

# **ECHO AUTISM: FEEDING THERAPIES FOR CHILDREN WITH ASD**

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# LEARNING OBJECTIVES

- Outline diagnostic criteria for feeding disorders
- Identify
  - The differences between picky eaters and problem feeders
  - What makes a child with ASD nutritionally vulnerable
  - Strategies for families
  - Appropriate referrals



# FEEDING TEAM

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**Therapists**    Speech-Language Pathologists

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Occupational Therapists

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**Settings**    Inpatient/Acute

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Home Care

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Outpatient

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# AM I AT YOUR TABLE?

I have trouble sitting at the table during meals.

I have brand specific food preferences or like to eat the same foods prepared in the same way.

I tend to cry or fall apart when you put a new food on my plate.

I choke, gag, or cough during meals.

I eat through a tube in my nose or stomach.

I refuse to eat foods that are hard to chew, like meat or raw fruits and raw veggies.

I eat less than 20 different foods.

I eat meals separate from the rest of the family.

Mealtimes are stressful for my family.

I sometimes stop eating a food that I previously liked.

I have been described as a picky eater at more than 2 well-child check-ups.

It is hard for me to eat in a variety of settings.

I weigh less than other kids my age.

I have difficulty exploring foods with my eyes, hands, nose, and tongue.

# TYPES OF PEDIATRIC FEEDING DISORDERS

The DSM IV identified several types of feeding disorders such as:

- Pediatric Feeding Disorder (PFD)
- Avoidant Restrictive Food Intake Disorder (ARFID)
- Rumination Disorder
- Pica

Research has shown that approximately 62% (range: 30–84%) of children with ASD will present with feeding difficulties, including increased food selectivity, greater likelihood of unhealthy eating habits, and associated mealtime-related behavioral problems in comparison to children with other disorders, and their neurotypically developing peers(Adams, 2022).





# PEDIATRIC FEEDING DISORDER

Impaired oral intake that is not age-appropriate, and is associated with medical, nutritional, feeding skill, and/or psychosocial dysfunction.

# PEDIATRIC FEEDING DISORDER



## Medical

Cardiorespiratory compromise during feeding

Aspiration or recurrent aspiration pneumonia



## Nutrition

Malnutrition

Specific nutrition deficiency or significant restricted intake of one or more nutrients resulting from decreased dietary diversity

Reliance on enteral feeds or oral supplements to sustain nutrition or hydration



## Feeding Skill

Need for texture modification of liquid or food

Use of modified feeding position or equipment



## Psychosocial

Active or passive avoidance behaviors by the child

Disruption of caregiver-child relationship associated with feeding

# AVOIDANT RESTRICTIVE FOOD INTAKE DISORDER (ARFID)

Eating or feeding disturbance as manifested by persistent failure to meet appropriate nutritional and or energy needs associated with 1 or more of the following:

- Failure to achieve expected growth standards for children
- Nutritional deficiencies
- Dependence on enteral feeding or oral nutritional supplements
- Marked interference with psychosocial functioning

Current research estimates that co-occurring ARFID and ASD range from 12.5% to 33.3% (Boerner KE, Coelho JS, Syal F, Bajaj D, Finner N, Dhariwal AK, 2022).





# RUMINATION DISORDER & PICA



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## Rumination Disorder

Repeated regurgitation of food for a period of at least 1 month. Regurgitated food may be re-chewed, re-swallowed or spit out.

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## Pica

Persistently and compulsively eating non-food, non-nutritive substances over a period of at least a month.

# PICKY EATERS VS. PROBLEM FEEDERS

➤ Picky Eaters	➤ Problem Eaters
➤ Typically eats with the family, although often eating different foods	➤ Typically eats different foods than family and often eats alone
➤ Decreased range/variety although consumes $\geq 30$ foods	➤ Restricted range/variety $< 20$
➤ Foods lost due to “burn out” return within diet after $> 2$ wks	➤ Foods lost are not reacquired
➤ Will accept new foods on plate, usually can touch or taste	➤ Will melt down with the presentation of new foods
➤ Consumes $\geq 1$ food from all food groups, varying within textures of foods	➤ Refuses entire food groups or foods of certain texture
➤ New foods are added after a handful of exposures	➤ If a new food is added, it usually takes $> 25$ exposures
➤ Reported as picky eater at some well child checks & reported as sometimes being a stressor for families	➤ Persistently reported as picky eater at multiple well child checks & reported as a constant, significant stressor for families

# QUESTIONS TO ASK PARENTS

- Does your child consume foods from all food groups? If not, what food groups are missing?
- What happens when new foods are offered? How often are new foods offered?
- Does your child eat at the table with family?
- What new foods has your child added to his/her diet in past 6 months?
- Does your child have regular meals and snacks?
- Is everyone consuming the same foods at mealtimes?
- What types of fluids are consumed and when?
- How stressful are mealtimes for your family?





# **WHAT MAKES A CHILD WITH ASD NUTRITIONALLY VULNERABLE?**

# PATTERNS OF CHILDREN WITH ASD THAT ADVERSELY IMPACT FEEDING



Early onset of selective eating patterns or picky eating



Restrictive, repetitive behaviors, interest or activities influencing need for sameness/rigidity (leading to restrictive intake of acceptable foods, presentation, and environment)



Use of elimination diets (gluten free, casein free or both) by parents to address behaviors, speech, and GI symptoms



Increased occurrences of GI issues

# PATTERNS OF CHILDREN WITH ASD THAT ADVERSELY IMPACT FEEDING



Sensory processing can be atypical (processing external sensations (touch, taste, sound) and internal cues (pain, digestion, hunger and satiety) may present differently)

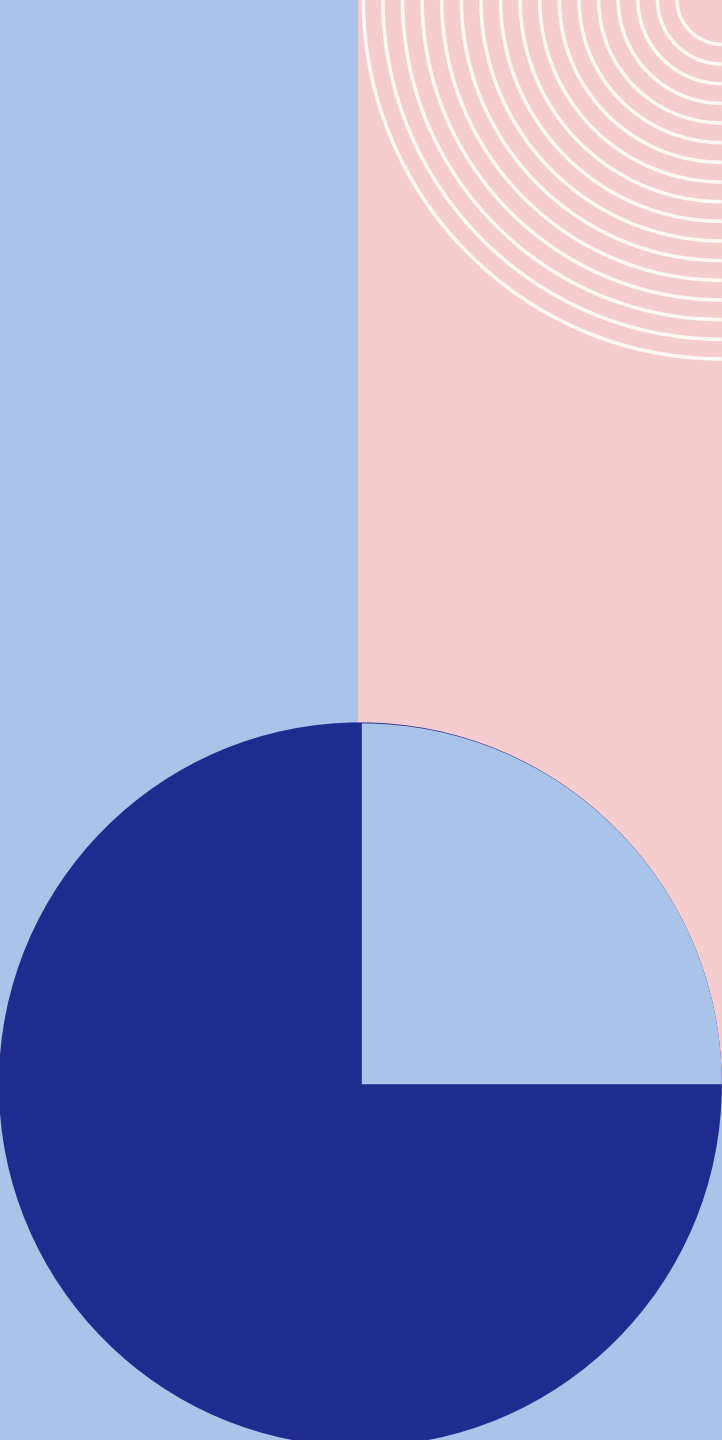


Social reciprocity and social interaction impacting sibling and peer interaction at mealtimes



Delays in language development impact the child's ability to communicate thoughts or understand instructions related to eating

**HOW DOES FEEDING THERAPY  
HELP FAMILIES NAVIGATE  
PROBLEM FEEDING?**



# WHERE TO BEGIN

1

**Establish routines with feeding to promote hunger**

2

**Build the skills (e.g., sensory, motor, coping)**

3

**Reduce stress for the *child* surrounding mealtimes**

4

**Reduce stress for the *family* surrounding mealtimes**



# ESTABLISH A ROUTINE

- Consistency is vital, especially when the routine is new.
- Visual aids may assist with establishing the routine.
- The goal is to promote hunger by reducing grazing habits.

LUCY'S  
MEAL ZONES

**BREAKFAST 7:00-8:00** 

**SNACK 9:00-10:00** 







**LUNCH 11:30-12:30** 

**SNACK 2:30-3:30** 

**DINNER 5:30-6:30** 

FOOD IS OFFERED FOR 20 MINUTE STRETCHES DURING THESE EATING ZONES. IF YOU OFFER FOOD AND YOUR CHILD DECLINES, STOP THE MEAL, AND TRY AGAIN CLOSER TO THE END OF THE EATING ZONE.

Meal Time Schedule

-  Quiet
-  Sit
-  Eat
-  Drink
-  Wait
-  Throw Away Trash

 **SAMPLE MEALTIME ROUTINE**

- ♥ Engage in outdoor or movement-based play for 10 minutes
- ♥ Sing a transition song
- ♥ Wash hands
- ♥ Sit at the table
- ♥ Set a timer for 10-15 minutes
- ♥ Serve food
- ♥ Eat & socialize
- ♥ Take plate to kitchen

# BUILD SKILLS

## Self Regulation

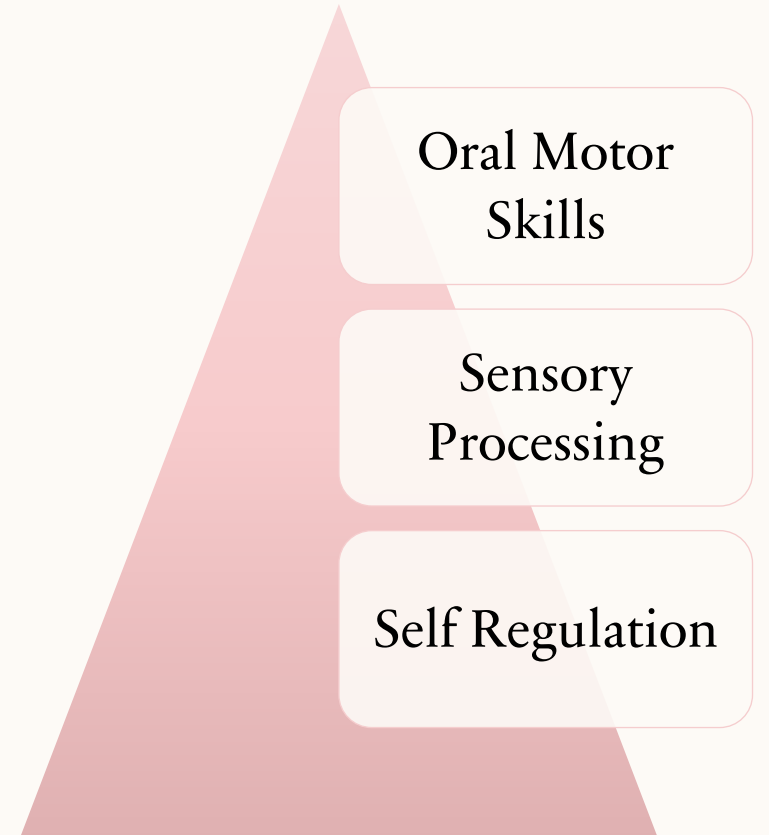
- A child cannot engage in challenging tasks if their basic regulation needs are not met.

## Sensory Processing

- A child cannot progress to tasting a new food if their sensory system is unable to first process it.

## Oral Motor Skills

- A child cannot be expected to eat a new food which they do not have the skill for.



# REDUCE STRESS FOR THE CHILD



Avoid power struggles  
(bargaining, bribing,  
forcing)



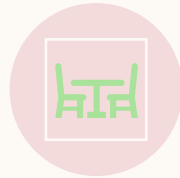
Involve the child in food  
tasks that don't require  
eating (e.g., cooking)



Offer preferred foods  
alongside novel foods



Present only small portions  
of novel foods



Ensure the child has a  
seating arrangement that  
offers good postural  
stability at mealtimes



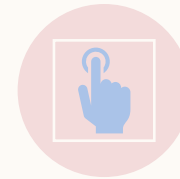
Provide reassurance that  
they will have access to a  
preferred food



Engage in regulating  
activities prior to mealtimes



Eliminate *all* pressure



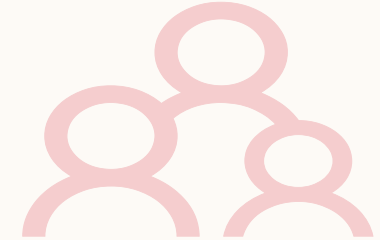
Encourage any engagement  
with a novel food (touch,  
smell)

# REDUCE STRESS FOR THE FAMILY

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Set realistic expectations for families

- Progress is slow and not always linear
- Work on small changes, one at a time
- Focus on the small wins



Encourage families to continue with strategies even during times of stress

- Keep the routine when times are hard (sick, behavioral regression, and/or new item in the routine)
- While hard in the moment, keeping the routine helps encourage long term success

Use a burst model for therapy

- Once a home exercise program is established and the child is showing improved skill (not perfect), take a break
- Return for therapy when ready to progress with new interventions

Keep mealtime experiences positive

- Feeding is a skill that starts in infancy and is fostered throughout the child's life, keep it positive!

# REFERRALS: A TEAM APPROACH

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Gastroenterologist

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Otolaryngologist

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Allergist

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Psychologist

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Endocrinologist

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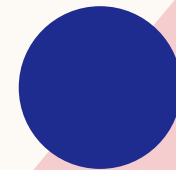
Registered Dietitian

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OT/ST/Feeding Therapist

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Behavior Specialists trained in feeding disorders



# FEEDING THERAPY REFERRALS: ST. LUKE'S

ASAP – 48 hours	ASAP – 2-4 weeks	High Priority	Normal	Low
- birth to 2 months - Choking/coughing - new or risk for needing NG-tube - Nursing/bottle feeding problems (depending on weight gain) - bottle refusal	- 3 months to 15 months - FTT - Tongue Tie (dependent on case) - not eating solid foods (by age 16 months) - VFSS showing aspiration - VFSS showing feeding complications - ARFID dx - weight loss - not eating purees by 8 months - pill swallowing	- established G-tube who is ready for oral eating - New G-tube - Dysphagia – stable on current level of thickener - regression of eating skills that were once established (due to a medical dx) - oral motor delays (over 2 years old) - low/slow weight gain - NPO wanting to start oral trials - PICA (may need to be seen sooner based on severity) - Anxiety creating picky eating	- established G-tube wanting to continue therapy - sensory feeder picky eater (triage via phone call) - medical diagnosis that creates risk for dysphagia - medical diagnosis that creates risk for feeding difficulties - ASD	- sensory feeder picky eater (triage via phone call) - PICA (with normal eating and normal weight)

- Due to a high volume of referrals, St. Luke's currently primarily supports a medical model for feeding therapy
- If a child meets the criteria for ASAP or High Priority, then referrals must include both Occupational Therapy & Speech Therapy

# FEEDING THERAPY REFERRALS: COMMUNITY CLINICS – BOISE/MERIDIAN

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## BOISE

### **Calico Pediatric Therapy Center**

*Picky eating*  
P: (208) 321-4898  
F: 208.321.4859

### **The Lotus Tree**

*Picky eating*  
P: (208) 433-9152  
F: 208.344.4752

### **Kaleidoscope**

*Picky eating, oral phase  
dysphagia*  
P: (208) 375-4200  
F: 208.375.4201

### **Skybreak Therapy**

*Picky Eating*  
P: (208) 495-5401  
F: 208.445.3939

### **Children's Therapy Place**

*Picky eating*  
P: (208) 229-8780  
F: 208.323.8889

### **Chatterbox**

*Picky eating*  
P: (208) 898-1368  
F: 208.467.2201

### **Center for Orofacial Myology**

*Picky eating, oral phase  
dysphagia*  
P: (208)793-7006  
F: 208.793.7007

## MERIDIAN

### **Idaho Pediatric Therapy Clinic**

*Picky eating, oral phase  
dysphagia*  
P: (208) 939 - 3334  
F: 208.939.1122

### **Children's Therapy Place**

*Picky eating*  
P: (208) 229-8773  
F: 208.323.8889

### **Small Talk**

*Picky eating*  
P: (208) 996-0552  
F: 208.914.6597

### **Talk Blossom**

*Picky eating, oral  
phase dysphagia*  
P: (208) 996-0523

# FEEDING THERAPY REFERRALS: COMMUNITY CLINICS – NAMPA/EAGLE/STAR

## HOME CARE (Treasure Valley)

### **KidsCare Home Health**

*Picky eating, oral phase dysphagia*

P: (877) 200-8152

F: 855.631.4041

### **Whole Child Feeding Therapy (ID & OR Licensure)**

*Picky eating, oral phase dysphagia, oropharyngeal dysphagia*

P: (541) 490-8448

\* Do not accept insurance

## NAMPA

### **Children’s Therapy Place**

*Picky eating*

P: (208) 229-8803

F: 208.323.8889

### **Chatterbox**

*Picky eating*

P: (208) 466-1077

F: 208.467.2201

## STAR

### **STAR Speech &**

### **Occupational Therapy Clinic**

*Picky eating*

P: (208) 391-277

F: 855.255.0774

## EAGLE

### **Kids Communicate**

*Picky Eating*

P: (425) 943-1552

F: 208.939.4806

**DISCLAIMER:** St. Luke’s does not endorse these clinics, nor can they speak to the quality of services provided. This also is not a comprehensive list of all clinics in the Treasure Valley.



# RESOURCES

- [Exploring Feeding Behavior in Autism Tool Kit by Autism Speaks \(ATN\)](#)
- [Women, Infant and Children Supplement Program \(WIC\)](#)
- [ECHO Idaho's Pediatric Autism Resource Guide](#)
- [Exploring Feeding Behavior.pdf \(autismspeaks.org\)](#)
- [Feeding Matters - Serving Kids with Pediatric Feeding Disorder](#)

# CITATIONS

Adams SN. Feeding and Swallowing Issues in Autism Spectrum Disorders. *Neuropsychiatr Dis Treat*. 2022 Oct 14;18:2311-2321. doi: 10.2147/NDT.S332523. PMID: 36276431; PMCID: PMC9579053.

Boerner KE, Coelho JS, Syal F, Bajaj D, Finner N, Dhariwal AK. Pediatric Avoidant-Restrictive Food Intake Disorder and gastrointestinal-related Somatic Symptom Disorders: Overlap in clinical presentation. *Clin Child Psychol Psychiatry*. 2022 Apr;27(2):385-398. doi: 10.1177/13591045211048170. Epub 2021 Nov 13. PMID: 34779259; PMCID: PMC9047093.

# QUESTIONS?

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