David Sensenig is the facilitator.

This is now a moderated meeting.

(1) David Sensenig: Welcome, everyone, to today’s Live Chat with Memorie Gosa.

You are logged into the chat. You don’t need to do anything else to “sign in.”

(2) David Sensenig: Chats are text based; there is no audio. The chat is moderated, so when you post a question it is added to a queue. I will post questions one at a time, so your question will not appear immediately.

You can privately chat with other participants by selecting the box beside their name. (You won’t see a box by your own name, since you can’t chat with yourself).

Please don’t send private messages to the presenter, so they can concentrate on replying to the group.

(3) David Sensenig: After today’s chat session is over, you can record your ASHA CEUs or professional development hours for this session by going to “CE Information” and following the instructions provided.

We’ll begin at 12:00 PM, Eastern time.

(4) David Sensenig: While we wait to get started, feel free to share:
• Where you are from
• What is your experience/role in working with Feeding and Swallowing disorders in infants and toddlers?

(5) Bethany Stout: Hello I am bethany. From California. I see a lot of sensory type feeding issues in my kiddos win aversions or overstuffing of food.

(6) Debbie Lipton: I am from south Florida. I have been working with birth-three children with feeding difficulties for about 6 years and am excited to participate in this online chat.

(7) David Sensenig: Welcome Bethany and Debbie!

(8) Penny Gumbel: Hi! I’ve worked in six different states. Primarily in the NICU but outpatient feeding as well. I’m a Board Certified Swallowing Specialist and a Lactation Counselor. I’m so excited for this live chat!

(9) David Sensenig: Thanks for being here, Penny!

(10) Stacy Golden: Hi! Stacy from Los Angeles here. I have been working in EI for about 3 years now primarily in-home, usually from about 18-36 months. I loved this presentation and am eager to understand as much as I can about feeding and swallowing issues.

(11) Sarah Rogers: I am from Virginia and have worked with infants and toddlers and a variety of settings including hospital, outpatient and EI

(12) Debbie Davis: Hello, I am from California and in the past worked with children with severe disabilities who also had feeding or swallowing disorders.
David Sensenig: Welcome Stacy, Sarah, and Debbie. Glad you could join.

David Sensenig: We'll start in about 5 minutes. Feel free to start posting your questions now!

Jeremi Grosser: Hi, I am also from South Florida. I work with feeding in the home through Early Steps. We have a great team that includes a dietitian/nutritionist as well as many SLP's and OT's that have been trained in the SOS feeding program.

David Sensenig: Hi Jeremi! Thanks for being here.

Eileen Bacon: Hi, I'm Eileen in NH. I have not worked with this age group but I did use lots of strategies from conferences like this with the geriatric population I worked with for 9 years. Now I work in Early Intervention mostly doing speech and play skills.

David Sensenig: Hi Eileen!

Andrea Scheppler: Hi! Same as Stacy (10)!

Sonia Torigoe: I am from California. I wanted to learn more about feeding and swallowing, since I have minimal experience. Very excited about the discussion. Thank you for this opportunity,

David Sensenig: Hi Sonia, thanks for joining.

Rebecca James: Hi! I'm Rebecca and I am from Los Angeles. For one of my positions I work with many from the 0-3 population who are high risk for developmental delays secondary to alcohol and drug exposure.

Stacey Carroll: Hi, I am from south suburbs of Chicago. I work in Early Intervention and see a lot of children with sensory feeding issues, and would love more information and strategies!

David Sensenig: Welcome Rebecca and Stacey

Sarah Schneider: Hi, I'm Sarah from VT. I work in EI but refer OM and feeding cases to another SLP who specializes in those areas. I was happy to learn from this webinar and further my understanding!

David Sensenig: Hi Sarah!

David Sensenig: Hello and welcome everyone. We’re about to begin today's live chat with Dr. Hutcheson. Thanks for being here Memorie!

Memorie Gosa: Hi Everyone-- Thanks for the opportunity to chat with y'all today...

Memorie Gosa: I see that a lot of you are working in early intervention...

Memorie Gosa: that is where I started my career in Memphis, TN....

Memorie Gosa: since then- I've worked acute care in a pediatric hospital and in the NICU....

Memorie Gosa: and now of course I work at The University of Alabama and see patients in our outpatient clinic...

Memorie Gosa: and in our local NICU...

Memorie Gosa: I look forward to working through the questions you've submitted*

David Sensenig: Before we begin, a few “housekeeping” reminders…

David Sensenig: Please type your questions or comments into the message text area and hit post…

David Sensenig: Don’t worry if you don't see your question immediately. Today's chat is moderated, so we'll get to it in turn…

David Sensenig: If you are posting a question in response to something that's being discussed already, please reference the number of the post, and provide some context (so we'll know what you mean, in case there is a question in between yours and the one you were referencing)…

David Sensenig: And with that, we’re ready to answer your questions about “Feeding and Swallowing Disorders in Toddlers.”*
Our first question comes from Rebecca on snacks

Rebecca Lambson: Thanks for a great presentation! A great colleague of mine who has extensive experience in feeding problems with the birth to three population once said that about 50% of feeding problems is coaching parents on not providing snacks as they interfere with nutrition and proper feeding schedules. What are your thoughts on feeding schedules (not giving your kids snacks every hours) and on reducing the many junk food options for babies/toddlers (i.e. fish crackers)?

Memorie Gosa: Great question-- thanks Rebecca. From our feeding clinic experience and working with RDs- I am a fan of feeding schedules-- well schedules in general....

Memorie Gosa: they help kids know what to expect...

Memorie Gosa: Food that is consistently offered every 2-3 hours means that children learn that food will be offered on a predictable schedule...

Memorie Gosa: the quality of the snack is also important....

Memorie Gosa: so often "snacks" are associated with junk...

Memorie Gosa: but a snack should be around 100 - 200 calories and nutritionally sound....

Memorie Gosa: to include a protein, a carbohydrate, and/or a fruit or veggie....

Memorie Gosa: in that way they are contributing to the overall nutritional goals of the child*

David Sensenig: Thanks Memorie...

Our next question comes from Rebecca James...

Rebecca James: Thank you for a very informative presentation! I noticed the use of a sippy cup on one of the videos. What are your thoughts on the use of a sippy cup vs. straw cup? On that note, at what age do you feel a sippy cup should be fully eliminated? Thanks!

Memorie Gosa: Sippy cups are of course not developmentally necessary...

Memorie Gosa: They are a great convenience and therefore used a lot in the U.S. ...

Memorie Gosa: Most sippy cups continue to encourage a suck/swallow/breath continuous drinking cycle....

Memorie Gosa: and for adults and more mature feeders, drinking tends to be done with more isolated (non-continuous) drinks/sips...

Memorie Gosa: to teach that pattern, we have to give children the opportunity to practice with an open cup...

Memorie Gosa: in the past, putting children in the bath tub and letting them try out an open cup has been a good strategy b/c it eliminates the concern for a big mess...

Memorie Gosa: after the age of 2, most pediatricians recommend that parents wean their kids from sippy cups....

Memorie Gosa: and that's the advice that I have followed as well...

Memorie Gosa: straws are a great alternative to sippy cups in the sense that they are often in a cup with a lid....

Memorie Gosa: and are more readily accepted for older children vs sippy cups

Memorie Gosa: *

David Sensenig: Thanks, Memorie...

Lynn has a question on parental involvement...

Lynn Paul: Thank you for an amazing, informative presentation. At certain points I felt like I was back in the many anatomy and physiology classes I took. My question is related to the oral motor intervention aspect - is parent participation encouraged and do parents have home visits to help them with this aspect of feeding and swallowing?
Memorie Gosa: Thanks Lynn-- I have a bias for anatomy b/c my PhD supervisor studied the larynx and now all these years later, I keep coming back to his teachings! Yes, parents are a must for all work being done in the realm of feeding therapy...

Memorie Gosa: The parents have to understand the intervention plan and it has to be relevant to their goals for their child for it to be meaningful and therefore something that they will carry over on a daily basis...

Memorie Gosa: for oral motor work, if there is a component of oral sensory motor exercises that must be done to remediate the feeding/swallowing issue that the child has, then the parents have to be able to provide that intervention daily...

Memorie Gosa: especially in EI where often the therapist is only there 1x/week or 1x/2 weeks...

Memorie Gosa: parent training is an absolute must and ensuring they're comfort with carrying over the plan each day is a key to success*

Memorie Gosa: should have said their comfort for 72

Memorie Gosa: fingers typing faster than my brain can keep up sometimes :) *

David Sensenig: Bethany has a question about requirements and responsibilities for SLPs providing feeding therapy

Bethany Stout: I was under the impression that to provide feeding therapy you needed to have a specific certification and be titled a "feeding therapist". Some of the things that have been recommended to me by colleagues who have taken feeding courses are: using a Nuk brush or electric toothbrush for oral stimulation, massage with a towel on cheeks, cold spoon. I have recommended these things to parents of 0-3 year olds. From your presentation, I hear that the research does not necessarily support such techniques! Please clarify- d speech therapists need to hold a feeding certification? Is there anything we should do to address the aversions, munch chew, drooling, over stuffing? OT is hard to come by in EI in our area. I am often the one who addresses sensory and feeding and behaviors....

Memorie Gosa: Hi Bethany- thanks for this question...

Memorie Gosa: Providing feeding/swallowing evaluations and interventions is absolutely within the scope of practice for SLPs....

Memorie Gosa: There are some specific programs, such as SOS, that require us to have additional training to be trained providers of that program....

Memorie Gosa: However, the basics of feeding/swallowing evaluation and intervention are part of training....

Memorie Gosa: now some programs offer more or less training in this area and sometimes clinicians feel an ethical responsibility to seek out additional training....

Memorie Gosa: b/c our code of ethics states that we don't practice in an area where we don't have competency (that is paraphrased)....

Memorie Gosa: but to answer your question, I am not aware of any statute that states SLPs require an additional certification to practice in this area...

Memorie Gosa: Aversions refer to a learned/behavioral response to some element of feeding/swallowing behavior....

Memorie Gosa: and aversions can certainly be related to sensory processing dysfunction....

Memorie Gosa: so the goal of the assessment is to determine if what the contributing issues are (motor, sensory, medical, behavioral) and set an intervention plan to effectively remediate the identified issues...

Memorie Gosa: Oral sensory motor therapy does not have strong empirical evidence to support its use...

Memorie Gosa: however, it is often used as a way to teach a needed motor skill and or work on desensitizing the oral cavity to increase intake by mouth....

Memorie Gosa: it is up to the therapist to determine what strategies they are going to use and evaluate the strategies efficacy across the pillars of EBP....

Memorie Gosa: which include empirical evidence, clinical experience, and the parents/patients goals/desires*
David Sensenig: Let’s go to Katie for our next question...

Katie Wolfer: Thanks for a great presentation! You mentioned that between the ages of 12-24 months, children begin to make choices about food likes and dislikes. Does greater exposure at <12 months lead to less “picky” eating by 1-2 years of age?

Memorie Gosa: Hi Katie-- that is a great question....

Memorie Gosa: I do not know of any specific study that has addressed this issue....

Memorie Gosa: However, we do know that the caregiver’s diet, particularly the mother’s diet....

Memorie Gosa: has a big influence over the child’s diet....

Memorie Gosa: so the greater variety of the mom’s diet- the better variety seen in the child's diet...

Memorie Gosa: which I think speaks to your question of greater exposure to different types of foods making a difference in the child's willingness to eat a greater variety...

Memorie Gosa: just not sure of the impact on age...

Memorie Gosa: But even from fetal studies, we know that the mom’s diet while the fetus is in utero has an impact on the taste that the newborn responds to...

Memorie Gosa: It is a fascinating area and one that we are learning more about as we see more and more kids being referred for “picky” eating....

Memorie Gosa: and trying to untangle the many influences on the types of tastes/flavors that the child will tolerate*

David Sensenig: Thanks Memorie...

Linda Goodman: Great information in your presentation Memorie. In our state we've always struggled with the question of whether an infant or toddler with just a feeding disorder, absent any other diagnosis or delay, should be eligible for Part C services. How is that handled in Alabama?

Memorie Gosa: Feeding disorder alone does not qualify a child here for EI....

Memorie Gosa: Again b/c current policy doesn't recognize feeding as a developmental skill....

Memorie Gosa: Most children though that have a feeding issue though also have some medical history that can help qualify them for services though, as an example- Prematurity...

Memorie Gosa: And in AL they have a number of different clinics that a child can be referred to and receive services throughout their life-- seating/mobility clinic, augmentative clinic, and feeding clinic.....

Memorie Gosa: so even if they don't qualify for EI services, they can be referred through the state agency to one of these regional clinics to be plugged in for services...

Memorie Gosa: Alabama Department of Rehabilitation Services (ARDS) is the program that runs these clinics in our state-- more information here: <A HREF="http://www.rehab.alabama.gov/office-locations*? target="_blank" style="text-decoration:underline;">http://www.rehab.alabama.gov/office-locations*</A>

Memorie Gosa: ADRS- not ARDS

David Sensenig: Stacy has a question on incorporating feeding goals amidst other concerns...

Stacy Golden: Thank you so much for this clear and thorough presentation of feeding and swallowing! It was a great review and gave me insights into this area. I generally don't start treating this age group until about 18 months, when a language delay has been identified and early feeding issues have mostly been treated if identified. I have been integrating feeding screenings into my practice. Do you have any tips on how to discuss incorporating feeding goals into treatment if I see areas of concern when their priority is increasing language abilities? What are some strategies for communicating the link between feeding and speech/language development?

Memorie Gosa: Hi Stacy-- thanks for this question....
Memorie Gosa: Using food and food play is a great strategy for language building.

Memorie Gosa: During the summer program here on campus one of our clinical supervisors developed a “Food Camp” curriculum that combined feeding and language goals for some of her clients that needed both.

Memorie Gosa: She presented a poster of this program at ASHA – let me see if I can pull it up. If I can’t, then you can for sure find it in the ASHA archives for the conference that was in Philadelphia most recently.

Memorie Gosa: When talking to parents, I find that linking the structures for speech and language to the structures needed for feeding/swallowing makes a lot of sense.

Memorie Gosa: and that gives a bridge to tie the two things together and helps parents conceptualize the two things together.

Memorie Gosa: I can’t put my hands on the poster right this minute – the title was Food is Fun and the poster was presented at the 2017 ASHA convention and Mary Bryan was the first author – I hope that helps you be able to find it in their conference archives.*

David Sensenig: Both Anna and Katherine ask about ways to gain experience in the area of infant and toddler feeding for those who are new to it and haven’t worked directly with it in the past. Do you have suggestions beyond CE courses?

Memorie Gosa: Yes! If possible, I always suggest finding mentors in your area that can allow you to shadow and observe with them. Sometimes within the same system, you can find mentors which makes it easier with all the HIPAA regulations to shadow. As an example, when I first started working I was in the Early Intervention Dept of LeBonheur Children’s Hospital...

Memorie Gosa: I really thought I would spend my days doing language stimulation, but most of the families I worked with wanted help with feeding/swallowing issues.

Memorie Gosa: So I reached out to our inpatient department b/c they saw kids everyday with feeding/swallowing issues both inpatient and outpatient....

Memorie Gosa: They were willing to let me shadow and I did so on my own time 2-3 hours a week....

Memorie Gosa: this made a tremendous difference for me....

Memorie Gosa: so within your area, if there are people with feeding heavy caseloads, reaching out to them is useful....

Memorie Gosa: additionally, reading the literature in this area was particularly helpful....

Memorie Gosa: in addition to CEU courses...

Memorie Gosa: also connecting with organizations like NFOSD (<A HREF='HTTPS: style=text-decoration:underline;" swallowingdisorderfoundation.com? target=_blank'>https://swallowingdisorderfoundation.com) and Feeding Matters (<A HREF='HTTPS: style=text-decoration:underline;" www.feedingmatters.org? target=_blank'>https://www.feedingmatters.org) was useful to me for gaining greater insight into patient/family perspectives and concerns around pediatric feeding/swallowing issues...

Memorie Gosa: and plugging into the communities of people who work in this area through programs like SIG 13 has also been really helpful for me*

David Sensenig: We have a lot of questions in the queue still, so if your question isn’t addressed during the chat, please make sure to post it to the presenter’s topic lecture thread (Conference Hall > Recorded Sessions and Discussions), so she can respond to it.

David Sensenig: We’ll try and get a few more questions in here before we need to wrap things up...

Judy Peters: What are your thoughts about 360 cups in a cup-drinking hierarchy?

Memorie Gosa: I like the 360 cup if the child can manage it without biting on the rim for stability...

Memorie Gosa: It helps bridge a gap between bottle and open cup and also creates very little spill when tossed or dropped - which a lot of parents like....

Memorie Gosa: In general, I think of sippy cups as a bridge to the next step -- but understanding the parents motivation for using them in addition to the child’s skill that might necessitate their use is important for good experiences for both the family and
Lesley Lieb: when teaching a child to chew (develop chew skills that are not present), is it at all helpful to begin with non-edible chewing practice (stimulation to the oral cavity)? For example PQ and chewy tubes have been on the market in the past...do these tools work to facilitate chewing skills in children who pocket food, avoid solid material, or simply just do have the development of chewing down? Any suggestions on what the research says?

Memorie Gosa: Hi Lesley-- Non-food items can be used to teach the components of the skill...

Memorie Gosa: But necessarily, real food items have to be incorporated for the client to carry over individual component skills into a coordinated, complex, multifactorial process like chewing and swallowing...

Memorie Gosa: so starting with non-food items to teach the concept is sometimes necessary, depending on the child....

Memorie Gosa: but there has to be a plan to transition from the non-food item and teaching component skills to coordinating the individual skills into the complex motor task to then successfully manipulate/chew real food items...

Memorie Gosa: and of course there is a hierarchy of difficulty to food items too....

Memorie Gosa: cubed, soft foods-- such as cubed ham or small pieces of avocado require less skill to chew up then say a piece of well done steak...

Memorie Gosa: so incorporating a hierarchal approach to teaching the skill and then implementing the skill across foods of different masticatory loads is essential for successful incorporation of the skill into the child's feeding repertoire*

David Sensenig: And with that, we've come to the end of another great chat session!...

David Sensenig: Thank you so much, Memorie, and thanks to you all "very" much for participating.

David Sensenig: You may earn ASHA CEUs and professional development hours for attending the full 60-minute live chat, even if your question is not reviewed during the allotted time and even if you experienced some connectivity issues.

The transcript of this chat will be available in an hour or so. You'll be able to find it in Additional Resources under Live Chats Transcripts.

You can record your ASHA CEUs for this session by going to “CE Information” and following the instructions provided.*

Memorie Gosa: Thanks everyone!

David Sensenig: This meeting will now close.

This meeting is now closed.

---End Transcript---