Case Study:
6 Year-Old Transforms From Extreme Food Selectivity to Confident Eater

Following ABA-based feeding therapy, Henry, a typically-developing 6-year old boy, increased foods he was willing to consume by 300%

Challenge

Henry, a typically developing boy, thrived during his infancy, comfortably transitioning from milk to purees, cereals, finger foods, and eventually table foods at the age of six months.

However, his journey took an unexpected turn at the age of three when he encountered a severe stomach bug. This illness triggered a cascade of extreme food selectivity and refusal behaviors, leaving him anxious when confronted with non-preferred or unfamiliar foods.

By the time Henry reached six years old, his selective eating habits had solidified. His diet consisted of a a few dairy and meat options with NO intake of vegetables (the only exception being corn on the cob). His aversion to certain foods was so intense that it often led to severe reactions, including vomiting episodes.

Solution

Henry underwent an Applied Behavior Analysis (ABA) - based feeding program conducted remotely through Telehealth due to the COVID-19 pandemic.

In the first few days, his parents learned about feeding disorders and behavior principles to understand the treatment and help at home. They also had a session to see just how much help Henry needed.

For the next three weeks, Henry worked with therapists to improve mealtime behaviors. His parent helped with food and encouragement.

Some techniques implemented:

Rewarding Good Behavior: Henry got praised for eating within a certain amount of time and other appropriate mealtime behaviors.
Token System: Henry earned tokens for sitting at the table, remaining calm while the plate was presented, taking a bite of his preferred, intermediate, and non-preferred foods. Each token earned him appx. 30 seconds of a preferred video. By the end of treatment, the token economy was faded out completely and the meal concluded based on plate completion.
Building Momentum: To help Henry start sessions, therapists started with easy tasks and increased the challenge over time.
Generalization Meals: Generalization meals were used as opportunities to apply learned skills in real-life settings outside of therapy sessions. His parents took on the role of facilitators to ensure that Henry could generalize these skills to different situations and environments.

Results

After 15 sessions, Henry added eight new foods to his diet, consistently eating them at desired portions with acceptance rates between 95-100%. These included eggs, peanut butter sandwiches, and various snacks.

Follow-Up: During outpatient follow-up, Henry was introduced to six more new foods and maintained a 100% acceptance rate for all foods, including healthy chicken nuggets. Negative vocalizations decreased to nearly 0 throughout outpatient, and refusal behaviors at home ceased according to parental reports.

14+
NEW FOODS

100%
ACCEPTANCE RATE

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*Name has been changed to protect patient's privacy