

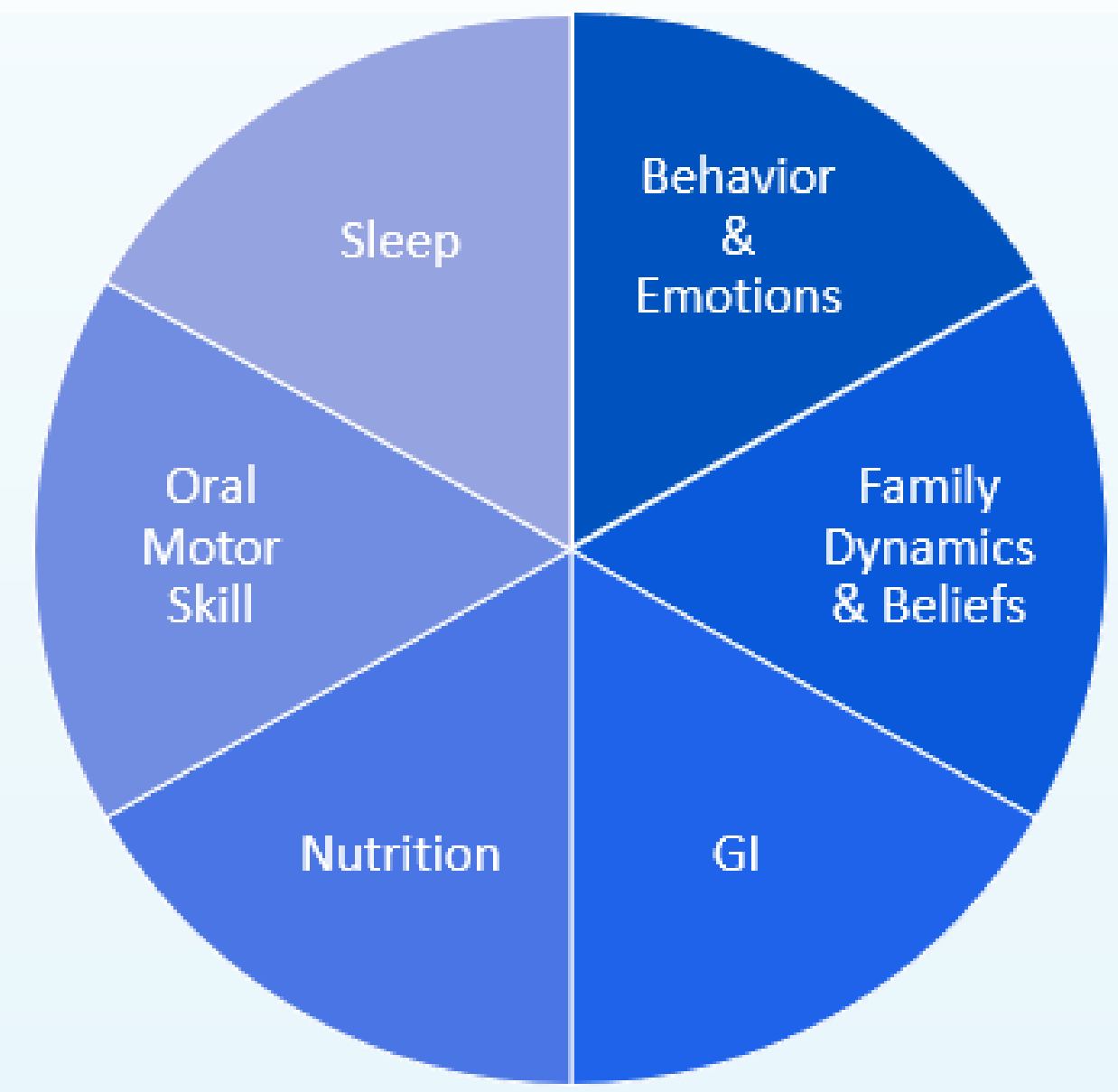
Multidisciplinary Treatment of Feeding Difficulties in Youth on the Autism Spectrum

Alana E. Telesford, Ph.D.

Swank Autism Center, Nemours/A.I. duPont Hospital for Children



Background



- Pediatric feeding disorder (PFD) refers to oral intake that is not “age-appropriate” and is associated with medical, nutritional, feeding skill, and/or psychosocial dysfunction (Goday et al., 2019).
- Difficulties include:
 - Neophobia (fear/rejection of new foods)
 - Selectivity by taste, smell, color, brand, temperature, etc.
 - Challenging mealtime behavior (e.g., throwing food, leaving the table, spitting, ritualistic eating, tantrums)
 - Mealtime anxiety
- Feeding problems are more common in youth on the spectrum than for their siblings and nonautistic peers, including peers with other disabilities (Sharp et al., 2013).
- The role of behavioral health providers treating PFDs is to:
 - Evaluate how both caregiver and child are responding to feeding difficulties and mealtime behaviors
 - Assess why the behaviors are occurring.
 - Determine how to motivate families and children to participate differently in the feeding process
 - Identify developmentally appropriate strategies that promote positive mealtime experiences.

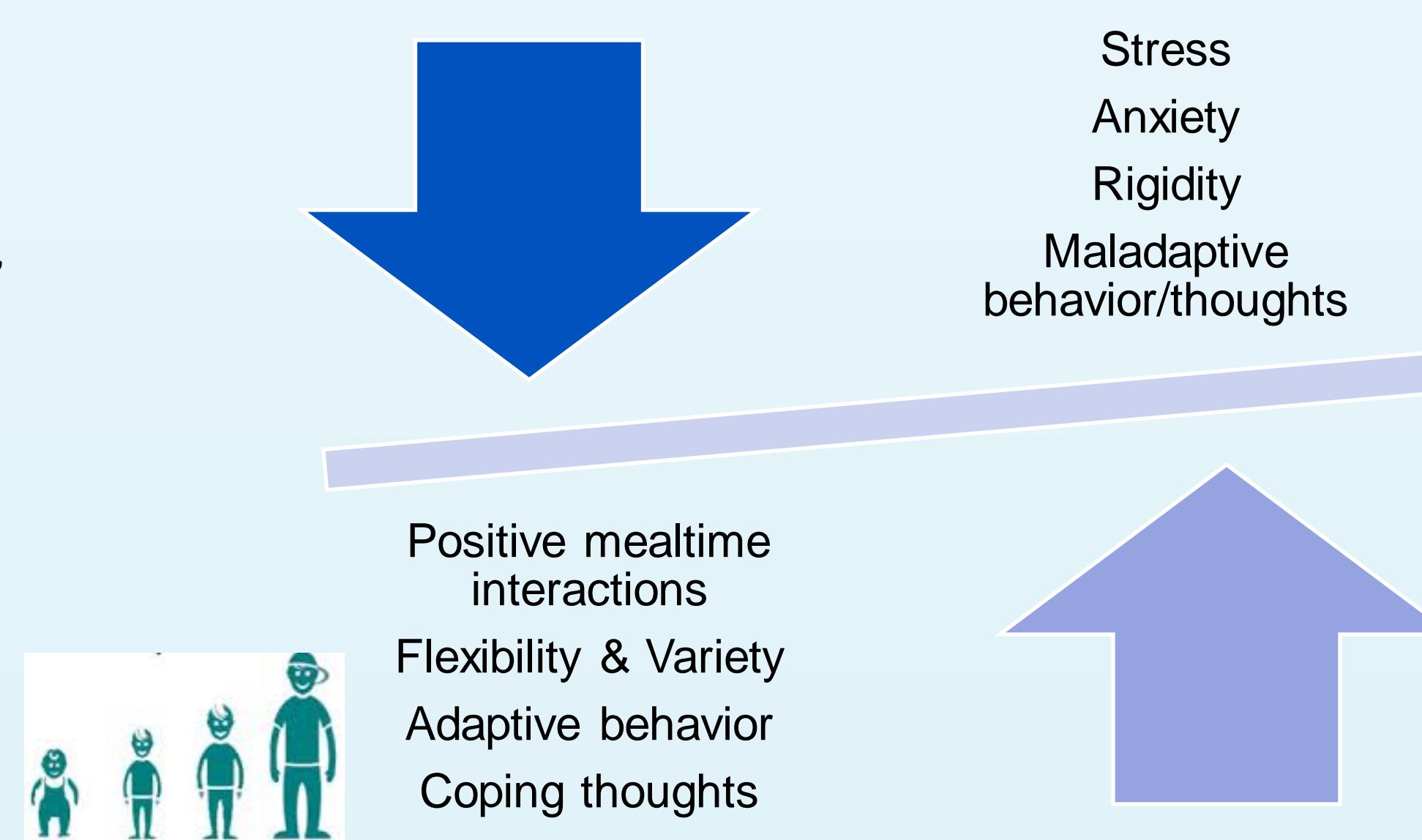
Method

- Review of extant literature on psychosocial intervention for PFD in autistic youth in outpatient settings
- Intervention approaches published since 2012
- Needs assessment of ASD Feeding Clinic at SAC
- Select intervention components suited to targets of needs assessment into a comprehensive manual

Findings

- Applied Behavior Analysis (ABA) conceptualizes feeding difficulties as escaped-maintained behaviors that can be address through escape extinction (e.g., nonremoval of spoon), differential attention, and noncontingent reinforcement (Volkert & Piazza, 2012).
- Sequential Oral Sensory (SOS) Approach (Toomey & Ross, 2011): 12-week program consisting of systematic desensitization and play to reduce food-related anxiety; delivered 1:1 with the child
- Autism MEAL (Manage Eating Aversion and Low intake) Plan (Sharp, Burrell, & Jaquess, 2014): 8 session group program providing caregivers education in behavioral feeding strategies
- Easing Anxiety Together with Understanding and Perseverance (EAT-UP™; Cosbey & Muldoon, 2017): caregiver-mediated multicomponent intervention
- BUFFET: the Building Up Food Flexibility and Exposure Treatment (Kuschner et al., 2017): group intervention to address mealtime anxiety using the thought-feeling-behavior approach to think/act flexibly during meals

Project Goals



Recommendations

- Multidisciplinary assessment and intervention
 - Nutrition: set targets for food groups/nutrients
 - SLP: determine oral motor skill and sensory tolerance
 - GI: understand biological contributors
- Address child and parent factors
 - Increasing positive parent-child mealtime interactions
 - Supporting joint attention and communication
- Family-centered care
 - Measurable treatment goals
 - Discharge support

Final Product

PART 1: BUFFET Building Planner

Date: _____

What is my goal? To eat a chicken nugget

Food Stress Level Rating (0-8): 4 BUFFET Menu: Yes No (Maybe)

Why do I care about this goal? I want to have something to eat in the school cafeteria

What I'm working for (reward): 20 minutes of extra screen time

1 step = 1 BUFFET BUCKS punch

- Step 1: Touch chicken nugget with finger
- Step 2: Taste chicken nugget breading
- Step 3: Eat small bite of chicken nugget
- Step 4: Eat full bite of chicken nugget
- Step 5: Eat half of chicken nugget
- Step 6: Eat whole chicken nugget

Food Foe Thoughts	COPING STRATEGIES	Food Friend Thoughts
Chicken nuggets are different shapes	→	Shape doesn't mean anything for taste
The chicken nuggets might be too salty	→	I can have a glass of water nearby
I don't know how the chicken nugget will taste	→	Chicken nuggets have breading around chicken. I like fish sticks that have breading, so maybe I will like chicken nuggets
Body/Mind Calming:	→	Take a deep breath. You got this.
Food Flexibility Script:	→	Big deal saltiness can be a little deal with a glass of water nearby

References

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