

DIDACTIC PRESENTATION

Changing Behaviors with ABA

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[Presentation Recording](#)

CASE SUMMARY

In summary, this is the case of a 3yr6mo, male who has been diagnosed with avoidant/restrictive food intake disorder (ARFID). He recently began to limit his foods even more and then stopped solid food intake after a febrile viral respiratory illness in December.

KEY QUESTION(s)

How to integrate ABA and other therapy modalities- OT/SLP with regards to foods and eating?

CLARIFYING QUESTIONS

Is there a pediatric psychologist involved?

No – need to do some research on a psychologist that would specialize in this area.

Does he drink everything?

He is limited in what he drinks – drinks some water and juices. Only drinks nutritional shakes at night. His main nutritional intake is the nutritional shakes. Possibility of adding some pediasure to his shakes. Also there is the possibility that he may need a swallow study as he chews, but then spits them out. Mom is worried that doing the study will cause him to restrict further.

Has he had a dental work up done?

He does have a dentist, but unsure about dental work ups. He does have an upper lip tie but the dentist didn't feel it was inhibiting feeding.

Does he have temperature/textural sensitivities?

Unsure but worth exploring.

Are we sure that he isn't filling up on the shakes? Could we reduce shakes to see if hunger would increase?

Mom has tried to reduce caloric intake at night, and regardless of caloric intake he still struggles to intake food.

Where does this kid enjoy life the most? Does he like going outside? How can we connect the child's love for life and food? What is dad's level of engagement with feeding? Is it a concern that mom is using clinical skills on her child?

Unsure – he seems to love play anywhere regardless. Dad is very involved but is sole breadwinner, so he is less present in medical care. Parents seem on the same page and mom is trying hard to stifle stress around feeding in front of the child. Mom is also working on connecting PT to care outside of her, but there is no concern around mom's clinical skill use.

Is there good collaboration with all providers?

Unsure – maybe I will reach out to school to discuss further collaboration.

KEY RECOMMENDATIONS & RESOURCES

Pediatric Development Center, Westbrook, Maine, has feeding therapy and ABA providers for private pay. Providers have sent kids there and found it to be helpful. Website: <https://pediatricdevelopmentcenter.com/>

Scarborough Neurodevelopment Center, South Portland, Maine, also does feeding therapy. <https://trainyourbrain.me/>

KEY RECOMMENDATIONS & RESOURCES Cont'd

[Northern Lights eating disorder program](#) has experience working with eating behaviors and encouraging stimulating hunger cues. They also have experience with food exposures in office and at home. There is also a dietician at home they can use, and encouraging use of OT for feeding.

- Specifically using CBT for ARFID to give families a guide for what to do at home.
- Using play therapy with food, playing with food and creating safety around food, then further discovering what colors and textures the PT prefers with food.
- Sometimes feeding tubes can make treatment more challenging.
- Sometimes distraction techniques can also be helpful down the line

Encourage a team approach, using zoom to connect with all providers especially those at schools to create consistent messaging.

Recommend seeing a pediatric psychiatrist/psychologist for additional supports.

Investigate if upper anatomical issues are at play or encouraging consideration of that issue.

Using creative story telling as an indirect intervention, possibly the use of a mental health provider to assist with this intervention.

Make eating fun – engage the child in play around eating time. Try to reduce frustration around feeding and reduce pressure around eating and feeding.

Help Me Grow works with families of younger children with behavioral health needs.

<https://www.maine.gov/dhhs/ocfs/support-for-families/childrens-behavioral-health/services/find-a-provider/providers-region1-section28-spec>

Attend App - free for parents to utilize for behavior management similar to ABA at home

<https://www.attendbehavior.com/maine>

Insurance companies can pay for some ABA services. Katie-Beckett can qualify someone for ABA under section 28, but it is not required to access all forms of ABA. Specialized Section 28 providers area ABA trained and have certified BCBA's on staff.

List of Specialized Section 28 providers: <https://www.maine.gov/dhhs/ocfs/support-for-families/childrens-behavioral-health/services/find-a-provider/providers-region1-section28-spec>

Feeding Therapy Links

[BCBAhttps://www.verbalbeginnings.com/aba-blog/a-behavioral-approach-to-feeding-therapy/](https://www.verbalbeginnings.com/aba-blog/a-behavioral-approach-to-feeding-therapy/)

Behavior Analysts – Evaluate environment factors maintaining maladaptive behaviors that occur at mealtime, such as the caregivers' response to the child. Using this information, treatments that employ the core principles of applied behavior analysis (ABA) are developed specific to the child. Reinforcement for engaging in desired behaviors (taking bites, chewing, swallowing, using utensils, etcetera) is incorporated.

<https://www.empowerbh.com/service/aba-feeding-therapy/>

Feeding problems that begin in childhood with clinically adverse effects on health and development are classified as pediatric feeding disorders (PFD). PFDs are learned biobehavioral conditions characterized by consumption of a highly limited variety of nutritive foods or drinks and are commonly accompanied by challenging mealtime behavior disruptive to family mealtimes. Sometimes PFDs can involve oral-motor delays or deficits, or a need for medical intervention to address inadequate caloric intake, growth deficiencies, or other difficulties.

<https://www.biermanautism.com/resources/blog/effective-feeding-therapy-using-aba-principles/>

We often use techniques such as positive reinforcement, shaping, desensitization and food chaining to increase healthy eating.

You may always reach out for a consult through the MPBHP access line 1-833-672-4711.