

Easing Anxiety Together with Understanding and Perseverance (EAT-UP)

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4 Target Domains

01

Communication

Focus on the communication between parent and child during mealtime.

02

Food Manipulation

Exposure to a mix of preferred and nonpreferred foods.

03

Physical Environment

Removing distractions and setting up a functional environment.

04

Social Environment

Token systems, prompts, cues, etc.



Assessment

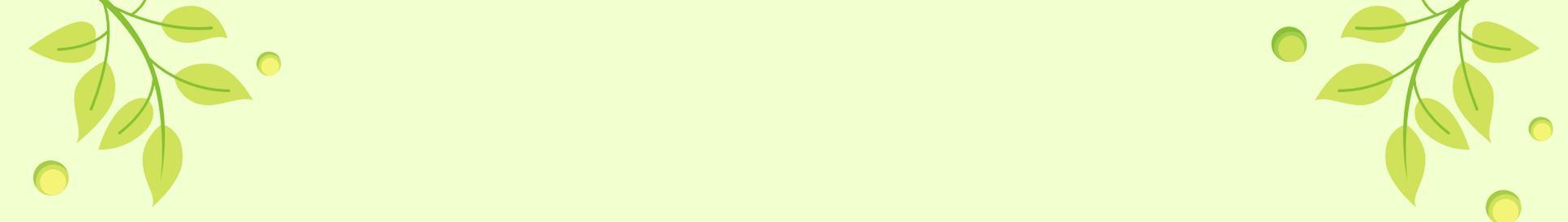
- Parent/child interaction
- Mealtime skills
- Parent strategies during mealtime



Parent Involvement

This feeding intervention is parent-implemented, meaning they are the primary interventionist





Candidates

-Children with ASD
(due to parental challenges during mealtime)

- Prior studies: (Muldoon & Cosbey, 2018)
 - 3 families of children with ASD
 - Results: increased food acceptance & dietary diversity, decreased challenging behaviors
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The Session



Setup

- Typically 50 minutes
- Parents should bring food they want the child to eat and typical utensils
- Sessions occurs during a mealtime (lunch or snack)



Target Strategy and Data

- Therapist models the intervention strategy that is the focus of that session
- Data is collected on every bite at every session



Examples

- Communication (teach “all done”, offer choices, use commands)
- Food (3 food groups, preferred food as motivator)
- Social Environment (maintain positive tone, use visual support: first then board)
- Physical Environment (remove distractions: iPad/TV)



Parent Model / Feedback

- Parents repeat the model of the therapist
- Parents are given feedback using the mealtime plan
- The feedback form goes home with them so they can address it before the next session



Behavior Strategies During Intervention

Behavioral momentum: Accomplishing an easier task first before increasing the complexity

Fading: Removing the adult prompt as soon as possible

Negative reinforcement: The food is not removed until the interaction is complete

Parent training: Including the parent at every step of the intervention

Positive reinforcement: Using preferred items or toys to ensure the child will interact with the food again

Prompting

Full physical: Hand-over-hand prompting used in combination with fading

Partial physical: Using a guide at another location (hand, arm, shoulder)

Redirect/reposition: Redirecting the child to an appropriate behavior with prompting or positive reinforcement

Visual hierarchy: Uses a pictures to indicate expectation and shows the parent and child the expectation and when to move forward and back up

The team

Registered
Behavioral
Technicians
(RBT)



Speech-
Language
Pathologist
(SLP)

Occupational
Therapist
(OT)



The Parents/Caregiver



Pros and Cons

- Pros:

1. Decreased challenging mealtime behaviors
 2. Increased acceptance of less preferred food by children
- Can be attributed to the participation & inclusion of various professionals & parents at every step of preparation and implementation of the mealtime plan
3. The plan is individualized to meet the child's needs
 4. Easily implementable at home

- Cons:

1. Based on the studies conducted, the small number of participants reduces the generalizability to other families of children with ASD
2. Other factors (i.e.: maturation, other therapies) might contribute to the child's progress of decreased problem behaviors
 - a. Cannot say that the program was the definitive cause of decreased mealtime problem behaviors
3. Parents reported initial trepidation about implementing the mealtime plan at home
 - a. To help, the families attended clinic sessions twice a week, but frequent attendance may not be possible for families based on insurance, travel time, or other family routines



Program Details



Where?

Sessions for the study were conducted in a outpatient clinic. It is also encouraged to be worked on at home

Insurance

Medicaid & Private Insurance

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N/A

Time

6 months of intervention/ 50 minute sessions

Set Program?

No, it is a family centered feeding intervention





Resources

Cosbey, J., & Muldoon, D. (2018). A family-centered feeding intervention to promote food acceptance and decrease challenging behaviors in children with ASD: Report of follow-up data on a train-the-trainer model using eat-up. *American Journal of Speech-Language Pathology*, 27(1), 278–287. https://doi.org/10.1044/2017_ajslp-17-0105

Cosbey, J., & Muldoon, D. (2016). Eat-up™ family-centered feeding intervention to promote food acceptance and decrease challenging behaviors: A single-case experimental design replicated across three families of children with autism spectrum disorder. *Journal of Autism and Developmental Disorders*, 47(3), 564–578. <https://doi.org/10.1007/s10803-016-2977-0>