Objective: As many as 80 percent of children with ASDs are reported as picky eaters. Consequently, many suffer from issues ranging from suboptimal nutrient intake to obesity. Although different strategies for picky eating have been described, specific recommendations to improve diet quality remain limited. The aim of this study was to delineate such strategies for children with ASDs.

Study Design, Setting, Participants: Medical professionals (n=10) including registered dietitians, psychologists, and behavioral, occupational, and speech therapists, who were working with feeding disorders, participated in semi-structured interviews from September 2014 through January 2015.

Outcome Measures and Analysis: The interviews were transcribed verbatim. Interviews were coded using descriptive and in-vivo strategies to develop a coding scheme. Constant comparison was used and inter-rater reliability was assessed. A matrix with diagnosis by child’s eating issues and clinician’s nutrition perspectives was created to analyze which strategies were used for which categories of issues.

Results: Strategies were categorized based on the five senses. Strategies related to touch were used more often with those who were less independent while verbal strategies were used more often with children who were more independent. Clinicians’ nutrition perspectives were most indicative of which strategies were used. Verbal and physical food appreciation strategies were used most often among those who focused on whole, unprocessed foods, while varying tastes and texture strategies were used more frequently among those who focused on an “all foods fit” approach.

Conclusions and Implications: These findings warrant further study to determine which feeding strategies are effective across the population. This may assist clinicians and parents to improve feeding behaviors and diet quality in this pediatric population.

Introduction
In America, one in 68 children has been identified with Autism Spectrum Disorders (ASDs), characterized by a wide range of symptoms, levels of disability, and distinct social behaviors. Although behaviors are also exhibited among significantly more often among children with ASDs than typically developing children (TDCs). These feeding issues often limit food variety, and likely inadequate nutrient intake and excess weight gain. Randomized controlled trials testing strategies to improve mealtime behaviors for all children with ASDs and at varying stages across the spectrum, thereby providing evidence-based recommendations, are scarce. Without this information, researchers, medical professionals, and caregivers are all unable to test and implement “best practices” and most effective changes; the lack of information is exacerbated when strategies employed by medical professionals are not based on current research. Inductive research is needed to explore potential strategies and develop theories to determine how best to approach meals and other eating occasions in this population. The aims of this qualitative interview study was (1) to delineate strategies medical professionals use to improve diet quality among children with ASDs, and (2) to understand patterns of strategy usage depending on the children problems with mealtimes and expression of the disorder.

Methods
Participants and Data Collection
Purposive sampling was employed by searching for medical centers and medical professionals with various medical degrees in the four regions of the United States. These strategies were then translated and adapted for use in the qualitative analysis. The study sample included 10 medical professionals. Professionals were located across the United States, but mostly in the Northeast region (60% Northeast, 20% South, 10% Midwest, 10% West). Participants were mostly female (90% female), and Registered Dietitians or Psychologists: 35% Registered Dietitians, 35% Psychologists, 20% Applied Behavior Analysts, 10% Occupational Therapists, 10% Speech Therapists, and 10% other therapists. Eighty percent of participants in the Northeast, and 100% of the participants in the South worked at the same institution in their respective locations. Otherwise, medical professionals worked at separate institutions.

Semi-Structured Interviews
Data were collected using semi-structured interviews in order to understand previously unexplored and unknown areas of research and to elicit the limitations of more structured methods such as questionnaires or structured interviews which divide a finite amount of information. Two preliminary interviews with parents and other caregivers were conducted (data not used in analyses), so as to improve the structure and style of interview questions. The final semi-structured script incorporated broad, non-leading questions to allow for a range of responses.

Data Analysis
A qualitative research expert oversaw the data analysis process. An initial coding scheme was developed based on previous literature of behavioral problems during mealtime and levels of autism spectrum disorders in order to categorize potential strategies. During and after interviews, before the coding process began, the coding scheme was revised to reflect both types of strategies and methods to select which strategy to use and to incorporate written field notes.

Results & Discussion
Classification by Sense
Strategies medical professional employed to improve diet quality among children with ASDs could be categorized by five of the five senses: sight, sound, touch, taste, and smell, and though participants often mentioned this classification system explicitly or implicitly.

• Example of expectations: “Standing in front of them and seeing what they might expect at meal times, if there’s food on your plate you don’t have to eat it, you see; so ‘no thank you’ and things like that.”

• Example of food appreciation: “They move more to the ‘no thank you’ phase that’s in the middle of the table so that’s fine...[the child interacts with it by picking it up and moving it]...and then...[they might] say don’t want to eat the food but they’ll eat it because...[so we’re] going to bring the food to their mouth.”

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