Supporting Clients with Feeding Disorders in the Home and School:

How SLPs Can Work Together

Dena Berg, M.S., CCC-SLP

A Little About Me

- B.S. in Speech and Hearing Sciences; M.S. in Communication Disorders

- SLP in Arizona since 2013
  - Pediatric settings, primarily in home health and schools
  - Began my career in EI

- Part of the feeding collective, a multidisciplinary team consisting of myself, an OT, and an RDN
  - A feeding community for new and seasoned feeding professionals

- Favorite snacks: popcorn, pickles, anything spicy

the feeding collective

Objective 1

Name the four domains of Pediatric Feeding Disorder and how SLPs can help children in each domain

Objective 2

Utilize strategies to better provide support for people with PFD in the home and school

Objective 3

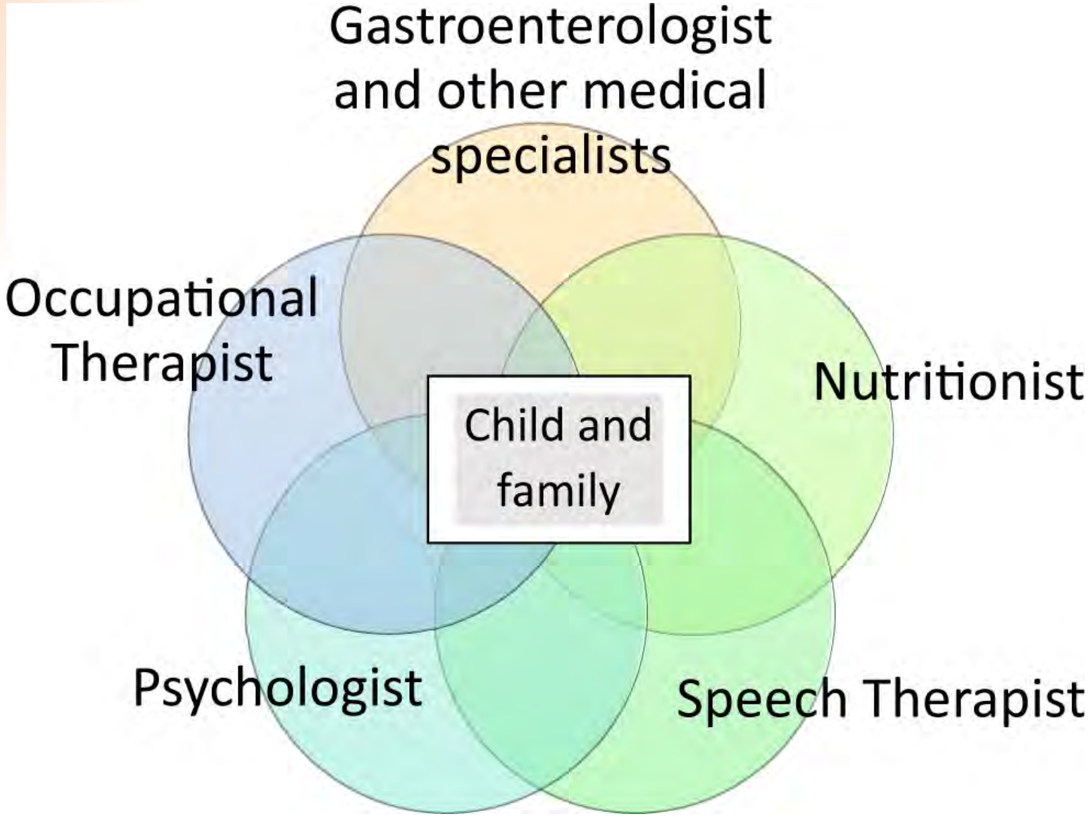
Define Responsive Feeding Therapy and provide insight into how to treat students/clients with PFD using RFT

“The Gist as a List”

1. PFD
2. Eating vs. Feeding
3. Responsive Feeding Components
4. Case Studies
5. Better Communication

Multidisciplinary approach… but what about within our own discipline?

- How many of you work with other SLPs?
- How many of you have clients who have other SLPs in a different setting?
- How many of you have shown up at a meeting with another SLP and felt slightly nervous?



How can we **actually** work together?

- Same title, different jobs
- The value of different settings
  - Unique experience
    - We are a team

Pediatric Feeding Disorder

So...

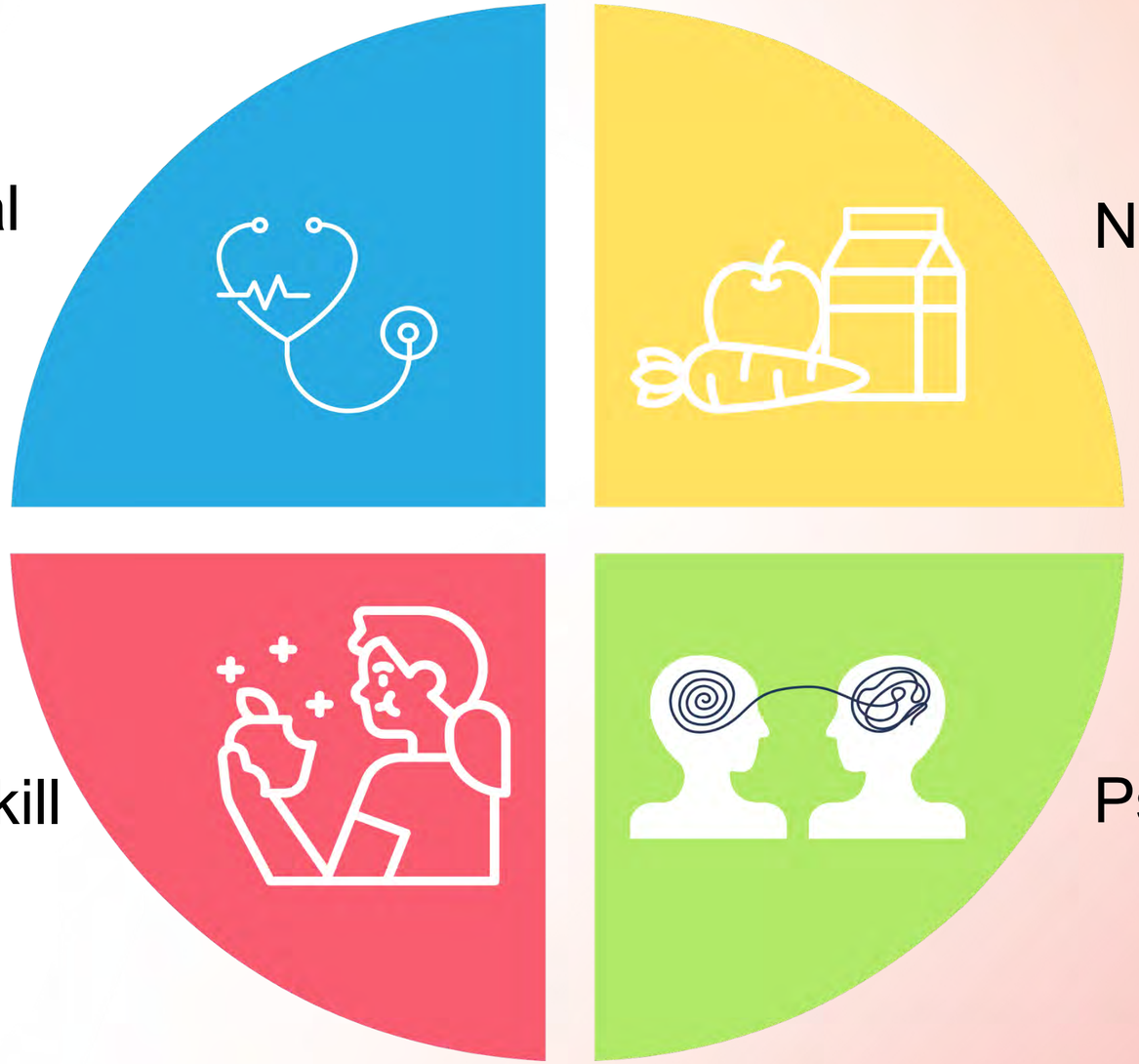
What is Pediatric Feeding Disorder (PFD)?

Pediatric Feeding Disorder (PFD)

- In 2013, the DSM changed the diagnostic category of Eating Disorders to Feeding and Eating Disorders
- There lacked a consensus about differentiating between the two until PFD became an official diagnosis in October 2021
  - R63.31 Pediatric feeding disorder, acute < 3 months
  - R63.32 Pediatric feeding disorder, chronic > or equal to 3 months
- Benefits of a dx for PFD:
  - Increased awareness of feeding problems; More collaboration between professionals; Easier classification of the problems in research; Improve access to care; Better identification of best practices for feeding assessment and treatment

Medical

Nutrition

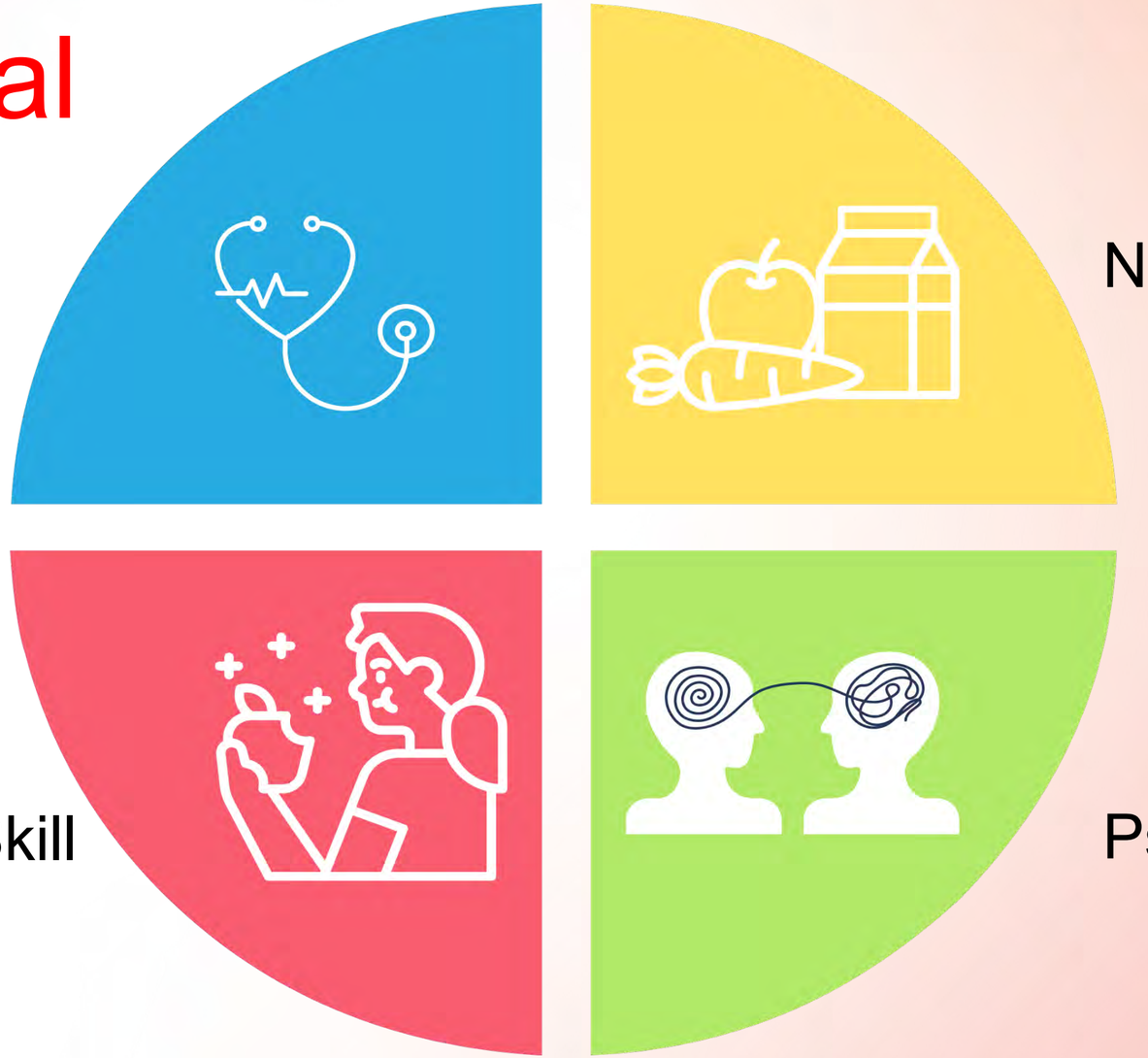


Feeding Skill

Psychosocial

PFD affects 1 in 37 children under 5

Medical

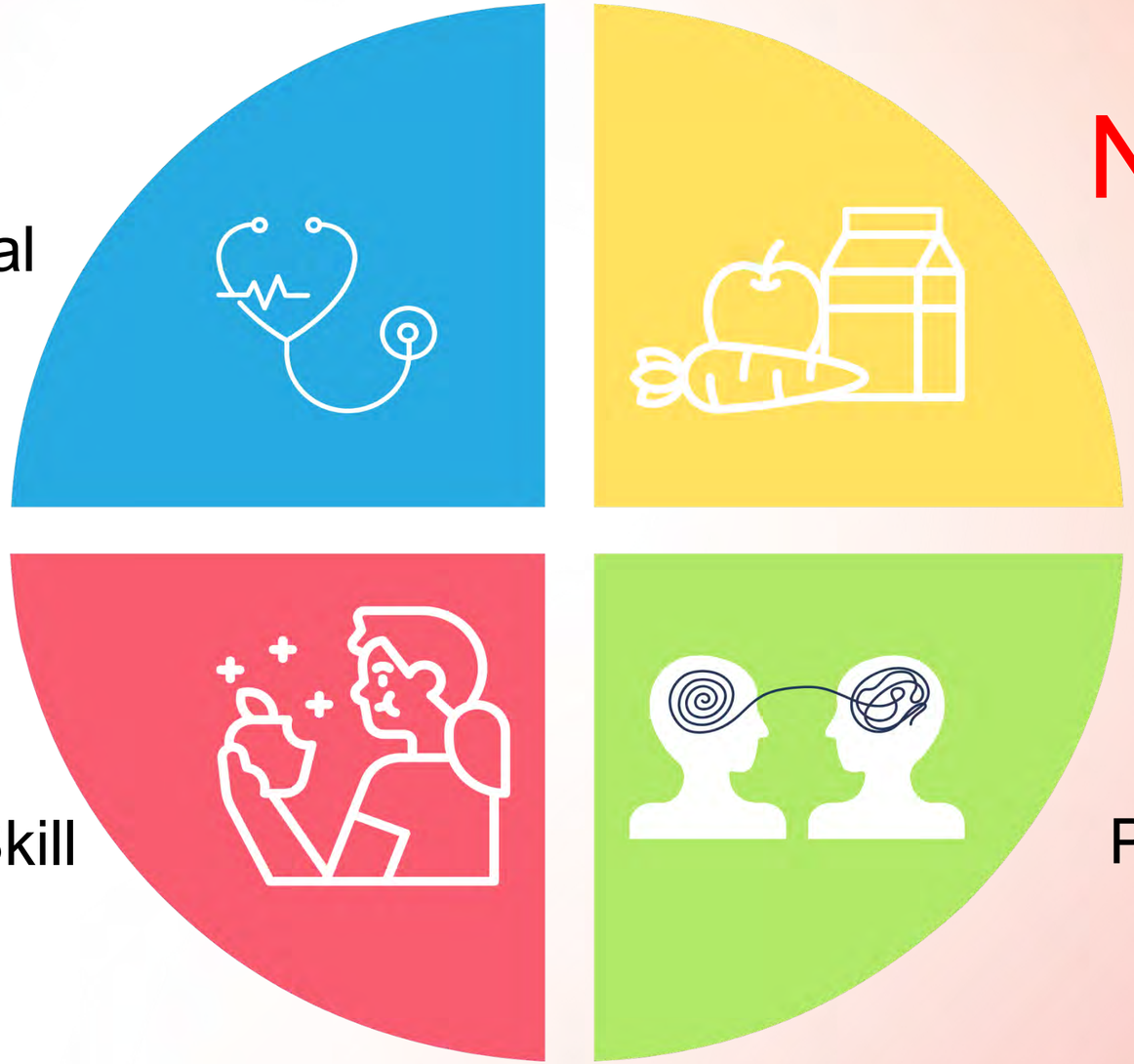


Nutrition

Feeding Skill

Psychosocial

Medical

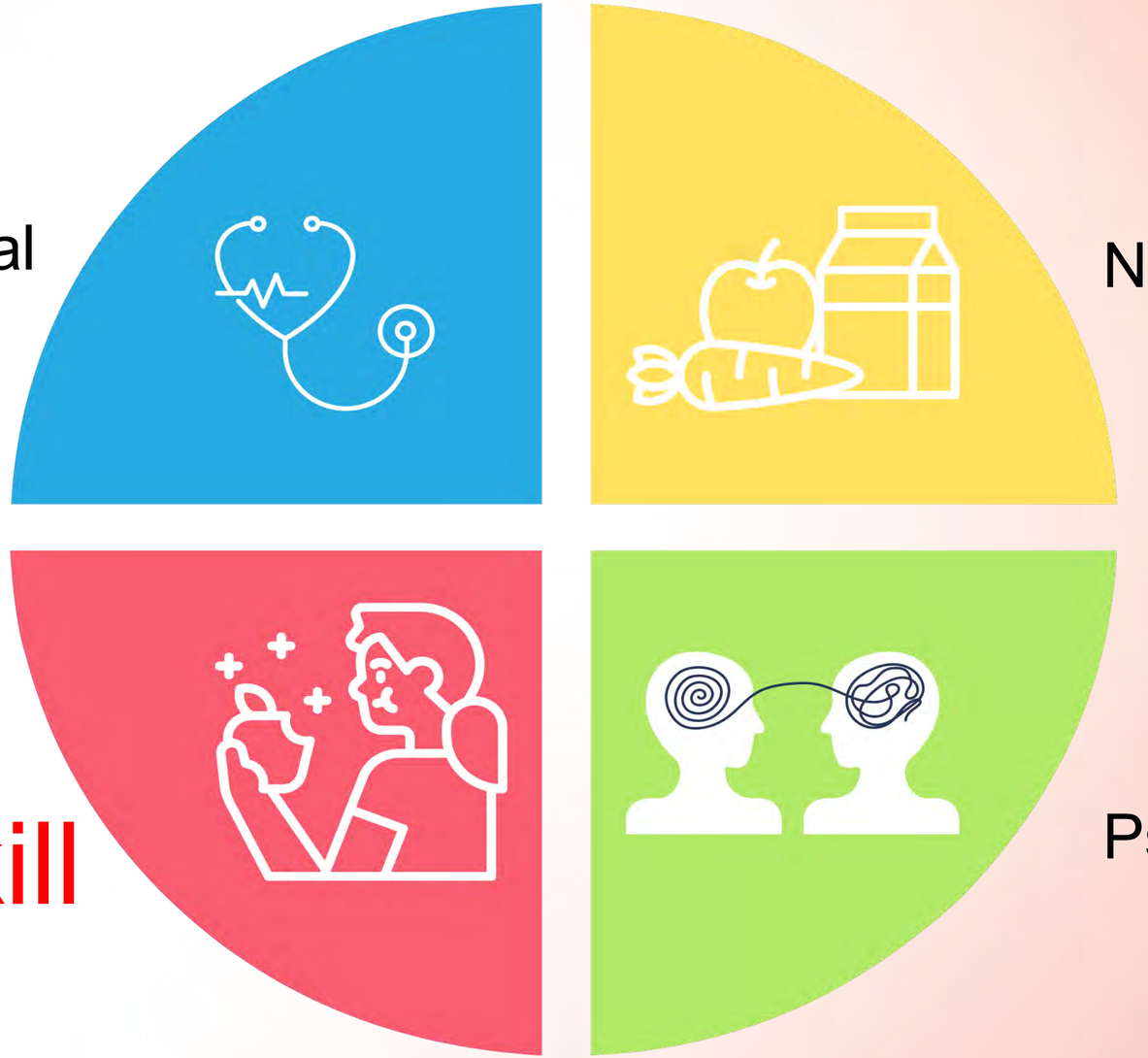


Nutrition

Feeding Skill

Psychosocial

Medical



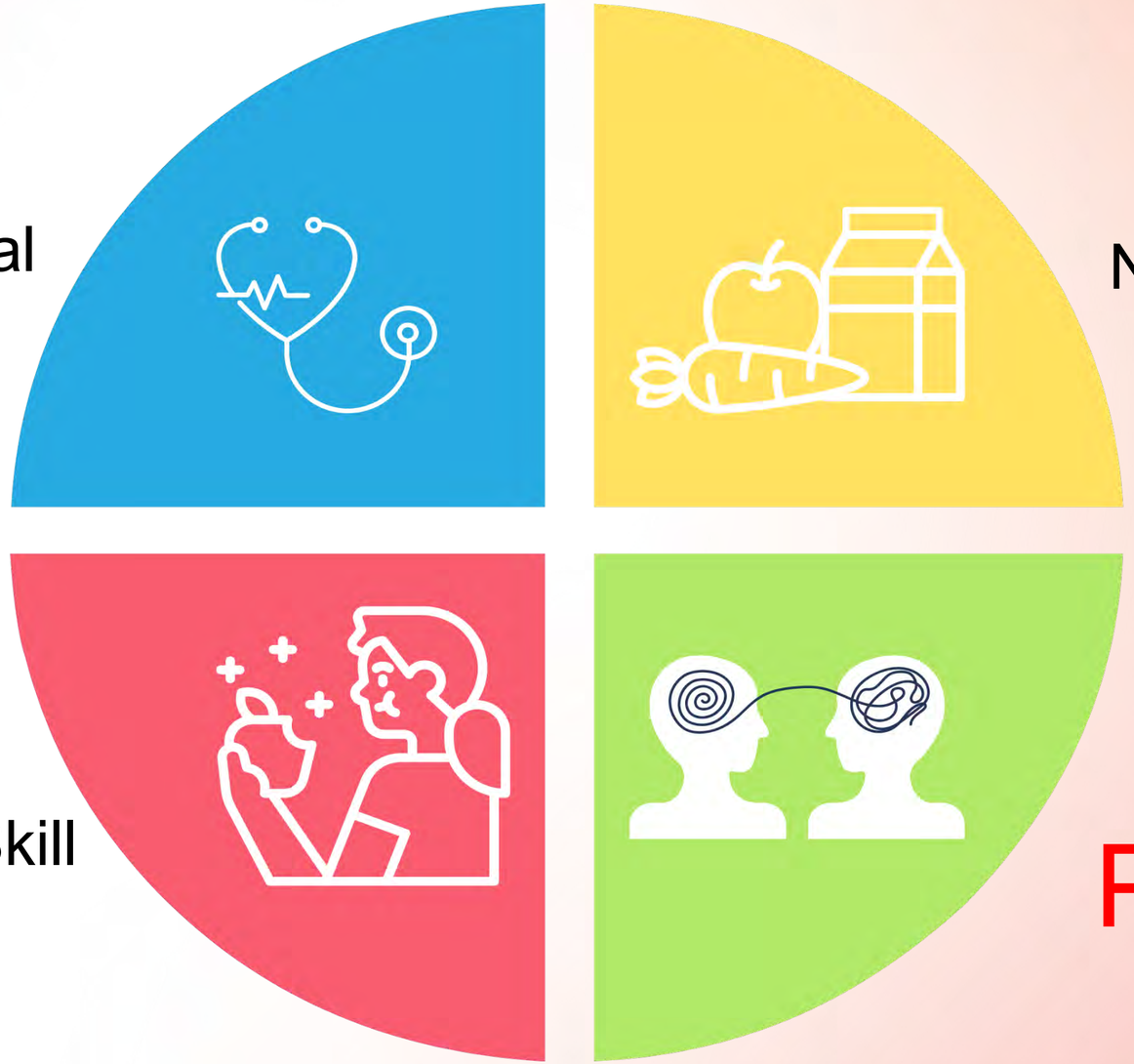
Nutrition

Psychosocial

Feeding Skill

Medical

Nutrition



Feeding Skill

Psychosocial

Feeding or Eating Disorders

Feeding and eating disorders are sometimes grouped together:

Group of disorders that describes eating behavior that causes health or social impairment

So... what is the SLP’s role?

Anorexia nervosa

Bulimia nervosa

Binge Eating Disorder

Non-specified ED

Avoidant-Restrictive Food Intake Disorder (ARFID)

ANAD (National Association of Anorexia Nervosa and Associated Disorders) is the leading nonprofit in the U.S. that provides free, peer support services to anyone struggling with an eating disorder, regardless of age, race, gender identity, sexual orientation, or background.

Their website gives insight into eating disorder statistics and helps you better understand what we can do to help with prevention and referral.

Typically, we look at eating disorders as having a weight loss/stigma or body image component to them; whereas feeding disorders do not have these.

However, a person can move back and forth between the two.

Who is diagnosing?

SLPs can diagnose Pediatric Feeding Disorder,
but they do not diagnose eating disorders, including ARFID.

Responsive Feeding

Responsive Feeding

Responsive Feeding Therapy (RFT) is an overarching approach to feeding and eating interventions applicable to multiple disciplines and across the lifespan. RFT facilitates the (re)discovery of internal cues, curiosity, and motivation, while building skills and confidence. It is flexible, prioritizes the feeding relationship, and respects and develops autonomy.

Responsive Feeding

- Responsive feeding is promoted and encouraged by major public health organizations
- Responsive feeding THERAPY is based on relatively new terminology and frameworks
- Cormack, Rowell, and Postavaru published a white paper in 2020 outlining a responsive feeding framework that can guide therapy

So how can RFT guide us in all different settings?

- RFT Defined:
  - Autonomy
  - Relationship
  - Competence
  - Internal Motivation
  - Individualized Care

(Responsive Feeding Pro, 2023)

- RFT Defined:
  - Autonomy
  - Relationship
  - Competence
  - Internal Motivation
  - Individualized Care

(Responsive Feeding Pro, 2023)

- RFT Defined:
  - Autonomy
  - Relationship
  - Competence
  - Internal Motivation
  - Individualized Care

(Responsive Feeding Pro, 2023)

- RFT Defined:
  - Autonomy
  - Relationship
  - Competence
  - Internal Motivation
  - Individualized Care

(Responsive Feeding Pro, 2023)

- RFT Defined:
  - Autonomy
  - Relationship
  - Competence
  - Internal Motivation
  - Individualized Care

(Responsive Feeding Pro, 2023)

What is feels like in the feeding therapy world

No foods are off limits?

Wait but my client has severe allergies.

If you expose kids to different foods, eventually they will eat them.

It has been years of me doing this and nothing has been added?

You have to let your clients stay messy because you don’t want them to have sensory problems with food.

But why is my 9-year-old client with limited feeding skills and no sensory issues covered in yogurt?

Practice division of responsibility!! Parents will offer and choose what to eat and the kids will decide how much.

Okay but my client still isn’t eating what their family is.

People with limited diets cannot be healthy. There is no way someone can maintain health without eating any vegetables.

Okay… but they do?


Responsive Feeding
DOR

Case Studies

Max is a 6-year-old boy who was recently diagnosed with EoE. He lives at home with two parents, two older siblings, and 3 pet birds. Max attends public first grade. EoE was diagnosed after almost 6 months of frequent vomiting post meal. Max can no longer eat wheat, milk, eggs, soy, or shellfish.

Nikko is an 8-year-old child who was born as 12 weeks premature. He lives at home with his parents and has a part time nurse. He has multiple food allergies, and has been mostly tube fed. Nikko has started to show more of an interest in oral feeds and parents worry about lack of nutrients and diversity of his diet.

Frannie is a 4-year-old girl with Down syndrome. She lives at home with her mom and two dogs. Frannie presents with poor bolus control and overstuffing. Mom reports that she has to monitor her at all times while she eats because she feels it is unsafe

Silas is a 7-year-old autistic boy. Silas gags at the sight of new foods and does not eat any meals around others. He lives at home with his grandma, mom, dad, and baby brother. They have never had a family meal together. Silas currently eats before everyone else, and he goes to his room while the others eat. He eats about 20 different foods, and at school he eats in the nurse’s office.

Communication

Communication with team

Who is on the team? How will communication work?

Who is with the student when they are eating across each setting?

What modifications may be needed for each setting?

What does your feeding plan entail?

No two districts, two schools, or two students will have the exact same needs.

What does mealtime look like at home vs. at school.

Our biggest focus is that the child is able to access food at school.
    What does that access look like?

What plans are in place for students with food aversions?
    How are we allowing inclusion while also supporting autonomy?

What does your feeding plan entail?

Does this child have a safety feeding plan in place? What does that look like?

Do I have open communication with other therapists and what does this look like?
(IMO this is best if initiated by home therapist)

What is the purpose of this feeding plan?
Am I teaching a new skill (least likely) or am I ensuring safety, inclusion, and maintaining skills?

Am I allowing time for discussion on this at meetings?

References

American Occupational Therapy Association. (2017). The practice of occupational therapy in feeding, eating, and swallowing. *American Journal of Occupational Therapy*, *71*(Suppl. 2), 7112410015. https://doi.org/10.5014/ ajot.2017.716S04

Cormack, J., Rowell, K., Postavaru, G.I. (2020). Self-Determination Theory as a Theoretical Framework for Responsive Approach to Child Feeding. *Journal of Nutrition Education and Behavior*, 52(6), 646- 651. https://doi.org/10.1016/j.jneb.2020.02.005

Feeding Matters. (2023, February). *What is PFD?* Feeding Matters.. https://www.feedingmatters.org/what-is-pfd/

Lvova, Y. & Eichele, H. (2021). *Beyond a Bite Professional Edition: Practical Approaches to Sensory & Feeding Challenges with Autism Spectrum Disorder & Neurodivergent Clients.* Skelly Skills.

Responsive Feeding Pro. (2023, February.) *About RFT.* Responsive Feeding Pro. https://responsivefeedingpro.com/about-rft/

https://anad.org/eating-disorders-statistics/