



Feeding Training

Learning to eat and drink can be a challenge for many children who have multiple disabilities including a visual impairment. The way the child will respond to food can be affected by factors such as his medical conditions, physical abilities, or resistance to trying new foods because of the texture or taste.

The child's parent or caregiver will often have important information and suggestions for how you can work together on specific goals that will help the child to develop his/her skills in this area. It is important to consult with the child's medical parent, caregiver, and service plan for specific information about what beverages and foods your child should or should not try. In addition, occupational therapists and speech and language therapists often have training in helping children with multiple disabilities learn to eat and drink. As a PPRS respite provider you may often be providing care at meal time or for snacks.

A child needs to learn many skills in order to eat and drink independently. Expecting the child to learn all of them at once is probably not realistic. Instead, target one or two specific skills for him/her to learn to perform more independently, such as bringing the spoon to his/her mouth or sipping a drink from a glass or a "sippy" cup with a lid and a spout.

And rather than trying to teach the skill all at once, think of having him partially participate in many of the aspects of mealtime. Partial participation means that you do some steps in the process and he/she does some steps. For example, you might put the food on his/her spoon, but then he/she has the responsibility of bringing the spoon to his mouth. Over time, you can gradually increase his level of participation in his mealtime skills.

Consider these additional suggestions to help the child develop eating skills and independence at mealtime:

- Allow your child to self-feed with his fingers first, before introducing utensils.
- Start with food or drinks that the child really likes to increase his/her motivation.
- Make sure the child feels secure physically. Work with his/her parent, caregiver, or therapist to explore the best seating options for him/her. They will have ideas about how to position or stabilize the child in his/her chair so that he/she is not worried about falling or having to concentrate on sitting skills.
- Work from behind the child when assisting him/her or showing him how to do something so that your hands and his are moving together in the same direction.
- Use the hand-under-hand or hand-over-hand method when guiding the child during mealtime.
- Place a mirror in front of you and the child so that you can more easily see his/her mouth.
- Include the child in mealtimes with you if you are providing care at that time, even if he/she is not eating a full meal at that time, to let him/her be part of the social interaction that occurs.

Educational team members may be able to recommend equipment that can help the child develop his/her eating and drinking skills with less assistance. Such equipment might include:

- utensils with built-up handles that are easier for the child to grip;
- plates or bowls with raised sides so that food is less likely to spill;
- cups or bottles that have a special opening that is easier to drink through; and
- nonslip placemats or trays on which to place plates, cups, and utensils so that they are less likely to move.

Use of color, contrast, touch cues, texture, positioning, and sound may increase the child's independence at mealtime.

Color

Some children, especially those with cortical visual impairment, are attracted to certain colors, such as red or yellow. Incorporating the child's preferred color into mealtime routines may increase his awareness of food and other items at mealtime and stimulate his/her interest in participating.

Contrast

If the child has low vision, it will be helpful to provide contrast between the color of the food and the plate or bowl. For example, it is much easier to see mashed potatoes when they are placed on a dark-colored plate rather than on a white plate. One creative mom dyed all the white foods different colors to help her son see them. He had purple mashed potatoes, and all his friends loved to come and eat with him. This is just an example and should not be done by a respite provider unless it is under direction from the parent or caregiver.

Also, look at the objects on the table or the child's tray at mealtime from his eye level. Is he/she facing a busy wall so that it is hard for him/her to see his/her cup against the flowers

on the wallpaper? If so, consider moving his/her place at the dining room table or covering the wallpaper with a sheet of a solid color.

Touch Cues

The child may be resistant to mealtimes because they are scary or unpredictable to him/her if he/she can't see what you are trying to help him eat or drink. The use of mealtime routines and touch cues will help him/her anticipate what is going to happen next. For example, when you go to feed him/her a bite of food, touch his/her cheek with your finger to help him/her understand that a bite is coming. Guide his/her hand to his cup and help him bring it to his/her mouth rather than suddenly touching the cup to his lips without warning.

Texture

The use of texture may help the child during mealtime. If he/she is learning to get his/her own beverage out of the refrigerator, for example, you might put a rubber band around the handle of the juice he/she prefers. Then he can use his sense of touch to pick out this container from a similar one that contains the ice tea.

Positioning

Consider where to position things for him/her to help him maximize his/her mealtime independence. For example, if he/she sees best out of his/her left eye, present food you want him to see on his/her left side. If he is attracted to movement, move his/her cup with your hand in order to catch his interest and encourage him/her to reach for it.

Sound

Some children respond to different sounds and find them motivating. If this is the case with the child that is being cared for, you might try tapping the item you want him/her to look at or reach for in order to get his attention. Other children find sound distracting. If the child is easily overstimulated, consider reducing the sound when he/she is eating. You might want to turn off background noise such as a television or limit conversation at the table.

Safety

Always make sure the child or adult you are feeding during a shift is safe and secure. Never leave an individual in care alone while they are eating just in case problems arise. If you are eating with the individual, make sure it is something they can share, or they do not have allergies that may interfere. For example: Do not eat candy or desserts in front of an individual that is not allowed to have them or eat a peanut butter sandwich in the house when someone is allergic to peanuts.