

FOR CHILDREN WITH AUTISM SPECTRUM DISORDERS

FEEDING SUGGESTIONS

- Make sure each meal consists of **1-Protein, 1-Starch, 1-Fruit or Vegetable** AND a high calorie drink - **EVEN IF YOU KNOW THE CHILD WILL NOT EAT ALL THESE FOODS YOU PUT OUT.** Visual Exposure and Tolerance are part of STEP 1 on the Steps to Eating
- **DO NOT LET THESE CHILDREN FOOD JAG** - you will need to make the changes in microscopic increments to their preferred foods.
 - Encourage the child to make the changes
 - Discuss changes in foods which occur **WHILE** the child is eating
- Having a child pass the food to a parent can be a good way to get them to interact with or touch the food.
- Try to avoid using food reinforcers during behavior programs, especially sweet ones, if **AT ALL POSSIBLE** because of the appetite suppression this causes.
- Try combining a preferred food with a new food, in tiny increments, to get a child to accept a new food. You will want to eventually separate the foods if possible.
- If when trying to introduce a new food, combining it with a preferred food didn't work, move towards the new foods by using small shifts in the sensory properties from a preferred food
 - *For a child with severe ASD, we often begin with only 2 major groupings in the Food Hierarchies at a treatment session, and complete a "downward" adaptation of the Basic SOS Approach to Feeding
- Treatment meals occur once per day. Each treatment meal (AND family meals too) begins with a sensory calming activity. Next, march the child to the sink and wash hands. March to table. Pass the food and have child place on their plate (or you place as close to plate as they can tolerate) - even if they are not going to eat it. Once eating is done, complete a clean-up routine to consist of blowing or throwing the food into the trash/ scraps bowl and then washing the table/ hands.
 - ***For 3 treatment meals in a row at home, the family should use the exact same foods in the exact same order before changing the Food Hierarchy**
- If a child is highly smell sensitive, (as many children on the Autism Spectrum seem to be), once a day, have the family work with their child on an Olfactory Program in which the child is shown a 2D picture paired with a matching smell to help prepare them for the treatment work. As they become familiar with the smells, begin to have them pick out the correct picture for a scent presented.
- At meals, the family is expected to have at least one safe food for the child incorporated into their meal. The child is expected to at least have the family's foods on their plate (or as close as they can tolerate it). **NO SHORT ORDER COOKING** or serving a completely separate meal for the child.
- Try to use a sequential approach to advancing the child up the Steps to Eating Hierarchy. First, model and talk through, at least 3 times, what step you want the child to move to (**make sure your step is small enough for this particular child**). Second, back down a ½ step and "show and tell" again, if they did not follow you. Third, use a physical prompt (such as your dry, empty finger) on their body to demonstrate what you want them to do with the food (e.g. Touch their hand with your finger and say "you can pick up the carrot with this hand"). Fourth, offer them physical assistance to complete the task by supporting underneath their hand or by moving their shoulder/elbow. Fifth, provide hand-over-hand guidance for them to complete the task **only** if the child still doesn't complete the task independently. (Try to not **DO TO** the child) Make sure they are processing the sensory input of the task, or they will not be learning the action.