

Behavioral Strategies to Reduce Inappropriate Mealtime Behavior

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Presentation Objectives

1. Define and discuss feeding difficulties and inappropriate mealtime behaviors
2. Become familiar with strategies for addressing feeding difficulties at home
 1. Increase acceptance and decrease problem behavior
3. Discuss strategies for improving the overall mealtime experience

Feeding Disorders in the DSM-V

Avoidant/Restrictive Food Intake Disorder (ARFID)

- Persistent failure to meet nutritional/energy needs with 1 or more of the following
 - Weight loss and/or failure to maintain weight
 - Nutritional deficiency
 - Dependence on feeding tube or nutritional supplements
 - Marked interference with social functioning
 - Recently revised
- Not due to a lack of food or cultural practice
- Does not occur with Anorexia Nervosa or Bulimia Nervosa
- Not due to concurrent medical condition or mental health disorder
 - If the severity of feeding concerns exceed what is typically seen within that condition, children may also meet criteria for ARFID



(DSM 5, 2013)

Common Symptoms

- Food refusal
- Food selectivity
- Difficulty maintaining or gaining weight
- Atypical feeding patterns
- Inappropriate mealtime behavior that causes stress at mealtimes

Total Food Refusal

- Avoids most or all foods
- Dependent on supplements for all or part of their nutrition
 - tube dependency
- May meet criteria for failure to thrive



Food Selectivity

- Consumes only specific food groups
 - Only eat starches or junk food
- Consumes only foods of a specific texture
 - Prefer smooth over crunchy
- Consumes foods only of a specific brand and/or color
 - General Mills Cereal vs. Wegmans brand
- Consumes foods only at a specific temperature
 - Hot vs. cold



Food Selectivity

- While children demonstrating food selectivity may eat foods from each nutritional group, they are often not the most nutritionally sound items or display rigid eating patterns.



Case Example 1

- 2 year old female
- No diagnosis
- Typical day:
 - Ice cream
 - Chocolate cake
 - M&Ms
 - Bacon
 - Pepperoni
 - Carrots
 - Banana
 - French fries

Case Example 2

- 7 year old boy
- Diagnosed with autism
- Typical day:
 - McDonald's chicken nuggets
 - Chocolate chip cookie
 - Grape Kool-Aid
 - Chocolate milk
 - Mayonnaise sandwich

Atypical Feeding Pattern

Developmentally inappropriate

- 5 year old drinking from a bottle
- 4 year old eating stage 1 baby foods

Disruptive feeding patterns

- Only eating when food is presented on a specific plate
- Only eating food that is cut a certain way
- Refusing to eat foods that are touching

Impact of Feeding Disorders

- Limits travel
- Child does not participate in social events (social stigma)
 - Birthday party
 - Holidays
- Affects relationships with peers and family members
- Malnutrition
- Dehydration
- Failure to thrive
- Cognitive disorders
- Behavioral disorders



Prevalence & Etiology

- Prevalence (Chung & Kahng, 2006)
 - Between 6 & 40 % in typically developing children
 - Between 20-80% of children with developmental delays
- Etiology (Rommel, Meyer, Feenstra, & Veereman-Wauters, 2003)
 - Medical
 - Oral Motor
 - Physiological
 - Behavioral

Interdisciplinary Team Approach

- Medical
 - Rule out physical causes of a feeding problem
- Speech Therapy
 - Chewing and swallow safety
- Occupational Therapy
 - Oral motor skills, mealtime hygiene
- Nutrition
 - Evaluate the adequacy of the client's current intake
- Psychology
 - Assess environmental factors
 - Structure of meals, presentation of meals

Common Medical Issues

- Upper GI issues
 - Reflux, EoE, heartburn, slowed gastric emptying, absorption problems, etc.
- Lower GI issues
 - Constipation, diarrhea, etc.
- Allergies
 - Pain or discomfort
- Anatomical abnormalities
 - Cleft palate
 - Oral motor dysfunctions/lack of experience
 - Tongue control, lip closure

Medical Precautions

Medical complications need to be ruled out prior to intervention

- In some cases medical concerns that are identified and treated can resolve feeding issues without additional treatment
- Proceeding without medical clearance can make things worse

Common Medical Tests

- Swallow study (lungs/stomach)
- Endoscopy (esophagus)
- pH probe (reflux)
- Gastric Emptying
- Allergy Testing

Behavioral Concerns

- Once all medical concerns have been ruled out and/or managed and oral motor dysfunctions have been resolved, you can focus on the child's behavior

Food Preferences

What affects food preferences?

Food Preferences

Genetic Factors

- Humans are wired to prefer certain tastes over others
 - Sweet vs. Salty

Environmental

- We prefer what we are exposed to on regular basis
 - Culture

Factors Affecting Food Preference

- After children are exposed to a food multiple times their liking for a new food generally increases, which results in increased acceptance (Birch, L.L., & Fisher, J.O., 1998)

Food Preferences

Can food preferences change? **YES!**

– How?

- **Exposure** (Remington, et al., 2012; Cooke, 2011)
 - 10-15 times to a previously unfamiliar or non-preferred food

Home Strategies

- Meal Structure
- Introducing New Foods
 - Extrinsic motivation
 - Reinforcement
- Integrating Foods into Meals

Meal Structure

- Scheduling “sitting” time (e.g., adding structure; seated in an appropriate chair)
 - 60 to 90 minutes per day for meals
 - Four 20-minute meals
 - Three 20-30-minute meals and two 15-minute snacks
- Eliminate grazing
- Add a timer to signal the end of meals
 - Useful for caregivers who let mealtimes last for long periods of time and/or end meals based on one refusal
 - Useful for children who have a clear signal of what ends a meal and/or disassociates meal cessation on refusal behaviors (visual clocks)
- Avoid feeding from the original container
- Rotate through dishes, cups, and utensils

Introducing New Foods

- Outside of Meals (kids with extreme tantrum behaviors)
 - During snack time
- Gradual Exposure
 - 5, 7, 10 bites
 - Positive, fun, successful
 - Size of a pea/grain of rice
 - Increase once successful
- Set a consistent bite presentation
 - 30s
 - Reinforce acceptance

Reinforcement Based Procedures

- Non-contingent Reinforcement
 - Making the meals more fun
 - Introducing toys and attention during mealtimes
 - Never, never trick the child!
- Differential Reinforcement Procedures
 - Contingent access to preferred items
 - Contingent access to preferred foods (be careful!)
 - Contingent access to attention
- Differential Reinforcement Procedures: Making a choice

What is a reinforcer?

- A reinforcer is a stimulus that follows a behavior and increases the future likelihood of that behavior
- What functions as a reinforcer is person specific

Positive Reinforcement

- Delivery of a reinforcer following a desired behavior which increases the likelihood of that behavior reoccurring when the reinforcer is available

How do we know something is a reinforcer?

- Some kids can tell you what they like or want
- Preference assessments
 - Gather a group of items the child shows interest in based on observation or report
 - Allow the child to select items from a group
 - Rank the items from high to low on what he/she picks

Important Tips

- Deliver the reinforcer immediately following the desirable behavior
- Delivering the reinforcer consistently
- Intensity
- Individual differences
- Reinforcement vs. bribe
 - We do not bribe!

Other Strategies for Introducing New Foods

- Plate A & Plate B (Williams; Seiverling, 2018)
- Offering Choices
 - making a choice
 - Reinforce target food

Example



Example



“Pick one”



Integrating into Meals

- Once the child is successful in isolation
- Gradually introduce during meals
- Provide access to preferred items

Presenting New Foods During Meals

- Gradual Exposure
 - Food in front of them
 - Few bites
 - Size of a pea/grain of rice
- Separate bowl/plate
- Non-preferred then preferred

What not to do!

Punishment

- Delayed consequences are ineffective for many children with disabilities
 - Taking away privileges that would occur the next day is too far removed from the behavior you are trying to reduce
- What parents consider “punishment” may be reinforcing
 - Attention in any form, even reprimands and yelling, is often a large part of why the behavioral challenge exists in the first place
- May increase staying seated in a chair, but is unlikely to increase acceptance of food
- Punishment doesn’t “teach”

Questions

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