• Introduction
  – Prevalence
    • Kanner (1943)
      – Mentioned eating problems when describing children with autism
        » Particularly dietary restrictions
    • Ledford & Gast (2006)
      – 46% to 89% exhibit selective acceptance or refusal
  – Types of mealtime problem behaviors
    • Food selectivity
      – Most common in children with autism
      – Type, temperature, texture, brand, color
    • Food refusal
      – Many or most foods with no known medical explanation
    • Liquid avoidance
    • Packing
      – Retaining food in the mouth
    • Rapid eating

• Assessment
  – Prior to any intervention
    • Medical problems
      – Gastroesophageal reflux
      – Oral motor difficulties
      – Etc
  – Environmental events
    • Attention
    • Escape
    • Preferred items

• First Steps
  – Structure
    • Meals should be seated at a table
    • Food/bite presentation should be formalized
      – Presented on a plate or spoon
  – Reduce distractions
    • Turn off TV, etc
  – Termination criteria
    • Consumption based
    • Time based

• Increasing Motivation
  – Provide reinforcement for acceptance
    • Single bite
    • Multiple bites
Strategies to improve eating: Dealing with selective eating and food refusal
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- Clearing plate
  - Match reinforcement to that identified in assessment
    - Preferred food
    - Preferred activity
    - A break
    - Attention
    - Reducing Avoidance

- Reduce Effort
  - Decrease amount presented
    - A few bites
    - A single bite
    - A tiny bite

- Reducing Avoidance
  - Flavor blending
    - “Improve” flavor by presenting in combination with preferred food
      - Condiments
      - Multiple foods on 1 spoon/fork
    - Start in favor of preferred food
      - Steadily increase non-preferred and reduce preferred

- Sample Procedures
  - Single plate multiple food presentation
    - Materials
      - Preferred and non-preferred foods
      - Limited number of bites of preferred foods
        - Must take a bite on non-preferred to get more preferred
    - 2 plate option
      - Plate A: target foods
      - Plate B: Preferred foods
      - “Take a bite from plate A get a bite from plate B”
    - Repeated Taste Exposure
      - Brief exposure to very small amounts of a non-preferred food
        - 1 very small bite presented on a spoon/fork
        - As soon as it is accepted the child can leave
      - Gradually increase the size of the bite presented as momentum builds
      - Once regularly accepting small bites, fold into meals
    - Taste Exposure within a meal
      - Brief exposure to very small amounts of a non-preferred food
      - As soon as it is accepted the child receives an entire preferred meal
      - Often combined with Plate A/Plate B

- Signs You Need Help
  - Weight loss/nutritional concerns
  - Shrinking array of foods accepted or amount of food accepted
  - Increased challenging behavior (Agg, SIB, etc) during meals
  - Tried basic interventions with little or no success

- Intensive Feeding Services
  - Qualified staff can provide more intensive assessment and interventions
    - Functional assessment
    - Hunger induction
    - Escape Extinction