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Easter Seals Pediatric Therapy – Feeding Guide

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Easter Seals Pediatric Therapy – Feeding Guide

Corinne Marshall, OTD-S

Kristin Stenson, MS, OTR/L - Easter Seals Cardinal Hill Pediatric Therapy



Figure 1. Cardinal Hill. Easter Seals logo. Retrieved from cardinalhill.org

Introduction

- A unique aspect of Easter Seals is their feeding program.
- Easter Seals uses a PESC team (Picky Eater and Swallowing Clinic) made up of an occupational therapist and speech language-pathologist.
- The team assess both the sensory factors and oral motor factors that may be limiting a client's intake of food.
- Currently, there is a lack of research discussing the long-term effects of behavioral intervention strategies to treat feeding difficulties.
- Behavioral inventions, while initially may seem effective, are not evidence-based and can lead to further feeding difficulties and sensory aversions.

Site Description

Easter Seals Cardinal Hill Pediatric Therapy

- Lexington, KY
- My mentor is part of the PESC team, and our caseload consists primarily of children aged 6mo – 11 y/o with feeding difficulties.
- Common diagnoses treated include ASD, developmental delays, and unspecified feeding difficulties.

Summary of Needs Assessment

- Based on the research, there seems to be discrepancies between strategies of feeding. One strategy follows the SOS approach, and the other follows behavioral interventions.
- The need for my capstone project at Easter Seals is based on the need for education for both parents and therapists to implement the most effective and evidence-based strategies for children with feeding difficulties.
- There is currently more research out there that supports the ABA style behavioral approaches, but no research regarding the long-term effects of force feeding, extinction, or escape protocols.

Literature Review Summary

- According to Hamre et al., feeding problems are identified in up to 80% of children with developmental disabilities (Hamre et al., 2017).
- Some of these challenges include picky eating, avoidance to novel or non-preferred foods, tactile preferences, throwing foods off table, etc.
- Kay A. Toomey (2002), who developed the SOS Feeding Approach, looks at feeding as multiple steps, stating that "eating does not begin at the mouth". If this is a reference add the year published in parentheses after her name.
- According to the guidelines by the PAHO/WHO, caregivers are advised to "recognize children's signals of hunger and satiety, not to force children to eat, and to regard mealtimes as a period of learning and love." (Pan American Health Organization, 2003).
- "Numerous anecdotal reports and autobiographies of individuals with autism spectrum disorder suggest that sensory factors, such as smell, texture, color, and temperature, can contribute to food selectivity." (Cermak et al., 2010 p. 239).

Food Progression Key						Signs and Symptoms Key					
1. Tolerates on table	7. Teeth marks					L - Leaves table/activity					
2. Touch to throw away	8. Chew/spit out					F - Facial reaction/grimace					
3. Touch/manipulate/squish	9. Chew/swallow 1 bite					G - Gag					
4. Bring to face to inspect or smell	10. Chew/swallow additional bites					H - Hands					
5. Kiss	11. Consume small amount					B - Body language (turning, head down, etc.)					
6. Lick	12. Regularly accepted foods					O - Other (see note for details)					

Date	Food	1	2	3	4	5	6	7	8	9	10	11	12

Figure 3. Data Collection Sheet.



Figure 4. Feeding Therapy Guide.

PARENT EDUCATION

FEEDING TIPS, TRICKS, AND STRATEGIES

- Have a consistent start and end routine
- Consider your meal duration
 - Snack = 10-15 min
 - Meals = 20-30 min
- Limit distractions
 - This means no electronics!
- Use a sensory transition if needed
- No grazing
- Use an "all-done" bowl
 - This allows for another opportunity to interact with the food
- Always promote independence

Figure 5. Parent Education Packet From Feeding Therapy Guide.

Capstone Project Description

16-week capstone experience in outpatient pediatrics with a focus on clinical skills and program/policy development.

Clinical Skills:

- Treating a full caseload (9-10 clients per day, 4 days a week, 45-minute sessions) with diagnoses including ASD, developmental delays, and feeding difficulties.
- This included documentation of daily notes, progress notes, re-assessments, and initial evaluations.

Program Development:

- Developed a "Feeding Tips, Tricks, and Strategies" handout for parents.
- Developed a "Feeding Therapy Guide" to assist therapists with ideas and proper progression for feeding therapy.
- Created a food progression mat to be used during feeding therapy.
- Created a data collection sheet to better keep track of the clients' food progressions and aversions.
- Researched the difference on food progression strategies vs. behavioral interventions.

Figure 6. Food Progression Placemat.

Learning Objectives Achieved

- Gained clinical skills in outpatient pediatric setting and continue to improve in documentation skills
- Developed a feeding program/protocol for Easter Seals Cardinal Hill
- Created a food science mat specific to our new program
- Modified feeding tips, tricks, and strategies packet created during Level II fieldwork to fit program needs
- Researched current feeding strategies in place
- Implemented feeding program into pediatric caseload

Implications for OT Practice

- Use of the "Feeding Therapy Guide" will ensure all therapists at Easter Seals Cardinal Hill are taking the same holistic approach to feeding.
- Each client having a personalized data sheet assists with documentation and better individualizes a clients needs/preferences.
- This opens the door for future students or employees of Easter Seals to conduct research on the benefits of food progression strategies over behavioral interventions.

Food Play

Why Food Play?

Based on a study completed by Coulthard & Sealy, sensory food play is beneficial in allowing children to progress food at a comfortable rate. Their study states that "the findings suggest that introducing food in a play environment which allows children to see, handle and smell foods, developing non taste sensory familiarisation, should be embedded in strategies to increase FV consumption." (2017)

Examples:



Modeling Strategies

According to Petrozelle and Moll (2020), they found that ~70% of children show an increased acceptance of novel foods while in the presence of peers. Successful modeling interaction can be narrating your own experiences with the food. For example, "I am going to crunch my chip using my teeth."

Figure 7. Food Play Research and Examples From Food Therapy Guide.

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References Available Upon Request