Feeding difficulties: Occupational Therapy Role

Keys to consider when working with Children

The purpose of this factsheet is to provide an awareness of the Occupational Therapy role in feeding interventions for children. Accompanying this summary sheet is a presentation by Lyndal Franklin OT Mater Children's *"Feeding difficulties during infancy Part 1: Feeding as a primary infant-parent occupation and the contribution of occupational therapy"*.

The OT role in feeding

OT (as one part of a multidisciplinary team) specialises in assessing and supporting the developmental competence required for successful feeding, mealtime interactions and behaviours. This also includes supporting parental understanding of how developmental, psychosocial and environmental factors can impact upon feeding.

Occupational therapy and speech pathology integrated assessment and treatment

History: Combined assessment includes understanding parental concerns; information relating to birth, medical, social, cultural and developmental history; along with the infant's feeding history. A 24 hour food intake record is recommended prior to the assessment. A background to feeding difficulties sheet is available.

Developmental competence: This includes the infant's neurobehavioural and regulatory capabilities (physiological, motor, state/arousal, attention) in younger infants; sensory responsivity and regulation; postural and motor abilities; problem solving and play abilities; and social-emotional competence.

Feeding observations: Observing the infant's feeding abilities (physiological responses, oral sensory motor & swallowing functions, positioning, sensory and behavioural responses, self-feeding readiness/skills) and parent-infant feeding interactions are critical components of assessment. Trialling strategies where possible during the assessment, are important before making specific recommendations.

How can OT help?

1. Problems with oral skills.

Assessment of swallowing is the speech pathologist's role and may include cervical auscultation and/or interpretation of a radiological modified barium swallow study (MBS). Occupational therapists need to understand the phases of swallowing (oral, pharyngeal, oesophageal) and the risks associated with swallowing problems, as well as the interaction between oral skills and other aspects of development. A sound understanding of both the physiological and psycho-social aspects of breast and bottle feeding is important when working with infants under 12 months and their parents, especially mothers. OT can contribute to treatment by providing strategies to:

- Support optimal physiological stability and self-regulation as these may impact on optimal oral feeding skills and behaviours
- Address oral sensory as well as general sensory development impacting upon feeding skills and behaviours (e.g. motivation to feed, transitions with textures, emotional-behavioural regulation)
- Support optimal postural control and motor development as these impact upon positioning, oral control and upper limb use as well behaviours and interactions during feeding
- Promote upper limb function including hand-to-mouth exploration and grasp in readiness for self-feeding

2. **Sensory issues at mealtimes**

Assessment includes understanding the impact of infant-related **intrinsic factors** (e.g. competence with self - regulation, temperament, sensory preferences and behaviours) and **extrinsic factors** (e.g. parental sensory preferences and feeding environment) which impact on infant behaviours and feeding interactions.

It is important to use a graded approach to sensory intervention, remembering principles of sensory processing such as:

- Different problems of sensory processing i.e. hyposensitivity vs hypersensitivity require very different treatment strategies. It is important to understand the differences and to closely observe the infant's responses.
- Infants with heightened sensitivities may appear anxious and easily overwhelmed. Strategies include keeping the feeding environment calm (reduce lighting, noise, other stimulation), familiar and predictable and then introducing one small change at a time (e.g. introduce the taste of a new food on a familiar toy to mouth).
- Parents may benefit from additional guidance with calming and settling techniques for their infants.
- For the older infant, strategies to help him/her have more control (e.g. mouthing a toy or spoon) may help him/her tolerate new experiences with food (e.g. new taste/texture).
- Unfamiliar experiences offered in a playful context or as part of a game are also more likely to be tolerated

A useful resource for strategies to address sensory issues in feeding is Morris & Klein (see reference list).

3. **Positioning**

OT assessment and intervention includes ensuring the infant is appropriately positioned to support successful feeding. Positioning considerations can help achieve best performance by supporting:

- Physiological function (e.g. supporting respiratory function; minimising pressure on abdomen; minimising impact of high muscle tone). Refer to Morris & Klein for detailed understanding and strategies.
- Postural stability and alignment (of head, shoulders, trunk and pelvis) to enable optimal oral motor function, safe swallowing, upper limb function and visual function.
- Psychosocial function (e.g. looking at optimum position for effective cue reading)
- Practical issues such as placement of tube feeding equipment and positioning to enable caregiver to use facilitation strategies (e.g. jaw support)

4. **Supporting positive and sensitive feeding relationships**.

Feeding is an intimate and mutually sensitive relationship. Feeding difficulties may result in significant emotional stress for the caregiver and in turn may impact on the attachment relationship. Parental confidence may be influenced by supporting cue reading and goodness-of-fit (including pacing/pausing, sensory style etc) as well as grading tasks to ensure mastery and success for both parent and infant. Allowing time for parents to trial specific techniques in therapy sessions may also promote confidence.

It is always important to provide this support with acknowledgement of the family's priorities, expectations and beliefs as well as the stress involved around providing adequate nutrition and a nurturing relationship.

Key resources

American Occupational Therapy Association. (2003). Specialized knowledge and skills in eating and feeding for occupational therapy practice. *American Journal of Occupational Therapy, 57, 660-678.*

Baszyk, S. (2000). Addressing the complex needs of young children who refuse to eat. *OT practice, 17,* 10-15.

Case-Smith, J. (1998). Paediatric occupational therapy and early intervention (2nd ed.). Woburn, MA: Butterworth-Heinemann

Dunn Klein, M. & Delaney, T.A. (1994). *Feeding and Nutrition for the child with Special Needs: Handouts for Parents.* San Antonio: Therapy Skill Builders.

Evans Morris, S. & Dunn Klein, M. (2000). *Pre-feeding skills: A comprehensive Resource for Mealtimes 2nd Ed*. USA. Harcourt.

Glass, R.P. & Wolf, L.S. (1992). Feeding *and Swallowing Disorders in Infancy: Assessment and Management.* San Antonio: Therapy Skill Builders.

For further resources: please see reference list at conclusion of powerpoint presentation:
http://webcast.gigtv.com.au/Mediasite/Catalog/Full/0fe41f2f8e4b4e67870ac608b04130c821