

TARGETING THE BIG THREE

MEALTIME BEHAVIORS TRAINER MANUAL

SUMMARY

This training offers hands-on instruction for parents, caregivers, and service providers to address the most frequent and problematic areas of daily living for many individuals with autism spectrum disorders and other developmental disabilities. The curriculum is based on the principles of applied behavior analysis (ABA) and focuses on developing the specific techniques and skills shown to be successful in these areas. This program provides training in the management of mealtime behaviors. Caregivers will attend a series of weekly sessions in which they will learn new methods of observing and recording problem behavior, how to implement techniques to change behavior, and how to track progress. Throughout the program, participating parents and caregivers will be expected to collect and submit data related to their experiences in implementing mealtime behavior management techniques. At the conclusion of the program, the trainers will provide follow-up consultation with individual caregivers and staff as needed.

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Basic Training Guidelines

The training content and procedures for teaching the “Targeting the Big Three: Mealtime Behaviors” curriculum are specified in this Trainer Manual. Your role is to introduce the topic, go over the content, demonstrate the steps as necessary, and cover how the content should be applied as they work with the individual they care for. You will instruct participants on how to conduct functional behavioral assessments, conduct preference assessments, implement mealtime behavior intervention, and record data. You will be presenting material, asking questions, facilitating role playing exercises and discussions, and helping the trainees understand, design, implement and revise the behavior intervention techniques. You will need to be prepared for each session. Take note of the “Preparing for This Session” boxes throughout this manual.

Trainer Objective: To Encourage and Empower

As a trainer of this curriculum, your primary objective will be to help each parent or caregiver become comfortable with the assessment and intervention techniques contained in the curriculum so that he or she can implement them successfully with the individual they care for.

Your job is to *encourage and empower the caregivers* to take the positive, proven steps contained in this course to improve the life of the individual they care for. This work is difficult, but will be worth their effort. The people you will be training need to hear that. Be sure to encourage and empower them in each session!

Trainer Requirements

People who conduct this training workshop should be experienced trainers with extensive experience working with individuals with autism spectrum disorders (ASDs) and developmental disabilities, as well as with their families. A background in applied behavior analysis is highly recommended.

Class Size

The workshop is designed for a maximum of 10 caregivers to attend each sequential session. Keep a record of attendance at all sessions.

Space Requirements

The training room must accommodate 11 people, but should be large enough to allow the trainer to circulate and engage in quiet, semi-private conversations with individual caregivers. Following the training sessions, the room should be returned to the initial configuration. Room and equipment requirements are:



- Tables and chairs (with room to move around for role plays)
- An accessible copy machine
- Newsprint for posting session ground rules (optional)

Estimated Time – 90 minutes

The time limits listed next to each segment of the session are rough guides. Be flexible with time, allowing more time for areas that seem to require it and shortening other areas that can be briefer.

Workshop Materials

There are two manuals (a Caregiver Manual and a Trainer Manual) associated with this workshop. The Caregiver Manual contains space for the participants to record information about the individual they care for. It also contains all the data sheets they will need to complete homework. Occasionally, additional copies of a data sheet may be needed.

It may be helpful to have a watch or clock in view so that you can pace your presentation of the material and exercises for each session. There is a lot of material to cover in each session.

For Sessions 2 – 4 you will need to have:

- several types of reinforcers (toys, books, snack foods, candy, soda, games)
- props for the Role Plays for analogue FBA and Tell-Show-Do (a spoon, cup, a plate, teddy bear etc.)
- pencils for participants to use in practicing data collection
- extra copies of relevant data sheets
- examples of token systems (Session 3 only)

Conducting Workshop Training

Take the time to learn the training materials and rehearse the role play scenarios and different procedures before the training. Present the information in your own words. This will free you from reading the trainer materials verbatim and make you a more confident and effective instructor. To illustrate a point, consider using examples drawn from your own experience in working with individuals with autism and other developmental disabilities.



Collecting Data

The Institutional Review Board of OPWDD's Institute for Basic Research has determined that data collection associated with Targeting the Big Three is not human subjects research and has authorized OPWDD to collect anonymous data on individuals with developmental disabilities in relation to this training program (p. 8 T). It is important that you (the trainer) maintain the anonymity of the data collected in your training sessions by completing the following steps:

- At the beginning of your training sessions -
 - complete and submit the Agreement to Exchange and Maintain Anonymous Data (p. 9 T) to Dr. Helen Yoo, IBR Dept. of Psychology, 1050 Forest Hill Road, Staten Island, NY 10314.
 - complete the Data Coding sheet (p. 11 T) to ensure you record data accurately and anonymously throughout the training.
- At the conclusion of the training sessions - mail all of the coded data sheets (but NOT the Caregiver Data Coding sheet) to Dr. Helen Yoo.

Throughout the training sessions, you should collect the assigned homework data at the beginning of each session. Make copies of the homework during a break and return the data sheets to the trainees before the end of the session. If you do not have access to a copy machine, ask the trainees to make a copy of each homework data sheet prior to session and submit that copy to you at the beginning of each session. For trainees who do not have access to a copy machine, collect the data at the end of the last two training sessions. Arrange to return the data to the trainee (e.g., by mail, scanning & email, etc.)

INSTITUTE FOR BASIC RESEARCH
Institutional Review Board
Research Foundation for Mental Hygiene, Inc.

PROTOCOL DISPOSITION FORM

PROTOCOL: Initial Insert ONE: Initial Review, Continuing Review, Amendment,
Withdrawn or Completed)

PROTOCOL NUMBER: 497

INVESTIGATOR NAME: J. Helen Yoo

TITLE: Targeting the Big Three: Challenging Behaviors, Mealtime Behaviors and Toileting,
A Train the Trainer Program to Benefit Parents, Caregivers and Staff

1. At the 12/7/10 (date) meeting of the IRB the above protocol was evaluated
 The above protocol was approved by expedited review on (date)

Monitoring: Capacity evaluation: Continuing Review due on (date) (at least annually).

Comments: This project was reviewed by a convened meeting of the IBR IRB. The Board found that the project does not involve human subjects research.

2. The above entitled protocol was reviewed by the Facility Director/Designee on (date) and was:
 APPROVED (Decision includes use of state staff time)

DISAPPROVED Comments:

Date Facility Director/ Designee

3. The above entitled protocol has been reviewed by the Research Foundation for Mental Hygiene Inc., and the New York State Office of Mental Health according to the procedures described in Section 3.6 of the Manual for Institutional Review Boards.
 APPROVED

DISAPPROVED
Comments:

Date Susan J. Delano, Deputy Managing Director Research Foundation for Mental Hygiene, Inc



**Institute for Basic Research
in Developmental Disabilities**

W. Ted Brown, M.D., Ph.D., Director

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AGREEMENT TO EXCHANGE AND MAINTAIN ANONYMOUS DATA

As a research scientist authorized to receive anonymous data on individuals with developmental disabilities in connection with Targeting the Big Three: Challenging Behaviors Mealtime Behaviors, and Toileting. A Train-the-Trainer Program to Benefit Parents, Caregivers & Staff, a training project reviewed by the Institutional Review Board (IRB) of the Institute for Basic Research on December 7, 2010, I, J. Helen Yoo, Ph.D., BCBA-D, hereby acknowledge that I have a legal, professional, and ethical duty to maintain the anonymity and confidentiality of the individual records I receive.

In accordance with this duty, I will receive **anonymous data**, which cannot reasonably be linked, directly or indirectly, to a specific client or caregiver, who will receive *Targeting the Big Three* trainings from _____ (DDSO/voluntary agency).

The data collected by the above DDSO/voluntary agency will be coded by the trainer as follows, prior to being sent to Helen Yoo at 1050 Forest Hill Road Staten Island NY 10314:

- ❖ Name of DDSO/voluntary agency—Trainer's Initials—Participant Code—Age of the Individual with DD (e.g., Staten Island—HY—A—18)

_____ (DDSO/voluntary agency) and I agree to take whatever measures necessary to secure such data against unauthorized disclosure and agree to return, destroy or delete any identifying data.

PI Signature

12/16/2010

Date

J. Helen Yoo

Name (typed or printed)

Trainer Signature

Date

Name (typed or printed)



Caregiver Data Coding

Instruction: Use this form to help you keep track of the names and codes assigned to each participant. Before you send the data to Helen Yoo at the end of the training, write the unique, anonymous code assigned to each participant on top of the respective data sheets. If there are multiple data sheets per participant, staple them together and place the anonymous code on the top page. Do not send this Caregiver Data Coding form to Helen Yoo. Keep it safe and confidential.

Example: Staten Island—HY—A—18

Workshop (circle one): Challenging Behavior / Mealtime / Toilet Training

Training Dates: _____

DDSO Location/ Agency Name	Trainer Initials	Participant (Caregiver) Name	Participant Code	Age (in years) of the individual with DD
			A	
			B	
			C	
			D	
			E	
			F	
			G	
			H	
			I	
			J	





Keys to Effective Instruction:

1. Be enthusiastic about the topic and the training program. Participants need to know it can make a difference in their lives.
2. Start on time. End on time.
3. Be respectful of the participants. Validate their frustrations and experiences.
4. Support the curricula with your own facts and experiences.
5. Be clear and direct during training. Instruct the participants to follow along in their Caregiver Manual.
6. Invite questions from the participants.
7. Encourage sharing of personal stories. Participants gather strength and encouragement from each other.
8. Cite scientific references (peer reviewed journal articles) and authorities.
9. Be honest with the participants. If you don't know the answer to a question, say you'll consult the sources and get back to them.
10. Use questions to elicit discussion and uncover issues that might hinder success:
 - What do you think will be easiest to implement in this session? The most difficult?
 - Use retrospective "think back" questions. Ask the participants to remember their past experiences instead of a hypothetical situation.





Session I: Introduction

Preparing for this Session

Purpose – In this session you will:

- make introductions,
- provide an overview of the workshop,
- introduce general information about the Applied Behavior Analysis and mealtime behaviors
- help caregivers identify and define target mealtime behaviors,
- help caregivers identify realistic mealtime goals, and
- prepare participants to collect baseline data.

At the conclusion of Session 1, you will review each of these accomplishments with the participants.

To Prepare:

- Read through the entire session in the Trainer Manual
- Become familiar with the Baseline Data Sheet and Mealtime Behavior Graph
- Assemble name tags





Targeting the Big Three: Challenging Behavior, Mealtime Behavior and Toileting

Sign-In Sheet

WORKSHOP (circle one): Challenging Behavior, Mealtime, Toileting

TRAINER: _____

Date: ____ / ____ / _____

	Participant Name <i>(First, Last)</i>	Phone Number	Email	Primary Role <i>(Caregiver /Support Staff)</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				





Introductions (5 minutes)

[Prior to Session 1, ask all participants to print out and bring the manual to the workshop. Have at least one copy handy just in case a participant forgets to bring hers.]

[Arrive at the training location a few minutes early to prepare and greet participants as they enter the room.]

[Ask participants to sign the attendance list (including collect phone #/email) and create name tags.]

[Welcome participants to the training and introduce yourself (tell your name, what you do in your job and a little about your experience.)]

[Inform participants where the restrooms, water fountain, vending machine, and nearest exit are before beginning the workshop.]

[Explain the disclaimer and ask participants to sign it.]

[Collect the disclaimer.]

Disclaimer

This curriculum contains guidelines designed to provide a useful “how to” manual to address common mealtime problem behaviors in individuals with ASD. It is not intended to be a “one-size-fits-all” training program. This curriculum, while focused on mealtime behavior management, may also deal with health and related medical issues for the individual whom you are providing care. Please note that this curriculum is not intended to supplant any in-person behavioral consultation or medical examination that may be necessary to appropriately meet the needs of the individual presenting with problematic mealtime behaviors. Always seek the advice of a professional with any questions you may have *before* using the curriculum.

If you haven’t already done so, locate a competent behavior analyst or other behavioral health professional trained in these areas for individuals exhibiting severe and chronic food refusal and selectivity (see www.bacb.com for a registry of board certified behavior analysts). OPWDD expressly disclaims any and all responsibility for any liability, loss, or risk, personal or otherwise, which may be incurred as a consequence of the use and application of any of the guidelines included in this curriculum.

The information I receive as a result of this training is for educational purposes only. No information provided is intended to diagnose or cure any disease or condition. All guidance and training given should be considered as advice.

Signature

Date



Ice Breaker (10 minutes)

[Instruct participants to walk around the room and introduce themselves to as many people as they can in five minutes.]

[When five minutes is up, ask the participants to pair up and introduce their partner to the group, telling a little bit about that person such as: Name, Where they work, How long they have worked there, who they care for with ASD and perhaps where they're at in their life or work with that individual (e.g. barely hanging on, feeling optimistic, overwhelmed, etc.)]

Set Ground Rules (5 minutes)

[Explain the following ground rules to the group and ask if anyone has any additional rules to suggest. You may want to write these on a piece of newsprint and bring them to each session.]

- a. Be on time
- b. Place cell phones on silent or vibrate
- c. No talking on cell phones or texting. If you need to take a call, leave the room.
- d. Be open and honest, but know that you do not need to share any personal information you are not comfortable sharing.
- e. What is said in the room, stays in the room.
- f. Do assigned "homework"
- g. Do not make up data
- h. Listen to what others are saying (no side conversations)

1. Program Overview (7 minutes)

[Instruct:]

- Targeting the Big Three has been designed for parents and caregivers of individuals diagnosed with autism spectrum disorders (ASDs) and other developmental disabilities. It offers three distinct, scientifically-based, behavioral curricula that address three targeted problem areas.
- This five-week series is focused on the management of mealtime behaviors.
- Two other trainings address challenging behaviors and toileting skills.



- Some of you may attend all three trainings. Some may only choose one or two.
- All three curricula are based on the principles of Applied Behavioral Analysis (ABA) and are designed to help caregivers to develop specific techniques and skills to use in managing the three problem areas.
- This five-week session will focus on teaching a proven, scientific approach to addressing mealtime behaviors such as lack of self-feeding skills, food refusal, accepting a very limited variety of foods, and inappropriate behaviors related to eating.
- You will learn how to collect and graph data related to your training efforts. Don't be intimidated by the need for data. The data will help you see your progress and customize your intervention for the person you work with.
- With my help, you will find you can easily collect data. Together, we'll look at what your data is telling us about the person you are working with and then use it to improve the individual's mealtime behaviors.

[Refer participants to the table describing the Program Sessions.]

Program Sessions:

Session 1	<ul style="list-style-type: none"> • Get to know the individuals you care for • An introduction to Applied Behavior Analysis and issues around Mealtime Behaviors • Setting realistic goals, • Identify the target behaviors you want to improve • Collecting and graphing baseline data • Setting realistic goals
Session 2	<ul style="list-style-type: none"> • Discuss baseline data • Learn how to conduct preference assessments so that you can later use these preferences (specific foods, toys or favorite activities) to motivate behavioral change. • How to work with an individual using a three-step guided compliance model that allows you to offer the right amount of help as a person learns
Optional Session 2a	<ul style="list-style-type: none"> • How to identify the function of mealtime behaviors with Analogue Functional Analysis
Session 3	<ul style="list-style-type: none"> • Discuss results of your preference assessments • Mealtime Behavior Intervention Techniques • How to create a personalized mealtime behavior intervention plan • How to collect and graph data as you implement mealtime behavior intervention techniques
Session 4	<ul style="list-style-type: none"> • Discuss results of mealtime behavior intervention plan implementation • Modify the mealtime behavior intervention plan as needed • Create a plan for follow-up consultation as needed

2. Caregiver Commitment (3 minutes)

[Remind participants of the need for their dedicated commitment to the learning process within this training.]

[Say:]

- *“Take a moment to think about your commitment to this training and your willingness to complete the required homework assignments.*



- *Does anyone have any concerns about their ability to collect the data successfully?”*

[Invite ideas from the group about what might help those caregivers with concerns to implement what they learn and collect the necessary data. (e.g., how to time their intervention sessions according to family routines and schedules, individual energy patterns, enlist help in collecting data, etc.)]

3. Description of the Individual (10 minutes)

[Say:]

“Think about the individual you care for and record your responses to the questions in your manual.”

[After a few minutes, engage the group in a discussion about the individuals, using the questions in your manual as a guide (listed below).]

[Assure the participants that they need share only as much information as they wish.]

Questions:

- Describe the individual’s strengths.
- Describe the individual’s challenging mealtime behaviors.
- Describe your concerns about these behaviors.
- Describe past mealtime behavior management training experience, include positive and negative aspects.
- How does the individual communicate? Describe the communication methods used.

4. Introduction to Applied Behavior Analysis (ABA) (20 minutes)

[Instruct:]

Applied Behavior Analysis:

- Is a branch of psychology which focuses on the application of the science of behavior. It is commonly referred to as “ABA.”



- Has been studied extensively and is considered by the majority of clinicians and researchers to be the most effective, evidence-based, therapeutic approach for helping individuals with ASDs gain communicative, social, and behavioral skills.
- Provides the format to measure behavior, teach functional skills, and evaluate progress objectively.
- Breaks behavior down into small parts so that individuals with ASDs can learn and accomplish things easier.
- Provides abundant positive reinforcement for appropriate, desirable behaviors.
- Withholds reinforcement for problematic or undesirable behaviors.

[Say:]

- *“A great deal of material will be covered throughout this five week program.”*
- *One of the primary goals of this program is to teach you how to use interventions based on ABA.*
- *I will help you learn the specific ABA techniques so that you can understand and improve the mealtime behavior of the individual you care for.*
- *It will take continued focus and practice to see long-term changes.*
- *With commitment, it can and will work for you and the individual for whom you provide care.”*

The Story Behind Food Refusal and Selectivity

[Instruct:]

- Food refusal and selectivity are common among individuals with autism and other developmental disabilities.
- They are closely tied to the individual's health and development. If left untreated, eating problems can lead to serious health problems, including malnutrition, and subsequently may result in failure-to-thrive.



- The fact that mealtime occurs at least three times a day with at least one meal typically consumed outside the home (i.e., school or workday lunch) adds to the difficulty of managing meal-related behaviors.
- This training addresses three areas:
 - Lack of independent self-feeding skills
 - Insufficient food intake due to food selectivity
 - Insufficient food intake due to texture of food

Functional Behavior Assessment (FBA)

[Instruct:]

- Functional Behavior Assessment, or FBA, is a process used to gather information and identify the reasons for (i.e., the causes or “functions” of) behaviors.
- Functional Behavior Assessment (FBA) for challenging behaviors includes three types of assessments. In order of increasing complexity, they are indirect, descriptive, and analogue.
- Indirect and descriptive FBA methods involve only observation. They identify patterns and correlations, and do not always lead to an accurate understanding of the reasons for behaviors.
- Analogue FBA (also known as Functional Analysis) is used when it remains unclear why an individual engages in certain undesirable behaviors despite caregiver interview and direct observation.
- Analogue functional analysis exposes the individual to different situations and records his reaction to determine what is driving his behavior.
- To determine the reasons behind food refusal and selectivity, Analogue FA exposes the individual to conditions which vary the presence and absence of social attention and preferred items (toys, games and favorite treats) and escape and avoidance of eating. Recording the individual’s reaction to these different situations will reveal what is causing that person to engage in food refusal behaviors.
- The results from the analogue can then form the basis for a mealtime behavior intervention plan (BIP).
- For most individuals, food refusal and selectivity are due to avoidance of non-preferred foods.
- Many times, however, the refusal behavior has become a way for the individual to get attention and interaction from the caregivers or to get more preferred foods instead.
- In these cases, the reaction of the caregiver and eventual access to preferred foods is actually rewarding the refusal behavior of the person.



- Giving her attention and a preferred food effectively teaches her that if she refuses the peas, for example, she will get lots of attention and possibly something she prefers such as pudding.
- If this individual also uses inappropriate behaviors (such as hitting you) to avoid eating peas, giving her another food that she likes not only rewards her, it is also likely to make the problem worse. The next time the caregiver serves peas, she will resort to hitting because that is what worked for her in the past. She may even exhibit new challenging behaviors if the caregiver doesn't give-in quickly enough.
- **If you already know the person you care for is refusing food to avoid eating foods she doesn't like or to enjoy all the attention it gets her, functional analysis isn't necessary. You will, however, need to address all the functions of (reasons for) the refusal behaviors in your intervention.**
- However, before you conclude this is the case for the person you care for, you should consider that there could be other reasons for the refusal.
- People will refuse particular foods for a number of reasons. Failure to base mealtime intervention on the correct reason can lead to ineffective and unnecessarily restrictive procedures.
- **To be sure that all the reasons for food refusal have been considered, caregivers must determine why the individual is trying to refuse or avoid eating the foods she is given.**

[Instruct:]

Other factors that may contribute to food refusal behavior

- Medical complications (e.g., tooth ache, acid reflux, GERD, allergies, dysphasia, stomach pains, etc.)
- Food texture, smell or temperature sensitivities
- Oral-motor difficulty (e.g., uncoordinated suck, swallow, or chew mechanisms)
- Sleep, fatigue
- Lack of appetite or feeling hunger
- Posturing and difficulties with sitting upright
- Location and setting (e.g., number of people present, room temperature)



[Ask:]

“Take some time now to think about the individual you care for and the food refusal/selectivity that concerns you. What do you think the reasons are for this refusal?”

[Pause]

[Ask:]

“Think about the list of factors in your manual and also about what you do when she refuses food. How do you react? Could this reaction be contributing to the mealtime behaviors?”

“Record your thoughts in your manual.”

[Wait a few minutes, then:]

[Say:]

- *“This reflection is based on your observations of the individual.*
- *Following Session 2, if you are not sure why the individual you care for is engaging in challenging mealtime behaviors, you will conduct an Analogue FA to determine exactly what is driving the individual’s behaviors.*
- *If you are certain about what is motivating the mealtime problem behaviors, you will not need to conduct an Analogue FA.*
- *Is anyone unsure of their need to conduct an Analogue FA?”*

[Address each participant’s questions about the need to conduct Analogue FA with the individuals they care for.]

5. Identifying and Defining Target Mealtime Behaviors (10 minutes)

[Instruct:]

Before you begin a functional behavior assessment, you need to identify exactly what behavior you wish to change because you will collect data throughout the assessment on each occurrence of this behavior. Later, you will measure progress based on that “baseline” data.

[Say:]

- *“Review the Mealtime Behavior table in your manual so that you understand the terms we use to describe mealtime behaviors.*
- *All but refusal behavior is filled in for you. That is because an individual’s refusal behavior can be unique to that individual. How one person responds to foods can be quite different from how another person does.*
- *Take some time to write down exactly how the person you care for refuses foods.”*

Mealtime Behavior	Description
Accept	The individual opens his mouth so that food (or drink) can be inserted within 5-10 seconds after the spoon (or cup) is presented.
Swallow	The individual clears her mouth of all food (or liquid) larger than the size of a pea within 30 seconds of food (or drink) acceptance.
Expel	Any behavior (other than vomiting or salivating) that causes food (or drink) larger than size of a pea, that was in the individual’s mouth, to be seen outside his mouth.
Gag/Cough	Making retching or choking sounds, hyper-extending the neck, opening her mouth while tensing her neck muscles, or sticking out her tongue.
Pack	Holding (i.e., not swallowing) the food inside the mouth after 30 seconds has passed since acceptance.
Refusal Behavior	<p><i>Examples: refusing to sit in chair, crying, saying “no “, moving his head away from spoon, refusing to open his mouth, putting his hands in front of his mouth, throwing food or utensils, walking away from the table...</i></p> <p>-----</p> <p>Describe the individual’s food refusal behaviors here:</p>



[Ask:]

“Would anyone like to share how the person they care for refuses food?”

6. Collecting and Displaying Data to Track Progress (8 minutes)

[Say:]

“Carefully observing the individual you work with and recording information about that person’s behavior is the foundation of all we will do in this course. The data will determine what you do to improve that person’s behavior.”

[Instruct:]

- By *collecting* data using the forms provided in your manual, you will:
 - Determine the baseline (current) level of the behavior
 - Determine if an intervention technique is working to reduce the behavior, and
 - Be able to see your progress so that you will keep going.

- *The Mealtime Baseline Data Sheet should be used for recording behavior data.*

- *Use the data collected to graph the target behavior(s) on the Mealtime Behavior Graph (i.e., graph the sum of the bites for each target behavior) during baseline and later compare that to intervention (draw a line in the graph to separate the two phases).*

- *This “picture” of the individual’s behavior will allow you to see patterns and perhaps unusual occurrences in the individual’s meals over time.*

- *You may be able to look back and see what might have occurred on a particular day that contributed to an unusual mealtime behavior episode on that day.*

[Introduce and explain the Mealtime Baseline Data Sheet and the Mealtime Behavior Graph.]



Mealtime Baseline Data Sheet
 (Use a separate data sheet for each meal session.)

Caregiver's Name: _____ Date: __ / __ / ____ Time/Bite Cap: _____

Meal: Breakfast / Lunch / Dinner/Snack

Foods presented: _____

Accept:	Taking the entire bite of food within 5-10 seconds of presentation.
Swallow:	Swallowing the bite within 30-seconds after the entire bite was deposited in the mouth
Pack:	Holding (i.e., not swallowing) the food inside the mouth after 30 seconds has passed since acceptance.
Expel:	Any food larger than the size of a pea is seen outside the lips after acceptance.
Gag:	Making retching sounds, hyper-extending the neck, opening the mouth while tensing the neck, or sticking out tongue.
Cough:	Expelling air from the lungs sharply with a noise.
Refusal:	Head turns, throwing, scratching, hitting, and mouth cover, crying, screaming, etc.

Bite #	P = Preferred Food NP = Non-preferred NF = New Food DK = Don't know	Food	Accept	Swallow	Pack	Expel	Gag or Cough	Refusal
1	P NP NF DK							
2	P NP NF DK							
3	P NP NF DK							
4	P NP NF DK							
5	P NP NF DK							
6	P NP NF DK							
7	P NP NF DK							
8	P NP NF DK							
9	P NP NF DK							
10	P NP NF DK							
11	P NP NF DK							
12	P NP NF DK							
13	P NP NF DK							
14	P NP NF DK							
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16	P NP NF DK							
17	P NP NF DK							
18	P NP NF DK							
19	P NP NF DK							
20	P NP NF DK							



21	P NP NF DK							
22	P NP NF DK							
23	P NP NF DK							
24	P NP NF DK							
25	P NP NF DK							
26	P NP NF DK							
27	P NP NF DK							
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31	P NP NF DK							
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34	P NP NF DK							
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36	P NP NF DK							
37	P NP NF DK							
38	P NP NF DK							
39	P NP NF DK							
40	P NP NF DK							
41	P NP NF DK							
42	P NP NF DK							
43	P NP NF DK							
44	P NP NF DK							
45	P NP NF DK							
Sum of bite # 1-45=								



Privacy and Confidentiality

[Say:]

- *“These data sheets and all other data sheets will be coded so that the results of this training program may be summarized anonymously.*
- *Your name or the names of the individuals you care for will not be disclosed in any way. You will be assigned an alphabet letter code, which will be kept secret and known only to myself.”*

[Instruct:]

- The data collected will be coded like this:

Name of DDSO or voluntary agency – Trainer’s Initials – Participant Code – Age of the individual

Example: Staten Island - HY - A – 17

[Ask:]

“Does anyone have any questions about the use of the Baseline Mealtime Behavior Data Sheet and the Mealtime Behavior Graph or how we will protect the privacy of your data?”

[Be sure to answer all questions about the data sheet.]

7. Setting Realistic Goals (5 minutes)

[Instruct:]

- Setting goals allows us to objectively measure progress toward an identified desired outcome.
- It also allows caregivers and parents to ask themselves, “What behavioral changes would really make the greatest improvements in our lives



together?” For instance, it may be more important to establish consistent acceptance and swallows than to address that person’s texture preference for raw carrots over cooked carrots.

- Being realistic at the outset is crucial because it can help parents and caregivers appreciate that they are making positive changes in their lives and the lives of the individual they care for.
- Making sure the goals of an intervention are realistic means that they are achievable.
- Being realistic keeps the focus on progress, rather than perfection.

[Ask:]

“What do you hope to achieve as a result of learning how to intervene effectively with problematic mealtime behaviors? (Examples: decrease refusal behaviors from an average of 5 per meal to 2 per meal; increase food variety by adding two new foods at 80% acceptance rate)”

[Say:]

- *“Be realistic.*
- *Record your goals in the table in your manual. Use the list of new foods on the next page to help you identify new food goals.*
- *If you need help, raise your hand.”*

[Circulate throughout the room as participants develop their goals. Ask to see their goals.]

[Be sure to raise any concerns you have about the goals they set and to address any participant’s concerns about setting realistic goals for the individual they work with.]

List the mealtime behavioral goals for the individual to whom you provide care:

Target Mealtime Behavior	Behavioral Goal
1.	
2.	
3.	

New Food Goals:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Example Food List:

Dark green vegetables

broccoli
 collard greens
 dark green leafy lettuce
 kale
 mesclun
 mustard greens
 romaine lettuce
 spinach
 turnip greens
 watercress

Orange vegetables

acorn squash
 butternut squash
 carrots
 hubbard squash
 pumpkin
 sweet potatoes

Dry beans and peas

black beans
 black-eyed peas
 garbanzo beans (chickpeas)
 kidney beans
 lentils
 lima beans
 navy beans
 pinto beans
 soy beans
 split peas
 tofu (soybean curd)
 white beans

Starchy vegetables

corn
 green peas
 lima beans (green)

potatoes

Other vegetables

artichokes
 asparagus
 bean sprouts
 beets
 brussels sprouts
 cabbage
 cauliflower
 celery
 cucumbers
 eggplant
 green beans
 green or red peppers
 iceberg (head) lettuce
 mushrooms
 okra
 onions
 parsnips
 tomatoes
 tomato juice
 vegetable juice
 turnips
 wax beans
 zucchini

Whole grains

brown rice
 buckwheat
 cracked wheat
 oatmeal
 popcorn

Breakfast cereals

corn flakes
 whole wheat cereal flakes
 muesli
 whole grain barley
 whole grain cornmeal
 whole rye
 whole wheat bread
 whole wheat crackers
 whole wheat pasta
 whole wheat sandwich buns and rolls
 whole wheat tortillas
 wild rice

Refined grains

cornbread
 corn tortillas
 couscous
 crackers
 flour tortillas
 grits
 noodles
 spaghetti
 macaroni

pitas
 pretzels
 white bread
 white sandwich buns and rolls
 white rice

Fruits (and juices)

apples
 apricots
 avocado
 bananas
 cherries
 grapefruit
 grapes
 kiwi fruit
 lemons
 limes
 mangoes
 nectarines
 oranges
 papaya
 peaches
 pears
 pineapple
 plums
 prunes
 raisins
 tangerines

Berries

strawberries
 blueberries
 raspberries

Melons

cantaloupe
 honeydew
 watermelon

Nuts & seeds

almonds
 cashews
 hazelnuts
 mixed nuts
 peanuts
 peanut butter
 pecans
 pistachios
 pumpkin seeds
 sesame seeds
 sunflower seeds
 walnuts

Meat/Protein

beef
 chicken
 eggs
 pork
 turkey

Fish/Seafood

bass
 flounder
 catfish
 cod
 halibut
 mackerel
 salmon
 shrimp
 sole
 tilapia
 trout
 tuna

Dairy

cheese
 ice cream
 milk
 yogurt

Other:



8. Review and Homework (5 minutes)

Review

[By asking questions of the participants, review what was accomplished in this session.]

[Ask:]

- *“Okay, who can tell me, in plain language, something you learned today?”*
- *“What else?”*

[Be sure to let them know all they accomplished:]

- Got to know each other
- Received an overview of the workshop and its five sessions
- Learned the basic concepts of Applied Behavior Analysis and issues related to mealtime behaviors

Good review questions might include:

- Why do we care about the purpose or function of behavior?
- What is ABA?
- What is FBA?
- Identified target behaviors
- Set realistic goals for improvement
- Learned how and why we collect baseline data and graph the data

[Walk participants through “Are you ready for your homework” in their manual.]

Are you ready for your homework?

[Say:]

- *“Does anyone have any questions about food refusal and selectivity?”*



- *Have you clearly identified target mealtime behaviors and set a realistic goal for each behavior?*
- *Do you feel ready to collect baseline data on the target mealtime behaviors?*
- *Does anyone have any questions at all?"*

[Be sure to answer all questions.]

Homework

[Say:]

“Your homework is to collect baseline data on target mealtime behaviors. Bring your completed Mealtime Baseline Data Sheet and graph with you to the next class.”

[Say:]

- *“In Session 2, we will learn how to determine an individual’s preferences so that we can use what she likes to motivate changes in her behavior.*
- *We will also learn how to provide the right amount of assistance to the individuals as they learn, and*
- *How to determine what is causing their mealtime behaviors.”*

[Thank the participants for their attention and dedication to the program.]

[Dismiss them with encouragement.]

END OF SESSION 1



Session 2: Preference Assessment

Preparing for this Session

Purpose – In this session you will:

- Discuss baseline data collected (Mealtime Baseline Data Sheet and Mealtime Behavior Graph)
- Teach participants how to conduct two types of Preference Assessments
- Teach participants how to assist individuals with a 3-Step Guided Compliance Model
- Prepare participants to complete homework

At the conclusion of Session 1, you will review each of these accomplishments with the participants.

To Prepare:

- Read through the entire session in the Trainer Manual
- Review the Mealtime Baseline Data Sheet and Mealtime Behavior Graph
- Assemble the example reinforcers you will bring to class for the Role Plays (for both Toy/leisure item Paired Choice and Edible Paired Choice Preference Assessments)
- Prepare Role Plays for Preference Assessments; know how you will conduct this segment of the class
- Assemble the props you will use for the three-step guided compliance (Tell-Show-Do) Role Plays
- Prepare Role Plays for the Tell-Show-Do model; know how you will conduct this segment of the class





Targeting the Big Three: Challenging Behavior, Mealtime Behavior and Toileting

Sign-In Sheet

WORKSHOP (circle one): Challenging Behavior, Mealtime, Toileting

TRAINER: _____

Date: ____ / ____ / _____

	Participant Name <i>(First, Last)</i>	Phone Number	Email	Primary Role <i>(Caregiver /Support Staff)</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				





1. Review (10 minutes)

[Say:]

“Last session, we:

- *Learned the concepts of Applied Behavior Analysis*
- *Learned about mealtime target behaviors*
 - *Why do we care about the purpose or function of behavior?*
 - *What is ABA?*
 - *What is FBA?*
- *Identified target behaviors*
- *Set realistic goals for improvement*
- *Learned how and why we collect baseline data*
 - *Why is data so important to this process?”*

[If participants struggle to answer the review questions, provide the answers for them. Remind them of the concepts of ABA and the purpose of the process of FBA.]

[Remind them of the importance of collecting data:]

[Say:]

“Information (data) empowers you to change the individual’s behaviors.”



[Say:]

“In today’s session, we will:

- *Discuss the baseline data you collected*
- *Learn how to conduct two types of Preference Assessments*
- *Learn how to assist individuals with a 3-Step Guided Compliance Model*
- *Prepare to complete homework”*

2. Discuss Baseline Data Collected since Session 1 (15 minutes)

[Say:]

- *“Since our last session, you have been collecting and recording baseline data on the individual’s mealtime behavior.*
- *Take out your Baseline Data Sheet and quietly answer the questions on p. 23-24 of your manual.”*

[After a few minutes, read each question and discuss as a group:]

Questions:

- *After becoming aware of the many possible reasons for food refusal in Session 1, did you notice any patterns in the mealtime behaviors of the individual you care for that might explain the reason for the behaviors? If so, what did you notice?*
- *What was your experience collecting baseline data on mealtime behaviors? Was it easy or difficult to do? What were your obstacles?*

[Spend a few minutes brainstorming solutions to any obstacles mentioned. Ask the group members for ideas. Provide helpful suggestions. For example, it may be helpful to enlist someone’s assistance in recording data. It may be helpful to:

- have additional people who know or work with the individual complete the Data Sheet while the participant feeds the person, etc.
- videotape the meal session and record data later



Questions (continued):

- *Now that you have some data about the target behaviors, are your stated goals still appropriate? If not, take a few minutes now to go back and adjust them.*

[Pause]

[Ask:]

“Was everyone able to collect baseline data?”

[Speak with anyone who was not able to collect baseline data, and answer any questions so that they can collect data successfully after today’s session.]

[Ask:]

“Does anyone have any questions about finalizing their target behaviors and goals?”

[Answer all questions, and be sure everyone is satisfied with their goals.]

3. Preference Assessment (30 minutes)

[Instruct:]

- Individuals with autism and other developmental disabilities sometimes can’t tell you what they like or dislike. Behavior analysts have developed preference assessments to help identify people’s preferences so that the things they like can be used to motivate or “reinforce” appropriate behaviors.
- Even if you know some things an individual prefers, it can be helpful to know which things she prefers most. Those are the things that will be most effective at motivating desirable behavior.
- The three most common types of preference assessments include Single-Item, Paired Choice, and Group-Items.
- This training will focus solely on Paired Choice Preference Assessment.
- You will learn how to conduct a Tangible Paired Choice Preference Assessment using both a variety of items (toys, leisure time, favorite



activities) and food (known as an Edible Paired Choice Preference Assessment).

- Note that in behavior intervention, it is important that the individual does not have free access to the items that are used as reinforcers.
- For example, if music is a reinforcer and the individual has music available to her all day long, then she will be less likely to work for music, and it will lose its reinforcing (motivating) value.
- The items that act as reinforcers for the individual's behavior will also change over time. Because of this, it is important to rotate reinforcers so that the individual does not get tired of one reinforcer.

Key Words

Preference Assessment: A procedure used to help identify an individual's preference for objects or activities. The things they like can then be used to reinforce appropriate behaviors.

Reinforcer: Something that increases a behavior. Reinforcement (delivering the reinforcer) is the best way to teach good behavior and promote lasting change.

[Walk the participants through the steps to Tangible Paired Choice Preference Assessment and Edible Paired Choice Preference Assessment:]



Tangible Paired Choice Preference Assessment

[Instruct:]

Purpose: To identify and rank order potential reinforcers that will be used to motivate the individual as a caregiver seeks to modify problem behavior(s).

Supplies: table and chairs, preferred items, data sheet, timer

General Procedure

- Using the table below, list 6 items the individual highly prefers, such as toys, leisure time (e.g., computer game or TV time) or activities (e.g., games, hi-five, social interactions). If none can be identified, conduct a direct observation of the individual for a day to gather information about the things he enjoys doing during free-time. Such items should be highly desirable and easy to supply *and* withhold.

List of Preferred Items to Assess

Item 1	
Item 2	
Item 3	
Item 4	
Item 5	
Item 6	

To help you keep track during presentations, label the items #1-6 using a sticker or a small Post-it Note.

- Set aside time to conduct the assessment without distractions or interruptions
- Provide the individual with a brief sampling of each item
 - If the item is *leisure time or activity* (e.g., working on the computer), the individual should be given about 10-15 seconds to engage in the activity.
 - If the item is an *object* (e.g., stuffed toy), the individual should be given about 10-15 seconds of access to the object.



4. Of the 6 items, present sets of two items at a time to the individual (the caregiver can hold the two items in his or her hand, or display them on a table, whichever is more convenient). For a leisure time or activity, a photograph (or Picture Exchange Communication System, PECS) may be substituted to represent the leisure time or activity during this presentation.
5. Say the name of each item and then provide the verbal prompt, “pick one.” (example: “ball, puzzle, pick one”)
6. Ask the individual to select one of the two items by touching, looking, pointing, or by picking it up.
7. If the individual selects an item, immediately remove the other item from sight. Block any attempts to touch (or gain access to) both items simultaneously. Record the individual’s choice on the datasheet. If the individual doesn’t make a choice for more than 5-10 seconds, remove the two items and record that the individual did not select an item.
8. Using the Paired Item Presentation Sequence chart on the next page, continue to present sets of two items until all items have been paired with one another.



Paired Item Presentation Sequence

Because some individuals with ASDs and other developmental disabilities have position selectivity (e.g., always picking the left choice), the following presentation sequence were pre-determined to account for such possibility.

The first item should always be presented on your *left*.

Trial	Pairing of items Left←→Right	Item Selected by the Individual		
1	Item 1 & Item 2	1	2	No Response
2	Item 2 & Item 3	2	3	No Response
3	Item 3 & Item 4	3	4	No Response
4	Item 4 & Item 5	4	5	No Response
5	Item 5 & Item 6	5	6	No Response
6	Item 1 & Item 3	1	3	No Response
7	Item 4 & Item 2	4	2	No Response
8	Item 3 & Item 5	3	5	No Response
9	Item 6 & Item 4	6	4	No Response
10	Item 1 & Item 4	1	4	No Response
11	Item 5 & Item 2	5	2	No Response
12	Item 3 & Item 6	3	6	No Response
13	Item 5 & Item 1	5	1	No Response
14	Item 2 & Item 6	2	6	No Response
15	Item 6 & Item 1	6	1	No Response

- Rank order the individual's preferences by: (a) calculating the number of times that the child *selected* an item, (b) dividing that number by 5, then (c) multiplying that number by 100. Record the results below.

Example: *Item 1 selected 3 times out of 5 opportunities* ($\frac{3}{5} \times 100 = 100\%$)

- ✓ Item 1 selected ____ times out of 5 opportunities (____ /5) x 100 = ____ %
- ✓ Item 2 selected ____ times out of 5 opportunities (____ /5) x 100 = ____ %
- ✓ Item 3 selected ____ times out of 5 opportunities (____ /5) x 100 = ____ %
- ✓ Item 4 selected ____ times out of 5 opportunities (____ /5) x 100 = ____ %
- ✓ Item 5 selected ____ times out of 5 opportunities (____ /5) x 100 = ____ %
- ✓ Item 6 selected ____ times out of 5 opportunities (____ /5) x 100 = ____ %



10. Items that are selected at least 80% or above are considered possible reinforcers. If the items selected were all *less* than 80%, use the top two most preferred items. Record the results in the space below.

Highly preferred items (selected at 80% or above):

These items are the tangible reinforcers you will want to use during behavioral interventions.

[Say:]

- *“Before the next session, your homework will be to use the preferred items (reinforcers) of the person you work with in paired trials to determine your individual’s preferences. You will follow the presentation of items table on p. 27 and p. 30.*
- *Be sure to record the results of this assessment in the results table on p. 27 and p. 31 and bring it with you to Session 3.”*

Role Play

[With a volunteer and the example items you brought to class, role play a preference assessment and demonstrate the use of the pair presentation sequence chart and recording of the data.]

[Ask a pair of caregivers to do a role play in front of the group. Advise them as they work through a preference assessment using 4-5 items.]

[Ask:]

“Does anyone have any questions?”

[Be sure all participants are comfortable following the steps in Paired Choice Preference Assessment.]

[Walk the participants through the steps to Edible Paired-Choice Preference Assessment:]



Edible Paired Choice Preference Assessment

Individuals with ASDs and other developmental disabilities sometimes are not able to tell you what kind of foods they like or dislike or which foods they like the most. Behavior analysts have developed an edible preference assessment to help identify foods that can be used in modifying behavior.

Purpose: To identify and rank order edible reinforcers that will be used to motivate the individual.

Supplies: data sheet, food and/or beverage, spoons, cups, plates, napkins, bib (if necessary)

General Procedure

1. List 6 edibles the individual consistently consumes or highly prefers.

List of Foods to Assess

Food 1	
Food 2	
Food 3	
Food 4	
Food 5	
Food 6	

Label each food item #1-6 using a sticker or a small Post-it Note to help you keep track during the presentation.

2. Set aside time to conduct the assessment without distractions or interruptions.
3. Provide the individual with a *tiny* taste sampling of each food or beverage prior to conducting this assessment.
4. Using the Paired Food Item Presentation Sequence chart on p. 30 C (p. 49 T), present sets of two foods (tiny bite or sip) at a time to the individual (the caregiver can hold the two spoons, or place them on a plate, whichever is more convenient). - Say the name of each food and then provide the verbal prompt, "Pick one." (example: "peaches, chicken nugget, Pick one").



Paired Food Item Presentation Sequence

Because some individuals with autism and other developmental disabilities have position selectivity (e.g., always picking the left choice), the following pairs were pre-determined to account for such possibility.

The first item should always be presented on your *left*.

Trial	Pairing of Foods Left ↔ Right	Food Selected by the Individual		
1	Food 1 & Food 2	1	2	No Response
2	Food 2 & Food 3	2	3	No Response
3	Food 3 & Food 4	3	4	No Response
4	Food 4 & Food 5	4	5	No Response
5	Food 5 & Food 6	5	6	No Response
6	Food 1 & Food 3	1	3	No Response
7	Food 4 & Food 2	4	2	No Response
8	Food 3 & Food 5	3	5	No Response
9	Food 6 & Food 4	6	4	No Response
10	Food 1 & Food 4	1	4	No Response
11	Food 5 & Food 2	5	2	No Response
12	Food 3 & Food 6	3	6	No Response
13	Food 5 & Food 1	5	1	No Response
14	Food 2 & Food 6	2	6	No Response
15	Food 6 & Food 1	6	1	No Response

5. If the individual selects one by pointing or taking the spoon, immediately remove the other food from sight and allow him 30 seconds to take the bite (or drink).
6. Do not provide praise for making a choice.
7. Block any attempts to gain access to both edibles simultaneously.
8. If the individual doesn't make a choice for more than 10 seconds, remove the two foods and record that the individual did not make a choice. Move on to next food presentation.
9. Ignore undesirable behaviors such as spitting out of the food or sip (expelling), refusal behaviors or crying.
10. Using the Paired Food Item Presentation Sequence chart, continue to present sets of two choices until all choices have been paired with one another.



11. On the Paired Food Item Presentation Sequence chart, count the number of times the individual selected the food, divide that by 5, then multiply that number by 100 to obtain percentage. Foods that have been selected at least 80% of the time or above are considered possible reinforcers. If the foods selected were all chosen less than 80%, use the top two most preferred foods. Record the results in the space below.

Example: Food 1 selected 2 times out of 5 opportunities $(\frac{2}{5}) \times 100 = 40\%$

- ✓ Food 1 selected ____ times out of 5 opportunities (____ /5) x 100 = ____ %
- ✓ Food 2 selected ____ times out of 5 opportunities (____ /5) x 100 = ____ %
- ✓ Food 3 selected ____ times out of 5 opportunities (____ /5) x 100 = ____ %
- ✓ Food 4 selected ____ times out of 5 opportunities (____ /5) x 100 = ____ %
- ✓ Food 5 selected ____ times out of 5 opportunities (____ /5) x 100 = ____ %
- ✓ Food 6 selected ____ times out of 5 opportunities (____ /5) x 100 = ____ %

Highly Preferred Foods (selected at 80% or above):

These food items are the edible reinforcers you will want to use during behavioral interventions.

Role Play

[With a volunteer and the example items you brought to class, role play a preference assessment and demonstrate the use of the edible pair presentation sequence chart and recording of the data. Be sure to demonstrate how to handle the more difficult situations (e.g., no response, refusals, attempts to get both food items, etc.)]

[Ask a pair of caregivers to do a role play in front of the group. Advise them as they work through a preference assessment using 4-5 potential edible reinforcers.]



[Say:]

- *“Does anyone have any questions?”*
- *Before the next session, your homework will be to use these procedures to determine the preferences of the person you care for. Be sure to record the results of this assessment in the results table on p. 31 and bring it with you to Session 3.”*

[Be sure all participants are comfortable following the steps in Edible Paired Choice Preference Assessment.]

4. Three-Step Guided Compliance (Tell-Show-Do) (20 minutes)

[Instruct:]

- Although it is much easier for you to do things for the individual (especially when you're in a hurry), in the long-run, it will only make him more dependent on you.
- A three-step guided compliance known as “Tell-Show-Do” is a prompting strategy that teaches the individual what you want him to do by providing a model and physical guidance if he does not do what you ask him to do.
- If you use this procedure consistently, you should find that, over time, the individual requires less assistance to complete tasks.
- This guided compliance strategy will be useful in implementing the functional behavior assessment that is this week's homework.

[Walk participants through the steps of the three-step guided compliance, Tell-Show-Do:]

General Procedure

- 1) State the individual's name.
- 2) **Tell** her what you want her to do. State the request clearly so that the individual knows exactly what she is supposed to do. Say the request as briefly and as specifically as possible.
 - a. Wait 5-10 seconds for her to carry out the request. Do not repeat the request.



- 3) If the individual complies, praise. State exactly what she did that you liked.
- 4) If the individual does not comply, repeat the request with a demonstration (**Show**)
 - a. Wait 5-10 seconds for her to carry out the request. Do not repeat the request.
- 5) If the individual complies, provide brief praise (e.g., “Nice job!”)
- 6) If the individual does not comply, physically guide her (**Do**) in completing the request. Do not provide praise.
- 7) Always use the *minimum* amount of physical contact necessary for the request to be completed.
- 8) Never “give in” or complete the request yourself.

1. **TELL me** (verbal instruction) → wait 5-10 sec → praise abundantly if compliant.
 If not →
2. **SHOW me** (model) → wait 5-10 sec → praise briefly if compliant.
 If not →
3. **Help me DO it** (physical guidance) → no praise

Role Play

[Using Tell-Show-Do, role play with one participant teaching a simple task such as pushing a chair in.]

[Ask another pair of participants to role play teaching another task such as putting a pencil down when done.]

[Ask participants to work with each other on similar role plays. Circulate around the room and advise on their role playing.]

[Ask:]

“Does anyone have any questions about this strategy?”

[Be sure all participants are comfortable using Tell-Show-Do.]



5. Review and Homework (10 minutes)

Review

[By asking questions of the participants, review what was accomplished in this session.]

[Ask:]

- *“Okay, who can tell me, in plain language, something they learned today?”*
- *What else?”*

[Be sure to let them know all they accomplished.]

[Say:]

“In today’s session, we:

- *Discussed the baseline data you collected*
- *Learned how to conduct two types of Preference Assessments*

Good questions to ask might include -

- *“Who can name the two types of Preference Assessment we learned?”*
- *“Why do we do Preference Assessments?”*

- *Learned how to teach individuals with three-step guided compliance (Tell-Show-Do)*
A good question might be:
 - *“Why do we use Tell-Show-Do?”*

- *Prepared to complete Session 2 homework.”*



[Walk participants through “Are you ready for your homework?” in their manual. Answer any questions.]

Are you ready for your homework?

[Ask:]

- *“Do you have any questions about Preference Assessment?”*
- *Do you feel ready to conduct two types of Preference Assessments? If not, what are your concerns?*
- *Does anyone have any questions at all”*

[Be sure everyone’s questions are answered and all are comfortable conducting Preference Assessments.]

Homework

[Say:]

“Your home work this week is to conduct Preference Assessments (Tangible and Edible Paired Choice). Bring your results to the next session.”

Send Off

[Say:]

- *“If you are not still sure why the individual you care for is engaging in challenging mealtime behaviors, we can hold an optional Session 2a to learn how to conduct an analogue functional analysis (FBA)to determine exactly what is driving the individual’s behaviors. Please see me at the end of this session to discuss the optional session.*
- *In Session 3, we will review the results of your preference assessments, and learn how to modify an individual’s mealtime behavior using proven techniques and their identified preferences.*



- *We will develop personalized mealtime behavior intervention plans for the people you care for.”*

[Thank the participants for their attention and dedication to the program.]

[Dismiss them with encouragement.]

END OF SESSION 2



Optional Session 2a: Analogue Functional Behavior Assessment for Mealtime Behaviors

Preparing for this Session

Purpose – In this session you will:

- Teach participants how to identify the function of mealtime behaviors using Analogue Functional Behavior Assessment

At the conclusion of Session 2a, you will review each of this accomplishment with the participants.

To Prepare:

- Read through the entire session in the Trainer Manual,
- Review the Mealtime Functional Behavior Assessment Data Sheet and the procedures for tallying results of the FBA,
- Assemble the example reinforcers and props you will bring to class for the Role Plays,
- Assemble pencils and extra copies of the data sheet for participants to use during Role Plays, and
- Prepare Role Plays; know how you will conduct this segment of the class.

1. Functional Behavior Assessment (10 minutes)

[Instruct:]

- Many problem behaviors are *learned* and *maintained* by what happens immediately before and after the problem behavior.
- In most cases, the mealtime refusal behavior is seen as a way to request or communicate a preferred outcome (e.g., access to toys, favorite food, social interaction, or cessation of the meal, an unpleasant activity).



- Because these behaviors are learned, they can be modified by manipulating or changing situations in the environment, especially the events before (e.g. presenting smoother texture) and after the behavior (e.g. reinforcing food acceptance).
- The goal is to replace the inappropriate “request” with more adaptive (appropriate and effective) behavior.

[Say:]

“Take a look at the key terms listed in your manual.”

[Read the definitions out loud to participants.]

Key Terms	
Applied Behavior Analysis (ABA)	The scientific study of behavior through measuring and evaluating behavior. ABA uses interventions to improve socially significant behaviors (e.g., school performance, communication skills, social skills, adaptive skills).
Functional Behavior Assessment (FBA)	An assessment process used in Applied Behavior Analysis to identify the functions of an individual's behaviors.
Functional Analysis (FA)	Can be part of a Functional Behavior Assessment and is used when the function of a behavior remains unclear through indirect and descriptive behavior assessment. FA involves manipulating certain variables in order to identify the function/reasons for a behavior.

[Say:]

- *“Each of you is here today for this optional session because you are not sure why the person you care for is exhibiting the mealtime behaviors they are.*
- *Today, you will learn how to conduct a functional behavior assessment to determine the reason behind their mealtime behaviors.”*



[Instruct:]

- A Functional Behavior Assessment, or FBA, is an assessment process used to gather information and identify the reasons (causes or “functions”) for challenging behaviors.
- Functional behavior assessment (FBA) for food refusal behavior includes three types of assessments. In order of increasing complexity, they are *indirect*, *descriptive*, and *analogue*.
- Indirect and descriptive FBA methods involve only observation. They aim to identify patterns and correlations, and do not always lead to an accurate understanding of the reasons for the mealtime problem behaviors.
- When these methods do identify obvious conditions that are reinforcing (i.e., unintentionally encouraging) the mealtime problem behavior, an intervention plan that involves modifying antecedent events and eliminating any reinforcement or encouragement of the mealtime problem behavior can be devised.
- Analogue FBA (also known as Functional Analysis) is used in cases where it is unclear *why* an individual engages in a mealtime problem behavior despite caregiver interview and direct observation in the natural setting.
- This type of FBA exposes the individual to situations which vary the presence and absence of social attention, preferred leisure materials, and escape from eating.
- We record the frequency of mealtime problem behavior during these various “conditions” to identify the reasons for the refusal behavior.
- The changes in frequency of the refusal behavior under the different conditions often explain why the behavior is occurring

2. Why do we Care about the Function of a Mealtime Problem Behavior?
 (5 minutes)

[Instruct:]

- Taking the time to conduct FBA so that we understand exactly what is causing or motivating an individual’s mealtime problem behavior allows us to respond to that behavior with an intervention that is meaningful and effective for that individual.
- Failure to base behavioral intervention on the specific cause (function) of mealtime problem behavior can result in an unnecessarily restrictive intervention for individuals with autism and other developmental disabilities.

- For example, consider an individual who has learned that hitting a caregiver is an effective way of avoiding or escaping eating peas. Using time-out in this situation would provide the individual with exactly what he wants (avoiding eating peas) and is likely to make the problem worse, not better. The next time the caregiver insists on him eating peas, he will resort to hitting because that is what got him out of that situation consistently and successfully in the past. He may even exhibit new challenging behaviors if the caregiver doesn't give in quickly enough. This individual may be allowed to avoid peas, and any other non-preferred food he reacts in this way to. His nutrition may, in turn, suffer, and possibly lead to health concerns. Therefore, finding out what he is gaining by hitting (e.g., avoiding eating peas and attention from the caregiver) via FBA provides information on ways to change the mealtime problem behavior

3. General FBA Procedures (35 minutes)

[Say:]

“Essentially, Functional Behavior Assessment allows us to “test” certain conditions to uncover what is motivating and maintaining the mealtime problem behavior. This training will teach you to test for three standard conditions that might be motivating food refusal:

- *Avoidance*
- *Access to a Tangible Item or a Preferred Food*
- *Access to Social Attention”*

[Instruct:]

- The functional assessment process is very structured.
- The length of each session should be carefully considered based on your time availability as well the tolerance level of the individual being assessed. Each session (tested condition) is typically 10 minutes in length, but can be shorter or longer (5 minutes, 15 minutes, etc.) depending on the typical mealtime duration and your availability.
- If the meal lasts 30 minutes, you should conduct 2-3 sessions during one mealtime.



- Regardless of whatever duration is chosen, it is important that the duration of the testing session remain *consistent* throughout the *entire* functional analysis.
- Use a timer or a stopwatch for accuracy in time keeping.
- Typically, each condition is tested at least 3 times (for a total of 9 sessions) with minimal distraction.
- Each condition you set up will be designed to determine if the behavior is an attempt to achieve a certain desired outcome: attention, to avoid eating something they don't like, or to get something they want.
- Conducting an FBA (which will be this week's homework) is a critical step in learning why a person is behaving the way they are. It will tell us what we need to do to change their mealtime behavior and ultimately, improve their life.
- The instructions for testing each condition are contained in your manual. They are very specific and clear. It is important that you follow the steps in the order they are listed and record the behavior of the individual on the data sheets.

[Walk the participants through the steps to analogue FBA for three mealtime behaviors:]



**Is the mealtime problem behavior an attempt to avoid eating?
(Avoidance)**

In this condition, you are assessing whether the individual uses refusal behavior (such as hitting the spoon and throwing food) to avoid eating. A 3-step prompting procedure, Tell-Show-Do, is used (p. 31 C; p. 54 T).

Materials: Table, 2 chairs, food and utensils, data sheet, timer.

Setting: The individual and caregiver are seated at the dining table with a typical meal.

1. Ask the individual to take a bite of the food as usual.
2. If the individual engages in refusal behaviors:
 - a. Say “Okay, you don’t have to eat,” while removing the food away from the table. Give him a break from eating for 30 seconds.
 - i. During 30-second break period: Ignore and do not look at individual. Continue to score refusal behaviors during the break period.
 - ii. After 30 seconds of break, present a new bite.
3. If the individual accepts the bite:
 - a. Allow 30 seconds to swallow the bite and immediately present the next bite. No praise or reinforcement is provided during functional analysis.
4. A new bite should occur approximately every 30 seconds until 10 minutes is up.

Is the mealtime problem behavior an attempt to get something she wants? (Access to a tangible or a preferred food)

In this condition, you are assessing whether the individual uses refusal behavior (such as hitting or throwing) to get something he wants (access to highly preferred food or objects).

Materials: preferred foods or leisure items from preference assessment and other food items found in a typical meal, table, 2 chairs, utensils, data sheet, timer.

Setting: The individual and caregiver are seated at the dining table.

1. Give the individual a sample bite of the preferred food or 30-seconds of playtime with tangible reinforcers identified through the preference assessment.
2. After the individual consumes the preferred bite of food (or enjoys the 30-seconds of toy play), take the preferred food (or toy) away from the dining table and begin presenting a non-preferred bite of food. Begin taking data:
 - a. If the individual engages in *refusal behaviors* say “Okay, you don’t have to” and remove the non-preferred food. Immediately present the preferred food to the individual or present the preferred toy for 30 seconds. Do not provide social attention nor interact with the individual.
 - i. After the individual takes a bite of the preferred food (or enjoys 30 seconds of toy play), present another bite of non-preferred food.
 - b. If the individual attempts to obtain the preferred food (or preferred toy) *appropriately* (e.g., lightly taps caregiver with hand or requests a tangible (preferred food or item) verbally or with PECS, VOCA, etc.): provide the individual with the food or item he asked for.
 - c. If the individual accepts the *non-preferred* food: allow 30 seconds to swallow. Immediately present another non-preferred bite of food. No praise or reinforcement is provided during functional analysis.
3. Each time he engages in refusal behavior, give the preferred food (or 30 seconds of toy play) back to him until 10 minutes is up.



**Is the mealtime behavior an attempt to get attention?
(Access to Social Attention)**

In this condition, you are assessing whether the individual uses refusal behavior to gain your attention and interaction while eating.

Materials: Least favored items from the Preference Assessment (i.e., bottom 2 items), table, 2 chairs, utensils, data sheet, timer.

Setting: The individual and caregiver are seated at the dining table.

1. The caregiver should pretend to be busy and occupied (have a magazine or work on filling in the datasheet while helping the individual eat).
2. Ask the individual to take a bite of the non-preferred food. Begin taking data.
 - a. If the individual engages in *refusal behaviors*, provide brief social attention (e.g., “Don’t do that! Take a bite.”).
 - b. If the individual engages in *any other behaviors*, ignore those other behaviors.
 - c. If the individual attempts to obtain attention appropriately (e.g., lightly taps caregiver with hand or requests attention verbally or with PECS, VOCA, etc.), comply with her request (provide the individual with attention or help).
3. After the individual takes a bite of the non-preferred food, allow 30 seconds to swallow and immediately present another non-preferred bite of food. No praise or reinforcement is provided during functional analysis.
4. Each time she engages in refusal behavior, provide brief social attention (e.g., “Stop doing that, take a bite”) then present another bite until 10 minutes is up.

**Mealtime Functional Behavior Assessment Data Sheet
 EXAMPLE**

(Use a separate data sheet for each condition you test and each session.)

Direction: Use tick marks to the count frequency of mealtime behaviors. Use a separate one for each session or meal.

Date: __ / __ / 2011 Meal: Breakfast / Lunch / Dinner / Snack

Condition: *Attention*

Bite #	P=Preferred Food NP=Non-preferred NF = New Food DK = Don't know	Food	Accept	Swallow	Pack	Expel	Gag or Cough	Refusal
1	<u>P</u> NP NF DK	Peas	√	√				
2	P <u>NP</u> NF DK	Pasta					√	
3	P <u>NP</u> NF DK	Pasta					√	

Mealtime Functional Behavior Assessment Data Sheet
 (Use a separate data sheet for each condition you test and each session.)

Caregiver Name: _____ **Date:** __ / __ / 2011 **Meal:** Breakfast / Lunch / Dinner/Snack

Condition:

Foods presented:

Accept:	Taking the entire bite of food within 5-10 seconds of presentation.
Swallow:	Swallowing the bite within 30-seconds after the entire bite was deposited in the mouth
Pack:	Holding (i.e., not swallowing) the food inside the mouth after 30 seconds has passed since acceptance.
Expel:	Any food larger than the size of a pea is seen outside the lips after acceptance.
Gag:	Making retching sounds, hyper-extending the neck, opening the mouth while tensing the neck, or sticking out tongue.
Cough:	Expelling air from the lungs sharply with a noise.
Refusal:	Head turns, throwing, scratching, hitting, and mouth cover, crying, screaming, etc.

Bite #	P = Preferred Food NP = Non-preferred NF = New Food DK = Don't know	Food	Accept	Swallow	Pack	Expel	Gag or Cough	Refusal
1	P NP NF DK							
2	P NP NF DK							
3	P NP NF DK							
4	P NP NF DK							
5	P NP NF DK							
6	P NP NF DK							
7	P NP NF DK							
8	P NP NF DK							
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32	P NP NF DK							
33	P NP NF DK							
34	P NP NF DK							
35	P NP NF DK							
36	P NP NF DK							
37	P NP NF DK							
38	P NP NF DK							
39	P NP NF DK							
40	P NP NF DK							
	Sum responses to bites # 1-40=							



[Say:]

“Using a new chart for each session, conduct three sessions per condition. You should end up with 9 charts all together (3 charts for each of 3 conditions). Extra copies of the chart are provided at the end of your manual.”

Role Play

[With a different volunteer for each condition, role play each of the testing conditions. Be sure to demonstrate how to record the behaviors using the Analogue FBA Data Sheet.]

[Use questions to determine if the participants understand how to record the data (e.g., “Now, how would I record this response?”)]

4. Identifying Food Refusal Function (Tallying FBA Results) (10 minutes)

[Say:]

“The next step is to tally the occurrences of the target problem behavior(s) under each condition as in the example in your manual. You should have three separate tables, one for each condition.”

Example:

Condition: Attention

Session	Total # Target Behaviors
1	40
2	42
3	45

Condition: Avoidance of Eating

Session	Total # Target Behaviors
1	
2	
3	
Total	



Condition: Access to Tangible

Session	Total # Target Behaviors
1	
2	
3	
Total	

Condition: Access to Attention

Session	Total # Target Behaviors
1	
2	
3	
Total	

[Ask:]

“Does anyone have any questions about how to tally the results of the three tested conditions?”

[Answer any questions.]

[Say:]

“Once you have a table for each condition, identify which condition showed the highest number of occurrences of the target problem behaviors. Record the totals in the table on p. 46 of your manual”.

Condition	Total Number of Target Behavior (e.g., packing, refusals)
Avoidance of eating	
Access to tangible	
Access to attention	
Other:	

Condition with the Highest Number of the targeted behavior: _____

[Say:]

“This condition is the primary reason underlying the individual’s mealtime behavior.”

5. Review and Homework (10 minutes)

Review

[By asking questions of the participants, review what was accomplished in this session.]

[Ask:]

- *“Okay, who can tell me, in plain language, something they learned today?”*
- *What else?”*

[Be sure to let them know all they accomplished.]

[Say:]

“In today’s session, we:

- *Discussed the baseline data you collected*
- *Learned how to conduct Analogue Functional Behavior Assessment for mealtime problem behaviors.*



Good questions to ask might include -

- *“Who can tell me the purpose of FBA?”*
- *“What three conditions or “behavioral functions” did we learn how to test for?”*
- *Prepared to conduct FBA and learned how to record the results”*

[Walk participants through “Are you ready for your homework?” in their manual. Answer any questions.]

Are you ready for your homework?

[Ask:]

- *“Do you have any questions about Mealtime Functional Behavior Assessment?”*
- *Do you feel ready to conduct Functional Behavior Assessment with the individual you care for?*
- *Do you feel ready to use the Mealtime FBA Data Sheet?”*

Homework

[Say:]

“Your homework is to conduct Functional Behavior Assessment of mealtime behaviors for the person you care for and record the results using the Mealtime Functional Behavior Assessment Data Sheet. Bring your data to the next session.”

Send Off

[Thank the participants for their attention and dedication to the program.]

[Dismiss them with encouragement.]

END OF SESSION 2a





Session 3:

Addressing Mealtime Behaviors

Preparing for this Session

Purpose – In this session you will:

- Discuss the results of participants' preference assessments,
- Teach mealtime behavior intervention techniques,
- Lead participants to create a personalized mealtime behavior intervention plan, and
- Teach participants how to collect data and graph as they implement mealtime behavior intervention techniques.

At the conclusion of Session 3, you will review each of these accomplishments with the participants.

To Prepare:

- Read through the entire session in the Trainer Manual
- Become familiar with the Mealtime Behavior Intervention Data Sheet and graph
- Become familiar with the various techniques for addressing mealtime behaviors, the steps to teaching initial feeding skills, and the procedures for introducing new foods, new textures and jaw prompting
- Assemble the example reinforcers and props you will bring to class for the Role Plays and Demonstrations
- Assemble the extra data sheets and pencils for participants to use in the Role Plays
- Prepare Role Plays and Demonstrations for the various techniques as indicated in the trainer manual; know how you will conduct these segments of the class



1. Review (10 minutes)

[Say:]

“Last session, we:

- *Discussed the baseline data you collected and graphed*
- *Learned how to conduct two types of Preference Assessments*
- *Good review questions to ask might include –*
 - *What are the two types of preference assessments?*
 - *Why do we do a preference assessment?*
 - *Learned how to assist individuals with Three-Step Guided Compliance (Tell-Show-Do)*
 - *Who remembers how Tell-Show-Do works?*
 - *Prepared to conduct two Preference Assessments and record the results*
 - *In the optional session, some of you also may have learned how to conduct an analogue FBA and may have data to share today.”*

[If participants struggle to answer the review questions, provide the answers for them.]

[Remind them of the purpose of preference assessment and how to use Tell-Show-Do.]

[Remind them of the importance of collecting data (in this case, the preference assessments):

[Say:]

“Information (data) empowers us to change the individual’s behaviors.”



[Say:]

“In today’s session, we will:

- *Discuss the results of your preference assessments*
- *Learn techniques and procedures to address mealtime behaviors*
- *Create a personalized Mealtime Behavior Intervention Plan for the person you care for*
- *Learn how to record the results of your mealtime behavior intervention”*

2. Discuss Results of Preference Assessments and FBA (if needed)
(15 minutes)

[Say:]

“Since our last session, you have conducted two types of preference assessments.”

[Have participants take out their Preference Assessment Results so the group members can share their experience.]

[Ask the participants to quietly answer the questions in the caregiver manual. After a few minutes, read each question and discuss as a group:]

[Say:]

- *“What was your experience completing the preference assessments? Were they easy or difficult to do?”*
- *In completing the preference assessments, what did you learn about the individual you care for? Did it show you any preferences you weren’t aware of before?”*



- *Did everyone find at least a couple of items or foods that can be used to motivate the person you care for?”*

[If some did not, ask them to see you after the class to discuss how they might try again to conduct a successful preference assessment.]

[Say:]

- *“For those who participated in Optional Session 2a, what was your experience conducting the analogue FBA? Was it difficult to do? What was hard? What was easier than you thought it would be?*
- *What did you learn about the underlying function (motivation) of the individual’s behavior?”*

[After discussion of the above questions, say:]

- *“Now that you understand the person’s mealtime behavior, and what his or her preferences are, we are ready to take action.*
- *In this session we are going to focus on developing a plan of select behavior intervention techniques that will address the individual’s identified mealtime behavior functions.”*

3. Mealtime Behavior Intervention Techniques (30 minutes)

Before You Begin

[Instruct:]

- By applying the principles of ABA, you will be able to teach the individual you’re caring for to have better mealtime behaviors and



increase the amount and variety of food he will eat. A couple important things to remember:

- While behavior intervention is effective, to make a meaningful impact it must be implemented **consistently** at all times by the majority of people who feed and eat with the individual.
- Even more importantly, the behavior intervention should **continue** even if the mealtime problem behavior begins to decrease. Much like the way medication or diet works, hoping for a lasting effect without implementing the changing agent (e.g., behavior treatment, medication, or healthy diet) will only lead to frustration and failure.
- With consistency and continued adherence to the behavioral guidelines, you will see gradual change in the individual's mealtime behavior!

Collecting and Displaying Data

[Say:]

“When implementing the Mealtime Behavior Intervention Plan it is critical that you record how the individual responds to the interventions.”

[Instruct:]

- As you implement the techniques you are about to learn, you will use the Mealtime Behavior Intervention Data Sheet on p. 53 C (p. 68 T) in your manual to record the individual's behavior for each bite of food.
- You will need to have the Data Sheet, a timer, and a pencil ready during each meal you want to record.
- Later, you will use the data you collect and graph to determine if you are making progress, i.e. if you are improving from where you began (your baseline data).

[Say:]

- *“After today's session, your homework will be to begin implementing behavior intervention techniques and record the mealtime behaviors of the individual you care for.*



- *Bring your data and graph to the next session. I will help you review your data and determine if you need to modify your intervention.”*

[Walk participants through the Mealtime Behavior Intervention Data Sheet. Be sure all participants understand know how to tally their intervention results and graph them.]

Mealtime Behavior Intervention Data Sheet

Date: ____ / ____ / ____

Caregiver Name: _____ Meal: Breakfast / Lunch / Dinner / Snack

Foods presented: _____

Condition: Treatment

Accept:	Taking the entire bite of food within 5-10 seconds of presentation.
Swallow:	Swallowing the bite within 30-seconds after the entire bite was deposited in the mouth
Pack:	Holding (i.e., not swallowing) the food inside the mouth after 30 seconds has passed since acceptance.
Expel:	Any food larger than the size of a pea is seen outside the lips after acceptance.
Gag:	Making retching sounds, hyper-extending the neck, opening the mouth while tensing the neck, or sticking out tongue.
Cough:	Expelling air from the lungs sharply with a noise.
Refusal:	Head turns, throwing, scratching, hitting, and mouth cover, crying, screaming, etc.

Bite #	P = Preferred Food NP = Non-preferred NF = New Food DK = Don't know	Food	Accept	Swallow	Pack	Expel	Gag or Cough	Refusal
1	P NP NF DK							
2	P NP NF DK							
3	P NP NF DK							
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39	P NP NF DK							
40	P NP NF DK							
41	P NP NF DK							
42	P NP NF DK							
43	P NP NF DK							
44	P NP NF DK							
45	P NP NF DK							
Sum of bite # 1-45=								

Some Notes About the Mechanics of Eating

[Instruct:]

Scheduling Meals and Mealtime Training –

- It is important that the individual eats on a schedule. Try to schedule each meal about the same time each day.
- It may also be necessary to minimize distractions during meals (e.g., limit the number of people around).
- Set aside time specifically to work on mealtime behaviors. Avoid breakfast time if you're usually in a hurry.
- Begin with one meal, preferably when you are least busy. This is usually the dinner time for many caregivers.

Length of the Meal –

- Put a time-cap on each meal.
- Use a timer to end the meal at the set time. For example, set breakfast to last no longer than 20 minutes.
- When the timer goes off, the meal should end.
- You may also use a bite-number cap. In this case, when the individual has consumed the required number of bites, the meal should end.

Eating Posture –

- Make sure the individual is sitting upright (90 degrees or slightly forward) because leaning too far back or too forward can be an uncomfortable position for eating.

Eating Variety –

- Do not offer foods based on “likes/dislikes.” The individual should be introduced to a variety of foods.
- It is important not to promote food selectivity by eliminating foods that appear to be less preferred by the individual.



Texture –

- Start with the food texture the individual will typically accept.
- Chopped fine is a good start if the individual doesn't have difficulty with texture.
- If an individual appears to be bothered by food texture, evaluation by a speech pathologist or occupational therapist may be necessary to accurately assess oral-motor difficulties. Discuss your concerns with the individual's health care provider to determine the need for an evaluation.
- If an individual has difficulty with thin liquids, consider getting a barium swallow study completed to determine the risk of aspiration (which can lead to inflammation of the lungs and airway). This study is conducted by a speech pathologist in the radiology lab of an outpatient clinic or a hospital.
- If an individual is at risk of aspiration, their health care provider may recommend using a food thickener (a powder that thickens drinks and foods without changing their look, smell or taste). These are available in most drugstores.

Bite (bolus) Size –

- Start with a half level spoonful to a full level spoonful (do not overload the spoon with food).

Food Type –

- Begin with the foods the individual regularly consumes.
- Do not introduce new foods or more varieties than are typically consumed in the individual's home.

Meal Amount –

- Begin with the amount of food the individual typically consumes.
- If the individual usually takes 10 bites of food, begin with requiring 10 bites.
- If the individual usually doesn't consume more than 3 bites, begin with a 3 bite requirement.



Illness –

- If the individual gets ill, his eating behaviors will be temporarily affected.
- If his eating begins to drop off even after his full recovery, consult a physician.

Underweight Individuals –

- For individuals who are significantly underweight, it is important to consult with their health care provider about strategies such as adding a protein powder to increase calorie intake.

Playing Tricks to Get Them to Eat –

- Individuals with autism and other developmental disabilities, just like other people, do not like being tricked.
- Tricks such as hiding vegetables in pasta sauce or crushing medication in applesauce do sometimes work, but can also backfire. After detecting an “extra something” in familiar foods, the individual may learn to be suspicious of all foods and may further limit her diet.
- Rather, introduce new foods *gradually*, beginning with a small amount.

Stick With It –

- It is very important that everyone who feeds the individual (or helps with meals) use the same set of rules. Consistency is the key.
- If the individual is having a difficult meal, it is important not to change anything in the middle of the meal (e.g., reducing the number of bites required in a meal, changing the food, etc.).
- Also, once you give the individual an instruction, follow through:
 - a. If you tell the individual to take a bite, follow through with the request. Do not allow the individual to avoid eating when she exhibits food refusal behaviors (i.e., saying ‘no’, crying, pushing the spoon, and turning his head away) (p. 64 C and p. 68 C; p. 98 T and p. 102 T) for procedures addressing escape and avoidance-maintained behavior).



- b. If she refuses a food, do not give her a preferred food instead (even when you're in a hurry and need to finish the meal!).
- c. Once you begin ignoring refusal behaviors, the individual will likely (but temporarily) show an increase in these refusal behaviors for several days/weeks (or even show new refusal behaviors) because they have been very effective for her in the past. By ignoring refusal behaviors while showering her with fun (attention and reinforcers) following bite acceptance, you're teaching her what you expect of her during meals.
- d. She'll learn that engaging in refusal behaviors is not a good way to communicate with caregivers and that refusal behaviors will never lead to getting what she wants.

Behavioral Techniques

[Instruct:]

Change the Consequence

- *If the function of a refusal behavior is to gain your attention*, refusal behavior can be reduced by providing no attention and interaction whenever the individual engages in food refusal.
- This means giving no direct eye contact, not calling the individual's name, no reprimands, no reasoning and lecturing, and not showing that you're upset.
- Attempts to redirect the behavior (including imitation of airplane spoon landings) may inadvertently increase the refusal behavior.
- Ignoring refusals may initially increase them (because *that* is how he communicated he didn't want to eat and how he got his way until now). But, ignoring will ultimately decrease the refusal behavior.
- *If the function of the mealtime behavior is to gain access to tangible or edible items*, the problem behavior can be reduced by withholding the tangible or edible whenever the individual engages in the mealtime problem behavior.
- The preferred item should be delivered when the individual engages in the desired mealtime behavior (i.e., for acceptance, swallow, etc.)
- Withholding the preferred item for mealtime problem behavior may initially increase them (because *that* is how he communicated he wants something else and how he got his way until now). But, by providing it for desired mealtime behavior (e.g., for food acceptance, swallow), and



withholding it for inappropriate behavior will ultimately decrease the refusal behavior.

- *If the function of a refusal behavior is to escape and avoid eating*, refusal behavior can be reduced by not providing escape from eating whenever the individual engages in food refusal.
- This means the individual does not get out of a meal until he engages in the desired mealtime behavior (e.g., food acceptance, swallow).
- Not allowing escape from eating may initially increase the mealtime problem behavior (because *that* is how he communicated he didn't want to eat and how he got his way until now). But, discontinuing escape from eating upon problem behavior will ultimately decrease it.

Reinforce Good Mealtime Behaviors

- Social interactions should be freely given for food acceptance and prompt swallowing.
- When you reinforce the individual's acceptance and swallowing behavior by providing her with praise and goodies (identified through the preference assessment), you are teaching the individual what you want her to do. This increases the likelihood that she will engage in appropriate mealtime behavior again.
- When the individual eats and swallows appropriately, tell her exactly what she did right. Instead of just saying "nice job!" say, "Nice job chewing your food!"

Basic Mealtime Guideline for Self-Feeders:

[Say:]

“To assist individuals who can feed themselves, you will want to follow the seven steps outlined in your manual.”

[Walk the participants through the seven steps of this procedure:]

1. Present the individual with two highly preferred items (including edibles) from the preference assessment and ask him to pick one (ideally, these items should not be available any other times). Once he makes a choice, put the item aside.



2. State the rules to the individual at the beginning of each meal. Say, "If you take your bite and swallow, you get _____". (the chosen, preferred item)
3. Place a bite of food on the plate as you say, "Take a bite."
4. If the individual takes the whole bite within 5 seconds, provide an enthusiastic, brief verbal praise by saying, "Good job taking your bite!" Provide him with the preferred item at this time with much attention and interaction for 15 seconds.
5. If the individual does not accept the bite within 5 seconds, remove the food as long as the individual is not engaging in refusal behaviors. Do not provide preferred items or any interaction for 15 seconds.
6. Repeat Steps 3-5 until all food has been consumed or until mealtime cap is reached. If the individual refuses all the bites, the meal will end without food acceptance. Consider using non-removal of the spoon if the individual doesn't take a bite even after several meal sessions. This intervention is described on p. 65 C (p. 100 T).
7. Ignore all refusal behaviors.

Basic Mealtime Guideline for Non-Self-Feeders

[Say:]

"To assist individuals who cannot feed themselves, you will want to follow the seven steps outlined in your manual."

[Walk the participants through the seven steps of this procedure:]

1. Present the individual with two highly preferred items (including edibles) from the preference assessment and ask him to pick one (ideally, these items should not be available any other times). Once he makes a choice, put the item aside.
2. State the rules to the individual at the beginning of each meal. Say, "If you take your bite and swallow, you get _____". (the chosen, preferred item)
3. Place a bite of food on the spoon and present it to his lip (spoon should barely touch the upper lip) as you say, "Take a bite."
4. If the individual takes the whole bite within 5 seconds, provide an enthusiastic, brief verbal praise by saying, "Good job taking your bite!"

Provide him with the preferred item at this time with much attention and interaction for 15 seconds.

5. If the individual does not accept the bite within 5 seconds, remove the food as long as the individual is not engaging in refusal behaviors. Do not provide preferred items or any interaction for 15 seconds.
6. Repeat Steps 3-5 until all food has been consumed or until the mealtime cap is reached. If the individual refuses all the bites, the meal will end without food acceptance. Consider using non-removal of the spoon if the individual doesn't take a bite even after several meal sessions. This intervention is described on p. 65 C (p. 100 T).
7. Ignore all refusal behaviors.

Role Play

[Choose a volunteer to role play both of the above procedures, with you (the trainer) in the role as the caregiver.]

[Choose two volunteers to role play one of the above procedures without you (the trainer).]

[Ask:]

“Does anyone have any questions about these procedures for reinforcing individuals during a meal?”

[Be sure to address any questions.]

[Instruct:]

How Often Should I Reinforce?

- To determine how frequently the individual should be reinforced, count how many bites the individual will take without exhibiting refusal behaviors.
- If you do not know, observe the individual for 2-3 meals. If the problem behavior occurs even before the first bite, provide reinforcement, social interaction, and praise to the individual for every bite acceptance.
- If the problem behavior usually occurs after the 3rd bite, provide reinforcement, social interaction, and praise to the individual at a faster rate (e.g., every 2nd bite that he accepts).



Make Eating More Enjoyable, Except After a Refusal

- Another way to decrease refusals is to give more positive attention, social interaction and opportunities to access other preferred items and activities during meals.
- This approach allows the person to get what she wants (attention, toys, and fun interactions) without behaving inappropriately.
- When implementing this strategy, do not to provide these rewards immediately after the refusal behavior to avoid possible association (i.e., “I must engage in a refusal behavior to get cool things”).
- Wait at least 10 seconds after the individual has calmed down before providing positive interactions and other desirable things.
- Giving a time-out from eating (such as eating peas) when an individual engages in aggression or redirecting the individual to another activity (e.g., *Okay, stop hitting me. You don't have to eat it. We'll try this later*) will exacerbate the situation if the individual's reason for exhibiting aggression was to communicate that he did not want to eat peas.
- In this situation, a time out allows the individual to successfully escape from the unpleasantness of eating peas.
- Instead of using time out, you should ignore the behavior and continue presenting the food until the individual accepts the bite or the meal time is ended.

Make Eating Easier

- To decrease refusal behaviors that have allowed the individual to escape from eating, make it easier to eat by breaking down the steps required to take the bite.
- Begin with foods that the individual consistently and successfully eats with minimal refusal and assistance from you (smaller bite size, smoother texture).
- Then slowly fade your assistance and gradually increase the food variety, bite size, and texture.

Use Momentum

- Requesting actions that the individual will easily and readily accomplish is known as a “high probability” request.



- Using a sequence of high probability requests increases the likelihood of getting compliance.
- Ask the individual to do something relatively easy and fun before asking him to do something less fun that you're trying to get him to do.
- That is, ask the individual to take a few bites of a preferred food before introducing a bite of a new food.
- Request 2-3 bites of something he likes, followed by a bite of the new or nonpreferred food you are trying to get him to eat.

Provide Choices

- If possible, give the person some control over her life by letting her pick from two different non-preferred foods.

Teach Proper Communication

- Teaching alternative ways to communicate is another effective method for decreasing refusal behaviors.
- This method, called Functional Communication Training (FCT), allows the individual to reach the same outcome as she got through her mealtime problem behavior.
- The mode of functional communication must fit the communication needs and abilities of the individual (e.g., pictures, micro-switches, hand signs), and the functional communication program must be incorporated into all snack and meal times.
- Over time, the individual learns that functional communication is a much easier and efficient way to get out of eating or to ask for a toy or another food.
- Examples of effective functional communication methods include:
 - Verbal (spoken)
 - Sign Language
 - Gestural (can be unique to the individual as opposed to using specific sign language)
 - Picture Exchange Communication System (PECS) (use of picture symbols that represent a variety of objects, places, actions, people, etc. to communicate needs or wants)
 - Voice Output Communication Aid (VOCA) (use of computerized speech devices programmed with key words,



- phrases, requests, people, etc. that the individual can choose and press and the device “speaks” it out loud)
- Other augmentative communication: picture boards, word boards, personalized communication notebooks, and any other means used by a person to enhance their ability to communicate their needs.
- Individuals should be taught to use functional communication as an effective means to avoid eating undesired foods only after the individual has taken the required number of bites of the undesired food. For example, the individual would be required to consume at least 1 bite of the non-preferred food per meal before asking for a preferred food or toy via functional communication. If the individual is successfully consuming one bite of non-preferred food across 3 consecutive meals, then the requirement would be 2 bites of non-preferred food before the individual would be allowed to ask for a preferred food or toy via functional communication (p. 61 C; p. 92 T).

How to teach someone to indicate “All done”, “I’m full” or “I want ____.”

[Say:]

“To teach someone to indicate “All done,” “I’m full” or “I want ____” you will want to follow the six steps outlined on p. 61 of your manual.”

[Walk participants through the six steps in this procedure:]

During daily meal times:

1. Decide how many bites will be required before you will allow the individual to have the choice to communicate that either 1) she is full, or 2) she wants something else.
 - a. If the individual does not typically consume more than a few bites, make the FCT an option after the first bite.
 - b. If she consumes an average of 10 bites per meal, then make the FCT available after 9 bites.
2. After the prerequisite number of bites has been taken, lay out the communication instrument close to the individual (PECS, VOCA, etc.).
3. Tell her what it means (e.g., “All done”, “I’m full” or “I want ____”).



4. If she attempts to touch/press/say she is “All done” or “I’m full” (even by accident), immediately provide the desired outcome: make no more demands of her. End the meal there. However, if she indicates “I want ___”, provide the desired outcome (a small bite) until she stops requesting or until she’s had her usual amount of food (use your judgment).
5. Gradually increase the amount of food consumption required to receive the desired outcome (making the FCT an option after 10 bites, then 15 bites, then 20 bites...).
6. Gradually increase the *communication effort* required to obtain the opportunity to request the desired outcome (e.g., slight *touch* to the PECS to actually *handing it over* to the caregiver).

[Ask:]

“Does anyone have any questions about teaching someone how to communicate they are done eating or they want more food?”

[Answer all questions.]

[Instruct:]

“Pay” Him for Doing Well!

- A token board (also referred to as a “meal board” or “bite board”) allows the individual to earn credit for engaging in appropriate mealtime behavior.
- Tokens are earned on a schedule for food acceptance and swallowing and later exchanged for a variety of back up reinforcers.
- Example: An individual can earn a point (e.g. a sticker or a penny) for taking a bite of a non-preferred food. These points can then be exchanged for desired items or activities such as:
 - 5 point = computer game for 5 minutes
 - 3 point = favorite dessert
- Token systems may appear inappropriate for an older individual at first glance; it may even come across as developmentally-inappropriate.
- However, if you have a job and get paid for it on a schedule, you are also on a token system. You work to complete a certain task, and you get a token (paycheck) on your token board (bank account). If your work didn’t lead to a paycheck, you wouldn’t work so hard—or at all!



- Token systems give an individual a chance to earn a “paycheck” for doing a good job.

Whatever You Do, Do Not Use Punishment Alone

- Punishment is decreasing a behavior by taking something away (money earned, a favorite toy, etc.) or doing something to the individual (spanking, yelling).
- Many caregivers opt to use this method alone without using reinforcement procedures.
- While punishment may bring about an immediate change, it is not a long-term solution. Punishment tends to elicit more aggressive behavior and often causes the person doing the punishment (the caregiver) to become associated with the punishment.
- Moreover, punishment alone does not teach any new behavior. In fact, it may cause the individual to imitate the caregiver’s punishing behavior!

[Ask:]

“Does anyone have any questions about any of these intervention techniques?”

[Be sure to answer all questions about the intervention techniques.]

[Say:]

“As we proceed to develop a plan for addressing individual’s mealtime behaviors, we will draw upon this list of strategies, choosing certain techniques to use based on what we know about the person and the reasons for their mealtime behavior.”



4. Creating a Personalized Mealtime Behavior Intervention Plan (25 minutes)

[Say:]

- *“At the end of today’s session, you will have a personalized mealtime behavior intervention plan to take with you and implement with the person you care for.*
- *The BIP will identify the interventions we just learned that are appropriate to the individual you work with. They are appropriate to address the following mealtime objectives (as they are appropriate to the individual you care for):*
 - *Teaching Self-Feeding*
 - *Addressing Escape and Avoidance for Non-Self-Feeding Individuals*
 - *Addressing Escape and Avoidance for Self-Feeding Individuals*
 - *Introducing New Foods*
 - *Introducing New Textures*
- *Before we write the plans for the people you care for, however, we need to learn some procedures for addressing the specific functions of his or her behavior.*
- *Behavior specialists have developed very structured steps to take during mealtime to respond to refusal behaviors. The steps vary depending upon the function of the behavior and the individual’s abilities in feeding himself.*
- *We’ll start by learning how to teach someone to feed himself.”*



[If no one in the class works with an individual who cannot feed him or herself, you may omit this segment.]

[Instruct:]

Procedures for Teaching Initial Self-Feeding Skills

Steps involved in Self-Feeding

1. Sit at the table
 2. Hold utensil with hand
 3. Scoop food
 4. Lift food
 5. Bring utensil to mouth
 6. Open mouth
 7. Insert utensil into mouth
 8. Place food into mouth
 9. Remove utensil from mouth
 10. Place spoon back on the plate or repeat 3-9.
- Each of these steps represents a milestone in the process of feeding oneself.
 - Looking at the process as this 10-step series allows you, the caregiver, to see progress toward the goal, even if it is small.
 - If the person you work with begins to sit at the table easily and then to hold the utensil, that is 20 percent of the goal of self-feeding!
 - Working to accomplish these smaller steps makes it possible for the individual to experience success and hear your praise. Praise and reinforcement for these small successes will help motivate her to continue working on the next steps and eventually to reach the goal of feeding herself. Imagine her pride.



[Say:]

- *“To teach someone the how to feed themselves, you will want to follow the steps outlined in your manual on p. 63.*
- *As you implement the steps, remember to offer abundant praise and reinforcement for each advancement she makes in achieving the ten steps of self-feeding.”*

[Walk participants through the eight steps to teaching an individual to feed himself:]

[Instruct:]

Procedures

1. Prepare supplies ahead of time (food, spoon, napkins, timer, bib, datasheets, etc.).
2. Place a rubber placemat underneath the plate to prevent it from sliding (especially for an individual with arm-hand coordination difficulties).
3. The caregiver should take a seat behind the individual.
4. Tell the individual to take a bite.
5. Begin with full physical prompting: hand-over-hand scoop the food and place the bite into the individual’s mouth. Do this about 10 times.
6. After assisting the individual with full physical prompting, fade the prompt: Rather than placing the bite, stop hand-over-hand just before inserting the bite (about 10 inches away, to encourage the individual to insert it himself).
7. If the individual is successful in inserting bites independently, gradually let go of hand-over-hand guidance.
8. Fade the prompting even more if the individual continues to do well. Rather than guiding his hand, move your physical guidance to the wrist until the individual is successful in inserting bites independently (see below for suggestions on further fading).



Suggestions for Physical Guidance Fading

1. Hand-over-hand
2. Wrist
3. Forearm
4. Elbow
5. Upper arm
6. Shoulder
7. Verbal prompt alone

[Ask:]

“Does anyone have any questions about teaching someone to feed himself?”

[Answer all questions.]

[Instruct:]

Procedures for Addressing Escape and Avoidance-Maintained Problem Behaviors for *Non-Self-Feeding Individuals*

- A Note of Caution: Interventions targeting behaviors motivated by the individual’s desire to escape eating can be very intrusive to the non-self-feeding individual.
- These interventions often require a lot of effort from the caregiver to implement.
- Always seek professional help from a trained behavior analyst for individuals with significant feeding problems.

[Say:]

“To address mealtime behaviors that occur because someone who cannot feed herself is trying to avoid eating certain foods, you will want to follow the steps outlined in your manual on p. 64.”



[Walk participants through the 20 steps to addressing the avoidance condition for individuals who cannot feed themselves:]

Procedures

1. Caregiver should take a seat in front of the individual. Present the individual with two highly preferred items (including edibles) from the preference assessment and ask him to pick one (ideally, these items should not be available any other times). Once he makes a choice, put the item aside.
2. State the rules to the individual at the beginning of each meal. Say, *“If you take your bite and swallow, you get _____”*. (the chosen, preferred item)
3. If a meal board is used, tell him “you get to take one token off when you take a bite. When all the tokens are off the board, then we’ll be all done!”
4. Place a bite of food on the spoon and present it to his lip (spoon should barely touch the upper lip) as you say, “Take a bite.”
5. If the individual takes the whole bite within 5 seconds, provide an enthusiastic, brief verbal praise by saying, “Good job taking your bite!” Provide him with the preferred item at this time with much attention and interaction for 15 seconds.
 - a. If a “meal board” is used, allow the individual to remove a “bite”.
 - b. Repeat Steps # 4-5.
6. If the individual has a history of holding food in his mouth, ask for a mouth check by saying “Show me” after the individual has swallowed the bite (or after 30 seconds after acceptance). Provide brief verbal praise for an empty mouth by saying, “Good job swallowing (or eating)!”
 - a. If the individual does not show you his mouth after the first “Show me” prompt, then gently place an index finger to the upper chin simultaneously with the prompt “Show me, ahhh”. If the individual still does not show his mouth, then move on to the next bite.
 - b. If the individual frequently packs food in his mouth (or packing is the target mealtime behavior), you may consider using a Nuk™ brush to redistribute food from the cheeks to the tongue. (The Nuk™ is a flexible, nubby brush that can hold a small amount of food, including purees. It is available online for about \$3 -\$6.)
 - c. If the individual shows his mouth, but has not swallowed the bite, wait and prompt for another “show me” after more than 30 seconds. If he



still hasn't swallowed the bite, score that bite as a "*pack*" (for "packing" food in his mouth instead of swallowing) and present the next bite.

7. If the individual does not accept the bite within 5 seconds, continue to hold the spoon to his upper lip until he takes the bite (or until the meal time-cap).
 - a. No attention (eye contact, talking) should be given to the individual if he's not accepting the bite. Do not show that you're disappointed. Do not reason with him, threaten him, or offer/promise something else in addition to the selected item (thereby changing the initial rules set forth at the beginning of the meal).
 - b. If the mealtime cap is reached without the individual taking a single bite, try again at the next meal. Do not give him his favorite food immediately following the meal session. You can provide various less preferred foods freely between meals (but not closer than 60 minutes before the scheduled meal times). If the individual receives preferred foods following no acceptance during a regular meal, the problem behavior will continue.
 - c. Note that persons with health problems or who are on certain medications may not be able to wait until the next mealtime for some kind of nourishment.
8. Every few presentations should be a sip of a drink. Place the cup to his lip (cup should touch the lower lip) as you say, "Take a drink." Use a nose cut-out cup for individuals who cannot easily tilt their head back comfortably. A nose cut-out cup fits around the nose while drinking.
9. Tip the cup to allow for "sips". Hold the cup to his lower lip when the individual is not accepting sips or displaying refusal behaviors.
10. If the individual takes the drink within 10 seconds, provide enthusiastic, brief verbal praise by saying, "Good job taking your drink!" Provide him with the preferred item at this time with much attention and interaction for 15 seconds (just like food acceptance).
11. Check for an empty mouth by saying "All gone" when it's apparent that the individual swallowed (or after 15 seconds of acceptance). If he swallowed the sip, provide brief verbal praise by saying, "Good job drinking!" If the individual does not "show" you his empty mouth, place your index finger on mid-chin and ask for "show me". If he still will not show you, move on to the next bite.
12. If at anytime the individual displays refusal behaviors, do not respond or draw attention to these behaviors. Ignore these behaviors in order to decrease them. As best as you can, do not let the individual know when



you are frustrated. Providing even a small amount of attention to these behaviors will likely increase refusal behaviors in the long-run.

13. If the individual expels a bite or swallow, scoop up the food and re-present it. If the bite cannot be scooped up (i.e., falls on the floor), a new bite (or sip) of the same food, approximately the same size as the expelled bite, should be re-presented to his upper lip with a verbal prompt "Finish your bite" once every 30 seconds until he accepts.
14. If the individual throws up, quickly clean it up without commenting or drawing attention (i.e., appearing surprised) while making sure the individual is okay. After the clean up, quickly resume the meal from where it was left off before he threw up.
15. If the individual coughs or gags during the bite presentation, do not insert the bite into his mouth. Just hold the spoon to his upper lip until he stops coughing or gagging.
16. If the individual is packing food in his mouth (not swallowing) at the meal time-cap, do not let him out of the meal with the food still in his mouth. That is, he should stay in his chair until he's chewed and swallowed his bite.
17. If the individual is engaging in a problem behavior or crying at the end of the meal, wait until he is quiet for at least 10 seconds before letting him out of the meal.
18. If the individual bites on the spoon or cup, quickly remove it and hold the spoon or cup to his lip (upper lip for the spoon and lower lip for the cup) until his lips are open wide enough to insert the bite or tip the cup.
19. Again, minimal attention should be given to the individual during meals, except for food acceptance and swallowing. However, you can *briefly* attend or interact with the individual if he initiates communication at any other times.

Adding in Jaw Prompting

20. If the individual has not taken a bite for several (2-3) meal sessions, consider adding jaw prompting to Step #7, above:

During the initial bite presentation hold the spoon to the individual's upper lip until he opens his mouth wide enough for the entire spoon to fit into his mouth. If he doesn't take the bite within 5 seconds, continue to hold the spoon to his lip and implement the jaw prompting procedure.



Jaw Prompting Procedure

- apply *gentle* pressure to the individual's mandibular junction (cheeks) to encourage the individual to open his mouth
- use your thumb and index finger
- Always face palm toward yourself, not the individual you are helping to eat

Role Play

[Choose a volunteer from among the participants to engage in a role play demonstrating these procedures. You (the trainer) should assume the role of the caregiver. Be sure to demonstrate how and when to record data. Demonstrate how to respond to several of the possible refusal behaviors.]

[Ask:]

“Does anyone have any questions about how to address avoidance with non-self-feeding individuals?”

[Be sure to answer all questions. If necessary, conduct another demonstration to address the questions raised.]

Procedures for Addressing Escape and Avoidance-Maintained Problem Behaviors for *Self-Feeding Individuals*

[Say:]

“To address mealtime behaviors that occur because someone who can feed himself is trying to avoid eating certain foods, you will want to follow the steps outlined in your manual on p. 68.”

[Walk participants through the 17 steps to addressing the avoidance condition for individuals who can feed themselves:]

[Instruct:]



Procedures

1. The caregiver should take a seat in front of the individual.
2. Have the individual select a preferred item of her choice (Present the individual with two highly preferred items (including edibles) from the preference assessment and ask her to pick one (these items should not be available any other times). Once she makes a choice, put the item aside.
3. State the rules at the beginning of the meal: “I will put the bite here. If you take your bite all by yourself, you get to ____” or “If you take your drink all by yourself, you’ll get to ____”.
4. Present a 1/2 level spoonful of food on a plate in front of the individual.
5. As you say, “Take a bite”, physically guide the individual’s hand to the spoon, and lift the tip of her elbow so that the spoon rises to her mouth (review “Suggestions for Physical Guidance Fading” on p. 64 C (p. 98 T) for using more or less prompt.) The elbow physical prompt should remain until she accepts the bite.
 - a. If the individual takes the bite, remove the elbow prompt, provide abundant praise (“Good job”), and provide the reinforcer.
 - b. Allow up to 30 seconds to chew and swallow the bite.
6. As soon as the individual stops chewing or at the end of the 30 seconds, check for an empty mouth by saying “All gone” when it’s apparent that the individual swallowed (or after 30 seconds of acceptance). Provide verbal praise for swallowing by saying, “Good job eating!”
7. If the individual does not take the bite after 5 seconds, hand-over-hand guide her to grasp the spoon, and help guide her spoon to her midline (spoon should touch her lips) until she takes the bite or another 30 seconds has passed. If the individual resists the physical guidance procedure for more than 5 seconds, discontinue the procedure and just hold the spoon to her lips.
8. Ignore all refusal behaviors (screaming, crying and hitting).
9. If individual expels the bite, re-present the bite.
10. Every few presentations should be drinks. Drink should ideally be no more than a sip, presented in front of the individual.
11. As you say, “Susan, take a drink”, physically guide her hand to the cup, and prompt the tip of her right *elbow*. The physical prompt should remain at the elbow until she accepts the drink.

12. If she takes the entire drink within 10 seconds by herself, provide brief verbal praise (“Good job drinking!”), and provide the reinforcer.
13. If she does not take the drink within 10 seconds, help her hold the cup if necessary until she takes the drink. If the individual resists the physical guidance procedure for more than 5 seconds, discontinue the physical prompt procedure and just hold the cup to her lips. Wait 30 seconds.
14. Once she takes the drink, give the individual up to 30 seconds to swallow. Ask for “show me” (e.g., her mouth is open and no liquid is detected), then present the next bite immediately.
15. If she doesn’t take the drink, present the next bite.
16. Minimal attention should be given to the individual, except to give attention and provide access to reinforcers for food acceptance and swallowing. The caregiver can respond to the individual if she initiates communication.

Role Play

[Choose a volunteer from among the participants to engage in a role play demonstrating these procedures. You (the trainer) should assume the role of the caregiver. Be sure to demonstrate how and when to record data. Demonstrate how to respond to several of the possible refusal behaviors.]

[Ask:]

“Does anyone have any questions about how to address avoidance with self-feeding individuals?”

[Be sure to answer all questions. If necessary, conduct another demonstration to address the questions raised.]

[Instruct:]

Procedures for Introducing New Foods

- Individuals with autism spectrum disorders and other developmental disabilities can often refuse to eat all but a very limited number of food items. A goal for these individuals can be getting them to accept new foods.



- For individuals with possible medical risks, consult a health care provider to prevent the risk of dangerous situations such as choking on uncut hotdogs, aspiration, and allergic reactions (peanuts, eggs, etc.)

[Say:]

“Use the steps outlined in your manual on p. 69, in combination with the techniques we discussed for prompting and motivating food acceptance when introducing new foods.”

[Instruct:]

Procedures

1. Once the individual is accepting and swallowing a non-preferred food across 3 different meals with minimal refusal behaviors, introduce another non-preferred food (see example below). When presenting a non-preferred food for the *first time*, make the bite as small as possible to minimize the effort required.

Example:

- After 1 bite of a new, non-preferred food, provide a preferred food for the rest of the meal. If successful across 3 meals, move to:
 - After 1 bite of a new, non-preferred food, provide 5 bites of a preferred food, repeat. If successful across 3 meals, move to:
 - After 1 bite of a new, non-preferred food, provide 3 bites of a preferred food, repeat. If successful across 3 meals, add a new, non-preferred food.
2. If the initial bite is still *very* difficult to accept for the individual (e.g., spoon holding lasts more than 5-10 mins), present equal amounts of non-preferred and preferred foods on the same spoon and slowly reduce the amount of preferred food (and increase non-preferred) for the subsequent bite or meal.
 3. If eating these mixed bites is difficult, present him with a preferred food for the first bite of the meal followed by a non-preferred (and continue with the rest of the recommendations)

Example:

- 1 bite of preferred food, 1 bite of a non-preferred food, repeat. If successful across 3 meals, move to:



- 1 bite of preferred food, 3 bites of a non-preferred food, repeat. If successful across 3 meals, move to:
- 1 bite of preferred food, 5 bites of a non-preferred food, repeat. If successful across 3 meals, move to:
- 1 bite of preferred food, 10 bites of a non-preferred food.

[Ask:]

“Does anyone have any questions about how to introduce new foods?”

[Be sure to answer all questions.]

[Instruct:]

Procedures for Introducing New Textures

[Say:]

- *“For many individuals food texture can be the cause of refusal.*
- *Again, for individuals with possible medical risks, consult a health care provider to prevent the risk of dangerous situations such as choking (uncut hotdogs), aspiration, and allergic reactions (peanuts, eggs, etc.)*
- *Use the steps outlined in your manual on p. 69, in combination with the techniques we discussed for prompting and motivating food acceptance when introducing new textures of foods.”*

[Walk participants through the steps to introducing new textures:]

1. Beginning-texture meals should consist of food presented at the texture the individual has been consuming at home (or at the texture recommended by an occupational therapist, usually based on results of a modified barium swallow study).

2. The texture presentations typically follow a sequence:



3. If appropriate, use food thickener to gradually increase the texture.
4. When the individual is successfully accepting and swallowing the amount of food he usually consumes at the beginning texture, “probe meals” should be conducted at varying textures to determine the next texture.
5. For the first probe meal, the caregiver should provide the food prepared in the target texture. Success with any texture is defined as acceptances and swallows above 80% and expulsions and gags (or other refusals) below 20% of the meal.

[Say:]

“You will need to use your data sheets to calculate the rate of bite acceptance.”

- a. If the probe meal met the criteria for success, meals should continue at the probed texture.
- b. If the probe meal does not meet the success criteria, the caregiver should conduct a second probe meal at the next meal using the next higher texture from the previously successful texture (e.g., if the individual previously ate junior texture successfully, the new probe meal should be at the ground texture.)
- c. If this second probe was unsuccessful, bites consisting of a combination of two textures should be presented using the following sequence:
 - i. 75% previously successful texture + 25% next texture
 - ii. 50% previously successful texture + 50% next texture
 - iii. 25% previously successful texture + 75% next texture
 - iv. 100% next texture.

- d. Bites should be presented using the same texture or combination of textures until the individual meets the criteria for success (80% acceptance) at three consecutive meals.
6. Increase texture again when the individual's consumption of food at the current texture level is met. Use a criterion based on the caregiver's judgment or based on 80% acceptance of a texture for 1 week.

[Walk participants through the stages of texture fading:]

Progression of Texture Fading

[Say:]

“Use the sequence of texture combinations on p. 71 when working to increase an individual’s acceptance of greater food textures.”

[Explain texture fading process:]

1. 100% Pureed
 - a. 75% Pureed + 25% Junior
 - b. 50% Pureed + 50% Junior
 - c. 25% Pureed + 75% Junior
2. 100% Junior texture
 - a. 75% Junior + 25% Ground
 - b. 50% Junior + 50% Ground
 - c. 25% Junior + 75% Ground
3. 100% Ground texture
 - a. 75% Ground + 25% Chopped fine (diced)
 - b. 50% Ground + 50% Chopped fine
 - c. 25% Ground + 75% Chopped fine

4. 100% Chopped fine texture
 - a. 75% Chopped fine + 25% Regular
 - b. 50% Chopped fine + 50% Regular
 - c. 25% Chopped fine + 75% Regular
5. 100% Regular

[Ask:]

“Does anyone have any questions about how to introduce new textures?”

[Be sure to answer all questions.]

[Say:]

“Now, we’ll create the BIPs for the individuals you care for. Turn to p. 73 in your manual, and look at the example BIP presented.”

[Walk participants through the sections of the BIP example.]

Personalized Mealtime Behavior Intervention Plan EXAMPLE

For: Sally Jones Date: 9/20/10

1. Function(s) of the Target Mealtime Behavior from the FBA:

Target Mealtime Behavior	Function
Refusal of foods	Avoidance of nonpreferred foods
Throwing spoon/fork	Communicating she is full

2. Mealtime Goals

Target Mealtime Behavior	Realistic Behavior Goal
Food Selectivity	Increase acceptance of four new foods: two vegetables, two starches at 80%
Refusal Behavior (Throwing spoon/fork)	Decrease throwing of spoon/fork from 80% to 40%

3. Treatment Package (select from suggested Mealtime Behavior Interventions, found on p. 57-62 C; p. 86-94 T.)

For Challenging Behavior 1: Refusal of Foods

Do's

1. Introduce new foods using the procedures _____

2. Make eating fun _____



3. ___Pay her for doing well with a token system_____

4. Implement the Addressing Avoidance Intervention for Self Feeding Individuals___

Don'ts (list what's most difficult for you when working with the individual)

1. ___Don't give attention when she refuses new foods_____

2. _____

3. _____

[Ask:]

“Does anyone have any questions about how to create a BIP for the person they care for?”

[Answer all questions.]

[Say:]

“I will circulate around the room as you complete the blank BIP provided in your manual. I'll talk to each of you about the strategies you think you should use and the procedures that are appropriate to your mealtime goals. Feel free to ask me any questions.”

[Circulate the room, advising participants as they create their personalized BIPs.]

Personalized Mealtime Behavior Intervention Plan

For: _____ Date: _____

1. Function(s) of the Target Mealtime Behavior from the FBA:

Target Mealtime Behavior	Function

2. Mealtime Goals

Target Mealtime Behavior	Realistic Behavior Goal

3. Treatment Package (select from suggested Mealtime Behavior Interventions, found on p. 57-62 C; p. 86-94 T.)

For Target Behavior 1:

Do's

1. _____

2. _____

3. _____

Don'ts (list what's most difficult for you when working with the individual)

1. _____
2. _____
3. _____

For Target Behavior 2: _____

Do's

1. _____

2. _____

3. _____

4. _____

5. _____

Don'ts (list what's most difficult for you when working with the individual)

1. _____
2. _____
3. _____



For Target Behavior 3: _____

Do's

1. _____

2. _____

3. _____

4. _____

5. _____

Don'ts (list what's most difficult for you when working with the individual)

1. _____
2. _____
3. _____

5. Review and Homework (10 minutes)

Review

[By asking questions of the participants, review what was accomplished in this session.]

[Ask:]

- *“Okay, who can tell me, in plain language, something they learned today?”*
- *“What else?”*

[Be sure to let them know all they accomplished.]

[Say:]

“In today’s session, we:

- *Discussed the results of your Preference Assessments (and Functional Behavior Assessments if you did one)*
- *Learned many different mealtime strategies*
Good questions to ask might include -
 - *“Who can tell me about one strategy we learned?”*
 - *“How about another?”*
- *Learned procedures for teaching someone how to feed himself, how to introduce new textures and new foods*
- *Learned procedures for addressing avoidance and escape-maintained behaviors*
- *Learned how to take data as we implement a mealtime behavior intervention*
- *Created a personalized Mealtime Behavior Intervention Plans for the people you care for”*



[Walk participants through “Are you ready for your homework?” in their manual. Answer any questions.]

Are you ready for your homework?

[Ask:]

- *“Do you have any questions about any of the Mealtime Behavior Intervention Techniques?”*
- *Do you have any questions about implementing the Mealtime Behavior Intervention Plan you developed?*
- *Do you feel ready to implement the Mealtime BIP? If not, what are your concerns?”*

[Be sure to answer all questions.]

Homework

[Say:]

“Your home work this week is to implement your Personalized Mealtime Behavior Intervention Plan and Record Results using the Mealtime Behavior Intervention Data Sheet”

Send Off

[Say:]

- *“In Session 4, we will review the progress you are making implementing your BIPs and make any necessary changes to the BIPs, and*
- *Create a plan for follow-up consultation with me as needed.”*

[Thank the participants for their attention and dedication to the program.]

[Dismiss them with encouragement.]

END OF SESSION 3



Session 4:

Review of Mealtime Behavior Intervention Plan Implementation

Preparing for this Session

Purpose – In this session you will:

- Discuss the experience of participants in implementing their BIP,
- Help participants determine if they need to amend their BIP and to make any needed changes,
- Create a plan with each participant for continued trainer follow-up consultation as needed,
- Collect intervention data and graph from participants, and
- Hand out and collect workshop evaluation forms from each participant.

At the conclusion of Session 4, you will review each of these accomplishments with the participants.

To Prepare:

- Determine how you will make yourself available to participants for follow-up consultation. You may wish to hand out your contact information during class, and
- Determine how you will return intervention data sheets to participants who want to keep their data.



1. Review (10 minutes)

[Say:]

“Last session, we:

- *Discussed the results of your Preference Assessments (and Functional Behavior Assessments if you did one)*
- *Learned many different mealtime strategies*
Good review questions to ask might include -
 - *“Who can tell me about one strategy we learned?”*
 - *“How about another?”*
- *Learned procedures for teaching someone how to feed himself, how to introduce new textures and new foods*
- *Learned procedures for addressing avoidance and escape-maintained behaviors*
- *Learned how to take data as we implement a mealtime behavior intervention*
- *Created a personalized Mealtime Behavior Intervention Plans for the people you care for”*

[If participants struggle to answer the review questions, provide the answers for them.]

[Say:]

“In today’s session, we will:

- *Discuss how the implementation of the BIP is going,*
- *Discuss the need to amend the BIPs and make any necessary changes, and*
- *Create a plan for follow-up consultation with me as needed”*



2. Discuss Results of Mealtime Behavior Intervention Plan Implementation (40 minutes)

[Have participants take out their Mealtime Behavior Intervention Data Sheets and Graph.]

[Instruct:]

- It is important to keep careful track of the intervention techniques employed and their results so that this information can be reviewed and used to modify the personalized Mealtime Behavior Intervention Plan for greater effectiveness if needed.

[Walk participants through the following questions, pausing for discussion between questions:]

[Say:]

- *“What techniques seemed to work best?”*
- *“What techniques seemed to be ineffective?”*
- *“Are your goals still realistic? If not, how would you restate your goals?”*
- *“What part of the mealtime behavior intervention plan was most difficult for you to implement? Why?”*
- *“What would improve your ability to implement the intervention techniques?”*
- *“Do you think you need to modify the mealtime behavior interventions you are using?”*

3. Modify Mealtime Behavior Intervention Plan as Needed (15 minutes)

[Say:]

“If you think you need to amend your BIP or your goals, please do so now. Go back in your manual and rewrite them. I will circulate around the room and be glad to discuss your



changes with you. Please let me know if you have any questions.”

[Circulate around the room and assist participants. Answer all questions.]

4. Create a Plan for Continued Consultation with the Trainer (20 minutes)

[Say:]

- *“As we learned, it is extremely important to remain consistent in implementing behavior intervention strategies. I hope you are comfortable with the strategies you’re using and that you will all be able to continue to implement your BIPs.*
- *I will continue to be available to you as you keep working with the person you care for on his or her mealtime behavior.”*

[Ask the following questions and engage the participants in discussion:]

- *“Do you plan to continue working to implement the BIP?”*
- *Do you think the BIP will need further fine tuning? In what way?*
- *What parts of the BIP are continuing to be a challenge for you?*
- *How could I assist you with overcoming these challenges? (e.g. phone calls, meetings, home visits to demonstrate techniques)*
- *Do you anticipate moving on to use FBA to understand and address additional behaviors once the most challenging mealtime behaviors are reduced?”*

[Tell the caregivers your preferred means of communication (phone or email) and how promptly you will be able to respond to their communications.]

[Say:]

“I will circulate around the room to discuss your ideas for a follow-up plan. After we speak, you should record our follow-up plan on the correct pages in your manual. Give one copy to me and keep one for yourself.”

BIP Follow-Up Plan	
Date: _____	Name of Individual: _____
Trainer/Caregiver Contact Information (please circle):	
Name _____	
Email _____	
Phone _____	
Fax _____	
Address _____	
Date/time/method of next scheduled follow-up with trainer: _____	

[After you have worked with each participant as needed, collect the trainer copies of the follow-up plans.]

[Ask:]

- *“Do you have any questions about implementing the modified Mealtime Behavior Intervention Plan or how I will be available to you for future assistance?”*
- *“Have all your concerns about implementing the Mealtime BIP successfully been addressed?”*



[Answer all questions.]

5. Workshop Evaluations (5 minutes)

[Instruct caregivers to complete workshop evaluations located at the end of the caregiver manual. Collect an evaluation form from each participant as they leave.]

[Complete the trainer program evaluation on p. 127 T and mail all evaluation forms to Dr. Helen Yoo, Institute for Basic Research in Developmental Disabilities, 1050 Forest Hill Road, Staten Island, NY 10314. Fax: (718) 494-5395.]

Targeting the Big Three

Caregiver's Program Evaluation

Target behavior (circle one): Challenging behavior, Mealtime behavior, Toilet training

DDSO: _____ Trainer: _____ Today's Date: __ / __ / ____

1. Overall, how satisfied were you with the workshop trainings?

- 1) Very dissatisfied
- 2) Dissatisfied
- 3) Neither satisfied nor dissatisfied
- 4) Satisfied
- 5) Very satisfied

2. In general, how effective was the curriculum for the individual you are working with?

- 1) Ineffective
- 2) Somewhat effective
- 3) Neither effective nor ineffective
- 4) Very effective
- 5) Extremely effective

3. At the end of the program, the individual's target problem behaviors are:

- 1) Worse
- 2) Slightly worse
- 3) About the same
- 4) Improved
- 5) Significantly improved

4. The training was presented in a concise and easy to understand manner.

- 1) Totally disagree
- 2) Somewhat Disagree
- 3) Neither agree or disagree
- 4) Somewhat agree
- 5) Totally agree

5. The amount of work (training) required was at a reasonable level for the challenges I was facing.

- 1) Totally disagree
- 2) Somewhat Disagree
- 3) Neither agree or disagree
- 4) Somewhat agree
- 5) Totally agree

6. Will you continue to follow the guidelines?

- 1) Definitely not
- 2) Probably not
- 3) Not sure-Maybe
- 4) Probably
- 5) Definitely

7. I feel that the methods involved with the trainings were ethically sound.

- 1) Totally disagree
- 2) Somewhat Disagree
- 3) Neither agree or disagree
- 4) Somewhat agree
- 5) Totally agree

8. The trainer was flexible and open to suggestions or concerns

- 1) Totally disagree
- 2) Somewhat Disagree
- 3) Neither agree or disagree
- 4) Somewhat agree
- 5) Totally agree

9. The trainer was knowledgeable, thoroughly trained and easy to work with

- 1) Totally disagree
- 2) Somewhat Disagree
- 3) Neither agree or disagree
- 4) Somewhat agree
- 5) Totally agree

10. Please provide suggestions you might have that would assist us in making our training program more effective:

Targeting the Big Three

Trainer's Program Evaluation

DDSO: _____ Trainer: _____ Today's Date: ___ / ___ / _____

1. Overall, how satisfied are you with the *Targeting the Big Three* program?

- 6) Very dissatisfied
- 7) Dissatisfied
- 8) Neither satisfied nor dissatisfied
- 9) Satisfied
- 10) Very satisfied

2. In general, how helpful was the written curriculum (manuals) you received?

- 6) Not helpful
- 7) Somewhat helpful
- 8) Neither helpful nor unhelpful
- 9) Very helpful
- 10) Extremely helpful

3. In general, how effective was the in-person workshop you attended to become a trainer?

- 1) Ineffective
- 2) Somewhat effective
- 3) Neither effective nor ineffective
- 4) Very effective
- 5) Extremely effective

4. The curriculum and workshops were easy to understand and user-friendly for me to conduct.

- 6) Totally disagree
- 7) Somewhat Disagree
- 8) Neither agree or disagree
- 9) Somewhat agree
- 10) Totally agree

5. Overall, after completion of the workshop, participants' ability to deal with target problem behaviors are:

- 6) Worse
- 7) Slightly worse
- 8) About the same
- 9) Improved
- 10) Significantly improved

6. Overall, my day-to-day ability to help parents and caregivers deal with the target problem behaviors are:

- 1) Worse
- 2) Slightly worse
- 3) About the same
- 4) Improved
- 5) Significantly improved

7. The amount of homework and effort required was at a reasonable level for the participants.

- 6) Totally disagree
- 7) Somewhat Disagree
- 8) Neither agree or disagree
- 9) Somewhat agree
- 10) Totally agree

8. Will you continue to follow the curriculum in your future work?

- 6) Definitely not
- 7) Probably not
- 8) Not sure-Maybe
- 9) Probably
- 10) Definitely

9. Will you continue to train parents and caregivers using Targeting the Big Three curricula?

- 6) Definitely not
- 7) Probably not
- 8) Not sure-Maybe
- 9) Probably
- 10) Definitely

10. Please provide suggestions you might have that would assist us in making our training program more effective (Use back of sheet if additional space is needed):

Please send completed form to: J Helen Yoo * IBR Dept of Psychology * 1050 Forest Hill Road * Staten Island NY 10314



Send Off

[Thank the participants for their attention and dedication to the program.]

[Dismiss them with encouragement.]

A Note to Trainers about Follow-Up

- Each time a BIP needs amending, be sure the caregiver understands and documents the change.
- Keep extra copies of the data sheets and intervention graphs on hand to mail out upon request.
- Keep a list of all class participants and their contact information.

END OF SESSION 4

This is the end of the training sessions for Targeting the Big Three: Mealtime Behaviors.

THANK YOU.





Forms

Mealtime Baseline Data Sheet
 (Use a separate data sheet for each meal session.)

Date: ___ / ___ / _____ Time/Bite Cap: _____
 Caregiver's Name: _____ Meal: Breakfast / Lunch / Dinner/Snack
 Foods presented: _____

Accept: Taking the entire bite of food within 5-10 seconds of presentation.
 Swallow: Swallowing the bite within 30-seconds after the entire bite was deposited in the mouth
 Pack: Holding (i.e., not swallowing) the food inside the mouth after 30 seconds has passed since acceptance.
 Expel: Any food larger than the size of a pea is seen outside the lips after acceptance.
 Gag: Making retching sounds, hyper-extending the neck, opening the mouth while tensing the neck, or sticking out tongue.
 Cough: Expelling air from the lungs sharply with a noise.
 Refusal: Head turns, throwing, scratching, hitting, and mouth cover, crying, screaming, etc.

Bite #	P = Preferred Food NP = Non-preferred NF = New Food DK = Don't know	Food	Accept	Swallow	Pack	Expel	Gag or Cough	Refusal
1	P NP NF DK							
2	P NP NF DK							
3	P NP NF DK							
4	P NP NF DK							
5	P NP NF DK							
6	P NP NF DK							
7	P NP NF DK							
8	P NP NF DK							
9	P NP NF DK							
10	P NP NF DK							
11	P NP NF DK							
12	P NP NF DK							
13	P NP NF DK							
14	P NP NF DK							
15	P NP NF DK							
16	P NP NF DK							
17	P NP NF DK							
18	P NP NF DK							
19	P NP NF DK							

20	P NP NF DK							
21	P NP NF DK							
22	P NP NF DK							
23	P NP NF DK							
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27	P NP NF DK							
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36	P NP NF DK							
37	P NP NF DK							
38	P NP NF DK							
39	P NP NF DK							
40	P NP NF DK							
41	P NP NF DK							
42	P NP NF DK							
43	P NP NF DK							
44	P NP NF DK							
45	P NP NF DK							
Sum of bite # 1-45=								

Mealtime Functional Behavior Assessment Data Sheet
 (Use a separate data sheet for each condition you test and each session.)

Caregiver Name: _____ Date: __ / __ / 2010 Meal: Breakfast / Lunch / Dinner/Snack

Condition:

Foods presented:

Accept:	Taking the entire bite of food within 5-10 seconds of presentation.							
Swallow:	Swallowing the bite within 30-seconds after the entire bite was deposited in the mouth							
Pack:	Holding (i.e., not swallowing) the food inside the mouth after 30 seconds has passed since acceptance.							
Expel:	Any food larger than the size of a pea is seen outside the lips after acceptance.							
Gag:	Making retching sounds, hyper-extending the neck, opening the mouth while tensing the neck, or sticking out tongue.							
Cough:	Expelling air from the lungs sharply with a noise.							
Refusal:	Head turns, throwing, scratching, hitting, and mouth cover, crying, screaming, etc.							
Bite #	P = Preferred Food NP = Non-preferred NF = New Food DK = Don't know	Food	Accept	Swallow	Pack	Expel	Gag or Cough	Refusal
1	P NP NF DK							
2	P NP NF DK							
3	P NP NF DK							
4	P NP NF DK							
5	P NP NF DK							
6	P NP NF DK							
7	P NP NF DK							
8	P NP NF DK							
9	P NP NF DK							
10	P NP NF DK							
11	P NP NF DK							
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40	P NP NF DK							
41	P NP NF DK							
42	P NP NF DK							
43	P NP NF DK							
44	P NP NF DK							
45	P NP NF DK							
Sum of bite # 1-45=								

Forms for Tallying FBA Results

Condition: Avoidance

Session	Total # Target Behaviors
1	
2	
3	
Total	

Condition: Tangible

Session	Total # Target Behaviors
1	
2	
3	
Total	

Condition: Attention

Session	Total # Target Behaviors
1	
2	
3	
Total	

Once you have a table for each condition, identify which condition showed the highest number of occurrences of target problem behaviors.

Condition	Total Number of Target Behaviors (e.g., packing, refusals)
Access to attention	
Access to tangible	
Avoidance from eating	

Condition with the Highest Number of the target behaviors: _____

Mealtime Behavior Intervention Data Sheet

Caregiver Name: _____ Date: __ / __ / Meal: Breakfast / Lunch / Dinner/Snack

Condition: **Intervention**

Accept: Taking the entire bite of food within 5-10 seconds of presentation.
 Swallow: Swallowing the bite within 30-seconds after the entire bite was deposited in the mouth
 Pack: Holding (i.e., not swallowing) the food inside the mouth after 30 seconds has passed since acceptance.
 Expel: Any food larger than the size of a pea is seen outside the lips after acceptance.
 Gag: Making retching sounds, hyper-extending the neck, opening the mouth while tensing the neck, or sticking out tongue.
 Cough: Expelling air from the lungs sharply with a noise.
 Refusal: Head turns, throwing, scratching, hitting, and mouth cover, crying, screaming, etc.

Bite #	P = Preferred Food NP = Non-preferred NF = New Food DK = Don't know	Food	Accept	Swallow	Pack	Expel	Gag or Cough	Refusal
1	P NP NF DK							
2	P NP NF DK							
3	P NP NF DK							
4	P NP NF DK							
5	P NP NF DK							
6	P NP NF DK							
7	P NP NF DK							
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40	P NP NF DK							
41	P NP NF DK							
42	P NP NF DK							
43	P NP NF DK							
44	P NP NF DK							
45	P NP NF DK							
Sum of bite # 1-45=								

Personalized Mealtime Behavior Intervention Plan

For: _____ Date: _____

1. Function(s) of the Target Mealtime Behavior from the FBA:

Target Mealtime Behavior	Function

2. Mealtime Goals

Target Mealtime Behavior	Realistic Behavior Goal

3. Treatment Package (select from suggested Mealtime Behavior Interventions, found on p. 57-62 C; p. 86-94 T.)

For Target Behavior 1:

Do's

1. _____

2. _____

3. _____

Don'ts (list what's most difficult for you when working with the individual)

- 5. _____
- 6. _____
- 7. _____

For Target Behavior 2: _____

Do's

- 1. _____

- 2. _____

- 3. _____

- 4. _____

- 5. _____

Don'ts (list what's most difficult for you when working with the individual)

- 1. _____
- 2. _____
- 3. _____



For Target Behavior 3: _____

Do's

1. _____

2. _____

3. _____

4. _____

5. _____

Don'ts (list what's most difficult for you when working with the individual)

1. _____
2. _____
3. _____





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