

Sensory Problems in Children with Oro-motor problems: DOs and DON'Ts

Philippine Society for Parenteral and Enteral Nutrition

9th Annual Convention

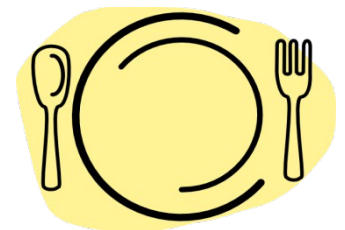
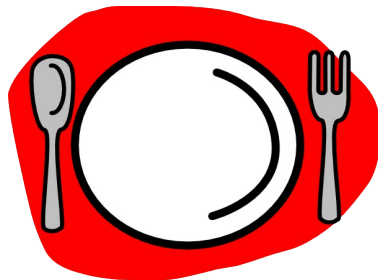
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Objectives:

- To provide an overview of sensory integration and sensory issues related to feeding in young children with oro-motor problems
- To present the role of OT and Behavior Analyst in the feeding treatment
- To provide effective strategies/solutions for sensory –based feeding issues

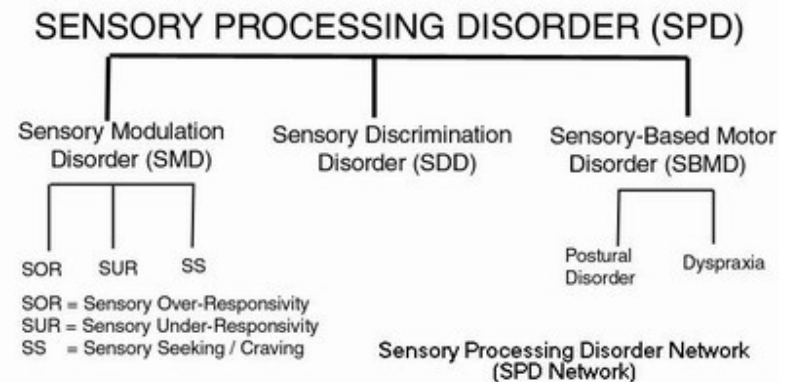
SENSORY INTEGRATION:

- The neurological process that organizes sensation from one's own body and from the environment and makes it possible to use effectively within the environment.
- A. Jean Ayres, Ph.D. an occupational therapist, developed the theory of sensory integration in the 1950's and 1960s

What are the sensory problems related to feeding?

- Dunn Model
- POOR REGISTRATION
- SENSITIVITY TO STIMULI
- SENSORY AVOIDING
- SENSORY SEEKING

- Sensory Processing Disorder



What are the related oro-motor problems?

- Delays in development of motor skills
- Problems with speech and language development
- Difficulties paying attention and organizing behavior



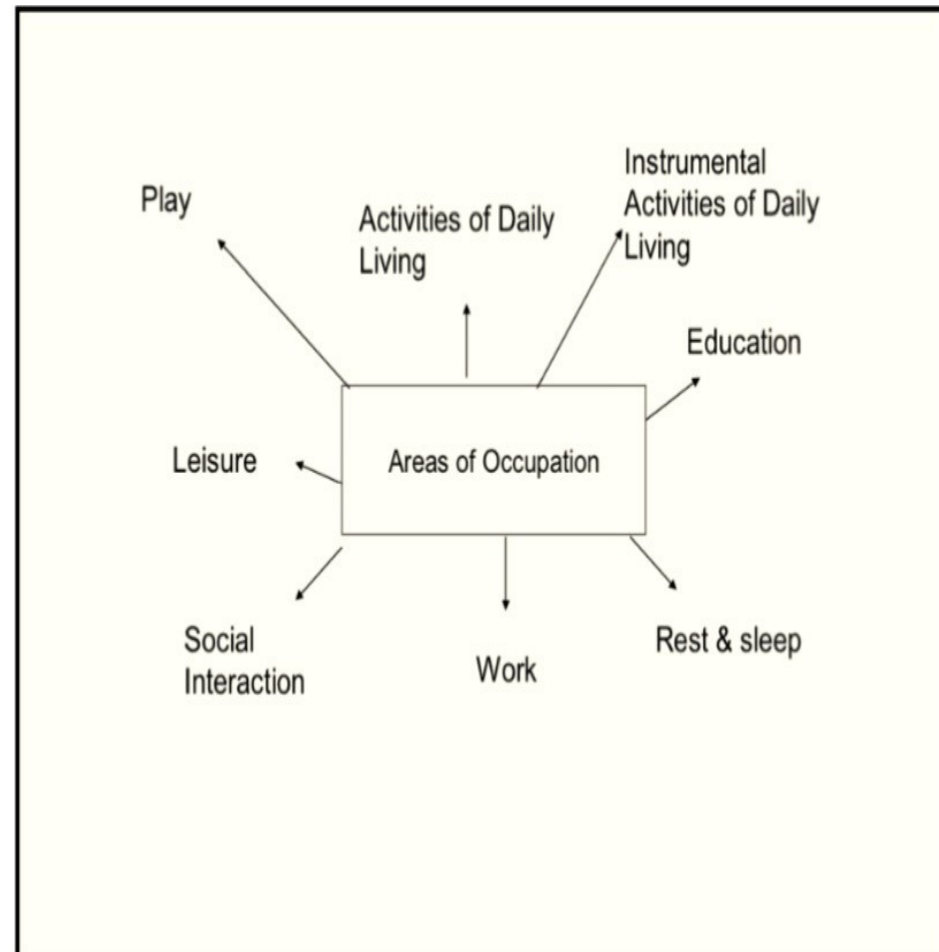
What are effects of no intervention?

- Compromised health problems in terms of growth and development
- Collateral behaviors may appear
- Developmental Delay in other skill areas
- Social Skills affected

What is Occupational Therapy?

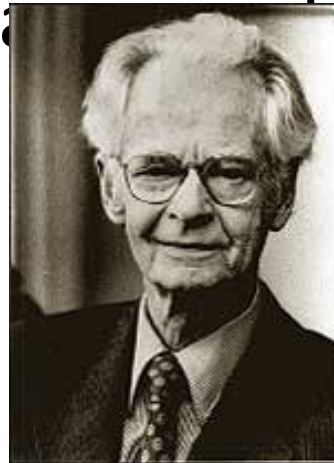
When to refer:

- Won't eat certain textures of food
- Won't touch food
- Difficulty using utensils, opening packages, drinking from a straw
- Insisting on sameness or routine



What is Applied Behavioral Analysis?

- Determine why a behavior is occurring (functional assessment)
- Reduce problem behavior
- Teaching new, purposeful behaviors to replace problem behaviors to improve quality of life
- Behavior Analyst



DO have a Screening and Assessment

ASSESSMENT	
Sensory Profile (Dunn, 1997)	3-10 yo, assessment to evaluate sensory processing disorders
Infant/Toddler Sensory Profile (Dunn, 2002)-	7-36 months, assessment to evaluate sensory processing disorders
Hawaii Early Learning Profile (HELP) –	Birth to 3 yo, 3-6 yo, Examines a young child’s feeding skills
Assessment, Evaluation, Programming System for Infants and Young Children (AEPS)-	Birth to 3yo, 3-6 yo, Contains items examining a young child’s feeding development including food texture and variety and use of utensils

DO have Screening and Assessment: Baseline Data

- Functional Analysis:

Antecedent: What occurs prior to the behavior

Behavior: Any observable and measurable act of an individual

Example: duration of tantrums, frequency of gagging

Consequence: what occurs after the behavior

DO identify the target behavior:

SENSORY BEHAVIORS

- The goal must be on changing an eating problem and not modifying an underlying sensory problem.

FUNCTION OF THE BEHAVIOR:

- To escape/avoid
- To get/obtain
- To fill a sensory need

Sample Short Term Goals:

- Food Refusal -

Example: The child will eat at least one-fourth cup of food per meal for five of six consecutive meals.

- Food Selectivity by Type

Example: The child will accept 80% of bites of vegetables presented for three consecutive meals.

DO provide effective treatment strategies

- Environmental modifications – schedule, positioning, space, light and noise level.



- Meal Preparation - temperature, texture, portion size



DO provide effective treatment strategies:

- PREMACK PRINCIPLE or GRANDMA'S RULE
- Non-preferred activity (eating certain foods) is followed by a preferred activity (playing with a food or favorite toy)
- “First eat your dinner, then you can have your dessert.”



DO provide effective treatment strategies:

DIFFERENTIAL REINFORCEMENT

- Reward (positive reinforcement)
- Sitting on the table
- Having new food on their plate
- Taking a bite of the new food
- Bringing spoon to mouth
- Ignore
- Negative comments or excessive crying
- Spitting food out
- Not eating the food
- Gagging ,vomitting the non preferred food

Reinforcements

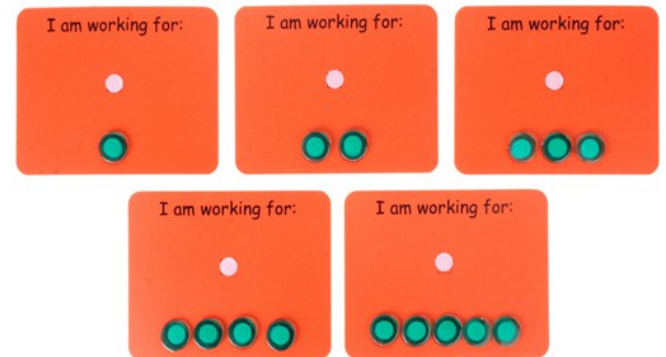


TOY REINFORCERS



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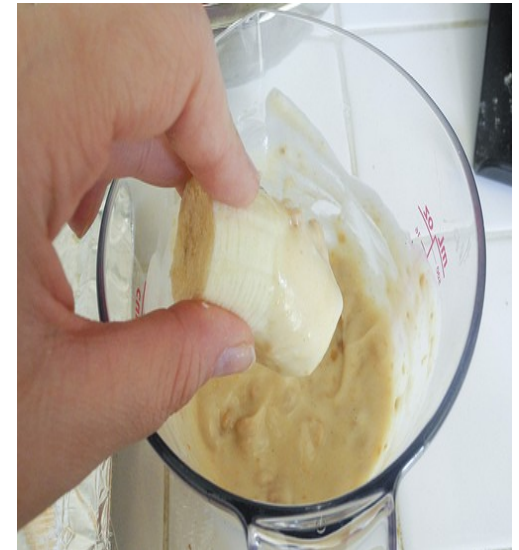
FOOD REINFORCERS



DO provide effective treatment strategies

- **SIMULTANEOUS PRESENTATION**

Pairing preferred with non-preferred foods



IF THEN BOARD

IF




THEN



DO provide effective treatment strategies

- FADING- combine this with DRA and pairing preferred and non-preferred foods

- Decrease frequency of the reward 

Example: reward every bite rere reward every two bites

- Increase non-preferred food and decrease preferred food. 

Example: 1 pc chicken nugget with 1 pc of rice

1/2 pc chicken nugget with 5 pcs of rice.

Do monitor progress:

- Anecdotal records
- Level of Assistance
- Event recording, Duration recording, Time Sampling
- Food Diary
- Sensory Profile, Hawaii Learning Profile,
AEPs Child Observation Data Recording Forms

DON'TS

- Do not force feed.
- Do not punish.
- Do not do everything for the child.
- Do not make assumptions.
- Do not set the bar too low.
- Do not give up.

SUMMARY :

- To treat children with sensory feeding problems, start with baseline data
- In planning a feeding intervention, select target behaviors that are measurable
- Always use data collection to guide intervention
- Sensory feeding problems can be treated via changing the eating behavior

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