FUNDAMENTALS OF FEEDING CHILDREN WITH ASD

Nancy Calamusa, MA, CCC-SLP

Director, New Jersey Pediatric Feeding & Therapy Associates, LLC

- *Owner director 10 years*
- *25 years in various facilities*
- *Started b/c we wanted to provide tx for the whole family*

- *Caseload has doubled with regards to children with autism & feeding issues*
- *As you know statistics change quite frequently regarding the number of children dx with autism as a result we have had to examine and educate ourselves to devise the best treatments for this population.*

- *What I hope you leave here with today is a better understanding as to why your children or students are having such difficulties and how we as therapists, teachers, parents, etc can help children with ASD succeed with this basic task*

WHAT DO WE KNOW?

- Feeding issues are now "red flag" for early diagnosis of autism (university of bristol, england, 2010)

MEDICAL ISSUES

- Reflux: backward flow of stomach contents into the esophagus; can move as high as the throat

crying during or after eating	coughing
gagging	re-swallowing
retching	vomiting
volume limiting	burping
difficulty sleeping through the night	

MEDICAL ISSUES (CONT'D)

- Allergies
- Eosiniphilic esophagitis
- Diarrhea
- Constipation
- Delayed Gastric emptying
- Cyclical Vomiting Syndrome (CVS)
- Snoring; open mouth breathing

SIGNS YOUR CHILD MAY HAVE ORAL MOTOR ISSUES

- Weak/poor suck or "tongue" sucking movements
- Liquids/food spilling from mouth
- Fatigue during feeding process
- Refusal of food textures
- Multiple swallows*
- Poor chewing ability
- Pocketing of food
- Drooling
- Gagging

PROBLEMS WITH OM AFFECTING FEEDING

Start at beginning:

- SSB
- Latch/oral loss
- Length of feeding time
- Level of alertness
- Frequency of feeding
- Difficulty with food/utensil transition

SENSORY PROCESSING

HOW WE MAKE SENSE OF THE WORLD!

- The way in which our brain interprets, organizes, and uses sensory information
- Vision, hearing, touching, tasting, smelling-our brain would be on overload if we had to process everything-it acts like a filter for irrelevant information
- Brain processes the relevant information-allowing us to respond efficiently and automatically
- Disruption in the intake & organization of sensory input -affects ability to recognize and respond appropriately to sensory information
- Most often children with ASD are diagnosed with SPD which affects their daily lives - specifically feeding

SPD & ASD= FEEDING ISSUES

- Responses to textures, smells, & feeling of food in mouth is unpleasant resulting in negative eating experiences & hyperselectivity
- Sensitivity to temperature, texture, smell
- Heightened/lack of awareness of flavor
- Difficulty utilizing utensils/avoidance of touching foods
- Chewing with mouth open
- Biting fingers/tongue while eating

SPD & ASD =FEEDING ISSUES (CONT'D)

- Loss of liquid/food down the chin
- Dropping, spilling food/liquids on floor unintentionally
- Constant position changes during mealtime (fidgeting)
- Infrequent attention to meals
- Constant or frequent wiping of lips, mouth or chin during eating
- Dislike of carbonated or flavored beverages

PICKY OR SPD?

- Personal preferences are normal & do not interfere with our ability to eat a well rounded diet
- SPD is a neurological condition that affects the child's ability to eat reducing his/her ability to meet daily nutritional requirements

PICKY VS. PROBLEM

Picky	Problem
Decreased variety of foods >30	Restricted range or variety <20
Food lost-food jag regained <2 wks	Foods lost NOT re-acquired
Able to tolerate new foods on plate	Cries/falls apart-new food presented
Eats at least 1 food-all food texture group	Refuses categories of food/textures

IDENTIFYING PROBLEM

- Parent interview: medical history; food diaries; videos
- Feeding observation: feeding dictated by caregiver or self
- Positioning: stability of body; positioning options
- Sensory Screening/Evaluation: natural environment; structured; determine sensory needs; gravitational security, tactile/auditory/olfactory/gustatory defensiveness
- Oral motor evaluation: Motor patterns; assess problems with function of individual oral structures (lips, tongue, jaw, cheeks, palate)
- Behavioral observation/questionaire; vestibular (body movement in space); tactile (sensory input of touch); and proprioceptive (awareness of body parts in space & relation to one another)

GENERAL SPD SYMPTOMS

- Auditory
- Visual
- Taste/Smell
- Touch

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FEEDING AVERSION

- Feeding aversion is complex!!!! Can be caused by combination of SPD & history of medical issues

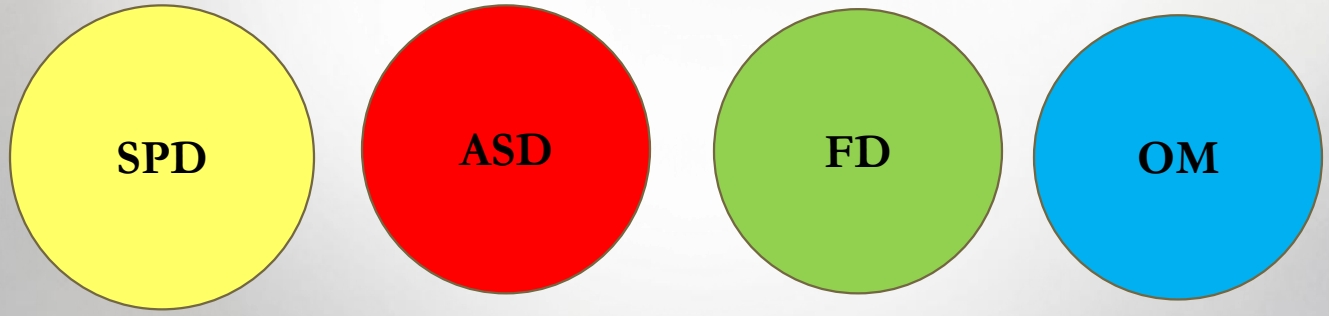
- A.K.A "oral defensiveness"
  - Apprehensive regarding interactions with mouth
  - Fearful that interaction will produce discomfort or pain
  - Apprehension & Fear paralyze a child with negative responses to to some or all food tastes, smells, and textures

MILLION DOLLAR QUESTION

❖ WHAT DO YOU DO TO CONTROL BEHAVIOR AT MEALTIME?

- POSITIVE REINFORCEMENT!
  - Reward all positive mealtime behaviors and Ignore your child's negative behaviors.
  - Do NOT respond or react to your child's behavior in any way!
  - Coercing or cajoling your child to eat or offering an alterternative food is actually REWARDING them for not eating.
  - Once they have your attention, THEY are in control.. TOUCHDOWN!
  - Ignoring the bad behavior is the

QUAD OF DIFFICULTY



TEXTURES

- Liquids:
  - Thin
  - Thickened

PUREE

- Smooth/thin: finely blended; no apparent recognition of original food source; more liquid content
- Thickened/blended: Still smooth; less liquid content
- Textured: small pieces; unrecognizable; broken down to a fine consistency; meltable pieces added to a puree; grounded fruits/veggies
- Ground: recognizable from the original food source; chopped; limited liquid
- Mixed: 2 different consistencies in original form combined together
- Chunky: recognizable pieces; cut with fork & knife

SOLIDS

- Meltable: Any item that requires little to no chewing effort; mixes with saliva for breakdown
- Mechanical soft: Requires some form of chewing in order to break down; piecemeal
- Hard: Requires sustained biting; refined chewing skills; organization of material; form a bolus
- Chewy: Requires sustained biting AND pulling; adequate clearance of material from chewing surface; extensive organized chewing skills; tolerance to swallowing pieces

TEXTURE PARADIGM

- Foods texture properties:

LIMBIC VS CEREBELLAR REGULATION OF BEH IN FEEDING

BEHAVIOR & FEEDING

- Absent from surrounding area during meal prep
- Refusal to come to table
- Crying when placed in chair
- Escaping during meal
- Crying/gagging when food is presented
- Expulsion of food
- Throwing food off the plate; on floor
- Constant distraction of others during meal (excessive vocalization/verbalization; inappropriate behavior
- Poor attention to meal

SIGNS YOUR CHILD MAY HAVE A SWALLOWING ISSUES

- Loud swallows/gulping
- Gurgling or wet sounds during or after swallowing
- Coughing
- Multiple swallows*
- "wide eyes" or signs of distressed appearance
- Watery eyes when drinking or eating
- Congestion that increases during the feeding process
- Color change when eating
- Labored breathing when eating (panting/hyperventilation)
- Frequent illnesses such as colds, congestion, URI, fevers of unknown origin, asthma (not improved with treatment)

(Food Chaining; Fraker, et al, 2007)