Getting Comfortable With Feeding

You Can Do It!

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Step One:
A feeding history: Knowing what things went wrong gives us a lot of clues

Pre-natal and birth history

Post-natal

Step Two: When did things go wrong? We often have to be a detective to connect the dots!

Was it early on, with the latch?

Was it when they tried to transition to solids?

Was it when they tried to go from purees to lumps?

Are they unable to handle foods that require chewing

Step Two: continued . . . .

What about crunchy foods?

Are they not able to chew because they can't bite through?

Are they able to drink enough liquids?

Did things go wrong due to teething or illness?

Step Three:

Diet log

Step Four:

Feeding observation

Step Five:
Seeing the whole problem: what we usually find in children with moderate to significant problems is that it involves more than one issue.

Medical

Sensory

Motor

Step Five: continued . . .

Medical Issues

Respiration
Heart issues
Oral abnormalities
Reflux
Constipation
Medication effects
No appetite

Step Five: continued . . .

Sensory issues:

Smell
Touch
Taste
Sound
Vision

Step Five: continued . . .

Motor issues:

Lips
Cheeks
Tongue
Jaw
Motor planning

Step Six: Treatment Strategies

1. Medical issues must be addressed first
2. Early therapy - trial and error
3. The sensory component
4. The motor component

Step Six: Treatment Strategies, continued . . .

Medical issues must be addressed first

- Help the parent advocate with their physician
- Look carefully at the diet
- Changing the timing and size of meals

Step Six: Treatment Strategies, continued . . .

- Early therapy - trial and error
  - Look for clues-best time of day to eat;
    - grabbing food from caregivers
  - Rule of 15
  - Helping the child to relax around food
    - Including the child in mealtimes
  - Food stretching:
  - Mouth play

Step Six: Treatment Strategies, continued . . .

The sensory component

- Face
- Mouth
- Starting with where the child is comfortable
- Hands
- Sounds
- Smell
- Vision

Step Six: Treatment Strategies, continued . . .

The motor component

Cheeks
Lips
Tongue
Jaw

A case study: William

Background and assessment
Initial stages of treatment
Getting used to thicker stuff
Soft solids
Bite size physics
What therapy looked like for one hour
Experimenting with chewing

Tools and Tricks:

Let's reverse our thinking for a bit. Let's examine some of the tools and tricks that have worked well, and analyze why.

Tools and Tricks, continued . . .

Straws
Non-spoons
Chewy sticks
Tiny forks
Straw bowl/straw cup
Fork vs. spoon
Finding bridges

Tools and Tricks, continued . . .

Fun bites/pizza wheels / egg slicers / cookie cutters

Paper plates

Ziploc bags/cake decorators

Cooking

Drawing in food

Now a few tips and tricks on motor planning:

Dipping animals/dinosaurs, etc.
No hands eating
Food on a string
Eating finger foods with a fork

Questions?

Conclusions

GETTING COMFORTABLE WITH FEEDING—YOU CAN DO IT!

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Step one: A feeding history: knowing what things went wrong gives us a lot of clues

Pre-natal and birth history

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Post-natal

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Step two: When did things go wrong?

We often have to be a detective to connect the dots!

Was it early on, with the latch?

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Was it when they tried to transition to solids?

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Was it when they tried to go from purees to lumps?

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Are they unable to handle foods that require chewing?

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Step two, continued

What about crunchy foods?

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Are they not able to chew because they can't bite through?

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Are they able to drink enough liquids?

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Did things go wrong due to teething or illness?

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Step three: Diet log

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Step four: Feeding observation

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Step five: Seeing the whole problem: what we usually find in children with moderate to significant problems is that it involves more than one issue.

Medical issues

Respiration

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Step five, continued

Heart issues

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Oral abnormalities

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Reflux

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Constipation

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Medication effects

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No appetite

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Sensory issues:

Smell

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Touch

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Step five, continued

Taste

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Sound

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Vision

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Motor issues:

Lips

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Cheeks

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Tongue

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Jaw

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Motor planning

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Step Six: Treatment strategies

Medical issues must be addressed first

Help the parent advocate with their physician

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Look carefully at the diet

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Changing the timing and size of meals

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Early therapy - trial and error

Look for clues-best time of day to eat; grabbing food from caregivers

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Rule of 15

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Helping the child to relax around food

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Including the child in mealtimes

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Step six, continued

Food stretching:

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Mouth play

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The sensory component

Face

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Mouth

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Starting with where the child is comfortable

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Hands

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Sounds:

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Smell

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Step six, continued

Vision

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The motor component:

Cheeks

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A case study: William

Background and assessment

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Initial stages of treatment

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A case study: William, continued

Getting used to thicker stuff

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Soft solids

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Bite size physics

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What therapy looked like for one hour

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Experimenting with chewing

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Tools and tricks: Let's reverse our thinking for a bit. Let's examine some of the tools and tricks that have worked well, and analyze why.

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Straws

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Tools and tricks, continued

Non-spoons

Chewy sticks

Tiny forks

Straw bowl/straw cup

Fork vs. spoon

Finding bridges

Fun bites/pizza wheels/ egg slicers/cookie cutters

Paper plates

Tools and tricks, continued

Ziploc bags/cake decorators

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Cooking

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Drawing in food

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Now a few tips and tricks on motor planning:

Dipping animals/dinosaurs, etc.:

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No hands eating

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Food on a string

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Eating finger foods with a fork

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Questions?

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Conclusion:

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