

Behavioral Strategies for Positive Mealtimes

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March 2020

Today's Topics

- This workshop is based on research that has proven successful in addressing the unique needs of children who have feeding/eating issues
- Today's focus will be on 3 areas:
 - (1) providing an understanding of the various food groups
 - (2) outlining the importance of nutritional balance
 - (3) offering specific behavioral strategies that you may apply to increase your child's interest in and tolerance for foods

Ethical Considerations

- Feeding, eating, and swallowing problems in individuals with ASD and other developmental disabilities can be complex and involves a broad range of physiological and behavioral factors
- This workshop is not intended to serve as a clinical feeding/eating model

Activities of Daily Living

The term “Activities of Daily Living,” or ADLs, refers to the basic tasks of everyday life, such as eating, bathing, dressing, toileting, and transferring (walking) that most people are able to perform on a daily basis without assistance. When people are unable to perform these activities, they need help in order to cope, either from other human beings or mechanical devices, or both.

- Resource: US Department of Health & Human Services, 2010

Statistics

- 75% of children with ASD have atypical feeding patterns or limited preferences (*Maye & Calhoun, 1999*)
- 45% of typically developing children have feeding problems (*Bentovin, 1975*)
- 1 in 20 children under the age of 5 have feeding problems (*Batchelor & Kerslake, 1990*)
- 1/3 of children diagnosed with developmental disabilities have feeding issues (*Legge, 2002*)
- Studies indicate that typical children need a new food to be presented 7-10 times before trying it (*Ernsperger & Stegen-Hanson, 2004*)
- 10% of adults with ASD require support with eating

Statistics

- 62% of children with ASD had selectivity by type
- Severity of autism did not affect the type or number of foods eaten
- 51% of children with ASD had strong preferences
- 24% were selective by texture
- 11% did not touch food or utensils
- 29% exhibited Pica (medical diagnosis)
- 46% had rituals surrounding eating habits

Myths

- Eating is easy
- Body's top priority
- Instinctive
- A child will eat when he/she is hungry



Words to Remember

- Continuous exposure
- Education
- Perseverance
- Slow/gradual change (baby steps)

... It's okay

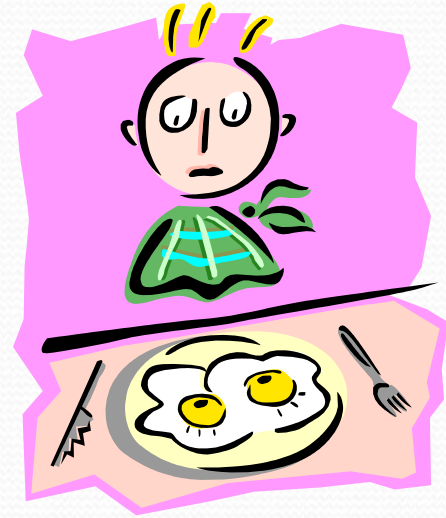
Common Causes

- Gastrointestinal issues
- Problems with ears, nose, throat
- Reflux
- Allergies/food sensitivity (congestion)
- Respiratory difficulty
- Delayed skill acquisition



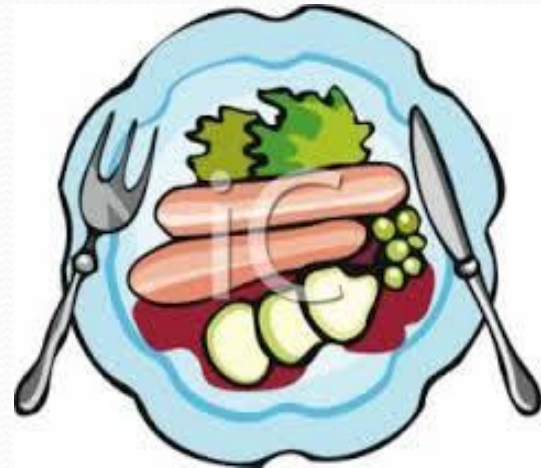
Related Issues

- Sensory aversions
- Auditory sensitivity
- Visual sensitivity
- Sensitivity to smell
- Hyperactive gag reflex
- Control issues
- Dental problems; mouth sores



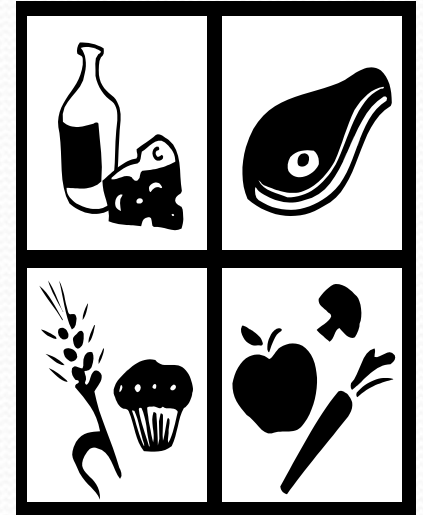
Definitions

- Normal eater
- Neophobia
- Picky eater (2-3 y.o.)
- Resistant eater
- Food jags



Nutritional Facts

- Preschool age children need 1300-1800 calories per day
- Each meal should provide; 1 starch, 1 protein and 1 fruit or vegetable
- Avoid sweet as they tend to suppress appetite
- Adhere to a schedule with limited snacking
- Limit juice and offer water whenever possible



Color Progression



- Yellow
- Orange
- Red
- Brown
- Green

Typical Eating Behavior

- Young child exploring and becoming independent means less focus on mealtimes
- Significant food preferences
- Limited recognition of hunger/satiation
- Highly variable intake – may eat a lot at some meals and eat nothing at other meals
- May “investigate” food when offered (suspicious)

Resource: “Picky Eating” presented by Melissa Olive, Ph.D., BCBA-D (2013)

Eating Patterns

- Are learned and therefore must be taught
- Function of eating behaviors?
 - Most often to escape non-preferred foods
 - Obtain preferred foods
 - Obtain attention (wants adult to feed)
- Success may take longer than expected or planned and requires patience

Resource: “Picky Eating” presented by Melissa Olive, Ph.D., BCBA-D (2013)

First Hand Accounts

“I liked to eat things that were bland and uncomplicated.”

“Soft foods I like – they aren’t noisy.”

“I like foods that are soft because they are easier to chew.”

“I pack my lunch everyday but I forget to eat.”

Your Child's Eating Patterns

- Extreme food selectivity
 - What does child eat successfully? How, when, where, with whom?
 - What category of foods does your child favor?
 - salty, sweet, sour, bitter, with condiments, temperature, texture, color
 - preference for certain smells, the way food “looks” (color) or the way it is presented to child (sameness)
 - Does child prefer to eat with fingers? utensils?

Data Collection

- Keep a food diary for at least 2-3 weeks
 - What is child eating already? (write down in 3 columns – easy, medium, hard)
 - Food preferences?
 - When is child eating?
 - preference for time of day; how many meals/day
- Parent Questionnaire (handout)
- Reinforcement Inventory (handout)
- Food Preference Inventory + Worksheet (handout)
- Food Inventory (handout)

Supporting Positive Behaviors

- Assess the environment
- Create positive feeding environment
- Location
 - Too noisy/quiet; crowded; distractions
 - Clear table of unnecessary clutter, junk, books
- Eat meals and snacks at table together
- Limit mealtime to 30 mins; snack to 15 mins

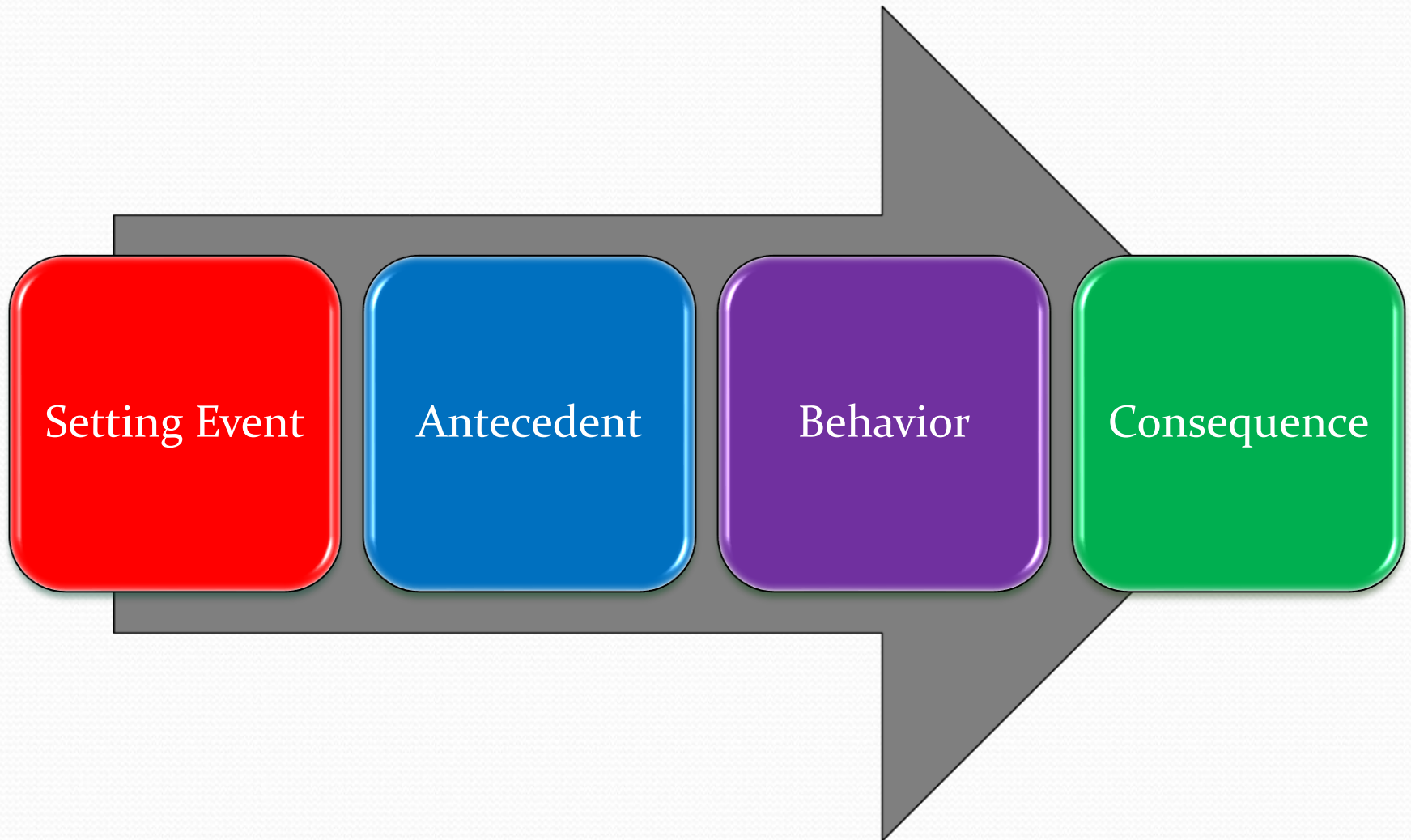
Supporting Positive Behaviors

- Set a feeding schedule and routine
 - Unpredictable schedule can contribute to eating problems
 - If child unsure of schedule, difficult to regulate hunger and satiation
 - Is child more successful with smaller, more frequent meals instead of 3 large per day?
- Support posture (comfortable seating)
- How long is child able to sit (sensory)

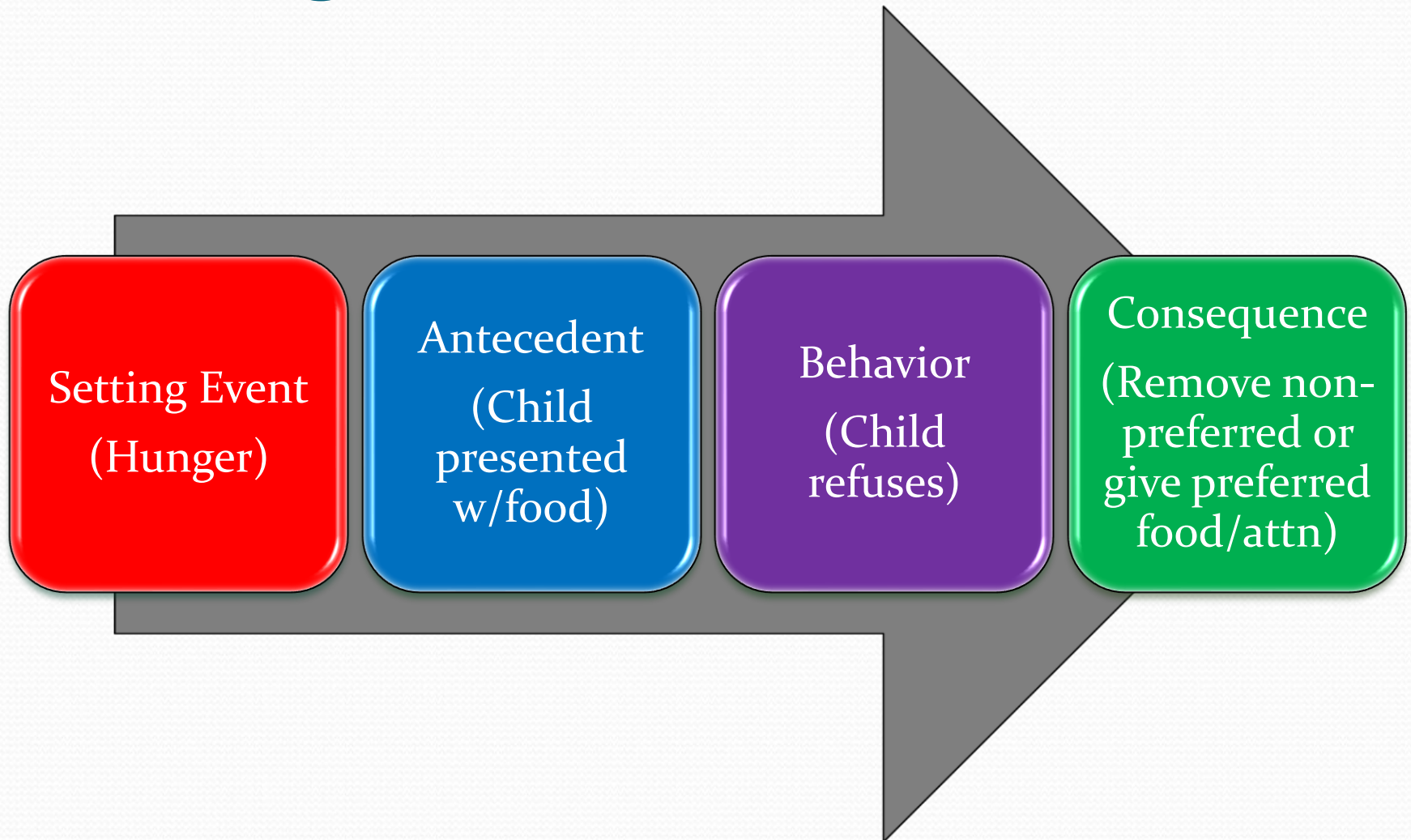
Supporting Positive Behaviors

- Get your child involved with the selection and creation of meals (even if they don't taste it)
- Model good eating behavior for your child
- Reward positive behaviors by offering praise often when your child approaches or tries new foods
- Whenever possible ignore negative behaviors such as spitting, throwing, crying, or refusing food (turning head, batting at spoon)

The Behavior Chain



Eating and the Behavior Chain



Child and Caregiver Behaviors

Child behavior(s):

- Solid or liquid refusal
 - Turning head, verbal refusal, pushing away spoon/cup/plate, covering mouth, throwing food, spitting out food
- Elopement from table
- Gagging or coughing

Caregiver behavior(s):

- Remove the food
- Coax
- Bribe
- Mild reprimand
- Offer something more preferred
- Wait

Caregiver Responses That May Increase Problem Behaviors

- As parents you use a variety of responses to motivate your child to eat when food refusal behaviors occur that may increase problem behaviors:
 - Terminating meal and waiting for child to calm down
 - Coaxing or bribing the child to eat (“It’s good for you”) or alter the quantity or quality of attention (play “airplane”)
 - Providing your child with a more preferred food (PBJ) when he refused the less preferred food (broccoli)
 - Providing toys or other preferred items during mealtime to distract

Role of Reinforcement

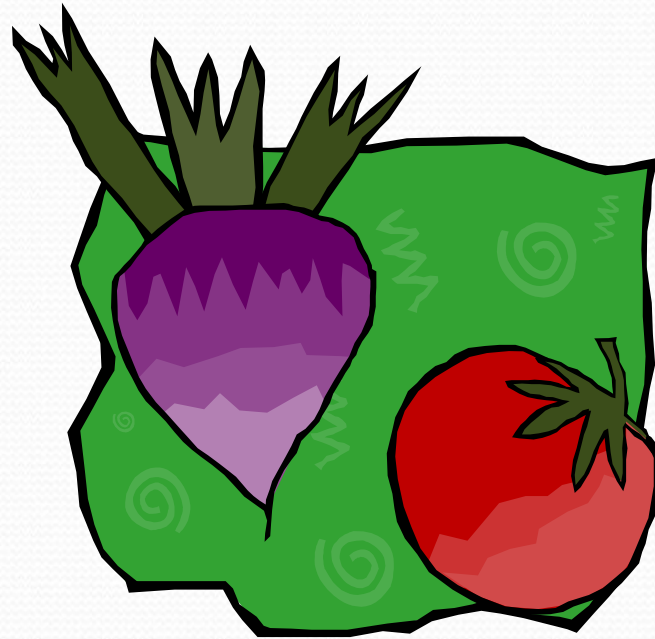
- Change consequences (how you respond)
 - Remember – Praise positive behaviors often and ignore negative behaviors when possible
- Is food reinforcement used for other behaviors?
(Reserve novel reinforcer for trying new foods)
- First/Then concept
- Reinforce behaviors related to eating
- Identify powerful reinforcers to support
- Visual cues/charts (how many bites)
- Teach and reinforce a new behavior – a lot!

Child's Learning Style

- Figure out your child's learning style for eating:
 - Kiss, lick, bite
 - Systematic fading
 - Desensitization
 - First/then
 - Visual chart
 - Discrete Trial Teaching (A-B-C)
- Combination of any or all

Gradual Change

- Shape
- Color
- Taste
- Texture



Fading Foods Systematically

- Use foods that are a smooth texture and have comparable taste
- Start with 25% non-preferred mixed with 75% preferred
- Once child accepts 80% of mixture, add 25% more so that you have a 50:50 ratio and repeat until at 100% of new item

Examples next slide



Fading in Foods - Examples

Process is intended to be temporary but a great first step for exposing child to a wider variety of tastes and increase willingness to try new foods

- Mix veggies into tomato based products
- Sweet potatoes work well to fade in chicken
- Chicken O's, dumplings, or chicken can be mixed with rice to fade in mac-n-cheese, grilled cheese, cheese
- Yogurt works well to mix with pudding or vice versa
- Yogurt and pureed fruits added to cream of wheat or oatmeal, pureed waffles/pancakes/french toast
- Milk can be frozen to make a popsicle

Where to Start

- Ease into mealtime: Begin with a calm activity (books, computer, movie) before planned mealtime so that your child is relaxed
- Set up a visual schedule for each meal/snack
- Be consistent – plan a set time and try to stick to schedule
- Sit together at the table
- Present small portions of food (on a small plate)
- Work on tolerating food items on plate or near child to begin the desensitization process

Where to Start

- Level and type of distraction needed
 - If distraction such as video helps, use it for more challenging meals/foods and eat at table when easy
- Reinforce best/ignore the rest
- Educate about nutrition
- Eliminate grazing
- Write/visual mealtime rules and post
- Support child's posture: Position 90-90-90 degree angle

General Mealtime Goals

- Create a safe and positive environment
- Expand child's responsibility in preparing, eating, and clean-up at mealtimes
- Provide multisensory exposure to new foods
- Respect child's communication and response to food (problem behavior often due to difficulty in communication)
- Expand child's repertoire of food (continue to present new foods; offer new foods in morning)

Clear Rules for Mealtimes

- Sitting for all meals
- Appropriate table manners (use utensils, napkins, no eating off table, no licking dishes)
- Coming to the table when called
- Stick to the rules that you set and avoid negotiation – done is done
- End meal on a good note – resist temptation to push for “one more bite”

What to Avoid

- Punishment – positive reinforcement more ethical and effective
- Force feeding (causes fight or flight response which produces adrenaline that suppresses appetite)
- Cleaning up their mess if they throw food (**wait** until meal is over)
- Power struggles – guess who always wins?

Increase Flexibility

- Children with ASD have a tendency to perseverate (get stuck) or form rituals around routines
- Change how routines are presented by varying small detail of routine to increase flexibility (e.g. sit in a different place, use a variety of tableware)
- Fade out supports as soon as possible so the child does not become dependent on the support

Increase Autonomy/Control

- Provide other choices throughout the day (limit to choice of two, such as “Do you want purple scissors or green?”)
- Allow for 10-15 minute preferred activities the child can earn (from a choice of 2-3 items/activities) at least three times per day
- Increase responsibility, allow to participate in chores (e.g. setting table, passing out napkins, carrying groceries, feeding an animal or folding towels)

Helpful Hints

- Block off other senses (hold nose, close eyes)
- Use a mirror / video / picture
- Explain that they do not need to finish
- Visual menu to make choices
- Social Stories (examples)
- Food pyramid with stickers
- Kiss, lick, bite chart
- Design a fun game around eating
- Earn rewards

Fun Ideas



- Paint with food
- Food jewelry
- Food bingo/food match
- Food collage/rainbow
- Grow a vegetable garden
 - Child takes ownership of food
- Grocery shop/help prepare simple meals/snacks
- Play guess the smell
- Make recipe cards/taste chart
- Visual grocery list

Words of Encouragement

- Child may need to learn to “*enjoy*” eating, but they can learn to eat
- Hard to remove/separate emotional piece as a parent
- Learning to eat takes a long time but it will be worth it in the end
- Work as a team with school staff (support system)





Take a bite . . .video

Take a Bite Baby

Resources/Websites

Lori Ernsperger, Ph.D & Tania Stegen-Hanson, OTR/L. *Just Take A Bite*

J. Macht. *Poor Eaters: Helping Children Who Refuse to Eat*

Brenda Legge. *Can't Eat, Won't Eat*

“Exploring Feeding Behavior in Autism: A Parent’s Guide (Autism Speaks - 2014)

www.usda.gov/cnpp

www.5aday.com

www.foodchamps.org

www.fruitsandveggiesmorematters.org

www.do2learn.com