How Can Occupational Therapy Help With Feeding?

An occupational therapist’s (OT) role with eating and feeding is essential. An OT will screen, evaluate, plan and implement interventions, and re-evaluate to ensure an individual is progressing towards their eating and feeding goals. Occupational therapists will also assess and modify the foods/liquids, apply adaptive eating utensils when needed, evaluate optimal feeding/eating positions, trunk control, environmental modifications, and oral-sensory motor exams.

Treatment plans reflect the clients’ personal needs and preferences, signs and symptoms, risk factors, motor skills, sensory skills, ingestive skills, behaviors, intake, the phases and safety of swallowing, and the overall functioning of an individual. Occupational therapy treatment is responsive to the functional needs of the client based on the body structure and function, the activity, and ability to participate in key roles. (Alberta College of Occupational Therapy @ www.acot.ca)

Additional Educational and Readings for the parent:

1. Food Chaining: The Proven 6-Step Plan to Stop Picky Eating, Solve Feeding Problems, and Expand Your Child’s Diet, by Cheri Fraker

2. Just Take A Bite: Easy, Effective Answers To Food Aversions and Eating Challenges! By Lori Ernsperger

3. Feeding Challenges in Young Children: Strategies and Specialized Interventions For Success, by Deborah Burns


Feeding & Eating:

Is Your Child a Picky Eater or A Problematic Feeder?

Professional Therapies, Inc.
1997 South Main Street
Blacksburg, VA 24060
540-961-1230

How Occupational Therapy Can Help
What does the oral-motor development of feeding looking like?

0-5 months:
- Nutrition Primarily through breast milk or formula from a bottle
- Explores toys orally
- Begins to bring hands to the mouth
- Makes cooing sounds
- Purposeful crying

5-8 months:
- Accepts spoon feeding for semisolid foods
- Displays munching pattern with thicker jar foods
- Produces emerging babbling and sound play
- Holds a bottle and tips it accordingly to receive liquid
- Begins using a cup while holding the cup

8-12 months:
- Begins to eat soft-solid foods and some first finger foods and to produce more noticeable up and down movement of the jaw during chewing
- Picks up and puts small piece of food into mouth
- Is starting to close lips on a spoon to clear food off spoon
- Begins eating cold and warm foods of varying temperature
- Tolerates gum massaging
- Emergence of teeth
- Continues to mouth objects

12-15 months:
- Starts to hold the cup and take a few sips on his own
- Blows on simple blow toys
- Starts to hold spoon and attempt to take food to mouth with spillage
- Continues to mouth objects, but becomes more selective
- Is introduced to tooth brushing

15 months- 2 years:
- Independent with mealtime in terms of feeding self, using utensils, and drinking from a cup or straw
- Should be able to request or choose foods
- Tolerates foods of all temperatures
- Has vocabulary of at least 50 words and starts to put two words together
- Imitates adult’s words and facial expressions

3-5 years:
- Eats independently
- Participates in mealtime routines at home and school
- Tries new foods on a limited basis
- Is able to blow bubbles and whistles
- Speech and language similar to an adult
- Imitates three-syllable words
- Brushes teeth independently

Myths vs. Facts about Feeding:

Myth (M): Eating is the body’s number 1 priority.
Fact (F): Breathing is the body’s number 1 priority.

M: Eating is instinctive.
F: Eating is instinctive the first month of life, reflexive in months 1-6, and then becomes a learned behavior.

M: Eating is a 2 step process.
F: It’s a 25-32 step process that starts with sensory integration.

M: It’s not okay to play with your food.
F: Wearing your food is part of the process of learning to eat the food.

M: Children only need to eat 3 times a day.
F: After 16-18 months, children (and adults) need to eat approximately every 2.5 to 3 hours throughout the day.

M: If a child is hungry enough they will eat.
F: If the child does not have the skill, they cannot eat.

M: Children are to be seen and not heard at meals.
F: Children should have the chance to describe how the food is making them feel.

(Retrieved at www.advantagespeech.com)