2015-16 Autism Speaker Series

“One Bite at a Time: Manageable Mealtimes for the Fussy Eater”

Special Thanks to Our Sponsors!

Please visit their tables during the break and after the lecture!

Bridgette White, B.A.
University of Houston-Clear Lake
# WHAT IS A FEEDING DISORDER?

## A FEEDING DISORDER IS:

- Difficulties with eating and/or drinking that affect weight and nutrition
- History of oral or enteral consumption of nutrients that deviates from the norm enough to lead to negative social or health consequences

<table>
<thead>
<tr>
<th>Extreme Food/Fluid Selectivity or Refusal</th>
<th>Medical Conditions</th>
<th>Physical Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Type</td>
<td>- Reflux</td>
<td>- Poor oral motor skills</td>
</tr>
<tr>
<td>- Texture</td>
<td>- A severe illness</td>
<td>- Difficulty chewing and swallowing</td>
</tr>
<tr>
<td>- Brand</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Shape</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Color</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(nationwidechildrens.org)
SOME FACTS ABOUT FEEDING DISORDERS

- 25% of all children are reported to have some form of feeding disorder
  - Increases to 80% reported with developmentally delayed children
- Does not discriminate:
  - Healthy children
  - Gastrointestinal disorders
  - Special needs

(COMNikam & Perman, 2000)

COMMON TYPES OF FEEDING DISORDERS

<table>
<thead>
<tr>
<th>Rumination</th>
<th>Pica</th>
<th>Food/Liquid Refusal</th>
<th>Food/Liquid Selectivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repeatedly bringing up (regurgitating) food</td>
<td>Persistent and compulsive cravings to eat nonfood items</td>
<td>Refusing certain foods/liquids</td>
<td>Refusing foods/liquid selectivity</td>
</tr>
<tr>
<td>Repeatedly rechewing food</td>
<td>Examples:</td>
<td>Risk of malnourishment</td>
<td>Only eats/drinks select items</td>
</tr>
<tr>
<td></td>
<td>- Glue</td>
<td></td>
<td>Risk of malnourishment</td>
</tr>
<tr>
<td></td>
<td>- Paint chips</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Paper</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Consider the biological, medical, and behavioral factors

- Physical limitations
  - Cleft-lip and palate
  - Oral motor difficulties
- Medical issues
  - Gastro-esophageal reflux disease (GERD)
  - Food allergies
- Sleep dysregulation

(Laud, Girolami, Boscoe, & Gulotta, 2009)
Number one priority is to make sure there is no physical/medical issues that explains why your child isn’t eating

Note: Most clinics require a doctor’s note that indicates a child is cleared to begin a feeding program

Some challenging behaviors may need to be addressed prior to the feeding intervention

- Aggression
- Tantrums
Keep an eye on those consequences!
- Receiving toys
- Receiving preferred/different foods
- Attention
- Escape from different foods/dinner table

(Laud, Girolami, Boscoe, & Gulotta, 2009)
Food Refusal:
- Crying
- Turning head away
- Spitting out food
- Throwing utensils
- Holding/packing food in mouth
- Aggression
- Getting out of seat

Other Behaviors:
- Coughing
- Gagging
- Vomiting
- Self-injurious behavior

(Laud, Girolami, Boscoe, & Gulotta, 2009)
Before Behavior After

Before Behavior After

Then... + Then...
• Removing a bite of food after challenging behavior has occurred

  • Example:
    • You give Alice a carrot to eat
    • She starts screaming
    • You then remove the carrot
    • Alice stops screaming


• Getting attention for engaging in challenging behavior

  • Example:
    • You give Jon a piece of an apple to eat
    • Jon throws the apple on the ground
    • You then say, “You like apples!” or “Don't throw your food, apples are good for you!”

Before

After

Then...

**Includes getting a bottle**

Schedule an appointment with a Behavior Analyst to come observe a mealtime
- Videotape mealtimes if this is not an option

- The Behavior Analyst will:
  - Determine what causes of the inappropriate mealtime behavior(s)
  - Will be able to directly observe
- Keep track of last meal/snack times:
  - Sleep regulation
  - Set mealtimes
    - Number of portions
  - Set snack times
- If taking medicine:
  - Side effects

All of these can impact the success of feeding!
<table>
<thead>
<tr>
<th>Date</th>
<th>Meal/Snack Time</th>
<th>Food Item(s)</th>
<th>How Much Consumed</th>
<th>Take Medication (?)</th>
<th>Hours Slept</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/23/16</td>
<td>7:00 am</td>
<td>Oatmeal, OJ</td>
<td>1 cup 8oz</td>
<td>Y</td>
<td>8hrs 30min</td>
</tr>
<tr>
<td></td>
<td>10:30 am</td>
<td>Greek yogurt, Water</td>
<td>2 bites 10oz</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12:00 pm</td>
<td>Sandwich, Chips, Water</td>
<td>5 bites 1.5oz (all) 10oz</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2:30 pm</td>
<td>Fruit Snacks, Choc. Milk</td>
<td>3 gummies 8oz</td>
<td>N</td>
<td></td>
</tr>
</tbody>
</table>

- Try scheduling snack times further away from meal times
- If you suspect medicine may be affecting your child’s appetite
  - Go see your Doctor!
    - Bring the food log with you
- Bring the food log to a Behavior Analyst
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<td>2:30 pm</td>
<td>Apple, Choc. Milk</td>
<td>1 bite 8oz</td>
<td>N</td>
<td></td>
</tr>
</tbody>
</table>
- Eating consists of many different steps
  - Using utensils
    - Cups
    - Straws
    - Plates

- Pick-up fork
- Stab meatball
- Bring to mouth

- Place fork + meatball in mouth
- Close mouth
- Chew food on molars

- Chew several times
- Swallow
Bite Sizes

Nutritional Needs
<table>
<thead>
<tr>
<th></th>
<th>Ages 2-3</th>
<th>Ages 4-8</th>
<th>Ages 9-13</th>
<th>Ages 14-18</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Calories</strong></td>
<td>1,000 – 1,400</td>
<td>1,200 – 2,000</td>
<td>1,400 – 2,600</td>
<td>1,800 – 3,200</td>
</tr>
<tr>
<td><strong>Protein</strong></td>
<td>2-4oz</td>
<td>3-5.5 oz</td>
<td>4-6.5 oz</td>
<td>5-7 oz</td>
</tr>
<tr>
<td><strong>Fruits</strong></td>
<td>1-1.5 cups</td>
<td>1-2 cups</td>
<td>1.5-2 cups</td>
<td>1.5-2.5 cups</td>
</tr>
<tr>
<td><strong>Vegetables</strong></td>
<td>1-1.5 cups</td>
<td>1.5-2.5 cups</td>
<td>1.5-3.5 cups</td>
<td>2.5-4 cups</td>
</tr>
<tr>
<td><strong>Grains</strong></td>
<td>3-5oz</td>
<td>4-6 ounces</td>
<td>5-9oz</td>
<td>6-10oz</td>
</tr>
<tr>
<td><strong>Dairy</strong></td>
<td>2 cups</td>
<td>2.5 cups</td>
<td>3 cups</td>
<td>3 cups</td>
</tr>
</tbody>
</table>

(Ounces in a cup to drink)

(Nutritional needs)
**Calcium Guidelines**
- Toddlers (ages 1 to 3 years) – 700 milligrams daily
- Kids (ages 4 to 8 years) – 1,000 milligrams daily
- Older Kids (ages 9 to 18 years) – 1,300 milligrams daily

**Milk Intake**
- Ages 2 to 3 years: 2 cups per day
- Ages 4 to 8: 2.5 cups per day
- Ages 9 and older: 3 cups per day

**Juice Intake**
- 6-12 months old: no more than 2-4 ounces per day
- 1-6 years old: 4-6 ounces per day
- 7-18 years old: 8-12 ounces per day

(Kidshealth.org, 2016)
• Completely smooth

• Examples:
  • Pudding
  • Applesauce
  • Watered down grits
  • Smooth mashed potatoes

• Small lumps

• Watery

• Examples:
  • Watery Oatmeal
  • Slightly chunky mashed potatoes
  • Minced fruit
• Lumps
• Thicker in consistency

• Examples:
  • Slightly minced fruits and veggies
  • Ground beef

• Usually prepared with a knife

• Examples:
  • Chopped celery
  • Jello cut into small pieces
  • Crumbled goat cheese
- Great for teaching learner how to grip
- Allows the utensil to stay positioned in hand
· Pick foods similar in some way to the food that your learner is currently willing to eat

· Reinforce immediately for taking one bite of food

· Demand fading: increase the bite requirement to get the reinforcer over time
- New reinforcer
- Reconsider how much
- Reconsider texture or amount of food
- Lower bite requirement

- Wait it out
  - Keep the bite present

- Try a different approach
- Slowly introduce new foods with foods he/she is already eating

- Important to keep in mind taste of blended foods

<table>
<thead>
<tr>
<th></th>
<th>Greek Yogurt</th>
<th>Blueberries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1-3</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>Day 3-6</td>
<td>90%</td>
<td>10%</td>
</tr>
<tr>
<td>Day 6-9</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>Day 9-12</td>
<td>70%</td>
<td>30%</td>
</tr>
</tbody>
</table>

"Yay! You did it!"

Then...

- New food item is presented first, immediately followed by old item
- Number of bites increases to get the ice cream
Tell your learner!

- You are amazing!
- I am so proud of you!
- Fantastic!
- Keep up the good work!
- High Five!
- Good job eating!
- Great job!

- Reinforcers are NOT being used to increase desirable behaviors

- Conduct a preference assessment
  - Make a list of favorite things:
    - Toys
    - Food
    - Liquids
  - Reserve the most preferred item for feeding sessions

- If you get stuck problem solving, contact a BCBA
- Ignore unwanted behaviors
- It may get messy
- Progress takes time

- Things may get worse before they get better
- The learner is probably doing something they don’t like

- Do NOT:
  - Beg
  - Coax
  - Plead

- Problems may occur:
  - Tantrums
  - Crying
  - Throwing food/utensils
  - Hitting
  - Vomiting

- What are your goals?
  - Self-feeding?
  - Using a cup instead of a bottle?
  - Decreasing food throwing?

- Where are you hoping to end?
  - Increase food variety?
  - Increase texture?
  - Increase different liquids?