

Learning to Eat New Foods: Successful Strategies for Learning to Help Children with ASD Learn to Eat New Foods

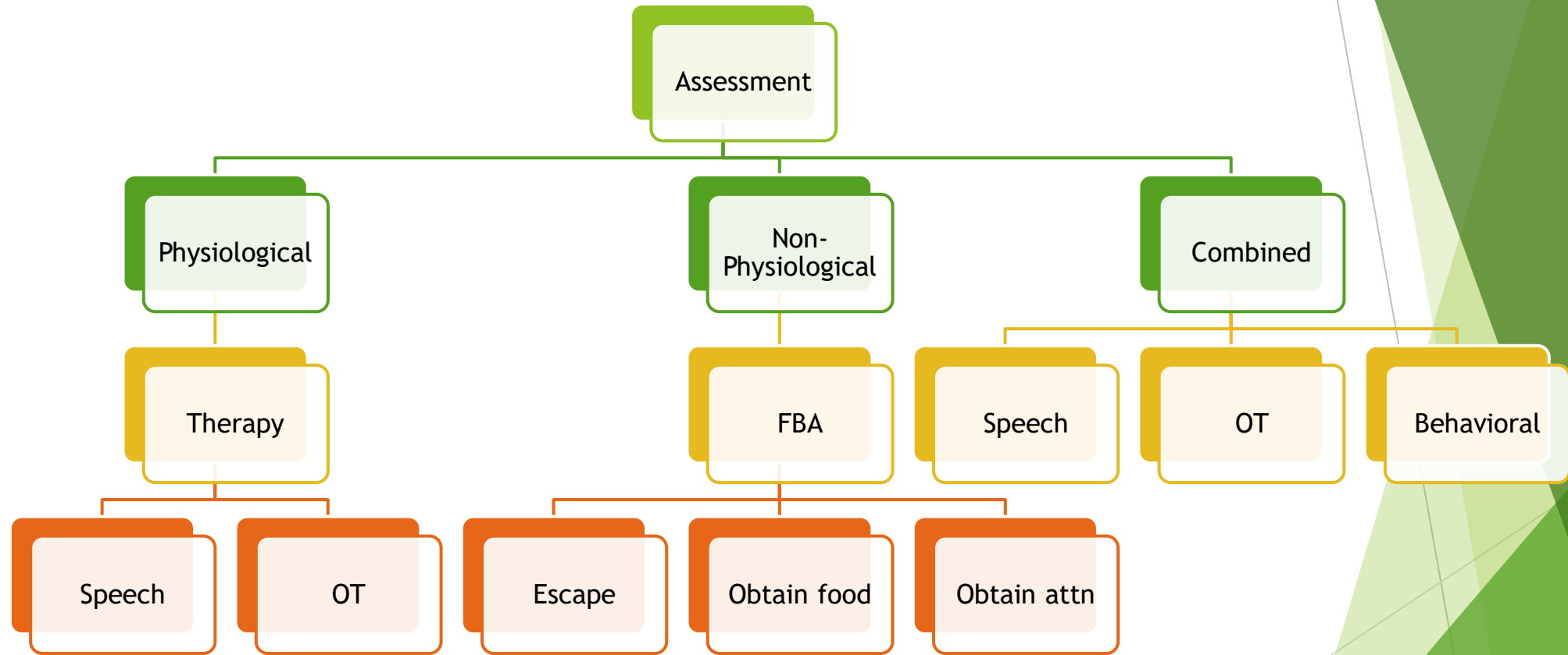
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So What Can YOU Do?

- ▶ Involve Child in Meal Planning with 4 Food Groups
- ▶ Try to Eliminate Packaged Foods
- ▶ Start small!
 - ▶ One food at a time (4-5 times per week)
 - ▶ One small bite at a time (start with kiss, lick, put in)
- ▶ Model Often
- ▶ Reinforce Often



Professionals: This presentation is insufficient to prepare you to offer feeding services.

Parents: this presentation is insufficient to prepare you to address severe issues without support.

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Typically Developing Children and Feeding Disorders

Ranges anywhere from 5%-20%
-Nationwide Children's statistics

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Feeding Expectations of Young Children:

We expect our children to:

- ▶ Gain an understanding of foods - textures, flavors, temperatures, colors
- ▶ Gain an understanding of appropriate mealtime behaviors, etiquette, social expectations
- ▶ Gain an appreciation for timing, hunger, and satiation

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Remember:

Eating patterns are learned - and thus, must be taught.

Sometimes it takes longer than expected or planned - and the process requires patience for success.

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Other Disabilities & Feeding

- ▶ 40%-80%
- ▶ Commonly seen
 - ▶ Down syndrome
 - ▶ Cerebral palsy
 - ▶ Failure to Thrive
 - ▶ Russell Silver Syndrome
 - ▶ DiGeorge Syndrome

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What Do We See?

- ▶ Extremely limited diet:
 - ▶ chicken nuggets, gold fish, McD french fries
 - ▶ The all white diet
 - ▶ The crunchy salty diet
- ▶ Pureed only
- ▶ Grazes all day (rather than eat while sitting)
- ▶ Cannot bite off food
- ▶ Wants to be fed by an adult
- ▶ Only eats finger foods

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Long Term Issues Associated with Feeding Difficulties

- ▶ Missed meals
- ▶ Malnourishment
- ▶ Failure to thrive or stunted growth
- ▶ Tube dependence
 - ▶ We see this less and less because of things like pediasure
- ▶ Problematic mealtime behaviors

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Pediasure

- ▶ <https://pediasure.com/>
- ▶ **Ingredients:**Water, Sugar, Corn Maltodextrin, Milk Protein Concentrate, High Oleic Safflower Oil, Canola Oil, Whey Protein Concentrate. Less than 0.5% of the Following: Soy Protein Isolate, Short-Chain Fructooligosaccharides, Natural & Artificial Flavor, Cellulose Gel, Magnesium Phosphate, Potassium Chloride, Potassium Citrate, Calcium Phosphate, Calcium Carbonate, Potassium Phosphate, Tuna Oil, Salt, Cellulose Gum, Choline Chloride, Ascorbic Acid, Soy Lecithin, Monoglycerides, Potassium Hydroxide, m-Inositol, Carrageenan, Taurine, Ferrous Sulfate, dl-Alpha-Tocopheryl Acetate, L-Carnitine, Zinc Sulfate, Calcium Pantothenate, Niacinamide, Manganese Sulfate, Thiamine Chloride Hydrochloride, Pyridoxine Hydrochloride, Riboflavin, Lutein, Cupric Sulfate, Vitamin A Palmitate, Folic Acid, Chromium Chloride, Biotin, Potassium Iodide, Sodium Selenate, Sodium Molybdate, Phylloquinone, Vitamin D3, and Cyanocobalamin.

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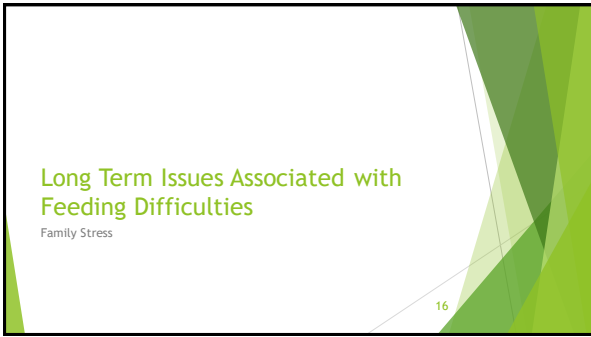
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Ingredients in Meals We Recommend

- ▶ Clean protein (not processed, hormone free)
- ▶ Vegetable (not processed, fresh or frozen)
- ▶ Fruit (not processed, not sugared, fresh, or frozen)
- ▶ Grain (whole grains, not processed, GF if needed, CF if needed)

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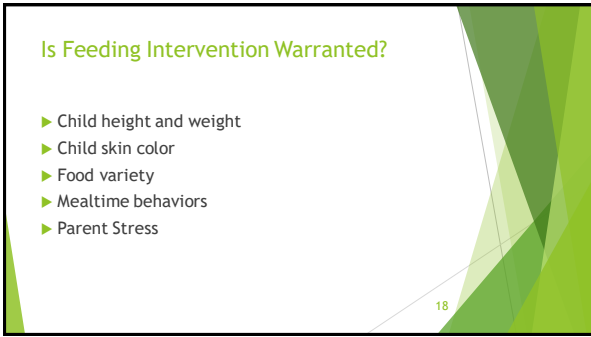
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Is Feeding Intervention Warranted?

- ▶ Major cases require attention by experts and intensive intervention
- ▶ Major feeding disorder
 - ▶ Fewer than 30 total foods
 - ▶ Limited textures
 - ▶ Under height and/or weight
 - ▶ Severe mealtime behavior (gagging, emesis, aggression, SIB)

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
Types of Feeding Disorders

- ▶ Physiological (Stevenson, 1995)
- ▶ Non-Physiological (Satter, 1990)
- ▶ Combination (Ramsay, 1995)

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Assessment (Underlying Issues)

-  Medical
-  Allergic/Reactive
-  Nutritional Deficiency
-  Structural/Mechanical

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GI Issues

- ▶ Children with autism have been shown to have GI issues
- ▶ GI treatment should follow standard medical protocol
- ▶ Some have said a unique GI condition exists among children with autism
- ▶ GI Diseases
 - ▶ Crohn's, IBD, Colitis
 - ▶ Reflux
 - ▶ EE

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Constipation

- ▶ We see too many children on Miralax (for life!)
 - ▶ Miralax.com
 - ▶ Polyethylene Glycol 3350
- ▶ Other natural remedies are available
 - ▶ Visit with your health care practitioner
 - ▶ Fish oil
 - ▶ Coconut oil
 - ▶ Natural Calm

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Food Allergies

- Celiac Disease
- Phenylketonuria (PKU)
- Maple Syrup Syndrome

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Food Allergies/Food Reactions

- Allergists can assist here
- Physicians can assist with MRT
- MRT Testing
 - MRT testing is helpful for food intolerance and sensitivity that is not caused by food allergies
- Reveals foods that may cause inflammation

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Nutritional Assessment

- Assess for deficiencies
- Zinc
- Calcium
- Magnesium

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Special Diets

- Special diets are for food intolerances or allergies
- Special diets may help children feel better which may help them be ready to learn
- Special diets do not cure a disability
- Special diets cure a condition
 - PKU
 - Celiac

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Most Common Food Allergens
(mayoclinic.com)

- ▶ Milk
- ▶ Eggs
- ▶ Peanuts
- ▶ Tree nuts (such as almonds, cashews, walnuts)
- ▶ Fish (such as bass, cod, flounder)
- ▶ Shellfish (such as crab, lobster, shrimp)
- ▶ Soy
- ▶ Wheat

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Structural or Mechanical Assessment

- ▶ Speech Therapists and Occupational Therapists
- ▶ Swallow study
- ▶ Oral motor assessment
- ▶ Chewing ability
- ▶ Sensory processing

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Behavioral Assessment

- ▶ Determine the function of the feeding behaviors by completing FBA
- ▶ Most often:
 1. Escape non-preferred
 2. Obtain preferred
 3. Obtain attention
- ▶ Complete at least one Preference Assessment

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Typical BIP (for Behavior)

- ▶ Modify the antecedents
- ▶ Teach a new behavior
 - ▶ Most often communication
 - ▶ Most often replaces problem behavior
 - ▶ May be a new skill (independence)
- ▶ Modify consequences
 - ▶ Change how you respond to junk behavior
 - ▶ Reinforce the new behavior
 - ▶ Reinforce appropriate behavior

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BIP For Feeding

- ▶ Change antecedents
 - ▶ Environment needs to be appropriate
 - ▶ Child needs to be hungry
 - ▶ Child needs to have a regular eating schedule—no questions asked
- ▶ Teach a new behavior
- ▶ Reinforce
- ▶ And now for a scene from my feeding clinic

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Antecedent Intervention

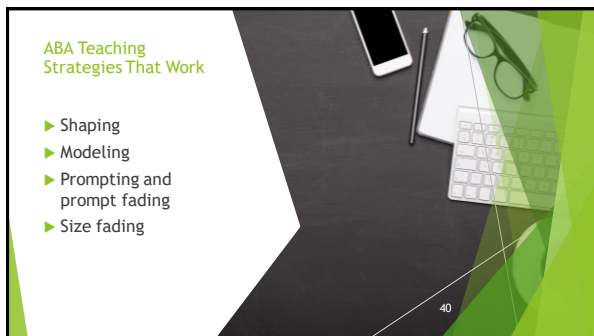
1. Prepare for Difficult Times
2. Positive Feeding Environment
3. Clear Mealtime Rules
4. Novel foods are presented in small portions using Discrete Trial Training (DTT)
5. Establishing Operations

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ABA Teaching Strategies That Work

- ▶ Shaping
- ▶ Modeling
- ▶ Prompting and prompt fading
- ▶ Size fading

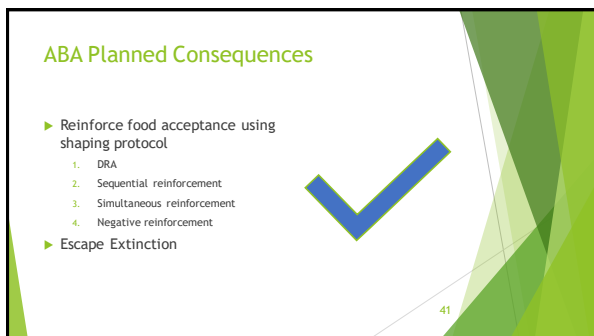


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ABA Planned Consequences

- ▶ Reinforce food acceptance using shaping protocol
 1. DRA
 2. Sequential reinforcement
 3. Simultaneous reinforcement
 4. Negative reinforcement
- ▶ Escape Extinction

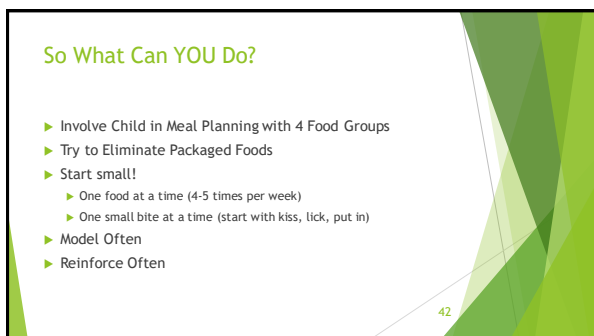


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Funding

- ▶ Insurance
 - ▶ Autism coverage in most policies
 - ▶ If no disability or no autism, then appeals and complaints will be needed
- ▶ IEP / IFSP
 - ▶ Functional skill
 - ▶ Affects education
- ▶ Grants
 - ▶ DDS
 - ▶ Non-profits

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Summary

- ▲ Rule out underlying issues
- 🧠 Assess function of behavior
- ✓ Modify antecedents (prepare and plan)
- 🤝 Reinforce acceptance combined with shaping
- 🕒 Intensity matters

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