

AHS Pediatric Eating And Swallowing (PEAS) presents

Responsive Feeding Therapy in Action: A Case Study of Limited Food Variety

Grace Wong, RD, MSc, CEDRD-S

Private practice dietitian, eating and feeding disorders



Responsive Feeding Therapy in Action | Nov 24, 2021

Welcome & Objectives

Participants will be able to:

- Identify 3 tools that support the intervention process (pediatric feeding care cycle, food record, goal wheel)
- Understand the application of Responsive Feeding Therapy in practice and interventions
- Apply/create a framework for case conceptualization and developing interventions



Prov. Practice Lead,
Nutrition Services

Melissa Lachapelle

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.



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 The image shows a screenshot of a Zoom Webinar Chat window. The chat window title is "Zoom Webinar Chat". Below the title bar, there is a dropdown menu set to "To: All panelists and attendees" and a note that says "Your text can be seen by panelists and other attendees". At the bottom of the chat window, there are icons for "Chat", "Raise Hand", and "Q&A". Two callout boxes provide instructions:

- For Comments**: Use the **Chat** and select "All panelists and attendees" for public comments.
- For Questions**: Use the **Q&A** or **Raise Hand**. We will address them at the end of the presentation.

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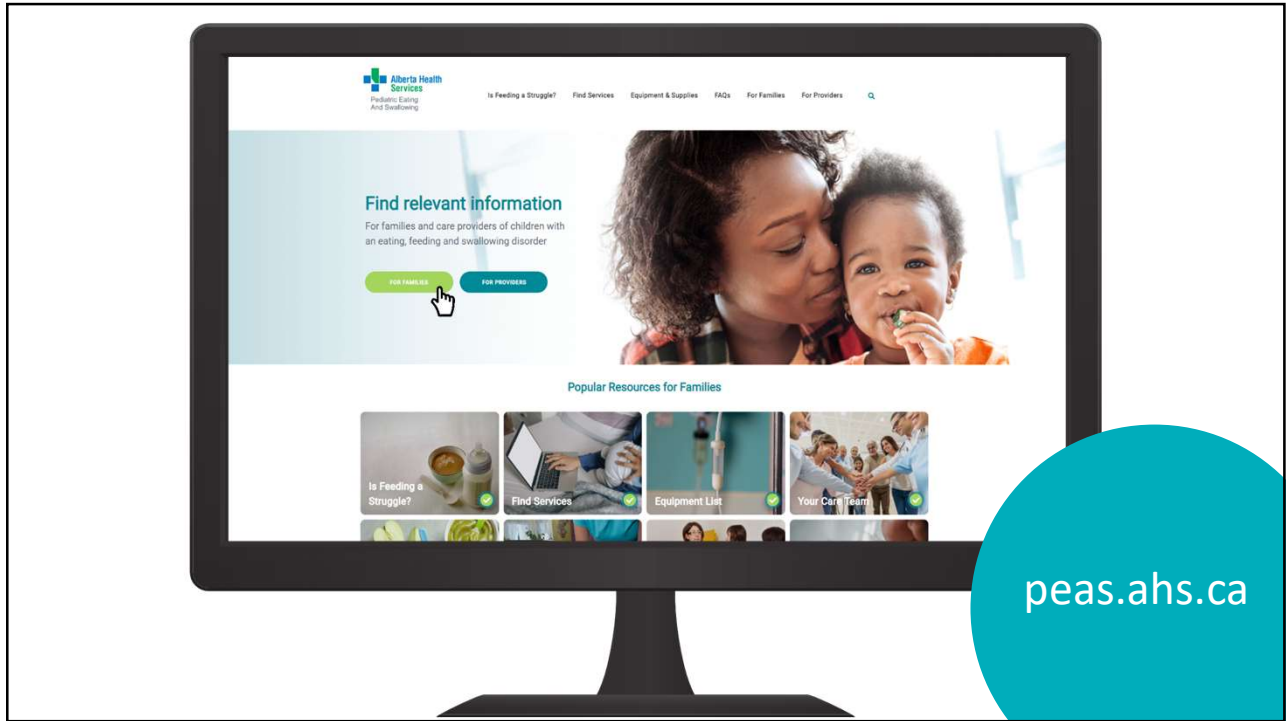
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Project Scope

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.

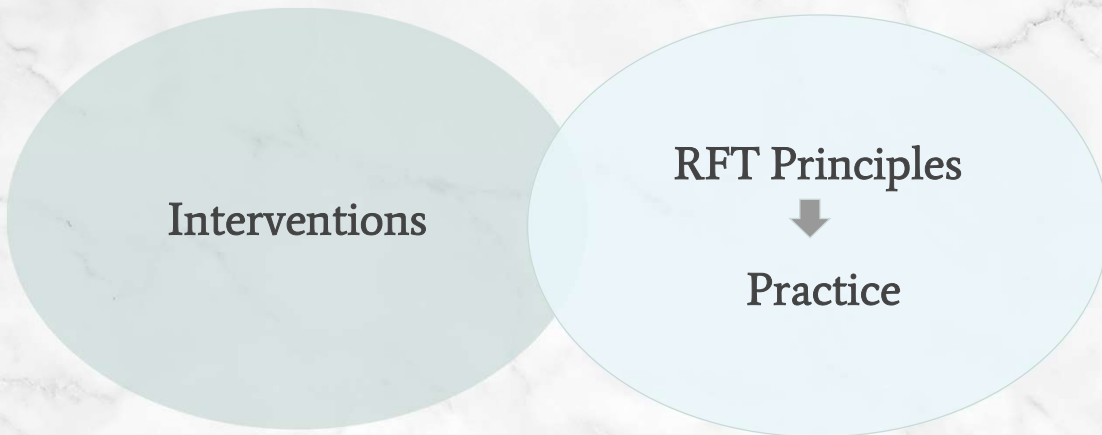


Responsive Feeding Therapy in Action: A Case Study of Limited Food Variety

Grace Wong MSc RD CEDRD-S
AHS Pediatric Eating And Swallowing November 24, 2021



Objectives



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Responsive Feeding Therapy

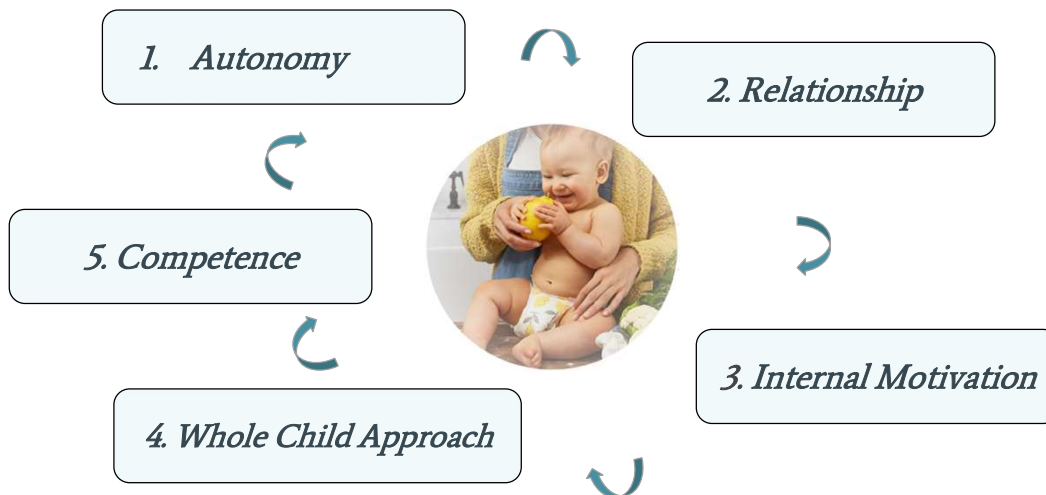
Responsive Feeding Therapy (RFT) is an *overarching approach to feeding and eating interventions applicable to multiple disciplines* and across the lifespan. RFT facilitates the (re)discovery of internal cues, curiosity, and motivation, while building skills and confidence. It is *flexible*, prioritizes the feeding relationship, and respects and develops autonomy.

Rowell et al. 2020



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RFT Core Values



Responsive Feeding Therapy: Values and Practice
www.responsivfeedingtherapy.com/rft-values-and-principles

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Clinical Application of RFT: Process of Change

Children & Adolescents - STEPS+

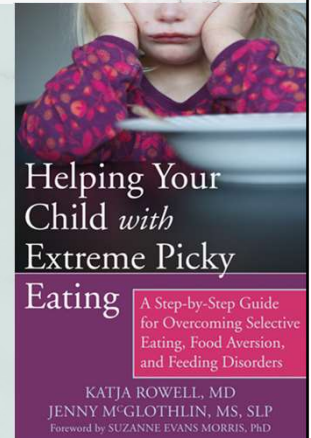
Step 1: decrease stress, anxiety, and power struggles for children and parents

Step 2: establish a structured routine

Step 3: work towards pleasant family meals

Step 4: build skills in “what” and “how” to feed

Step 5: strengthen and support oral-motor and sensory skills



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Case Study - Jonathan



5 year old male

limited food variety

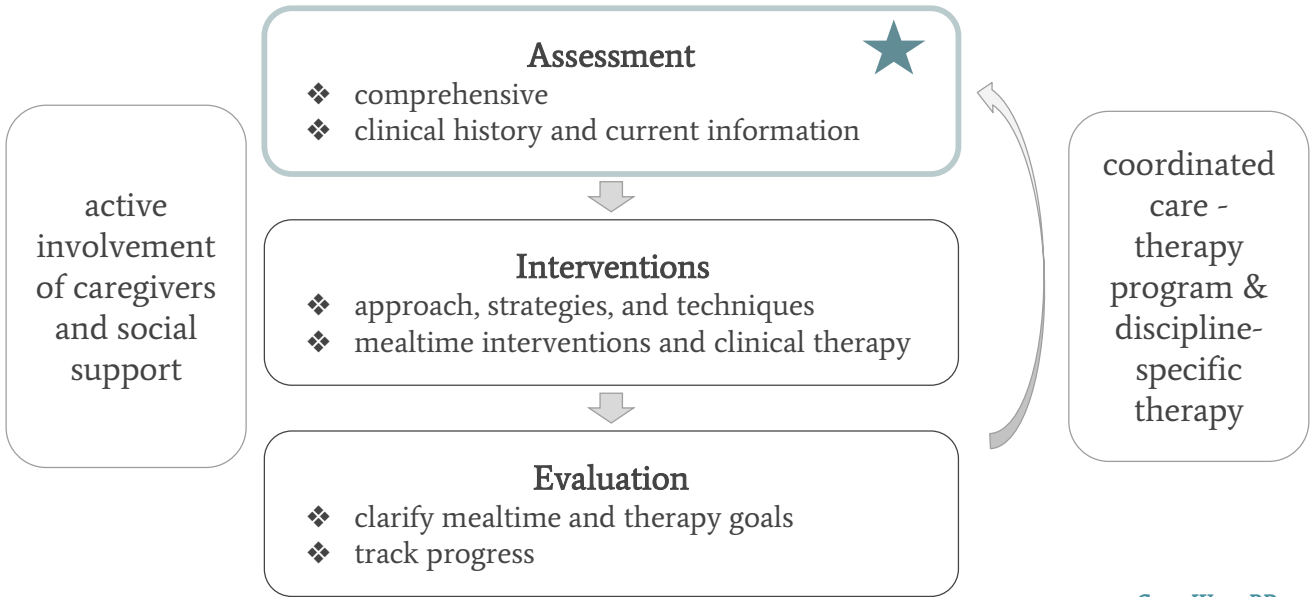
vomiting regularly at the dinner table

anxious around food

primary concern: able to eat without vomiting

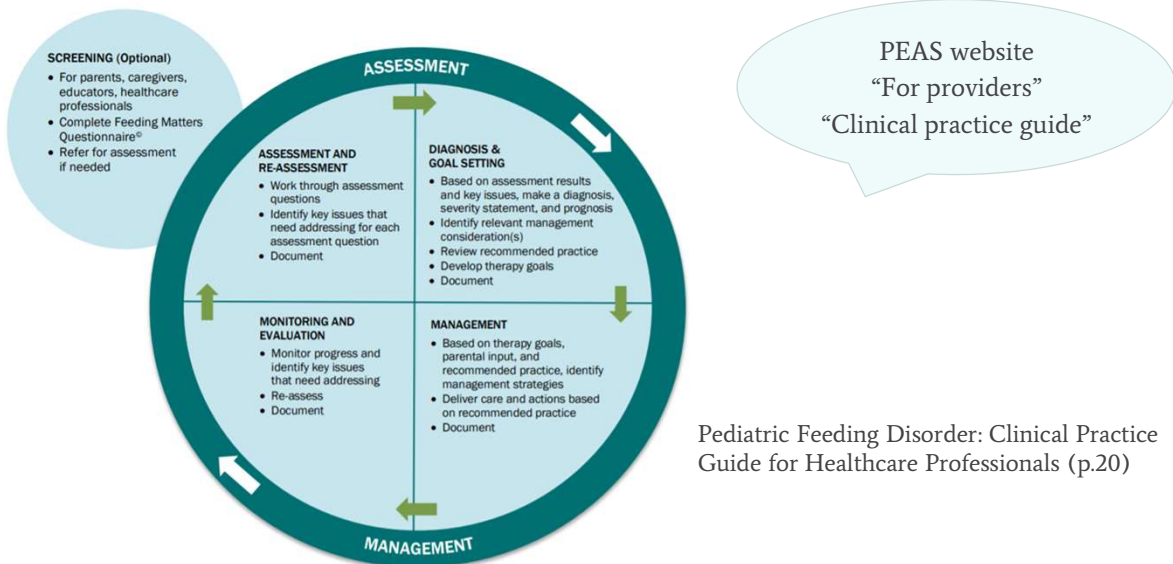
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Clinical Framework



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Pediatric Feeding Care Cycle



Pediatric Feeding Disorder: Clinical Practice Guide for Healthcare Professionals (p.20)

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Case Study - Assessment

Clinical & developmental history

infant: “a very difficult baby”, reflux

preschool: early interventions for speech and fine motor skills delay, food chaining

growth: growth measurements up to 18 months (vaccination visits), no concerns;
only 1 recent height/weight

allergies: no food allergy, a long list of “food intolerances” identified by IgG tests

Feeding history

- solids introduced at 6 months, no concerns identified before 12 months
- liked crunchy and disliked mashed/mushy textures
- “He started pushing some foods away. Only wanting carbs like cereals and crackers. He ate very little. Gag, cry, scream only when forced to eat fruit, veggies and anything he didn’t want.”
- gagging, overstuffing, pocketing, spitting, and vomiting

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Case Study - Assessment

Strategies attempted

- food chaining
- coaxing, confrontational approaches
- rewards, encouragement, reasoning etc.
- “whatever he wants”

Family feeding

- meals/snacks at school
- snacks after school, eats a little at dinner, and asks for snacks after dinner.

Current eating concerns

- vomiting at the sight of food
- diet variety reducing
- eating enough?

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Case Formulation

Predisposing factors:

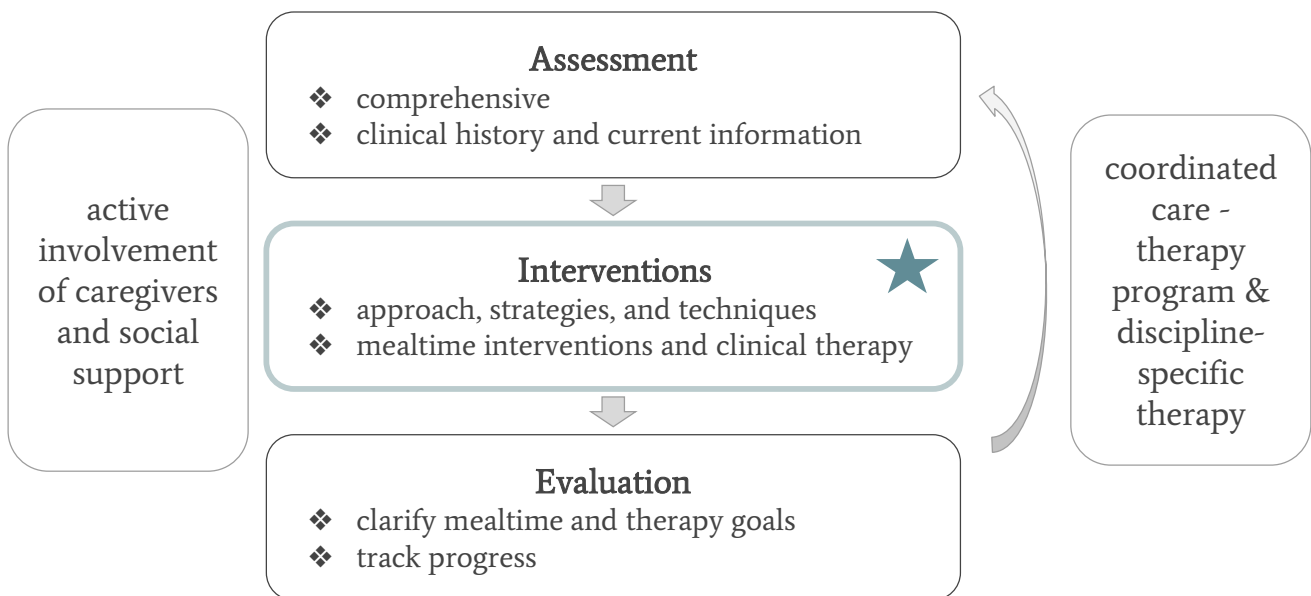
- temperament
- reflux and related feeding challenges
- clear texture preferences

Relational factors:

- mealtimes are stressful for Jonathan and parents
- Jonathan becomes anxious when topics of food/eating come up
- Jonathan eats alone at home most of the time

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Clinical Framework



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Clinical Application of RFT: Process of Change

Children & Adolescents - STEPS+

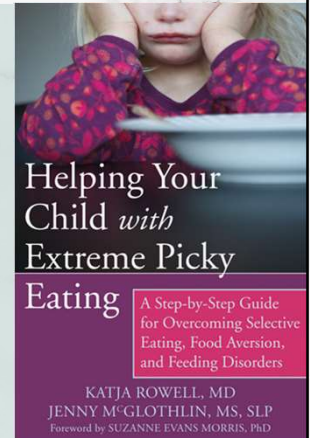
Step 1: decrease stress, anxiety, and power struggles for children and parents

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Step 5: strengthen and support oral-motor and sensory skills



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Interventions - 1st Meeting

Step 1: decrease stress, anxiety, and power struggles for children and parents

Step 2: establish a structured routine



Interventions:

1. establish a consistent eating routine
2. offer 1-2 accepted foods at every eating opportunity
3. discontinue pressuring cues at mealtimes

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Interventions - 1st Meeting

establish a consistent eating routine



offer 1-2 accepted foods at every eating opportunity



discontinue pressuring cues at mealtimes



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Interventions - 2nd Meeting

- Step 1 + 2
- review readily accepted foods at snacks/meals
- discuss menu planning (meals and snacks) and food ideas
- check-in: how are parents doing with not intervening with his eating?
- reinforce parents' observation and reflection

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Assessing Food Intake

Time	Food & Beverages	How Much	Notes

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Pediatric Food & Drink Record (PEAS)

Alberta Health Services
Pediatric Food & Drink Record

Last Name (print) _____ First Name (print) _____
 Preferred Name (print) _____ DOB (dd-mm-yy) _____
 PHN _____ UIC (Home or Work) _____ BSN _____
 Administrative Gender: Male Female
 Unknown (Please not to be used)

Time of day and length of meal or snack	Food or Drink (provide)	How much your child ate	How much food or drink offered to your child	Texture, e.g. puree, minced, diced, steamed, finger foods	Where your child ate	Child's attitude towards meal (e.g. excited, anxious, fearful)	Comments (e.g. stress, infection, illness, allergies or intolerances (if so, by computer))
DAY 1							

List all vitamins, mineral supplements, herbal compounds and other nutrition supplements your child takes. Include how often they are taken (e.g. daily, every 2 days, weekly, monthly, when I remember.)

PHN (905) 223-1235

Alberta Health Services
Pediatric Food & Drink Record

Last Name (print) _____ First Name (print) _____
 Preferred Name (print) _____ DOB (dd-mm-yy) _____
 PHN _____ UIC (Home or Work) _____ BSN _____
 Administrative Gender: Male Female
 Unknown (Please not to be used)

Food Acceptance Log
 Think about your child's eating patterns over the past _____.
 Does your child eat or drink the following food?
 Use the blank spaces to list other foods, drinks, or supplements your child may accept or refuse.
 In the column on the right, indicate: A = accepted R = refused or leave blank if you have never offered

Vegetables & Fruit			
Asparagus	Canned fruit	Kiw	Pumpkin
Banana	Cantaloupe	Lettuce	Raspberries, Creams
Berries	Carrot	Mango	Squash
Apple	Cauliflower	Nectarines	Sweet Potato
Applesauce	Celery	Oranges	Tomatoes, whole
Apricots	Carrots/medicinal	Papaya	Watermelon
Avocado	Cucumbers	Peaches	Zucchini
Berries:	Dried Fruit	Pears	
Blueberries	Fruit leather	Pist	
Blackberries	Fruit/vegetable pouches	Peppers	
Strawberries	Green Beans	Plums	
Other Berries	Honeydew	Potatoes	
Broccoli		Plum	
Broomrape			
Protein			
Eggs	Meat & Poultry:	Fish and shellfish:	Nuts and seeds:
Dairy:	Beef, Ground Beef	Canned Fish	Almonds
Cheese (hard)	Chicken Nuggets	Fish Sticks	Cashew
Cheese (processed)	Chicken, Turkey	Salmon	Hazelnut Hearts
Cheese (soft)	Del. Meats	Other fish	Nut butters
Cow's milk	Ham	Shellfish	Peanuts
Flavoured milk	Hotdogs	Shrimp	Sunflower seeds
Milkshake	Lamb		
Pudding	Meatballs		
Smoothie (milk based)	Pork		
Yogurt drink	Sausage		
Yogurt flavoured			
Yogurt plain			
Yogurt tub			
Grains			
Bagels	Crackers	Nam	Rice
Bread	Crossants	Pancakes/Waffles	Roll
Buns	French Toast	Pasta/Noodles	
Cereal (cold)	Cereal Bars	Flax Seed	
Cereal (hot)	Muffin	Quinoa	

PEAS website
 "For providers"
 "Clinical Tools & Forms"
 "Food Record"

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Interventions - 3rd Meeting

- Step 1 & 2 (+ Step 3 & 4)
- ask: how is the new strategy working
- prompt further: what are their worries - nutrition
- review Jonathan's eating challenges, feeding plan and interim goals
- discuss realistic expectations of eating together (how many times per week to aim for, which day of the week)
- discuss how to include Jonathan's accepted foods with family meals

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Clinical Application of RFT: Process of Change

Children & Adolescents - STEPS+

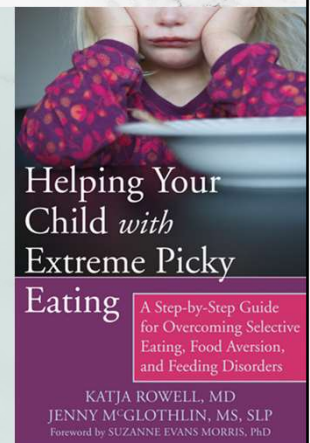
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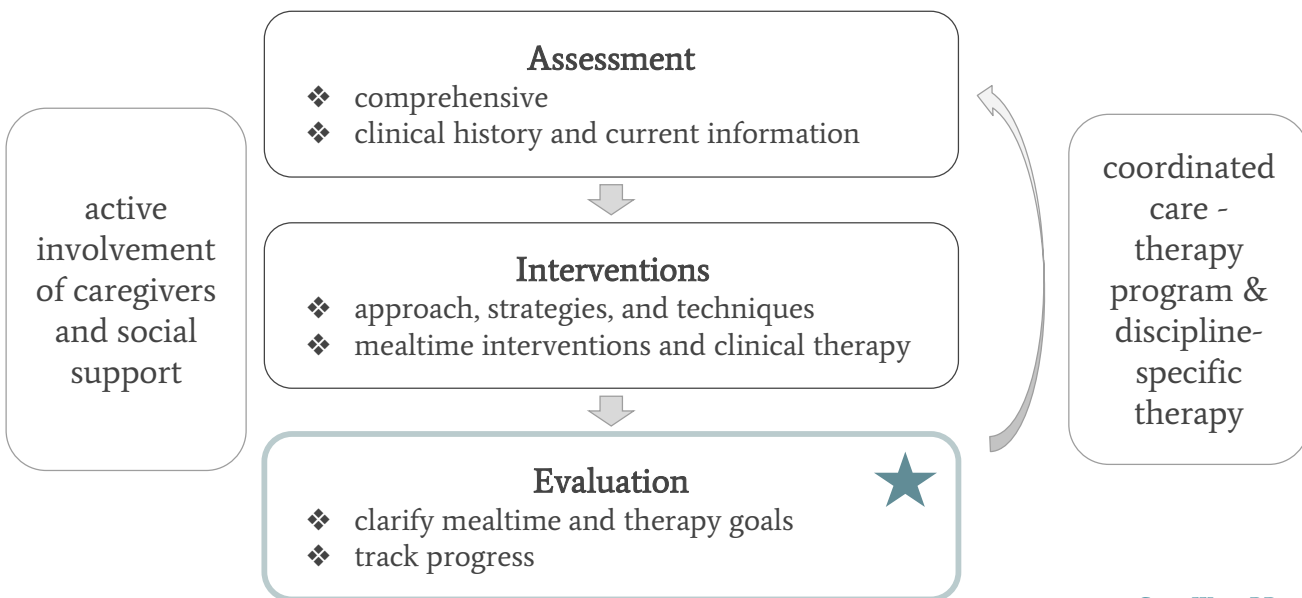
Step 4: build skills in "what" and "how" to feed

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Clinical Framework



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Goal Wheel (PEAS)

Alberta Health Services

Goal Wheel

Collaborative Goals and Treatment Plan

Developed and Shared with (name of family member) _____ Date (dd-mm-yyyy) _____

Action/Task

Goal Statement

Action/Task

Goal Notes/Considerations:

Follow Up

Healthcare Provider (last name, first name) _____ Designation _____

Signature _____ Contact Information _____

20172 (Rev 2020-02) White - AHS Provider Yellow - Client

PEAS website
 “For providers”
 “Clinical Tools & Forms”
 “Collaborative Goal Wheel”

- steps of goal setting
- template
- example
- presentation
- additional resources

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Interventions - 4th Meeting

- parents sent in a 3-days food record before the meeting
- review nutrient analysis and provide assurance (protein)
- answer parents' nutrition questions

- review how parents feel about the feeding plan and progress
- answer practical questions (e.g. meals and sibling expectations)
- Step 3 & 4 (+ Step 1 & 2)

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Case Study - 5th Meeting & Beyond

- discuss challenges - questions, transitions, and changes
- address setbacks
- adjust plans as needed
- address other feeding environments and situations outside of home
- review progress
- **Step 5: strengthen and support oral-motor and sensory skills if applicable**

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Skills Development within RFT

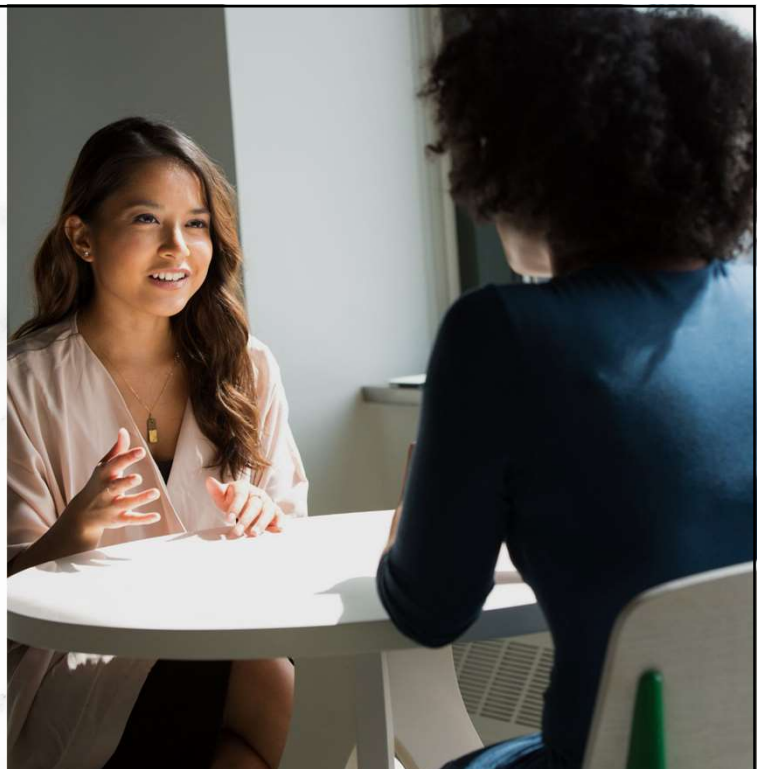
“Introduce skill-building interventions with caution **after optimizing the feeding environment**, considering the impact on **autonomy and level of comfort with food**”

“The acquisition and development of skills, including feeding and other motor skills, is a **process of discovery** optimally experienced through **meaningful activities in a natural context**”

Rowell et al. 2020 RFT Values & Practice

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Coaching





Be Specific & Include Practical Details

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Pause to Notice & Invite Feedback

“... to track what they are experiencing, moment by moment... being open with them so that we can “stay with” whatever arises in their awareness.”

Daniel Siegel

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Provide Options!

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Stage 3: Greater Confidence

Stage 2: Increasing Comfort

Stage 1: Less Stress

Rowell & McGlothlin 2015

“I can pinpoint the meal when I was about ten. I remember sitting there, having my plate of whatever it was I ate all the time, it was really plain. Looking over at the Chinese food my parents were eating, I vividly remember thinking, ‘**Wow, that smells and looks so much better** than what I’m having.’ So I **tried and liked some of it.**”

“He is watching everything I do at the table like a baby, from taking a food to swallowing it. He’s **curious** now.”

dad of an EPE

Quotes by the courtesy of Dr Rowell

Notice Progress

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Case Formulation

- assessment
- planning (interventions)
- care coordination
- case review/ rounds
- consultation/ supervision

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Is Feeding a Struggle? Find Services Equipment & Supplies FAQs For Families For Providers Search...

FOR PROVIDERS

CLINICAL PRACTICE GUIDE

CLINICAL TOOLS & FORMS

COLLABORATIVE PRACTICE

PROFESSIONAL DEVELOPMENT

COMMUNITY OF PRACTICE

FAMILY RESOURCES

QUICK LINKS

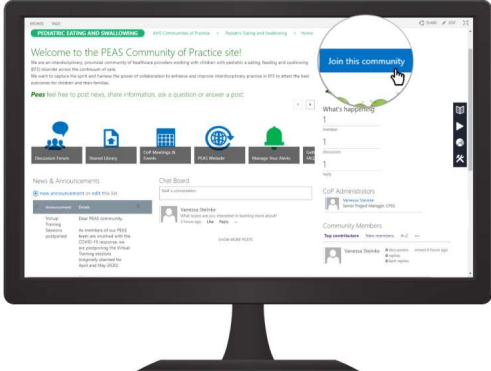
- ✓ CPG QUICK REFERENCE
- ✓ ORDER FORMS & HANDOUTS
- ✓ FIND SERVICES
- ✓ VIRTUAL HEALTH
- ✓ EQUIPMENT & SUPPLIES
- ✓ FUNDING INFORMATION
- ✓ FOR FAMILIES
- ✓ NEWS AND EVENTS

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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Thank you!



PEAS.Project@ahs.ca

<https://survey.ahs.ca/peas.responsive.feeding>