

BEYOND

**CHEETOS,
CHICKEN NUGGETS
And CHEESE**

**Practical Ideas that Work for Toddlers and
Young Children with ASD**

Presented by:

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Evaluation Information From ICN March 2008

- YES! New assessment tools were learned
- YES! Endorsed the use of strategies in their practice
- Application of information presented from April 2008 ICN
- SO....today we take you

beyond

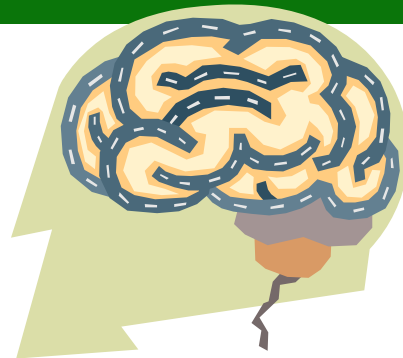
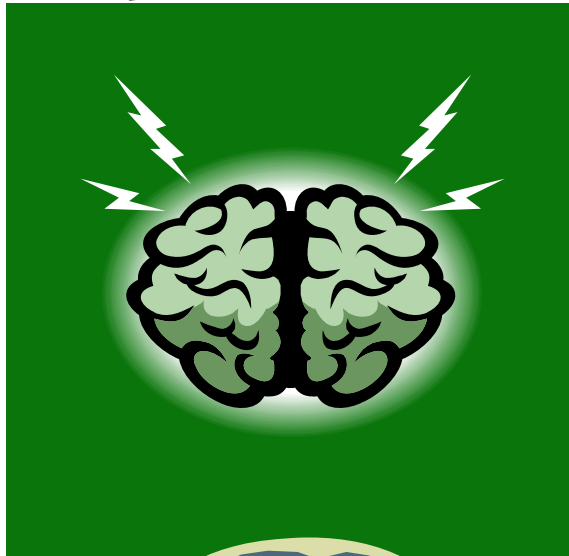
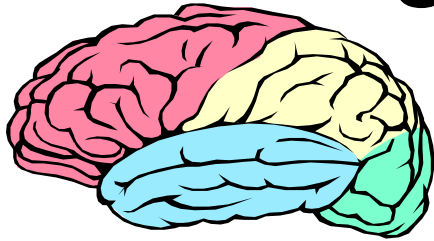
OBJECTIVES

- Participants will share feedback on the utilization of the decision making tree related to assessment of eating and feeding issues.
- Participants will observe a demonstration of practical approaches to systematic desensitization to new foods using ABA and incidental teaching strategies, use of schedules, and download supportive visuals of step by step expectations.

HANDOUTS

1. Pictures of desensitization process
2. Schedule data sheet: mini data sheet
3. Applied Behavior Analysis (ABA)
Diagram
4. Decision Tree Diagram
- 5-6 Social narratives (scripts & stories)
 - Activities with food
7. Evaluation

The Rigid Thinking Brain in ASD



A pattern of limited variety of foods may be established (often) before parent has the opportunity to share variety of food rules

The field is not in agreement

- **Less impacted by social influence.**
- **Kids with ASD may not be motivated by what other kids are doing.**

RULE APPROACH TO FEEDING BEHAVIORS

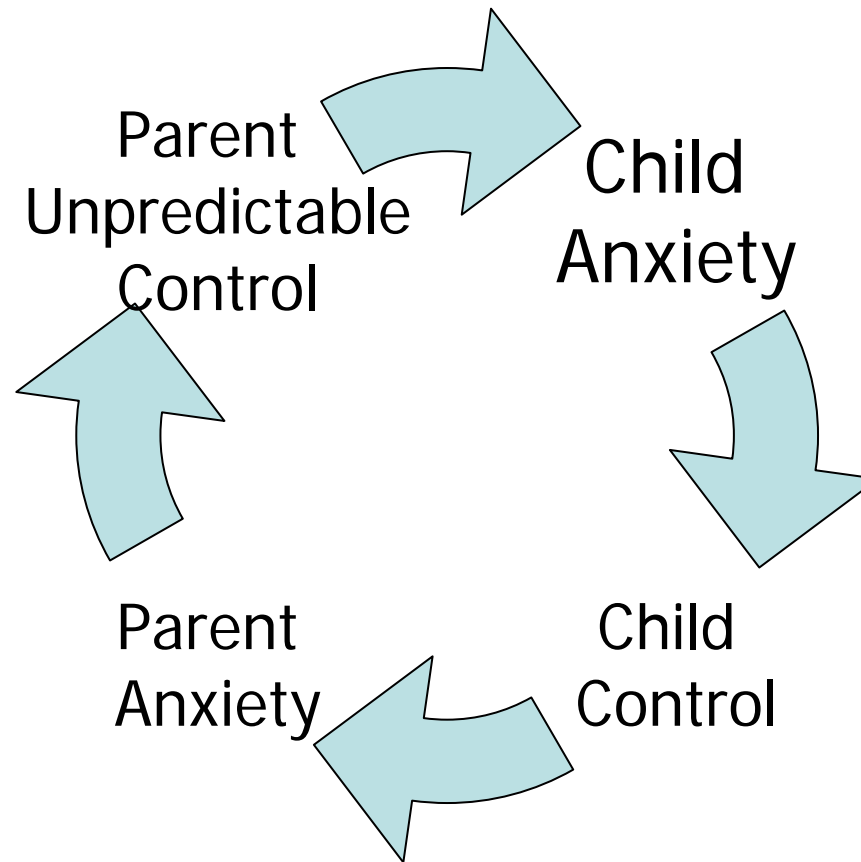
- **Children with ASD abide by rule-governed behavior.**
- **Rigid patterns and routines become rules.**
- **Behavioral upset results when the rules are broken.**

HOW CONTROL RELATES TO FEEDING

- **OCD is an anxiety disorder**
- **Obsession quells the anxiety, rather than the behavior.**

SOURCE: Kimberly Kroeger-Geoppinger, Psy.D. Cincinnati Children's Hospital Medical Center The Kelly O'Leary Center for Autism Spectrum Disorders Division of Developmental and Behavioral Pediatrics

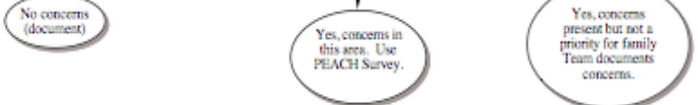
Anxiety Circle of Equilibrium



Kimberly Kroeger Geoppinger, Psy.D. (c) 2006 Cincinnati Children's Hospital Medical Center).

**Eating/Mealtime Concerns in Children (Early Childhood)
with Suspected Autism Spectrum Disorder: Screening, Assessing and Planning**
*Conditions: At Risk for Autism (0-3 year olds) & Educational Diagnosis of Autism (3 years+)

Informal Screening of eating or mealtime concerns by Early ACCESS team (e.g., Service Coordinator) or IEP Team members.
(Interview to determine if there is a concern about eating/feeding or nutrition).

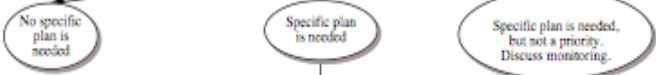


Problem screened and result documented (e.g., record review, parent interview, observation, PEACH Survey, Food Preference Inventory)



Assessment
Rule out: Medical Concerns, Oral-motor & Feeding Concerns, Sensory Concerns, Motor Concerns, Nutrition Concerns, Behavior Concerns.

Possible sources of professional input (as needed):
 *Medical: AEA nurse, child's physician or other medical specialists
 *Oral-Motor & Feeding Concerns: Occupational Therapist, Speech-Language Pathologist
 *Sensory Concern: Occupational Therapist
 *Postural Tone/Motor Development: Occupational Therapist
 *Nutrition: assessment with registered dietitian.
 *Behavior: FBA on significant issues (Psychologist, Consultants, Social Worker, Autism Resource Team)
 *Other team members, as appropriate (e.g. teacher)



- HO: Common Issues in Autism:**
- *Limited family mealtime
 - *Adverse reactions to new foods
 - Self-limited food selection
 - *Self-limited food groups
 - *Food jags
 - *Oral-motor and feeding delays
 - *Limited tolerance for change
 - *Decreased sensory tolerance for food properties
 - *Self-limited liquid intake
 - *Delayed hand skills
 - ...

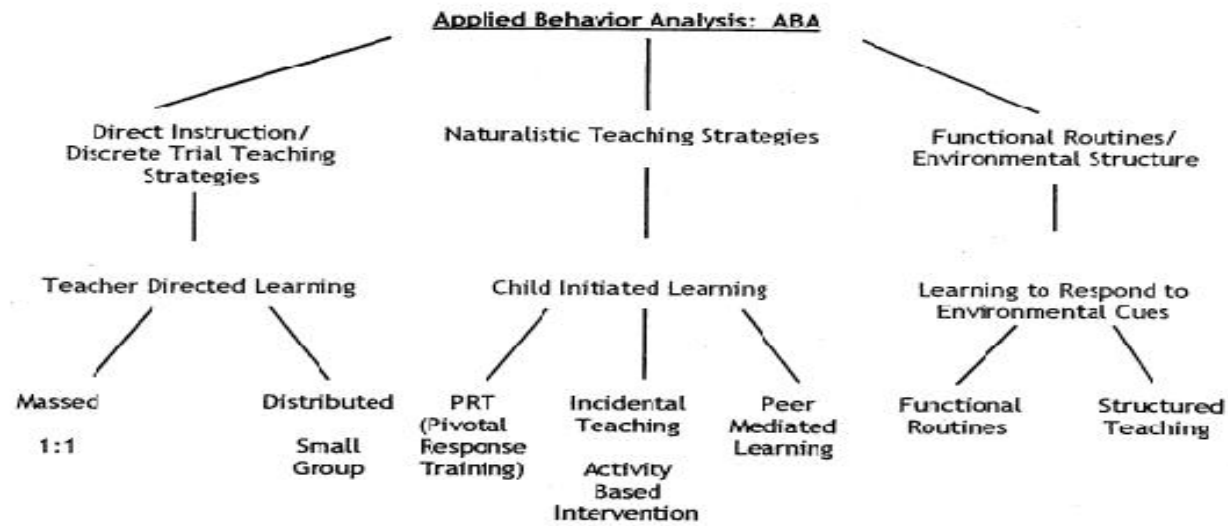
HO: Tools Linking To Categories of Eating/Feeding Concerns



Plan is developed By the team members

Plan is developed by the appropriate team members.
 Considerations include:
 IEP, HSP, Health Care Plan, Intervention Plan, Behavior Plan

ABA diagram



PRIOR to Intervention

Scenario 1: Tommy

What is heard: “My child/student will eat only peanut butter, butter and white bread. He drinks 50 oz of milk, though”

Do detective work beyond what is heard

(Decision Tree part B) Record Review

- FPI showed what he actually eats and drinks: excessive milk intake
- Interview = Parent/multiple sources interviews: Grandma says she eats “fine at our house.”

(Decision Tree part C) Rule outs:

- Medical record review indicated constipation/encopresis
 - Oral Motor and Feeding Concerns
 - Sensory issues

STRATEGY

- Use of a schedule to help predict when Tommy gets access to milk

VISUAL SCHEDULE VS. PECS

- **Schedule tells** you where to go
(locations or activities)
- **PECS uses pictures to communicate**

Intervention Strategies

- May automatically think about techniques to work on expanding variety of foods
- But real problem is frequent and large consumption of milk
- Intervention strategies need to reduce milk intake
 - Frequency of drinking

Applied Behavior Analysis

- ABA overview handout

Functional routines/
Environmental structure

|
Learning to Respond to
Environmental Cues

/ \
Functional
Routines

**Structured
Teaching**

- One specific technique within Structured Teaching is use of a Schedule
- Limiting milk intake can be accomplished by using a schedule

Application In Our Example

- Instruct Tommy that he will get milk to drink only at scheduled snack and meal times (using picture cards)
- When he requests milk outside of a planned meal or snack routine, Tommy will be redirected to his schedule of activities to learn when he will get milk in his schedule
- Start with school (focus first here then other locations)

OBJECTIVE

Define desired target behavior. Tommy will use a schedule by removing a completed activity in a sequence to tell him what and when he will eat or drink.

Schedule

Use the picture schedule 85% of the time
to cue activity and location and/or behavior

- Look at the schedule
- Remove the picture for each activity
- Place/match it at location
- Return independently to schedule with a transition object
- Repeat from the top

EXAMPLE

When he requests milk outside of a planned meal or snack routine, Tommy will be redirected to his schedule of activities to learn when he will get milk in his schedule

School (focus first here then other locations)

Incidental Teaching is type of ABA

- Applied Behavior Analysis overview (reinforcer differences)
 - Direct Instruction/Discrete Trial Teaching Strategies: adult directed and one to one (use of reinforcer: additional reinforcement to strengthen response) ex.
 - *naturalistic teaching strategies are child initiated learning (use of reinforcer is naturally occurring outcome) ex. hfd
 - *functional routines/environmental structure; learning to respond to environmental cues

Incidental Teaching

- Refers to a procedure where new behaviors are taught within the context of natural environments, during the course of typical events
 - Behaviors and skills are taught when they would occur naturally in an appropriate environment
 - Make environmental accommodations (modify a situation within a natural environment)
 - Uses natural reinforcement

The strategy of using a schedule was not as successful as hoped:
modify strategy

- We have already reviewed the Decision Tree Steps A-C
- We are modifying our plan from decreasing milk consumption to increasing variety of food consumption

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Informal Screening of eating or mealtime concerns by Early ACCESS team (e.g., Service Coordinator) or IEP Team members.
(Interview to determine if there is a concern about eating/feeding or nutrition).

No concerns
(document)

Yes, concerns in
this area. Use
PEACH Survey.

Yes, concerns
present but not a
priority for family
Team documents
concerns.

Problem screened and result documented (e.g., record review, parent interview, observation, PEACH Survey, Food Preference Inventory)

Not validated
(document)

Significant validation
(Problem exists)

Formulate hypothesis
(What is the cause?)

Assessment
Rule out: Medical Concerns, Oral-motor & Feeding Concerns, Sensory Concerns, Motor Concerns, Nutrition Concerns, Behavior Concerns.
Possible sources of professional input (as needed):
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HO: Tools Linking To Categories of Eating/Feeding Concerns

No specific plan is needed

Specific plan is needed

Specific plan is needed, but not a priority. Discuss monitoring.



**Plan is modified
By the team members**

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Considerations include:
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Incidental Teaching Steps

- INCIDENTAL PROCEDURES: Options: mand-model, milieu training, time delay, multiple incidental teaching sessions.
 - Step 1: Choose a target behavior
 - Step 2: Operationally Define Target Behaviors
 - Step 3A: Identify Learning Opportunities
 - Step 3B: Embed Learning Opportunities if None or Few Exist
 - Step 4: Choose a specific teaching procedure
 - Step 5: Identify and Use Natural Consequences
 - Step 6: collect Data in the Natural Environment
 - Step 7: Plot Data on Graphs and Assess Treatment Effectiveness
(ABA reversal design, Multiple Baseline Design)
-
- Charlop-Christy, M. How to Incidental Teaching, 2008 Pro-Ed.

Steps Of IT

Step 1: Choose a Target Behavior

**Use of a mini schedule supported
with visuals and systematic
desensitization to increase variety
of new foods eaten**

Step 2: Operationally Define Target

Behaviors: make behaviors measurable and observable so that we can count each time it occurs.

- Tommy will use a mini schedule sequence over many days' presentation to tell him when he will swallow a bite of new food.

Step 3: Identify learning opportunities

- Identify Tommy's learning opportunities to use this strategy (also embed learning opportunities).
- 1. home
- 2. *school (focus first here then others)
- 3. restaurant

Step 4 - Choose a specific teaching procedure

- Match Strategy w/ Learning Style
 - Discuss the visual strengths of the ASD individual
 - Prepare a mini schedule of a meal
- Schedule tells you where to go (locations or activities) and **the mini schedule tells you what routines you are going to do at the meal time table.**

Step 5 - Identify and Use Natural Consequence

- Possible natural consequences
 - Establishing a set of new rules (for Tommy) for eating a new food (baby carrot)
 - Tommy is motivated by being and eating with the group

Step 6 – Collect Data in the Natural Environment

Tommy will use a desensitization mini schedule across several days to tell him when he will swallow the new carrot.

Follow sequence of mini schedule

PULL OUT YOUR SCHEDULE HANDOUT

STEP 7

Plot data on graph and
assess treatment
effectiveness

See:

www.iepquality.iowa.gov

MINI Schedule first then routine

- Goal is that the reward motivates performance (work to learn; first this, then that; Do this, get that)
- Given the two picture sequence, take the TO DO card, place it in front of the child
- When it is finished, turn card over or put in finished box
- Second picture is being with the kids, seeing kids, sharing with kids)

Generalization Hints

- Try this for ??a month at school.
- When do you transfer the mini schedule using IT to the Home Environment?
- When the goal is successful at school.
- Steps are presented in increments based on the parent learning needs.**ie breakfast routine with new food; set meal time may be more realistic start for some parents**

SCENARIO 2

DEMONSTRATION

- **TARGET BEHAVIOR: UTILIZE SYSTEMATIC DESENSITATION USING VISUALS TO PICTURE ROUTINES TO INCREASE TOMMY'S AWARENESS OF NEW FOODS AND CONSUMPTION OF NEW FOODS.** Handout provided with the steps on it; pictures accompanying

Instructional Hints for educators

- Errorless Learning Prompt
 - Hold the food on the plate if you sense he will throw it: reward! fade
 - Distance prompt having the correct answer closest to him
- Talk about the positive “to-do” wording in terms of sitting instead of “don’t get up”
- Maybe it will take 2 weeks for the carrot and 4 weeks for the group because it is hierarchy across a number of new food items
- Every child will go through the steps of desensitization but each step may be achieved a different pace
- IT may not be for everyone
- Talk about the child who is a candidate for desensitization: example not for a grazer, not a child who cannot sit for at least 1 minute, not using a high chair or restricted seating situation

Important Strategies of Incidental Teaching a parent's perspective....

IT makes systematic use of natural reinforcement

- 1. Go through each step in sequence presented
(refer to handout)*
- 2. Data tells when to move down the sequence*
- 3. Offer 1 new food at a time while taking data*
- 4. Choose a food that is in a different food group
(like apple wedges)*
- 5. Continue in this manner, using a food from the 5
food groups*

Tips Using Incidental Teaching

- *Decide which snack time at school this will be introduced*
- *Natural reinforcement = eating with peers by following the schedule/new set of rules*

Caretaker/Educator's Job:

- *Be prepared*
- *Be calm*
- *Do the steps/make goals*
- *Observe the child and take data*
- *Be positive*
- *Be consistent*
- *Be clear about expectations*
- *Expect success – use any set back as a learning opportunity for you and the child you are working on. Feeding is a life long pursuit. There is no possibility of failure*

THE GOAL IS THE KID...NOT HOW YOU ARE DOING!

Child's Job:

- *Follow schedule/mini schedule*

SCHEDULE



Other Strategies

Choose the specific teaching strategy:

1. Food Chaining
2. Social Scripts: is evidenced-based strategy but unknown if in the food realm.
 - See scripts handout
3. Social Stories: is evidenced-based strategy but unknown if in the food realm.
 - See social stories handout

Resources

- Activities with food handout



Summary

- It appears the state dietician and nutrition resources are expanding their strategies to use with the young children with autism
- Use of a schedule that includes snack time in a school and/or home setting can be beneficial
- Slowing down the presentation of new foods, using visuals to support words, and gradually expanding their expectations to swallow new food can be beneficial

Questions? Comments

- Complete the evaluation form and give to the host at your site
- Thanks for participating!