What to Do When A Child Won’t Eat: Feeding Disorders & Developmental Disabilities

John Galle
Center for Autism & Related Disorders
Suite of Services

- Diagnosis
- Supervision and Consultation
- Direct One-to-One Therapy
- School Shadowing
- Parent, Teacher, Caregiver Training
- Speech and Language Services
- Assessment Center (Skill, Functional, and Psychological)
- Specialized Outpatient Services
  - Challenging Behavior Center
  - Feeding Center
  - Medical Facilitation
### Today’s Overview

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<th>Diagnosis</th>
<th>Introducing new foods</th>
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<td>Why be concerned?</td>
<td>Different textures</td>
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<td>Medical and behavioral interactions</td>
<td>Becoming a self-feeder</td>
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<td>Where do you stand now?</td>
<td>Mealtime behavior problems</td>
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<td>Behavioral interventions</td>
<td>Making lasting changes</td>
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<td>Why interventions can fail</td>
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<td>Common questions</td>
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What is a Feeding Disorder?
Feeding disorders by definition are...

- Difficulties with eating/drinking that affect weight and nutrition
- Food or fluid refusal
- Food or fluid selectivity
- Possible behavior problems during mealtimes
- Skill deficits
- Implications from medical problems
Common Types of Problems

- Rumination
- Pica
- Solid/Liquid refusal
  - Partial
  - Total
- Solid/Liquid selectivity
  - Texture
  - Type
  - Presentation Method

SIDE NOTE:
Pica: ingestion of non-nutritive substances (e.g., coal, soil, chalk, paper etc.) or an abnormal appetite for some things that may be considered foods, such as food ingredients (e.g., flour, raw potato, starch). The condition's name comes from the Latin word for the magpie, a bird which is reputed to eat almost anything. Pica is seen in all ages, particularly in pregnant women and small children, especially among children who are developmentally disabled.
How prevalent a problem?

- Up to 25% of ALL children
- Up to 80% of children with developmental disabilities

- But that’s all severities…
  - Feeding issues can range from a nuisance to a serious medical problem
Where the differences lay

• Family food questionnaire (Ledford, 2006)
  – Children with autism display higher incidence of feeding problems:
    • Greater food refusal
    • Needed specific utensils
    • Needed specific food presentation
    • Accept only foods of a lower texture
    • Displayed a narrower variety of food that would be eaten
What walks through my door

- Child only eats certain texture
What walks through my door

• Child is still bottle dependent
What walks through my door

- Child refuses all protein and vegetables
What walks through my door

• Specific presentation method

Cut into 4 squares. No crust. On a Thomas the Train plate.
Does this seem familiar?

Prompting one bite of broccoli.
Where Does it Start?
Medical & Behavioral Interactions
Biological factors

• Physical complications
  – Cleft palate
  – Oral motor difficulties

• Medical complications
  – Reflux
  – Allergies
  – Constipation/diarrhea
Behavioral Learning

• Consequences, Consequences, Consequences
  – Ability to get goodies
    • Tangible items
    • Different foods
    • Parents putting on a show
  – Avoidance of “evil” things
    • The broccoli goes away
    • Freed from the highchair
The Interaction of the Two

• It’s not uncommon for a problem to morph
  – Medical → Behavioral
What Happens Next Time???
Purpose: To find out what maintains problem behavior during meals

• Natural setting
  – Watch parents feed their children
  – Note consequences provided for problem behaviors

• Clinical setting
  – Provide pre-determined consequences for problem behavior
“Although the current results document the role of negative reinforcement in the maintenance of feeding problems, perhaps the more surprising and interesting finding was that positive reinforcement contributed to the maintenance of inappropriate mealtime behavior in over half the cases. In addition, tangible items functioned as reinforcement for 13% of the children.”

- Escape from the bite
- Receive attention
- Get a toy

Tangible items
Eating as Behavior(s)?
Eating as One Behavior?

• Eating is really a process
  – A chain of behaviors, each serving as a prompt for the next one
  – Use a task analysis to break things down
Task Analysis of Eating

- Pick up utensil with proper grip
- Scoop/stab food
- Bring to mouth
- Close mouth around spoon
- Move food to molars
- Chew adequately
Task Analysis of Eating

Eating continued

- Move chewed food to center of tongue and back
- Swallow
- Use tongue to identify residue
- Removed residue from parts of mouth
- Swallow again
Now it’s manageable

Overwhelming: “Eating”

Able to be dealt with: A series of smaller behaviors

MUSHROOMS: they’re okay.
Behavior can be seen...

• And data collected upon it!
  – Visual representation tells us
    – What we are doing right,
    – What we are doing wrong,
    – And when to make changes
When Should I be Concerned?
The Importance of Eating

- Long-term physical health
  - Establishment of life long eating patterns
- Eating out in the community broadens a child’s world
- Opportunities for socialization
- Promotion of fine motor skills
### Realistic expectations

<table>
<thead>
<tr>
<th>Age (months)</th>
<th>Task Description</th>
<th>Age (years)</th>
<th>Task Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-12m.</td>
<td>Chews without rotary/grinding motion</td>
<td>1-2yrs.</td>
<td>Sucks from straw</td>
</tr>
<tr>
<td>0-12m.</td>
<td>Feeds self cracker or snack</td>
<td>1-2yrs.</td>
<td>Inserts spoon in mouth without turning it upside down, moderate spilling</td>
</tr>
<tr>
<td>0-12m.</td>
<td>Drinks from cup held by adult</td>
<td>1-2yrs.</td>
<td>Drinks from cup or glass held in one hand without assistance/spilling</td>
</tr>
<tr>
<td>0-12m.</td>
<td>Feeds self finger foods</td>
<td>1-2yrs.</td>
<td>Uses a fork for eating, may spill</td>
</tr>
<tr>
<td>0-12m.</td>
<td>Chews and swallows semisolid foods</td>
<td>2-3yrs.</td>
<td>Uses fork for eating</td>
</tr>
<tr>
<td>0-12m.</td>
<td>Chews with rotary/grinding motion</td>
<td>2-3yrs.</td>
<td>Spoon feeds without spilling</td>
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<tr>
<td>0-12m.</td>
<td>Chews and swallows solid foods</td>
<td>3-4yrs.</td>
<td>Uses napkin</td>
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<tr>
<td>0-12m.</td>
<td>Drinks from cup held with both hands, with assistance</td>
<td>3-4yrs.</td>
<td>Uses side of fork for cutting soft food</td>
</tr>
<tr>
<td>1-4yrs</td>
<td>Chews with mouth closed</td>
<td>3-4yrs.</td>
<td>Wipe his/her face and hands during/after a meal</td>
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<tr>
<td>1-2yrs.</td>
<td>Chews with ease and rotary motion</td>
<td>4-5yrs.</td>
<td>Holds fork in fingers</td>
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<tr>
<td>1-2yrs.</td>
<td>Lifts glass/cup from table to drink</td>
<td>4-5yrs.</td>
<td>Holds spoon, fork and knife correctly</td>
</tr>
<tr>
<td>1-2yrs.</td>
<td>Returns cup/glass to table after drinking</td>
<td>4-5yrs.</td>
<td>Uses knife for spreading</td>
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<tr>
<td>1-2yrs.</td>
<td>Manipulates spoon to &quot;scoop&quot; food</td>
<td>5-6yrs.</td>
<td>Uses knife for cutting softer foods</td>
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<tr>
<td>1-2yrs.</td>
<td>Drinks from cup held with both hands, without assistance may spill</td>
<td>5-6yrs.</td>
<td>Uses knife for cutting</td>
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<tr>
<td>1-2yrs.</td>
<td>Takes spoon from plate to mouth, with some spilling</td>
<td>6-7yrs.</td>
<td>Uses spoon, fork, and knife competently</td>
</tr>
</tbody>
</table>
### Realistic expectations

<table>
<thead>
<tr>
<th>NEWBORN</th>
<th>HEAD UP</th>
<th>SUPPORTED SITTER</th>
<th>INDEPENDENT SITTER</th>
<th>CRAWLER</th>
<th>BEGINNING TO WALK</th>
<th>TODDLER</th>
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</thead>
<tbody>
<tr>
<td>BREASTMILK OR INFANT FORMULA</td>
<td></td>
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<tr>
<td>GERBER CEREALS</td>
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<tr>
<td>GERBER 1st FOODS*/TENDER HARVEST 1st FOODS™</td>
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<td>GERBER JUICES</td>
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<tr>
<td>GERBER 2nd FOODS™, MEATS, SIMPLE RECIPE™ DINNERS/TENDER HARVEST 2nd FOODS™</td>
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<tr>
<td>GERBER FINGER FOODS (WAGON WHEELS, ZWIEBACK TOAST, BITER BISCUITS, PUFFS)</td>
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<tr>
<td>GERBER 3RD FOODS™/TENDER HARVEST™ 3RD FOODS™/3RD FOODS™ LIL' ENTREÉS™</td>
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<tr>
<td>GERBER GRADUATES™ DICES, COOKIES, CRACKERS, CEREAL BARS</td>
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<tr>
<td>GERBER GRADUATES™ MEAT STICKS, MEALS, LIL' ENTREÉS™</td>
<td></td>
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<tr>
<td>TABLE FOODS</td>
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</table>
Realistic expectations

Try, try, try again!

How many times will it take your baby to get used to a new food? It could be more times than you think. Research has found that it takes repeated exposures (sometimes up to 10 or 15 times) before baby accepts some new foods. Ultimately, you want your baby to know and love as many fruits and veggies as possible. Because the more healthy foods he eats now, the more likely he'll be to choose them down the road.
How bad is it really?

- Missed meals
- Malnourishment
- Failure to thrive
- Lack of growth
- Tube dependence
- Added family stress
- Problematic mealtime behaviors
Nutrition

Focus on fruits.

Vary your veggies.

Get your calcium-rich foods.

Make half your grains whole.

Go lean with protein.

Know the limits on fats, salt, and sugars.
Determine Caloric Needs

*From the National Academy of Sciences, Institute of Medicine Dietary Reference Intakes Macronutrient Report*
Growth Curves

• Shows where a child compares to chronologically aged peers for:
  – Height
  – Weight
Boys
2 to 5 years

4 year old
35 lb.
41”
Extreme cases

G-Tube with Mickey

NG-Tube
Other than Medical Concerns

• Does your family not go out in public to eat?
• Does the child not eat the “family meal”?
• Do you find yourself giving in to ritualistic behavior?
• Do you find yourself cooking the exact same thing everyday?
• Is your child eating approximately what same-aged peers eat?
When Should I Seek Professional Help?

• Consider the effects of the child’s feeding problem on the child and the family
  – Minor problems may dissipate over time
  – Marginal problems may be mediated by parental intervention
  – Major cases require attention by behavioral experts
Before you Begin Intervention...
Being a “Safe Oral Feeder”

• Assurance that there is no physical/medical reason child isn’t eating
  – Barium Swallow
  – Gastric Emptying Study
  – Allergy testing
  – Ph Probe
  – Upper GI series
Rule Out Medical Problems

- Gastro esophageal reflux
- Constipation
- Diarrhea
- Food intolerances/allergies
- Oral motor delays
- Dysphasia
- Delayed gastric emptying/motility problems
Addressing Behavior Problems

• May need to be dealt with prior to intervention
  – Sleep dysregulation
  – Aggression
  – Tantrums
Step Back and Watch

• Try to see what truly goes on during mealtime
• Each feeder has his/her own technique
  – Common approaches to meals:
    • Terminate the meal/avoidance
    • Coaxing/begging
    • Games/toys
    • Change foods
    • Random threats
    • Airplane/train method
Define a Goal

• What do you want out of intervention
  – Be specific!
  – Communicate priorities with service provider

• Determine a terminal goal
  – Find intermediary steps within
Long-term Planning

Possible Treatment Goals:

• Increase texture
• Increase variety
• Increase amount
• Become a self-feeder
• Decrease the “fight”
• “Happy Meal™” goal
Family Contribution

Determine family requirements during intervention

- Prepare food?
- Run session?
- Take data?
- Emotional upheaval?
- Withhold specific reinforcers at other times?
- Transportation to session?
Motivation
Never Reward a Child for Eating??

• Which children are they talking about?
  • For children needing this amount of extra effort, the “internal” motivation of hunger and reward of the taste of food is not enough

• When are rewards used?
  • Initial goal: YES!
  • Mid-goal: Quite possibly, but maybe not so often
  • Terminal goal: Ideally, no
Rewards ≠ Bribery

**Reward** = Giving an item to someone after they complete a desired task

**Bribery** = Giving an item to someone before they complete a (typically) illegal/immoral task in order to induce him to do it
Find Out What the Child Likes

• Complete a mental inventory
• Ask the child
• Physically assess

My favourite things:
- Colour: Pink
- Toy: Horses
- Book: Shetty, the Shetland Pony Books
- Movie: Babe
- Food: Chocolate ice cream
- Place: The Aquarium
- Music: Spice Girls
- Game: Snakes and ladders
- TV show: Blue’s Clues
I know what you’re thinking…
I know what my child likes and doesn’t like!

Just because you like something does not mean that you will work for it.
A Quick Preference Assessment

• Gather 5-6 possible items
• Show the child all of the items
• Place them in front of the child at equal distances
• "Pick one"

- The item chosen first should be the item worked for at that moment
Top 5 Preference Facts

1. Preferences change over time
2. Preferences change when items are put into competition with other items
3. Preferences change with other environmental influences
4. Verbal self-report does not equate to behavioral practice
5. Assess often
Using Food as a Reward

Use a highly preferred food as the reward

Limit total access to the “reward food” outside of meals

Concerns:

  Child will begin to associate preferred food with “bad food”

Simple fact: Literature shows that food rewards increase the consumption of new foods
Using Toys as a Reward

Sometimes we don’t have “preferred foods”

Easy to give and take away

Limited time access (10-30 seconds)

Concerns:

   Disruptive to family meals

Possible Solution: Work during snacks or other non-family meal times
Once you know what someone wants,
How do you get them to do what you want?
Grandma’s Rule

You cannot do something you want to do until you do something you do not want to do.

“Finish your homework, then you can go outside to play.”

First A

Then B
The Daily Schedule...

...ABSOLUTELY IMPACTS MEALTIME BEHAVIOR!

- Sleep regulation
- Set mealtimes
  - Limited portions
- Set snack times
- Medication side effects
- Arrange tube feeds
The Eating Environment
Everything Around you Matters

Make the environment work for you!

• Seating arrangement
• Physical seats
• Utensils
Is the chair you are currently using the proper one for your child’s:

1. Age
2. Abilities
3. Physical size

Rule of thumb: No one should have to kneel to reach his dinner plate
Seating!

The Highchair
- Height
- Recline
- Wheels
- Tray
- Straps
- Fabric
- Up to 45-50 lbs

The Booster Seat
- Attachment
- Tray
- Straps
- Up to ~3 years
Seating!

Just a Boost Up

• Size
• Age/Weight

The Kitchen Chair

• Size
• Age/Weight
Utensils and Such

Yes! It matters!
Utensils and Such

Priorities when picking a spoon:

• Width
• Bolus amount
• Curvature
• Lip closure
Cups!

Nosey Cups
- Liquid
- Amount
- Head tilt

Sippy Cups
- Age
- Supervision

Tumblers
- Age
- Amount
Plates & Bowls!

Plates

• Suction
• Rim

Bowls

• Suction
• Scoop ability
Is that bite too big?
Bolus Size - Solids

The amount of food on a spoon during one bite

- Level
- Rounded
- Heaping
Bolus Size - Liquids

The amount of liquid in a cup during one drink:

- 1 ounce
- ¾ ounce
- ½ ounce
- ¼ ounce
Texture
Texture

Baby food / Puree
- Absolutely smooth
- *Think of: pudding, applesauce*

Wet Ground
- Small lumps
- Relatively liquid
- *Think of: soupy oatmeal*
Texture

Ground
• Lumps
• Thicker in consistency
• Think of: ground beef

Chopped
• Prepared with knife
• Pieces the size of bacon bits
• Think of: crumbled feta cheese
Texture

Bite Size

• Typical age-appropriate bite

• *Think of: size of a dime*
Preference Assessments

Let’s find potential reinforcers!

Start with your own brain storming

Ideal items are ones that:

- Can be presented immediately
- Easy to remove
- Can be used in short periods of time
- Are mobile
Goal Planning

Scenario goals

What should we work toward?

Personal goals

Where are you hoping to go?
Can’t you just make us a decision tree?
Introducing New Foods
The Introduction

- Relax!
  - After all, it’s just food
- Pick something mundane or similar
Simple Reinforcement

- Reinforcer given immediately for eating a bite of food

WHAT HAPPENS IF HE NEVER TAKES A BITE? (2-3 seconds)
Options

• New Reinforcer
  – The reinforcer isn’t powerful enough

• Lower the requirement
  – The response effort is too great

• Let him go

• Wait it out for a bit

• Different approach is needed
Demand Fading

You only have to work a little bit for a big goodie – at first

The amount of work needed increases as the child performs better
Demand Fading

Jeffrey eats French fries. We want him to eat broccoli.

Day 1

Day 2

Day 3
Mixing Foods

• a.k.a. simultaneous presentation or blending

• This may seem strange, and at times unappetizing
  – It is also incredibly effective for solids and liquids

• Mix the new into the old, then fade out the old
Mixing Foods

Courtney eats applesauce. We want her to eat peaches.

<table>
<thead>
<tr>
<th></th>
<th>Applesauce</th>
<th>Peaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>Days 2-3</td>
<td>90%</td>
<td>10%</td>
</tr>
<tr>
<td>Days 4-5</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>Days 6-7</td>
<td>70%</td>
<td>30%</td>
</tr>
<tr>
<td>Days 8-9</td>
<td>60%</td>
<td>40%</td>
</tr>
</tbody>
</table>

What happens if things go astray?
How fast can I move?
Do I tell Courtney about the mix?
A non-preferred food is presented with a preferred food

Simultaneous or sequential presentation???
Non-preferred bite is immediately followed by preferred bite.
Pairing - Simultaneous

Both non-preferred and preferred foods are presented at the same time (same bite)
Pairing - Simultaneous

Ethan eats pie. We want him to eat green beans.

Day 1
Day 2
Day 3
Self-feeding
Teaching Self-Feeding

• May be beneficial to address food refusal and self-feeding independently

• Manipulation of prompting and consequences
Prompting

• Cues to a person that you want him/her to perform a certain task

• Prompts come in various forms:
  – Gestures
  – Verbal
  – Model
  – Physical
How to Deliver a Prompt

• Authoritative voice
  – No questions
  – No yelling

• Prompts delivered approx. every 5 seconds

• No extraneous statements, questions or demands
Ultimate Prompting Goal

• Eliminate the needs for prompts

• Avoid “prompt dependency”
  – When a child only engages in a behavior after a prompt
Praising during Prompting

Rule #1: Never praise physical guidance
Rule #2: Decide what gets praise
Rule #3: Be consistent

Sometimes tangible reinforcement may be necessary to fade prompts
General Strategies
Think Before you Speak

As a rule, IGNORE inappropriate behaviors

Do not beg, coax, plead, or threaten!

You really want to say:

“Oh, come on! It’s not that bad! Even your brother eats it.”

Ask yourself: Is what you are about to say really going to benefit someone? Or is it really counterproductive?
Be a Model Caregiver

Observational learning = learning from others by watching them perform a behavior

Both good and bad behaviors can be learned and imitated

There is a better chance that a child will try novel foods if he sees someone else eating it

Attention may have to be drawn to the modeled behavior.
How to Model New Food

Model with enthusiasm

“Yummy! I love kiwi!”

Silent modeling is not effective

Do not have people at the table who will make negative comments and/or refuse food
Addressing Behavior Problems
Problem Behaviors

Keep this in mind…

You will be asking a child to do a non-preferred task

Expect unhappiness
Meals can be Hard

Unhappiness can take the form of:

• Crying
• Tantrums
• Throwing food/utensils
• Hitting
• Self-injury
Rule of Thumb

If you like it, praise it.

Wonderful job!

I’m so proud of you!

Fantastic!

Great work!

High five!

Nice sitting!

If you don’t, block and/or ignore it. Move on.

I can’t wait to tell Grandma that you…
Every Intervention Should Include

1. A way for the child to earn “good stuff”
2. A way for the child to avoid “bad stuff”

It should always pay off to follow the new food rules
Modify your Surroundings

Keep items out of the child’s reach.

Have extras on hand

Stay in close proximity.
Time Out

Tricky to use…

Time out involves no fun things and no social contact.

1. Remove child from table for predetermined time
2. Turn chair around at table for predetermined time
3. Remove plate/glass for predetermined time

What happens if my child likes to escape the meal already?

Use at conclusion of the meal
Making Change Last – Preventative Changes
Lots of Tips

• Monitor progress
• Avoid eating from original containers
• Vary things up
• Use visual clocks as prompts when able
• Structure when you can
• Repeatedly offer new foods
• Offer foods in age appropriate portions
• Serve meals in “eating locations”
Lots of Tips

• Do what you say AND what you do
• Ignore minor issues
• Shoot for 15 minute snacks and 30 minute meals
• Encourage independence
• Limit environmental distractions
• Use mealtime to engage in pleasant interactions
Why Interventions Sometimes Fail
• Interventions discussed have shown to be successful
  – Not all interventions are successful for every child
Be Prepared: Things Can Worsen At First

- Child may show displeasure with new rules
  - Temporary increase in crying, tantrums
- Behaviors do subside over time
  - If ignored while intervention is continued
Discontinuation

• Interventions discontinued prematurely
  – It may take time to see huge results
  – Continue even when you do see huge results!
Child’s Resistance

- Consistency of intervention
- Past history
- Amount of effort required by the child
Using the Wrong Reward

• Hold the reward for eating only
• At first require small effort behaviors
• Make sure you use the “best” item
• Rotate items
Different Approaches

• Multiple therapists = Multiple plans?

This can cause confusion and lack of progress with any of the interventions
What does Feeding Therapy Look Like?
It’s not magic

- Problems are targeted one at a time
  - If we make 2 changes at once, how do we know which one made a difference?
- Start with a few foods, show success, then add more
- Explicit caregiver training
- Explicit generalization
It’s honest

• No dressing up food in funny costumes
• No hiding food

• The rules state exactly what will happen

Apple  Broccoli  Chicken
It’s messy

• Food is thrown
  • There is always extra
• Sometimes kids vomit
  • We don’t wear our best clothes
• Sometimes fine motors skills aren’t quite there
  • That’s just practice
It’s loud

- New rules are being established
  - The child did not create these rules
- I anticipate some yelling and crying to some extent at the beginning
  - If it maintains, it needs to be addressed
- It varies from kid to kid
18 months

Failure to Thrive, Reflux, Speech delays,

100% G-tube dependence
We all have them…

When there is a change in our “rules”, we test them out:

1\textsuperscript{st} – an increase in behavior

2\textsuperscript{nd} – behaviors go down

3\textsuperscript{rd} – random increases, then decreases
It’s realistic expectations

- Ask for something a child has the ability to do
- Does not coddle
  - It’s just an apple!
- Celebrates success
- No sub-age appropriate expectations unless there is a REALLY good reason
It’s exciting

• We tend to see progress quickly and often in “jumps”
• This often makes caregivers want to spring way ahead!!!
  • A decent therapist will curtail you, not your enthusiasm
It can even be fun

- Begins with a dense schedule of reinforcement
- One-on-one attention
- Experience of pride in achievements
  - Visual charting can be used for older kids
- Experiencing true consistency
- Novel foods even become preferred
22 months

Autistic Disorder

Ate only select baby foods
Common Questions & Discussion
Common questions

- What foods do you start with?
  - Nutritional needs
    - Work from fruits, vegetables, starches, proteins
  - Family needs
    - What does the family usually eat?
  - Set # (depends on protocol)
    - Ranges from 3 – 16 new foods
Common questions

• How long is a meal/session?
  – Depends on child’s age
  – Depends on approach used
    • Trial based versus time based
    • Time cap on escape extinction sessions?
  – Shorter sessions allow multiple attempts
  – You can only eat for so long/so much
Common questions

• Which behaviors do you reinforce?
  – If the child refuses totally, acceptance
  – If the child accepts but doesn’t swallow, fast swallowing
  – If the child disrupts or gags, the absence of the problem behavior
Common questions

• What do I do at home when my child is in treatment?
  – Until parents are fully trained, we ask that they continue life as normal
  – Treatment gains generalized to caregivers
  – Treatment gains generalized to different settings
    • Small steps tend to bring greater success
Common questions

• Why are you data obsessed?
  – Objective measurement shows if intervention is working or needs tweaking
  – Subjectivity is often wrong
Common questions

• What about restricted diets?
  – We’re flexible
  – As long as it is nutritionally sound
Common questions

• What if it doesn’t work with my child?
  – There are numerous approaches to take
    • The first approach may not work
  – Data collection is imperative
    • Figure out the parts that do work
  – Find specific reinforcers, establishing operations, and consequences that make each child successful
Common questions

• What is the research on long term success?
  – Currently, limited published research
  – Follow-up probes show promise
  – Dependent upon protocol implementation
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