BRIGHT MAP

A BRIGHT MAP CAREGIVER GUIDE

Expanding the Plate

A practical guide to supporting selective eaters with behavior-based strategies

CLEAR INFORMATION. PRACTICAL NEXT STEPS.

Support that respects the individual, strengthens caregiver confidence, and makes complex decisions easier to navigate.

FOR CAREGIVERS AND PROFESSIONALS SUPPORTING INDIVIDUALS WHO ARE NEURODIVERSE

START WITH SAFETY

Welcome to a Lower-Pressure Approach

Selective eating can be exhausting for the entire family. This guide offers structured, behavior-based strategies without turning every meal into a test.

The goal is not to make an individual eat every food. The goal is to build comfort, flexibility, and safe opportunities to expand the foods they can tolerate and enjoy.

Feeding concerns can involve medical, oral-motor, sensory, nutritional, and behavioral variables. Begin with safety and collaborate when needed.

Understanding Selective Eating

A limited food repertoire is common among individuals who are neurodiverse and those with sensory sensitivities.

- Notice preferred textures, temperatures, brands, colors, and presentation
- Track foods that were previously eaten but are now refused
- Observe gagging, coughing, pain, fatigue, constipation, or reflux concerns
- Identify when and where eating feels easiest
- Separate skill deficits from signs of discomfort or fear

! **Avoid assuming refusal is simply stubbornness. It may communicate discomfort, uncertainty, fatigue, or a skill barrier.**

How ABA Can Support Feeding

SHAPING
Reinforce small steps toward interacting with or tasting a new food.

REINFORCEMENT
Provide a meaningful outcome after the current feeding goal is completed.

PAIRING
Present new foods alongside safe, familiar experiences without pressure.

PROMPTING
Offer the least help needed and fade support as independence grows.

DATA
Track observable progress, distress, and patterns that should change the plan.

! **Feeding intervention should never ignore medical risk, swallowing safety, pain, or significant distress.**

Build From Safe Foods

Use current preferred foods as the starting point. Change one feature at a time so the next food remains recognizable.

If crunchy cheese crackers are accepted, a first step might be another brand or shape with the same texture. Later steps might change flavor, size, or color before moving toward a more different food.

- List reliable foods and the features they share
- Choose one new food with several matching features
- Keep at least one safe food available
- Change only one or two features at a time
- Return to an easier link if distress rises

! **The closest next food is usually more useful than the healthiest possible food.**

Use Small, Observable Steps

A successful plan defines steps the individual can complete without escalating distress.

- Tolerates the food in the room
- Allows the food on a separate plate
- Allows the food on the main plate
- Touches the food with a utensil or finger
- Smells or brings the food near the face
- Touches the food to the lips
- Takes a tiny taste, when ready

! **Not every individual needs every step, and tasting is not the starting point for everyone.**

Example: A Green Bean Shaping Plan

- Preferred crackers and a green bean are served on separate sections of the plate
- The green bean remains on the plate for a brief meal
- The individual touches it with a fork
- The individual touches it with a finger
- The individual smells or brings it near the lips
- The individual tastes a very small piece
- A bite is accepted voluntarily

Reinforce the current target—not a step that is still too difficult. Move forward only after the present step is comfortable.

Tools That Support Success

- Use a visual menu or choice board
- Offer limited choices between two reasonable options
- Use first-then language when it reduces uncertainty
- Allow food exploration without requiring consumption
- Model calmly without commenting on every bite
- Keep exposure brief and end on a successful step

A tool is helpful only if it improves clarity or comfort. Remove anything that increases pressure.

Common Questions

THEY WILL NOT TOUCH IT

Begin with looking at the food, tolerating it nearby, or interacting through a utensil.

THEY GAG OR CRY

Stop and step back. Consider medical, oral-motor, or sensory assessment before continuing.

DO WE NEED DATA?

Track the food, step completed, support used, distress, and meaningful patterns. Keep family tracking simple.

PROGRESS IS INCONSISTENT

Review hunger, illness, setting, presentation, sleep, and whether the step is truly mastered.

! **Repeated gagging, coughing, choking, pain, or loss of skills warrants professional assessment.**

Consent, Assent & Feeding

The ability to make someone take a bite does not mean that doing so is appropriate.

Assent may be communicated through words, gestures, approach, hesitation, turning away, freezing, or pushing materials aside. Notice those responses and adjust the plan.

The adult remains responsible for offering safe and appropriate nutrition. The individual should still have meaningful choices about foods, pacing, interaction steps, and when a teaching trial ends.

! **The goal is safe skill building—not compliance at the expense of trust.**

PREDICTABILITY BUILDS TRUST

Make Exploration Feel Safe

- Explain the exact expectation before presenting the food
- Use neutral language instead of praise that creates pressure
- Offer choices about food, utensil, order, or interaction step
- Keep exposures brief and consistent
- Honor clear signs that the current step is too difficult
- Practice outside of high-pressure family meals when possible

! **Calm exposure today can create more willingness tomorrow. There is no need to force progress into one meal.**

When to Seek More Support

Some feeding concerns require an interdisciplinary evaluation rather than a home-based exposure plan.

- Fewer than about 10 accepted foods or a rapidly shrinking repertoire
- Weight loss, poor growth, dehydration, or nutritional concerns
- Coughing, choking, wet voice, or breathing changes during meals
- Frequent gagging, vomiting, pain, or suspected reflux
- Meals regularly last longer than 30 minutes
- Significant fear, panic, or distress around food

! **Contact the individual's medical provider promptly for choking, breathing difficulty, dehydration, or other urgent safety concerns.**

Who May Be Part of the Team?

PEDIATRICIAN OR PHYSICIAN
Evaluates growth, pain, reflux, constipation, allergies, and other medical factors.

SPEECH-LANGUAGE PATHOLOGIST
Assesses oral-motor and swallowing skills when within scope.

OCCUPATIONAL THERAPIST
Supports sensory, motor, positioning, and participation needs.

REGISTERED DIETITIAN
Assesses nutrition, intake, and practical dietary options.

BCBA
Analyzes environmental variables and develops measurable behavior-support strategies within competence.

! **No single discipline addresses every feeding concern. Collaboration is a strength.**

A Simple Data Snapshot

DATE AND MEAL

FOOD PRESENTED

INTERACTION STEP COMPLETED

PROMPT OR SUPPORT USED

DISTRESS OR SAFETY SIGNS

WHAT HELPED

NEXT STEP

Caregiver Reminders

- Keep safe foods reliably available
- Avoid commenting on how much everyone eats
- Measure new interactions—not only swallowed bites
- Expect variability across settings and days
- Pause when illness, pain, or fatigue changes participation
- Ask for help before meals become unsafe or unmanageable

Seeking support does not mean the plan failed. It means the team is responding to useful information.

Moving Forward

Feeding progress is often gradual. One new interaction, a calmer meal, or a food tolerated on the plate can represent meaningful change.

Continue to build from safety, observe what the individual communicates, and choose the smallest next step that keeps trust intact.

Small, sustainable progress is more valuable than a rapid change that creates fear or avoidance.