Caregiver Training Modules for Children with Autism Spectrum Disorder and Restricted Eating

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Background
• 90% of children with autism spectrum disorders (ASD) experience feeding difficulties
• Children with ASD are often reported to have unusual eating habits such as:
  o Rigid mealtime behaviors
  o Limited food repertoire
  o Food sensitivities and refusal related to food texture, color, smell and temperature.
• Children with ASD who have restricted eating are at increased risk for nutritional deficits which may contribute to worsening ASD
• Many behavioral interventions have been effective in reducing problematic mealtime behaviors and food selectivity.
• Education and training increases caregiver competence and promotes healthier lifestyles

Specific Aims

Aim 1:  
• Create and produce caregiver education modules on training topics related to improving mealtime behaviors in preschool children with ASD and restricted eating

Aim 2:  
• Assess the feasibility and satisfaction of caregivers who will evaluate the content and format of the training modules
• Evaluate caregiver knowledge gained from viewing the modules

Methods

Participants: A total of 15 caregivers of preschool-aged children (ages 3 to 6 years) with ASD who have restricted eating will be recruited.

Procedure:

Development of Training Modules:
1. Identify core topics for caregiver education
2. Develop trial training video
3. Disseminate and elicit caregiver feedback
4. Incorporate feedback into Phase 2 of video production process

Core Topics:
1. Creating a Mealtime Routine
2. Setting up the Environment for Mealtime
3. What’s on the Plate
4. Using Visual Schedules
5. Components of Food
6. Making Mealtime Fun
7. Managing Mealtime Behaviors
8. Prompting during Mealtime

Results

Trial Training Video:
Creating a mealtime routine trial training video was recorded and produced. Training Video was made available to feedback participants on youtube website.

Caregiver Survey:
Four caregivers provided feedback and responses were analyzed

Discussion

• Overall responses showed positive feedback to our trial training video
• Caregiver response rate was 4 out of 11. This was less than expected likely due to time constraints
• Content/script development and video production took longer and was more complex than anticipated
• Length of the trial training video was longer than intended (15 minutes vs 5 - 7min)
• We will incorporate caregiver feedback related to video length and feeding strategies to guide future modules

Next Steps

• Research grant submitted for funding 8 professionally-edited video training modules (video + handout materials)
• Create and produce 8 video training modules
• Assess the feasibility, satisfaction and knowledge learned from caregiver participants
• This study will inform a future feeding study for young children with Autism Spectrum Disorder

Acknowledgements
This project is funded by the Maternal and Child Health Bureau Grant T73MC00032
We would like to thank Kim Kroeger-Geoppinger, PsyD, our policy partner, the caregivers who provided feedback, and our talented actors