

WHAT IS FEEDING THERAPY?

Feeding therapy is an evidence-based, multidisciplinary therapy that is essential for children with extreme picky eating or who have conditions like developmental delays, sensory sensitivities, oral-motor dysfunction or aversions resulting from allergies or intolerances. Healthy children typically have at least 30 foods in their diet, but many children start feeding therapy with as few as 5 foods tolerated.

WHO PROVIDES FEEDING THERAPY?

Feeding therapy is a multidisciplinary therapy involving specially trained speech pathologists, occupational therapists, dietitians and psychologists. Post-graduate study is required to master this complex area of practice.

WHAT DOES FEEDING THERAPY INVOLVE?

1. **Assessment:** A thorough evaluation of the child's feeding difficulties, including observing mealtime behaviours, assessing oral motor skills, identifying sensory sensitivities, evaluating nutritional status, and gathering relevant medical and feeding history.
2. **Goal setting:** Setting individualized goals to expand food repertoire, improve oral motor skills, reduce aversions, enhance self-feeding abilities, increase comfort during mealtimes, promote positive mealtime behaviours, and encourage exploration of new foods.
3. **Sensory integration techniques:** Utilizing strategies to address sensory sensitivities and gradually expose the child to different food textures, tastes, smells, and visual stimuli in a supportive manner.
4. **Oral motor exercises:** Incorporating exercises and activities to improve oral motor skills required for chewing and swallowing, such as blowing bubbles, using straws, chewing toys, and practicing specific tongue and lip exercises.
5. **Food chaining:** Employing a step-by-step approach that introduces variations in texture or taste to familiar foods, gradually leading to the acceptance of new options.
6. **Environmental modifications:** Adjusting the eating environment to create a calm, structured routine, minimize distractions, provide appropriate seating and utensils, and foster a comfortable and supportive atmosphere during meals.
7. **Parent/caregiver involvement and education:** Involving parents/caregivers in therapy sessions, teaching strategies to reduce pressure and implement techniques at home, and providing education on their child's nutritional needs.
8. **Behaviour management strategies:** Incorporating techniques such as positive reinforcement, visual schedules, social stories, and behaviour management strategies to address challenging behaviours during mealtimes.
9. **Collaboration and follow-up:** Ensuring open communication and coordination between the therapy team, parents/caregivers, and other professionals involved in the child's care to monitor progress, address challenges, and adapt strategies as needed.

WHY IS FORCE FEEDING A BAD IDEA?

- Force feeding can create negative associations with food, leading to resistance and anxiety.
- It disrupts the child's autonomy and ability to listen to their own hunger and fullness cues.
- Power struggles and mealtime battles often result from force feeding.
- Trust between the child and caregiver can be eroded, impacting the child's emotional well-being.
- Evidence suggests that force feeding can foster picky eating behaviours in children.

WHAT ARE THE RISKS OF NOT RECEIVING FEEDING THERAPY?

1. **Nutritional deficiencies:** Children with limited food tolerances can have an imbalanced and restricted diet, leading to nutritional deficiencies that can negatively impact growth, physical health, immune function, and cognitive development. Some of these consequences can be permanent and have life-long health repercussions.
2. **Poor weight gain or weight loss:** Limited food choices and aversions can result in inadequate caloric intake, leading to failure to thrive. Insufficient nutrition can compromise the child's growth trajectory, energy levels, and overall health.
3. **Developmental delays:** Feeding difficulties can affect the development of oral motor skills which can impede the child's ability to eat safely, hinder speech and language development, and impact their overall motor skills development.
4. **Limited social interactions:** Mealtime is a significant social activity that offers opportunities for socialization, bonding, and communication. If a child's feeding difficulties are not addressed, they may experience limited participation in family meals, social gatherings, and community activities involving food. This can have a life-long impact their social skills, relationships, and overall inclusion in social settings.
5. **Increased anxiety and behavioural challenges:** Feeding difficulties can lead to heightened anxiety, frustration, and challenging behaviours during mealtimes. This can create a negative cycle where the child becomes increasingly resistant to trying new foods or participating in mealtime activities. Unaddressed feeding issues can exacerbate behavioural challenges and impact the child's emotional well-being and their parents/carers' mental health.
6. **Limited independence and autonomy:** Developing self-feeding skills is an important aspect of a child's independence and autonomy. Without feeding therapy, a struggling child may not acquire the skills to feed themselves confidently, resulting in increased dependence on others and a higher burden of care.
7. **Oral health problems:** Feeding challenges may be associated with difficulties with oral hygiene and dental care. Limited exposure to a variety of textures and tastes may affect oral sensitivity and increase the risk of dental issues, such as tooth decay and gum disease, which lowers long-term quality of life and increases life-time cost of care.

WHEN ARE CHILDREN DISCHARGED FROM FEEDING THERAPY?

- They have increased the number of foods in their diet to allow for a varied diet and to include foods from all food groups (proteins, starches, fruits, vegetables).
- They have demonstrated appropriate chewing skills to allow them to safely manage harder and more difficult to chew foods.
- The parent/caregiver and child have demonstrated a positive and supportive feeding relationship and the parent/caregiver is able to implement responsive feeding strategies confidently and consistently.

HOW DO I REFER A CHILD TO FEEDING THERAPY?

Talk to your general practitioner or paediatrician. As feeding therapists are AHPRA/SPA registered practitioners, you may be referred under a Medicare plan or NDIS funding.