Feeding Difficulties in Autism Spectrum Disorders
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Learning Objectives
1. Attendees will understand how a comprehensive treatment approach incorporating behavioral, cognitive, and home components can address unique feeding-related difficulties, such as food feature intolerance and anxiety.
2. Attendees will learn the benefits of incorporating telehealth technology to expand the scope of services available to individuals with common pediatric concerns.
3. Attendees will consider the strengths and limitations of this comprehensive treatment model through the examination of a case study.

Background Information
• Up to 90% of individuals with autism spectrum disorder (ASD) experience feeding difficulties, which can lead to adverse consequences for the individual, their family, and their ability to benefit from their community.
• Behavioral feeding interventions are supported in the literature to increase food acceptance among individuals with ASD; specifically, differential reinforcement procedures are considered best-practice in treating feeding difficulties.

Barriers to Service Provision
• There are limitations to a one-size fits all treatment model considering the idiosyncratic presentation of feeding problems seen in the ASD population.
• Many families have limited access to care due to geographical location, socioeconomic status, and knowledge on how to address feeding related difficulties.
• Typical care occurs in clinical setting, limiting generalization and ecological validity of treatment.

Potential Solutions and Implications for Practice
• Comprehensive treatment planning incorporates various elements that address the diverse needs of clients with ASD.
  o In our case study, we utilized a treatment package incorporating behavioral shaping, cognitive behavioral components, and parent training to support a child with ASD who exhibited a unique presentation of feeding problems. A detailed explanation of the treatment package is provided at the end of this handout.
• Telehealth, which refers to the use of videoconferencing and telecommunications, is a viable treatment modality to deliver feeding intervention in that it:
  o Increases access to specialized treatments for individuals in remote and underserved communities.
  o Enables the clinician to conduct natural observations and understand home-related variables that may contribute to maladaptive feeding behaviors.
  o Improves generalizability of skills as treatment is delivered where mealtime typically occurs.
  o Allows the parent to take an active role in treatment as an observer, and in some cases, serve as the interventionist.
  o Reduces logistical challenges such as travel time or difficulty scheduling, for both the client and practitioner.
Comprehensive Treatment Package Elements

1. Shaping
   a) Shaping is a reinforcement-based procedure in which successive approximations to a terminal behavior are differentially reinforced.
   b) For the purposes of this study, the terminal behavior was consumption which was then divided into eight intermediate steps: touch, hold, smell, kiss, lick, bite, chew, consume.
   c) The child received reinforcement for compliance with each shaping step. Once he reached consumption, the therapist systematically increased the number of bites required to receive reinforcement.

2. Parent training
   a) In addition to the shaping intervention, the therapist provided psychoeducation to the child’s primary caregiver in effort to provide the family with skills related to behavior management and feeding problems.
   b) Psychoeducation topics included thinking functionally about behavior, antecedent and consequence strategies, and related anxiety reduction techniques. In addition, the therapist trained the parent on how to deliver the shaping intervention.

3. Cognitive behavioral therapy
   a) Cognitive behavioral therapy (CBT) is a treatment framework that considers the relationship between thoughts, feelings, and behaviors, and how this contributes to psychopathology.
   b) To address concerns related to anxiety (e.g., fear of food contamination), the therapist incorporated deep breathing exercises, positive self-statements, and child psychoeducation to treatment.

Notes: