



Reduction of food selection by a functional assessment and a questionnaire

Lecestre Alexandra, Psychologist - BCBA, BA-eService, alexandra.lecestre@BA-eService.com

Keser Laurent, BA-eService, laurent.keser@BA-eService.com

Abstract

Eating issues are a major problem for a lot of children with ASD. It can be a real challenge for their health and for their inclusion to the community at the short, middle or long term. This problem's resolution has a great social significance for improving the lives of the persons. A functional assessment coupled with a questionnaire on eating habits was implemented in 2 children with autism of 5 and 6 years to increase for one, the amount of food ingested, and for the other, the food diversification. The coupling of these 2 types of evaluations made it possible to set up effective programs in both cases to decrease the number of challenging behaviors and to increase the amount of food or the number of accepted different foods by a better definition of the program steps in the food exposure, the shaping, and the acquisition criteria. It would be interesting to use the food habit questionnaire for other situations in order to assess its effectiveness in developing food-related programs.

Description

Child 1 is a Boy of 5 years old with ASD, child 2 is a boy of 6 years old with ASD.

The questionnaire consists of a document filled directly by the parents. It's made of 7 different parts:

- the family's goals for better integration into the community
- current eating habits
- past eating habits (before the onset of challenging behaviors)
- autonomy and oro-motor difficulties
- topography and frequency of challenging behaviors during and outside of meals
- medical issues
- Parent's commentaries

The functional assessment consisted of direct observation by the behavior analyst with an ABC datasheet to find the function of challenging behaviors.

All of this data is used to establish an intervention plan.

Results

The results of the questionnaire and of the functional assessment permitted us to develop the intervention procedures, steps, criteria, and potential reinforcers.

Results are summarized in the table below:

	FBA/questionnaire	Questionnaire: Actual accepted and preferred Food	Questionnaire: Food Accepted before and Preferred Food (now refusal)	Dependant Variable	Challenging Behavior	Procedures	Reinforcer
Child 1	Escape at new food	Only bread and «kinder pingui®»	Pasta* and chicken	Number of bites during meal per day	-Turn the head -Go away	Shaping EXT- DRA	Bread + telephone
Child 2	Escape at solidpiece of food	Only fried food	Bread food* and baby food	Number of new food par week	-Spit food -Pack food in mouth	Shaping EXT- DRA	Fried food + telephone

*it's the first food introduced in the program

For child 1, the implementation of the program determined by the results of the questionnaire and the functional assessment allowed to obtain the result, at the end of the 15th day, that he eats more than 20 mouthfuls of the new dish presented.

Challenging behaviors decrease on the first day of the program. They appear no more after the 12th day.

For child 2, the implementation of the program determined by the results of the questionnaire and the functional assessment allowed the introduction of at least one new solid food each week. After 24 weeks, he agrees to eat more than 40 different solid foods (vegetables, fruits, meats, starchy foods). Challenging behaviors decrease from the first week of the program. A behavior of packing food in the mouth starts when the spitting behavior decreases. They appear no more after the 21st week.

Discussion

The questionnaire permits us to identify relevant information for the creation of an effective program in support of the data of the functional assessment for the two children. It would be interesting to replicate a functional assessment coupled with this questionnaire with other people with meal disorders.

Regarding maintenance and generalization, child 2 has continued to accept other foods and continues to eat solid foods at the end of the program. We do not have the follow up concerning child 1.

We were able to carry out the program with two problems: the variety of foods and the variety of solid foods. Other issues could be studied.

References

- Piazza, C. C., Fisher, W. W., Brown, K. A., Shore, B. A., Patel, M. R., Katz, R. M., . . . Blakely-Smith, A. (2003). Functional analysis of inappropriate mealtime behaviors. *Journal of Applied Behavior Analysis*, 36(2), 187-204. doi:10.1901/jaba.2003.36-187
- Tanner, A., & Andreone, B. E. (2015). Using Graduated Exposure and Differential Reinforcement to Increase Food Repertoire in a Child with Autism. *Behavior Analysis in Practice*, 8(2), 233-240. doi:10.1007/s40617-015-0077-9
- Gale, C. M., Eikeseth, S., & Rudrud, E. (2010). Functional Assessment and Behavioural Intervention for Eating Difficulties in Children with Autism: A study Conducted in the Natural Environment Using Parents and ABA Tutors as Therapists. *Journal of Autism and Developmental Disorders*, 41(10), 1383-1396. doi:10.1007/s10803-010-1167-8

Acknowledgement

We wish to thank all of the BA-eService staff for their participation. We also wish to thank Mr. George Bisset, BCBA, for his advice and his support.

Data

Number of bites in new foods during meal per day : child 1



Fig.1

Number of different type of foods accepted: Child 2

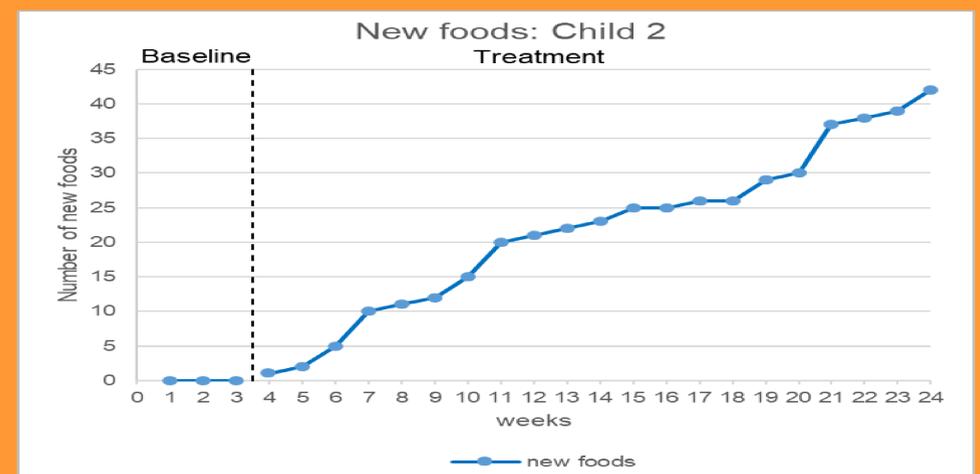


Fig.2

Number of challenging behaviors during meal per day: child 1



Fig.3

Number of challenging Behaviors per hour during meal: child 2

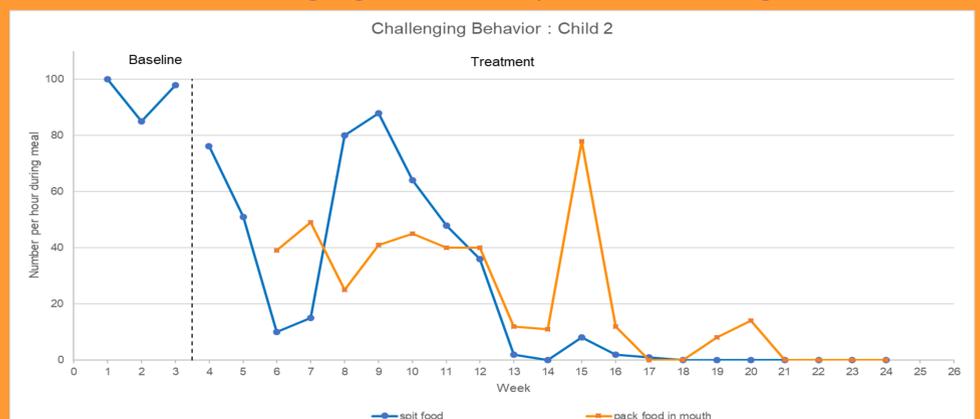


Fig.4