Feeding Challenges in Children with ASD and the Relationship with Parent and Child Outcomes

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Introduction

- Feeding can be difficult for children with ASD as many as 89% experiencing food selectivity.
- Feeding difficulties include nutrient-deficient diets, self-feeding challenges, swallowing, eating inedible objects, mealtimes behaviors, not following the family diet, or participation in family mealtimes.
- Parents with children that reported more feeding problems during mealtimes had higher ratings on self-reported stress and exhaustion.
- Sensory processing behaviors occur in 69 to 94.4% of individuals with ASD and is the most common parent reported feeding related challenge.
- Adaptive behaviors are skills including self-care, communication, and social skills that support independence in daily activities.
- The Feeding Assessment for Children with Autism is a comprehensive, caregiver-report measure that was developed to better characterize feeding problems in children with ASD.

Purpose of the Study: To determine the relationship between four feeding constructs (health, sensory, behavior, and oral motor skills) identified by the Feeding Assessment for Children with Autism, parent stress and child outcomes.

Methods

- Online survey study design.
- Participants: 303 caregivers of children with ASD, age 2-12, were recruited through Interactive Autism Network (IAN).
- Multivariate regression models were used to predict parenting stress (PSI-SF), child adaptive behavior (SIB-R), and child sensory patterns (SEQ 3.0).

Exclusion criteria

- Children with Rett syndrome, Childhood Disintegrative Disorder, significant visual, hearing, or physical impairments, and other conditions known to be co-occurring with ASD (e.g., Fragile X syndrome, tuberous sclerosis).

Measures

- Feeding Assessment for Children with ASD.
- Parenting Stress Index Short Form (PSI-SF).
- Scales of Independent Behavior-Revised (SIB-R).
- Sensory Experience Questionnaire (SEQ 3.0).
- Social Responsiveness Scale (SRS-2).

Results

- Significant construct predictors:
  - Oral motor and Difficult Child subtest (PSI-SF).
  - Health and sensory seeking patterns (SEQ 3.0).
  - Health and standard score of independent skills (SIB-R).
  - Health and support needed for ADLs and maladaptive behaviors (SIB-R).

ASD severity (SRS-R) accounted for:
- 14% of parent stress.
- 24% of sensory patterns.
- 15% of functional outcomes.

Conclusions

- Oral motor concerns predicted higher levels of child stress on PSI-SF, suggesting that oral motor issues may contribute to child mealtimes behaviors that are stressful and disruptive to parents.
- Health construct predicted sensory seeking patterns.
- Child may seek sensory input to modulate health related pain and gastrointestinal symptoms.
- Health concerns predicted lower adaptive behaviors and higher level of support needed, suggesting unmet medical needs may increase a child’s need for functional support.
- Existing literature emphasizes sensory and behavior challenges and may be overlooking the impact that oral motor and health have on feeding challenges.

Future Research

- Include data such as professional observation, evaluations, and mealtimes logs, in addition to parent report measures.

Implications for Practice

- Occupational therapists have a strong role in teams addressing feeding challenges.
- Screening, assessments and interventions should consider comprehensive factors, including oral motor and health, when approaching children’s feeding challenges.
- Better addressed feeding challenges may improve child independence, management of sensory seeking behaviors, and family stress.

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