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Increasing food consumption with an antecedent and reinforcement-based treatment generalized via telehealth

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Statement of the problem: Restrictive patterns of behaviour are one of the diagnostic criteria of autism spectrum disorders (ASD), which can be displayed in restrictive diets. Some children with ASD restrict their food intake to particular foods, brands, textures, and types, leading to food selectivity. It is reported that 72% of children with ASD engage in food-selective behaviours [2]. For both typically developing children and children with ASD, food selectivity issues can be a source of concern to educational staff and to families. The purpose of the present case is to illustrate how the use of antecedent strategies and positive reinforcement in the home increased food consumption in a child with ASD and then generalized via telehealth services, with the parent becoming the implementer.

Methodology & Theoretical Orientation: In this study, we report a case with a 7-year-old girl with autism spectrum disorder and anxiety disorder who had severe restrictive eating leading to various medical concerns raised by her paediatrician. Following medical consultation and a descriptive functional assessment, a therapist implemented behavioural intervention consisting of a visual cue, choice, and differential reinforcement of alternative behaviours. The intervention was focused on both in-home meals and telehealth consultation during mealtimes, as the COVID-19 pandemic necessitated moving to remote consultation for continued treatment.

Findings: The Figure-1 depicts overall meal completion across phases. During baseline, the participant displayed high levels of inappropriate mealtime behaviours (a) and low levels of meal consumption (b) even with preferred foods presented as part of the meal. Upon implementation of the intervention, the participant demonstrated an immediate reduction in inappropriate mealtime behaviours and an increase in bite consumption. Some variability was observed; however, zero occurrences of inappropriate mealtime behaviour with 100% consumption of foods were observed upon completion of the intervention. Upon implementation of telehealth generalization, the participant maintained low occurrences of inappropriate mealtime behaviour and 100% consumption of novel foods (except for during one meal).

Conclusion: The success of this study has long-standing implications for the benefits of positive feeding interventions and telehealth as well as parental training strategies. Food and liquid consumption were successfully increased using an antecedent and differential reinforcement procedure in the home and generalized via telehealth. The procedure was implemented in the participant's home by the therapist with her parents observing. When the COVID-19 pandemic resulted in stay-home orders, the intervention was then implemented via telehealth with the parent remotely. Both phases of intervention resulted in increased consumption across food groups and a reduction of inappropriate mealtime behaviours.

Biography

Lisa Tereshko, Ph.D., BCBA-D, LABA is the Director of Quality Assurance and Research for the Institute of Applied Behavioural Science at Endicott College. Lisa received her bachelor's degree with a major in psychology and minor in education from Western New England University, a master's degree in Applied Behaviour Analysis from North-eastern University, and her doctoral degree in applied behaviour analysis at Endicott College under the mentorship of Mary Jane Weiss. Lisa has over 15 years of experience working with children and adolescents diagnosed with autism spectrum disorders and other intellectual and behavioural disorders in private and public schools, homes and residential settings. Her research interests include increasing the effectiveness and efficiency of functional analyses, ethical and compassionate feeding interventions, increasing cultural competency in higher education, and assessing best practice pedagogy in higher education. Lisa has published peer reviewed articles on the reduction of interfering behaviours, video modelling, diversity, equity, and inclusion in higher education and feeding interventions as well as chapters on cultural supervision, effective collaboration, and a variety of aspects for mealtime intervention. She has presented locally, nationally, and internationally on the previously mentioned topics and on staff training, discrete trial teaching, and collaboration across disciplines.