**Assessment and Treatment of Food Selectivity --Process Description and Forms**

*(Developed by Holly Gover and Gregory Hanley; March, 2018) Updated October 2021.*

**Scope and Sequence of Process**

1. Caregivers fill out the food selectivity screening tool (Appendix A)
   1. Agree to continue process if child is confirmed to be a safe oral feeder
2. Caregivers fill out the food preference survey and bring to interview (see appendix B)
3. Conduct open-ended food selectivity interview (see appendix C)
4. Conduct preference analysis (see appendix D)
5. Conduct mealtime observation with caregivers *(optional)*
6. Design and conduct interview-informed synthesized contingency analysis (IISCA)
7. Design and conduct treatment
   1. Phase I: Bite shaping (See appendix E for choice board example)
   2. Phase II: Meal building
8. Conduct parent training (see appendix F)
9. Conduct parental posttest
10. Caregivers fill out social validity assessment – clinic (see appendix G)
11. Several weeks later, caregivers fill out social validity assessment – home (see appendix H)
    1. If caregivers report dissatisfaction with implementing the treatment at home, provide consult or follow up visits to their home.
12. See appendix I for graphic depiction of assessment and treatment process.

**PLEASE NOTE:**

Addressing food selectivity comes with additional risks. Please consult medical and other professionals if working with clients that exhibit food selectivity to confirm that there are no medical risks, that they are a safe oral eater, and that they would benefit from a behavioral oriented treatment.

Please do not practice alone, but in a community, and recruit appropriate supervision when possible.

Please also note, this protocol was developed for individuals with food selectivity who already eat some range of foods orally and no issues with chewing or swallowing. These procedures have not been vetted on individuals who are categorized as food refusal cases who may rely on external feeding support. If you suspect your client may have any issues with chewing or swallowing, consult a another professional.

**Pretreatment Assessments**

**Selective Eating Screening Tool**

The mission of the screening tool is to:

1. Gather information on any relevant information related to the child’s medical history regarding feeding, and decide if you will be able to serve the client.

Evaluate your current setting and resources and decide if there are certain characteristics that would disqualify a child from participating in your program. For example, if the child has no history consuming calories by mouth and has not received a swallow evaluation, you may choose not address feeding issues with this child or first require the family to see a medical professional for clearance in a behavioral feeding program.

The screening tool may be especially helpful if the child is new to your practice, and you do not know them or their family well.

**Food Preference Survey**

The mission of the food preference survey:

1. Identify foods the child is reported to never eat, are likely to evoke mealtime problem behavior, and that the family reports to eat regularly.
2. Identify foods the child is reported to always eat that likely serve as reinforcers during subsequent assessments and treatment.

You will use the results of the survey to narrow down a list of preferred and nonpreferred foods to target during the subsequent assessment steps, and eventually use during treatment.

Tips for selecting foods from the food preference survey to target for the preference analysis:

1. Ask follow-up questions regarding how the family prepares the foods at home (e.g., white vs. brown rice, bread with crust on or off, cucumbers with the skin peeled or not, specific brands the family prefers).
2. Do not select foods that the child is reported to sometimes eat or that has previously been targeted for consumption; best to have a clean slate. This, however, is just a tip and parent preference may override.
3. Consider that you will have to prepare these foods on, perhaps, a daily basis. It might be more convenient to first target ground beef instead of tacos.

**Tips for conducting the open-ended interview**

Use the interview available below. All questions need not (and probably should not) be asked of every caregiver. Several examples of questions that might yield similar information are listed together; analysts may choose versions they feel comfortable with, and might consider asking different versions of the same question if the original question does not yield sufficient information. Analysts should stop asking a particular type of question when they have gathered enough information to design an IISCA. The open-ended interview meeting may also be used to familiarize new clients with general service guidelines and procedures. The interview itself, however, rarely takes more than 45 minutes and can take as few as 10. Here are 10 tips to increase the odds of a successful interview:

1. Always remember the 3-part mission with interview in order to stay on task:
   * Identify and define most severe problem behavior and associated non-dangerous behaviors,
   * Identify EOs that are most challenging and convenient to replicate (list materials needed),
   * Identify reinforcers and precise forms of delivery (list materials needed).
2. Interview people who spend most time with child/client.
3. Interview people together when possible and facilitate consensus.
4. First ask them to vividly recount two recent mealtime problem behavior episodes.
   * Listen for and document response class members, EO specifics, and reinforcers.
   * Then ask probe questions.
5. After listening to and taking notes on the recent problem behavior (pb) episodes, be more direct and ask what happens to evoke problem behavior (triggers) or its precursors (see questions on interview).
6. Then ask how people respond to problem behavior (consequate, redirect; see questions on interview).
7. If the 3-part mission has not been completed at this point (i.e., you have not obtained enough information to design an analysis), ask some hypothetical questions like the ones below.
   * *For identifying precursors:* When do you call for staff backup? When do you become vigilant about yours or others safety? What does \_\_\_\_\_\_\_\_\_\_ do that gets your heart rate up because pb now seems inevitable?
   * *To identify possible reinforcers:* For a million dollars….what would you do to turn pb OFF in 10 seconds? What *would* you do to ensure pb does not occur? What are the first things you tell new staff/teachers, or babysitters to *not* do around \_\_\_\_\_\_\_\_?
   * *To identify possible reinforcers:* For a million dollars….can you turn pb ON in 10 seconds?
8. Be sure to find out what they love most about child/client and what the child/client most loves to do.
9. Be sure to walk the interviewees through the next steps, the analysis and treatment process.
10. Be sure to ask them what, if anything, they are worried about with the process and address concerns.

**Conducting the preference assessment**

The mission of preference assessment:

1. Identify up to five nonpreferred foods to target during treatment, and up to five or more preferred foods to be used as reinforcers.

Given the goal is to select up to five nonpreferred and preferred foods, you’ll want to assess more five foods in your assessment, in the case that the child eats reported nonpreferred foods or doesn’t eat reported preferred foods. These numbers are just a recommendation.

1. **Preparing the food:**
   1. If possible, cut the food into small bites (approx. 2cm x 2cm). Foods that do not lend themselves to being cut into small pieces (e.g., yogurt), you may present a small amount on a spoon. The child may also prefer their preferred foods prepared in a certain way, and we recommend following their lead for the preferred foods. For example, they may take a bite of a full chicken nugget but may not eat small pieces of a chicken nugget.
2. **Presenting the food:**
   1. Present both the reportedly preferred and nonpreferred foods to the child following the presentation order written out on the data sheet. The food should be presented to the child twice across the analysis.
   2. The number of times a food is presented can exceed two if consumption is inconsistent across the two presentations. That is, if the child consumes a food on one trial, but does not on a subsequent trial, present that food a third time.
   3. Present the bite of food to the child on a plate, do not hold the bite up to their mouth.
   4. If the child has functional language, explain to them that they are going to be given different kinds of foods and they can eat it if they want to, but they don’t have to. If the child is non-verbal, simply place the bite of food in front of them without prompts or instructions.
3. Upon presentation, if the child indicates in *any* way that they do not want to eat the food, remove it. If they child engages in any IMB or SPB, immediate remove the food. If they do not engage in any problem behavior, remove the food after approximately 30 seconds.
4. Each trial measure: consumption, non-consumption, IMB, and SPB.
5. From the analysis, caregivers can select up to five nonpreferred foods to target during treatment. All identified preferred foods can be retained for treatment.

See appendix D for the preference analysis data sheet.

**Conducting the mealtime observation**

*Optional: If a baseline with caregivers is desired, conduct the mealtime observation.*

1. The foods selected to target for treatment are arranged into a meal. The number of bites in the meal depend on the number of foods selected by caregivers. For example, if five foods are selected, the meal is arranged with three bites each of the six foods for a total of an 15-bite meal.
2. Provide caregivers with access to the child’s preferred toys and preferred food items identified in the preference analysis.
3. Caregivers are encouraged to engage in behavior they typically engage in (e.g., provide access to toys, continuous attention) to get their child to eat a meal.
4. Sessions last 10 minutes unless the caregiver terminated the session before then. Caregivers are told they may end the session for any reason.
5. The mealtime observations serves as a baseline for consumption and problem behavior with caregivers.
6. If the child independently consumes any of the foods during these sessions, remove the food from treatment.

**Conducting the functional analysis (i.e., IISCA)**

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| **Tips for Conducting an IISCA**  1. Create clear SR and EO locations through materials placement, use of tables, matts, and chairs. Provide all suspected reinforcers noncontingently and continuously at first (i.e., there should be no relevant establishing operations for any of the suspected reinforcers in the control sessions). |
| 2. Have child/client experience the reinforcement context immediately upon arrival. Also, relax. Do not begin data collection until child is happy, relaxed, & engaged (HRE). |
| 3. Have parent or staff who understands the child/client present for analysis; ask about HRE, inquire about their understanding and comfort. |
| 4. Rely on an “open-door analysis” to prevent escalation of problem behavior. Consider the policy that all have authority to terminate the analysis at any time. |
| 5. Video record all sessions. Have a person different from the implementor collect data live in the analysis but be sure to videotape all IISCA sessions in case the observational code changes during the analysis. Record dangerous & non-dangerous PB (that co-occur), whether in SR or EO, and engagement during SR. (Consider IISCA app for data collection). Use the back of the sheet for qualitative data collection. |
| 6. Present the EO after the child has been HRE for at least 5 minutes and be sure to progressively implement the EO each time it is presented. |
| 7. Provide all suspected reinforcers immediately following the first response suspected as being part of the response class. Be sure to clearly signal the delivery of the reinforcer with visual and audio cue. |
| 8. Implement the next EO after child/client has been HRE for at least 30 s (do not implement EOs every 30 s regardless of child/client behavior, make performance-based decisions). |
| 9. Terminate the analysis when PB has been turned on and immediately turned off, and the child has returned to HRE, for 3 to 5 consecutive trials. |
| 10. By using the back of the data collection sheet, be sure to (a) reflect on the success of the analysis, (b) discuss things learned during the analysis about the child’s preferences, abilities, and tolerances, and (c) provide summary statement about the controlling variables for HRE and PB. |

*Tips specific to conducting an IISCA of mealtime problem behavior*

1. Rotate across the targeted nonpreferred foods each EO presentation of the test condition
2. The presentation of the bite should be accompanied with “Take a bite” or “Eat the \_\_\_\_\_”.
3. If applicable, have preferred foods available during the control conditions and during the periods of reinforcement. If possible, just provide one piece during each reinforcement interval.
4. If the child accepts the bite of food, but packs the bite (i.e., holds the bite in their mouth, but does not swallow), continue to prompt the child to swallow the bite.
5. If the child accepts and consumes a bite of food, do not reinforce, simply present the next food.

**Treatment Protocol**

**Measurement**

Preconsumption and consumption behaviors – levels to shape across:

1. Look at food
2. Touch plate
3. Touch food with utensil or hand
4. Hold food in spoon or hand
5. Bring to nose and smell
6. Touch piece of food to lips
7. Touch piece of food to tongue
8. Deposit food on tongue, hold for 3 s, spit out
9. Touch food to front teeth
10. Bite food with front teeth
11. Bite food in 2 pieces with front teeth
12. Chew food 1x (back teeth), spit out
13. Chew food 3x, spit out
14. Chew food 5x, spit out
15. Chew food 10x, spit out
16. Chew food 15x, spit out
17. Chew food 20x, spit out
18. Swallow 1 bite of food
19. Level 23-##: Swallow 2 (3, 4, 5, 6…) bites of food

**NOTE ON LEVELS:**

The number of levels you shape across may vary depending on the client. These are flexible and should be personalized (see next page for examples). You may anticipate issues and add additional levels on the front end or let the data teach you when you need to task analyze. That is, if a child is having sustained trouble with a level (i.e., not meeting the criteria), you should task analyze that step further.

Problem behavior per trial:

1. Inappropriate mealtime behavior (IMB): verbal protest at or below conversational level, pushes plate away, throws food in garbage
2. Severe problem behavior (SPB): throws food, aggression, self-injury, property destruction, screaming/yelling
3. Crying: audible whine and presence of tears
4. Packing: holding bite of food in mouth for over 30 s
5. Gagging: gagging or guttural sounds emitted, may be accompanied by visible throat contractions
6. Vomiting: expulsion of food from throat/stomach (i.e., not food from mouth)

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| **Levels for Derek – 4 yo** |
| 1. Look at food, covered, food is across the table 2. Look at food, uncovered, food is across the table 3. Look at food, uncovered, food is within arm’s reach 4. Touch plate 5. Touch food with utensil or hand 6. Analyst hands food to hold 7. Hold food 8. Bring to chin 9. Bring to nose 10. Bring to nose and smell 11. Touch piece of food to lips 12. Touch piece of food to tongue 1 s 13. Food to tongue 2 s 14. Food to tongue 3 s 15. Balance on tongue, 3 s 16. Balance on tongue, close mouth, 1 piece 17. Balance on tongue, close mouth, 2 pieces 18. Balance on tongue, close mouth, 3 pieces 19. Balance on tongue close mouth, 4 pieces 20. Hold on tongue, move back and forth 21. Move back and forth, 2 pieces 22. Move back and forth, 3 pieces 23. Move back and forth, 4 pieces 24. Hold food with front teeth 25. Bite food in 2 pieces with front teeth 26. Bite in 2, hold 3 s 27. Bite in 2, hold 5 s 28. Hold food with side teeth 29. Bite in 2, side teeth 30. Bite in 2, hold 3 s 31. Bite in 2, hold 5 s 32. Put on back teeth 33. Chew food 1x (back teeth), spit out 34. Chew food 2x, spit out 35. Chew food 3x, spit out 36. Chew food 4x, spit out 37. Chew food 5x, spit out 38. Chew food 10x, spit out 39. Chew food 20s, spit out 40. Swallow 1 bite of food |

**Examples of levels**

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| **Levels for Luke – 6 yo** |
| 1. Look at food, covered, food is across the table 2. Look at food, uncovered, food is across the table 3. Look at food, uncovered, food is just outside arm’s reach 4. Look at food, uncovered, food is within arm’s reach 5. Touch plate 6. Touch food with utensil or hand 7. Hold food in spoon or hand 8. Bring to nose 9. Bring to nose and smell 10. Touch piece of food to lips 11. Touch piece of food to tongue 12. Balance on tongue 3 s 13. Chew food 3x, spit out 14. Chew food 5x, spit out 15. Swallow 1 bite of food |

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| **Levels for Ali – 4 yo** |
| 1. Look at food, covered, food is across the table 2. Look at food, uncovered, food is across the table 3. Look at food, uncovered, food is just outside arm’s reach 4. Look at food, uncovered, food is within arm’s reach 5. Touch plate 6. Touch food with utensil or hand 7. Hold food in spoon or hand 8. Bring to nose 9. Bring to nose and smell 10. Touch piece of food to lips 11. Touch piece of food to tongue 12. Balance on tongue 3 s 13. Touch food to front teeth 14. Bite food with front teeth 15. Bite food in 2 pieces with front teeth 16. Chew food 1x (back teeth), spit out 17. Chew food 3x, spit out 18. Chew food 5x, spit out 19. Chew food 10x, spit out 20. Chew food 15x, spit out 21. Chew food 20x, spit out 22. Chew 25% of bite 23. Chew 50% of bite 24. Chew 75% of bite 25. Swallow 25% 26. Swallow 50% 27. Swallow 75% 28. Swallow 1 bite of food |

**Treatment Summary**

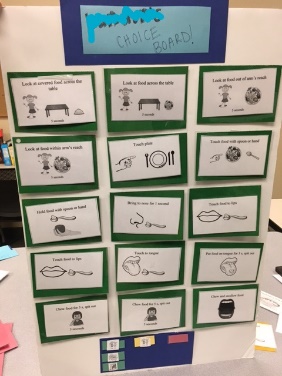
This process for treating food selectivity and refusal involves the differential delivery of synthesized reinforcers following engagement with the target foods at a specified criterion. Following success, the criterion for reinforcement is gradually increased across response topographies related to preconsumption and consumption. The child moves back and forth between the treatment table and the reinforcement area, and the child has the option to leave all together and access a “hang-out area”.

The treatment is divided into meals consisting of one bite each of the targeted foods. Each trial the child (a) selects a nonpreferred food, using a pictorial visual or the actual plate of food, and (b) what to do with that food, using a pictorial choice board (see image below). Once the child selects and engages with a food on one trial, it is removed from the array. The meal is complete once all foods are gone, and all the foods are returned for subsequent meals.



**Teaching the Game**

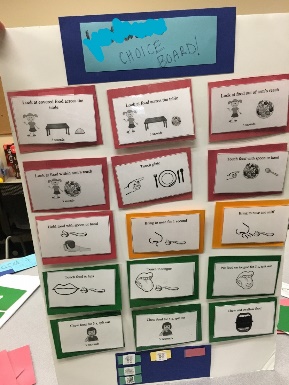
For some individuals, the “game” may be learned through some instructions and then experience through baseline (see below). For others, however, explicit teaching of the game may need to occur prior to the start of baseline. This can occur using preferred foods. Gently guide the child through the motions of the game; guide them to select a preferred food, select a picture depicting a response, model the response, and provide access to the reinforcement area and reinforcers. Use whatever teaching strategies you know work well with the child to teach the game of selecting, behaving, and experiencing the consequence.

**Baseline**

In baseline, any engagement with the target, nonpreferred foods results in the delivery of the full reinforcement contingency. The full reinforcement contingency is associated with a color (e.g., green; see image to the right), and all the cards depicting the levels have an indicator of that color.

1. During baseline, explain the rules to the child (if no teaching occurred prior to baseline).
   1. Explain that they may play the game and earn \_X\_ (all reinforcers identified in functional analysis) if they engage in a response associated with full reinforcement, or they can play in the designated hang-out area by themselves with less preferred toys (i.e., toys they do not select from the ‘buffet’ or are reported as moderately from caregivers).
   2. The game may be explained in several ways: explain each card, model the behaviors of each card, have the child practice selecting one, and engage in the eating behavior with a fake or preferred food. Feel free to be creative and spend as much time as you need to get the child use to the choice and contingent nature of the rules.
2. Eat trial, the child will select a nonpreferred food, select a card, engage in some behavior, and experience reinforcement for 30 – 120 s.
   1. If they do not complete the selected eating behavior, the level performed is recorded. For example, if they select swallow, but they quickly spit it out. IMB is recorded, and touch food to tongue would be recorded for level performed. If relevant, you may say “Good job! You touch the food to your tongue, and it’s a green card, you can go play!”
   2. No programmed consequences for problem behavior.
   3. Stay in baseline until you get stable responding and the child understands the game.

**Treatment Phase I: Bite Shaping**

* + - 1. ****The initial full reinforcement level is determined by calculating the mode of selection during baseline. Depending on the child, you may set the first criterion for full reinforcement at this level or set it at one level above. Two levels below are set to partial reinforcement (e.g., yellow cards), the rest to no positive reinforcers (e.g., red). ***Note:*** colors other than red/yellow/green can be used, and the 2nd tier is optional, and you can use other designations of differential reinforcement.
         1. Green cards = access to all reinforcers for approx. 45 – 120 s
         2. Yellow cards = access to some of reinforcers (attention if part of the reinforcement contingency) for approx. 30 s
         3. Red cards = no positive reinforcers, move on to the next trial
      2. If the child engages in an eating behavior that allows him or her to access some or all the reinforcers, he or she will be provided with approximately 45 – 120 s of access to the relative reinforcers.

1. If the child selects an option that does not allow access to any reinforcers, he or she may stay seated for approximately 15-30 s before moving on to the next trial or meal.
2. Criterion for moving reinforcement criterion level:
   1. Increase the criterion following 1-3 sessions with performance at or above the current criterion for at least 75% of trials with minimal or zero problem behavior.
   2. Increase 1 level at a time.
   3. If excessive gagging or problem behavior is occurring, considering staying at that level.
3. Criteria for *removing a food* from Phase I (to be introduced back in Phase II):
   1. If the child is differentially successful with some of the foods but not others, for example, they begin eating green beans, but still do not eat banana, apples, meatball, or noodles, following 3-5 meals in which they reliably eat a food remove it from meal. Subsequently, you would have a five-bite meal instead of six.
   2. This addition functions to motivate the child to engage in higher levels with lesser preferred foods.
   3. When a food is removed it can be celebrated; put a picture of the food on a “Super Star” food board and assure them “it will be back” once they mastered the other foods.
4. Mastery criteria for first phase of treatment: After two consecutive sessions in which the child consumes all foods or after all the foods have been eaten across 3-5 meals.
5. No programmed consequences for problem behavior, but, if they need assistance experiencing the “hang out” area, you may need to guide them to the hang out area contingent on problem behavior to teach them to access that area if they are upset.

*Tips for Phase I: Bite Shaping*

1. If a child is having sustained trouble at a given level (i.e., not meeting the criterion, excessive IMB/SPB, spending excessive amount of time in hang out), task analyze the level and add more levels rather than decreasing the criterion to a previous level. For example, for several children, chewing once with back teeth proved to be very difficult so the following addition levels were added: touch to front teeth, hold with front teeth, touch to side teeth, hold with side teeth, and hold on back teeth.
2. If the child chooses to leave the treatment context and go to hang out, stay neutral and pleasant. Do not try to cajole them back to the table. Do not express any disappointment. And when they choose to return, welcome them back!
3. Respond to IMB/SPB or any other problem behavior as neutrally as possible. There are no programmed consequences for problem behavior within this protocol. You may remind the child they can choose the hangout option if they are complaining excessively. If gagging or vomiting occurs, stay neutral an pleasant, help them out if needed (provide a towel, etc.), and praise their attempts.

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| Data Sheet and Guide for the Shaping of Bite Consumption (January 2020; FTF Behavioral Consulting, Inc.; updated by Holly Gover 2021)  Skills teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| **Bite Shaping Data Sheet** | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | ***Instructions*** |
| **Date** | **SR Level** | ***Trial 1*** | | ***Trial 2*** | | ***Trial 3*** | | ***Trial 4*** | | ***Trial 5*** | |
| ***Food/level*** | ***PB*** | ***Food/level*** | ***PB*** | ***Food/level*** | ***PB*** | ***Food/level*** | ***PB*** | ***Food/level*** | ***PB*** |
|  |  |  | IMB/SPB  Gag/Vom |  | IMB/SPB  Gag/Vom |  | IMB/SPB  Gag/Vom |  | IMB/SPB  Gag/Vom |  | IMB/SPB  Gag/Vom | This sheet is to be used to guide the shaping of consumption.  DATA COLLECTION  In Food/Level, write the shorthand for which food the child selects and SR level they reach with that food.  SHAPING CRITERIA  Remain at each level until 80% of trials are at or above criterion for 1-2 consecutive sessions with zero PB, all expected skills are occurring independently, and is consistent during SR. |
|  |  |  | IMB/SPB  Gag/Vom |  | IMB/SPB  Gag/Vom |  | IMB/SPB  Gag/Vom |  | IMB/SPB  Gag/Vom |  | IMB/SPB  Gag/Vom |
|  |  |  | IMB/SPB  Gag/Vom |  | IMB/SPB  Gag/Vom |  | IMB/SPB  Gag/Vom |  | IMB/SPB  Gag/Vom |  | IMB/SPB  Gag/Vom |
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| **Date/**  **Initials** | **Trial** | **Sr Level** | **Food Selected** | **Problem Behavior** | **Level Completed** | **Duration child spent in hang-out** |
|  | **1** | **Smell** | Chicken  Bell pep  Corn | IMB SPB Gag Pack Vom Cry | **Smell** |  |
|  | **2** | **Smell** | Chicken  Bell pep  Corn | IMB SPB Gag Pack Vom Cry |  |  |
|  | **3** | **Smell** | Chicken  Bell pep  Corn | IMB SPB Gag Pack Vom Cry |  |  |
|  |  |  | Chicken  Bell pep  Corn | IMB SPB Gag Pack Vom Cry |  |  |
|  |  |  | Chicken  Bell pep  Corn | IMB SPB Gag Pack Vom Cry |  |  |
|  |  |  | Chicken  Bell pep  Corn | IMB SPB Gag Pack Vom Cry |  |  |
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|  |  |  | Chicken  Bell pep  Corn | IMB SPB Gag Pack Vom Cry |  |  |
|  |  |  | Chicken  Bell pep  Corn | IMB SPB Gag Pack Vom Cry |  |  |
|  |  |  | Chicken  Bell pep  Corn | IMB SPB Gag Pack Vom Cry |  |  |
|  |  |  | Chicken  Bell pep  Corn | IMB SPB Gag Pack Vom Cry |  |  |
|  |  |  | Chicken  Bell pep  Corn | IMB SPB Gag Pack Vom Cry |  |  |
|  |  |  | Chicken  Bell pep  Corn | IMB SPB Gag Pack Vom Cry |  |  |
|  |  |  | Chicken  Bell pep  Corn | IMB SPB Gag Pack Vom Cry |  |  |

**Treatment (Phase II: Meal building)**

1. The meal arrangement is that of the mealtime observations with caregivers (e.g., 18 bite meal), and the entire meal is presented to the child each trial.
2. The choice board is no longer present. The child still has the choice of participation, which bites to eat, and their preferred food and toys to earn if they meet the reinforcement criteria.
3. During this phase, the reinforcement contingency is contingent on the amount of food the child is eating.
   1. For example, you may shape across: 3, 6 , 9, 12, 15, and 18 bites of food, or choose to shape one bite at a time.
   2. Also increase the reinforcer magnitude: increase edibles to 3 pieces, selected by participant. The reinforcement period duration also increases as the bite requirement increase.
4. If the child meets the criterion and eats 3 bites of food in one meal, after spending 30 – 120 s in reinforcement, the full meal is provided again to the child and the criterion is increased to 6 bites of food. You may stay at a certain level if the child had any difficulty meeting the criterion.
5. Meals are 10 minutes in length, or whenever the child meets the bite requirement.
6. If the child elects to not participate and goes to the hang out area, the session time is not paused.

*Tips on Meal Building*

1. We selected 10 minutes for the duration of the meals, but speak with caregivers on the appropriate length given the amount of food. Also consider extending the meal length if they child is actively eating the foods at the 10-minute mark.
2. You may consider an alternation requirement. Along with a bite requirement the child must also alternate between the foods at least once. That is, they must eat at least one of each of the foods, beyond that they may eat whatever foods they’d like.
   1. For example, if the bite requirement is 3 bites, they must eat 3 different bites of food. If the bite requirement is 12, they need to eat at least 1 of each of the foods, but beyond that they may select which other 6 bites of food to eat.
   2. You may need to force alternation by only presenting the bites you would like the child to eat; contingent on consumption present the next set of bites.

**Parent training and posttest**

1. Go over the parent education materials (see below) and answer any questions.
2. Explain exactly what they are required to do (present the meal, state the requirement, allow the child to pick what they are going to earn, reserve attention if off-task or problem behavior occurs during the meal, and present reinforcers contingent on reaching the criteria).
3. During the posttest the child is required to finish the full plate. Run two sessions.
   1. If they engage in high rates of problem behavior and/or do not meet the requirement, note the amount of bites the child did eat with the parent and shape from there similar to Phase II with the therapist.

**Appendix A--Selective Eating Screening Tool**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male / Female

Respondent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Respondent’s relation to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

His/her date of birth and current age: \_\_\_\_-\_\_\_\_-\_\_\_\_ \_\_\_\_ yrs \_\_\_\_ mos

His/her current height and weight: \_\_\_\_ ft \_\_\_\_ in \_\_\_\_ lbs

***Please respond to the following yes/no and short answer questions. If you need more space, continue on page 2 of this form.***

|  |
| --- |
| 1. Is your child a highly selective or picky eater? **Y / N**   *If yes, how so?* |
| 1. Does your child exhibit problem behavior during meals (e.g., push food away, protest, cry, etc.)? **Y / N**   *If yes, please explain.* |
| 1. Does your child consume all calories by mouth? **Y / N**   *If no, please explain (e.g., some or all meals delivered by gastrostomy or nasogastric tube feedings).* |
| 1. Is there any identified medical explanation for your child’s selective eating? **Y / N**   *If yes, please explain.* |
| 1. Please describe any interactions with medical professions related to your child’s eating problems (e.g., pediatrician, GI specialist, nutritionist, etc.). |
| 1. Has your child had an oral-motor evaluation? **Y / N**   *If yes, please explain. Did s/he have positive results from a swallow study?* |
| 1. Has your child had a nutrition evaluation? **Y / N**   *If yes, please explain.* |
| 1. Please list all of your child’s medical diagnoses related to and not related to eating problems. |
| 1. What medications does your child take currently (daily or as needed)? |
| 1. Has your child undergone a food allergy exam? **Y/N**   Please list all known food allergies: |

**Appendix B-- Food Preference Survey**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Fruits** | Place an X family DOES NOT eat this food | Not sure/no opportunity | Never | Sometimes | Always | Notes on preparation |
| Apple |  | 0 | 1 | 2 | 3 |  |
| Apricots |  | 0 | 1 | 2 | 3 |  |
| Avocado |  | 0 | 1 | 2 | 3 |  |
| Banana Chips |  | 0 | 1 | 2 | 3 |  |
| Banana |  | 0 | 1 | 2 | 3 |  |
| Blueberries |  | 0 | 1 | 2 | 3 |  |
| Blackberries |  | 0 | 1 | 2 | 3 |  |
| Cantaloupe |  | 0 | 1 | 2 | 3 |  |
| Coconut |  | 0 | 1 | 2 | 3 |  |
| Cherries |  | 0 | 1 | 2 | 3 |  |
| Dried Apricots |  | 0 | 1 | 2 | 3 |  |
| Fruit Cocktail |  | 0 | 1 | 2 | 3 |  |
| Grapefruit |  | 0 | 1 | 2 | 3 |  |
| Grapes |  | 0 | 1 | 2 | 3 |  |
| Honeydew |  | 0 | 1 | 2 | 3 |  |
| Kiwi |  | 0 | 1 | 2 | 3 |  |
| Lemon |  | 0 | 1 | 2 | 3 |  |
| Mango |  | 0 | 1 | 2 | 3 |  |
| Nectarine |  | 0 | 1 | 2 | 3 |  |
| Oranges |  | 0 | 1 | 2 | 3 |  |
| Peaches |  | 0 | 1 | 2 | 3 |  |
| Pear |  | 0 | 1 | 2 | 3 |  |
| Pineapple |  | 0 | 1 | 2 | 3 |  |
| Plantains |  | 0 | 1 | 2 | 3 |  |
| Plums |  | 0 | 1 | 2 | 3 |  |
| Prunes |  | 0 | 1 | 2 | 3 |  |
| Raisins |  | 0 | 1 | 2 | 3 |  |
| Raspberry |  | 0 | 1 | 2 | 3 |  |
| Strawberry |  | 0 | 1 | 2 | 3 |  |
| Tangerine |  | 0 | 1 | 2 | 3 |  |
| Watermelon |  | 0 | 1 | 2 | 3 |  |
| **Other fruits always consumed by the child:**  1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **Top foods from above you’d like your child to eat:**  1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**Food Preference Survey**

To identify foods that your child/client does and does not eat, please circle your response (0 to 3) for the following statement: **When it is available, my child/client eats this item.**

|  |
| --- |
| **Additional space for notes** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Vegetables** | Place an X family DOES NOT eat this food | Not sure/no opportunity | Never | Sometimes | Always | Notes on preparation |
| Asparagus |  | 0 | 1 | 2 | 3 |  |
| Beans |  | 0 | 1 | 2 | 3 |  |
| Beets |  | 0 | 1 | 2 | 3 |  |
| Bell pepper |  | 0 | 1 | 2 | 3 |  |
| Broccoli |  | 0 | 1 | 2 | 3 |  |
| Brussels sprout |  | 0 | 1 | 2 | 3 |  |
| Cabbage |  | 0 | 1 | 2 | 3 |  |
| Carrots |  | 0 | 1 | 2 | 3 |  |
| Cauliflower |  | 0 | 1 | 2 | 3 |  |
| Celery |  | 0 | 1 | 2 | 3 |  |
| Collard greens |  | 0 | 1 | 2 | 3 |  |
| Corn |  | 0 | 1 | 2 | 3 |  |
| Cucumbers |  | 0 | 1 | 2 | 3 |  |
| Eggplant |  | 0 | 1 | 2 | 3 |  |
| French Fries |  | 0 | 1 | 2 | 3 |  |
| Green Beans |  | 0 | 1 | 2 | 3 |  |
| Green Pepper |  | 0 | 1 | 2 | 3 |  |
| Kale |  | 0 | 1 | 2 | 3 |  |
| Lentils |  | 0 | 1 | 2 | 3 |  |
| Lettuce |  | 0 | 1 | 2 | 3 |  |
| Mushrooms |  | 0 | 1 | 2 | 3 |  |
| Olives |  | 0 | 1 | 2 | 3 |  |
| Peas |  | 0 | 1 | 2 | 3 |  |
| Pickles |  | 0 | 1 | 2 | 3 |  |
| Potatoes |  | 0 | 1 | 2 | 3 |  |
| Radish |  | 0 | 1 | 2 | 3 |  |
| Squash |  | 0 | 1 | 2 | 3 |  |
| Spinach |  | 0 | 1 | 2 | 3 |  |
| Sweet Peppers |  | 0 | 1 | 2 | 3 |  |
| Sweet Potatoes |  | 0 | 1 | 2 | 3 |  |
| Tomato |  | 0 | 1 | 2 | 3 |  |
| Yams |  | 0 | 1 | 2 | 3 |  |
| Zucchini |  | 0 | 1 | 2 | 3 |  |
| **Other vegetables always consumed by the child:**  1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **Top foods from above you’d like your child to eat:**  1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

|  |
| --- |
| **Additional space for notes** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Grains** | Place an X family DOES NOT eat this food | Not sure/no opportunity | Never | Sometimes | Always | Notes on preparation |
| Bagel |  | 0 | 1 | 2 | 3 |  |
| Brown Rice |  | 0 | 1 | 2 | 3 |  |
| Corn Bread |  | 0 | 1 | 2 | 3 |  |
| Crackers |  | 0 | 1 | 2 | 3 |  |
| Egg Noodles |  | 0 | 1 | 2 | 3 |  |
| English Muffin |  | 0 | 1 | 2 | 3 |  |
| Matzo |  | 0 | 1 | 2 | 3 |  |
| Oatmeal |  | 0 | 1 | 2 | 3 |  |
| Pancakes |  | 0 | 1 | 2 | 3 |  |
| Pita bread |  | 0 | 1 | 2 | 3 |  |
| Pretzels |  | 0 | 1 | 2 | 3 |  |
| Pasta |  | 0 | 1 | 2 | 3 |  |
| Tortillas/Wraps |  | 0 | 1 | 2 | 3 |  |
| Waffles |  | 0 | 1 | 2 | 3 |  |
| White bread |  | 0 | 1 | 2 | 3 |  |
| White Rice |  | 0 | 1 | 2 | 3 |  |
| Whole wheat bread |  | 0 | 1 | 2 | 3 |  |
| Whole grain cereal |  | 0 | 1 | 2 | 3 |  |
| Whole wheat pasta |  | 0 | 1 | 2 | 3 |  |
| **Other grains always consumed by the child:**  1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **Top foods from above you’d like your child to eat:**  1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

|  |
| --- |
| **Additional space for notes** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Proteins** | Place an X family DOES NOT eat this food | Not sure/no opportunity | Never | Sometimes | Always | Notes on preparation |
| Almonds |  | 0 | 1 | 2 | 3 |  |
| Almond butter |  | 0 | 1 | 2 | 3 |  |
| Bacon |  | 0 | 1 | 2 | 3 |  |
| Beans |  | 0 | 1 | 2 | 3 |  |
| Cashews |  | 0 | 1 | 2 | 3 |  |
| Chicken Breast |  | 0 | 1 | 2 | 3 |  |
| Chicken Nuggets/Tenders |  | 0 | 1 | 2 | 3 |  |
| Egg |  | 0 | 1 | 2 | 3 |  |
| Fish |  | 0 | 1 | 2 | 3 |  |
| Fish Sticks |  | 0 | 1 | 2 | 3 |  |
| Ham |  | 0 | 1 | 2 | 3 |  |
| Hamburger |  | 0 | 1 | 2 | 3 |  |
| Hot Dog |  | 0 | 1 | 2 | 3 |  |
| Ground beef |  | 0 | 1 | 2 | 3 |  |
| Lamb |  | 0 | 1 | 2 | 3 |  |
| Lentils |  | 0 | 1 | 2 | 3 |  |
| Peanut Butter |  | 0 | 1 | 2 | 3 |  |
| Peanuts |  | 0 | 1 | 2 | 3 |  |
| Pork Chops |  | 0 | 1 | 2 | 3 |  |
| Roast Beef |  | 0 | 1 | 2 | 3 |  |
| Sausage |  | 0 | 1 | 2 | 3 |  |
| Shrimp |  | 0 | 1 | 2 | 3 |  |
| Steak |  | 0 | 1 | 2 | 3 |  |
| Tofu |  | 0 | 1 | 2 | 3 |  |
| Tuna |  | 0 | 1 | 2 | 3 |  |
| Turkey Bacon |  | 0 | 1 | 2 | 3 |  |
| Turkey |  | 0 | 1 | 2 | 3 |  |
| Walnuts |  | 0 | 1 | 2 | 3 |  |
| **Other proteins always consumed by the child:**  1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **Top foods from above you’d like your child to eat:**  1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

|  |
| --- |
| Additional space for notes. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Dairy** | Place an X family DOES NOT eat this food | Not sure/no opportunity | Never | Sometimes | Always | Notes on preparation |
| American Cheese |  | 0 | 1 | 2 | 3 |  |
| Cheese Spread |  | 0 | 1 | 2 | 3 |  |
| Cottage Cheese |  | 0 | 1 | 2 | 3 |  |
| Frozen Yogurt |  | 0 | 1 | 2 | 3 |  |
| Flavored Milk |  | 0 | 1 | 2 | 3 |  |
| Hot Chocolate |  | 0 | 1 | 2 | 3 |  |
| Ice Cream |  | 0 | 1 | 2 | 3 |  |
| Milkshake |  | 0 | 1 | 2 | 3 |  |
| Other Cheese(s) |  | 0 | 1 | 2 | 3 |  |
| Pudding |  | 0 | 1 | 2 | 3 |  |
| Sherbet |  | 0 | 1 | 2 | 3 |  |
| White Milk |  | 0 | 1 | 2 | 3 |  |
| Yogurt |  | 0 | 1 | 2 | 3 |  |
| **Other dairy always consumed by the child:**  1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **Top foods from above you’d like your child to eat:**  1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

|  |
| --- |
| Additional space for notes. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Misc.** | Place an X family DOES NOT eat this food | Not sure/no opportunity | Never | Sometimes | Always | Notes on preparation |
| Cake/cupcakes |  | 0 | 1 | 2 | 3 |  |
| Candy |  | 0 | 1 | 2 | 3 |  |
| Chips |  | 0 | 1 | 2 | 3 |  |
| Cookies |  | 0 | 1 | 2 | 3 |  |
| French fries |  | 0 | 1 | 2 | 3 |  |
| Grilled Cheese |  | 0 | 1 | 2 | 3 |  |
| Jello |  | 0 | 1 | 2 | 3 |  |
| Macaroni and Cheese |  | 0 | 1 | 2 | 3 |  |
| Muffin |  | 0 | 1 | 2 | 3 |  |
| Peanut Butter and Jelly |  | 0 | 1 | 2 | 3 |  |
| Pizza |  | 0 | 1 | 2 | 3 |  |
| Quesadilla |  | 0 | 1 | 2 | 3 |  |
| Other\_\_\_\_\_\_\_\_\_\_\_ |  | 0 | 1 | 2 | 3 |  |
| Other\_\_\_\_\_\_\_\_\_\_\_ |  | 0 | 1 | 2 | 3 |  |
| Other\_\_\_\_\_\_\_\_\_\_\_ |  | 0 | 1 | 2 | 3 |  |
| Other\_\_\_\_\_\_\_\_\_\_\_ |  | 0 | 1 | 2 | 3 |  |
|  |  | 0 | 1 | 2 | 3 |  |
|  |  | 0 | 1 | 2 | 3 |  |
| **Other misc. always consumed by the child:**  1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **Top foods from above you’d like your child to eat:**  1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

|  |
| --- |
| Additional space for notes. |

**Appendix C-- Open-Ended Interview for Mealtime Problem Behavior/Food Selectivity**

RELEVANT BACKGROUND INFORMATION

1. **His/her date of birth and current age: \_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_\_\_ \_\_\_\_yrs \_\_\_\_mos Male/Female**
2. **Describe his/her language abilities.**

QUESTIONS TO INFORM THE DESIGN OF A FUNCTIONAL ANALYSIS AND TREATMENT

(a-c offer optional follow-up questions if not all desired information was obtained)

*To get an overview of mealtime challenges (subsequent questions may be answered during this initial overview)*

1. **Please describe the challenges your child has with eating.**

*To develop objective definitions of observable problem behaviors:*

1. **What does your child do when s/he is offered food s/he doesn’t want to eat?** 
   1. **How does s/he tell you s/he doesn’t want to eat?**
   2. **What happens if that doesn’t work?**
   3. **What does that look like? Intensity?**

*To assist in identifying precursors to dangerous problem behaviors that may be targeted in the functional analysis instead of more dangerous problem behaviors:*

1. **Does (behaviors identified in #4) tend to occur in bursts or clusters and/or does any type of problem behavior happen before another type of problem behavior (e.g., will s/he yell before throwing something)?**

*To determine the antecedent conditions that may be incorporated into the functional analysis test conditions:*

1. **What is most likely to trigger (behaviors identified in #4) during mealtimes?** 
   1. **Specific foods?**
   2. **Specific mealtime requests?**
2. **Does your child have any specific mealtime routines or preferences that, when interrupted or not available, cause (behaviors identified in #4)?** 
   1. **Specific food preparation?**
   2. **Specific brands of food?**

*To determine the test condition(s) that should be conducted and the specific type(s) of consequences that may be incorporated into the test condition(s):*

1. **What do you do when s/he (behaviors identified in #4) during a meal? How do you and others react or respond?**
   1. **What do you and others do to calm her/him down once s/he (behaviors identified in #4)?**
   2. **Do you have any special tricks to get her/him to eat during mealtimes?**

*In addition to the above information, to assist in developing a treatment using synthesized reinforcers:*

1. **What are your child’s favorite foods that are sometimes consumed at or following meals?**
2. **What are your child’s favorite toys or activities?**
3. **What foods would you most like your child to eat that s/he does not currently eat?**

**Appendix D—Preference Analysis Data Sheet and Instructions**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Assessed Foods and Results Summary*

|  |  |  |
| --- | --- | --- |
| **1.** | **6.** | **11.** |
| **2.** | **7.** | **12.** |
| **3.** | **8.** | **13.** |
| **4.** | **9.** | **14.** |
| **5.** | **10.** | **15.** |

**Definitions of Scored Behavior:**

**Consumed**: Child swallows whole spoonful of item within 30 seconds of presentation.

**Non-consumption**: Child does not swallow whole spoonful of item within 30 seconds of presentation (if child eats part of item but not all of it, mark as non-consumption).

**No refusal**: Child does not exhibit any form of problem behavior/refusal at any time during trial. This includes both consuming the food and not consuming the food but not rejecting it either (i.e., child could just sit with food in front of him or could touch or play with food/plate/utensil without engaging in refusal behaviors).

**Inappropriate Mealtime Behavior (IMB)**: Child says “no,” “no thanks,” or any other verbal rejection at or below conversational level, pushes food away, throws in garbage, spits food out, packs (i.e., doesn’t swallow within 30 seconds).

**Severe Problem Behavior (SPB)**: Child throws food, aggresses, has self-injury, any other property destruction.

*\*Present 1 additional trial for each food with inconsistent consumption/non-consumption or no refusal/refusal responses.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Trial #** | **Food #** | **Consumption Response** | **Refusal Response** | **Notes** |
| 1 | ***1*** | Consumed / Not consumed | No refusal / IMB / SPB |  |
| 2 | ***2*** | Consumed / Not consumed | No refusal / IMB / SPB |  |
| 3 | ***3*** | Consumed / Not consumed | No refusal / IMB / SPB |  |
| 4 | ***4*** | Consumed / Not consumed | No refusal / IMB / SPB |  |
| 5 | ***5*** | Consumed / Not consumed | No refusal / IMB / SPB |  |
| 6 | ***6*** | Consumed / Not consumed | No refusal / IMB / SPB |  |
| 7 | ***7*** | Consumed / Not consumed | No refusal / IMB / SPB |  |
| 8 | ***8*** | Consumed / Not consumed | No refusal / IMB / SPB |  |
| 9 | ***9*** | Consumed / Not consumed | No refusal / IMB / SPB |  |
| 10 | ***10*** | Consumed / Not consumed | No refusal / IMB / SPB |  |
| 11 | ***11*** | Consumed / Not consumed | No refusal / IMB / SPB |  |
| 12 | ***12*** | Consumed / Not consumed | No refusal / IMB / SPB |  |
| 13 | ***13*** | Consumed / Not consumed | No refusal / IMB / SPB |  |
| 14 | ***14*** | Consumed / Not consumed | No refusal / IMB / SPB |  |
| 15 | ***15*** | Consumed / Not consumed | No refusal / IMB / SPB |  |
| 16 | ***1*** | Consumed / Not consumed | No refusal / IMB / SPB |  |
| 17 | ***2*** | Consumed / Not consumed | No refusal / IMB / SPB |  |
| 18 | ***3*** | Consumed / Not consumed | No refusal / IMB / SPB |  |
| 19 | ***4*** | Consumed / Not consumed | No refusal / IMB / SPB |  |
| 20 | ***5*** | Consumed / Not consumed | No refusal / IMB / SPB |  |
| 21 | ***6*** | Consumed / Not consumed | No refusal / IMB / SPB |  |
| 22 | ***7*** | Consumed / Not consumed | No refusal / IMB / SPB |  |
| 23 | ***8*** | Consumed / Not consumed | No refusal / IMB / SPB |  |
| 24 | ***9*** | Consumed / Not consumed | No refusal / IMB / SPB |  |
| 25 | ***10*** | Consumed / Not consumed | No refusal / IMB / SPB |  |
| 26 | ***11*** | Consumed / Not consumed | No refusal / IMB / SPB |  |
| 27 | ***12*** | Consumed / Not consumed | No refusal / IMB / SPB |  |
| 28 | ***13*** | Consumed / Not consumed | No refusal / IMB / SPB |  |
| 29 | ***14*** | Consumed / Not consumed | No refusal / IMB / SPB |  |
| 30 | ***15*** | Consumed / Not consumed | No refusal / IMB / SPB |  |
| \*31 | ***\_\_*** | Consumed / Not consumed | No refusal / IMB / SPB |  |
| \*32 | ***\_\_*** | Consumed / Not consumed | No refusal / IMB / SPB |  |
| \*33 | ***\_\_*** | Consumed / Not consumed | No refusal / IMB / SPB |  |

**Appendix E—Example Choice Board**



**Appendix F: Parent’s Guide to Implementing a Food Selectivity Treatment**

**Reward management and choice making opportunities**

|  |  |
| --- | --- |
| MANAGEMENT | CHOICE |
| Use events your child is currently getting for “free” to inspire them to try new or nonpreferred foods by delivering them after, and only after, they are successful with meal practice sessions.  Some tips for reward management:   * Know that their selective eating behavior may be accessing multiple rewards: getting out of eating that food, attention from parents, access to preferred foods, activities, and toys. * Thus, design your practice meal sessions so that they receive a combination of these rewards when successful. * Reserve highly motivating rewards just for meal practice (e.g., only allow TV time after a successful meal practice session) * Deliver immediately after success; avoid delayed rewards (e.g., promise to go to McDonalds that weekend) | Allowing your child the opportunity to make choices gives them a feeling of being in control, and may help decrease problem behavior associated with mealtimes.    You can give them the choice of:   * Participation in meal practice * Rewards: To pick what they’d like to earn from parent-selected options * New and non-preferred foods: Pick what they’d like to try from parent-selected options * Eating behaviors: If shaping, you may give them the option, for example, of licking or balancing the food on their tongue |

**Before the meal**

1. Create a meal with nonpreferred and/or new foods. You should plan to practice 1-3 times a day until your child readily eats new or nonpreferred foods.
2. Prepare a specific plan of what is expected of him or her for that meal practice session.
3. Identify what your child will be able to earn if they are successful (e.g., dessert and TV time) and what they will be able to do instead if they are not successful (e.g., read books).

**After the meal**

1. If your child was successful:
   1. Identify which foods they ate quickly and without problem behavior; these foods are more likely to become preferred down the road and will be easier to increase the bite requirement for subsequent meals.
   2. If some foods resulted in gagging or were associated with problem behavior, your child will need more practice with these foods.
2. If your child was not successful:
   1. Were they attempting to chew and swallow the foods? If so, identify what you think prevented their success. You may need to practice more with these foods, lessen the bite requirement next time, work on earlier steps (e.g., chewing and spitting out).
   2. If they elected not to participate, were they happy with the seemingly less preferred items? If so, select different ones for next time. Did the rewards seem motivating enough? If not, consider others.
3. Make a plan for the next meal practice session based on your reflections.

**During the meal**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Steps:** | **Do:** | **Don’t:** | **Example:** |
| **During Meal Practice** | **Tell your child it’s time to eat** | **Provide a choice:** whether to come to the table to earn great rewards or play with less motivating items elsewhere  Discuss what they can earn | Don’t force your child to come to the table.  Don’t provide a choice only *after* your child refuses to come to the table  Don’t negotiate rewards *after* problem behavior or refusal. | “It’s time to come to the table for lunch. Remember, if you come to the table and eat foods, you can earn playing a game with Dad. If you don’t want to, that’s fine. You can color instead.” |
| **Have your child practice eating nonpreferred and new foods** | Present the nonpreferred or new foods first and tell your child how many bites to eat.  **Provide a choice:** Let your child choose whether to eat, which foods to eat (after trying each food once), and in which order to eat the foods.  Praise behaviors you want to see (chewing, swallowing). | Don’t say anything following behaviors you don’t want to see (whining, negotiating)**.\***  Don’t lessen the requirement following refusal or problem behavior (even if you think your child does not like the food)**.\*** | “Okay, today we have apples, peanuts, and cheese. I want you to swallow 6 bites, and I want you to swallow at least one bite of each food.  As long as you eat one bite of each food, you can choose which foods you want to eat for your other bites.” |
| **Manage the rewards for eating and noneating behaviors** | If your child meets the eating requirement: immediately provide access to rewards and provide highly quality attention  If your child does not meet the eating requirement or refuses to transition to the mealtime area: don’t provide access to rewards, and say he or she can try again next time. | If your child was not successful, do not provide any of the most preferred rewards.  Do not negotiate or argue. | “I’m so proud of you! You ate so many bites of these new foods. You can have some fruit snacks and we can play a game together.”  “Sorry buddy, you didn’t earn your things this time. But we can try again tomorrow or later today.” |

**Appendix G—Social Validity Assessment (Clinic)**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of parent(s)/caregiver(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Questionnaire for Parents**

1. Rate the extent to which you are satisfied with the amount of improvement of your children’s ability to eat nonpreferred foods in our **clinic.**

1 2 3 4 5 6 7

Not Satisfied Highly Satisfied

Please comment:

1. Rate the extent to which you have found the assessment and treatment provided by our team to be family and child friendly.

1 2 3 4 5 6 7  
Inappropriate Appropriate

Please comment:

1. Rate the extent to which you have found the assessment and treatment provided by our team helpful to your family at home up to this point.

1 2 3 4 5 6 7  
Not helpful Very Helpful

Please comment:

1. Rate the extent to which you feel confident applying the same strategies you have seen in our clinic, when addressing your children’s food selectivity at home.

1 2 3 4 5 6 7

Not Confident Very Confident

Please comment:

1. Please provide any additional comments for our team regarding the assessment and treatment process.

**Appendix H—Social Validity Assessment (Home)**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of parent(s)/caregiver(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Questionnaire for Parents**

1. Rate the extent to which you are satisfied with the amount of improvement of your children’s ability to eat nonpreferred foods in your **home.**

1 2 3 4 5 6 7

Not Satisfied Highly Satisfied

Please comment:

1. Rate the extent to which you are concerned about your children’s ongoing food selectivity at home.

1 2 3 4 5 6 7

Not Concerned Highly Concerned

Please comment:

1. Rate the extent to which your children’s food selectivity caused stress to you BEFORE treatment.

1 2 3 4 5 6 7

Not Stressed Highly Stressed

Please comment:

1. Rate the extent to which your children’s food selectivity caused stress to you AFTER treatment.

1 2 3 4 5 6 7

Not Stressed Highly Stressed

Please comment:

1. Rate the extent to which you have found the assessment and treatment provided by our team helpful to your family at home up to this point.

1 2 3 4 5 6 7  
Not helpful Very Helpful

Please comment:

1. Rate the extent to which you have felt confident applying the strategies in your home.

1 2 3 4 5 6 7

Not Confident Very Confident

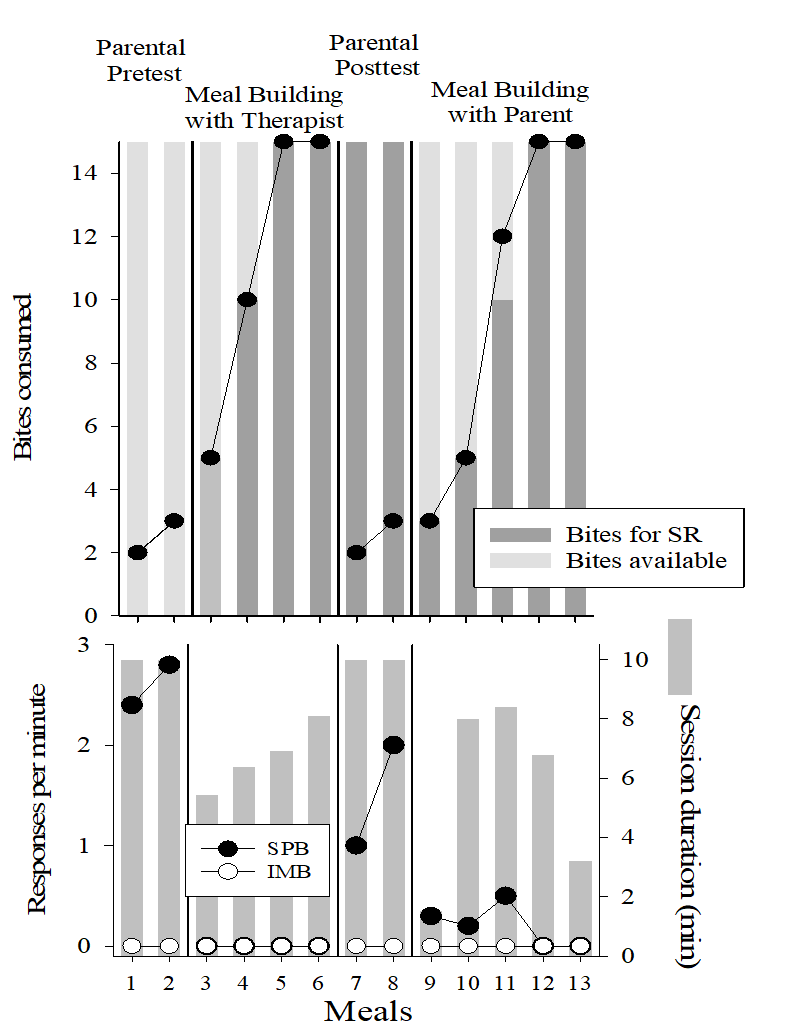
Please comment:

1. Please provide any additional comments for our team regarding the assessment and treatment process.

**Appendix I—Example Results of Assessment and Treatment Process**



*Figure 1.* Results from phase I of treatment: Shaping consumption of non-preferred foods.



*Figure 2.* Results from phase II of treatment: Building meals while maintaining consumption and transferring treatment implementation to parents. (SR = reinforcement, SPB = Severe Problem Behavior, IMB = Inappropriate Mealtime Behavior)