Introduction

When *Pre-Feeding Skills* first was published in 1987, therapists were just beginning to address the challenges presented by children with feeding difficulties. Federal and state legislation had redefined the rights of these children to an appropriate education in the least restrictive environment. Therapists who had never worked with children with sensorimotor difficulties were challenged to provide appropriate services. Early intervention programs for infants and toddlers proliferated, providing the majority of new jobs for clinicians. Clinicians in these new programs needed a book that addressed the philosophical, developmental, and practical aspects of oral feeding. *Pre-Feeding Skills* met that need. Although originally written for professionals involved in feeding programs, it also was adopted by parents who sought a deeper understanding of their children. Its friendly writing style and common-sense approach met the needs of families and professionals.

Following publication of the first edition, we continued to teach continuing education workshops and participate actively in therapy programs with children and their families. We have grown from each encounter and each question we have been asked. We approach the world from the perspective of integration and synthesis. Both of us are constantly asking "how?" and "why?" We are driven by an innate curiosity and desire for a deeper understanding of the issues that are faced by the children, families, and therapists with whom we work. Our quantum growth in linear, intuitive, and emotional understanding is reflected in this edition of the book.

The greatest areas of personal and experiential growth have been in a deepened understanding of the broader concepts of the mealtime and ways in which more specific aspects of feeding can be blended into the life of the child and family.

The Growth of Knowledge and Understanding

The first edition of *Pre-Feeding Skills* emphasized the partnership between the child and the therapist. The second edition focuses on the primary feeding partnership between the parent and the child, and on ways in which the feeding therapist can support that bond.

The professional world also has changed during the past decade. Research has focused more clearly on children and adults with swallowing and feeding disorders. In the 12-year period from 1975–1987 (prior to the first edition), there were 724 journal articles listed by Medline that contained the words *dysphagia* or *swallowing* in the title. The following 12-year period from 1988–2000 (since the first edition), produced 1,719 research papers on this topic—a figure that more than doubled the

material and linear knowledge available. There have been comparable increases in information available in each of the areas discussed in this book. It is difficult for the average therapist to keep abreast of this explosion of information. It has been important to do a full literature review and update information that has become available.

Four additional areas of knowledge have profoundly influenced our thinking during this period. These include the perspectives of infant bonding, the influence of children's experiences on their interest in eating, the impact of gastrointestinal dysfunction on feeding, and the role of the ongoing influence of the child's medical issues on the desire to eat and the skill to do so. Therapists are seeing many more infants and children whose lives are changed by the impact of these areas.

The Challenges

The lives of professionals involved with children with feeding problems also have changed during the final decade of the millennium. More therapists have a working knowledge of feeding development as well as a series of strategies and techniques that they can use with children. More children with difficulties have been identified and referred for treatment. The number of therapists with experience and the ability to apply information skillfully remains small compared with the number of children who need the skills of a therapist. Those who become feeding therapists or incorporate feeding into the broader area of their practice do the very best they can with the information they have. Often this information is a series of techniques or a program that has worked for another child or therapist. Even experienced therapists routinely get stuck . . . not because they lack the techniques, but because they are missing the big picture. They have not been taught how to observe children's behavior and learn from it, to know where to begin, and to understand why an approach does or does not work for a given child or family. There is a great deal of discussion and paperwork devoted to family involvement, yet relatively few therapists have made the shift from expert to partner in their work with parents. Therapists still feel pressured to have all the answers, even as they are feeling overwhelmed by the immensity of the challenges presented by the child and family.

In previous decades, therapists were drawn to the area of feeding and mealtimes because they loved the ideas and the work with children with these specific challenges. They worked with youngsters in special schools, hospitals, or programs for children with physical disabilities. At the present time, knowledge and expertise in feeding has become part of the job description for a much larger group of therapists as children with feeding difficulties have been integrated into the majority of schools, clinics, and community programs.

A large number of therapists have grown up in an era of rapid information transfer. The influence of television, computers, and music videos has taught them to process ideas in quick sound bites. They have had less emphasis on and experience with critical thinking. When faced with the challenges of children with complex feeding issues, therapists often want fast answers and quick fixes. They are more oriented toward the end product than the process. They are more involved with destinations than journeys.

This shift in approach has blended with political and economic decisions to move toward more stringent rules and regulations that have influenced payment for rehabilitation services. Managed care has reduced the number of treatment sessions that children receive and has challenged therapists to be more creative and effective with the time they spend with each child. This requires therapists to be able to critically observe and analyze the situation, make appropriate referrals, and work in partnership with parents and children. It requires the ability to select a treatment path or direction and customize the strategies to meet individual needs. This frequently is lacking as therapists often see children through the label of their diagnosis and treat the label, not the child.

The Journey

Pre-Feeding Skills, *Second Edition,* addresses feeding as part of a total system that is grounded in the personal interactions of the mealtime. The mealtime concept includes the community, culture, family, and child. Eating takes place in an environment of socialization, communication, sharing, and nurturing. Within this context, a child may have difficulties with the sensorimotor aspects of feeding. These problems of physical comfort, sensory processing, and motor coordination must be addressed in therapy to enable the child to become a full participant at mealtime. When therapy takes place as an isolated set of physical exercises to increase the control of parts of the mouth, the main reason for intervening is lost. The purpose of rehabilitation is to help the person participate more fully in the community.

The child and family are at the center of every program. Their values, desires, needs, and personal knowledge combine with the specialized knowledge of the feeding therapist to create an appropriate mealtime program. Together, they envision a destination for the therapy journey or an end product. What will be different for them as a result of therapy? What are the short-term and long-term goals of the program? But they also focus on each step in the journey. What is involved in reaching the next step? The quality of the *journey* is central to the programs that are discussed and supported in this book. You will find a strong emphasis on the process in reaching the feeding goals that are suggested.

A couple of analogies help explain the concept of this journey more clearly.

A weaver creates a beautiful tapestry or rug by taking strands of different colors and textures and weaving them in an interconnected manner that allows each piece to contribute to the final design. The weaver has a pattern, a plan that defines how the strands come together and what the final picture will look like. No strand is more important than any other strand. As more strands are woven into the emerging fabric, the overall design becomes clearer. Weaving is a process of creation that is far more important than the end product of a rug or a piece of cloth. In a similar fashion, the therapist blends the individual pieces or parts of the child's life into the tapestry of therapy. Each piece is valued. Each piece creates the whole.

The spider creates an intricate web with the same artistry as the weaver. The design of the web is internal, programmed into the spider's genetic code. The web is created with a series of connecting pathways that lead into other pathways and connect with still others. Every point on the web is connected with every other point. Movement at any part of the web affects the whole web. It is impossible to jiggle or disturb only one strand. Its impact is felt at every other point. The spider web is a metaphor for therapy. There are many paths to the same end point. Neither the spider nor the child takes the direct route at all times. Therapists can build and understand the interconnections between parts of the child's life and talents, interests and needs. This enables them to begin where the child is at every moment and move in a variety of ways into new areas. It enables them to move from familiar and comfortable areas into those that are newer or unknown. Influences in one area of a child's life have an impact on all other areas. Both the history of gastrointestinal problems and the love of trains are relevant to who the child is at a given moment. Both influence the treatment program to enhance the child's feeding and mealtime skills.

Strategies and Techniques

As professionals, we tend to look for techniques that will make a difference in our therapy program. At one level this is very important. We want to know that what we do has a positive impact on the children and adults with whom we work. Building programs around therapy techniques shifts the focus from an interpersonal relationship with children and families to a relationship with the child's mouth. Feeding therapists often adopt the belief that it is the oral stimulation or the specific blowing exercise that they do that helps the child learn to swallow or eat in a more effective way. The child's key issues often become lost as therapists focus on exercising the tongue or lips rather than looking at the total picture. The key issue may be a gastrointestinal one or a severe sensory-processing

disorder or coordination of the body as a whole. When the underlying issues are addressed and understood by the feeding therapist, the child makes more progress than when the focus is placed on the mouth in isolation. When the focus is on the narrow area of oral motor exercises, wedges also may be driven in the mealtime relationship between a child and a parent.

Helping make changes in swallowing and feeding skills goes far beyond the exercises or activities that are provided in therapy. The therapist must find ways of engaging and harnessing the individual's desire and self-directed ability to make positive changes. This ability is present in everyone, and it is not engaged by an exercise approach to treatment. It is engaged by the quality of the time therapists take with the client and with the interpersonal relationship that is established. It is engaged by focusing on mealtimes rather than on feeding and swallowing.

Treatment techniques are important in the overall scheme of the treatment program, but they are not where therapists should focus their main energy. There are many parallels between learning to play a musical instrument well and learning to be an effective therapist. Learning to play an instrument begins with the development of a personal relationship with music and the instrument. There is something within that draws individuals to music and to the particular instruments they have selected. They go to concerts, listen to music recordings, and create the image of themselves as creators of music. As they begin to play, they initially learn the location of the notes on the instrument and ways of producing them. In many ways, this is similar to learning a core number of techniques for addressing a specific problem in therapy. Yet it is not the individual note or the individual technique that is important. A musician can know where all the D notes are on the instrument and play them well, but it is the combining and sequencing of these notes that creates a simple tune. In the same way it is a therapist's knowledge of how to combine and sequence the techniques that creates an initial foundation for therapy. As musicians become more skilled in learning to play their instruments, they learn which notes go together to make chords and harmonies. They learn how to play in different keys with different combinations of notes. They learn a great deal about timing and rhythm. At every phase of learning, they listen carefully to the feedback from the instrument and modify what they are doing according to what they hear and feel as they are playing. As skills improve, musicians begin to play more of the music within them—to improvise on the melody, timing, and rhythm of an existing tune, and to allow new music to flow from within their minds and spirits. Clearly all of these stages and progressions in music have parallels in developing therapy skills. Everyone has heard musicians who are excellent technicians. They play music with exacting accuracy and efficiency. Yet these are not the musicians to whom most people choose to listen because their playing lacks the personal interpretation that results from the interplay of technique and feeling. The techniques of music and the understanding of music theory are very important in learning to play a musical instrument, but they are not the most essential aspects of the music that is played. It is vital for therapists to learn to put techniques in their proper place in the scheme of therapy. It is critical for therapists to take the time and energy needed to really understand the child's most important issues and select treatment strategies that address these issues. The selection of treatment techniques must fit the overall strategy, and the strategy must fit the current needs of the child and family.

Another way of looking at the interplay between treatment strategies and techniques is to consider the difference between a dictionary and a novel. A listing of techniques and the ways in which they are used is similar to having a dictionary. Dictionaries are very helpful aids. They are essential to reading or exploring a new concept or encountering an unfamiliar vocabulary in a novel. The dictionary, however, is not the novel. The novel has specific characters. These characters participate in specific relationships and complex interactions. A narrative or flow creates a plot and a continued story.

In the world of literature, one would never confuse the dictionary and the novel. However, in the world of rehabilitation, the two often are confused. An effective treatment program is similar to writing a novel in that the author consults a dictionary for the precise word to express a portion of the story. In many ways, the feeding therapist's assessment of the child's mealtime and feeding skills is similar to identifying and describing the characters in the novel. The identification of the strengths and needs of the child and family sets the stage for developing specific directions and goals for therapy. In a similar way, an author uses character descriptions and relationships to develop a theme and

plot for the novel. Both the author and the therapist work with a sense of flow and progression of a story line. The specific techniques of therapy and the specific events in the novel are selected because they fit the overall strategies developed by the therapist or author.

In *Pre-Feeding Skills,* we have focused primarily on developing strategies for treatment. Many specific treatment examples are provided within the narrative of each chapter. Chapter 17 provides a dictionary of specific treatment techniques that can be incorporated within these strategies.

Keys to Learning

Pre-Feeding Skills evolved from learning ideas and experiences that came predominantly from the fields of accelerated learning, adult continuing education, and direct work with children and their families. It was designed to be an ongoing reference source for the continuous journey of discovery in the realm of oral feeding skills. The ideas within this book are based on the following basic premises:

- Learning is a process of increasing and enriching the connections between what we already know and new ideas and possibilities. It begins with our strengths and interests, gently moving into less familiar areas. Learning enables us to discover how much we already know, even when we initially believe that we are learning for the first time.
- Each person has a preferred style of learning and processing information. Some learn easily through a linear, rational approach to information gathering and reasoning. Others learn best from a global, holistic, intuitive view of the same information. Both groups may reach the same goal, using different pathways for the journey.
- Different sensory modalities take precedence for different learners. Some learn best through hearing. These individuals acquire a great deal of information from listening to audiotapes or lectures. Others learn more easily from visual input, and they thrive in a learning environment that includes pictures, videotapes, and written materials. Still others understand information most clearly when they physically experience what is being taught. For this group, concepts become much clearer when presented through touch and movement.
- A multisensory, multimodal approach to learning offers information in each style and sensory avenue. It enriches the learning process by enabling the learner to experience the same information through a variety of modes and senses. As connections are increased and enriched between our preferred ways and alternate ways, we develop the fullness of our abilities. We experience the ability to look at a situation or problem in a variety of ways, and we allow the questions to emerge that will lead us to a solution.
- Adults communicate their beliefs about learning to the children with whom they work. If adults believe that learning is difficult, children will have difficulty learning. When adults experience learning as an adventure, a way of discovering their world and its richness, children will find the same delight in discovering their emerging abilities.
- In every therapy session with a child, therapists are learners as well as teachers. The child and parents also are simultaneously teachers and learners. Each person learns most fully when each respects the other's expertise. The therapist's role is to trust the child's inner wisdom and to share ideas that will enable development in the direction the individual child wishes to move. It is not the therapist's responsibility to enforce a rigid concept of what that child or family needs in life.
- The questions we ask usually are more important to learning than the answers provided by someone else. When we can look at a situation and find the questions we should be asking, we establish the mechanism for discovering the answers. Many ideas for therapy can be based on our desire to explore a guiding question with a child. For example, suppose we ask, "What role does the auditory environment play for a child who engages in rocking, spinning, and other self-stimulatory behaviors?" To determine the answer, we can observe and record the child's responses when different types and intensities of auditory background are used in therapy. From the question and our observations of one child, patterns may emerge that could be useful with other children. From those observations, formal research may evolve. But without the questions and

preliminary observations, research might never begin. Without a desire to explore questions informally, children may be denied valuable treatment approaches that are not yet supported by hard research.

- Normal development, assessment, and treatment are the three sides of a learning triangle. Just as the triangle loses its identity if one side is missing, so the learning session with a child becomes incomplete if one of the elements is lacking. Knowledge of normal development gives therapists a baseline and a frame of reference for viewing deviations in movement and feeding behaviors. It enables them, through comparison, to identify movement and sensory patterns that create limitations. This identification of the elements and patterns of a child's feeding behavior is called assessment.

  Normal development is composed of a series of connected elements and transitions, not a set of isolated skills. These connections and sequences create the prime elements of normal development. These elements provide ideas that therapists can incorporate into their treatment programs. As concepts of normal development are included in the assessment and treatment program, the child is able to advance along a developmental feeding path.

  Assessment and treatment are connected through probes that enable therapists to explore the validity of their diagnostic concepts. During the assessment, they establish working hypotheses and check them out by exploring treatment approaches that are compatible with these hypotheses. Treatment includes assessment observations throughout the session. This enables professionals to evaluate whether their approach with the child is appropriate and effective. Each session with a child becomes a blend of these three elements. The therapist may choose to emphasize one of the components; for example, treatment may be the defined purpose of the session. However, when an awareness and integration of normal development and assessment strategies are present simultaneously, the session is enhanced and changes occur more rapidly.

This book is built on concepts that apply to both the clinician and the child. When therapists and caregivers consider themselves to be learners in each session with a child, they can relinquish the need to be experts and open themselves for further learning. The approaches that are shared in this book are not meant to be a cookbook of treatment recipes but an interweaving of ideas and concepts. By examining different ways of thinking and learning about feeding problems, every therapist and parent will strengthen the skills needed to become an effective observer and problem-solver.

In this book, information is offered in a way that allows for different styles of learning. Information is best learned and retained when an individual participates actively in the learning and discovery process. Many concepts introduced in this book are unproven in the realm of statistical research. Others have a firm research base. Statistical research identifies trends and tendencies. It does not identify whether the findings actually apply to a specific individual. The applicability of each idea or concept presented depends upon the observations and findings of the individual therapist and parent as he or she explores them with specific children. Reproducible charts and checklists are included throughout the book.

We hope that readers will draw from the book what they most need to gain greater depth and breadth of understanding of children with feeding difficulties. *Pre-Feeding Skills* provides a journey from the mouth to the mealtime that can engage each individual's sense of adventure, curiosity, understanding, and empathy. We invite you to take that journey.