

# Feeding Group Therapy



## *For children who:*

- Are consistently picky eaters
- Avoid entire food groups or certain food textures
- Frequently gag, cough, or vomit at mealtimes
- Have a limited range of foods (20 foods or less)

## *These groups will help:*

- Increase confidence and willingness to touch, smell, taste, and swallow a variety of food flavors and textures

## **FEEDING GROUP #1**

**18-24 months**

Mondays  
9:00-9:45 AM

## **FEEDING GROUP #2**

**24-36 months**

Mondays  
10:00-10:45 AM

Please call Communication Works to set up an appointment with

***Julie McDaniel, MS, L-CCC-SLP***

Speech-Language Pathologist & Feeding Specialist

Julie uses the Sequential Oral Sensory Approach (SOS), which provides opportunities for children to interact with and observe their peers during food-based tasks in a supportive way using purposeful play techniques, making learning about food fun!

**402-480-3152**

**Communication Works**

1550 South 70<sup>th</sup> Street, #200  
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## FEEDING THERAPY PROCESS

Julie McDaniel, MS, L-CCC-SLP

Julie McDaniel is a speech-language pathologist trained in the SOS (Sequential Oral Sensory) approach created by Dr. Kay Toomey to integrate motor, oral, behavioral, medical, sensory, and nutritional components to assess and treat children with feeding and/or growth challenges. Julie uses purposeful play in addition to a specifically designed food hierarchy in order to increase your child's interaction, exposure, and confidence in touching, smelling, tasting and swallowing a wide range of food textures and flavors.

<p><b>RED FLAGS:</b>  <b>Children younger than 18 months</b>          (Would be seen for individual, not group sessions)</p>	<ul style="list-style-type: none"> <li>Ongoing poor weight gain or weight loss</li> <li>Choking, coughing, gagging with oral intake (liquids or solids)</li> <li>Ongoing problems with vomiting</li> <li>History of breathing and coordination problems with ongoing respiratory issues</li> <li>Inability to transition to baby food purees by 10 months of age</li> <li>Inability to accept solid table foods by 12 months of age</li> <li>Inability to transition from breast or bottle to a cup by 16 months of age</li> <li>An infant who cries or arches at most meals or with bottle feedings</li> <li>An infant who demonstrates significant loss of fluid with bottle feedings or loud audible ("gulping") sounds when swallowing</li> </ul>
<p><b>RED FLAGS:</b>  <b>Children 18 months &amp; older</b>          (Would benefit from a feeding group)</p>	<ul style="list-style-type: none"> <li>Parents consistently report or describe their child as a picky eater</li> <li>Avoidance of an entire food group</li> <li>Avoidance of a certain texture of foods (e.g., all wet/slimy foods)</li> <li>Frequent gagging, coughing, or vomiting at mealtime</li> <li>Parents report mealtimes are a battle and their child is difficult for most people to feed</li> <li>Food range of less than 20 foods, especially if preferred foods are being dropped over time</li> </ul>
<p><b>ASSESSMENT</b></p>	<ul style="list-style-type: none"> <li>Ideally, a 3 day food log prior to the evaluation is obtained</li> <li>A detailed medical and nutritional history is obtained</li> <li>Child is typically presented with 9 foods (3 preferred, 3 non-preferred, 3 new foods) plus a drink</li> <li>Family can bring in plates, bowls, cups or anything else that might make the child more comfortable</li> </ul>
<p><b>TREATMENT</b></p>	<ul style="list-style-type: none"> <li>Each session begins with a set routine which may include but is not limited to an obstacle course, sensory activity, hand washing, oral motor activity, blowing bubbles, or washing the table.</li> <li>The therapist chooses foods based off the oral motor or perceptual components that the child needs assistance with. A combination of preferred foods and more challenging food textures and/or flavors are utilized to create a hierarchy based off similar sensory properties of the food. We always start with a preferred food and build from there.</li> <li>All food groups and textures are included with each food hierarchy consisting of at least 1 starch, 1 fruit or vegetable and 1 protein in addition to 1 puree, 1 hard munchable, 1 meltable solid texture.</li> <li>Children are advanced up a detailed hierarchy of 32 steps with each new food presented with intentional play schemes and therapist modeling.</li> <li>The goal of treatment sessions is NOT volume but skill and exposure to a wide range of foods. This is why treatment is not generally completed at a mealtime where volume may be an important component.</li> </ul>
<p><b>DISCHARGE CRITERIA</b></p>	<ul style="list-style-type: none"> <li>Child will bring new foods to mouth for at least a taste (does not have to swallow) 80-90% of the time</li> <li>A food range of at least 30 different foods (10 starches, 10 fruits/vegetables, and 10 proteins). This is so your child can go 2 full days without repeating a single food in order to prevent food jags.</li> <li>Child will eat age appropriate foods without gagging, vomiting, or battling with parents at mealtimes (with-in reason 😊)</li> <li>Child will consume liquids via a developmentally &amp; age appropriate cup or straw to maintain hydration</li> </ul>