

Improving Family Mealtimes One Bite at A Time

Presented by

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Web Streamed from Vancouver, British Columbia

Friday, November 26, 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 <u>Google Chrome</u>.



Acknowledgements

ACT – Autism Community Training offers our special thanks to Lauren Binnendyk and Chantal Juilfs from West Coast Feeding & Behaviour for agreeing to present this important workshop focused on providing practical strategies for expanding a child's diet.

As we all work to keep our communities healthy, ACT is pleased to continue our presentations online. Many thanks to the Sheraton Wall Centre and XE Live for supporting our work and making this possible.

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.

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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

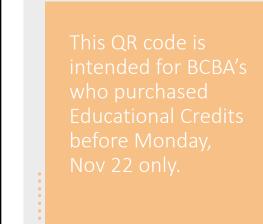
ACT's BC Community Resources Database – Search by your postal code for professionals and service providers throughout BC. www.actcommunity.ca/aid-search/community

ACT's Autism Manual for B.C - 13 chapters from diagnosis to employment! 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 neuro-diverse community. www.actcommunity.ca/updates

ACT's Facebook - ACT carefully sources interesting, insightful stories to inform our 9,000 followers. www.facebook.com/autismcommunitytraining

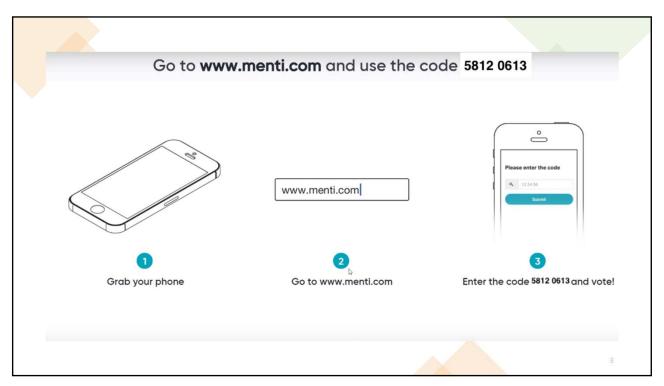
ACT in Chinese – www.actcommunity.ca/information/act-in-chinese

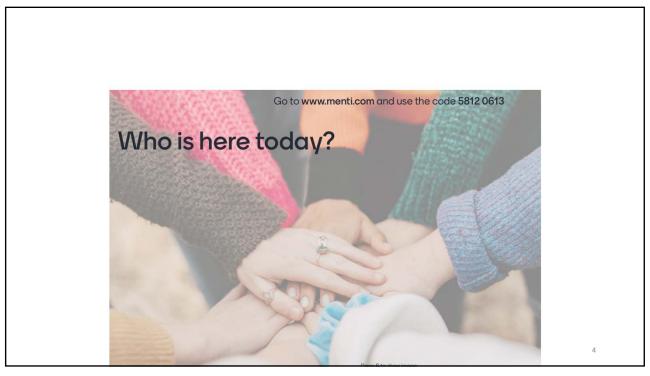


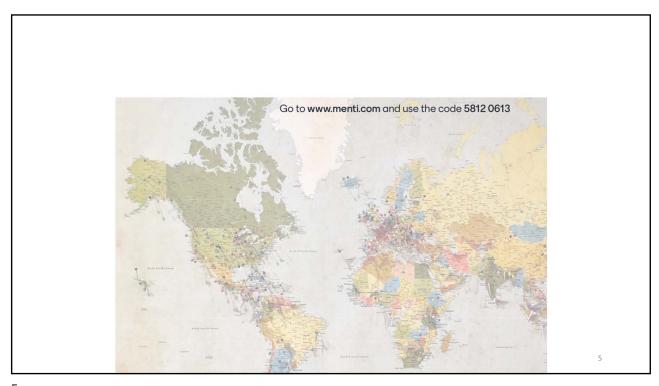
CEUHelper
https://ceuhelper.com
Check In
Improving Family Mealtimes, One Bite at A Time
Improving Family Mealtimes, One Bite At A Time
Friday, November 26th 2021, 9:30 am - 2:45 PM
Web Streaming

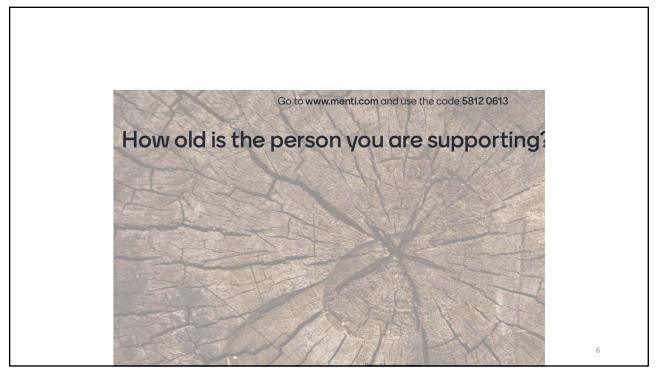
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Who is this workshop for?



Parents who would like their child learn to eat more variety in their diet



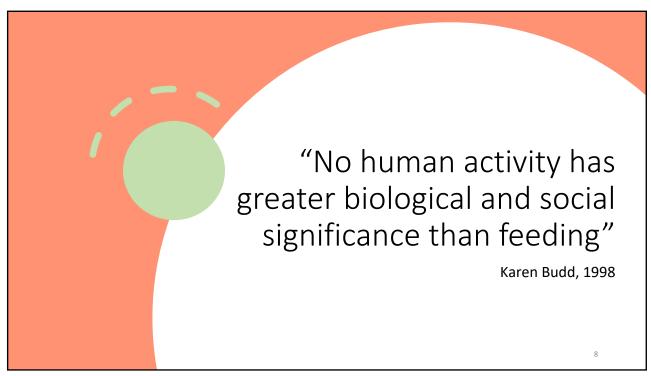
Parents who would like their child not to rely on supplements for calories and nutrients



Parents would like their child learn to eat regular meals



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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

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Building a strong foundation through nutrition

 Without whole foods and a nutritious diet, it's difficult for kids to build a strong foundation for proper sleep, stress management, concentration, and brain function.
 From birth to around the age of 5, a child's brain develops at a rapid pace. Therefore, proper nutrition from an early age is critical for brain development.



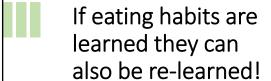
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Development of Feeding Skills

- 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









Prevalence of Feeding Problems:



An estimated 50% of neurotypical children experience some form of mealtime difficulty during childhood



Reported to occur frequently in young children with developmental disabilities

Studies have reported prevalence figures ranging from 33% to 90%



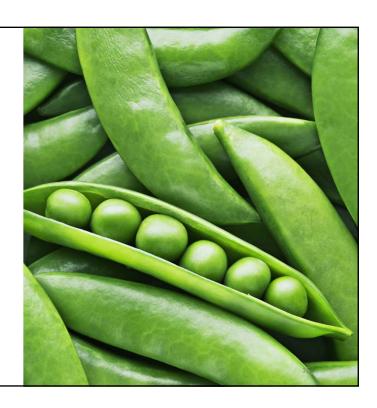
Among children with ASD studies have found the prevalence of selective eating ranging from 46-89% (Ledford & Gast, 2006)

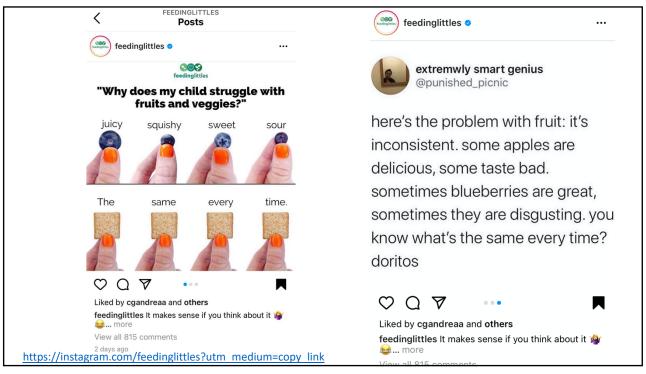
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Why do individuals with ASD commonly experience feeding problems?

- 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





Why do individuals with ASD commonly experience feeding problems?

- Medical Factors (GERD, food allergies, constipation, oral motor delay)
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Disrupted Parent-Child Interaction Parent: Request/Demand Withdraw Demand Child: Undesirable Behaviour Undesirable Behaviour (Lucyshyn, et al., (2015)

What is selective eating?

Picky Eater

- "jag" on foods
- Normal growth
- Eat a balanced diet but only a few examples from each food group

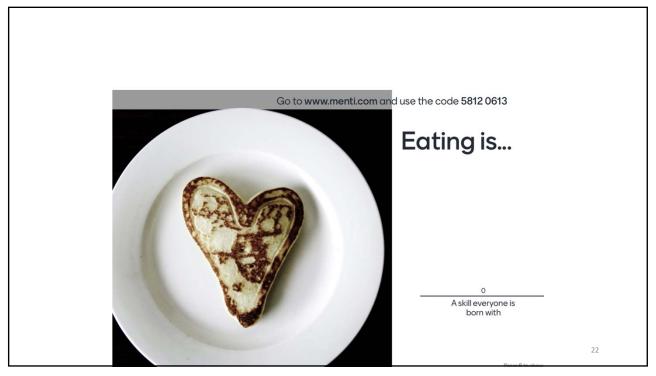
Severely Selective

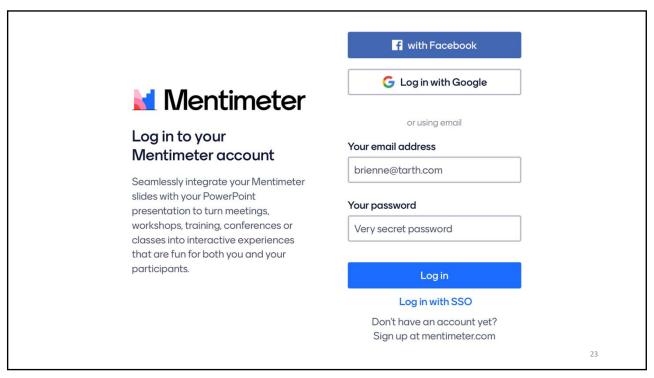
- Eat under 10 foods
- Eliminate food groups
- Not growing as expected
- Nutritionally deficient
- Supplement needed

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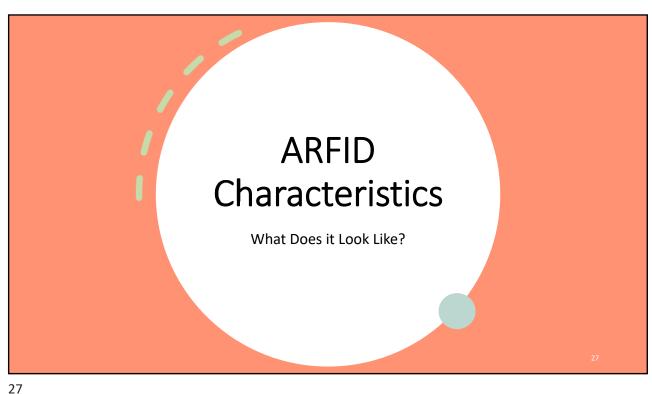
Has four diagnostic criteria: 1. Significant weight loss (or failure to achieve expected weight gain or faltering growth in children). 2. Significant nutritional deficiency. 3. Dependence on enteral feeding or oral nutritional supplements. 4. Marked interference with psychosocial functioning.

• Three exclusions:

1. Eating disturbance is due to a lack of available food

2. No evidence of a disturbance in the way in which one's body weight or shape is experienced

3. Eating problem is the result of a current medical condition



Lack of Interest in Eating or Food

 Present with an apparent lack of interest in eating. That is, there is no motivation/enjoyment associated with the food.



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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Eating very little can:





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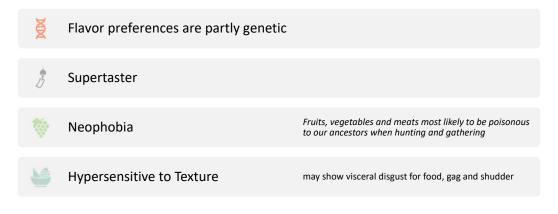
Avoidance Based on Sensory Characteristics of Food

- 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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Possible Reasons for Sensory Sensitivities



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Eating the same foods can:





eate nutritional deficiencies

This can change the way food tastes making new food less appealing



Make you tired of that food and stop eating it, and limit your diet further



Make it difficult to eat with other people

Miss out on opportunities to learn about new foods

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Concern About Aversive Consequences of Eating

- Fears related to the consequences of eating:
- Gagging/Vomiting
- Choking
- · Allergic reaction
- Pain associated with GI disturbances
- These fears may be a conditioned response to previous aversive experiences.



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- Lead you start using "safety behavior" to prevent another traumatic experience from happening
 - Taking small bites
 - · Chewing for too long
 - Only eating at certain restaurants
 - Not eating at all
- Prevent you from testing your negative predictions about eating
- The more you avoid eating, the scarier it becomes!



So how do I expand my child's diet?



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Repeated Taste Exposure

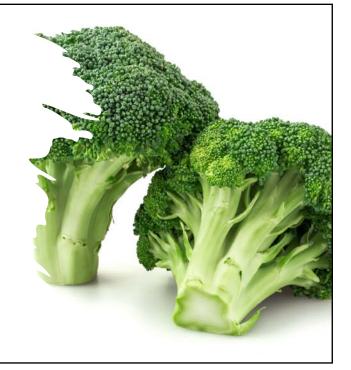
 Food preferences are learned by tasting a new food repeatedly



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Taste Exposure

- Research shows 15-20 exposures to start
- With each new food introduced the threshold to liking decreases
- More exposures are required with age
- Parents often give up after one exposure if the child shows a dislike to the food.



Taste Exposures Work!

But what if my child won't taste the food?



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What is a behavioural approach to addressing food selectivity?

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







Strategy #1: Establish a structured 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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Emily's New Meal Routine 8:00 am Morning Breastfeeding Ends 8:00 am Snack 11:30 pm Lunch Nap and Breastfeeding No Breastfeeding

What about meal replacements?

- 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



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Meal replacements & what you should be looking for?

- If supplement is necessary medical condition or underweight give at the end of meal
- Low in sugar
- Ingredients from whole foods
- Free from artificial ingredients

Avoid ingredients such as corn maltodextrin, sugar, canola oil, corn oil, soy oil, artificial flavours, monoglycerides, and carrageenan, along with food additives.

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Top Picks from our Holistic Nutritionist!



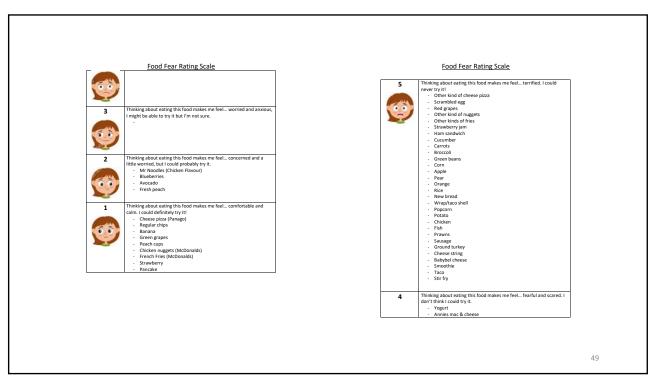


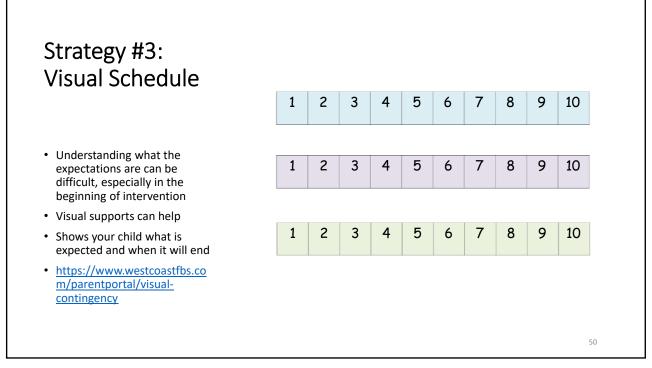


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Strategy #2: Selection of Foods

- 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





Strategy #4: Offering Choices

- Motivational technique that can lead to greater cooperation
- Choices can be big or small
- Type of food your child wants to try
- Size of bite
- Number of bites
- How your child wants to interact with the food
- Choice of reward



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Strategy #4: Offering Choices

• https://www.westcoastfbs.com/parentportal/offering-choices-m6thy

https://www.westcoastfbs.com/parentportal/offering-choices



Research shows that children will often eat a larger portion of food when an array of foods are offered rather than one food. If only one food is offered the desirability of that food will decrease and the child will get tired of eating.

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Strategy #5: Modeling

- Studies have shown that children are more likely to eat a food if it's first modeled by the parent
- Modeling is active: try to be enthusiastic when eating a new food
- Modeling happens constantly: the more often you eat healthy foods the more likely your child will eat healthy foods
- · Avoid negative comments about food
- Modeling takes time

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Start with easy demands (e.g., smell) to create momentum for more challenging demands (eat a bite) Strategy #6: Demand Fading Start with easy demands (e.g., smell) to create momentum for more challenging demands (eat a bite) Put food to lips Lick food Eat crumb sized bite Eat ½ sized bite Eat ½ sized bite Eat ½ sized bite Eat ½ sized bite Eat ¼ sized bite Https://www.westcoastfbs.com/parentportal/phrasing-demands-as-statements-1-ep94s



Strategy #6: Demand Fading

Size of bite is not important!

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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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"Take a bite" or "Let's eat!" or "Time to eat!" Strategy #7: Statements vs Questions Rather than... "Can you try a bite?" or "Will you eat this for me?"

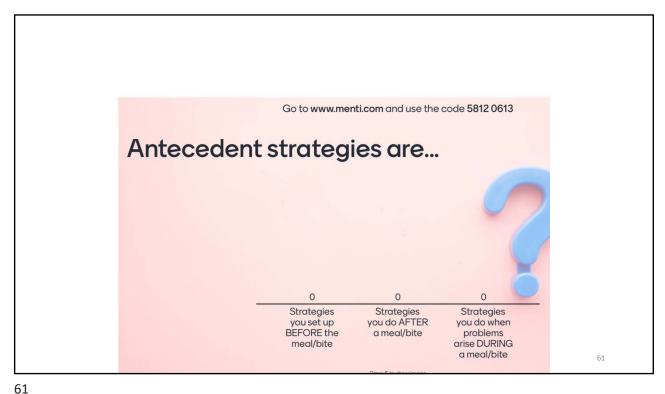
Strategy #8: Pairing

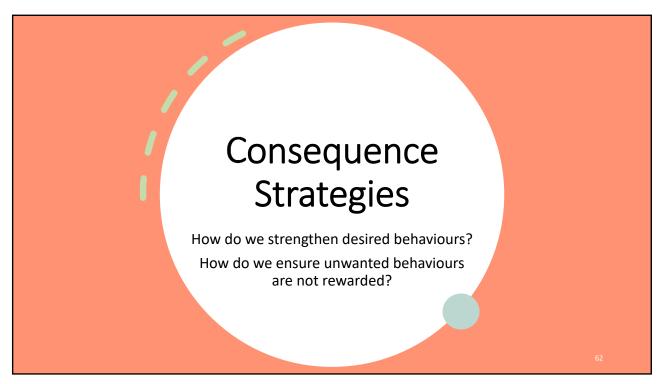
- To begin, present a small bite of the new food at the same time you are presenting a big bite of a highly preferred food. The expectation is for your child to eat both bites of food at the same time.
- This strategy is most successful if the bite size of the new food is very small to start (e.g., crumb 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.

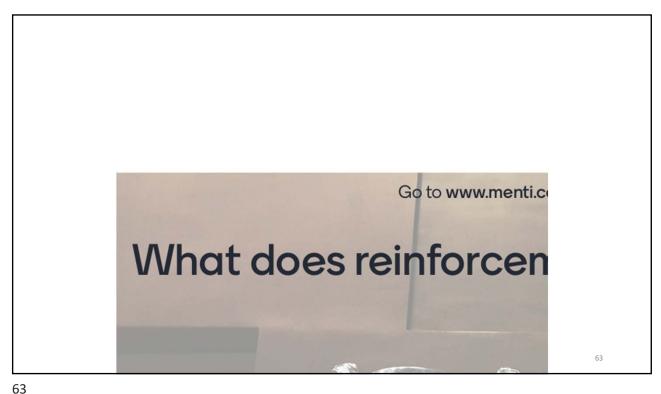
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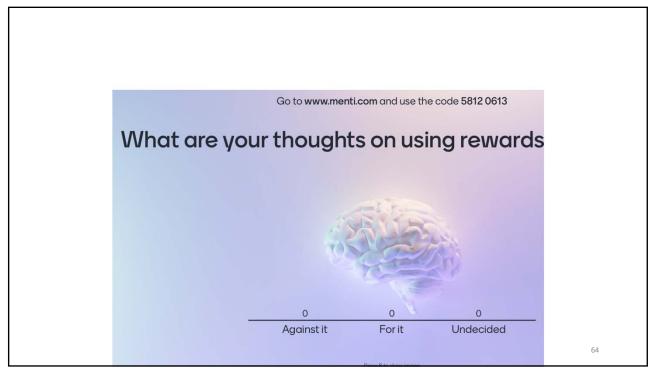
Video Demonstration: Pairing https://www.westcoastfbs.com/p arentportal/simultaneousreinforcement-pairing

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Strategy #9: Reinforcement 遊》紅雉崇沪桜珠

- Widely researched as one of the most effective strategies
- Also the most controversial...
- "Why do I need to reward my child? They should just be eating new foods on their own"
- "Is the iPad now part of family meals?"



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Strategy #9: Reinforcement Ë:†4½

 Each time your child responds appropriately (e.g., licks the food, eats a small bite), give reinforcement

Reinforcement may include one or more of the following:

- Praise
- Preferred foods (e.g., snack foods, treats)
- Familiar foods (e.g., foods the child regularly eats)
- Toys (e.g., simple cause and effect toys)
- Activities (e.g., video games, videos, colouring, music, games, reading books)



Choose appropriate items

Contingent

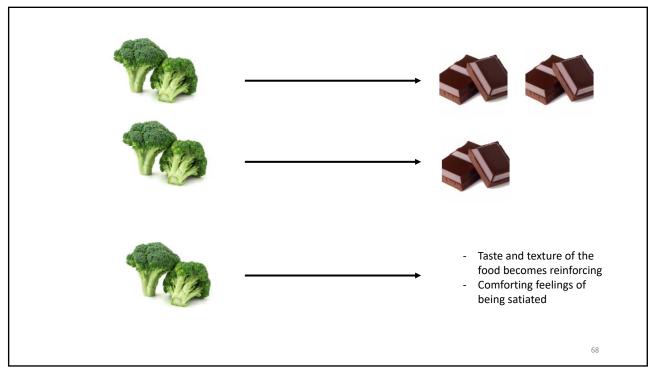
Limit access to only tasting sessions

Vary items often

Make sure the quantity matches the effort

Fade the reinforcement over time

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- Point System
- Earn points to be later exchanged for items/time with video games, screens etc.
- 1 point per bite 10 points = \$1.00
- Delayed reinforcement
- Older, highly verbal children

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Parker's Token System

How to Earn Tokens

Eating a portion of fruit	+1
Eating a portion of veggies	+2
Eating a portion of a protein	+2
Eating a portion of dairy	+1
Eating a portion of grains	+1
Trying a brand-new food (5 steps + 1 small bite)	+3
Practicing a new/challenging food (10 bites)	+2
Eating quickly (30 mins or less)	+1

*You have to eat all the food on your plate in order to cash-in

Token Store

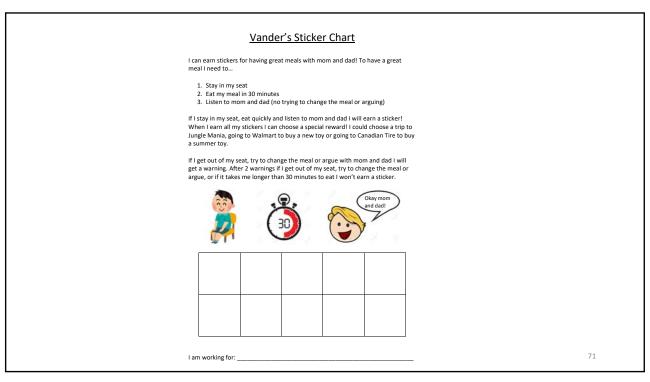
Dessert/special treat	10
Make a TikTok video	20
Buy a new iPad game (max \$5)	30
Buy a new stuffed animal (max \$10)	40
Go to the arcade	50
Go to the Catfe	50
Go to the fancy movie theatre	50

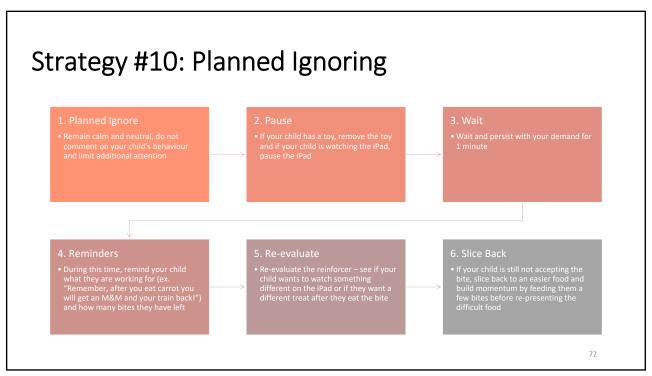
*All prizes must be approved by mom
*You must check in with mom about scheduling outings

*You must check in with mom about scheduling outings

Warning: Rules are subject to change! Maybe you do some really amazing things that can earn bonus tokens, or maybe you do something that warrants tokens being removed... the choice is yours!

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Important!

If your child engages in any major problem behaviours that could potentially cause injury to himself and/or others you need to directly address these behaviours with individualized strategies outlined by the behaviour consultant. It is imperative you do not ignore these behaviours.

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Go to www.menti.com and use the code 5812 0613

Where should you put most of your time a effort?



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Setting the med up for Rewarding desired med time behaviour (contecedent practive strategies) strategies)

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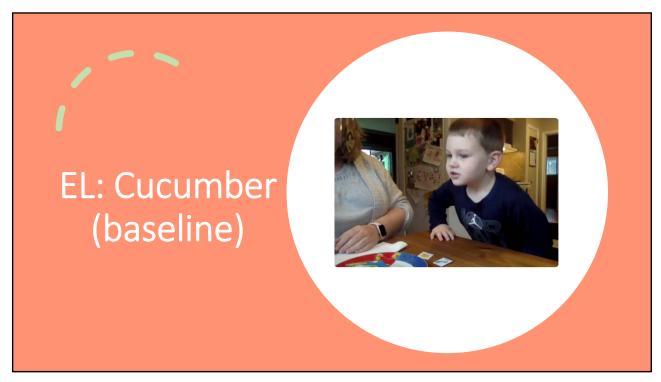


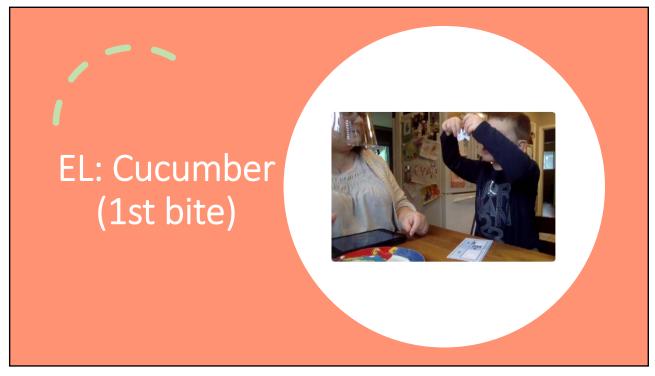
• 5 years old at the start of intervention • Lives with his parents – with grandparents from after school until dinner time • Diagnosed with ASD • Feeding Issue: Selectivity, rigidity • Mealtimes: EL had a typical eating routine until he went with his dad to visit family in another province for a week. EL started to drop foods quickly until he had 4 in each food group, and many foods that were "hit/miss" and started only eating a few bites of the foods on his accepted food list.

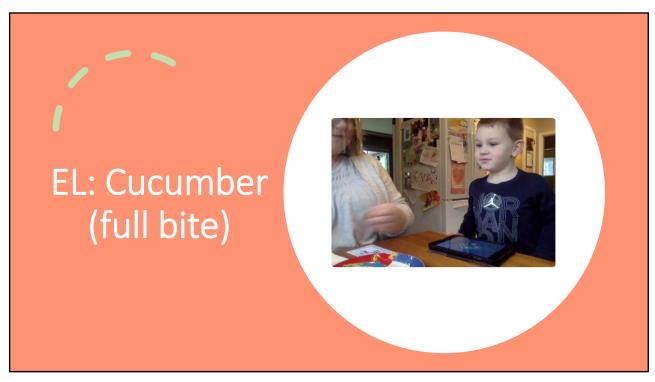
EL: Before Intervention					
	Vegetables/Fruit	Grains (Gluten Free)	Meat/Meat Alternatives	Dairy Free	Other
•	Berries (all)	Bear paw	Hot dog	Cream cheese (garlic)	 Spaghetti (few bites)
•	Banana	Multigrain bread	• Bacon	Yogurt drinks	 Pizza (from specific places)
•	Watermelon	 Cereal – mini wheats 	 Farmer sausage (one kind) 	• Milk	 Spring rolls (few bites)
•	Grapes	Raisin toast	Ground beef (few bites)	Red babybel	Alphaghetti
•	Pineapple (few bites)	 Crackers (multiple kinds) 	Salami (few bites)		• PB&J
•	Kiwi (few bites)	• Bagels	• Fish sticks (few bites)		 Subway sandwich (no veggies)
			Chicken strips (few bites)		Smoothie (few sips)

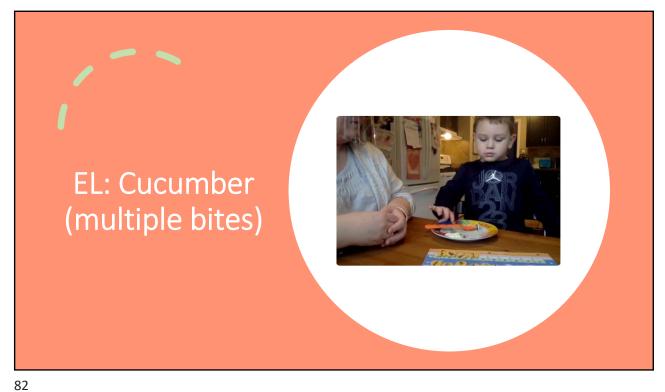
EL: Plan of Intervention

- Structured Meal Schedule
- Visual Schedule
- Simple Choice Board (first, then)
- Reinforcement: Terminal Reinforcer & Immediate Tablet Time
- Preferred food chaser (cracker) to help EL chew and swallow new/difficult foods
- Pairing









EL:Honeydew (1st bite)



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EL: Honeydew (2 bites)



EL: Honeydew (with Mom)



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EL: Apple (1st bite)

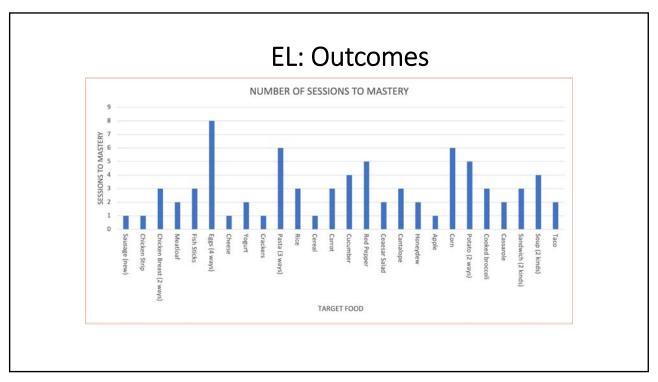


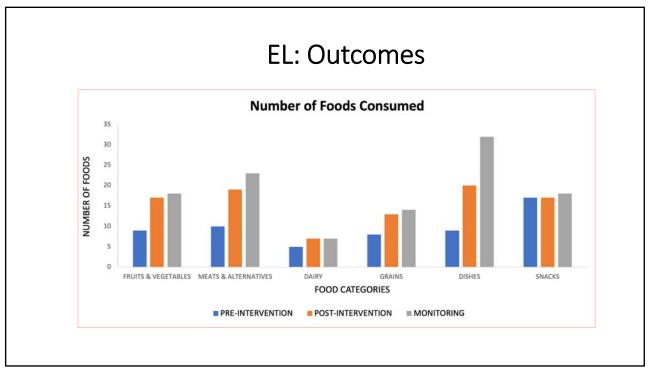
EL: Apple (2nd bite)

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EL: Apple (with Grandma)





EL: Outcomes

- Consistently eating at least 10 foods across all major food groups
- 21 ITT sessions
- 15 PT sessions
- Will taste anything

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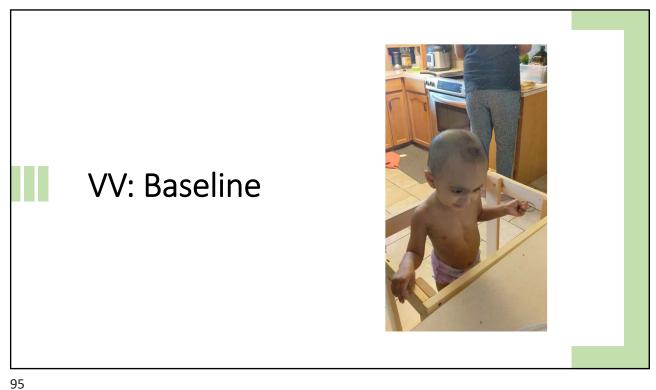


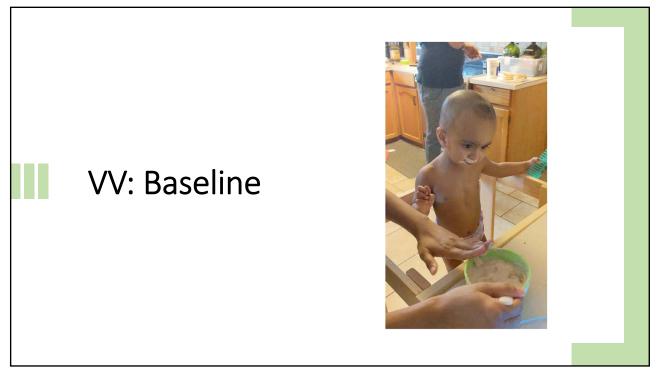
VV Case Example

- 20 months old at the start of intervention
- Lives at home with her parents
- Background:
 - Born with a heart defect and underwent surgery after birth
 - Diagnosis of ASD
- Feeding issues:
 - · Has always been a picky eater
 - History of eating a food for 1-2 weeks and then dropping it
 - Anemic
- Mealtimes:
 - Sits in a high chair or stands on a learning tower
 - · Eats completely distracted
 - · Breastfed throughout the day

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VV: Baseline Meat/Meat Dishes Fruit/Vegetables Grains Dairy Snacks/Other **Alternatives** Cucumber Baby cereal Flavoured Rasam rice Chips Bananas Rice puff yogurt Yogurt rice Adai Kiwi Apples Plain rice Frozen Oranges Dosa yogurt milkshake Green beans Goldfish Ice cream Fried rice Guava crackers Whipped Apple milkshake cream Cumin seed rice Chapathi Lotus seeds Black Olives (from pizza)





Short-Term Goals During Feeding Sessions with Feeding Therapist:

Goal #1: VV will reliably open her mouth when presented with a spoon.

Goal #2: VV will reliably consume foods currently in her diet.

Goal #3: VV will increase quantity of the foods she currently eats.

Goal #4: VV will accept 3 new foods with feeding therapist. VV will accept 80% of full-sized bites with minimal problem behaviours presented for two consecutive feeding sessions.

Monitoring/Long-Term Goals with Parents:

Goal #5: Parents will implement the meal-time strategies with fidelity.

Goal #6: Parents will follow a meal time schedule.

Goal #7: Parents will offer variety of foods during meals.

Goal #8: Parents will introduce a minimum of two new foods per month.

Goal #9: VV will decrease breastfeeding sessions throughout the day. VV will only nurse during nap and bedtime routine.

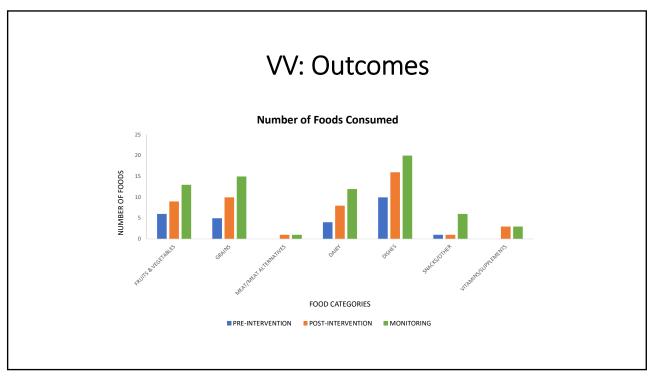
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VV: Plan of Intervention

- · Scheduled mealtimes/breastfeeding
- Meals in the Keekaroo chair at the table
- Visual schedule
- Make the iPad contingent
- · Behavioural momentum
- · Demand fading



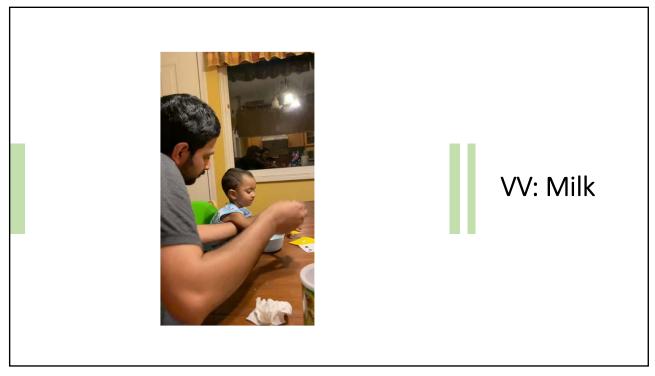




VV: Outcomes Fruit/Vegetables Grains Meat/Meat Dairy Dishes Snacks/Other Alternatives Baby cereal Rice puffs Plain rice Cucumber Bananas Peanut butter Flavoured yogurt Frozen yogurt Ice cream Rasam rice Yogurt rice Adai Kiwi milkshake Chips Multivitamin gummy Apples Iron supplement Oranges Whipped cream Fried rice Go and Grow Green beans Guava Goldfish crackers Vanilla yogurt Babybel cheese Apple milkshake Cumin seed rice supplement Brownie Quinoa Purees (banana mango and cherry Chapathi Lotus seeds Black Olives (from Cream biscuit Fruit juice Oatmeal Plain roti Milk Honey yogurt Roasted paneer Banana yogurt bites Avocado roti banana spinach) Welch's fruit Broccoli FreeYumm granola pizza) gummies Indian sweets Curd rice Lemon rice Smoothies (various flavours) Carrot Watermelon Chickpeas Pudding bar Waffle Pretzel goldfish crackers Pasta Kids clif bar Roti with yogurt Soup (various Corn flavours) Cheerios, and fruit Cereal bar loops with milk Toast with cream cheese, and ghee Garlic cheese bread Bagel with cream cheese Upma Ickly

Egg noodles Poha







VV: Cheese

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Goal #1: VV will reliably open her mouth when presented with a spoon.		✓
Goal #2: VV will reliably consume foods currently in her diet.		
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Goal #7: Parents will offer variety of foods during meals.	✓	
Goal #8: Parents will introduce a minimum of two new foods per month.		✓

VV: Outcomes

- She is now reliably eating ~70 foods across food groups
- Total of 36 sessions
 - 24 sessions of ITT
 - 12 sessions of parent training
 - 5 monitoring sessions

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VV: Outcomes

- Her parents are able to introduce new foods
- VV's mother is now only breastfeeding for her nap and at bedtime
- Her doctor is no longer concerned about her being deficient in any vitamins
- Generally, meals are less stressful and a more pleasant experience for VV and her parents

VV: 7 months following intervention



VV: 7 months following intervention



VV: 7 months

following intervention



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Case Study #3:

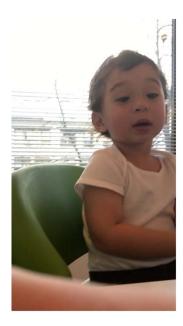
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RB: Case Example

- 3 years old at the start of intervention
- Lives with his parents and two younger brothers.
- Diagnosed with ASD
- Feeding Issue: Oral Motor Delays & Selectivity
 - Round 1: Purees
 - Round 2: Chewing Intervention
 - Round 3: Variety, Speed, and Chewing
- Mealtimes: Ate mealtimes with family, but highly selective with new foods. If he accepted bites of non-preferred foods, he would pack them in his cheek pocket for hours.

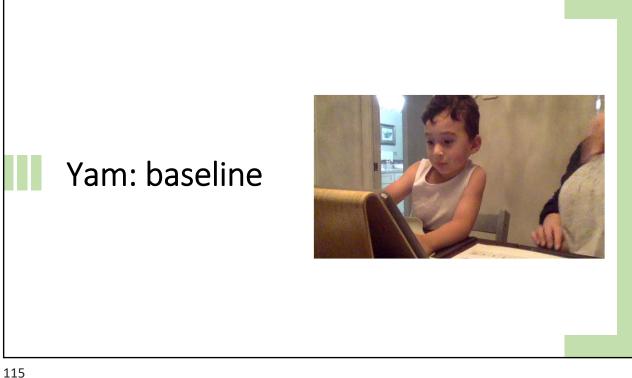
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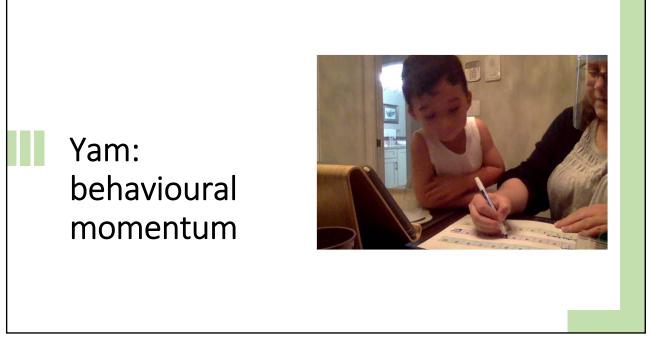


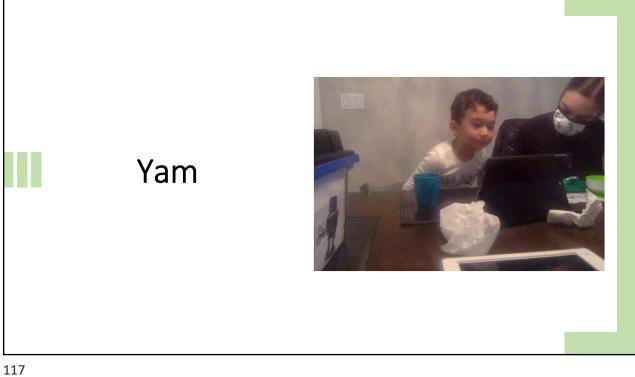


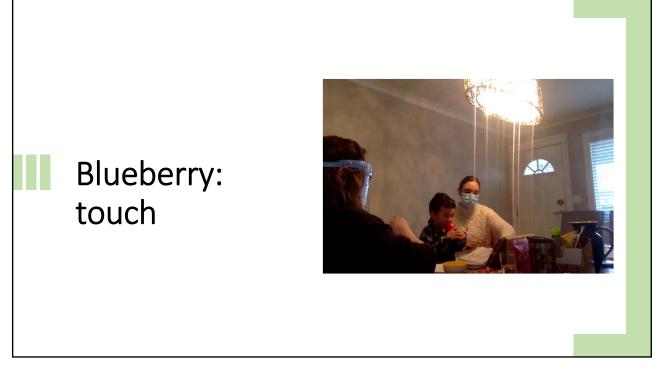


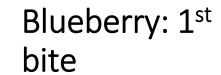














Blueberry with chaser bite



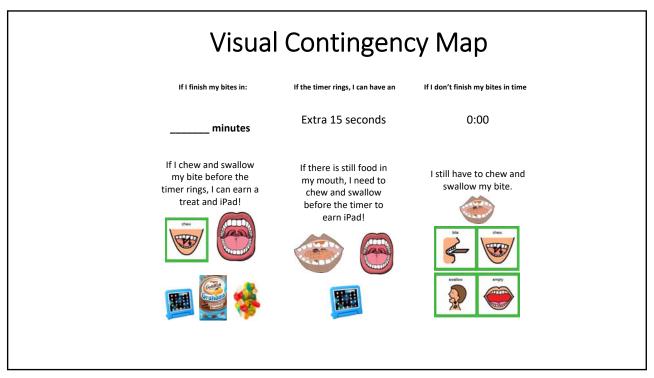


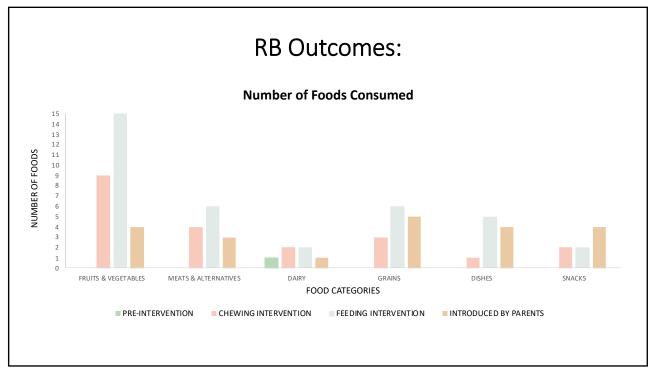
Raspberries

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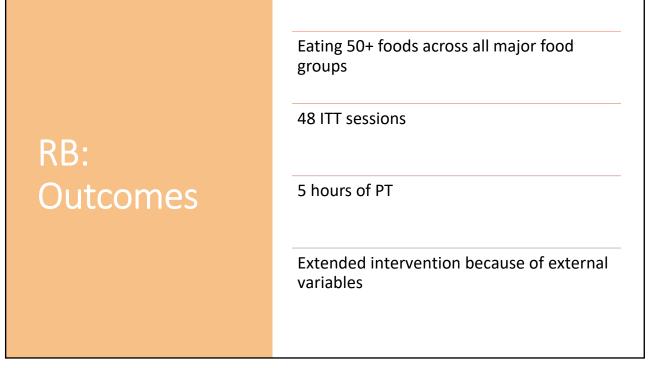
RB: Plan of Intervention

- Visual Schedule
- Contingency Map
- Reinforcement: Token Economy & Tablet Time
- Preferred food chaser to help Remi chew & swallow



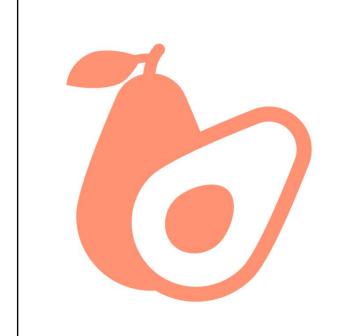


		RE	3 Outcon	nes		
	FRUITS & VEGETABLES	GRAINS	MEATS & ALTERNATIVES	DAIRY	DISHES	SNACK FOODS
CHEWING INTERVENTION	Banana Pear Avocado Cucumber Carrot Sweet Potato Broccoli Green Beans Cauliflower	Toast Cheerios Pancake	EggChickenSalmonPeanut Butter	Cheese Ice Cream	• Tortellini	Veggie Straws Goldfish Crackers
FEEDING INTERVENTION	Blueberry Raspberry Strawberry Apple Sauce Broccoli Yam Cauliflower Carrot	Oatmeal Potato Brown Rice	• Tofu • Beans		Teriyaki Rice Dish Mushroom Risotto Berry Smoothie	
INTRODUCED BY PARENTS	AppleOrangeGrape	FriesAll BreadsWrapsAll PastaAll Baked Goods	• Fish • Beef	• Yogurt	Pasta DishesSandwichesGrilled CheeseWrapsYam Tempura	CrackersGranola BarsCookiesCandies





- Able to chew and swallow a variety of table foods.
- Able to try and eat the same foods as his family members.
- Fully participating at family meals.
- Mom was able to introduce many new foods without therapist present. Some of the foods introduced by mom included:
 - Apple, orange, grapes, fries, breads, wraps, pastas, baked goods, fish, beef, sandwiches, grilled cheese sandwiches, yam tempura, crackers, granola bars, cookies, desserts.



Before You Start Tasting Sessions:

- Remember that teaching your child is to accept new foods is a process that will take time
- Focus on <u>long term tastes</u> rather than short term quantity
- Keep your expectations small to start set yourself up for success!
- Allot 30 minutes a day for daily practice
- Enlist others to help with implementing strategies.

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Common Mistakes:

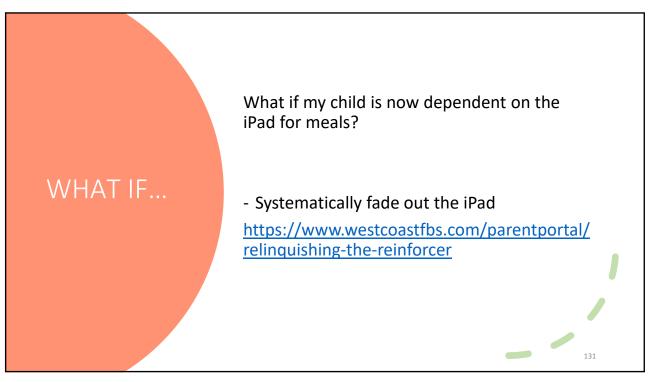
- Presenting too big a bite to start
- Not having scheduled mealtimes allowing your child to graze through out the day
- Giving up on a food too soon not practicing it enough
- Fading strategies too soon e.g., not offering a reward

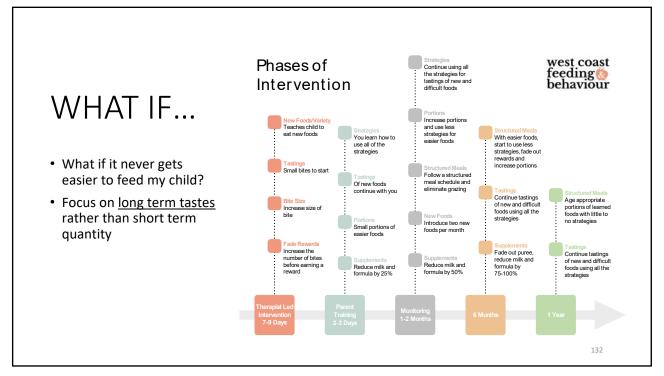
129

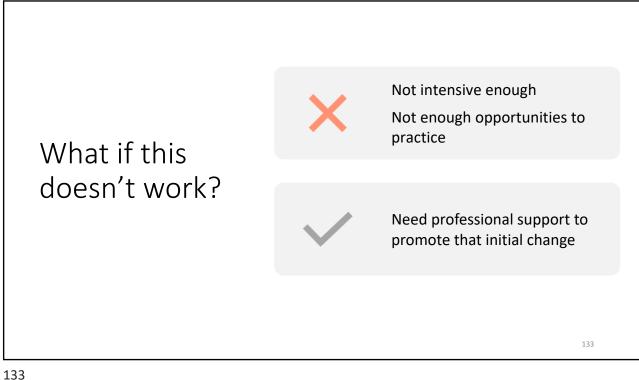
129

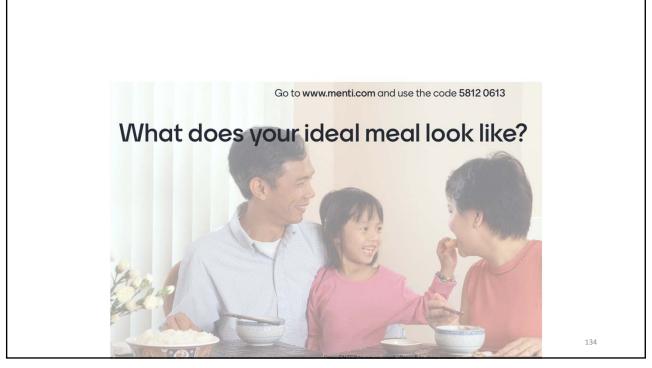
What if I've tried rewards but my child still won't take a bite?"

• The food is too difficult for your child
• Too high of expectations
• Need professional support









QUESTIONS?





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This QR code is intended for BCBA's who purchased Educational Credits before Monday, Nov 22 only.

CEU's Check-out 2:45 to 2:55 PM

CEUHelper

Check Out
Improving Family Mealtimes, One Bite at A Time



Improving Family Mealtimes, One Bite At A Time Friday, November 26th 2021, 9:30 am - 2:45 PM Web Streaming