

The SOS Approach to Feeding Core Principles - White Paper

What is the SOS Approach to Feeding?

We believe in helping everyone reach their full potential. We understand that supporting a child who has feeding difficulties presents an emotional and logistical challenge you want to face with compassion, empathy, and a feeding program proven to work. That's why we created the SOS Approach to Feeding. We know it's much more than "just a phase," and ensuring that your child or the clients in your care are getting the nutrients necessary to not just survive but flourish, is no easy task.

The foundations of the SOS Approach to Feeding are the Core Principles briefly outlined below and then explained in more detail in this White Paper. In the SOS Approach we believe in:

- Starting with each child's and family's unique strengths to help children learn to eat at a pace that works best for their body,
- Using intrinsic motivation to help build skills for eating,
- Following typical development as our "blueprint and map" to help teach the skills for eating, while recognizing each child's individual neural capacity, learning abilities, physical needs and environment may mean that they have a different path,
- Using clinical reasoning to choose foods to help a child learn the skills needed to eat a varied and nutritious diet in a manner that respects their unique strengths and differences,
- Engaging the child in play-with-a-purpose (matched to that child's cognitive age and interests) to support skill development. We playfully invite the children to join us in a journey about learning to eat, and
- Helping to educate society on the research behind feeding challenges.

SOS is Strengths-Based, Family Centered, and Intrinsic Motivation Focused

- **Believing that the child is always right.** When children are doing something out of the ordinary, they are doing it for a reason. Our job, as adults, is to be persistent enough to figure out what a child is trying to communicate through their behavior.
- **Completing a thorough Assessment to make sure that we understand each child's unique strengths and differences across all 7 areas of human functioning which impact feeding** (organ systems, muscles, sensory integration, learning, development, nutrition, and environment). [LINK TO WEBSITE](#)
- **Building a trusting relationship with the child and their family to learn what is intrinsically motivating for them.** When intrinsically motivated, a person is moved to act for the fun or challenge entailed rather than because of external products, pressures, or rewards (Ryan & Deci, 2000).
- **Purposely empowering children to learn how to problem solve foods** to make them work better for their body. When masking or "pushing through" new or challenging sensations are noticed, the adult intervenes to support re-regulation and a felt sense of safety before continuing. Adults also support the child in problem solving how they can comfortably engage with the foods at a level that works for their body and to discover strategies to help these experiences go better in the future.
- **Actively involving the child's caregivers in therapy** to help them understand their child's communication and cues, so parents and professionals can create highly individualized home programs. We want to support caregivers to be successful with helping their children to engage in meaningful mealtimes in their home and community in a way that respects the child and family's culture and priorities.
- **Focusing on the goals of the child and family to guide intervention** while understanding the underlying skill challenges that might be getting in the way of meeting these goals. Therapeutic strategies are adjusted and adapted to support child and family goals as best as possible.

SOS highlights the typical development of feeding/eating as the best initial blueprint for intervention

- **Following typical development as our “road map” to help teach the skills for feeding and eating**, the SOS Developmental Food Continuum outlines the progression of the skills acquired as children successfully transition from breast/bottle feeding to eating textured table foods.
- **Understanding and recognizing that each child’s individual neurodivergence and family circumstances will guide intervention** when helping this child along their own unique journey. Intervention strategies are adapted to support each child in achieving nutrition in a way that best fits their body and environment.
- **Appreciating that eating and feeding are skill-based tasks.** When children have difficulties eating/feeding, it is due to physical challenges and/or skill-based difficulties interfering with this child’s feeding development. Research indicates that feeding problems are rarely caused by the parent/caregiver and are NOT solely due to behavioral issues (*Alexander et.al., 2021; Babik et.al., 2021; Chen & Chien, 2022; Eddy et.al., 2015; Emmett et.al., 2019; Kovacic et.al., 2020; Machado et.al., 2017; Olsen et.al., 2019; Reynolds et.al., 2023; Reilly et.al., 2019; Saltzman et.al., 2019; Sdravou et.al., 2019; Toffol et.al., 2019; van der Horst & Sleddens, 2017; Wolstenholme et.al., 2020; Williams et.al., 2009; Yi et.al., 2013*). When “behaviors” are present at meals, there is an underlying physical and/or skill issue that is being compensated for by the behavior and/or the behavior is the child’s attempt to communicate with the adults that they cannot complete the task at hand as constructed by the adult.

SOS utilizes food to help a child learn how to eat

- **Recognizing food is complex** and involves not only sensory qualities, motor demands and oral motor skills, but also previous experiences with foods and ideas about the meaning of foods.
- **Eating is the most complicated sensory task** that children participate in due to the simultaneous integration across all 8 sensory systems. The sensory properties of food change constantly from one presentation to the next, and during chewing and swallowing. Therefore, using food (versus toys, objects or tools) to help build sensory skills is more effective and efficient.
- **Acknowledging that oral motor skills require highly sophisticated neuromuscular movements**, and using non-food objects in isolation doesn’t allow the child to independently acquire the level of skill complexity necessary to eat textured table foods.
- **Empowering children to change new and/or challenging foods to make the food work better for their bodies**, using Sensory Based Problem Solving which in turn, helps children to learn to eat a wider variety of foods.
- **Supporting children in being able to get adequate nutrition to flourish in a manner that matches their skill and comfort level.** Some children may be primarily ‘social eaters’ who participate in meals and eat for enjoyment but receive most of their nutrition through supplemental tube feedings or shakes. Others may always have a more limited diet but can learn to adapt the food available to them (such as in a restaurant, a friend’s house or when traveling) in a way that comfortably meets their basic nutritional needs. SOS understands that eating similar foods can be useful for some children while at the same time supporting enough variety in the diet to maintain good nutrition and to avoid “burning out” and losing foods from their food repertoires.
- **Appreciating that eating and sharing meals is often a social occasion and looks different across the world.** Intervention is individualized for each child and family to ensure that their rich cultural differences are understood and respected.

In SOS Play-with-a-Purpose is matched to that child’s individual interests and cognitive age

- **Embodying the idea that learning to eat can be fun and enjoyable.** Children learn best through play, and incorporating their interests at a level they are physically capable of playing improves their intrinsic motivation.

- **Recognizing that children play and learn differently at different cognitive ages.** To maximize children's engagement in meaningful play requires knowledge of how each individual child understands the world. A child's understanding of, and ability to interact with the world changes as they develop cognitively over time.
- **Utilizing Systematic Desensitization to teach a child new skills in a manner that respects the child's readiness to learn those skills,** which is different than what many programs using extinction, exposure and/or negative reinforcement procedures call "desensitizing" a child. These adult controlled procedures are flooding the child. When systematic desensitization is used correctly, the child is always in charge of the pace of progress. A child is invited to play with an adult moving up and down a series of Steps to Eating based on the child's interest, engagement and comfort level with the play. The Therapist continuously evaluates the child and responds to the child's cues. When a child indicates that they are becoming stressed or distressed during the play, the adult's job is to back down the Steps to Eating and to help the child become re-regulated. The child is allowed to move through the steps towards learning to eat at their own pace *versus* being required to comply with an adult demand to complete a particular step, eat a specific food, or to consume a required volume of food or fluid.
- **Allowing a child to move up and down the Steps to Eating as they are ready** helps the child to remain in the present moment for learning and building new brain pathways instead of masking, shutting down or tuning out.
- **Acknowledging that children may have experienced other external stressors prior to coming to therapy** potentially making it more difficult for them to engage in learning to eat. Because a child's readiness to play can change from session to session or week to week, SOS Therapists always adjust how they are interacting with each child in order to respect that child's readiness that day to play and learn.

SOS is Research Driven and Evidence Informed

- **Recognizing that society has many myths around eating and mealtimes** which are not helpful when trying to support children who struggle to eat. Research disputes these myths showing they are false. [LINK TO HANDOUT ON WEBSITE](#) (Acar et.al., 2021; Ahmed et.al., 2017; Archambault & Coceani Paskay, 2019; Balantekin et.al., 2020; Birch & Doub, 2014; Black & Hurley, 2017; Bryant-Waugh et.al., 2010; Burklow et.al., 1998; Carruth & Skinner, 2000; De Jesus et.al., 2019; Delaney & Arvedson, 2008; Delaney et.al., 2021; Emond et.al., 2020; Field et.al., 2003; Franceschi et.al., 2021; Frerichs et.al., 2016; Green et.al., 2017; Harrison et.al., 2015; Hirsh-Pasek et.al., 2022; Jansen et.al., 2017; Khamis et.al., 2019; Krom et.al., 2020; LeReverand et.al., 2014; Liu et.al., 2017; Loth et.al., 2023; Mason et.al., 2005; McSweeney et.al., 2013; Motion et.al., 2001; Mura Paroche et.al., 2018; Overby et.al., 2020; Rachwani et.al., 2015; Ramos et.al., 2021; Reilly et.al., 1999; Reynolds et.al., 2023; Rohlf-Dominguez et.al., 2020; Ross & Fuhrman, 2015; Ryals et.al., 20016; Seiverling et.al., 2019; Selbuz et.al., 2019; Simione et.al., 2018; Suarez et.al., 2017; Telles & Macedo, 2008; Torola et.al., 2012; van der Veek et.al., 2019; van Vliet et.al., 2021; Ventura & Birch, 2008; Wilensky et.al., 1996; Williams et.al., 2009; Yi et.al., 2013).
- **Continuing to evolve our clinical reasoning and practice as new research is published with:**
 - 267 scholarly articles and research studies comprising the foundational information about feeding development and the unique challenges faced by children with feeding difficulties as taught in the SOS Main Training Conference,
 - 130 studies providing support for the therapeutic strategies and techniques that comprise the SOS Approach to Feeding program, and
 - 14 studies about the efficacy of the SOS Approach.
- **Acknowledging that accurate assessment and differential diagnosis of Pediatric Feeding Disorder requires a transdisciplinary approach** which is documented as the standard of care in the field (Goday et.al., 2019).
- **Documenting progress clearly in every session** using the Steps to Eating allows precise tracking of skill acquisition and recording of other important measures of change (e.g., increased comfort around food, more independent use of problem-solving strategies, safe and enjoyable participation in family meals). This documentation provides data regarding more nuanced progress beyond just eating of new foods or specific volumes.

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