

The Golden Thread in Oral Motor, Feeding, and Swallowing – Part 2

Accomplishing and Measuring
Functional Outcomes

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Objectives

- Complete a functional assessment in oral motor/feeding/swallowing
- Interview families and identify priorities and concerns related to oral motor/feeding/swallowing skills
- Select, identify and plan interventions that address family priorities/concerns and child developmental needs for oral motor/feeding/swallowing within natural environments and daily routines
- Verify oral motor/feeding/swallowing outcomes that are meaningful, functional, and measurable
- Measure progress according to the oral motor/feeding/swallowing functional outcomes
- Promote family participation and follow-through for oral motor/feeding/swallowing interventions
- Collaborate with other team members to address child and family needs related to oral motor/feeding/swallowing skills

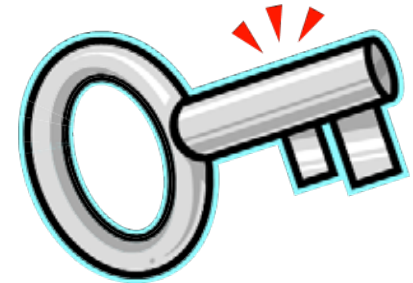
The Golden Thread

- Based on the family being the foundation of the service delivery and development of outcomes
- Support services are a tool for the family to use in order to address the outcomes/goals
 - PT/OT/ST
 - Nutrition
 - Service Coordination
 - Physicians
 - Special Instructors
 - CRS
- RBI – Routines Based Interview
 - Identify goals based in daily activities/routines
 - Family priorities/meaningful outcomes
 - Available resources/eco-maps



Key Components to Successful Early Intervention Service Delivery

- Family-Centered
- Evidence Based
- Developmentally Appropriate
- Delivered in the Natural Environment
- Individualized
- Collaborative
- Addresses Functional Outcomes
- Educates the Caregivers to Optimize Results



Common Diagnoses

- Cerebral Palsy
- FTT (Failure to Thrive)
- Prematurity/DD
- BPD
- GERD
- Down Syndrome
- Autism
- Texture/Sensory Issues
- Behavioral Feeding Issues



Assessment

- Family Interview and Concerns
- Medical/GI History
- Team/resources/caregivers involved
- Observation of a feeding session (oral and/or tube feeding)
- Nutrition

Parent Interview: Common Questions

- What is the main reason for your referral to EI?
- Are you familiar with the role of an Occupational Therapist in EI?
- What is your schedule for feeding your child? Where? When? Who?
- During these times what are your main concerns regarding your child's feeding skills?
- Lead by the parent's description of the mealtime, other questions may be "Does your child":
 - Let you brush their teeth?
 - Gag with certain foods?
 - Avoid a messy mouth/hands?
 - Interrupt daily routine/social situations because of their feeding issues?
 - Demonstrate negative behavior during meal times?

History

- Birth History
- **Feeding History**
- GI Surgery
- Medications/Allergies
- Diagnostic Tests
- Physicians/Related Services
- Caregivers



Observation of Feeding Skills

- Caregiver typically demonstrates a feeding session
- During this time collaboration occurs to discuss strengths and weaknesses in this area
- Also observe behavior of the parent and child and how they interact during the session. This can give great insight into how to approach their outcomes and is a very important component to the feeding home program.
- DO NOT underestimate the importance of observing a tube feeding.
- DO NOT forget to **also** observe for safety, positioning, and other areas of need (sensory, behavioral, and gross/fine motor).

Common Parent Concerns

- I just want my child to let *something* in their mouth
- I want my child to eat like other children
- I want them to sit at the table with us while we eat
- I want my child to touch food/hold their bottle or cup
- I wish they could chew
- Why don't they like food?
- When will they learn that food is good?
- I don't understand them because I love to eat!
- Why aren't they hungry?
- I still have to feed him/her. Why don't they do it by themselves by now?
- Why do they not want their face wiped?



Strategies for Addressing Oral Motor/Sensory Skills

- Oral Stimulation
 - Nuk, Infadent, Finger brushing, Toothbrush
 - Facial massage or strokes for awareness
- Selection of the “just right” food for practice with a particular skill
- Chewing exercises
- Coaching the parent in visual and verbal demonstration of skills
- Positioning
- Use of play



Strategies for Addressing Behavioral Feeding Issues

- Where did the behavior originate?
 - Reflux
 - BPD
 - Tracheotomy
 - EE
 - Feeding Tube
 - Environment
 - Traumatic Event



Strategies for Addressing Behavioral Feeding Issues (cont.)

- Key components to a successful behavioral feeding intervention:
 - Routine Based
 - Family Centered
 - Structured
 - Functional
 - Rewarding/Motivational
 - Consistent
 - Realistic Expectations
 - Follow-through/Home program
 - Less talk about eating and more eating!



Case Study #1 - Emma



Case Study #1 - Emma

- History: Emma is a 19 month old little girl with a corrected age of 17 months. She is diagnosed with BPD, Tracheobronchomalacia, and GERD. She was hospitalized for a total of 16 months since birth. She had been home for approximately 6 weeks when she was evaluated. She has a G-tube for nutrition and has a tracheotomy and is on a ventilator full-time. Vision and hearing is within normal limits. Emma lives with her dad in a one-level home and receives nursing care during his 40 hours of work per week. Mom is not involved, but dad and Emma travel to stay with his girlfriend for 3-4 days every two weeks. Dad reports his goals are for her to walk, talk and eat by mouth.

Emma (cont.)

- **Additional Factors:**

- Emma can sit independently but tends to throw herself backward
- She is extremely flexible with irregular movement patterns
- Throws objects to the side without purposeful play
- Keeps arms lateral and abducted/very little play at the center of the body (midline)
- Doesn't let anything in her mouth but they do TRY to brush her teeth with a cloth
- Strong gag reflex
- Smiles and laughs socially
- Bolus feedings 3x/day and continuous at night
- Tested at 6 months old for grasping and visual motor skills

Emma (cont.)

- Conversation with parent resulted in the following priorities:
 - Eating by mouth
 - Crawling/Walking
 - Signs for communication
 - Desire for a cohesive plan among team members

Emma (cont.)

- Why does this tie in nicely together?
- What would the goals look like?
 - Emma will be able to participate in eating puree foods by accepting 5 tastes from a spoon at least 5 attempts per week for 2 consecutive weeks
 - Emma will be able to participate in play with toys by supporting herself on one arm/hand while placing objects into a container with the other hand every 3 of 5 attempts for at least 4 days out of the week for 3 consecutive weeks
 - Emma will be able to participate in play and social times by bringing her hands together to sign “more” and “finished” during games and interactions with caregivers

Emma – Treatment Session

- Video

Case Study #2 - Anderson



Case Study #2 - Anderson

- **History:**

Anderson was born full-term but has a history of reflux and feeding difficulties were more pronounced at the point of starting solid foods. He was reluctant to start purees and is now 2 years old eating only baby cereal and Stage 2 foods mixed. He drinks whole milk from a sippy cup but requires prompting and reward for this activity. He refuses to feed himself and gags on new foods and his toothbrush. He becomes distressed when his mouth or hands are messy and demonstrates a high level of understanding for his age. He does not chew foods and gags on anything that is not liquid or smooth. He stays with a grandparent during the week as mom and dad both work. Parent concerns include “drinking from a straw”, “his OCD tendencies” and “sensory issues” as well as “chewing and feeding himself”.

Anderson (cont.)

- **Additional Factors:**

- Anderson is allowed to eat his preferred foods at his grandparent's house and is not encouraged to feed himself
- He becomes distressed/anxious when challenged with a new food or self-feeding task
- Not often motivated by appetite
- He understands reward
- Response is better if parents are not present in the room
- He has a desire to please

Anderson (cont.)

- **Strategies**

- Develop trust
- Expect realistic steps toward goals
- Use positive reinforcement to encourage participation
- Transition to distraction or wean from reward as the child becomes more comfortable with the food and self-feeding
- The caregiver **MUST** follow through and multiple caregivers **MUST** communicate and be on the same page (invite to join in on one of your visits)
- Individualize according to the child's response to oral-stimuli and feeding

Anderson (cont.)



- Through EI services the following goals were met:
 - Anderson was able to participate in mealtime by feeding himself 5 bites of his pureed food for 5 days consecutively at one meal per day
 - Anderson was able to transition from a spout cup to a straw cup in order to drink his milk for 3 of 5 days two consecutive weeks
 - Anderson participated in mealtime to work on chewing skills with new, crunchy foods by taking 2 bites of a cracker every 1 of 3 mealtimes for 3 days per week in 1 week
 - FAMILY INDEPENDENT WITH CURRENT HOME PROGRAM!

Anderson (cont.)

- **Contrast EI Model with Outpatient Model**
 - Anderson is now 4 years old
 - Continues to have difficulty chewing and avoids table foods
 - Becomes anxious and gags with new food tastes
 - Continues to respond to positive reinforcement
 - Continues to do best with people other than parents
- **Recommendations**
 - Intensive treatment protocol
 - Reward System
 - Therapist directs the session/parameters and transitions to parent control
 - Structured behavioral feeding home program



Anderson

- Video

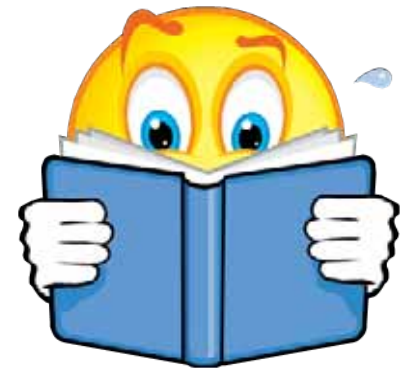
Take Home Message

- Stay family-centered and base outcomes on routines and how this will work in their day
- Don't be afraid to ask for help or refer to a specialist
- Communicate with the team
- The child has to receive nutrition every day so, if the caregivers don't stay consistent and motivated to practice and repeat routines, progress will be difficult
- Include skilled observation in all sessions and ask about new skills or concerns at each visit



Resources

- *Poor Eaters: Helping Children Who Refuse To Eat*
 - Joel Macht, Ph.D.
- *The Reflux Book: A Parent's Guide to Gastroesophageal Reflux*
 - Beth Pulsifer-Anderson
- *Just Take A Bite: Easy, Effective Answers to Food Aversions and Eating Challenges!*
 - Lori Ernsperger, Ph.D. and Tania Stegen-Hanson, OTR/L



Presenter Information

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