

# ***The Picky Eater***



**E**rgotreatment

# THE MEALTIME PEACE PROTOCOL

## The Biological Hacks to Defeat Extreme Picky Eating and Introduce New Foods Without Tears

You know the exact moment the air shifts in the dining room...

You just spent **30 minutes cooking** a nutritious dinner. You carefully place the plate on the table. And then it happens. They look at the food, and you see the pure terror—or intense disgust—wash over their face.

The gagging starts. The plate is violently pushed away. The screaming begins. Or maybe, there's no screaming at all—just a stubborn, tight-lipped refusal, as they demand the exact same brand of chicken nuggets they have eaten for the last **46 days straight**.

Your chest tightens. Your jaw clenches. The "shark music" starts playing in your head.

If you are at a restaurant or a family gathering, you feel the burning gaze of relatives. The silent, suffocating judgment from people who have *absolutely no idea* what it takes to feed a neurodivergent child.

They look at your child and see *"a spoiled, stubborn picky eater"*. They look at you and say, *"Just let them get hungry enough, they'll eat what you make."*

And in your darkest, most exhausting moments—staring into the fridge at 7:00 PM, exhausted, preparing three different meals just to get calories into your child's body—you secretly fear they might be right. You worry constantly about their nutrition.

You fear you are failing to keep them healthy.

Breathe. Relax your shoulders. You are not alone, and more importantly:

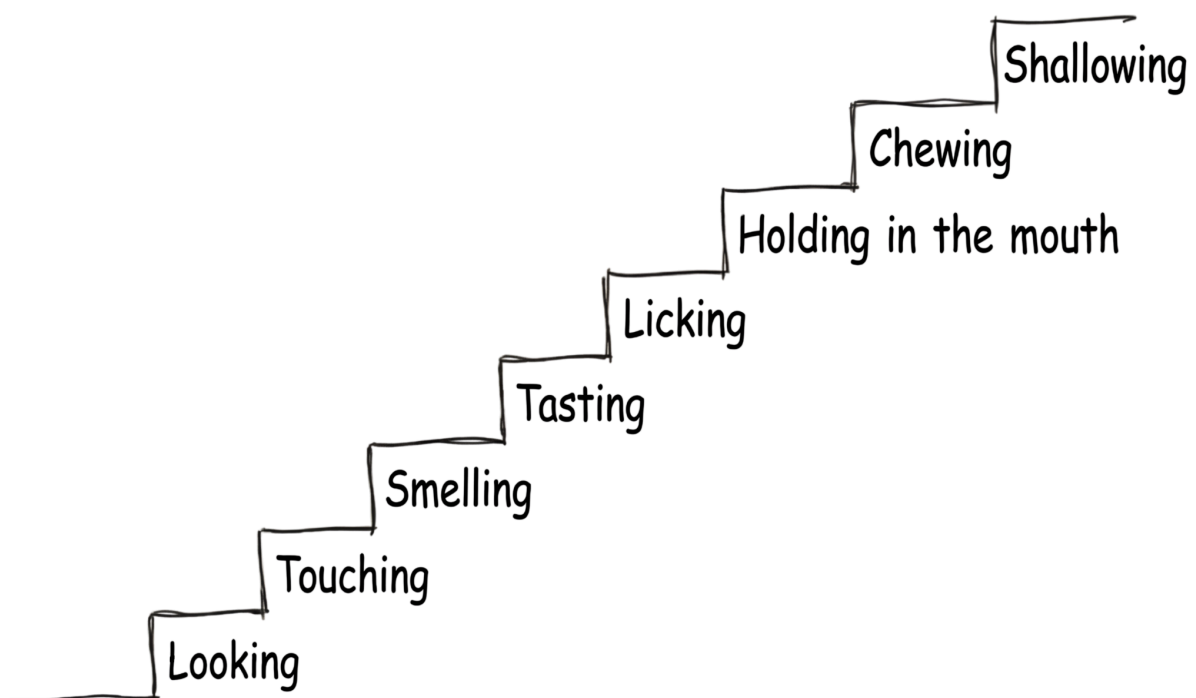
### **You are not failing!**

We are a team now. And as a team, we need to draw a hard line in the sand between *us* and *them*. "They" (the judgmental onlookers, the pediatricians giving outdated advice, the traditional parenting books) operate on a fundamentally flawed view of the world.

Right now, you probably believe what they have told you:

That picky eating is a behavioral choice. You've been conditioned to believe that if you just hold a firm enough boundary, hide the vegetables well enough, or refuse to make a backup meal, your child will comply. And when they would literally rather starve than eat the broccoli, you believe it's your fault.

## **THE BIOLOGICAL TRUTH THAT NO ONE TOLD YOU**



**I need to shatter that belief right now!**

**Extreme food refusal is not a behavioral choice. It is a biological threat response!**

Did you think it was a matter of behavior? Right?

**Biology says otherwise:** You were told that your child is stubborn. You were led to believe that it's your fault for not setting boundaries. It's time to debunk that myth.

To a neurotypical adult, eating is one simple step: you put the food in your mouth. But to a child with Autism, ADHD, or a Sensory Processing Disorder (SPD), eating a new food is an overwhelming, **8-step sensory assault**:

1. looking,
2. touching,
3. smelling,
4. tasting,
5. licking,
6. holding in the mouth,
7. chewing,
8. and swallowing.

When you introduce a novel food—with an unpredictable texture, a strange smell, or a slightly different color—it sends a distress signal straight to their amygdala (the brain's primitive survival center).

Their nervous system doesn't register the new food as "unappetizing."

**It literally registers it as poison.**

When that happens, their prefrontal cortex completely shuts down. You cannot logically explain the nutritional value of a carrot to a brain that is in a state of biological fight-or-flight. Every time you force the issue, you are throwing gasoline on a neurological fire.

**You cannot force a child to swallow a threat. You have to neurologically disarm the food.**

Over the last years, as Ergotreatment, we have worked with hundreds of families in the trenches, pouring over clinical data and real-world results to crack the code on neurodivergent feeding behavior. We've distilled this down to the absolute truth of what works, not in a sterile feeding clinic, but at your messy, chaotic kitchen table.

What we discovered is: a series of rapid, parent-first "hacks"

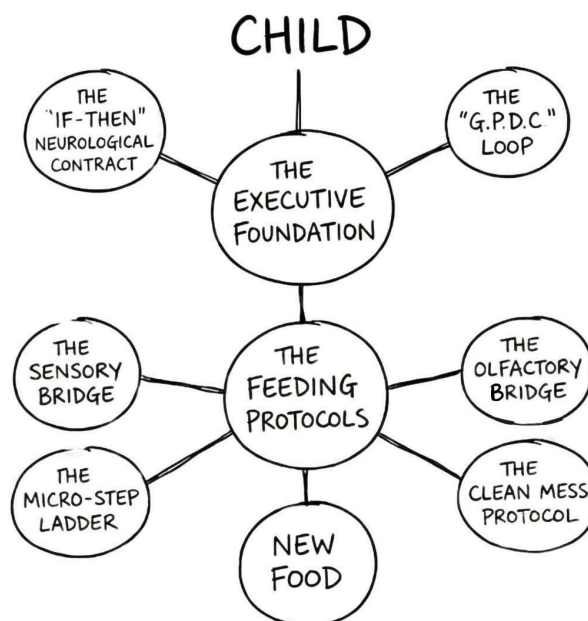
These aren't theories. They are precise, biological interventions designed to bypass the brain's threat-scanner and systematically desensitize your child's nervous system.

What if I told you that the secret to getting your child to eat broccoli starts with them just letting it sit on the edge of their plate?

You are one page away from discovering exactly how to do this.

In this guide, I am going to give you my private arsenal:

## The 6 Core Biological Hacks to Conquer Picky Eating.



I have designed this specifically for *your* reality. No fluff. Just immediate, actionable wins that you can use tonight.

Because neurodiversity is not a one-size-fits-all experience, every single hack below comes with a "**Clinical Phenotyping Blueprint**"—meaning I will show you exactly how to adapt the hack across all three Severity Levels:

- **Level 1 (Mild)**
- **Level 2 (Moderate)**
- **Level 3 (Severe)**

You are about to learn how to flip the biological switches in your child's brain. Let's disarm the threat, stop the dinner-table battles, and reclaim your peace.

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## PART 1: THE EXECUTIVE FOUNDATION

*Before we can introduce new foods, we must eliminate the friction of daily routines. Children with ADHD and Autism lack the executive functioning to smoothly transition to tasks (like coming to the dinner table or getting ready). Here is how you build their external engine.*

### HACK 1: THE "G.P.D.C." LOOP (The Executive Externalizer)

You tell your child to clean their room, or come to the table. Ten minutes later, nothing has happened. You feel the anger rising. Why won't they just listen?

You cannot just tell a neurodivergent child to "get it done." A multi-step command is an abstract threat that overloads working memory. You must provide a predictable, repeatable algorithm for success. The "GPDC" (Goal, Plan, Do, Check) Protocol is a specific neurological script that breaks any massive goal into a simple routine. It moves you from being the "Micromanager" to the "Coach," teaching the child to stay on target without you nagging them.

#### The Step-by-Step Protocol:

1. **Define the Goal.** State the end result clearly.
2. **Map the Plan.** Break the action into tiny, visual micro-steps.
3. **Execute the Do.** The child acts on the steps.
4. **The Check.** Review the process together objectively.

#### Dynamic Adaptation by Severity Level:

##### • Level 1 (Mild - ADHD/Distractible) - The "Post-It" GPDC:

Do not rely on verbal plans, like telling them to "just eat your dinner." Use a visual "Mission Possible" board right at the table.

Write the "Goal" (e.g., Eat my dinner).

Write the "Plan" in three tiny, achievable steps (1. Sit in my chair for 5 minutes, 2. Take 3 bites of chicken, 3. Drink my juice).

Execute the "Do." The magic is in the "Check." Ask, "Did the plan work? On a scale of 1 to 3, how easy was that to finish?"

You are teaching their brain metacognition—evaluating their own mealtime performance without feeling criticized or pressured.

- **Level 2 (Moderate - Rigid/Anxious) - The "Plan B" Pivot:**

Children with extreme food rigidity panic when a meal goes wrong (e.g., the foods touch on the plate, or their favorite brand is out of stock). Build "Plan B" directly into the GPDC loop *before* they sit down.

The Execution: "Our Goal is to have a crunchy snack.

Plan A is your Goldfish crackers. But what is our Plan B if the Goldfish are all gone or broken?"

By predicting the food obstacle in advance and agreeing on a backup (like Cheez-Its or pretzels), you prevent the biological fight-or-flight response when their original safe food isn't available.

- **Level 3 (Severe - Non-Verbal/Low Processing) - The "Special Interest" Integration:**

If the child lacks processing speed and avoids the table entirely, hijack their special interest to bridge them to the food. If they love trains, frame the board as "Thomas's Cargo Loading."

The "Goal" is to move a piece of carrot into a bowl.

The "Plan" is mapped out in pictures (Thomas, Carrot, Bowl), not words.

The "Check" is placing a Train sticker on the board once the "cargo" is loaded.

The visual presence of their hero provides the dopamine required to initiate an interaction with a non-preferred food.

## **HACK 2: THE "IF-THEN" NEUROLOGICAL CONTRACT (Implementation Intentions)**

Most goals fail at the exact moment an obstacle appears.

To prevent failure, we use a scientifically proven strategy called *Implementation Intentions* combined with *Mental Contrasting*. This involves looking at the goal, visualizing the specific obstacle that will get in the way, and creating an automatic "If-Then" trigger. You are pre-programming the child's brain to bypass the obstacle on autopilot, so they do not have to rely on depleted willpower in the heat of the moment.

### **The Step-by-Step Protocol:**

1. **Identify the Goal and the Obstacle.** Know exactly what usually derails the child.

2. **Create the Trigger.** Establish a clear "If X happens, Then I will do Y" rule.
3. **Physicalize It.** Anchor the contract in the physical environment.

### **Dynamic Adaptation by Severity Level:**

- **Level 1 (Mild - ADHD/Impulsive) - The "If-Then" Formula:**

The child wants their preferred snack or dessert, but constantly refuses to touch the main meal.

Create a specific rule: "If I eat three bites of my protein, Then I can have my preferred crunchy snack." Do not make it vague (e.g., "If you eat a good dinner").

Write the If-Then contract on a card and place it directly next to their plate.

The physical environment cues the behavior, and the explicit contract removes the power struggle and debate.

- **Level 2 (Moderate - Autism/Sensory) - The "Mental Simulation" Run-Through:**

The goal is to try a new food, but they usually melt down due to sensory panic (the intense fear of being forced to swallow something that feels "wrong").

Before mealtime, sit with the child and mentally walk through the scenario. "Imagine we are at the table. You bite the apple and it feels too mushy in your mouth (The Obstacle). What will you do?"

Help them establish the intention: "If it feels bad in my mouth, Then I will quietly spit it into my napkin."

You have given them a biological escape hatch, removing the trapped anxiety that causes the gagging and meltdowns.

- **Level 3 (Severe - Demand Avoidant) - Correspondence Training:**

The child resists even coming into the kitchen due to extreme mealtime avoidance.

Utilize Correspondence Training—the psychological reality that making a public, physical commitment increases execution.

Have the child place a token in a jar or hand you a "Commitment Card" that shows a picture of their chair and says, "I will sit at the table for 2 minutes."

The physical act of handing over the card locks the intention into their motor cortex, bypassing the emotional resistance to the dining room.

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## **PART 2: THE FEEDING PROTOCOLS**

*Now that you have the executive framework, here is how we systematically bypass the sensory threat of eating new foods.*

### **HACK 3: "THE SENSORY BRIDGE" (Food Chaining)**

If you introduce broccoli to a child whose safe food is crackers, their brain screams *danger!* The leap is too wide.

Children on the spectrum crave "sameness" because predictability equals biological safety. Food Chaining leverages this need by introducing new foods that share the *exact* sensory profile (color, shape, texture, temperature) of a food they already love. You are tricking the brain's threat-scanner by hiding the new food inside a familiar sensory package.

#### **The Step-by-Step Protocol:**

1. **Identify the Safe Anchor.** Pinpoint exactly what sensory features your child currently loves (crunch, color, shape).
2. **Match the Profile.** Find a slightly different food that matches 90% of that profile.
3. **Introduce the Clone.** Present the new food without pressure.

#### **Dynamic Adaptation by Severity Level:**

- **Level 1 (Mild - Picky/Brand Loyal) - The "Brand Pivot":**

If your child only eats one specific brand of chicken nugget, do not jump to broccoli.

Introduce a store-brand nugget of the exact same shape and color. Once accepted, move to a slightly different shape.

You are expanding flexibility without changing the core taste.

- **Level 2 (Moderate - Texture Rigid) - The "Crunch Match":**

If your child only eats dry, crunchy carbs (crackers, chips), introduce new foods that deliver that exact same auditory and proprioceptive crunch in the jaw.

Offer freeze-dried apples or dehydrated snap peas.

Match the texture first; worry about the flavor later.

- **Level 3 (Severe - Eats <10 Foods) - The "Visual Clone":**

The visual presentation must be identical to their "safe" food.

If their anchor food is a round McDonald's chicken nugget, your new target might be a breaded fish stick or fish fillet cut into the exact same circular shape.

The visual sameness lowers the cortisol spike before the food even hits their tongue.

## **HACK 4: "THE MICRO-STEP LADDER" (Systematic Desensitization)**

You demand they take "just one bite." To them, that is an impossible mountain to climb.

To a neurodivergent child, eating a new food is an overwhelming 8-step sensory assault. If you jump straight to "swallow it," their brain shuts down. You must reward the *micro-steps* of exposure (looking, touching, smelling) without ever demanding they swallow.

### **The Step-by-Step Protocol:**

1. **Remove the "Swallow" Demand.** Promise them they do not have to eat it.
2. **Set the Micro-Goal.** Ask for a tiny, non-threatening interaction.
3. **Reward the Action.** Celebrate the micro-step instantly.

### **Dynamic Adaptation by Severity Level:**

#### **• Level 1 (Mild - Anxious) - The "Smell & Tell":**

Taste is strongly influenced by smell.

Introduce a new food by asking the child to simply smell it and guess the ingredients.

Reward them for interacting with the aroma. If they refuse to smell it, the demand is over for the day.

#### **• Level 2 (Moderate - Defensive) - The "Kiss and Toss":**

The child is terrified of being forced to swallow.

Remove the fear entirely.

Ask them to simply pick up the new food, touch it to their lips ("kiss it"), and immediately throw it in the trash.

They get a reward (like a token or praise) just for letting it touch their skin.

- **Level 3 (Severe - Gagging/Panic) - The "Plate Resident":**

The only demand is proximity.

Place a microscopic piece of the new food on the far edge of their plate (*Ensure it does not touch their "safe" food, which ruins the safe food!*).

If they allow it to sit there for the whole meal without screaming or throwing it, they win.

They are desensitizing to the visual presence of the food.

## **HACK 5: THE "OLFACTORY BRIDGE" (Scent Desensitization)**

They gag before the food even gets close to them.

The olfactory system (smell) is the gatekeeper to the digestive system. For a neurodivergent child, a novel smell triggers the brain's toxic threat alarm. You cannot force a child to eat something their brain registers as poison. We must decouple the scent from the high-stakes demand of eating by introducing "smell play" far away from the dinner table.

### **The Step-by-Step Protocol:**

1. **Move Away from the Table.** Do this during playtime, never at mealtime.
2. **Introduce the Scent.** Make it casual and pressure-free.
3. **Praise the Interaction.** Reward curiosity, ignore refusal.

### **Dynamic Adaptation by Severity Level:**

- **Level 1 (Mild - Suspicious) - The "Aroma Investigator":**

Bring a pinch of a new food or spice (cinnamon, mint, lemon) on a tray.

Show it to your child and casually say, *"Umm! Smells good! Want a sniff?"*

If they lean in and sniff, praise them heavily. The exposure was a success.

If they refuse, simply say, *"Okay, maybe another day,"* and put it away immediately. Zero pressure.

- **Level 2 (Moderate - Defensive) - The "Smello" Board:**

Turn scent exposure into a structured, predictable game.

Create a "Smello" bingo card featuring pictures of various items (a lemon, a mint leaf, a pickle).

Place the matching foods into opaque containers.

Have the child shake the container, open it to sniff, and guess the smell.

Once they guess, they place a game piece on the matching picture.

By transferring the focus from "nutrition" to "winning a game," you bypass the anxiety entirely.

● **Level 3 (Severe - Total Avoidance) - The "Ambient Exposure":**

The child panics or gags even if the food is brought near them.

Do not ask them to smell it.

Simply prepare the food or place the "Smello" items in the room while the child is engaging in a highly preferred, regulating activity (like watching a favorite show or building Legos).

The goal is for their nervous system to passively register the ambient smell in the background without triggering the fight-or-flight response.

## **HACK 6: THE "CLEAN MESS" PROTOCOL (Tactile-to-Oral Transference)**

Your child hates getting their hands dirty, and subsequently, hates new food textures in their mouth.

The mouth contains the highest density of tactile receptors in the body. If a child's sensory system cannot tolerate the feeling of a wet, slimy, or mixed texture on their hands, they will biologically reject it in their mouth. We must systematically desensitize their hands through play to prepare the neurological pathways for eating.

### **The Step-by-Step Protocol:**

1. **Remove the Utensils.** Force interaction with the hands.
2. **Initiate Tactile Play.** Use food as a toy, not a meal.
3. **Bridge to the Mouth.** Let natural reflexes take over.

### **Dynamic Adaptation by Severity Level:**

- **Level 1 (Mild - Mess-Averse) - The "Finger-Licking" Lab:**

Provide messy, preferred foods (like frosting, yogurt, or pudding) but completely remove all utensils.

Engage in a finger-painting art project using the food on a clean tray.

The goal is to bridge the gap between getting the hands messy and the natural reflex of eventually licking the fingers clean.

- **Level 2 (Moderate - Texture Rigid) - The "Spaghetti Highway":**

Introduce a non-preferred texture (like cold, cooked spaghetti) strictly as a building material, not as lunch.

Sit at a play table (not the dinner table).

Challenge the child to use the cold pasta to outline "highways," shapes, or letters on the tray.

They are mapping the sensory data of the wet/sticky texture into their brain through their hands, disarming the threat response.

- **Level 3 (Severe - Tactile Defensive) - The "Slimy Shapes" Shield:**

The child gags at the thought of touching the wet food directly.

You must provide a physical "shield." Place shaving cream, pudding, or custard on a tray.

Instead of asking the child to touch it, hand them a small plastic toy car.

Have them "drive" the car through the mess to make tire tracks.

They are interacting with the terrifying texture through the safety of the toy, slowly building their tolerance for having the substance in their immediate physical space.

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**How to Stop Putting Out Fires and Start "Fireproofing" Your Home**

Take a deep breath. You made it!

You now possess the exact, biological blueprints to neurologically disarm mealtime. You know how to build executive routines. You know how to match a sensory profile, desensitize the olfactory system, and conquer tactile defensiveness without shedding a single tear.

The days of crying over a plate of broccoli and fighting at the dinner table are over. You are now equipped with the most practical, highly applicable feeding triage tools available to parents today.

### **But I need to be brutally honest with you!**

While these 6 hacks are incredibly powerful and will give you immediate peace in your home today... they are just the surface.

These hacks are the "first-aid kit." They are designed to stop the bleeding and put out the fire at the dining table. But if you only rely on first-aid, you will spend the rest of your life running from one emergency to the next. You will still be exhausted.

Putting out the fire is not the same thing as *fireproofing the house!*

Unfortunately, in a quick guide like this, we simply don't have the space to go into the profound depth required to rewire the underlying infrastructure of your home. We can't address the unique, hidden core problems—the deep-rooted attachment ruptures, the complex sleep disruptions, or the specific sensory meltdowns—that are actually causing this rigidity in the first place.

Which leaves us with a massive unanswered question:

### **What happens when the quick hack isn't enough? How do you permanently eliminate the triggers so the resistance drops by 83% before they even sit down to eat?**

If you want to move out of "Survival Mode" and finally step into "Thriving," we have to go deeper. We have to map these biological principles directly onto your specific child, your specific kitchen, and your specific daily reality.

And because we are a team, I am not going to leave you hanging with half the puzzle.

I want to invite you to take the next step with us! I have engineered **two specific pathways** to help you tackle the core root of your child's struggles, and because you've taken the time to read this far, I am making both of them available to you right now!

**Here is your next move. You have two choices:**

### **Choice 1: The 2 Core-Full Free Guides (Parent Oxygen Mask & Plan-B)**

I have written two comprehensive, full-length guides that dive deep into the absolute core problems parents of neurodivergent children face. These aren't just hacks; they are complete systemic overhauls. They will show you exactly what is happening behind the curtain of your child's behavior and give you the step-by-step infrastructure to rebuild your family's daily routine from the ground up.

[\*\*\[CLAIM THE FULL-FREE GUIDES HERE!\]\*\*](#)

### **Choice 2: The OT-Parent Membership (Free Access)**

Reading a guide is one thing; having a team of experts help you weekly to deal with your everyday struggles is another. I want to invite you to step inside our **rapidly emerging private community** of parents who finally get it. The **OT-Parent Membership for free!** Inside, we don't just talk about theory. We take your exact, real-world problems (from the morning till bedtime) and provide fully customized, step-by-step solutions tailored to your child's specific Severity Level. You will get direct access to the deeper core solutions and a community of parents who finally *get it*.

**(Due to the high demand, we are only accepting 100 new members this week for free access.)**

[\*\*\[GET ACCESS TO OT-PARENT MEMBERSHIP NOW!\]\*\*](#)

Normally, when you are presented with two incredible options, you have to pick the one that fits best.

But I know how tired you are. I know how badly you want to see your child smile, relax, and thrive. I know how desperately you want to feel like a confident, empowered parent again.

So, I'm removing the friction entirely. **You don't have to choose.**

Click the links above right now. **You can instantly download both of the Full Free Guides and claim your free access to the OT-Parent Membership** today! The first-aid triage is complete. Now, let's go fireproof your home!