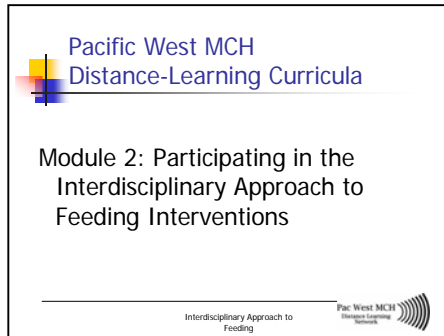


Pacific West Distance Learning Network Nutrition for Children with Special Health Care Needs Curriculum

Group Study Module 2: Participating in the Interdisciplinary Approach to Feeding Interventions

Speaker Notes

1

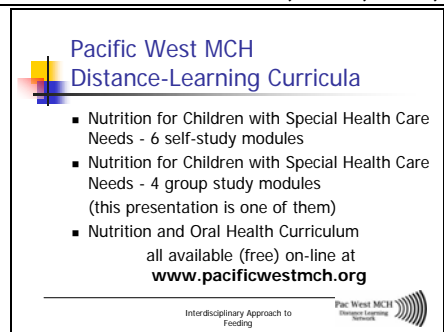


This module was developed by the Pacific West MCH Distance Learning Network.

The Pac West MCH Distance Learning Network is a collaboration between the University of Southern California's University Affiliated Program and the University of Washington's Center on Human Development and Disability. The project's advisory board is made up of representatives from states in

the Pacific West region: AK, AZ, CA, HI, ID, NV, OR, WA and other states in the Western US: CO, MT, UT, WY.

2

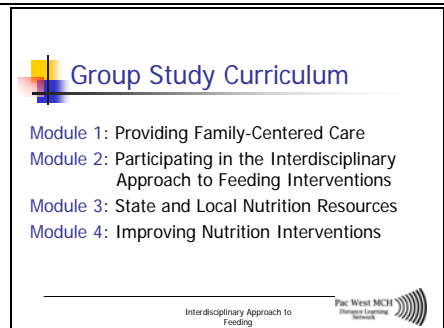


All of these materials are available free-of-charge on the website listed.

Participants may also be interested in the self-study curriculum.

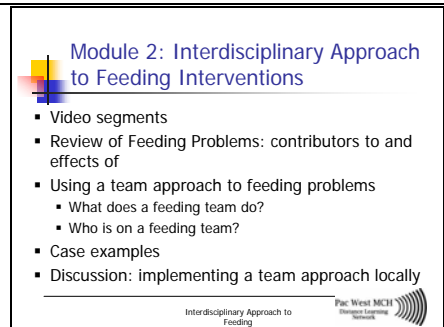
There may be a charge for continuing education credit.

3



These four modules are available as group-study topics for inservices and other meetings. The material in these modules is best learned through an interactive process between the group leader and amongst the group members. A Leaders' guide, powerpoint presentations, handouts and video segments are available free-of-charge.

4



These are the activities that we will be completing as part of this module.

5

Learning Objectives

After completing the module, participants will have the knowledge and skills to:

- Describe the rationale of the interdisciplinary approach to feeding problems
- Identify when an interdisciplinary approach is needed
- Describe the roles of each team member
- Determine what feeding team resources are available locally

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6

Review of Feeding Problems

oral-motor function motor ability

Successful Feeding/Eating

sensory perception cognitive skills

social skills

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Let's take some time to review feeding problems. In order for successful eating (or feeding) to happen, all of these components are necessary:

7

Contributors to Feeding Problems

- Altered energy and nutrient needs
- Oral-motor problems
 - Delayed or slow development
 - Posturing and seating difficulties
 - Persistence of primitive reflexes
 - Craniofacial abnormalities
 - Uncoordinated suck, swallow, chew mechanisms

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Problems with feeding often occur when the components of feeding development are missing or delayed:

Delayed or slow development

prematurity, conditions that cause psychomotor retardation

Posturing and Seating Difficulties

increased tone, e.g., cerebral palsy
decreased tone, e.g., Down syndrome

Persistence of primitive reflexes

tonic bite, tongue thrust, ATNR

Craniofacial Anatomic Problems

poor lip closure and open bite, malocclusion, clefting of the lip and/or palate, micrognathia, macroglossia

Uncoordinated sucking, chewing, and swallowing mechanisms, leading to gagging, choking, and coughing.

disordered cerebral control, e.g. CP
peripheral problems, e.g. Bell's palsy or Mobius syndrome

8

Contributors to Feeding Problems - continued

- Behavioral problems
 - Unpleasant intrusions into the oral cavity
 - Unpleasant feeding experiences
- Decreased appetite

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Behavioral Problems

Unpleasant intrusions into the oral cavity (e.g., tubes: nasogastric, oro-gastric, endoscopic), suctioning, bad tasting medications

Unpleasant feeding experiences

pain from caries, reflux, naso-pharyngeal or gastro-esophageal, aspiration, force feeding, assertion of independence or autonomy

Decreased Appetite

Constipation, increased secretions, medications, filling up on liquids

9

Conditions That Can Interfere with Feeding

- Neurologic problems
- Congenital anomalies
- Metabolic disorders
- Cognitive or behavioral limitations
- Psychosocial issues
- Chronic illnesses
- GI disorders

oral-motor function motor ability
Successful Feeding/Eating
sensory perception cognitive skills
social skills

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Think about how each of these conditions might affect one (or several) of the components of successful eating:

Neurologic problems: CP, traumatic brain injury, neurodegenerative disease

Congenital anomalies: Genetic or chromosomal problems (spina bifida, Down syndrome, cleft lip and/or palate) or metabolic disorders that have neurologic sequelae

Cognitive or behavioral limitations: mental retardation, autism, difficult temperament

Psychosocial issues: vulnerable child, parental stress

Chronic illnesses: Cystic fibrosis, AIDS, malignancies, bronchopulmonary or chronic lung disease

GI Disorders: Inflammatory bowel disease, reflux esophagitis

10

Potential Effects of Feeding Problems

- Risk of nutrient deficiency (energy, fluid, protein, vitamins, minerals...)
- Slowed growth (weight and/or stature)
- Social
- Relationship with family/caregivers

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11

An Interdisciplinary Team Approach is Needed When:

- Child has multiple, complex feeding issues, including more than one of the following: oral-motor, medical, nutritional, behavioral
- Child has tried other uni-disciplinary feeding interventions (e.g., occupational therapy, or nutrition alone) without long-term success
- Multiple service providers have given the family conflicting recommendations

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All of these factors can lead to feeding problems which greatly frustrate caregivers, can lead to strained feeding interactions, which are highly emotionally charged and need to be handled with empathy and sensitivity.

No single care provider can assess and provide intervention for all of the factors involved - requires an interdisciplinary approach.

Many children do not trust that feeding is safe and won't hurt...they may need therapy to address their fear and anxiety

Children who have received intervention for the reason for their food avoidance may still keep maladaptive feeding behavior & may need interdisciplinary intervention to support more positive feeding experiences

12

Using a Team Approach
What does the team do?

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13

Video: Angel
example of feeding team
assessment

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14

Model Feeding Assessment


- Family brings food to feed child
- Brief interview with family
- Observation of feeding and behaviors of child and parents/caregivers
- Oral motor assessment of child

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15

Model Feeding Assessment (continued)


- Nutrition and growth assessment
- Medical examination
- Team conference
- Discussion and development of plan with the family

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16

Assessment of Feeding Behavior

- Background history
 - History of prenatal, birth, hospitalizations
 - Early feeding history
 - Developmental milestones
 - Temperament
 - Regulation: sleeping, soothing, toileting
 - Previous evaluations
- Observation and Assessment of Child's Feeding Behavior
- Assessment of Caregiver Feeding Behavior


Interdisciplinary Approach to Feeding 

If time is short, the items in the boxes can be skipped or summarized (refer participants to their handout).

17

Assessment of Feeding Behavior

- Background history
 - Cooperates with setup
 - Sits appropriately
- Observation and Assessment of Child's Feeding Behavior
 - + interaction with feeder (e.g., smiles, claps)
 - positive comments about food
 - Opens mouth, anticipates food
- Assessment of Caregiver Feeding Behavior
 - Feeds self
 - Responds to prompts to continue
 - Requests food


Interdisciplinary Approach to Feeding 

These are some positive behaviors

18

Assessment of Feeding Behavior

- Background history
 - Refuses to sit in chair
 - Cries
 - Spits food out of mouth
 - Gags, vomits
 - Verbally says "no" to food
 - Moves head away from spoon
 - Refuses to open mouth
 - Puts hands in front of mouth
 - Throws food or utensils
 - Gags before food is introduced
- Observation and Assessment of Child's Feeding Behavior
- Assessment of Caregiver Feeding Behavior


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These are some behaviors that interfere with feeding

19

Assessment of Feeding Behavior

- Background history
 - Eye contact with child
 - Positions child appropriately
 - Presents appropriate food, utensils
 - Prompts child verbally and non-verbally
 - Pays attention to child during meal
 - Models appropriate eating
- Observation and Assessment of Child's Feeding Behavior
- Assessment of Caregiver Feeding Behavior

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20

Assessment of Feeding Behavior

- Background history
- Observation and Assessment of Child's Feeding Behavior
- Assessment of Caregiver Feeding Behavior

- Reminds child to swallow completely
- Paces child at reasonable pace
- Interacts positively during meals
- Praises child for appropriate behavior
- Sets limits on throwing food, leaving table
- Persists

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Disorders Learning Network

21

Development of Interventions

- Individualized, specific goals
 - consistent with the child's developmental abilities
 - support the child's existing abilities
- Family-centered

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Disorders Learning Network

A family-centered approach is essential. The family is the most important team member. Daily goals need to be supported by the family.

22

Teamwork

Multidisciplinary Team Interdisciplinary Team

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23

Sara: An Example of Teamwork

The people involved in Sara's care were frustrated

- Dad:** "Juggling too many recommendations, hard to fit everything in and keep it straight."
- RD:** "Only one or two recommendations actually makes it into Sara's food pattern."
- OT:** "I am trying to help Sara eat different foods, but I don't know which foods to offer."
- Teacher:** "I want to continue the OT's interventions in the classroom, but I'm not sure what to do...they don't match the information sheet from the RD."

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Sara is a 4-year old who has spastic quadriplegia. She lives at home with her adoptive parents and several other siblings, most of whom have developmental disabilities. She attends a developmental preschool school 5 days per week. She is able to eat some foods orally (30-40%) and receives a g-tube feeding to meet the remainder of her nutrient needs.

Although (for the most part) Sara's nutrient needs were being met, her care providers were frustrated...things were moving too slowly. Some of the recommendations were even contradictory.

24

Sara: An Example of Teamwork (Continued)

Food- and eating-related issues are addressed efficiently, and efforts are streamlined:

- Dad:** "Now, I know that we are following the recommendations at school and at home."
- RD:** "We've developed more effective interventions, and I am confident that all recommendations are considered."
- OT:** "I know that the foods and skills I am working with are also improving Sara's nutritional status."
- Teacher:** "I can continue to help Sara learn to eat now that the therapies are manageable"


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A meeting was scheduled to discuss the feeding plan for Sara. Everybody had a common goal: adequate intake and increased oral intake. The team discussed options and developed a plan. Therapy was more efficient with everybody involved working together. Now, the team follows up yearly; when schedules get too tight, one member often joins via telephone call.

25

Using a Team Approach
Who is on the team?





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26

Models: Examples of Teams

1. RD, OT, RN, family meet together at an Early Intervention center
2. PMD, public health RD, home SLP therapist meet with family individually and then communicate via conference call
3. RD, PHN, school SLP/OT/RN communicate about tube feeding and feeding therapy plan



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Teams can take different shapes:


Does anybody practice on a formal team now? What about informal?

27

Potential Team Members

- Child's family/ caregiver(s)
- Physician
- Registered Dietitian
- Occupational Therapist
- Speech and Language Pathologist
- Physical Therapist
- Psychologist
- Nurse
- Social Worker
- Case Manager
- Others




Interdisciplinary Approach to Feeding 


Obviously, not all of these potential members belong to every team every time, but let's run through potential roles quickly. Think about teams you've been involved in. How have they been the same? How have they been different?

28

Roles of Team Members:
Families

Assessment	<ul style="list-style-type: none"> ■ Describe eating/feeding situation ■ Identify strengths and problems ■ Define goals
Care Coordination	
Intervention	<ul style="list-style-type: none"> ■ Implement interventions ■ Evaluate ability to incorporate interventions into life ■ Evaluate effectiveness





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29

Roles of Team Members:
Physician or Nurse


Assessment	<ul style="list-style-type: none"> ■ Medical status ■ Medical effects of intervention ■ Need for lab monitoring, other f/u
Care Coordination	<ul style="list-style-type: none"> ■ Present to team ■ Coordinate assessments, report ■ Facilitate team dialogue and intervention planning ■ Follow-up with family, PCP, other service providers, referrals
Intervention	



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30


Roles of Team Members: Registered Dietitian	
Assessment	<ul style="list-style-type: none"> ■ growth/body composition ■ dietary intake: energy, nutrients, textures, fluids ■ food/medication interactions ■ other diet-related concerns
Care Coordination	<ul style="list-style-type: none"> ■ Communicate with other members ■ Refer to community services
Intervention	<ul style="list-style-type: none"> ■ Recommend dietary changes ■ Evaluate effectiveness

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Assessment: other diet-related concerns include constipation, allergies...
Intervention: Recommend dietary changes, considering nutritional status, feeding skills, activity level, caregiver capabilities

31

Roles of Team Members: Oral-Motor Specialist (OT, PT, SLP)	
Assessment	<ul style="list-style-type: none"> ■ Neuromuscular function ■ Sensory responsiveness ■ Developmental and oral reflexes
Care Coordination	<ul style="list-style-type: none"> ■ Communicate with other members ■ Refer to community services
Intervention	<ul style="list-style-type: none"> ■ Recommend oral motor sensory interventions, considering: oral motor competencies, behavioral supports

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32


Roles of Team Members: Psych/Social Professional	
Assessment	<ul style="list-style-type: none"> ■ Behaviors, attitudes in relation to food and eating through interview, observation
Care Coordination	<ul style="list-style-type: none"> ■ Communicate with other members ■ Refer to community providers ■ Refer to services and service systems
Intervention	<ul style="list-style-type: none"> ■ Ongoing therapy

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This is an important piece of the feeding team.

33

Where would you fit on the team?	
<p>Yaroslav's EI program interested in developing a plan to expand his food repertoire</p> <ul style="list-style-type: none"> ■ teacher + behavior therapist + OT + WIC RD? 	

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Yaroslav is a 2 ½ year old boy with autism. He lives at home with his parents, and in the same neighborhood as a large extended family. His family emigrated to the US about 5 years ago from the Ukraine. His parents speak some English, but usually prefer to have an interpreter present during medical visits. He is in an early intervention program where he receives speech and occupational therapy.

Yaroslav's family is worried about his nutritional status. He is a very picky eater, eating only a few foods; he has tantrums at the table, so often just grazes during the day.

Yaroslav's EI program is interested in developing a plan to increase the variety in his food pattern. The teacher and behavior therapist are working on a behavior plan, and the OT suggests that nutrition input would be important. The team remembers that Yaroslav is on WIC, so they call the RD at the local WIC clinic. How could the WIC RD be involved?


34

Where would you fit on the team?



Juliana seen at NeuroDev clinic annually. Between visits, WIC RD notices feeding skill delay, and calls RD with NeuroDev Clinic


- feeding evaluation
- begins feeding therapy at NeuroDev Clinic

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Juliana is seen yearly at the neurodevelopmental clinic at Phoenix Children’s Hospital. The WIC RD notices that Juliana’s feeding skills are delayed and contacts the RD at the neurodevelopmental clinic. A feeding evaluation is scheduled and Juliana begins to receive therapy from the Neurdev clinic.

35

Video: Lunch Bunch example of feeding team group intervention

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This is an example of an interdisciplinary approach to feeding interventions. This type of feeding group could take place in an early intervention program, therapeutic pre-school, or even in an elementary school setting, as well as the hospital-based program shown here.

36

Case Study

Chloe

- 6 years of age, transition off G-tube feedings
- twin, previously LBW, repaired omphalocele
- delayed development, but catching up

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Show video segment of Chloe (5 minutes) if there is enough time.

37

Case Study

Chloe


- **initial assessment:** good oral-motor skills, catch-up growth occurring, lactose intolerance, small stomach capacity
- **recommendations:** psychologist and nutritionist follow with behavioral approach to increasing oral feedings

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38


Case Study

- What went right?


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Parents were motivated and eager for help **Chloe’s growth** and development had caught up enough so that she could participate in the behavioral program **The family, nutritionist and psychologist** worked closely together to monitor progress, revise goals, handle set-backs **The therapists** were available to answer questions from the parents and provide support, the parents took the responsibility of implementing the program.

39

 **Case Study**


- What went wrong?

Interdisciplinary Approach to Feeding 


- Previous uni-disciplinary therapies did not work
- Previous recommendations had been conflicting and confusing for parents
- Lactose intolerance and small gastric capacity interfered with progress on oral feedings
- Ultimately successful because of family-centered team approach

40


What feeding team resources are available in your community?

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41

 **Conclusion**

- Resource sheet
- Post-test and evaluation

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- *Review “Resource” handout*
- *Review local resource handout, if you have prepared one, or discuss and generate a list of local resources.*
- *Ask the participants to complete the post-test and evaluation form and turn them in to receive their certificate of completion.*