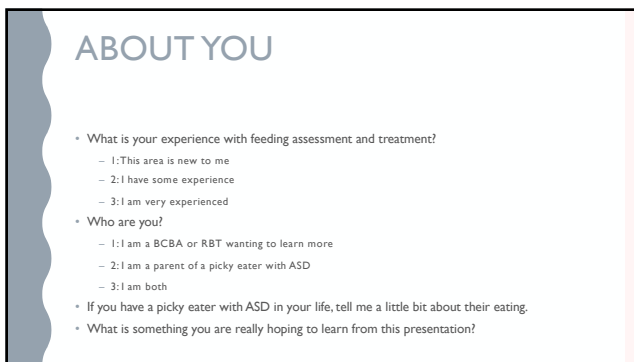




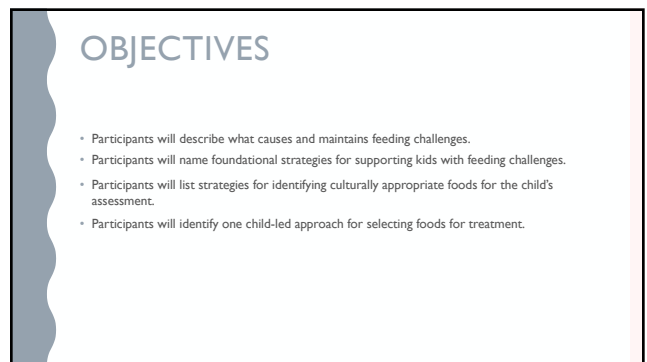
1



2



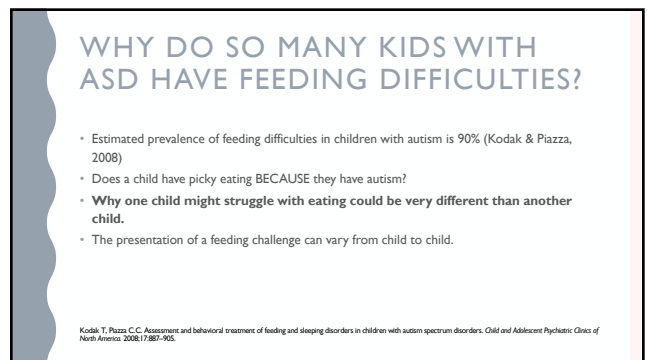
3



4



5



6

## PRESENTATION OF FEEDING DIFFICULTIES

- Total food refusal
  - g-tube dependent
  - Liquid dependence
- Selectivity by texture
  - Puree, Junior, Fork-mash, Chop fine, Age appropriate (crunchy)
- Selectivity by type
  - Fruit, Veg, Starch, Protein, Dairy or alternative, Brand

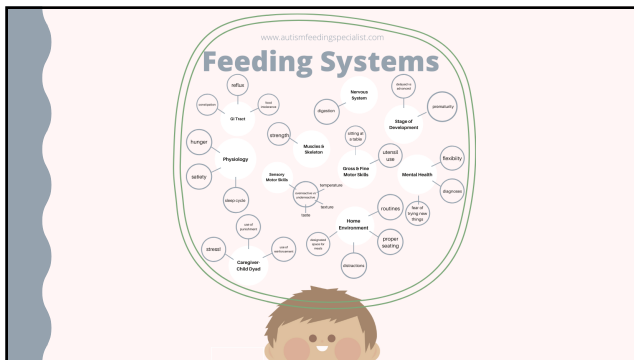
7

## SO WHY IS *THIS* CHILD WITH AUTISM A PICKY EATER?

- To understand a feeding difficulty for any individual, we need to do some good detective work.
- There are many systems in the body impacted by eating.
- There are many unique reasons why a child has feeding challenges.



8



9

## PEDIATRIC FEEDING DISORDER

impaired oral eating that is not age appropriate  
PLUS concerns in 1 or more of these areas:


MEDICAL	NUTRITIONAL	FEEDING SKILL	PSYCHOSOCIAL
<b>examples:</b> vomiting reflux food allergy aspiration constipation	tube-fed malnourished nutrient deficient	modified foods; seating accommodations; unusually long meals	picky eating; mealtime stress; food aversions; grazing; challenging behavior

Reference: Goddy, P. S., Han, S. Y., Silverman, A., Lohani, C. T., Dunhill, P., Cohen, S. S., D'Silva, A. L., Feeding, M. B., Nair, R. J., Groll, E., Simon, A., Kessler, D. S., Rosenblatt, G., Brown, L., & Priddy, J. A. (2019). Pediatric feeding disorders: Consensus, definition and conceptual framework. Journal of Pediatric Gastroenterology and Nutrition, 68, 124-129.

10

## WORK WITH A TEAM TO **STAY SAFE** AND TO **STAY WITHIN SCOPE!**

MEDICAL	NUTRITIONAL	FEEDING SKILL	PSYCHOSOCIAL
<b>examples:</b> Pediatrician GI Doctor Pulmonologist	Pediatric Dietician	Speech & Language Pathologist Occupational Therapist	Behavior Analyst Behavioral Psychologist Social Worker

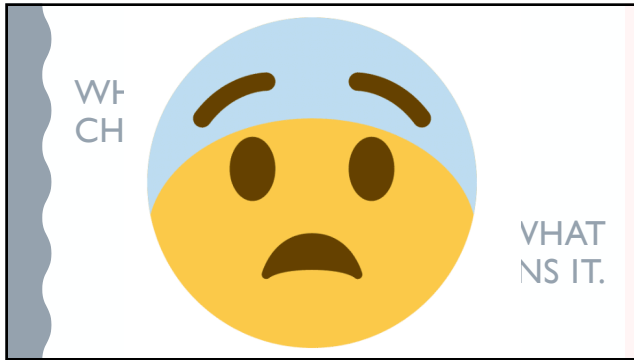


11

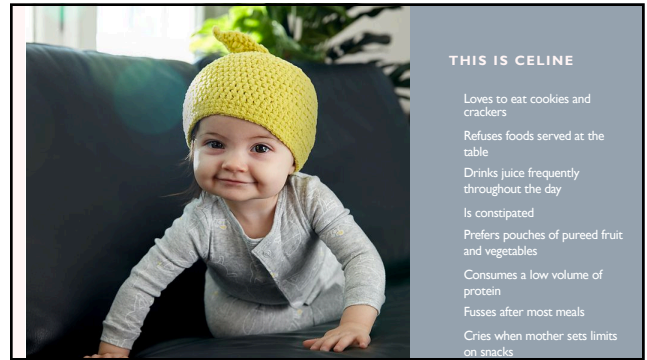
## AND IF THAT'S NOT COMPLEX ENOUGH...

THERE'S MORE. 🤔

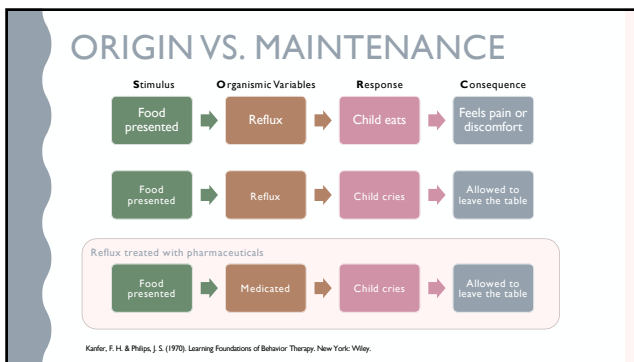
12



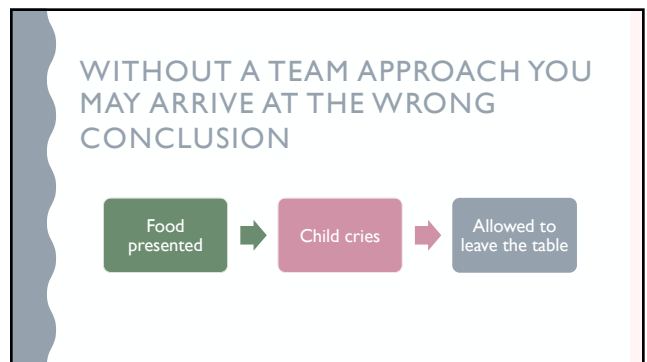
13



14



15



16

Obj 2-Participants will learn foundational strategies for supporting kids with feeding challenges

Safety check: Lean on your team for safe implementation of these strategies.

17

### LAY A FOUNDATION FOR SUCCESS

**GENERAL TIPS FOR HAVING HEALTHY SLEEP HYGIENE™**

- Go to bed and wake up at the same time every day** (even on the weekends!)
- Avoid caffeine consumption** (e.g. coffee, soft drinks, chocolate) starting in the late afternoon
- Expose yourself to bright light in the morning** - sunlight helps the biological clock to reset itself each day
- Make sure your bedroom is conducive to sleep** - it should be dark, quiet, comfortable, and cool
- Sleep on a comfortable mattress and pillow**
- Don't go to bed feeling hungry**, but also don't eat a heavy meal right before bed
- Develop a relaxing routine** before bedtime - ideas include bathing, music, and reading
- Reserve your bedroom for sleeping only** - keep cell phones, computers, televisions and video games out of your bedroom
- Exercise regularly** during the day
- Don't have pets in your bedroom**

18

# 6 Tips for Better Eating

- 01 Schedule 5-6 balanced meals per day
- 02 End meals after 30 minutes
- 03 Close the kitchen between meals
- 04 Offer meals for the whole family
- 05 Present all foods together
- 06 Encourage adventurous eating

Positive Mealtime Routine (Program handbook), Pediatric Feeding Program, Seattle Children's Hospital, Seattle, WA.  
Davis, A. M., Block, A. S., Mangione, C., Schulz, T., & Hyman, P. (2009). Moving from tube to oral feeding in medically fragile nonverbal toddlers. Journal of pediatric gastroenterology and nutrition, 49(2), 233-236. doi:10.1097/MPG.0b013e3181936494

19

## 1) SCHEDULE 5-6 BALANCED MEALS PER DAY

20

## 2) END MEALS AFTER 30 MINUTES

21

## 3) AVOID GRAZING

22



## 4) OFFER MEALS FOR THE WHOLE FAMILY



*No short order cooking!\**

\*But always plan for favorites to be present

23

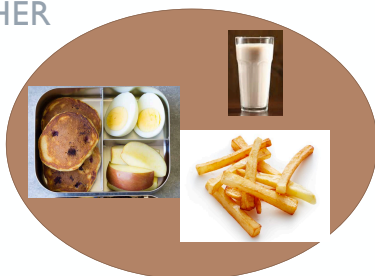
## 5) PRESENT ALL FOODS TOGETHER

First  

Then  

24

## PRESENT ALL FOODS TOGETHER



25

## 6) ENCOURAGE ALL BABY STEPS!



Dolezal, D.D. (2007). The use of demand fading by varying bite placements to reduce food refusals in young children with total food refusal. (Unpublished doctoral dissertation). University of Iowa, Iowa City, Iowa.

26

Obj 3-List strategies for identifying culturally appropriate foods for the child's assessment

27

## FUNCTIONAL ASSESSMENT

- First, conduct a functional assessment interview and mealtime observation.
- Include foods the child currently eats and some novel target foods.
  - We'll discuss selection of target foods next.
- Descriptive assessment (Borrero et al., 2016)
- Functional analysis (Piazza et al., 2003)
  - Negative reinforcement: Plays primary role in up to 90% of cases.
  - Maybe we can ask a more interesting question...

28

## SECOND GENERATION QUESTION

“What makes the demand to eat so aversive for this child?”

Credit to Dr. Danielle Dolezal.

29

## DEMAND ASSESSMENT LITERATURE

- What demand stimuli are associated with more challenging behavior?
  - Presenting novel starch foods vs novel fruits/veg (preference)
  - Presenting novel pureed foods vs novel table foods (effort)
- Is demand presentation an establishing operation for challenging behavior?
  - Presenting 1 bite of yogurt vs a whole bowl of yogurt

Avery SK, Akers JS. The Use of Demand Assessments: A Brief Review and Practical Guide. Behav Anal Pract. 2021 Feb 22;14(2):410-421. doi: 10.1007/s40617-020-00542-8. PMID: 34150456; PMCID: PMC8149772.

30

## CREATE A MASTER FOOD LIST

- Find out what the child is currently eating and identify holes.
- This is going to provide important information about baseline performance.
- Bonus- This helps the family grocery shop and meal plan!
- This will help you and the team select target foods.



[www.autismfeedingspecialist.com/howtoabowebinar](http://www.autismfeedingspecialist.com/howtoabowebinar)

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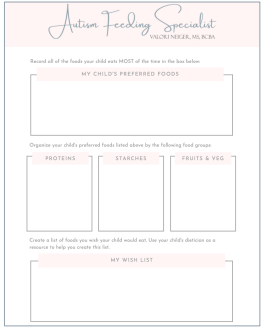
Ask the child or family to share what the child eats in a day. Write down all of the foods the child currently accepts. Ask, "What else do they eat?" until they've listed everything they can think of.

Sort the foods into categories. You will visually see which categories contain fewer foods.

Ask about foods that the family wishes the child would eat.

Ask the child what they want to try!

Ask about foods from categories for which the child has fewer foods.



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## CREATING OR EXPANDING THE WISH LIST WITH INTERVIEW QS

- What places or activities does the family avoid because there's nothing there for the child to eat?
  - Vacations (McDonald's, Red Robin)
  - Birthday parties (birthday cake, pizza)
  - Sleepovers (pizza, chicken nuggets, mac and cheese, PBJ, cereal)
  - Auntie's houses (what does she like to eat or serve?)
  - Restaurants (chicken nuggets, mac and cheese, quesadilla)
  - Day trips (nearby restaurants, museum deli, etc.)
- What traditions is the family skipping or avoiding?
  - Birthday cake
  - Traditional holiday foods in their family
- What does everyone else in the home like to eat?
- What does the family always have in stock in the fridge or pantry?
- What would make packing school lunches easier?

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## GIVE THE PARENT A COPY OF THEIR CHILD'S MASTER FOOD LIST!

- Grocery shopping and meal planning for kids is hard.
- Doing it for a selective eater is even harder.
- Having all of the child's preferred foods listed in one place is a game-changer for a lot of families and reduces the mental load.
- They can distribute this list to other family members and caregivers.



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## GET TO KNOW THE FOODS ON THE MASTER LIST IF THEY ARE NOT APART OF YOUR FOOD CULTURE

- You may or may not be familiar with the child's preferred and/or wish list foods.
- Seeing, tasting and experiencing these foods can be REALLY HELPFUL in understanding what the child's preferences and feeding skills are.
- Find out how you can get familiar with the foods:
  - Ask the parent where you can buy the foods or where you could order a similar dish at a restaurant.
  - Ask for the recipes so you can make them or, at minimum, read the food lists.
  - Ask the parent to serve the food to the child or another family member when you are present so you can see a portion of the food. Smell it, look at it, squish it with a fork.
  - Ask about the food! Is it bland? Is it flavorful? What is the texture?
  - A friendly reminder: Don't assume you can eat the family's food. Buying food is costly. ☹️

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## GOING BEYOND THE MASTER LIST TO IDENTIFY PERSON-SPECIFIC FOODS

- Work with the child's dietician to identify foods or supplements the child would benefit from eating or taking.
- Ask the family what foods the child USED to eat. This could go back a couple of years or a couple of months. WRITE THESE DOWN. ☺️ These are really good leads!
- Ask the family what foods the child SOMETIMES eats. These are foods you might be able to treat to gain consistent acceptance.
- Work with the child's SLP or OT to identify foods that are appropriate based on the child's feeding skill or sensory needs (hyper or hypo, etc.)
- Go to the grocery store and look at foods that are similar to what the child currently eats, but has something novel about them.

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## ANALYZE THE FOOD LIST YOU HAVE CREATED

- Look for patterns in taste: This can tell you about preference
  - Sweet
  - Savory
  - Likes berries
- Look for patterns in texture: This can tell you about preference AND effort
  - Puree
  - Dry
  - Crunchy
  - Crumbly
  - Chewy
- Think about how you want to assess your hypotheses.

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- You've confirmed the function(s) of the child's food refusal
- You have a master list of foods
- You can use that list to support the family in a variety of ways
- You have a culturally sensitive wish list of foods you can look at targeting
- You have already done a lot of analysis to answer the second-generation question: What makes the demand to eat so aversive for this individual?

...BUT WE ARE STILL IN ASSESSMENT!

38

Obj 4: Participants will identify one child-led approach for selecting foods for treatment

Safety check: The introduction of new foods should only occur after ruling out medical concerns by an M.D. and swallow concerns, typically by an SLP.

39

## 4 CHILD-LED APPROACHES TO IDENTIFY FOODS FOR TREATMENT

- Preference Assessment
- Fear Ladder
- Food Changes
- The Values Matrix

40

## PAIRED STIMULUS PREFERENCE ASSESSMENT

- Allows you to create a hierarchy of the child's preferences (so helpful for parents with shopping lists!!)
- Works well for many kids because they only need to scan/choose between 2 items; it's highly visual, etc.
- For very skilled kids, you could just make flash cards with food names and ask which they like better
- Child can consume their most preferred item-which reduces negative bx associated with taking items away in a preference assessment
- Very accessible for kids with limited communication
- Can be time consuming due to the number of trials required

Chazin, K. T. & Ledford, J.R. (2016). Paired stimulus preference assessment. In Evidence-based instructional practices for young children with autism and other disabilities. Retrieved from <http://ebip.vksites.org/paired-stimulus>

41

## DATA COLLECTION & PROTOCOL

- 1) Ask the child: Which would you rather eat?
- 2) Record the number of the item selected by the child. Or, record NC if the child made No Choice for the trial. Move on.
- 3) If child makes a choice: Offer the item to the child.  
Self feeder- Offer on a plate  
Not a self feeder- Offer to lips
- 4) Circle the number if the child accepted the bite. (Acceptance includes expulsions.) Move on if child refuses.\*
- 5) Offer reinforcement for acceptances.

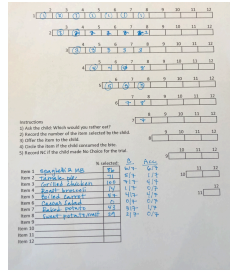
Paired Stimulus Preference Assessment

Stimulus	Choice	Accepted	Expulsion	Refusal
1	2			
2	1			
3	4			
4	3			
5	6			
6	5			
7	8			
8	7			
9	10			
10	9			
11	12			
12	11			
13	14			
14	13			
15	16			
16	15			
17	18			
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33	34			
34	33			
35	36			
36	35			
37	38			
38	37			
39	40			
40	39			
41	42			
42	41			
43	44			
44	43			
45	46			
46	45			
47	48			
48	47			
49	50			
50	49			

42

## COMPLETED DATA SHEET

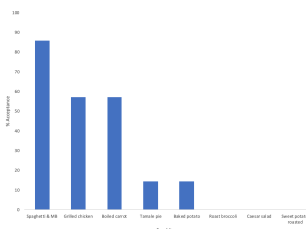
- Assessment included 8 foods spanning across food categories (protein, starch, f/v)
- Child is a self-feeder and refusal was defined as 5 seconds with no response after food is presented on plate, "no," and pushing food away with hand, elbow, etc.
- Number of child's choice is written in box, number is circled if child accepted the bite into their mouth
  - No change in consequences for expulsions, but note.
- 30 seconds of screen time (Paw Patrol) for acceptances
- Escape reinforced with removal of food presented and inter-trial interval



43

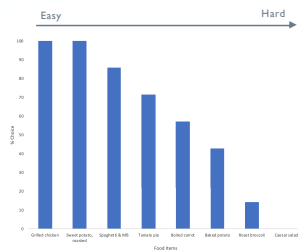
## ACCEPTANCE DATA SET

- Validates categories in master list (high/medium/low preferences)
- Shows you which foods you might work on generalization with (80% and up).
- Shows you which foods to work on gaining consistency with in your treatment (around 50-percentile).
- Shows you which foods have good potential for success in treatment (amale pie, baked potato).
- Continue to analyze patterns-Did child accept more wet foods, more protein foods, salty vs sweet, etc.



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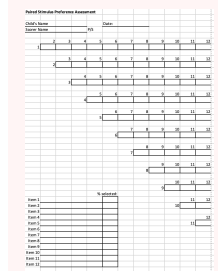
## CHOICE DATA SET



- Shows you potential order of foods to introduce in treatment
- Provides you with recommendations for family to provide gentle exposures
- Example: Create a parent training goal for parents to present chosen foods "family style" at dinner 2-3 times per week.

45

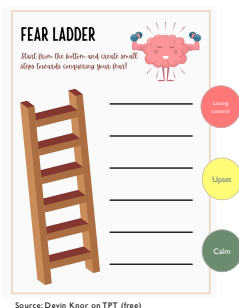
## PAIRED STIMULUS PREFERENCE ASSESSMENT DATA SHEET, 12 ITEMS



46

## FEAR LADDER

- Another way for child to rank order preferences for target foods
- Ask child to sort the foods on the "wish list"
- Easiest foods go on the bottom; harder foods go on the top
- In treatment, start with foods on the bottom rung and work your way up
- This can be combined with a 3-point scale strategy (check out the How to ABA materials!!)



Source: Devin Knor on TPT (free)

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## FOOD CHANGES

- Take a food from their preferred foods list
- Solicit the child's help with identifying changes you can make to the food
- This can help child get more flexible at mealtimes and tolerate small changes
- Rank the changes, from 1-5, in the order the child wants to try them in treatment



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## USE THE VALUES MATRIX

- Engage the child in reasons why healthy eating is important
- Identify what the child feels like they can do right now- that is aligned with their values
- I LOVE this visual!!! Thank you, How To ABA!

The diagram is a square divided into four quadrants, each with a stick figure icon. The top-left quadrant is labeled 'AWAY FROM (AVOIDANCE)' and contains questions 1 and 2. The top-right is 'TOWARDS (VALUES)' with questions 3 and 4. The bottom-left is 'INSIDE HEART AND HEAD (Covert Behavior - Thoughts/Feelings)' with question 5. The bottom-right is 'BASED ON THIS MOMENT - What is your CURRENT (TO DO) list to begin to move to your values?' with question 6.

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## EXAMPLE

The example matrix is filled out with the following text:

- 1. What behavior do you want on your BEST day ever? What might people see you doing when you're excited by your thoughts/feelings that move you away from your values?** (Observable and Measurable)
  - Throw my spoon. Yell "no!" when mom serves new things.
- 2. What thoughts/feelings/motives might take you away from moving towards your values?**
  - Fearing like I can't try new things. Worrying that I will gag or vomit.
- 3. VALUES - What matters most to you related to this?** (Observable and Measurable)
  - Trying 3. bits of healthy foods before saying no.
- 4. What behavior do you want on your BEST day ever? If you were being firm with your values, what would you be doing differently?** (Observable and Measurable)
  - Trying 3. bits of healthy foods before saying no.
- 5. BASED ON THIS MOMENT - What is your CURRENT (TO DO) list to begin to move to your values?**
  - Trying 3. bits of correct 3x per day this week.

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This slide contains several visual aids: a 'FEAR LADDER' with a ladder graphic and a list of items; a '5 Food Changes to Improve Flexibility' list with checkboxes; and a smaller version of the ACT Values Matrix.

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## FEATURES OF AN ASSENT-BASED MODEL

The diagram shows a central circle labeled 'Assent-Based Model' surrounded by four other circles: 'Establish appetitive contingencies for learning' (top), 'Self Advocacy/FCT' (right), 'Reinforce Escape/Intact Behavior' (bottom), and 'Environmental & Contingency Manipulations' (left).

Adapted from Ferris, Lefebvre, & Cerda, 2022  
Additional credit to Fabrizio, 2005

52

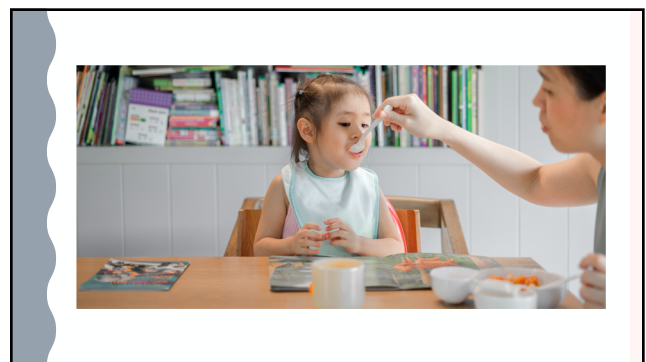
## FROM THE PERSPECTIVE OF AN ASSENT-BASED MODEL

The diagram is identical to the one in slide 52. The text to its right reads:

- Using a child-led approach to selecting foods for feeding treatment allows you to use your learner to determine your programming rather than fitting your learner into your program.
- Continually analyzing the variables contributing to the child's acceptance (or refusal) of new foods allows you to support the child with more appealing choices. (Potential to expand diet more quickly!)
- AND allows you to teach them to communicate their preferences / be a better self-advocate
- Allowing refusal/escape in assessment, reduces higher intensity behaviors of concern and puts child in the driver's seat. It teaches them that they don't need big behaviors to turn off our behaviors.

Adapted from Ferris, Lefebvre, & Cerda, 2022  
Additional credit to Fabrizio, 2005

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## SUMMARY OF OBJECTIVES

- Name one factor that might cause or maintain feeding challenges.
- What is one (of the six) foundational strategies I proposed for supporting kids with feeding challenges?
- What is one strategy for identifying culturally appropriate foods for a child's assessment?
- What is one child-led approach for selecting foods for treatment?

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## PLEASE COME SEE ME!

AUTISM FEEDING SPECIALIST  
Valori Neiger, MS, BCBA



SCAN ME



[www.autismfeedingspecialist.com](http://www.autismfeedingspecialist.com)

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