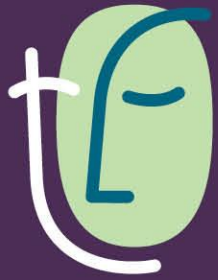


Therapy Focus

NDIS Symposium: A 'how to' on working with paediatric autistic clients

Presented by Kim Dutkowski (Senior Dietitian)
and Karen Humphries (Senior Dietitian and Clinical Lead)



Session 1:

Kim Dutkowski

Acknowledgement of Country

I wish to acknowledge the Traditional Custodians of the land we are meeting on today. We are in Perth and on the land of the Whadjuk people of the Noongar Nation. I wish to acknowledge their continuing connection to land, sea and community. I pay my respects to them and their cultures, and to elders, past, present and emerging.



Learning outcomes

- Be able to describe a range of interventions that could be used with your autistic clients and families
- Be able to identify 1-2 appropriate interventions to use with your autistic clients and families
- Increase knowledge and confidence in one intervention to implement with your autistic clients and families



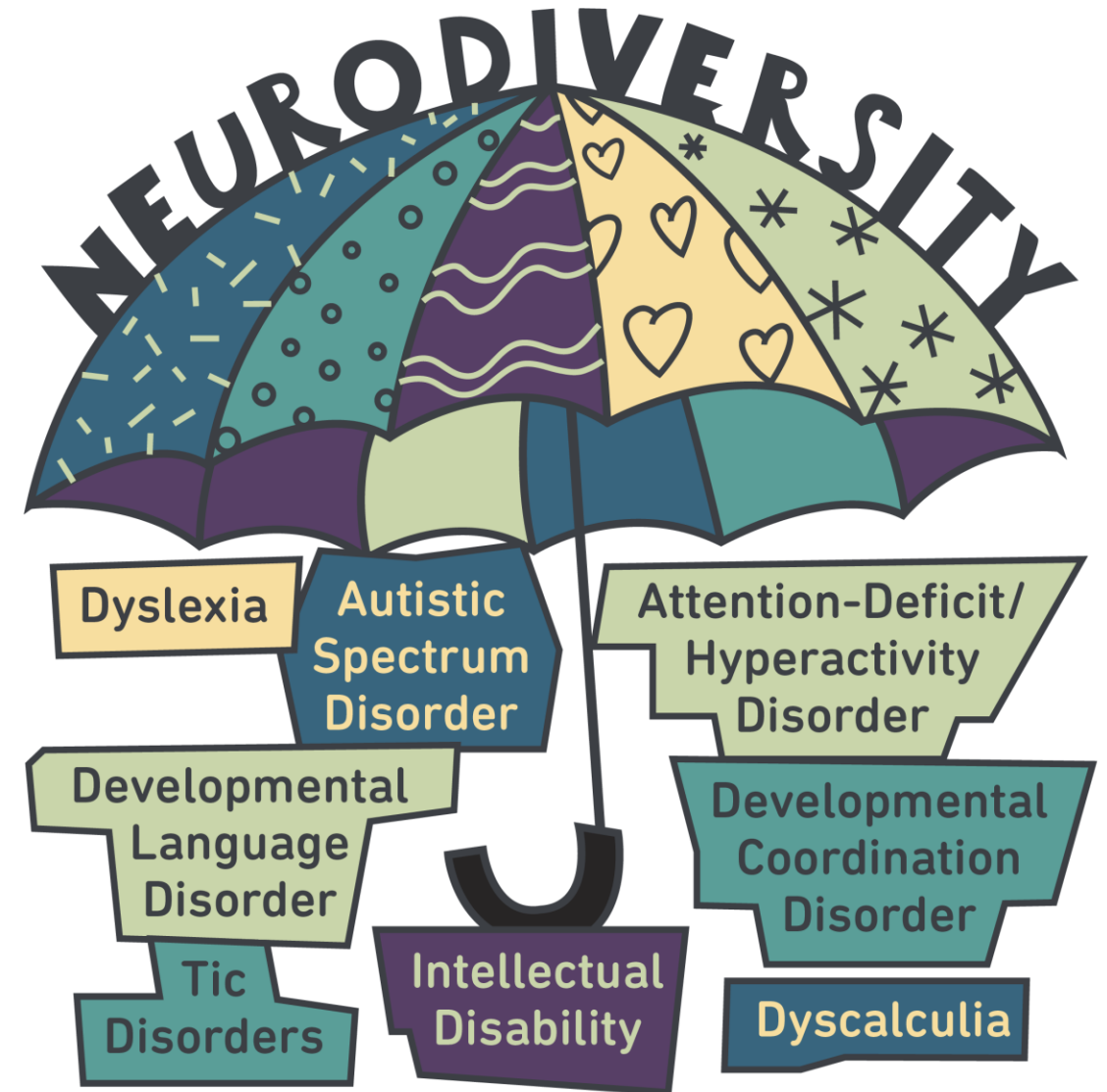
What do we know about nutrition in autism?

Strengths:

- Routines
- Strong sensory preferences/Super tasters
- Creativity
- Attention to detail
- Strong interests

Challenges:

- Feeding difficulties – 62%
- Poorer nutritional intake
- Difficulty meeting micronutrient requirements - calcium, iron, omega-3 fatty acids, vitamin B12, vitamin D, zinc and fibre and deficiencies.
- Impacted growth – 6.5% underweight, 19.8% overweight, 21.8% obese.



Assessment

Ask

- Co-morbidities
- Past feeding therapy
- Trauma
- Access to medical care
- Interest areas

Collaborate

- Multidisciplinary input
- Sensory preferences
- Behaviour
- Communication
- Oro-motor skills

Analyse

- Food works analysis

Observe

- Mealtime environment

Mealtime Schedule

Time	Meal
7:30am	breakfast
10:00am	snack time
12:30pm	lunchtime
3:30pm	snack time
6:00pm	dinnertime
8pm	snack time



Things I can do between these times:



How to: Choose interventions with a family

Consider:

- Hours available – 2-25+ NDIS funded hours
- Capacity of family – motivational interviewing skills key
- Setting access - Home vs clinic vs school vs telehealth vs community
- Family goals – get a copy of the NDIS plan
- SMART goals – families have BIG goals

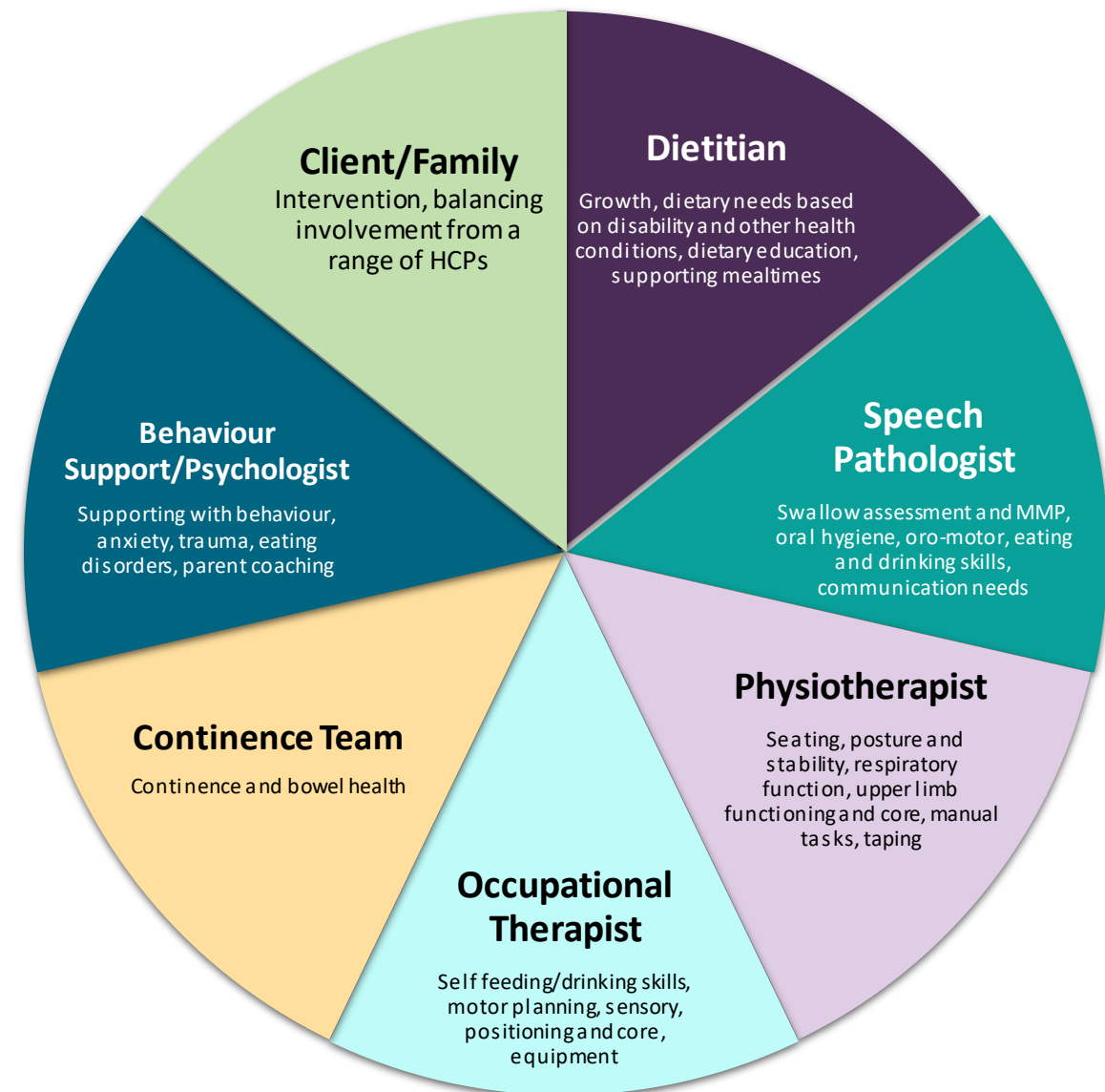
Interventions

- Mealtime strategies
- Multidisciplinary approach
- Micronutrient support
- Growth support
- Therapy with child



How to: Working with a multi-disc team to achieve goals

- OT – Sensory, Emotional regulation, play themes, attention, mealtime routine, fine motor skills.
- SP – Communication, oro-motor skills, mealtime management plans, liaising with teacher, social stories, oral hygiene.
- Behaviour Support – parent coaching, food based behaviours, restrictive practice
- Physio – Gross motor control, postural review
- Contenance – Bowel management plan, toileting strategies, hydration
- Medical professionals - GP – Blood tests, bowel management, Psychiatrist – Medication management e.g. ADHD, Paediatrician - growth, medication, referral to specialist teams



How to: Work with caregivers on a responsive mealtime strategy

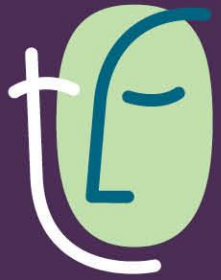
- Aim for small wins to help the child build trust through positive mealtimes now for increased food range and mealtime enjoyment in the future.
- Discuss the responsive feeding framework
- Apply the Ellyn Satter's division of responsibility
- Provide reassurance and work on stress reduction
- Explore non-food-based strategies: role modelling, timeframe for meals, positioning, child's input at mealtimes, reframing language, visual schedule, fun!
- Explore food-based strategies: preventing food jaggging, sensory preferences, food chaining.



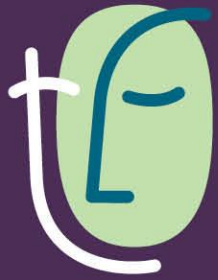
How to: Supplement low micronutrient intake

- Strategies: Parents to try themselves, consider preferred foods and flavours, how they take medication currently, child's involvement, build into routine
- Multi Vitamins – Gummies vs capsules vs chewables vs liquids vs softgels vs effervescent vs powder
- Iron – For deficiency see Royal Childrens Hospital resource
- Oral nutrition supplements
- Food based supplementation e.g. Yeast flakes, tahini, milk powder
- Script





Break



Session 2: Interactive Case Study

Karen Humphries

Client Scenario: Aiden

- 12 y.o. Autistic boy who speaks in social phrases
- Attends mainstream school but won't eat much at school
- Significant constipation. Frequent colds
- Mum reports that children only allowed to drink water at school. She sends water in a pop top bottle, but he never drinks it. He drinks only juice at home
- Mum reports that he won't eat fruit or vegetables or meats (other than nuggets)
- Tends to eat only white foods e.g. bread, chicken nuggets, chips + crackers
- Mum mainly feeds him at home while he's watching YouTube on iPad

Anthro

- Ht: 75th centile (tracking)
- Wt: 10th centile (faltering)
- BMI: 18 kg/m²

Biochemical

- Low iron, low Vitamin D



Client Scenario: Aiden

Clinical

- Lethargy, poor dentition, difficulty paying attention, poor sleep, stress at mealtimes, suspect chewing difficulties, constipation, diagnosis with Autism (dx aged 3 yrs), low appetite

Social

- Lives at home with mother and 2 younger siblings, enjoys YouTube and Minecraft
- Aiden will not currently sit at the dinner table when unaccepted foods are offered
- Mealtimes are very stressful currently for Aiden and his family

Diet

- Feeding history (current & previous)
- Diet Hx:
 - Breakfast - White bread (4 slices per day) with butter
 - Recess – crackers (1 x 55g pack), 3 x biscuits
 - Lunch: White bread (4 slices per day) with butter
 - Dinner - 8 chicken nuggets (specific brand), hot chips (large serve 200g)
 - Fluid - 350ml per day of apple juice, no water

1. What further information would you need for your assessment?







2. What intervention would you consider?



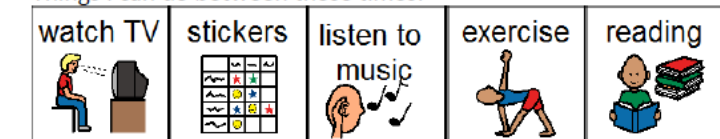
Intervention: Client Scenario - Aiden

- Parent education and mealtime strategies
- Growth (increase weight) – start by increasing preferred foods (volume), then range
- Fluid intake – strategies implemented (vibrating watch, visual schedule, reward chart explain physiology, desensitisation, oro-motor skill development, trial different cups & bottles, diluted the juice with water
- Correcting nutritional deficiencies – vitamin supplementation, gradual changes to type of bread (fortified), intro of fortified cereal
- Oral nutrition supplement
- Collaboration with MDT – Physio, Speech Pathologist, Occupational Therapist, Contenance Clinician
- Modified SOS, Advanced SOS (food scientist approach) and RFT
- Playing non-food games
- Liaise with medical team
- FoodWork analysis

Mealtime Schedule

Time	Meal
7:30am	breakfast 
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Things I can do between these times:



Client Scenario: Aiden

Other information to collect:

- Mealtime observation (seating/positioning, screen of chewing skills, mealtime partners, fatigue, self-feeding skills, sensory environment, portion sizes, pressured feeding, screen aspiration, communication)
- Speech Pathologist to assess oro-motor skills and work on communication
- Occupational Therapist to assess sensory, self-feeding skills, chewing skills
- Contenance assessment



NDIS reporting and recommendations

Generally, reports should include:

- a summary of supports provided to the participant
- how the support has helped the participant work towards their goals - for example, how their functional ability has changed over the plan period
- whether the participant has been linked to any additional informal, community, or mainstream supports to help them achieve their goals
- barriers encountered during the plan period and the strategies implemented to resolve these
- any risk identified to the participant or others
- any evidence or other information that may be relevant for the NDIA to consider when determining reasonable and necessary supports
- justification for any recommendations of additional supports, including details of the proposed outcomes and any risks or impacts on other supports, if relevant.

NDIS

NDIS Act: Objective of this Act is to:

- “Support the **independence** and **social and economic participation** of people with disability”
- “Promote the provision of high quality and innovative supports that enable people with disability to maximise independent lifestyles and full **inclusion** in the community”
- “Enable people with disability to exercise **choice and control** in the pursuit of their goals and the planning and delivery of their supports”

For NDIS to fund a service, the following criteria needs to be met:

- The service being provided for a participant is in line with the ‘reasonable and necessary’ legislation
- That the service relates to a person’s function (social and economic)
- That the service relates directly to a person’s disability
- That the service represents value for money
- That the service is not a duplication of a service already being provided or that could/should be provided (the responsibility of NDIS)

Building capacity to reduce lifetime costs

NDIS: Reasonable and necessary



Funding for any type of support will only be approved by the NDIS if requests meet all six criteria

Supports must:

1. Be goal-related
2. Facilitate social and economic participation
3. Be value for money
4. Be effective and beneficial (i.e. best practice)
5. Not be more appropriately provided by family or the broader community
6. Not be more appropriately funded by other service systems (e.g. health, justice, education.)

Early Childhood: Provider report form

- [Information for providers | NDIS](#)

Form



Early childhood – Provider report form

Providers will use this form to record how the early childhood supports or therapy supports they have provided have assisted the child and their family or carer (family) to:

- work towards their goals
- maximise their independence
- join in everyday activities and routines at home
- participate in community and educational settings.

Include information on:

- the child and family's progress towards their goals
- the child's functional capacity, independence, and participation in daily activities
- the outcomes of the supports the family and child have received
- future goals and recommendations.

Report writing guidance

For providers delivering early childhood supports or therapy supports to children younger than 9

Version 2.0 – 1 July 2023

[ndis.gov.au](https://www.ndis.gov.au)



Part B: Summary of support

In this section, please summarise:

- the setting, delivery mode and frequency of support
- the important people in the child's life and/or care.

Form

Part C: Goals and outcomes

Document the early intervention or therapy goals. Include which NDIS goals they relate to, where progress and outcomes are recorded in separate goals across the tables to all goals separately.

Complete the goals and outcomes table and outcomes, please copy and paste into the table below.

1.1 Goals and outcomes table

Child and family's early intervention or therapy goal(s) you have identified:

NDIS goal(s): Record the NDIS goal(s) or therapy goal(s).

Progress and outcomes: Comment on the start of the reporting period, and the child's progress. Comment on independence, participation, outcome measurement tool(s) or other scores/descriptors. You can also list a form.

Form

Part D: Additional evidence (if applicable)

Name and attach any relevant assessments, reports, outcome measures or other evidence.

Name of attachment	Date (DD/MM/YYYY)

Part E: Additional information (if applicable)

Comment on any changes in the child or family's circumstances throughout the reporting period. Include, for example, new priorities or barriers identified which impacted on family's outcomes. Comment on how you supported the family, worked with mainstream service systems and any successes to date.

Form

Part F: Future child and family early intervention or therapy goals

Record future child and family early intervention or therapy goals.


Part G: Provider recommendations

Describe recommended future supports the child and family are likely to benefit from and why. This should include community and mainstream supports and NDIS funded supports (if applicable).

Include justification for any recommended NDIS funded supports, including how you have considered the [NDIS funding criteria](#) and expected functional, independence and social outcomes.

Documents to assist with report writing and funding recommendations

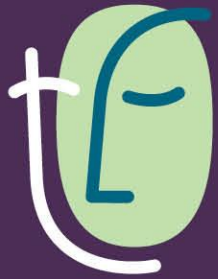
- NDIS Childhood Provider Report
- NDIS Report writing guidance
- Dietitian Australia - NDIS participant access to Accredited Practising Dietitian services and nutrition support products (April 2019).
- Dietitian Australia – Disability Role Statement
- Dietitian Connection – NDIS Hub. Reports, tips, templates
- The International Classification of Functioning, Disability and Health (ICF)
- Nutrition consumables quote

		Invoice To Therapy Focus 2 Neil Street Osborne Park WA 6017	Deliver To John Citizen 2 Neil Street Osborne Park WA 6017	Quote Date 20/03/2024 Expiry Date 19/04/2024			
Customer Reference		Remarks			Page		
Test					1 of 1		
Product Code	Product Description	UM	Quantity Quoted	Unit Price	Tax	GST	Total
M610118	PEDIASURE FIBRE VANILLA 220ML READY TO DRINK(30)	CT	49.0	99.000	N	0.00	4,851.00
SA1000021322	ABENA PANTS PREMIUM M1 MEDIUM (15/PKX6PK)	CT	26.0	253.800	N	0.00	6,598.80
SCREAMIESCHOC12	FC ICE CREAM THICK 3KCAL CHOCOLATE 120G (12)	CT	15.0	31.500	Y	47.25	519.75

IMPORTANT NOTE: The freight cost is based on our standard freight cost table that can be found on http://surgicalhouse.com.au/about_us/faqs.php. If shipping costs exceed our Standard Delivery Charges we will provide you with an estimate of your delivery expense which must be approved prior to proceeding with the quote.

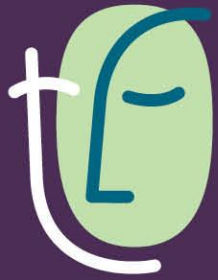
	Ex GST	GST	Total
Line Totals:	11,922.30	47.25	11,969.55
Delivery:	0.00	0.00	0.00
QUOTE TOTAL:	11,922.30	47.25	11,969.55

Quote end



Summary

Aim for small wins OVER TIME to help the child build trust through a process and have positive mealtimes now for increased food range and mealtime enjoyment in the future.



Questions & Answers and Panel Discussion

References and links

- [Raise a healthy child who is a joy to feed \(ellynsatterinstitute.org\)](https://www.ellynsatterinstitute.org)
- [WhitePaperVersion.2 \(responsivefeedingpro.com\)](https://www.responsivefeedingpro.com)
- [SENSE-ational Mealtimes \(sense-ationalmealtimes.com.au\)](https://www.sense-ationalmealtimes.com.au)
- [Pharmacy: Teaching children how to swallow tablets and capsules \(rch.org.au\)](https://www.rch.org.au)
- [Reasonable and necessary supports \(ndis.gov.au/understanding/supports-funded-ndis/reasonable-and-necessary-supports\)](https://www.ndis.gov.au/understanding/supports-funded-ndis/reasonable-and-necessary-supports)

References

1. Adams SN. Feeding and Swallowing Issues in Autism Spectrum Disorders. *Neuropsychiatr Dis Treat*. 2022 Oct 14;18:2311-2321. doi: 10.2147/NDT.S332523. PMID: 36276431; PMCID: PMC9579053.
2. 2013 Sharp, W. G. et al. (2013) Feeding Problems and Nutrient Intake in Children with Autism Spectrum Disorders: A Meta-analysis and Comprehensive Review of the Literature. *Journal of autism and developmental disorders*. [Online] 43 (9), 2159–2173.
3. Mayes SD, Zickgraf H. Atypical eating behaviors in children and adolescents with autism, ADHD, other disorders, and typical development. *Res Autism Spectr Disord*. 2019;64:76–83. doi: 10.1016/J.RASD.2019.04.002
4. Cormack, J. et al. (2020) Self-Determination Theory as a Theoretical Framework for a Responsive Approach to Child Feeding. *Journal of nutrition education and behavior*. [Online] 52 (6), 646–651.
5. Kahathuduwa, C. N. et al. (2022) Autism spectrum disorder is associated with an increased risk of development of underweight in children and adolescents: A systematic review and meta-analysis. *Research in autism spectrum disorders*. [Online] 94101969-.
6. Li, Yong-Jiang et al. (2020) Global prevalence of obesity, overweight and underweight in children, adolescents and adults with autism spectrum disorder, attention-deficit hyperactivity disorder: A systematic review and meta-analysis. *Obesity reviews*. [Online] 21 (12), e13123-n/a.

Images:

- Slide 9: https://unsplash.com/photos/red-and-brown-medication-pill-n-7HTOiJPso?utm_content=creditShareLink&utm_medium=referral&utm_source=unsplash