

Slide 4

S.O.S.

- **Sequential Oral Sensory Approach**
Kay Toomey PhD
 - Child lead/ child paced
 - If child refuses, the therapist halts attempts
 - Social role modeling
 - Systematic desensitization
 - Cognitive learning through sensorimotor experiences
 - Sensory processing disorders and phobias cause feeding difficulties (Lane, 2008; Toomey, 2010)

GOAL: Expansion of the child's food repertoire

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Slide 5

Sensory-based Treatment

- Sensory approaches work very well for *some* children; however, there is **little to no empirical data** to support our beliefs about a sensory integrative approach to feeding concerns
- Behavioral/ABA approach to feeding concerns has **mounting empirical support**; however, remain controversial in the SLP/OT community of Feeding therapists

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Slide 6

ABA v SOS

- **A Comparison of the Sequential-Oral-Sensory Approach to an Applied Behavior Analytic Approach in the Treatment of Food Selectivity in Children with Autism**

Kathryn M. Peterson, Valerie M. Volkert, Cathleen C. Piazza,
Ashley M. Niebauer, & Kayla D. Brooksle 2014
University of Nebraska Medical Center's
Munroe-Meyer Institute

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Slide 13

Operational Definition:
Diagonal Chew / Diagonal-Rotary chew

Example:
Diagonal/Diagonal-Rotary chew

A rhythmical (1 chew/second), resistive /graded vertical movement of the jaw with concomitant unilateral and/or bilateral lateral and vertical movements of the tongue (to push the bolus to the molars and re-collect the bolus on the tongue prior to swallow)

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Slide 14

Operational Definition:
Lateralization of the Tongue

Example:
Lateralization of the tongue

A lateral (to the side) sweeping movement of the tongue to the molars or lateral borders of the oral cavity (cheeks)

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Slide 15

Decision Rule for Texture Advancement

- Example **minimal** competency to advance from puree to dissolvable solids

1. 3-5 non-nutritive resistive chews (on chewing tool)
2. 33%-66% lingual pressure matching to stimulus (finger or probe)
3. Cheek strength at 2/5 x
4. Accepts food by mouth
5. Swallows puree without s/s aspiration
6. 20% or less gags and no emesis

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Slide 16

Elements of Oral Motor Function

- Strength and range of movement of the lips, cheeks and jaw
- Variety of lingual movement
 - Lateralization of the tongue to cheek, molars, and upper & lower gum line
 - Mid-blade elevation of the tongue
- Alignment of the jaw and dentition
- Oral Hypersensitivity
- Hard and Soft Palate

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Slide 17

Elements of Feeding Deficits

<u>Oral Motor Control</u>	<u>Sensory Tolerance</u>
<ul style="list-style-type: none">• Jaw strength<ul style="list-style-type: none">– Chewing• Cheek strength & range of movement<ul style="list-style-type: none">– Pocketing• Lingual Variety<ul style="list-style-type: none">– Bolus control• Lip Strength & Range of movement<ul style="list-style-type: none">– Bolus control	<ul style="list-style-type: none">• Taste<ul style="list-style-type: none">– Sweet, salty, sour, bitter, Super taster• Smell<ul style="list-style-type: none">– Food on plate, food nearby• Touch<ul style="list-style-type: none">– Texture• Visual<ul style="list-style-type: none">– Food on plate/nearby, color, shape, size

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Slide 18

Oral Motor Target specificity

To increase bolus control during mastication

- Specifically, lateralization of a pea size bolus to the molars for 8-10 resistive, rhythmic chews (1/second) prior to the swallow

OR

- Specifically, increase mid-blade elevation of tongue for 3/3 trials across 2 sessions

OR

- Specifically, contain a pea size chewable bolus on molars for 8-10 resistive, rhythmical chews prior to swallow

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Slide 19

Reasonable Request:
Meet the child where she is...

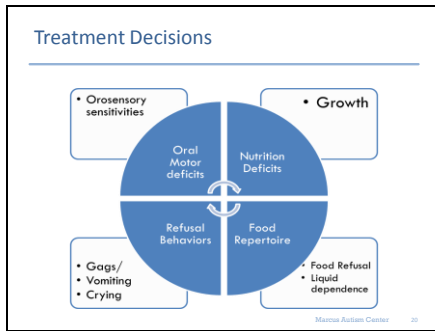
Desensitize to non-nutritive tools or to gloved hands

Desensitize to sitting in a chair



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Slide 20



Slide 21

Treatment Decisions

- **Nutrition** needs of the child guide initial p. o. food targets based on the child's current nutritional needs and growth deficits
 - Fruits, Vegetables, Starch, Protein
 - Liquids (nutritionally balanced supplement, water, milk)
 - Volume tolerance per meal / balanced with enteral feeds
 - Continuous enteral feeds vs bolus enteral feeds
 - It is within the scope of practice and the role of the Nutritionist to guide gastric tube weaning with the caregivers and to create a balanced enteral/p. o. feeding plan
- **Oral Motor/ feeding skill** guides:
 - The texture of foods introduced i.e., puree, ground, mashed, "X" table (each texture has different caloric density), and
 - The quantity, viscosity, and vessel for p. o. liquids

The SLP's scope of practice does not include tube weaning

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