QUESTIONS FOR DOCTORS

1. How long have you been seeing and treating children with pediatric feeding disorder?
   • Look for someone who has at least a few years of experience.

2. Are you familiar with the Pediatric Feeding Disorder Consensus Definition and Conceptual Framework article published in the JPGN?
   • If not, look for someone who is willing to read the article.

3. Do you have specific education and training regarding pediatric feeding disorder?
   • Look for someone who has sought out additional training to understand the issues.

4. Describe your overall approach to pediatric feeding disorder.
   • Look for someone who understands the medical, nutrition, feeding skill, and psychosocial domains and is willing to collaborate with a multidisciplinary team.

5. How do you determine if a child is growing well?
   • Look for someone who follows your child’s own growth pattern, not just a standard growth chart.

6. How do you share the results of diagnostic testing, treatment goals, and other information with me and other providers treating my child?
   • Look for a practitioner who partners with professionals in other disciplines and keeps open lines of communication with them as well as with you. Make sure they are willing to provide you with copies of reports and take the time to go over reports with you to make sure you...
completely understand the results.

7. **What is the best way for me to communicate with you?**
   - The more ways you can communicate with your provider the better.

**QUESTIONS TO ASK A FEEDING THERAPIST**

1. **What type of medical information will you need prior to evaluating or treating my child?**
   - Look for someone that will do a thorough review of your child’s medical history.

2. **How do you establish feeding goals?**
   - Look for someone that works with you to determine what goals are important to your family. They should also consider realistic goals that will build on your child’s skill and abilities, nutritional needs, medical needs, and goals that will take into consideration the parent/child relationship.

3. **How frequently do you re-examine my child’s progress and how do you modify treatment as a result?**
   - Look to make sure they are assessing the progress and will modify treatment if something isn’t working to ensure progress is made.

4. **What type of strategies do you use to support a child’s feeding skills?**
   - Look for a provider who is familiar with adapted utensils, seating, and other factors that may make it easier for your child to succeed.

5. **Who will feed my child during therapy sessions?**
   - Look for someone who knows that feeding therapy includes the child, you as the parent, and themselves as your partner in treatment. The therapist should ask for you to feed your
child and for your child to feed themselves as they are able. They should work directly with your child and model techniques and strategies to ensure they are the right match for you and your child.

6. **What is the response in a therapy session if my child becomes upset, refuses to eat, coughs, gags or vomits?**
   - Look for someone who is willing to explore what might be causing these behaviors to happen and not just pushing past the cues and force feeding.

**QUESTIONS TO ASK A REGISTERED DIETICIAN NUTRITIONIST**

1. **How do you determine my child's current nutritional status?**
   - Make sure they are assessing your child’s nutrition status using all measurements (weight, height/length, head circumference) and following the trends over time on the growth chart. In addition to assessing these measurements, the clinician should also perform physical assessments and review with your child’s nutrition status.

2. **How do you create a treatment plan to help my child progress?**
   - Look for someone who wants to understand your child’s current intake by requesting a food log or asking you to provide detailed information regarding what your child is currently eating. They should also be willing to collaborate with other disciplines to create a feeding plan that will ensure adequate nutrient intake while accepting and understanding your child’s current skill and ability (Example: Your child may not be able to take in protein from a piece of roasted chicken and instead would provide you with instruction on how to prepare the chicken in a way your child is able to eat it OR provide
you with other alternatives that will meet the protein needs.

3. **What vitamin and mineral supplementation does my child need?**
   - The RDN will be able to review your child's intake and provide recommendations for vitamin and mineral supplementation if it is needed.

4. **What serving size is appropriate for my child?**
   - Look for someone who is willing to help you determine the serving sizes that are appropriate for your child in order to meet their nutrition needs for adequate weight gain/growth as well as meeting all macro and micronutrient intake needs.

5. **Are you familiar with the Pediatric Feeding Disorder Consensus Definition and Conceptual Framework article published in the JPGN?**
   - If not, see if they are willing to read the article.

**QUESTIONS TO ASK A PSYCHOLOGIST**

1. **How do you assess the current parent-child relationship?**
   - Look for someone who is going to watch the feeding interaction

2. **What is your experience with parent-child coaching?**
   - Look for someone who has experience with a family-centered approach to pediatric feeding disorders and emphasizes the importance of parent-child coaching.
3. **Who will feed my child during therapy sessions?**
   - Look for someone who asks you to feed your child and for your child to feed themselves as they are able. You want someone to work directly with your child and model techniques and strategies to better understand the parent-child relationship during mealtimes.

4. **What is the response in a therapy session if my child becomes upset, refuses to eat, coughs, gags or vomits?**
   - Look for someone who is willing to explore what might be causing these behaviors to happen and not just pushing past the cues, force feeding, or assuming it is only behavioral.