

Sequential Oral Sensory (SOS) Approach to Feeding: Picky Eaters v Problem Feeders

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I would like to thank the Foundation for Professionals in Services for Adolescents for funding me to attend this specialist feeding course on 17-20th March 2018 in London. Following the completion of this course, I feel much more competent in the assessment and treatment of children/ adolescents who have restricted eating patterns, and in differentiating picky eaters from the more severe problem feeders. The course described children on the autism spectrum, with developmental delays or motor skills disorders and others who are tube fed, as distinct from adolescents who have an eating disorder. The course leaders described how in most cases these issues are not behavioural, but rather are related to development, specifically of oral motor skills or sensory processing skills. Supported by evidence from many studies, it was shown that in most cases these children had historical issues with early feeding (bottle/ breast) and weaning. It was interesting to note that hunger only drives feeding for the first 4-6 weeks of human life, after that feeding is reflexive up to 6 months and after that it is a voluntary/ learned behaviour.

Working through videos of children where we could look in depth at oral motor skills was very helpful for me, as with my background training I knew more about the sensory side of feeding. The approach taught by the course leaders advocated going back to the point at which the child gets “stuck” for example, tongue lateralisation/ biting/ rotary chewing and introducing a specific combination of food types (protein/starch/fruit/veg) and food categories that will teach these particular skills (hard munchables/meltables/purees). Much of the diet of kids who get stuck in this way is soft, mushy and undemanding in terms of oral motor skills. They outlined many different ways that new foods could be introduced. Working initially on tolerating the food on the table, the object is to have fun and play with it, using systematic desensitisation starting with interacting with the food to then touching and working closer and closer to the face, nose, mouth and eventually inside the mouth with the food.

I will be able to apply what I have learned to the benefit of many children and adolescents with ASD and learning disabilities who have got “stuck” in restricted diets, who are referred into our service. It will enable me to work with children/ adolescents using an SOS approach both in small groups and 1:1 in family homes. Additionally, we learned general strategies that would have a wider application in preventing these issues.

I am very grateful to the foundation for supporting me in my development as a clinician for this population.

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