Title Layout
Subtitle
Feeding at School: I’m Hungry, Too!

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Feeding Disorders are on your caseloads

- Feedingmatter.org “affects more than 2.3 million children under the age of 5 in the United States”
- Those 3-5 year old become 1st graders, 2nd graders, 3rd graders, etc
- Research gives some ranges of volume of kids with feeding/swallowing disorders.
  - 20-35% of typically developing children have feeding disorders
  - Up 80% of children with special needs have feeding disorders!
    - Severity of disorder is a spectrum
Why I do what I do.

- 1st half of my career was in hospital.
- I have performed thousands of VFSS in combination with clinical swallow studies using CA as well.
- Developed a FEES program in hospital.
- 5th child- everything changed.
- 30 weeker and all that implies.
- Found myself called to birth-3.
- Birth-3 for past 10 years.
- Open TARC Feeding Clinic in 2014- Clinical Coordinator/Txist.
They turn 3....

- What happens to my kids at 3 when transition to school and still have so far to go with eating?
- “Schools won’t touch feeding”
- No IEP goals
- No educationally impact
- No continued education for this area of our field to SLPs within context of their day
- Admin & colleague support
Opened the TARC Feeding Clinic 2014

- We recognize the barriers
- I want to break those down brick by brick
- Education is the only way to move the needle
- Courage in conversation
- Perseverance of The Droplet
- They deserve our best
- If not you then who?????
Why so taboo?

- SLPs are asking for help all the time
- Why shouldn’t it be on the IEP?
- Will you school get behind you?
- How do I get buy in from staff/admin?
Help me function in everyday at school
Average Calories needed per day to thrive

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<th>Age (years)</th>
<th>Sedentary&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Moderately Active&lt;sup&gt;c&lt;/sup&gt;</th>
<th>Active&lt;sup&gt;d&lt;/sup&gt;</th>
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</table>
Do we have a behavior plan, cognitive goals, sensory goals

- Part of behavior plan if concern for low oral intake
- Cognitive goals can work on learning properties of food
- Sensory
Let’s Build it!

• Skills needed for safe and healthy eating
  – Airway
  – Body support
  – Stability
  – Differentiation
  – Sensory convergence
  – Positive experience
Quick Review of Swallow

- Airway protection
- Classic s/s of dysphagia- cough, choking, wet voice, wet breathing, pocketing, tongue thrusting, tossing head, oral loss, etc
- S.I.D.M.O.
- Neurons
Body Support - Positioning is HUGE

- What are our skills-
- What are we asking their body to do
- How can we support best position in an inclusive way
- Can we titrate support down over time
- Do the child’s need fluctuate
- Team with OT/PT/Teachers
- Woodshop at highschool/ handy spouses, etc
- Is today reproducible and functional?
Stability Required

- Body in
- Able to maintain
- Without stability we will see disordered deglutition
Differentiation

- Mid-line
- Trunk
- Ring sit
- Rock
- Tongue, lips, jaw
Sensory Convergence

• We eat with eyes first

• Smells matter
  – Very high sensory input- don’t ignore it
  – Great opportunity to partner with your OT

• Least noticeable difference
Crumb Hierarchy
Neuron that fire together Wire together!

- We can wire children away from eating
- Every time we eat or drink it is either
- How many more positive experiences are required to reframe a negative one?
- If we don’t have trust we have finished before we started
Where do we start

- In the kitchen
- Is my school providing meals/snacks that match a child’s abilities
- What is mechanical soft
- Do we need different utensils (size/shape matter)
- If puree food how to blend properly
- What substitution are we offering - burnout
Time to eat

• Watch feeder if there is one
• Look at position of child and position of feeder
• Leaning into fork or spoon
• Can we do gentle hand over hand for brain priming for at least part of the meal
• Can we read cues & stress cues? (more than just gagging/coughing)
How can you build into your current therapy

• Working on crossing midline both directions
• Bringing in preferred food items as part of your work
• Deconstruct a preferred food
• Talk about properties of the food
• Help connect the dots
• Oral Motor work is great but where to target
The chewing challenge

• How to i.d. if a truly chewing
• Target lateral grinding teeth
• Tongue has to lateralize to develop mastication
• Cheese cube activity
• Target foods that build success, confidence, and safety
• Must transition through developmental stages just like can’t go from silent to sentences
TOTs

- Is there anatomical restrictions preventing
- A-p transfer with thick, stickier foods
- Part of oral pocketing
- Preventing motion needed for mastication
- Can child clean off spoon with lips
- What do we do about it?
We are all flowing on the continuum

• Supporting a child in the moment with each exposure on the continuum is the key to success
• Recruit motor strip to decrease sensory excitement
• Trust must be established- will you help me if I need it?
• If they can’t eat or be nourished they CAN NOT learn
• Questions????

• If you would be interested in hosting an in depth training digging into more therapy techniques please contact me at adelgadoslp@yahoo.com or 785-274-7430
Resources