Navigating Toward Better Nutrition:
Strategies to Increase Food Selection in Children with Autism Spectrum Disorder (ASD)

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Background:

Behavioral interventions are often required for children with autism to widen the variety of foods they accept. A young boy diagnosed with autism who attends our intensive Autism Service Delivery Clinic was limiting his food intake to five foods, including four carbohydrates and one fruit. The child was under the care of a metabolic specialist to gain weight and increase his body size, mostly due to poor eating habits. Our goal, with the support of his parents, was to increase the variety of food this child would eat, while focusing on nutritional intake important for growth and development.
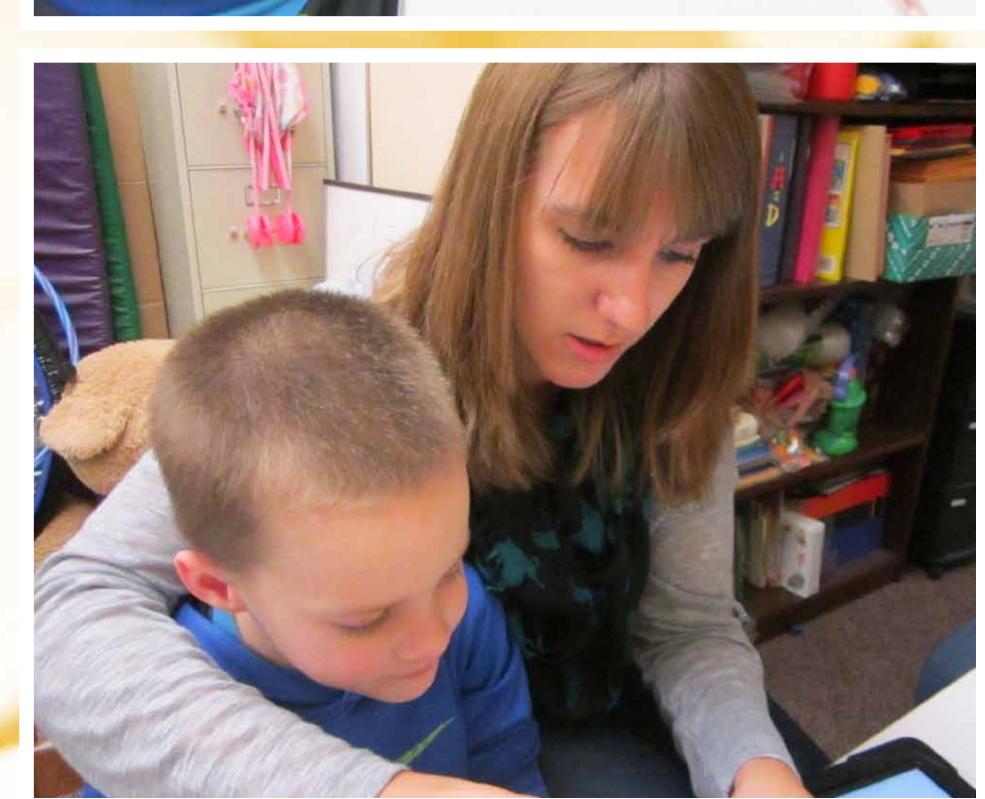
Our objective was to employ a token economy to increase food acceptance in this child as well as to help generalize his success in eating those foods to all his environments.

Methods/ Description:

Twice a day, three days a week student and supervising therapists conducted an individualized behavioral feeding program that focused on adding one non-preferred food at a time to his eating repertoire and also increased his calorie and nutrient intake. We began with one food choice that was a close approximation to one of his preferred foods, and gave the instruction "eat this, then you can have this" (preferred food). An immediate reinforcement, his IPAD, was provided as soon as he attempted to eat the new food. Gradually, after a week of resistance and gagging, he was able to spoon, chew, and swallow the new food without a problem.

Then, a second food was added, using the same instruction, and this one was mastered sooner than the first. He broadened his repertoire, as we introduced new food. To increase his pace and lessen his prompt dependence, we switched the reinforcement to a token system, so that he would learn to eat more quantity before receiving reinforcement. Soon he was able to finish an ever-changing plate of food, with a variety that included black beans, peas, carrots, sweet potatoes, strawberries, ham, and hummus. He is eating a variety of foods not only at clinic but at his home and at restaurants.
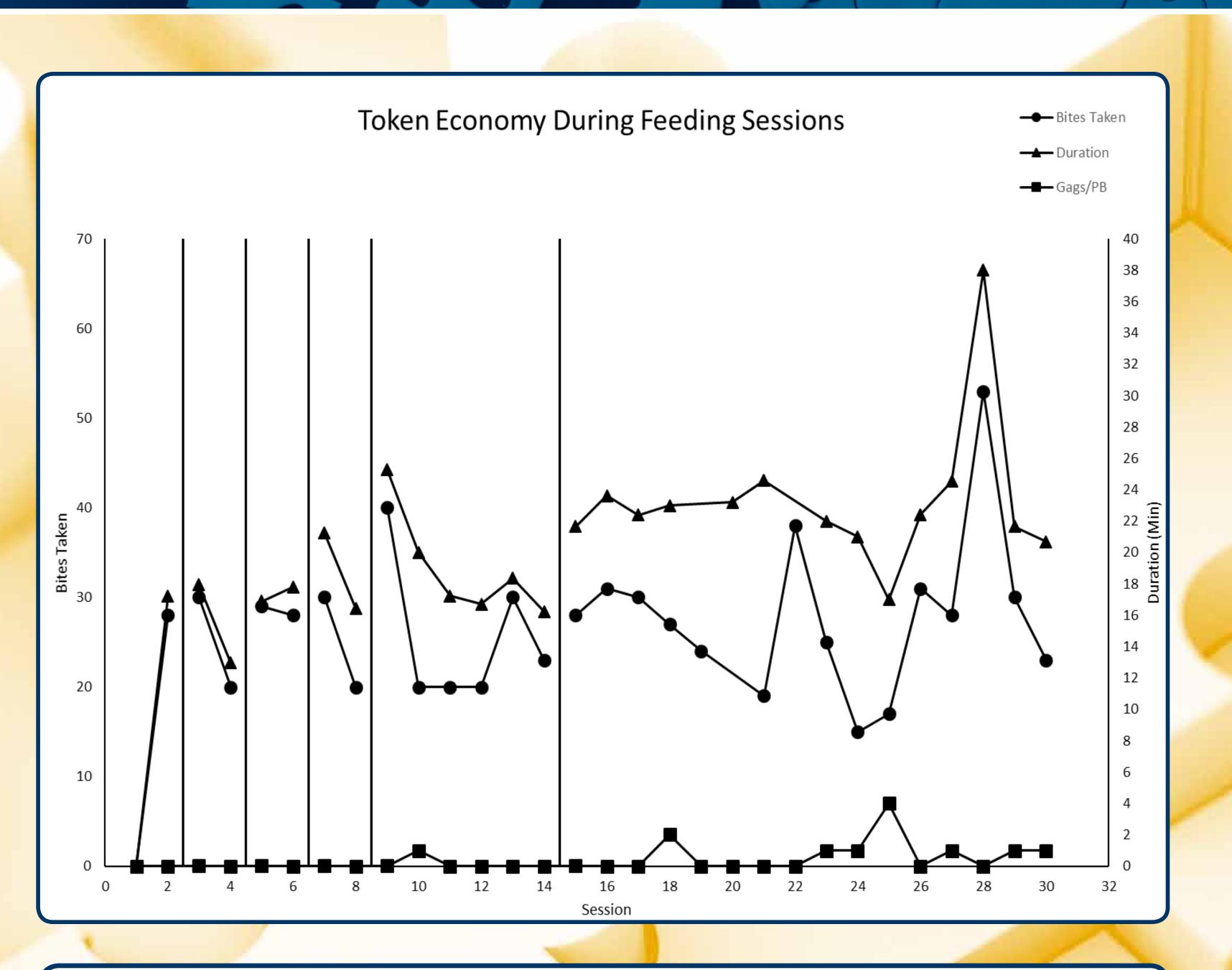

Conclusions:

Individualizing a feeding program for a young child with autism requires a mix of reinforcement strategies. At first we used immediate reinforcement with a much preferred item but were eventually able to switch to a token system which helped him move from single prompted bites to a full plate of differing foods. We found that reinforcing food choice behaviors through a token economy can increase more typical eating habits while allowing for generalization in multiple environments.

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