AHS Pediatric Eating And Swallowing (PEAS) presents

Multidisciplinary Group Strategies for Expanding Food Choices for Children

Carrie Owen, OT Reg. (ON)

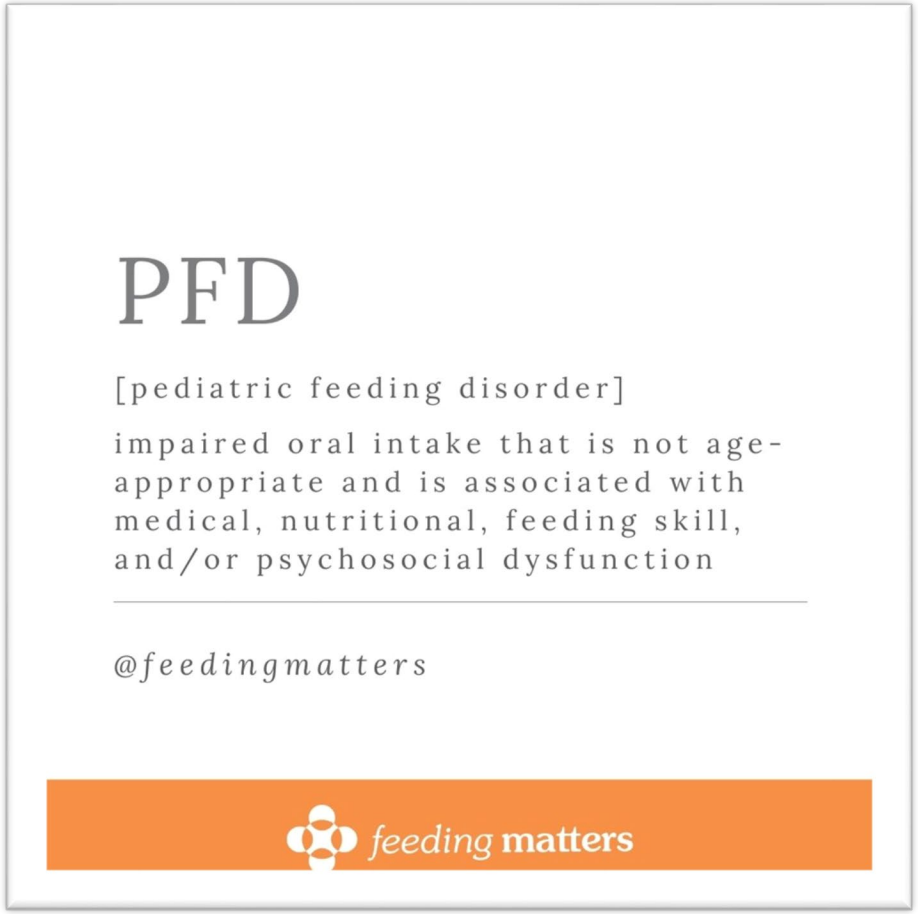
Lactation Consultant

Occupational Therapist

Alberta Health Services

Pediatric Eating
And Swallowing

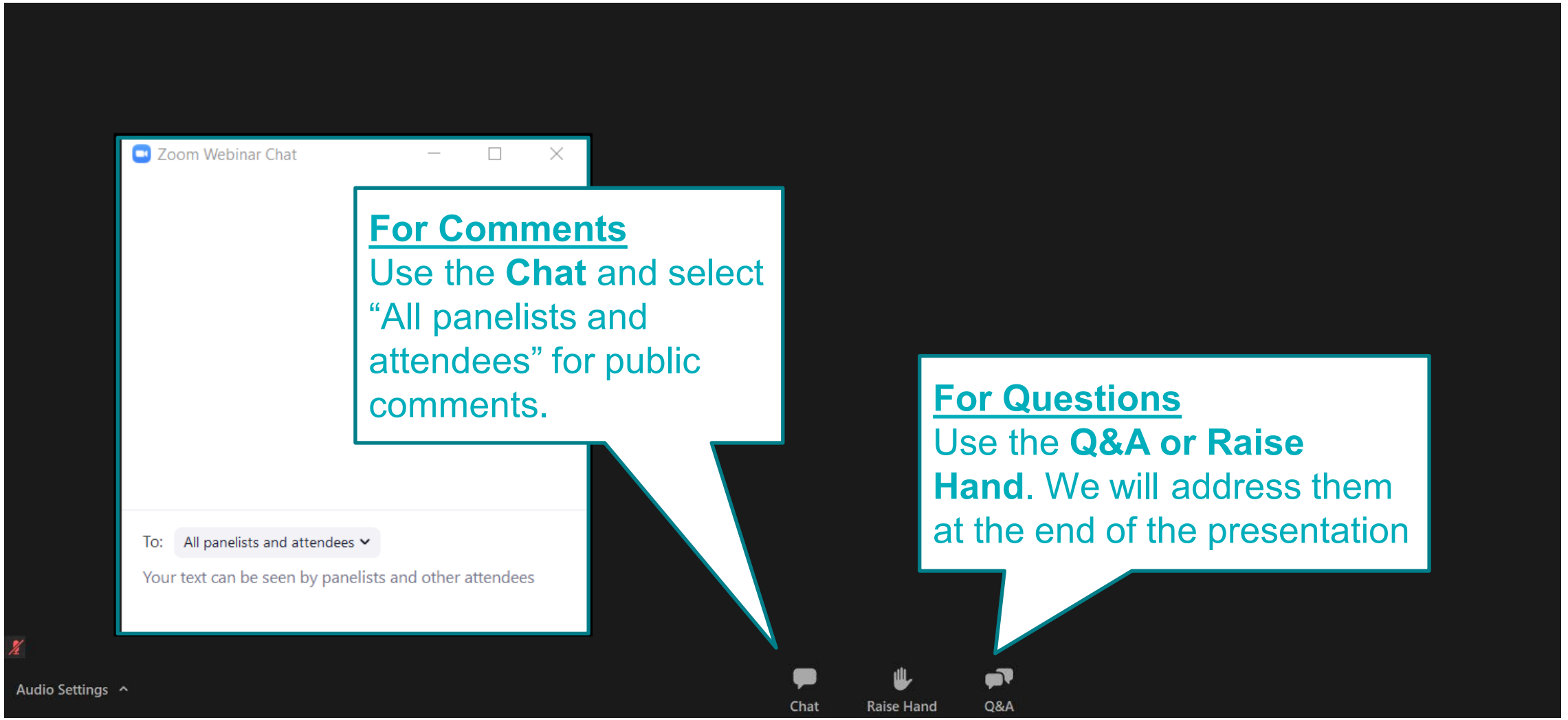
Welcome



Pediatric GI, Stollery

Dr. Justine Turner


We begin by acknowledging that our work is conducted on the territories of Treaty Six, Seven, and Eight and the homeland of the Metis.
We also acknowledge the many indigenous communities that have been forged in urban centres across Alberta.
We respect the Treaties that were made on these territories, we acknowledge the harms and mistakes of the past, and we dedicate ourselves to move forward in partnership with indigenous communities in a spirit of reconciliation and collaboration.
EVERY CHILD MATTERS
2
1
5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Alberta Health Services
Pediatric Eating And Swallowing

CERTIFICATE

OF ATTENDANCE

Name

Attended the 1 hour webinar

Multidisciplinary Group Strategies for Expanding Food Choices for Children

offered on April 27, 2022

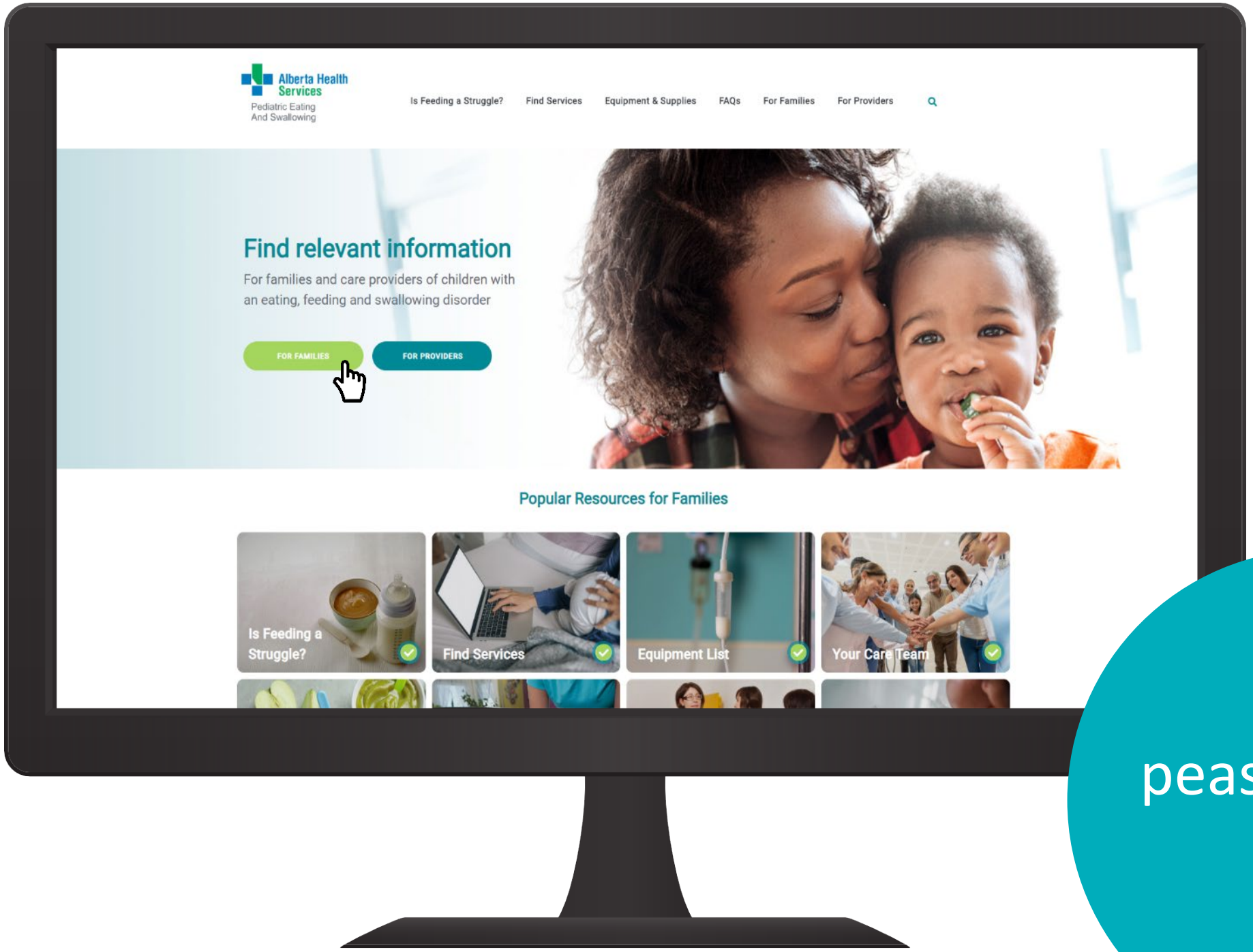
Dr. Justine Turner, MD PhD
On behalf of the PEAS Project

Project Scope

The Pediatric Eating And Swallowing (PEAS) Project is a provincial **quality improvement** initiative with the purpose of developing a provincial eating, feeding, and swallowing **clinical pathway** to standardize and improve care for children with a **pediatric feeding disorder**.[1]

Target population: Patients receiving care from provincial Outpatient Clinics, Home Care, or Community Rehabilitation

[1] Goday PS et al. *Pediatric Feeding Disorder: Consensus Definition and Conceptual Framework.* J Pediatr Gastroenterol Nutr. 2019 Jan;68(1):124-129.


Alberta Health Services
Pediatric Eating And Swallowing
Is Feeding a Struggle?
Find Services
Equipment & Supplies
FAQs
For Families
For Providers
Find relevant information
For families and care providers of children with an eating, feeding and swallowing disorder
FOR FAMILIES
FOR PROVIDERS
Popular Resources for Families
Is Feeding a Struggle?
Find Services
Equipment List
Your Care Team

peas.ahs.ca

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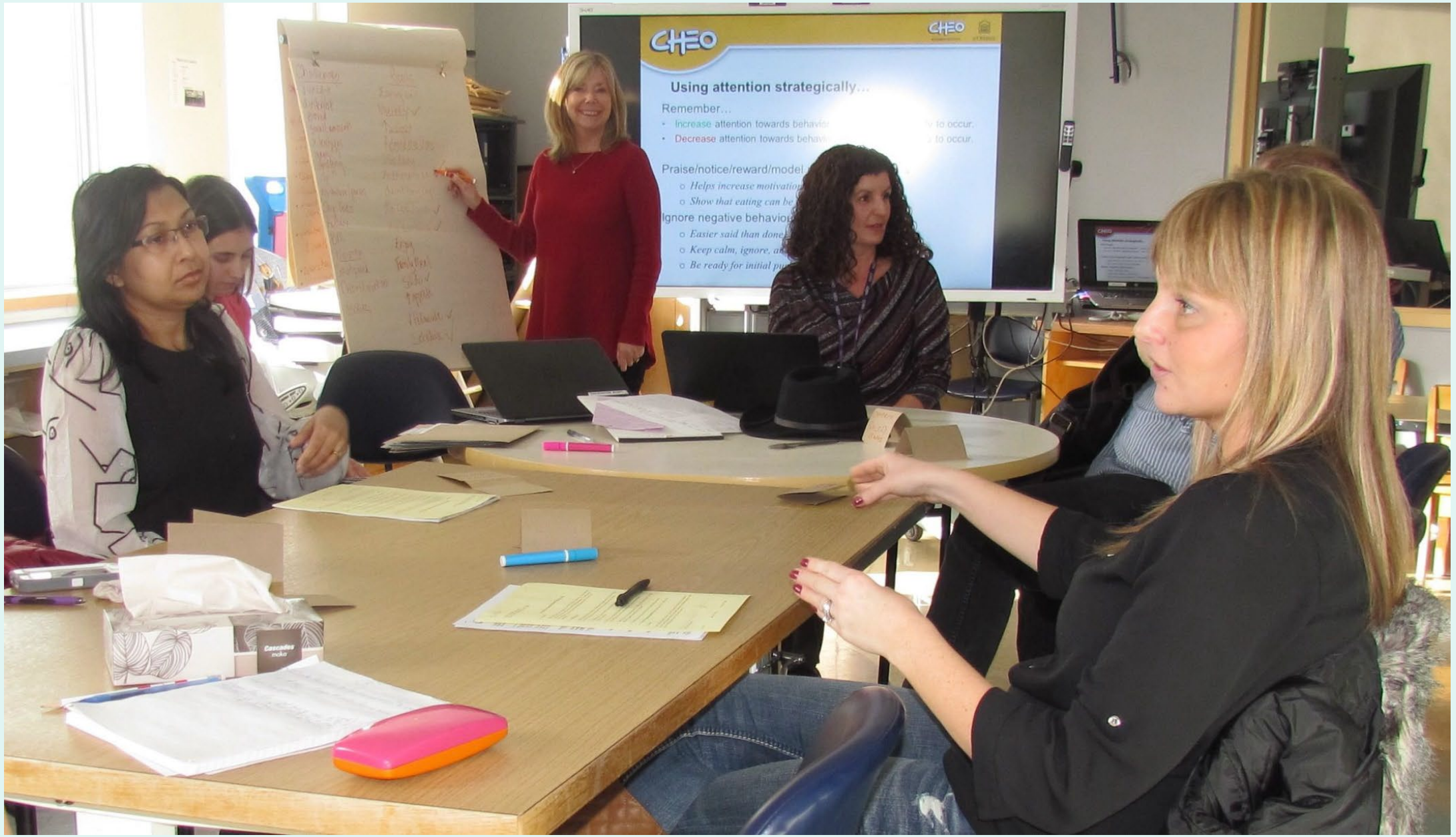
Objectives

- Analyze the program evaluation results for CHEO interprofessional (IP) feeding group
- Apply methods for managing extensive wait list for children with feeding challenges.
- Outline parent perceptions of an interprofessional feeding group treatment model
- Illustrate an online learning module for families of children with feeding challenges

The Team


Occupational Therapist
Pediatrician
Psychologist
Speech Language Pathologist
Dietitian


CHEO
Using attention strategically…
Remember…
Praise/notice/reward/model
Ignore negative behavior

Initial Thoughts on IP Parent Group for Feeding Difficulties

- Increasing number of referrals: No formal FEEDING TEAM at CHEO.
- One parent group session (waiting list).
- Goal Attainment Scale indicated that this was very helpful.
- Could an IP group-based program be a more effective way to provide feeding services?
- Could consistency of care improve with an Interprofessional Team

Our Initial Parent Group Program

Typically developing children aged 1 to 3 years who are...

- Fussy at meal times
- Refuse food constantly
- Gag, choke, vomit or cough with textured foods
- Unable to transition to solid food
- Exhibiting poor growth

DSM-V

Avoidant/Restrictive Food Intake Disorder

Criterion A

Significant weight loss

Dependence on enteral feeding or oral nutritional supplement

Significant nutritional deficiency

Criterion B

Not explained by lack of available food or by an associated cultural practice.

Criterion C

Does not occur exclusively during the course of anorexia nervosa or bulimia nervosa, and no evidence of ones' body weight or shape perception

Measures

- **Behavioural Pediatrics Feeding Assessment Scale** (Crist et al, 2004; Crist & Napier-Phillips, 2001) completed at session 1 and the follow-up session; established reliability and validity.
- **Goal Attainment Scaling** at the follow-up session; GAS is a flexible approach to outcome measurement with demonstrated validity for clinical and research applications (Palisano, 1993).
- A clinical measure, the **CHEO Feeding Skill Scale**, developed for this initiative is used to track clinical progress and for the medical chart.
- **Height and weight** from the medical chart and by the dietitian the picnic.

Behavioural Pediatrics Feeding Assessment Scale Results

Outcome	N	Pre Mean	Post Mean	Significance
Child	30	89.5	81.8	$p = 0.003$
Parent	29	26.1	22.3	$p < 0.001$
Total	29	116.5	105.8	$p < 0.001$
Frequency of Problems (Child)	29	9.7	7.4	$p = 0.018$
Frequency of Problems (Parent)	29	4.1	2.7	$p = 0.005$
Frequency of Problems (Total)	29	13.7	10.1	$p = 0.009$

FEEDING SKILL SCALE

2. How often does your child breastfeed? (≥ equal or greater than) (≤ equal or less than) (1)≥ six (2)five (3)four (4)three (5)≤ two 3. How many bottles of milk does your child drink? (1)≥ six (2)five (3)four (4)three (5)≤ two	
4. How many cups or sippy cups of milk does your child drink? (1)≥ six (2)five (3)four (4)three (5)≤ two	Please circle if applicable: Less than two - three
5. How many cups (8 oz or 250 ml) of water does your child drink per day? (1)≥seven (2)six (3)five (4)three/four (5)two-three	Please circle if applicable: Less than two - three
6. How many cups (8 oz or 250 ml) of juice does your child drink per day? (1)≥seven (2)six (3)five (4)three/four (5)two-three	

Goal Attainment Scale Score and Comments

- Effective intervention
- Families appreciate the opportunity to work with different professionals
- Consistent information shared
- Parents gain support from each other

- SCORE : 1.4

Next Step

An Evaluation of the Interprofessional Feeding Group for Children Between Four and Twelve year olds

- 35 participants
- Four sessions; four sessions with parents, two sessions with children
- Drop in follow up sessions monthly


isher-Price Games
S'getti Scatter
Don't let the meatballs fall or you'll scatter the s'getti!
paghettis farceurs
laissez pas tomber les boulettes vous éparpillerez les spaghettis !
2 levels of play
No reading required
Age: 3-7
2 niveaux de jeu
Rien à lire
Little Treasures
BALANCING
PIZZA
GAME
An exciting balancing game!
Content:
WARNING:
CHOKING HAZARD
Small parts. Not for Children under 3 Years.
Super
slamwich
A FAST FLIPPING CARD GAME FOR AGES 6 AND UP
SUPER-SIZED CARDS!
GAMEWRIGHT
20 YEARS
OF FUN AND GAMES
GAMEWRIGHT

Measures

- **Behavioural Pediatrics Feeding Assessment Scale** (Crist et al, 2004; Crist & Napier-Phillips, 2001) completed at session 1 and the follow-up session; established reliability and validity.

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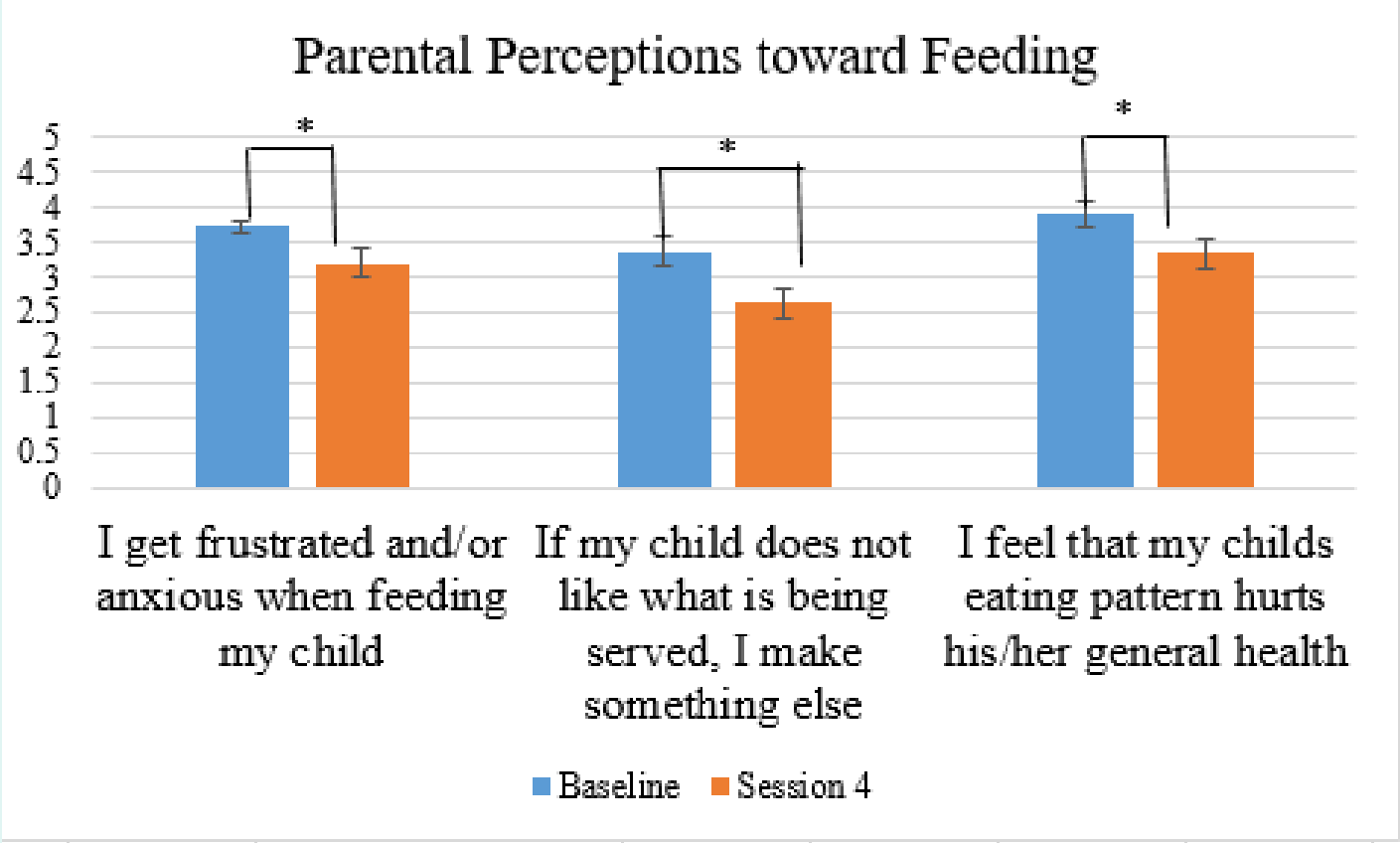
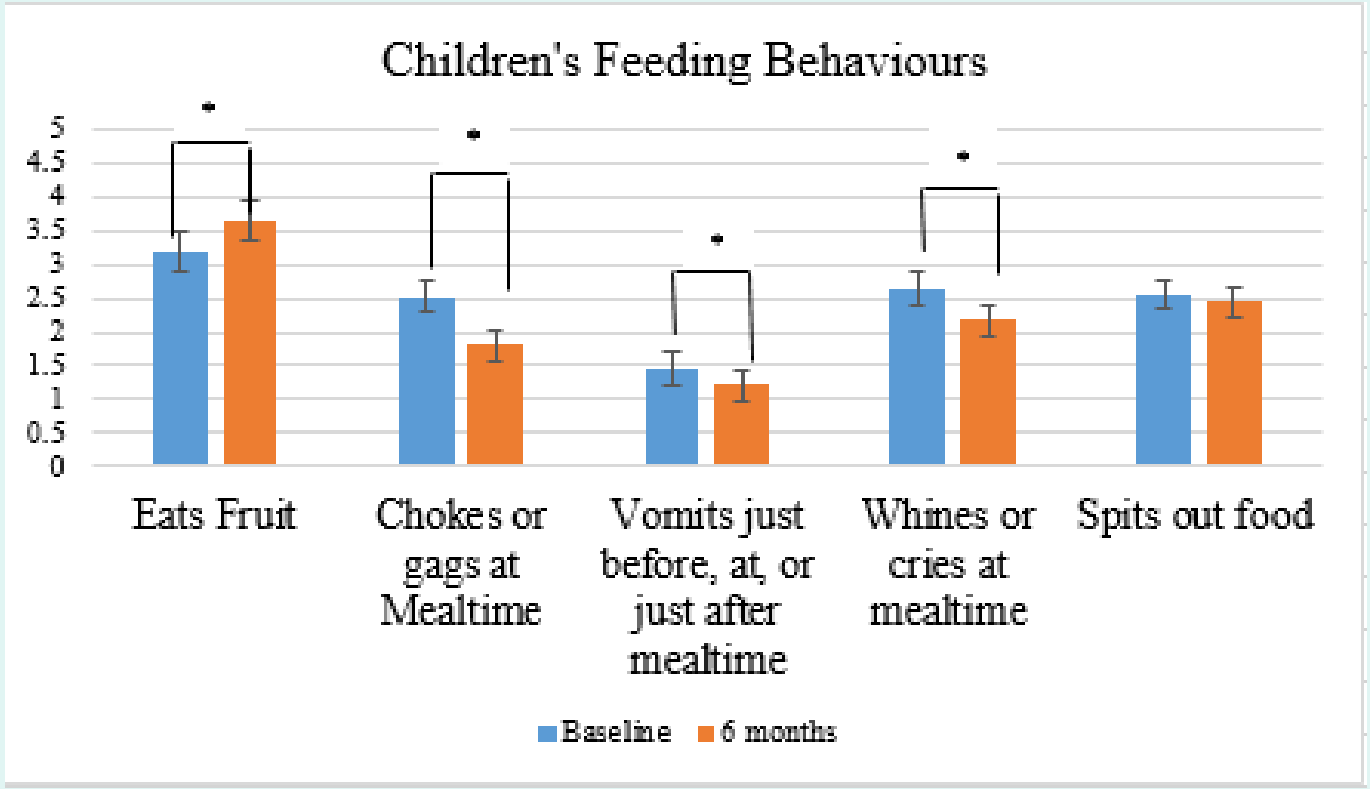
Ottawa Children's Treatment Centre
Centre de traitement pour enfants d'Ottawa
Founded in 1951 Fondé en 1951


Parental Perceptions toward Feeding
5
4.5
4
3.5
3
2.5
2
1.5
1
0.5
0
*
*
*
I get frustrated and/or anxious when feeding my child
If my child does not like what is being served, I make something else
I feel that my childs eating pattern hurts his/her general health
Baseline
Session 4


Children's Feeding Behaviours
5
4.5
4
3.5
3
2.5
2
1.5
1
0.5
0
*
*
*
*
Eats Fruit
Chokes or gags at Mealtime
Vomits just before, at, or just after mealtime
Whines or cries at mealtime
Spits out food
Baseline
6 months

Between baseline and month 6:

On average, there was an increase in the following:

- eats fruit
- I feel confident my child gets enough to eat

On average, there was a decrease in the following:

- chokes or gags at mealtime
- vomits just before, at, or just after mealtime
- whines or cries at feeding time
- If my child does not like what is being served, I make something else
- I feel that my child's eating pattern hurts his/her general health

Evaluating Parental Satisfaction

Rationale

- Interprofessional treatment is supported in the literature
- Parent's perceptions of a parent training interprofessional approach is not well documented
- The cost effectiveness of each group will be analyzed

Hypothesis

- Parents will be more satisfied with group therapy than individual therapy.
- Reduced follow-up visits for the children in the group intervention.
- Equivalent feeding skill development in both treatment modalities
- Attendance will be improved in the group therapy as meeting times are structured and booked in advance

Individual OT Treatment

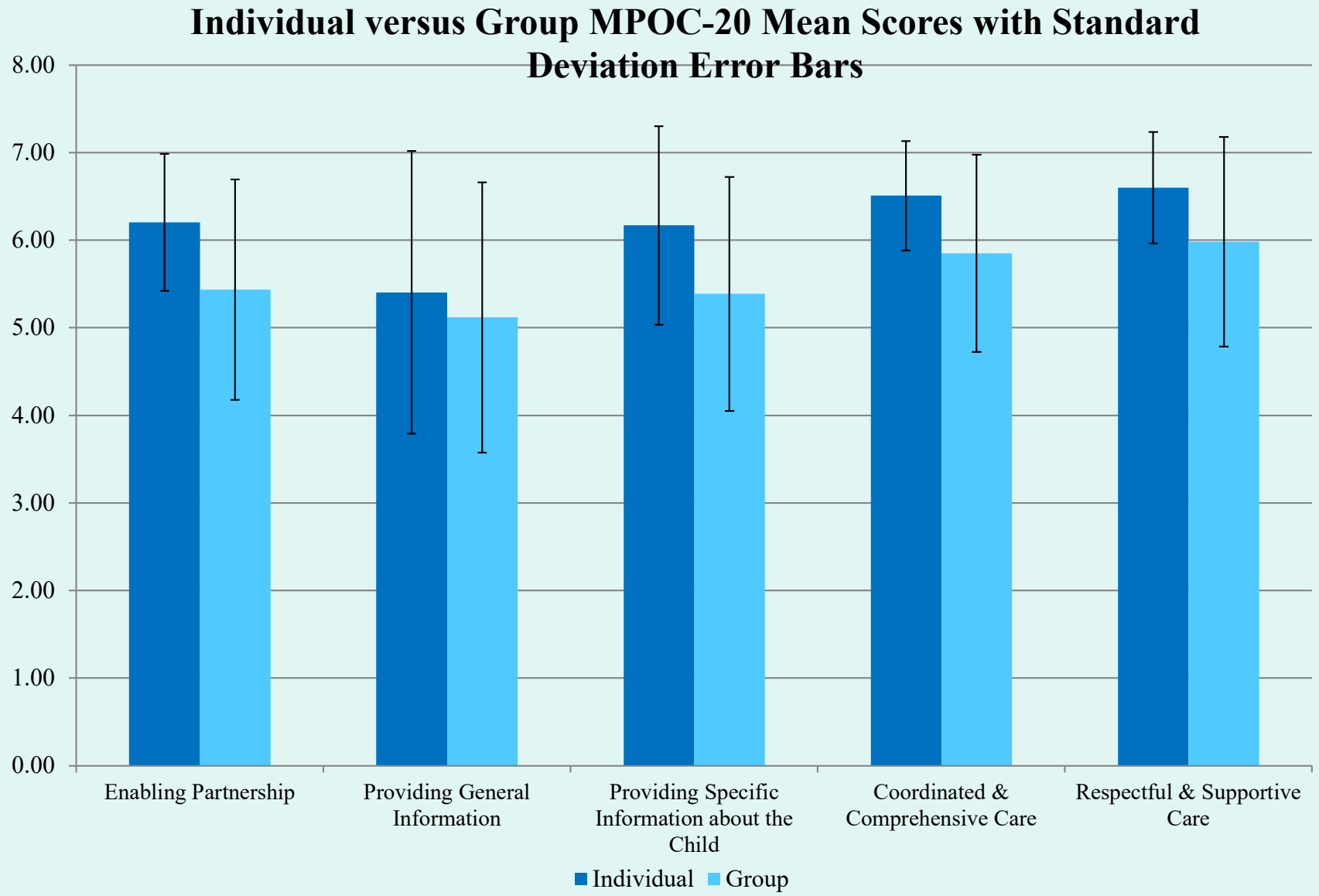
Interprofessional Feeding Group – 5 Sessions

Methods

- Forty participants, age 1-3 years, 20 per group, recruited using convenience sampling
- Assignment was through simple randomization.
- CHEO Feeding Skills Assessment used to assess feeding skills
- Participation in this study required participants to complete the Measure of Process of Care (MPOC-20)

Results

Indicator	Outcome
Feeding skills	Adequate in both groups
Follow-up visits	Group Intervention children required fewer visits than the Individual Treatment children (3 visits vs 6 visits)
Wait times	Lowered by 71% (7 months vs 3 months) in the IP group
Overall satisfaction	• Group Intervention scored high across all 5 constructs (mean range 5.1-5.9) • Satisfaction was higher in Individual Treatment;


Individual versus Group MPOC-20 Mean Scores with Standard Deviation Error Bars
8.00
7.00
6.00
5.00
4.00
3.00
2.00
1.00
0.00
Enabling Partnership
Providing General Information
Providing Specific Information about the Child
Coordinated & Comprehensive Care
Respectful & Supportive Care
Individual
Group

Discussion

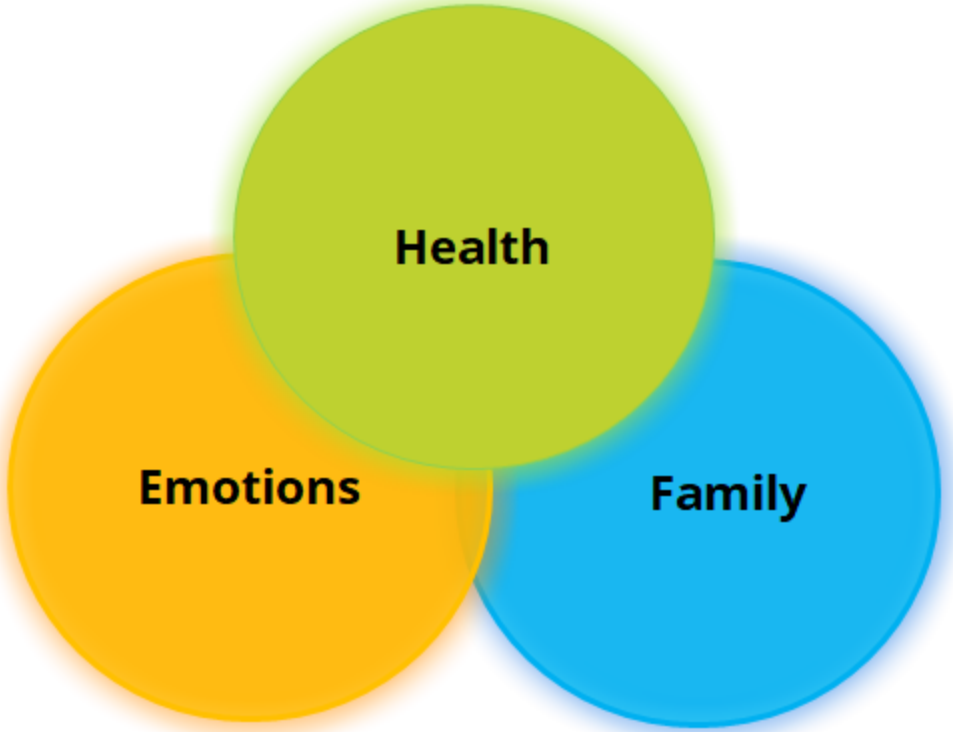
- Parents in both treatment approaches were most satisfied in two survey categories -“Coordinated and Comprehensive Care and Respectful and Supportive Care”
- Parents are satisfied with an Interprofessional Group Intervention for children with feeding difficulties
- Group intervention increases access to care

Our Parent Group Programs

- Feeding group available to medically stable …
- 4 months to 11 months
- 1 year to 3 years 11 months
- 4 years to 12 years
- 13 years to 15 years
- VIRTUAL

Factors that may affect your child's success with eating

click each circle to learn more



Any or all of these factors may impact your child's experience with eating.
It is important to remember that each child is different.

Tips for mealtime success

Here are a few simple tips to try that may help you and your family create a better mealtime experience.

1. Schedule meals and snacks
2. Schedule drink time
3. Have mealtime with family together
4. Avoid mealtime distractions
5. Explore food
6. Manage gagging and spitting of food
7. Allow self feeding
8. Be aware of serving size
9. Respond appropriately to your child's behaviour at mealtime

Click each link to learn more

Questions

References

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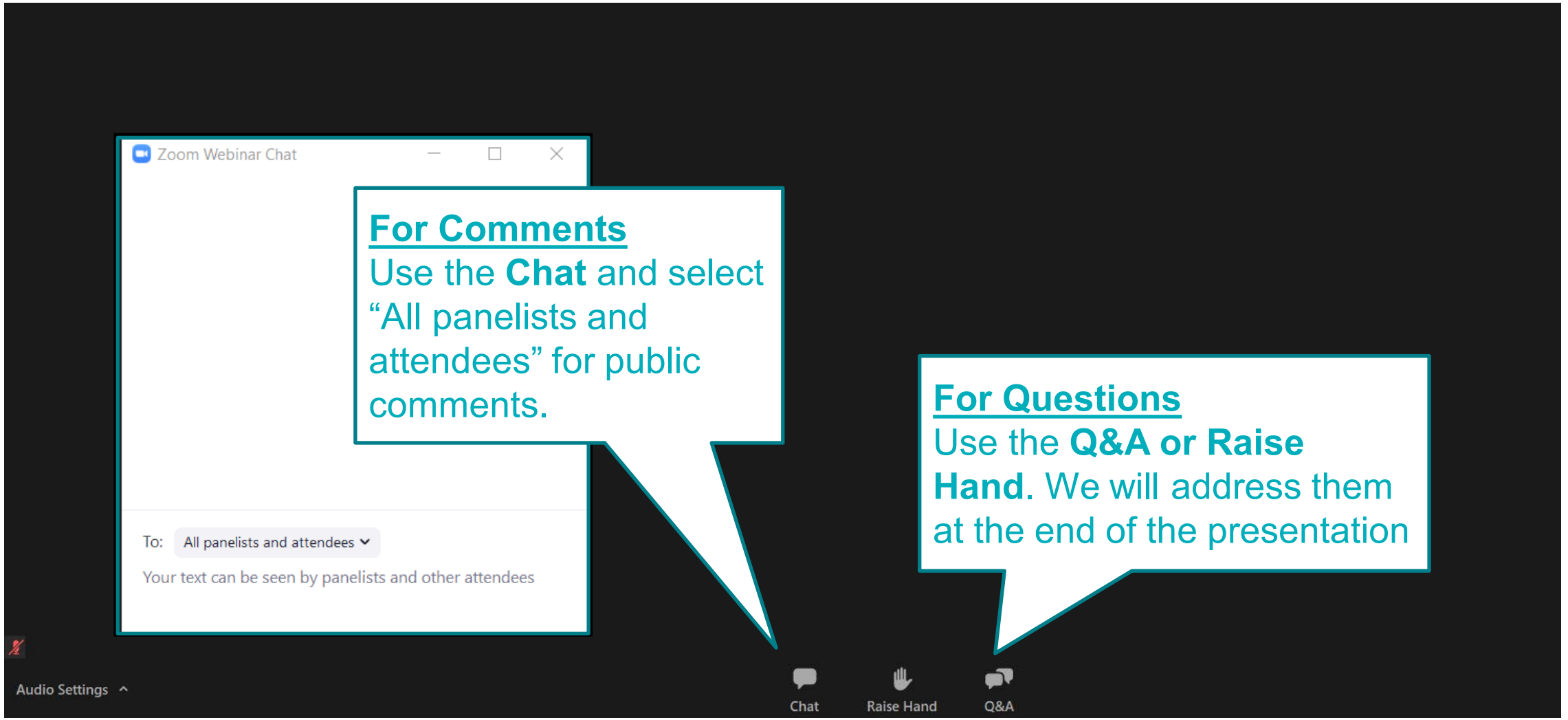
Questions & Comments?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Alberta Health Services

FOR PROVIDERS
CLINICAL PRACTICE GUIDE
CLINICAL TOOLS & FORMS
COLLABORATIVE PRACTICE
PROFESSIONAL DEVELOPMENT
COMMUNITY OF PRACTICE
FAMILY RESOURCES

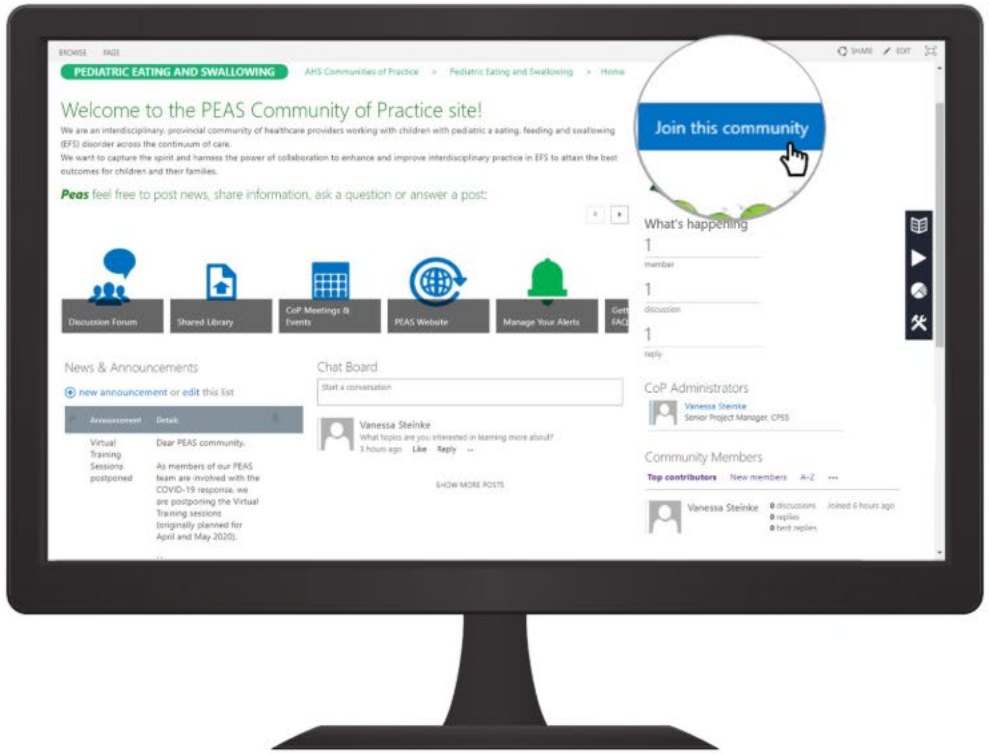
QUICK LINKS
- CPG QUICK REFERENCE
- ORDER FORMS & HANDOUTS
- FIND SERVICES
- VIRTUAL HEALTH
- EQUIPMENT & SUPPLIES
- FUNDING INFORMATION
- FOR FAMILIES
- NEWS AND EVENTS

Community of Practice

We have just launched the Pediatric Eating And Swallowing Community of Practice (CoP) for healthcare providers who work with children with a pediatric eating, feeding and swallowing (EFS) disorder. This virtual CoP is an interdisciplinary community of healthcare providers across the continuum of care in Alberta. The goal of this CoP is to capture the spirit and harness the power of collaboration to enhance and improve interdisciplinary practice in EFS to attain the best outcomes for children and their families.

To join the PEAS Community of Practice:

1. You must be a healthcare provider with an AHS account.
   *See below for information on how to obtain an AHS account.
2. Go to the PEAS CoP website here: https://extranet.ahsnet.ca/teams/CoP/PEAS/SitePages/Home.aspx
   If prompted, enter your AHS account name and password.
3. Click "Join this community" as shown below. That's it!



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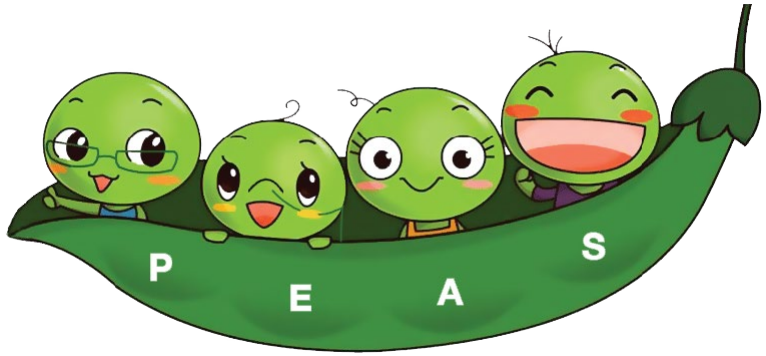

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https://survey.ahs.ca/peas.strategies