

Improving Family Mealtimes One Bite at A Time

Presented by

Lauren Binnendyk, PhD, BCBA-D

Web Streamed from Vancouver, British Columbia

June 3, 2021



Event Schedule

All times are in Pacific Time

9:30 - 10:30	Session 1
10:30 - 10:45	Break
10:45 - 11:45	Session 2
11:45 - 12:30	Lunch
12:30 - 1:30	Session 3
1:30 - 1:45	Break
1:45 - 2:45	Session 4

Tips for Improving the Web Stream Experience:

- Be sure your speakers are on, or headphones are plugged in, and the volume is up.
- Note before the presentation and during breaks, the image and audio will be obscured.
- Close open 'tabs' in your browser. This will use your computer's memory and slow the connection.
- Check that your browser is up to date.
- If video is stuttering or jumpy, change the resolution by clicking on the 'gear' icon (bottom right corner of video).
- To go full screen, click on the 'box' icon in the lower right of the image.
- If you are having trouble with Internet Explorer or Safari, try Google Chrome.



ACT – Autism Community Training offers our special thanks to Dr. Lauren Binnendyk for agreeing to present this important workshop on feeding strategies – an important topic for so many caregivers of neurodiverse children.

As we all struggle to keep our communities healthy, ACT is pleased to be continuing our presentations online while maintaining the safety of attendees, staff, and our presenters. Many thanks to the Sheraton Wall Centre, Encore Events and XE Live for supporting our work.

This free event has been made possible due to the generous support of our sponsor POPARD – the Provincial Outreach Program for Autism and Related Disorders, and our individual donors. We are very grateful for this collaboration, which has allowed us to web stream this presentation to families and professionals in British Columbia, across Canada and internationally.

Over the years, those who have attended ACT events know that we depend on community collaboration and support to sustain our work as we are a small not-for-profit. We deeply appreciate the many parents and professionals across British Columbia who volunteer their time, donate funds, and help spread the word - especially during these challenging times.

For registrants who have the ability, we would appreciate a donation of \$50 to ACT so that we may continue providing free or low-cost training opportunities for the entire community.

Support evidence-based resources – **Donate to ACT!**

Free Resources from ACT

ACT's Coronavirus (COVID-19): Resources for the Autism Community - ACT has gathered resources specific to those who are neurodiverse, and useful general resources related to COVID-19: www.actcommunity.ca/covid-19-resources

Autism Videos @ ACT (AVA) – Over 65 quality online videos available free – without a log-in, thanks to our sponsors. www.actcommunity.ca/videos

ACT's Autism Information Database (the AID) – Like Google for Autism but better! Keyword search nearly 1,400 curated AID records for evidence-informed, practical information resources useful to families and community professionals. www.actcommunity.ca/aid

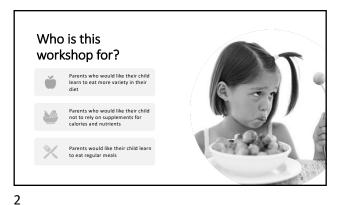
ACT's BC Community Resources Database – Search by your postal code for professionals and service providers throughout BC. <u>www.actcommunity.ca/aid-search/community</u>

ACT's Autism Manual for B.C - 13 chapters! www.actcommunity.ca/autism-manual-for-bc -

ACT's Monthly News Round-Up & Event Alerts - Sign-up to keep in touch with developments affecting the special needs community. www.actcommunity.ca/updates

ACT's Facebook - ACT carefully sources interesting, insightful stories to inform our 8,000 plus followers. www.facebook.com/autismcommunitytraining







When eating goes well, it's a synchrony of mutual satisfaction between the parent and child. ...

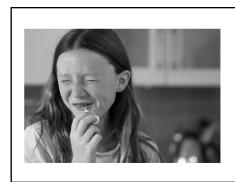
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When eating doesn't go well... Increased parental stress Feelings of inadequacy in parenting skills · Personal rejection Negative parent-child relationships

Development of Feeding Skills Infant comes into the world ready to eat Rooting and suck-swallow reflex • Fade at 3 to 4 months of age Replaced with mature feeding skills that have been shaped by experience with food Genetic inheritance – sensitivity to tastes and textures, appetite ANATOMY + EXPERIENCE = DEVELOPMENT OF FEEDING SKILLS

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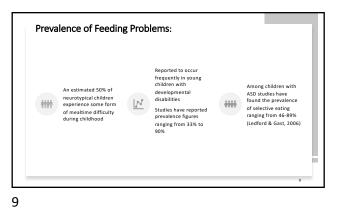
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Eating is a learned behaviour!

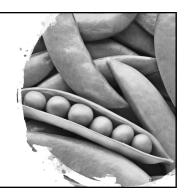


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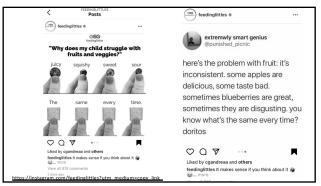


Why do individuals with ASD commonly experience feeding problems?

- Medical Factors (GERD, food allergies, constipation, oral motor delay)
- Biological Factors (super tasters, anxious temperament, sensitivity to bodily sensations, hormones)
- Rise of kids' menus and child targeted food products homogenized foods
- Behavioural Rigidity and Sensory Sensitivity
- Disrupted Parent-child interactions



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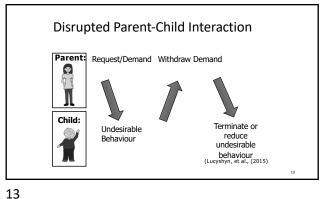
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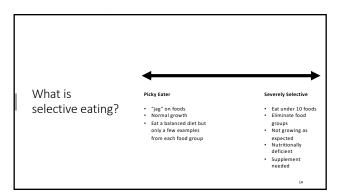
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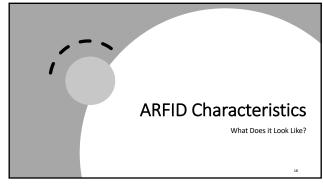


Avoidance • New eating disorder (2013) Restrictive Changes in diagnostic criteria capture feeding disturbances across the lifespan Food Children/teens/adults no longer require to be malnourished to be diagnosed Intake Disorder Takes into account the psychosocial concerns (ARFID) surrounding feeding disturbances

Has four diagnostic criteria: Significant weight loss (or failure to achieve expected weight gain or faltering growth in children). **ARFID** Significant nutritional deficiency. Dependence on enteral feeding or oral nutritional supplements. Marked interference with psychosocial functioning.

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· Three exclusions: Eating disturbance is due to a lack of available food No evidence of a disturbance in the way in which one's body weight or shape is experienced **ARFID** Eating problem is the result of a current medical condition



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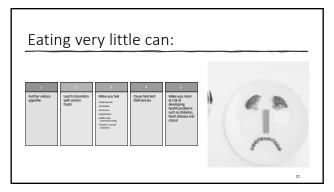
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When you eat a small volume of food:

Can make you feel full quickly even if you are not getting enough nutrients
Eating without a scheduled meal time can dull hunger cues, especially if you go long periods without eating
Can promote excessive fullness when you do eat an adequate amount
Stomach capacity decreases with chronic food restriction

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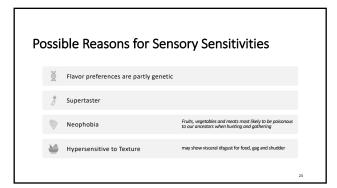
Avoidance Based on Sensory Characteristics of Food

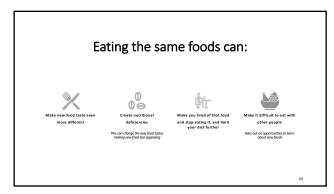
Can be selective based on colour, texture, temperature and/or taste.

The sensory characteristics of the food are very aversive.

May be very rigid about how food is presented (i.e., may eat melted cheese but refuse a cube of cheese).

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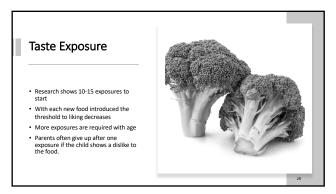








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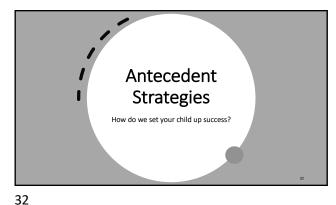


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What is a behavioural approach to addressing food selectivity?

- Behaviour therapy only treatment with welldocumented empirical support
 - Multicomponent (escape prevention, reinforcement, environmental arrangements, antecedent strategies)
 - · Adult led
- Expectation for behaviour change



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Strategy #1:
Establish a new meal routine

• Have structured meals (three meals and two snacks a day)
• 3-4 hours in between meals
• Eliminate grazing
• Reduce volume of milk and juice across the day
• Drinking water is fine

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What about oral supplements?

- High in calories and sugar eliminate appetite for actual food
- Don't teach the child to eat fruits and vegetables
- Risk of becoming more restrictive in eating
- If supplement is necessary medical condition or underweight give at the end of meal or snack



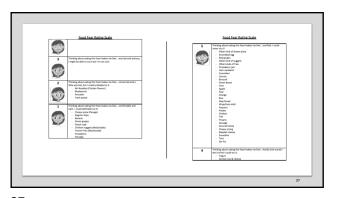
Strategy #2: Selection of Foods

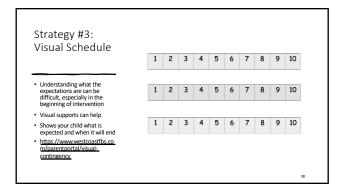
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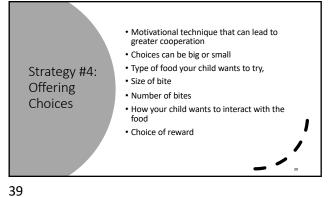
- Start with easy foods and progress to more challenging foods
- Easy foods: foods your child eats on occasion, has eaten in the past few months but recently dropped, or foods that closely resemble current foods
- Create a list from easy to more difficult (approx. 20 foods)
- Work through these foods before introducing more challenging foods

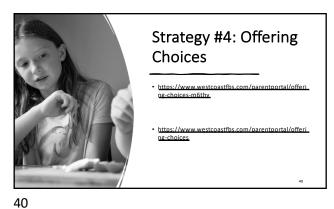
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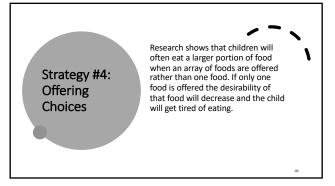
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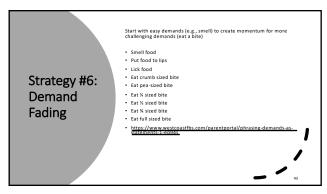








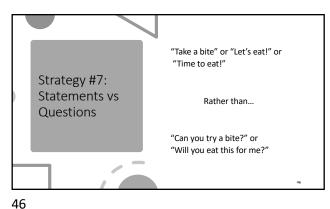
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Strategy #6:
Demand
Fading
(Continued)

• If starting with a speck is too difficult for your child be patient...
• Start with putting the food to lips
• Licking the food
• Licking the food repeatedly
• Speck of food

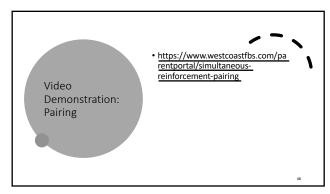


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To begin, present a small bite of the new food at the same time you are presenting a big bite of a highly preferred food. The expectation is for your child to eat both bites of food at the same time.

This strategy is most successful if the bite size of the new food is very small to start (e.g., crumb size) so that the taste and texture is completely masked by the preferred food.

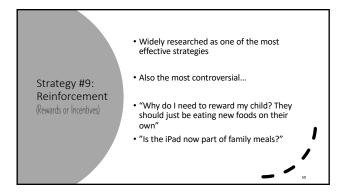
After a few presentations, if your child's behaviour remains minimal, insert a delay between presentation of the new food and delivery of the preferred food.



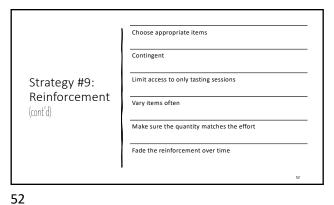
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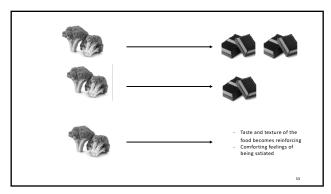


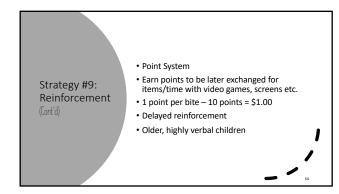


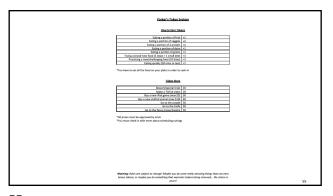


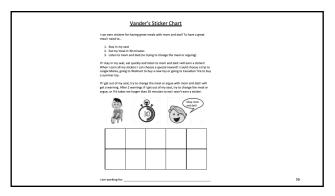


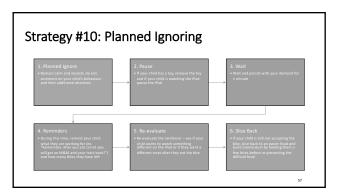
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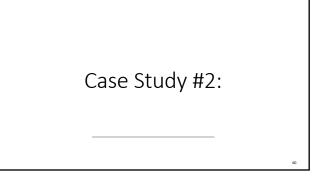






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Case Study #1:



Case Study #3:

Case Study #4:

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Case Study #5:



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Common Mistakes:

- Presenting too big a bite to start
- Not having scheduled mealtimes allowing your child to graze through out the day.
- Giving up on a food too soon not practicing it enough
- Fading strategies too soon e.g., not offering a reward

What if I've tried rewards but my child still won't take a bite?"

The food is too difficult for your child

Too high of expectations

Need professional support

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