

NORTH GEORGIA  AUTISM CONFERENCE

Hosted by:



Anna Shaw
Children's Institute

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“That’s Yucky!”: Mealtime Struggles

Ashley Johnson, MCD, CCC-SLP
Megan Swartout, OTR/L



What is a Feeding Disorder?

- More than just a picky eater
- Extreme food selectivity
- Eats less than 20 different kinds of food
- Stops eating foods due to burn-out
- “Falls apart” when presented new foods



Picky Eaters vs Problem Feeders

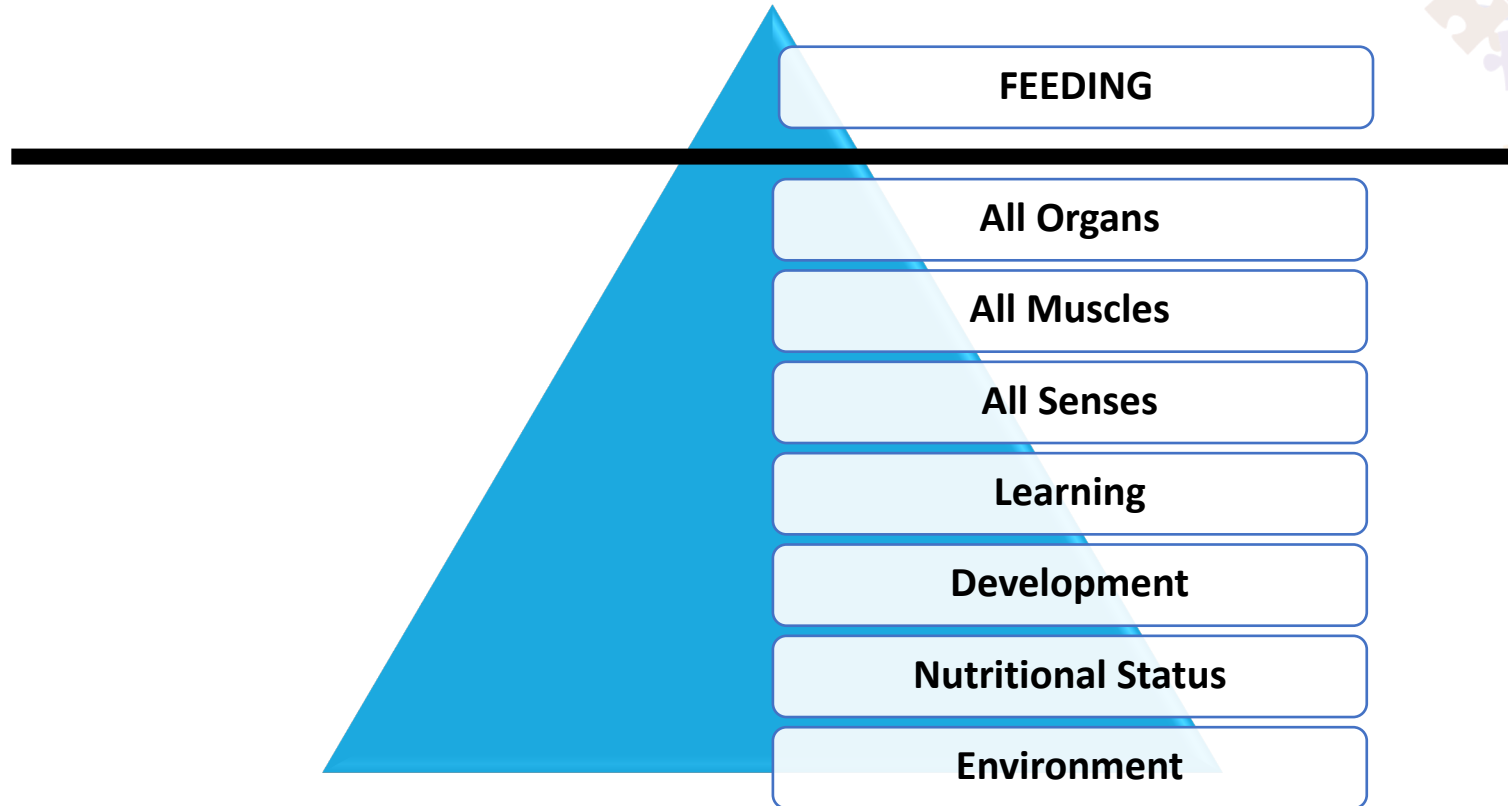
Picky Eaters

- 30 or more foods
- Foods lost during “burn out” typically eaten again after 2 weeks
- Eats at least one food from all nutrition and texture groups
- Frequently eats different foods than family

Problem Feeders

- Less than 20 foods
- Foods lost during “burn out” not eaten again
- Refuses entire categories of food textures or nutrition groups
- Almost always eats different foods than family

Feeding Iceberg



Comorbidities/Feeding Difficulties

- Children with nervous system disorders
- Children with specific medical conditions
- Children with poor oral motor skills
- Children born prematurely and/or with low birth weight- 40-50% more likely to have feeding disorder- Pados, B.F., R.R. Yamasaki, J.T. et al. (2021)
- Children with Autism Spectrum Disorder

Feeding Difficulties and ASD

- Edmond et al. (2010) - ASD children showed feeding symptoms from infancy and had a less varied diet from 15 months.
- Seiverling et al. (2018) – ASD children had greater feeding difficulties as compared to peers, including selectivity by texture and type, food refusal, and overstuffing.
- Hubbard et al. (2014) - Children with ASD were significantly more likely to refuse foods based on, taste/smell, mixtures, brand, and shape

Characteristics of a Feeding Disorder

- Children with autism may display the following:
 - Food Refusal
 - Presentation, Texture, or Type Specificity
 - Vomiting, Gagging, Choking/Coughing
 - Grazing
 - Disruptive Mealtime Behaviors



Example of Specificity - Presentation

Sandwich MUST be:

- White, Wonder Bread
- Smuckers grape jelly
- Skippy creamy peanut butter (not too much!)
- Cut into 4 squares
- No crust
- On a Thomas the Train plate

Or the child will NOT eat it!



Example of Specificity - Texture

Crunchy



Creamy



Feeding Therapy

- Therapist will assess level of development related to feeding
- Identify underlying causes of feeding difficulties
- Develop an individualized treatment program
- Provide direct intervention in a clinical setting
- Provide exercises for strength, sensation, and coordination of muscles involved in feeding
- Provide support for in-home use of therapeutic strategies

Sensory Hierarchy

EATS

- Chews and swallows a piece

TASTES

- Touches to tongue → Bites off piece and spits out → Chews piece and spits out

TOUCHES

- Hands → Closer to face → Lips → Teeth

SMELLS

INTERACTS

- With a tool

TOLERATES

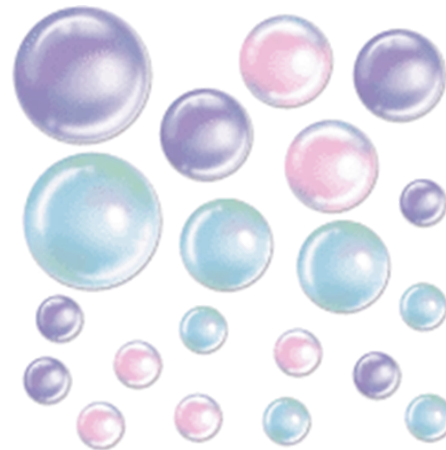
- Visually

Oral Motor Development/Deficits

- Foundation for feeding related tasks
- Signs of OM deficit:
 - Poor progression along the feeding continuum
 - Anterior food/liquid loss
 - Choking/gagging
 - Taking long periods to eat
- Is it sensory or is it motor?
- As oral motor skills develop, see more sensory/oral deficit crossover

Oral Motor Development/Deficits

- Various Oral Motor Tool/Exercises can be used to improve strength/coordination of the oral musculature.
 - T-tubes, P-tubes, NUK brush, Z-vibe
 - Whistles, Straws (Honey Bear Cup), Lollipops, Blowing bubbles



Postural Stability/Positioning

- Why is posture important?
- 90-90-90 rule
 - 90 degree angle at the hips, knees, ankles
- Ideas for supporting children who struggling with postural stability
 - No skid mat under child's bottom
 - Add side supports- towel rolls, pillows
 - Make sure seat has firm seat and back surfaces



Managing Challenging Behaviors

- Remember – ALL behavior serves a purpose of communication
- Functions of Behavior
 - Attention-seeking
 - Escape
 - Tangible
 - Sensory



Managing Challenging Behaviors - SENSORY

- Ask WHY this is occurring (EX: avoidance behaviors due to tactile over-responsivity)
- Reassure and acknowledge (EX: “we’re okay”, “uh oh”, etc.)
- Teach sensory recognition (EX: “that felt too sticky on your hands”)
- Problem solve a sensory-based solution (EX: “I can give you a wet washcloth to wipe your hands”)

Managing Challenging Behaviors - OTHER

- General Strategies

- Always think SENSORY first and problem solve solutions
- Visuals (visual schedules, visual timers, first/then boards, reward charts, etc.)
- Use positive phrasing (“You CAN” statements)
- Be specific with praise

Managing Challenging Behaviors - OTHER

- Moving Away from the Table
 - Provide proper seating and a regular place for eating meals
 - Use visual timers
 - Allow a transition object/toy at the table during the meal
- Throwing food
 - You CAN statement (“You can push that away/put it in the bowl/cover it up/give it to mom”)
 - If the child throws the food, pick up the food and put it on the table then help the child complete the preferred action

Mealtime Routines

- Family meals should be focused on:
 - Volume of preferred foods
 - Exposure to non-preferred foods
 - Learning a mealtime structure and routine – avoid grazing!



Mealtime Routines

- How to implement a regular mealtime routine:
 - Provide visual timer and verbal warning prior to transition
 - Engage in a transition activity
 - Sit at a designated place at the table
 - Serve foods family style using the “learning plate” method
 - Model engagement with foods and use play for exploring new/non-preferred foods
 - Have child assist with “clean up” of their plate and their learning plate

Food Exploration Through Play

- Play is how children learn and develop new skills
- Model new play schemes
- Find what motivates your child
- Have fun and enjoy the process!



Questions?

Ashley Johnson, MCD, CCC-SLP
AEJOHNSON@hhcs.org



Megan Swartout, OTR/L
MSWARTOUT@hhcs.org



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