

FEEDING AND SWALLOWING PROGRAM FACTSHEET: INTERVENTIONS FOR FEEDING AND SWALLOWING DIFFICULTIES

Interventions for feeding and swallowing difficulties need to be targeted at the cause/s of the problem in order to be effective. For this reason, a **thorough clinical feeding evaluation (Link to CFE intake form)** is required to guide any intervention offered.

Pediatric feeding and swallowing assessments generally involve assessment across a number of different developmental areas that have the potential to impact of feeding (see table below). Once the nature and any possible factors contributing to the feeding and swallowing difficulty have been established, the treatment plan can be developed.

Table: Areas considered during assessment of feeding / swallowing difficulties

Medical history
Diet
Growth
General developmental skills
Cognitive skills
Oral anatomy
Oral motor skills
Sensory processing skills
Positioning for feeding
Self-feeding skills
Feeding skills during mealtimes
Swallowing safety
Trials of different feeding utensils
Trials of different feeding strategies
Behavior during mealtimes
Parent-child interaction
Parent stress associated with mealtimes

It is widely accepted that **multi-disciplinary team management** of feeding and swallowing difficulties is desirable. Feeding teams generally involve members from various medical specialties, nurses, dietitians, speech pathologists, psychologists, and other therapists as needed. The feeding team works together to manage the various components of the feeding problem.

It is also widely recognized that it is essential to have **parent and caregiver involvement** in all stages of intervention (assessment, setting therapy goals, delivering therapy, and monitoring progress) to ensure that any intervention is meaningful for the child and family, and to assist with the generalization of therapy gains to the home environment.

For children with **oral phase swallowing problems** (affecting the mouth), treatment generally involves working on improving the sensory and/or motor skills required for drinking and eating.

For children with **pharyngeal phase swallowing problems** (affecting the throat), treatment generally involves teaching the feeder to modify how they offer food/ fluid and/or teaching the child how to modify their swallowing and breathing strategy.

For children with **mealtime behavior disturbances** or **oral aversion**, treatment generally involves teaching the child the skills and confidence to eat a variety of foods, applying strategies to reduce undesirable mealtime behaviors, and addressing and child or parent stress associated with mealtimes.

Please see our website for additional factsheets – Feeding and Swallowing Program

Please note: Factsheets are not intended to replace professional advice

If you have any concerns about your child's feeding andswallowing skills, please discuss this with your child's physician and contact our scheduling office if you wish to arrange a **clinical feeding evaluation**.

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