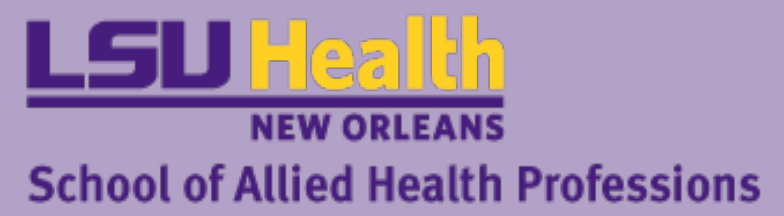


Eat, Play, Love: An Interdisciplinary Feeding Clinic

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Introduction

Today's family mealtimes occur less frequently with fewer opportunities for emotional and social connections and family and peer bonding. Families want to know how to bring back family mealtimes and how to connect with their children over delicious, healthy meals. It could be said that eating together is an act of love and food is love (in a lot of ways), but when your child has feeding difficulties, mealtimes can become the most stressful periods of the day (Fernando & Potock, 2015).

Feeding disorders in typically developing children have been estimated to be in the range of 25-45%.

Leftin-Greif & Avedson (2007)

Incidence and persistence is known to be significantly higher in children with developmental delays (up to 80%).

Leftin-Greif & Avedson (2007)

What is a feeding problem?

- The failure to progress with feeding skills
- Developmentally, a feeding problem exists when a child is "stuck" in their feeding pattern and cannot progress (Manno et al., 2005)
- Complex multifactorial issue involving medical, nutritional, oral motor, sensory, swallowing and behavioral components
- Severe feeding problems that are persistent over time may result in serious condition such as malnutrition, nutrient deficiencies, delayed development, poor growth, and excessive family stress (Olive, 2004)

How are we addressing feeding issues?

Currently in the development stage, the LSUHSC Feeding Clinic will engage in interdisciplinary, evidence-based practices in feeding assessment, diagnosis, intervention, and program planning. Services will be provided in clinical settings and natural environments including home and school.

Core team members:

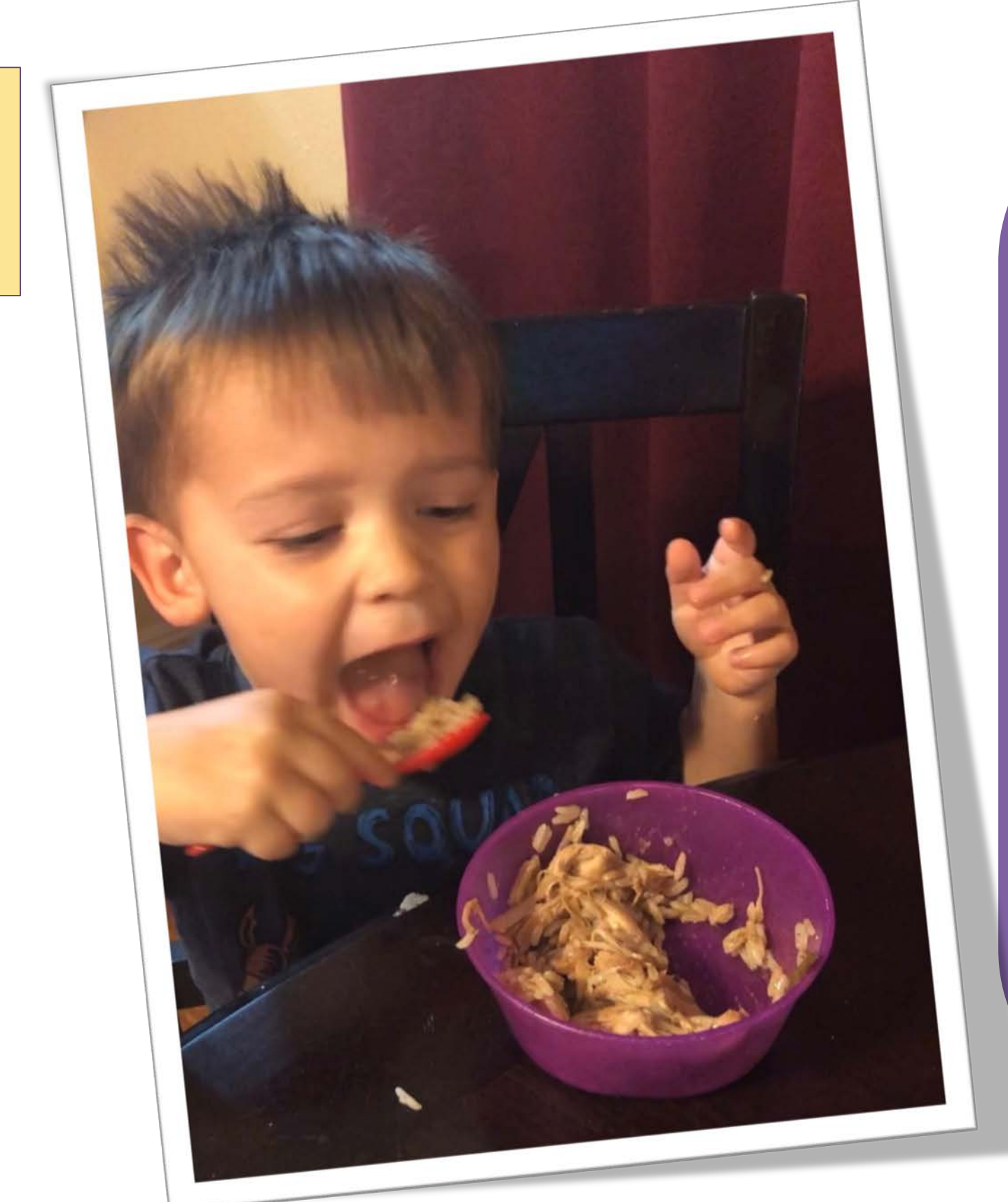
- Speech-language pathologist, occupational therapist, registered dietician, behavior analyst

Consultations as needed with:

- Gastroenterologist, otolaryngologist, developmental behavioral pediatrician

Population and concerns served:

- Children 1 – 7 years old
- Oral motor skills development
- Weight gain and growth
- Expanding a child's diet
- Food refusal and poor intake
- Making eating easier and more enjoyable for the family!



Coaching

Research-based characteristics:

- Joint Planning
- Observation
- Action/practice
- Reflection
- Feedback

Rush & Shelden (2011)

Primary Service Provider Approach

One team member is selected as the primary provider to the family and receives coaching support from other team members to strengthen family competence and confidence to promote child learning and development.

Process

Intake/Screening

Arena Assessment

Integrated Report

Intervention



Arena Assessment

Team members are involved in planning the assessment and observing the child in the assessment setting. The child interacts with just one adult rather than all members of the assessment team. Arena assessment allows for an interactive and integrated process across domains to get a holistic picture of the child.

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