Introduction

The eating or feeding problems of children with autism spectrum disorders and developmental disabilities can be a major source of frustration for professionals and parents. Although it is still not always clear how and why eating problems occur, there are a number of proven behavioral methods for improving or resolving them. This book provides practical and effective ways to treat eating problems.

Over the years, we have met many caregivers who were given no guidance on how to help solve their children's feeding problems. In other cases, little guidance was provided, or it was too vague to be useful. Often, parents who reported problems with their children's feeding were advised and reassured by their healthcare providers that the feeding problem was "normal" or "was just a phase." In some cases, this advice was accurate; in other cases, it was wrong. Parents were left without clear guidelines on how to determine if or when their child's feeding or lack of feeding was a problem. The following guidelines can help parents decide whether a feeding intervention is necessary.

Guidelines for Determining if a Child has a Feeding Problem

1. The child is not gaining weight consistently and has been diagnosed as "failure to thrive" or "undernourished."
2. The child is dependent on tube feedings but has the skills needed to eat by mouth.
3. The child has problems eating age-appropriate textures.
4. The child refuses to eat an age-appropriate variety of foods.
5. Mealtime problem behaviors are disruptive to family functioning. These behaviors can include crying, throwing food, excessive dawdling, spitting out food, gagging, vomiting, or holding food in the mouth for excessive amounts of time.
6. Chewing or swallowing problems are evident or suspected.

Part I of this book—Interventions for Caregivers and Parents—is designed to be used by teachers, parents, and other caregivers whose children with special needs have eating problems that do not present an immediate health risk but that do represent continuing nutritional concerns, impediments to eating, and other forms of skill development, and major sources of stress for the family and child. Such eating problems typically involve a child's food intake. We assume that the reader has had no professional training in treating eating problems.

Part II of this book—Professional Considerations—is designed to be used by professionals who work with children in their homes or other settings as well as parents, caregivers, and professionals who are interested in learning more about the design and development of behavioral interventions. It is not an alternative to a multidisciplinary evaluation, a substitute for medical treatment, or an intervention for eating disorders such as anorexia nervosa or bulimia nervosa. *Rather it was*

written to help therapists develop home- or school-based feeding interventions that can be used by caregivers. It also elaborates on the interventions that are discussed in Part I as they would be used by individuals with behavioral training. Accordingly, there is some duplication of material between the parts.

We encourage *all* readers to read Part I. There will no doubt be sections that will not pertain to your child's eating problems, but we are hopeful that these sections will provide helpful tips for avoiding or treating future eating problems. Sharing this information with a child's parent or therapist could very well help to improve or resolve a child's eating problems and increase the quality of his or her family's life.

Part II is not designed to replace interventions that address deficits in oral or fine motor functioning but rather to provide methods for developing individualized interventions based on a child's eating behaviors. It was written both for behavior analysts who have not worked with children with eating problems as well as therapists who work with children with eating problems but who have had little exposure to behavioral approaches. As with Part I, interventions are described that can be used in the home or community. We therefore did not include highly specialized interventions that we believe should be developed and implemented at a specialized feeding clinic. A list of these clinics can be found in Appendix I.

Some feeding therapists state that it is inappropriate to think of children as having behavioral feeding problems. They think that children who refuse to eat do so because it is uncomfortable or because they have not acquired the skills required to eat. We agree. We have seen very few children who have stopped eating for no apparent reason. Keith Williams, who runs a feeding clinic, does not recall ever seeing a child whose refusal to eat was solely a "control issue" between the child and his or her caregiver.

Although children refuse to eat for a number of reasons, a behavioral approach can be used to treat the refusal. In effect, the origin of the problem is less important than how it is treated. In guidelines published by the American Occupational Therapy Association's Practice Division (1980), two major approaches to feeding treatment were identified. The *neuromotor approach* involved positioning, facilitation, inhibition, and other procedures, whereas the *behavioristic approach* involved reinforcement, chaining, shaping, and other principles of behavior.

We use the term *behavioral* instead of *behavioristic*, and we provide concrete examples of how and when to use these principles of behavior in the development of feeding interventions. These interventions are also useful in treating the eating problems of children without special needs.

Behavioral interventions and procedures can often be integrated into oral motor therapy. For example, it is well known that children with oral motor deficits frequently refuse to participate in therapy. The use of some of the behavioral interventions presented in this book can be helpful in motivating a child to participate more readily in oral motor or dysphagia therapy.

Throughout the book, we have referenced journal articles that provide empirical support for the approaches we are describing as well as a number of related books that may be of interest to the reader. Each reference includes a brief description of the problem, of the individuals who were studied, and of the results that were obtained. Readers are highly encouraged to use the reference section to gain more detailed information.

Occasionally, parents who have children with eating problems think that their children do not have behavior problems, they just don't eat. Not regarding an eating problem as a behavioral problem is a common misperception, especially among non–behavioral therapists. To many people, behavioral approaches are appropriate

only when children exhibit what are commonly seen as inappropriate mealtime behaviors, such as throwing food or displaying aggression toward others. Behavior analysts have a wide definition of behavior. We define behavior as everything a person *does* or *says*. Thus, eating problems are behavioral problems, which accounts for why eating problems are successfully treated by behavioral methods.

By following a behavioral model, we can address a range of motivational and skill deficits often found in children with feeding problems. The model also provides a structured methodology for identifying and measuring changes in feeding skills and evaluating the effectiveness of treatment.