Mealtime Strategies of Caregivers of Children with Autism Spectrum Disorder

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Introduction

• An estimated 46-89% of children with ASD demonstrate feeding difficulties, compared with 25% in typically-developing children.2
• Family mealtimes increase language development, physical health, academic achievement, and socialization.3
• Mealtime can be challenging in children with ASD due to inflexibility, adherence to routine, and sensory issues.1
• Due to the stressful and challenging nature of mealtime, caregivers must use any strategy available to support their child’s participation in family mealtimes.4
• Parents use many techniques, routines, and rituals in an attempt to improve their child’s challenging mealtime behavior, but with limited success.5
• Few studies assess parents’ actual use of mealtime strategies in a natural setting, providing a better understanding of the nature of the problem in realistic settings.

Study Purpose

To further understand what strategies caregivers of children with ASD report using to support their child’s participation in mealtime.

Research Design & Methods

Design

• Qualitative design using caregiver interviews
• Interview data used to identify caregiver-reported strategies used during mealtime

Data Collection & Analysis

• Families participated in 2-3 semi-structured and narrative interviews in families’ homes
• Interviews were recorded and transcribed verbatim
• Thematic analysis of mealtime strategies within and across caregiver interviews using qualitative data analysis software

Participants

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<tr>
<th>Child</th>
<th>Gender</th>
<th>Age</th>
<th>Income</th>
<th>Mother’s Occupation</th>
<th>Father’s Occupation</th>
<th>Siblings</th>
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<td>Amy</td>
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<td>Homemaker</td>
<td>Psychiatrist</td>
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<td>Brenda</td>
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<td>Student</td>
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<td>Carol</td>
<td>Male</td>
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<td>Business Manager</td>
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<tr>
<td>Diane</td>
<td>Female</td>
<td>6</td>
<td>$80,000- $99,000</td>
<td>Homemaker</td>
<td>Engineer</td>
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</tr>
</tbody>
</table>

Results

Themes of Mealtime Strategies

Provide Choices
Caregivers provided child with a list of previously identified “preferred foods” and let the child choose.

Don’t Force Change; At Least They Will Eat
Caregivers discussed refraining from branching out or forcing their child to try different foods and making the child’s desired foods as often as the child wants, even when it means making an entirely different meal.

Distraction
Caregivers described providing a tool to distract the child from eating (i.e. table in front of the TV, games on iPhone, book), so the child can “eat mindlessly”.

Make it Fun
Playing with food or connecting food consumption with an enjoyable activity like a preferred TV show or game.

Successive Approximation
Slowly introducing a new food item to increase child’s willingness to eat that food, including: hiding in or pairing with preferred food, modifying size or texture, and familiarizing with food through touching, pictures, and talking about the food.

Discussion

• Five themes emerged from this study: Distraction, Don’t Force Change; At Least They Will Eat, Provide Choices, Make it Fun, and Successive Approximation.
• Each theme is distinct, but caregivers may implement more than one type of strategy.
• Although these themes portray strategies caregivers are using, they may be unsuccessful.
• Caregivers choose strategies based on shifting personal expectations for mealtime.
• Caregivers expressed a strong desire for more effective strategies.

Implications for OT

• Provides occupational therapists (OTs) with a realistic picture of mealtime in the homes of children with ASD in order to modify and integrate into clinical practice.
• Health practitioners should rely on caregiver-reported information as well as mealtime observations to inform clinical decision-making.
• OTs and practitioners should measure success of strategies based on family expectations and desires.
• May guide the development of future interventions to target feeding challenges in mealtime contexts to support the child and other family members.

References


Acknowledgments

I would like to thank my mentor Dr. Karla Ausderau and professor Dr. Brittany Travers for their constant guidance and support throughout this process. I would also like to thank the Feeding Disorders in Autism and Impact on Family Mealtime, Wisconsin Alumni Research Foundation/MSN154607 and my fellow ASD research team members Erin Milbach and Malissa Roberts.