

Sequential Oral Sensory Approach to Feeding (16-19 May 2016) **Dr Louise McCool, Clinical Psychologist**



This was a 4 day course run by Dr Kay Toomey a paediatric psychologist and Dr Erin Ross a speech pathologist. They work together to run the SOS feeding Solutions clinic, assessing and treating young children with feeding problems at the STAR Centre in Colorado USA. This approach addresses problematic feeding, by using a systematic desensitisation approach with a focus on skills development. A comprehensive multidisciplinary assessment of the whole child (including health and physical status, all motor systems, sensory development, developmental levels and cognition, learning and behaviour, nutrition and environment) is at the core of this approach. It supports parents to understand and gain skills to help change their children's eating. Interventions focus on direct work either in individual or group settings carried out by the therapists and psychologists and supported by parents. The course was attended by wide range of professionals including Occupational Therapists, Speech and Language Therapists, Dietitians, Clinical Psychologists and education staff.

The SOS Approach:

- Myths about feeding interfere with treatment
- Systematic desensitisation is the best and first approach to treatment
- Normal development of feeding is best route for treatment
- Food hierarchies/choices help sensory systems shift slowly into accepting new foods
- Majority of children referred for behavioural feeding problems also had medical/organic problems
- Up till 3 years of age children will eat until they have had enough – not until they are full. Saturation is driven by calories. Children have an internal calorie SET POINT that can be hard to change.

It takes the typically developing child 2-3 years to learn how to eat so progress may be slow and need to go through all the stages.

STEPS TO EATING

This is the structure used by the SOS approach. It is a 32 step process with a hierarchy of steps to improve tolerance. It starts with “tolerates” and goes up to “interacts with”. We can use the structure to document where the child starts in the steps with each food (baseline) and chart changes over the weeks.

GENERAL TREATMENT STRATEGIES

Start with what they are already doing. Use:

- A social modelling (family meals, demonstrating good feeding behaviours)
- B. structured meal/snack times (same place, cues, routines etc. Need postural stability) One preferred foods and several foods on table for exposure
- C. Reinforcement (praise, good parent child interactions, sibling eating)
- D. Accessing the cognitive – skills development from whatever level they are at.

MANAGEMENT OF FOOD JAGS

Food Jags are defined as when the child wants the same food prepared the same way over and over again. Eventually children get burned out with food jags and they get more and more restrictive. Preventing food jags; offer any one particular food only every other day. Need to change shape, colour,

taste, then texture. Aim for a “just noticeable difference – big enough to be noticed, small enough that they will still eat it!

THERAPY MEALS

A programme of intervention will include “therapy meals”. These are food exposure sessions based around play. Ten foods (including one drink) are used with a focus on moving the child up in the steps to eating hierarchy with different foods. All food types outlined above would be used in the session. These sessions may be group or individual.

Three goals

1. Skill development- bottom up approach
2. Experience a wide range of foods – systematic desensitisation and positive reinforcement
3. Movement up the “steps to eating” hierarchy

Systematic desensitisation:

1. Teach muscle relaxation
2. Graduated hierarchy of stimuli
3. When patient becomes anxious go back to the last successful step
4. Child always in control
5. When the goal is skill, there is always positive reinforcement.
6. Always use “live” situations and real foods – no oral motor exercises.
7. Each exposure step is paired with a positive social experience
8. Stick to the steps hierarchy to move in graded steps

Summary:

There were lots of practical examples and video of session which was extremely useful to meet the aims of the course. The SOS approach has been demonstrated to significantly reduce the frequency of child and parental problems using the Behavioural Paediatric Scale (Owen et al., 2012). Children with neurological difficulties including ASD have been shown to demonstrate a consistent positive trend in progressing with the steps to eating (a graded sensory exposure program as part of SOS; Benson et al., 2013). It also supports children to transition from peg fed to full oral diet in an average of two years (Toomey & Ross, 2011).

In our CAMHS LD team we have used this training to trail a food group, undertaken training for staff in specialist provision nurseries, primary and secondary school, completed work shops for parents and worked with a wide range of individual to improve their eating. It has also helped inform your information leaflets and consultation to the wider CAMHS and Paediatricians. We are planning further multidisciplinary individual interventions and some groups later in the year. We are getting increasing numbers of referrals involving restrictive eating, particularly with the ASD population. This has given us an evidence based structure for interventions and we are putting in a proposal for further resources to develop this within our team. We are sending a further two professionals to this training in 2018 to further develop the service we are offering.

Dr Louise McCool
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