

# Creating A Sensory Feeding Group

*Considerations for Reimagining Mealtime within a Pediatric Medical Facility*

## **Create a Goal for the Group Itself**

Consider creating a group goal or statement of purpose to help guide the assessments used, data collected, and planning for each group session. For example, the current goal utilized for the St. Mary's Hospital for Children Sensory Feeding Group is to create a mealtime without the demand of food consumption that is accessible for our tube-dependent patients to allow for a mealtime experience that fosters exploration and socialization.

## **Include Key Providers**

Feeding is not just a 'speech' thing. Including providers that can support all aspects of mealtime including occupational therapy, physical therapy, nutrition, nursing, infection control staff and medical staff creates a safe and supportive mealtime approach for medically complex children.

## **Determine a Form of Assessment**

Utilizing a consistent form of assessment allows the therapy team as well as the medical team the opportunity to determine if participation in a sensory feeding group is medically appropriate and developmentally beneficial given the child's current medical situation. Consider an assessment that is multidisciplinary and looks at all of the areas outlined within the Pediatric Feeding Disorder framework. The use of a multidisciplinary screener allows the child to be assessed through a variety of different lenses to create the most appropriate individual goals to guide group participation.

## **Monitor Participation and Outcomes**

Consider establishing a way to collect data or progress throughout the group participation. Feeding is a journey and for many of our medically complex pediatric patients, there are different periods in which different levels of mealtime participation

are motivating versus refusal fostering. Not every child is appropriate for participation at each point in their medical journey.

## Adapt the Group to Fit Your Population

There are many pre-established feeding therapy approaches that can be a great jumping point for your specific group. Consider looking at various therapy approaches and modifying as needed to create the group that truly fits the population you serve.

## Resources:

Gosa, M, and L McMillan. (2006). “Therapeutic Considerations for Children and Infants with Feeding Tubes.” *Perspectives on Swallowing and Swallowing Disorders (Dysphagia)*, vol. 15, no. 3, 2006, pp. 15–20., <https://doi.org/10.1044/sasd15.3.15>.

McCormish, C., Brackett, K., Kelly, M., Hall, C., Wallace, S, & Powell, V.(2016) Interdisciplinary feeding team: a medical, motor, behavioral approach to complex feeding problems. *Vol 4(4), 230-236*

Morris, S. E. (2010). Food for thought: Creating mealtimes for children who receive tube feedings. *Perspectives on Swallowing and Swallowing Disorders (Dysphagia)*, 19(3), 80–85. <https://doi.org/10.1044/sasd19.3.80>

Nelson, C. A., Furtado, E. A., Fox, N. A., & Zeanah, C. H. (2009). The Deprived Human Brain: Developmental deficits among institutionalized Romanian children—and later improvements—strengthen the case for individualized care. *American Scientist*, 97(3), 222–229. <http://www.jstor.org/stable/27859330>

Rybak, A. (2015). Organic and Nonorganic Feeding Disorders. *Annals of Nutrition & Metabolism*, 66, 16–22. <https://www.jstor.org/stable/48507158>

Staiano, A. (2003). Food refusal in toddlers with chronic diseases. *Journal of Pediatric Gastroenterology and Nutrition*, 37, 225-227. Retrieved April 1, 2019, from [https://journals.lww.com/jpgn/fulltext/2003/09000/food\\_refusal\\_in\\_toddlers\\_with\\_chronic\\_diseases.4.aspx](https://journals.lww.com/jpgn/fulltext/2003/09000/food_refusal_in_toddlers_with_chronic_diseases.4.aspx)

West, K. M. (2024). Treating pediatric feeding disorders and dysphagia: Evidence-based interventions for school-based clinicians. *Language, Speech, and Hearing Services in Schools*, 1-14.