



CENTER FOR
DEVELOPMENT
& DISABILITY

Together at the table

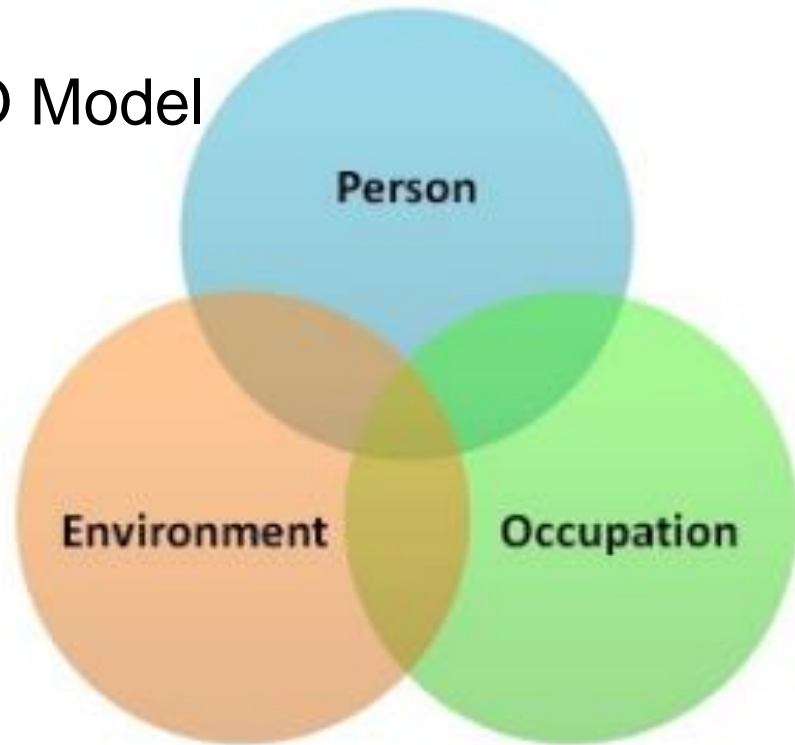
A PROGRAM DEVELOPMENT INQUIRY TO SUPPORT
ADULTS WITH INTELLECTUAL AND DEVELOPMENTAL
DISABILITIES (IDD) AT MEALTIMES

Craig Charlton, OTS

The background

Mealtimes are complex and dynamic (Cosbey & Muldoon, 2017)

PEO Model



Mealtimes involve an interplay of factors:

- Physiological
- Social
- Emotional
- Sensory
- Familial
- Cultural
- Cognitive, and more...

The background

Children with IDD often demonstrate:

- **Food selectivity and refusal**
- **Problematic behaviors**
- **Safety concerns**

(see Curtin et al., 2015; Marshall, Hill, Ziviani, & Dodrill, 2014; Cosbey & Muldoon, 2017)

What about *adults* with IDD?

The question

What are the most common mealtime concerns for adults with IDD, and what interventions do direct care staff currently use to address them?

| LEND Competency | Subcategory |
|---------------------------------|--|
| 2. Interdisciplinary Practice | 2.5 Demonstrate the ability to collaborate effectively with peers, faculty and other professionals |
| 5. Research & Critical Thinking | 5.3 Gain experience with designing, revising, implementing and evaluating a research project |

The outline

I. The research—literature, interviews

II. The need

III. The product

IV. The conclusion

V. The future direction

The literature—mealtime concerns

Search terms: (Worldcat, Pubmed, CINAHL)

- *Adult**
- *IDD (including: developmental disability, intellectual disability, ID/DD, ID, DD)*
- *Mealtimes (including: food, eat*, meal*)*

Results:

- 26 articles

The literature—concerns

| | | | |
|--------------------|-------------------------|-----------------------|---------------------------------|
| Aggression | Aspiration | Choking | Communication difficulty |
| Expulsion | Food selectivity | Leaving table | Overeating |
| Pica | Rapid eating | Refusal to eat | Rumination |
| Self-injury | Violence | Vomiting | |

(see Cronin & Graebe, 2012; Echeverria & Miltenberger, 2008.)

The literature—interventions

Search terms:

- *Adult**
- *IDD (including: developmental disability, intellectual disability, ID/DD, ID, DD)*
- *Mealtimes (including: food, eat*, meal*)*
- *Intervention**

Results:

- Two articles met search requirements

The literature—interventions

| Author | Mealtime concern(s) | Intervention approach |
|--|---|--|
| Echeverria, F., & Miltenberger, R. (2013). | Rapid eating, vomiting, aspiration | Behavioral intervention: vibrating pagers with or without verbal prompts |
| Cronin, A., & Graebe, G. (2012). | Positioning, leading to choking and aspiration risk | Offering preferred foods and activities as "bribe," using positive reinforcement |

The interviews

Center for Function and Creativity (CFC), Albuquerque

Interviewed 7 full-time employees:

- **What are the most common problems clients have at mealtimes?**
- **What questions do you ask clients to help resolve mealtime problems?**
- **What would a new employee in your role need to know to be successful?**



The interview findings—concerns

What are the most common mealtime concerns for adults with IDD, and what interventions do direct care staff currently use to address them?

| | | | |
|---|-----------------------|-------------------------------|------------------------------------|
| Aspiration | Choking | Client still hungry | Discooordination |
| Food wrong consistency | Gagging | Lack of nutrients | Mechanical concerns |
| Packing food | Rapid drinking | Rapid eating | Refusal to eat, drink |
| Refuse to sit with specific person | Stuffing mouth | Violence or aggression | Wrong food sent with client |

The interview findings—intervention

What are the most common mealtime concerns for adults with IDD, and *what interventions do direct care staff currently use to address them?*

- Guiding principles at CFC:
 - Safety
 - Client’s “plan”
 - Independence and dignity
 - Client-specific
 - How would *you* want to be treated?
- “Try different things”



The summary

- **Mealtime concerns exist**
- **Literature lacks interventions**
- **Variety of things “work” in practice**

The need

1) Long-term: Establish evidence based practice in the literature

2) Short-term: Direct care staff that

- **Are flexible**
- **Are versatile**
- **Try a variety of effective practices**

How can we help a new care staff member intervene effectively on day one?

The product

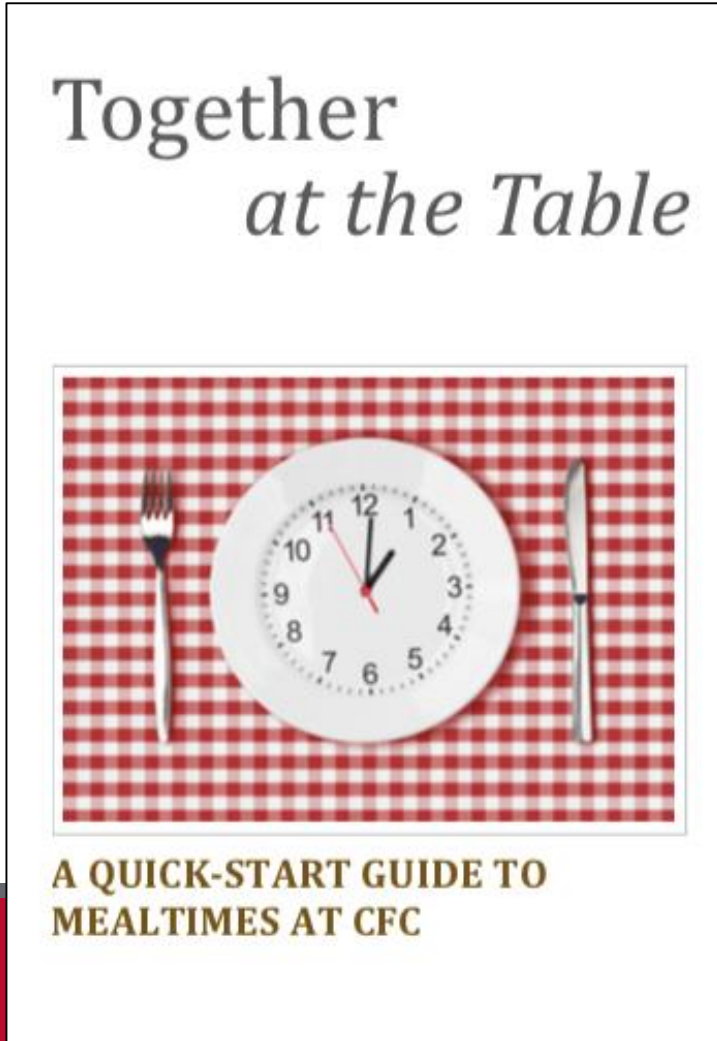


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Dissemination:

- **Hard and electronic copy delivered to CFC**
- **“Nuts and bolts” guide for new employees at mealtimes**

The conclusion

This program development inquiry discovered that:

- **For individuals with IDD, mealtimes are accompanied by various concerns**
- **Published research literature lacks evidence for intervention approaches**
- **Direct care staff use a variety of interventions for mealtime concerns**
- ***Together at the Table* booklet compiles these interventions**

The road to evidence based practice

1) Identify foundation for research based on current practice:

- What's working?
- What's not?

2) Future research:

- Is there a research base for current working interventions?
- Controlled trials with replicable interventions



The new learning

- **Gain experience with designing, revising, implementing and evaluating a research project**
- **Fitting it all into a 15-min, easy-to-follow presentation**
- **Evidence based practice and practice based evidence**

The references

Cosbey, J., & Muldoon, D. (2017). 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.
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Questions?