the "icky" new food.

When she stopped relying on an empty-calorie kid diet made up of low-fiber white foods, which was keeping her constipated, which in turn kept her from sleeping soundly, her system regulated within a couple of weeks.

Sound simple? It is. Here's why.

How many times has a parent lamented, "I just want him to eat *something*" to justify a diet of junk food meals, cookies, and ice cream? Although it takes time to retrain your child's brain (the main obstacle to his trying and enjoying a variety of foods), it is easy to take away the worst of the empty calories. If a child will eat only peanut butter and jelly sandwiches and desserts, then eliminate desserts. Better to eat peanut butter and jelly three times a day than to have only one real meal and the rest of the diet be filler nonfoods, like crackers and cookies.

This single step can improve the diet 100 percent. Foods that contain calories but are limited in nutrients can be dangerous when a child is a picky eater. Nature is not wasteful. It expects all of your food to contain some of what you need. A peanut butter sandwich has some of the nutrients you need for the day, but if the rest of the diet provides

WHEN TRYING NEW FOODS, GO FOR SOMETHING FAMILIAR

Some experts call this food chaining. The principle is that the new food should have some characteristics of a food already eaten. If a child eats only mushy foods, you would not pick a crunchy carrot as a trial item. Pick something with a similar color and texture or taste and color. Here are some examples:

- If your child loves french fries, try sweet-potato fries.
- If she likes the crunchiness of chips, try baked or freeze-dried vegetables.
- If he likes crackers, try multigrain crackers.
- If he likes soft mac-and-cheese, try squash soup, which is creamy in texture.

refuses chips but insists on broccoli or green beans, give this book to someone else (or at least skip this chapter)!

If you cut out the junk and your child gets bored eating pizza three times a day, then that is an opportunity to introduce a new food.

You have to keep introducing new items to your picky eater, trusting that you will find one he likes, and you will. Most parents have “tried” to the point of bitter frustration with no real progress. Successful food trials require you to do the following:

- Give the child a choice of two foods to try so he still has some control over eating. If he refuses to choose, tell him you will pick the

almost no nutrients, you have a situation where a child is trying to grow and learn on perhaps 25 or 30 percent of the nutrients normally required.

Sugar, in particular, has been proven to be as addictive as heroin in some people (and certainly in rats). If cookies and ice cream were nutritionally complete, there would be no such thing as picky eaters, because most of them love sweets. Those who don't have a sweet tooth tend to prefer white, starchy food such as pasta and bread. Interestingly, in more than twenty-five years I have only once had a parent express concern about her child because he wanted spinach every day. I assured the anxious parent that this choice was not a problem. If your child

first one and he can pick the second. Keep choosing for him until he joins in.

- Choose a food with some familiar characteristics and try it at one meal or snack time for two weeks.
- Introduce each food one by one.
- Be consistent, letting your child acclimate to the one food for ten to fourteen days.
- If your child tolerates that food, keep it as a standard offering. If he doesn't tolerate it, after two weeks, choose another food and discontinue the first.
- Provide incentives: Let your child know that when he is finished with his one bite, he will be able to watch a favorite program, play outside, or enjoy some other reward, depending on his desire. When trying to figure out the incentive that will work best for your child, ask yourself, Why should my child change her behavior? If everything stays the same and nothing happens if she does not cooperate, why should she? The best consequences are logical and follow naturally: “When you finish with this, we can do that.”

And remember, it's okay to let your child struggle with the job of taking one bite. Above all, remain calm and keep introducing new foods.

TIPS FOR MAKING E.A.T. WORK

You have to be consistent, which means one food at a time over a period of two weeks. Picky eaters don't like food surprises. Knowing they will be dealing with the same new food for two weeks helps them calm down because they are forewarned. They need to be eased into a new experience. Anxiety about the new is reduced with frequent repetition. Tell your child that she will be making one “try” bite of whatever food you choose. Keep it positive. Provide the food every day for at least

WHEN PICKY EATING MEANS SOMETHING MORE SERIOUS

Symptoms that suggest there are underlying problems with the ability to eat that need to be addressed, especially before starting the E.A.T. program, include the following:

- child takes much longer to eat than seems normal
 - child gags or vomits frequently
 - child pockets food in the cheeks
 - child complains frequently of stomachaches
 - child refuses to touch most foods or sit at a table containing new foods
- If your child exhibits any of these symptoms, I recommend that you seek a health care professional's advice before attempting new foods. If your child does not have any of these symptoms but you are still uncertain, get help.
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- excessive drooling
 - child has never progressed past baby food textures: mostly eats mushy foods
 - bad or acidic breath
 - a diagnosis of sensory processing disorder, autism, or excessive sensory reactions to many situations beyond eating

ten to fourteen days. After a few weeks, the child will be familiar with the food and will like it or not. Even if children tolerate the new item, they may not request a large serving. Still, the new food is now in the child's diet. One child I worked with was as stubborn as they come. At eight years old, Grace ate only chicken nuggets, pasta with butter, and occasionally, pizza. The mother was resigned to the situation, but once she observed that her daughter was putting on weight, she decided to get help. We went through a typical line of questioning to follow the clues, and it became clear that much like Claudia, Grace was lacking in both essential fatty acids and zinc.

In six weeks of using the E.A.T. program, Grace tried and successfully added three new foods: romaine lettuce, fish sticks, and apples. At my suggestion, her mother also gave her fish oil supplements and a multivitamin with zinc. As Grace recently said to me, she doesn't *love* the fish

sticks she tried, but she now eats them without a fuss. "They're not my favorite, but I like them enough" was the comment. You don't eat your favorite foods every night, right?

With Grace, as with most children, it was acclimation and insistence that worked. It also helped that her mom was consistent and calm, and set up clear consequences. Consequences should not be presented as a reward or a punishment; they are the next thing that happens, which is being controlled and articulated by the parent. In the best scenario there is a sequence that follows logically, such as, "When you are done eating your bite of squash, then we can go outside and play." This is quite different than saying, "If you don't eat that squash, there will be no playing outside tonight." The setup changes how you and the result are perceived by the child. To avoid control issues with food, you should be neither a punisher nor a rewarder. Allow the natural consequences of the child's choices (which are being orchestrated by you) to be the incentive. The choice to eat the squash means there will be time to play outside, while procrastinating and crying means there will be no time left for play. If you present the situation with a reward or punishment at the end, you position yourself as an adversary rather than a supporter.

Most picky eaters will not readily attempt new foods unless there is a good reason to do so. Thus consequences become the tipping factor. What happens when the little one does not cooperate? If when she pitches a screaming fit you succumb and remove the food and give her something else, she learns that pitching a fit clearly works!

I've said it before, and I'll say it again—the most important thing is for parents to stay *calm* as their child goes through the sensory distress of trying a new food. Yes, your child might cry a little bit—it's okay. Instead of feeding into her panic or nervousness by becoming nervous yourself, be reassuring. Yes, the texture of the tomato feels different; yes, the red pepper has a slightly spicy smell. Refer to the last time your child tried something different and remind her she can be successful.

However, explanations are not a substitute for a calm presence and logical consequences. Or as they say in the East, talk does not cook the

rice. Most children need a reason to make a change, and the best reason is a consequence. One could argue that most people will not take on difficult tasks without a consequence. How many of us would bother doing the very hard thing of writing a check for our taxes if there was not a consequence for failure to pay? The parent has to provide a reason for the child to tackle the hard process of eating new foods. If pleasing Mom were enough of an incentive, the child would not be a fussy eater. The best consequence, because it follows naturally, is not starting the next desired activity until the child is ready. *Ready* is defined by the parent as the child finishing the one bite of the new food.

The evening's activities need to be kept on hold until the child's job (i.e., taking the one bite) is done. Psychologists call this technique when/then. "When you are finished with your dinner, then you can turn on the computer." This is preferable to "If you would only eat your stupid green beans, we could go to the park."

Again, it's okay to let your child struggle as he tries to take the one bite. Don't run in to cajole, rescue, distract, or push. Life should not revolve around a child refusing to eat. Pay your bills. Call your sister. And occasionally, remind your child that you are ready to turn on the TV (or whatever the next activity is) when he is finished.

When it comes to food, we forget the lessons we know from experience: We are able to suffer through a child's temper tantrum. After all, we wouldn't hesitate to stick to our guns if our child threw a fit that endangered his safety. For many of us food represents love, so making demands about it is uncomfortable, and parents have a hard time calming themselves down when a child refuses to eat. Instead, parents mistakenly believe that having any household rules about food will cause an eating disorder.

The worst thing that will happen if you insist that your child take a bite is that the child will throw up. And if that's the case, then resort to what I call "the Meryl Streep school of acting." Pretend nothing alarming has occurred, put on a straight face, and say, "Oh, dear, the food fell out. We'll just have to try this again tomorrow." Your child needs to know

that throwing up is not what she has to do to stop the program. However, if your child continues to throw up several days in a row or develops escalating behavioral problems, you must have a professional eating evaluation. (See "When Picky Eating Means Something More Serious" on page 58 for further information.) Some children literally do not have the physical skills for easy chewing and swallowing, and the introduction of new foods can cause panic attacks. If at any point you feel the situation is getting out of hand, contact a speech therapist, occupational therapist, or other professional with training in eating, chewing, and sensory issues. She will watch your child eat and determine if there are underlying problems that should be addressed before using a structured behavioral approach. I have several therapists I refer patients to for this purpose, and it is surprising how often kids have a developmental quirk that makes the process of eating difficult.

Borrowing from the television psychotherapist Dr. Phil, here is a sample script for walking through consequences. The script begins after a food has been decided upon and the child is refusing to eat it.

Mother: As soon as you are finished eating your one bite of carrot, I will read you another chapter in your dragon book.

Child: I don't want to eat a carrot tonight. It has a spot on it. I will eat another carrot tomorrow.

Mother: I see you are not ready to read yet because you haven't finished your bite. I hope you finish soon so we do not run out of time to read before bed. Let me know when you are ready. I will be washing dishes over here.

Child (after glaring at the carrot and kicking the table leg for ten minutes): I hate carrots, and I don't care about reading my stupid dragon book.

Mother: That is too bad because I wanted to know what happens next, but if you do not finish in time for reading tonight, we can always try again tomorrow.

Child (now crying): It is too hard, and I will never finish in time.
 WAAAAAAAAAAAA!

Mother continues to wash dishes without looking up.

Child: WAAAAAAAA?

Mother: Are you finished yet?

Child makes a face but takes a tiny bite.

Mother: Good job. Let's go read.

Once children see that the parent is not reacting and resistance is futile, they usually calm down and get the job done, unless there are other underlying problems. For the most part, by the third new food trial the habit of trying a new food is getting established and there is less resistance, especially if the parents have been consistent about having them take one bite. If the child becomes increasingly hysterical no matter how

calm you are, refuses to even touch the food, or screams for more than fifteen minutes, get professional help.

SUPPLEMENTS TO SUPPORT A PICKY EATER

Nutritional supplements can close the gap between what a child is willing to eat and what she needs for brain development. Picky eating can be a vicious cycle if a child becomes significantly malnourished. Malnutrition itself can lead to picky eating and more malnutrition. In zinc deficiency, for example, taste becomes altered so that food tastes bland or smells "off." The child then restricts the diet further, leading to more severe nutritional imbalances. (See chapter 7 for more about zinc and appetite.) Low levels of other nutrients can also negatively affect the desire to eat. Most picky eaters, who are three or older, even if they

EVERY CHILD SHOULD TAKE A MULTIVITAMIN

For good measure and optimal health, all kids should take a multivitamin on a daily basis at best, or at least two or three times a week. But not all kids' multivitamins you are looking for. Most ingredients in a child's multivitamin are measured as a percentage of a mysterious standard called the Daily Value (DV). The DVs are general recommendations for what constitutes a healthy diet that are vague, extremely general ballpark estimates of what is usually enough to prevent deficiency, and do not take into account any individual needs.

When you are choosing a good multivitamin, consider these qualities:

- Make sure it contains vitamin C (go for 100 milligrams if you can find it)
- Vitamin E (recommended amount)
- Vitamin A levels previously considered desirable (about 5,000 IUs) are now thought to be too much for younger children, although many multivitamins still contain high levels. Look for 2,500 IUs or less.
- Be sure the multi you choose contains the full set of B-vitamins—B1, B2, niacinamide, B5, B6, folic acid, and B12. (Know that gummy vitamins tend to be missing B-vitamins.)

- Calcium is almost never present in significant amounts in children's multivitamins; you need to supplement so your child gets at least 800–1,000 milligrams of total calcium between his diet and the supplement. Extra calcium is mostly a concern for children on dairy-free diets or those who do not like milk products.
 - Most multivitamins for kids are weak in minerals. Try to find one that includes zinc, selenium, magnesium, and chromium.
 - Most children's multivitamins contain 200–400 IUs of vitamin D even though most health care professionals now believe 800–1,000 IUs is a better goal. You may need to add extra, which is available in drops.
 - If your child is gluten-intolerant or has other food reactions, make sure the multi doesn't contain trace amounts of flour, corn, dairy, and other potentially allergic substances. Many of the better companies help by saying "Does not contain [gluten, dairy, soy, etc.]" clearly on the label.
- When possible, avoid artificial colors and flavors and the gummy variety of children's multi. Although the artificial flavors cover the vitamin-y taste, they can be irritating or cause allergic reactions in young children. (For more complete information about my recommendations on kids' multivitamins, see page 311.)

NUTRITION DETECTIVE
PRINCIPLE #4

**Our children watch
our every move.**

Why? Because they are using our cues to help them decide on the proper reaction. Picky eaters are typically highly sensitive creatures who are wired to piggyback off their parents' reactions. They rely on their parents to help self-regulate. The less upset you seem, and the less angry and frustrated you become, the calmer your child will be. This principle applies not only to dealing with the picky eater but also to managing any kind of child whose diet you seek to change.

are not being bothered by an irritant, should take a multivitamin/mineral that has more than 100 percent of the Daily Value for all the B-vitamins and at least 15 milligrams of zinc. The Daily Value is the bare minimum standard set to avoid deficiency syndromes in "most" people and should not be used as a measure of optimal intake. Many of the popular gummy vitamins are poor choices because they do not contain a full spectrum of B-vitamins. Be sure the supplement contains vitamins B1, B2, B5, B6, and B12, as well as folic acid and niacinamide.

Trying foods with familiar qualities, consistent exposure, and immediate consequences is the key to avoiding food fights. Combined with eliminating any irritating foods (or ones that are empty of good nutrition, such as baked snack foods and sweets), the E.A.T. program can turn around the fussiest eater within weeks!

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