

LEARNING OBJECTIVES AND DESCRIPTION OF SESSIONS

Pediatric Feeding Disorder US ICD-10-CM Approval: What Does it Mean?

James A “Jaime” Phalen, MD, FAAP

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Jaclyn Pederson, MHI

A practical approach to utilizing the ICD-10-CM diagnosis for pediatric feeding disorder while keeping in mind the ICF approach. This session will present a case study and implications for improved documentation and reimbursement.

Learning Objectives:

- Determine the ICF profile for PFD based on a case study presentation
- Understand all 4 domains and how they interact when making a diagnosis of PFD
- Documenting diagnosis and treatment evaluation and outcomes for insurance companies

Conducting pediatric feeding assessments via telepractice—reliability, practical considerations and satisfaction

Madeline Raatz (BSpPath)

This session will present a body of research focused on investigating the feasibility and reliability of pediatric feeding assessments conducted via telepractice. Key learnings and practical considerations for clinicians will be discussed.

Background: The use of telepractice to provide pediatric feeding services has previously been suggested as one potential model to improve access to pediatric feeding care. The use of telepractice has become essential during the COVID-19 pandemic, with clinician interest in and use of telepractice at an all-time high. However, many clinicians have raised concerns regarding the feasibility and reliability of pediatric feeding assessments conducted via telepractice (particularly for infants/children with dysphagia). Limited research evidence in this area is often cited as a particular concern by clinicians. The current study aimed to (1) develop the system architecture required to conduct pediatric feeding assessments via telepractice, and (2) investigate the feasibility and reliability of this model. Secondary aims were to investigate clinician and family satisfaction.

Learning Objectives

1. Be able to summarize key modifications for offering pediatric feeding assessments via telepractice.
2. Be able to describe the reliability of offering pediatric feeding assessments via telepractice

Detecting malnutrition in children with feeding challenges

Patricia J Becker MS RDN CSP

This session will provide an overview of malnutrition in children with feeding challenges. It will include the definition of childhood malnutrition. As well as the current criteria, classification and clinical

characteristics used to identify and document pediatric malnutrition. Current pediatric malnutrition screening tools will be reviewed. The essential components of nutrition assessment for the identification of pediatric malnutrition will also be discussed. Conditions that impose feeding challenges and put children at risk for malnutrition will be identified and intervention recommendations discussed.

Learning Objectives

By the end of this session, attendees will be able to:

1. Recognize children at nutritional risk for malnutrition
2. State criteria to identify malnutrition in children
3. Describe the process to identify and document malnutrition in children

Facilitating and Managing Breastfeeding In At-Risk Babies: Collaboration Between Feeding Therapists and Lactation Consultants

Jill Rabin M.S. CCC-SLP/L IBCLC

This presentation will instruct participants on the health, neurodevelopmental and oral structural shaping benefits that breastfeeding can have on babies with special needs and how favorable breastfeeding outcomes can result from collaboration between feeding therapists and IBCLCs. Through lecture, discussion and video presentations of complicated breastfeeding cases, participants will better understand their vital role in understanding breastfeeding and educating families on the importance and impact of early feeding choices. Participants will also understand the importance of their role in supporting and advocating for mothers of high-risk babies who may not be able to establish a full milk supply or actually breastfeed, but whose babies would benefit from the provision of breast milk. Populations discussed will include: babies with Down syndrome, babies with medical conditions such as congenital heart defects and TE fistula, as well as feeding aversion and dysphagia. Interventional techniques, such as “bridge” feeding devices, positioning and tummy time will also be reviewed.

Learning Objectives

By the end of this session, attendees will be able to:

1. Name at least three benefits of providing breast milk to at-risk babies
2. Name three bridge devices/and or techniques to use in helping to establish breastfeeding and provision of breast milk.
3. Name at least two ways that the act of breastfeeding impacts oral structural development.
4. Name at least three ways they can collaborate with a lactation consultant to educate and assist moms of high-risk babies in establishing a breast milk supply and/or providing donor milk.

Family-Centered and Trauma-Informed Practice for PFD

Christian Hancock, M.S., CCC-SLP; Leah Walsh, M.S CCC-SLP;

Emotional and psychosocial trauma associated with pediatric feeding disorders is an essential consideration for healthcare professionals when serving families and children. This presentation will examine the complex and interrelated etiologies of the child’s developmental skills, the home environment, and family psychosocial functioning related to pediatric feeding disorders. The application

of trauma-informed approach has the potential to assuage negative consequences and empower families through holistic care. Family-centered feeding therapy can address mealtime stress, provide emotional support, and encourage positive coping and therapeutic progress. Barriers to routine integration of trauma-informed practices will be discussed. Evidence-based strategies presented will highlight considerations for healthcare professionals when implementing trauma-informed plans of care.

Learning Objectives

By the end of this session, attendees will be able to:

1. Describe how potential trauma is associated and impacts PFD
2. Discuss signs of emotional trauma related to feeding and mealtime
3. Consider trauma-informed care strategies to support the whole family

Investigation of assessment tools in the area of pediatric feeding evaluation

Kate Barlow, OTD

Paula Rabaey, Ph.D., OTR/L

With the movement to classify the range of feeding problems in the pediatric population into a unifying term “Pediatric Feeding Disorder” (PFD), there is a need for standard guidelines to choose the most appropriate assessment tool(s) that aligns with the four domains of PFD including: medical, nutritional, feeding skills, and psychosocial factors (Goday, 2019). A recent systematic review on the psychometric characteristics of 10 non-instrumental pediatric feeding and swallowing assessments found missing, incomplete or conflicting psychometric data for all reviewed (Speyer et al., 2018). Assessment and treatment of PFD is critical in all domains to ensure inter-disciplinary collaboration and positive outcomes for both child and family.

This study seeks to address two specific research questions: (1) To what extent do current assessments by feeding clinicians address the four domains of PFDs? (medical, nutritional, feeding skills, and psychosocial factors) and (2) What are feeding clinicians’ perceptions of current assessment tools used in the evaluation of PFDs?

Learning Objectives

By the end of this session, attendees will be able to:

1. Summarize the assessment tools currently being utilized by occupational therapists and speech language pathologists in the US for pediatric feeding disorders
2. Associate the current assessment tools they use in practice to the Pediatric Feeding domains and will be able to then analyze the effectiveness of the tools they use in covering all of the domains of PFDs.

Neonatal feeding assessment and nutritional interventions

Roberta (Bobbi) Pineda, PhD, OTR/L CNT
Brittani Clark, MS, RD, CD, CLC
Rebecca Pipkorn, RD, CD, CNSC

Attendees will learn to properly evaluate infant growth using appropriate growth charts. Neonatal nutrition management including formula selection, supplementation and promotion of oral feedings will be discussed. Attendees will learn how to intervene if infants are not meeting or are exceeding growth goals. Lastly, we will discuss the importance of a multidisciplinary approach in both the inpatient and outpatient settings and review the roles of each provider.

Learning Objectives:

1. Identify the components of oral feeding assessed using the Neonatal Eating Outcome Assessment, its psychometrics and current research.
2. Evaluate growth goals of infants and how nutrition interventions can aid in obtaining growth goals.
3. Understand the importance of a multidisciplinary approach to infant nutrition within inpatient and outpatient settings.

Collaborative Practice and Role Clarity through the Pediatric Eating and Swallowing (PEAS) Project

Justine Turner MBBS FRACP PhD
Julie Evans M.S R.SLP, SLP (C), CHE
Tricia Miller, M.Sc., R-SLP, S-LP (C)
Melanie Matiisen-Dewar, M.SLP, R-SLP
Carmen Lazorek, BSc, BSc(OT), MRSc

The Pediatric Eating and Swallowing (PEAS) Project has a mandate to develop and implement a provincial clinical pathway in Alberta to standardize and improve care of these complex children. Families and clinicians across Alberta have identified a lack of role clarity and collaboration as one of the largest barriers to quality care for children with a feeding or swallowing disorder.

Pediatric feeding and swallowing is an area of practice requiring a wide-range of skills and advanced training. While children with a pediatric feeding disorder are best served by interdisciplinary teams , the makeup of such teams remains highly variable across Alberta. Children with a pediatric feeding disorder often have multiple points of contact with our medical system with numerous providers involved in their care who vary in expertise. Team composition and roles also differ depending on the team structure, client needs and provider availability. Altogether, this contributes to the burden experienced by families navigating our healthcare system and there is a need for greater role clarity to facilitate a collaborative, interprofessional approach.

Learning Objectives

By the end of this session, attendees will be able to:

1. Identify the difference between traditional teams vs. collaborative care teams
2. Recognize that interprofessional collaboration is a key competency to providing safe, high quality eating, feeding and swallowing care regardless of care setting or geography
3. Access and apply collaboration practice tools within their own team's context
4. Recognize that families should be a key team member and how to apply tools for collaborative goal setting.

Pediatric Feeding Across Developmental Stages: Utilizing Families in Outpatient Treatment Model

Ryan Davidson, PhD

Julia Carmody, PhD

The proposed presentation will focus on psychosocial evaluation and psychosocial evidence-based treatment approaches for pediatric feeding disorders, including Avoidant/Restrictive Food Intake Disorder (ARFID), among children ages 2-18. This presentation will inform psychosocial providers on tailoring assessment and treatment based on developmental level and identification of meaningful caregiver and family-specific treatment targets. We will present the most recent literature on evidence-based assessment and intervention across developmental stages and the role of caregivers and families in feeding concerns and treatment. Case examples from our own outpatient practices, which are embedded in two multidisciplinary programs at Boston Children's Hospital (The Growth and Nutrition Program which serves children up to age 7, and the ARFID Program for patients ages 7 and up) will be included. **Assessment for Pediatric Feeding Disorders:** We will discuss the specific role of psychosocial evaluation within a multidisciplinary context for managing pediatric feeding disorders. We will review validated patient and caregiver questionnaires used within our clinics across different age groups to aid in assessment and conceptualization. Specifically, recommendations for assessing caregiver and family roles in the presenting feeding problems will be reviewed. **Psychosocial Intervention within Pediatric Feeding Disorders:** The proposed presentation will cover evidence-based treatment components that are applicable across all developmental stages, including collaborative family-centered goal-setting, implementing structured meal times, decreasing mealtime stress, and promoting adaptive mealtime behaviors. Next, we will cover specific treatment applications for younger children and their caregivers, including parent management training, behavioral techniques to increase or decrease behaviors corresponding with feeding goals, addressing caregiver stress, and improving interrelated aspects of the child's daily routine such as sleep. In older children, we will present maintaining mechanisms of ARFID including food selectivity/sensory sensitivity, low hunger/motivation, and fear of aversive consequences (e.g., choking, gagging, abdominal pain). We will cover treatment protocols based on the most recent literature for each maintaining mechanisms, and will present specific examples of cognitive behavioral treatment strategies targeting each of these maintaining mechanisms. Finally, we will highlight caregiver and family-centered treatment targets when working with older child and adolescents with ARFID and examine similarities and differences in comparison to treating younger children.

Learning Objectives

By the end of this session, attendees will be able to:

1. Evaluate feeding behaviors including those consistent with ARFID across developmental stages
2. Identify similarities and differences in the application of psychological treatment strategies for feeding difficulties across developmental stages.
3. Understand the specific role of caregiver and/or family in changing these behaviors

Picky Eaters vs. PFD vs. ARFID: Differential Diagnosis Decision Tree

Kay A. Toomey, Ph.D.

A challenge faced by all pediatric practitioners is in determining when a family can be reassured about their child's feeding, eating and/or growth issues versus when a child should be flagged for close monitoring, and when a child needs to be sent on for more in-depth evaluation and intervention. It is imperative that physicians, mental health providers and rehabilitation therapists, as well as other professionals working with children, have tools that can help them to identify early, which child and family would most benefit from a Feeding and/or Eating Assessment. This talk will review the most recent research that has now allowed us to operationally define what a Picky Eater is, as well as review the diagnostic criteria for Pediatric Feeding Disorder and Avoidant Restrictive Food Intake Disorder, laying a foundation for a Differential Diagnosis Decision Tree. The questions within the Decision Tree will be examined with regard to how those questions guide the Clinician to a differential diagnosis. The Differential Diagnosis Decision Tree will then be applied to Case Studies to achieve accurate diagnosis. Global recommendations for intervention will be given for each type of diagnosis.

Learning Objectives

By the end of this session, attendees will be able to:

1. Define the characteristics of a “picky eater” as different from either PFD or ARFID
2. Evaluate the validity of the criteria for ARFID
3. Identify critical components of a Differential Diagnosis Decision Tree for Picky Eaters vs PFD vs ARFID

The 2021 Feeding Matters Annual PFD Alliance Symposium: Changing the Future of PFD

Erin Ross, PhD, CCC-SLP

Hayley Estrem, RN, PhD

Amy Delaney, PhD, CCC-SLP

Cuyler Romeo, M.O.T., OTR, SCFES, CLC

The “2021 *Feeding Matters Annual PFD Alliance Symposium: Changing the Future of PFD*” is an opportunity for our feeding community to virtually connect and collaborate as we enter a new era of PFD advocacy. Feeding Matters PFD Alliance Pillar Leaders will lead participants as they describe the impact of 2020’s key initiatives and set the stage for a generative discussion on how best to change the system of care for children and families impacted by PFD.

PFD will be defined through case study analysis to clearly depict areas of needed improvement in the system of care. Participants will have the opportunity to share their own communities needs while results from the 2020 Digital Ideation and Pre-Con are shared for additional brainstorming insight. Newly authored PFD resources will be shared and application ideas will be gathered. Participants will conclude the presentation will idea mapping to ensure resources are utilized to progress the system of care for PFD.

Learning Objectives

By the end of this session, attendees will be able to:

1. Define PFD and describe the impact a defined diagnosis may have on the system of care.
2. Analyze advocacy actions and describe PFD needs related to their own community.
3. Actuate at least 2 new resources when advocating for PFD services.

Quantitative swallow measures of children through videofluoroscopy

Isuru Dharmarathna, Doctoral researcher
Anna Miles PhD

This session will be conducted by three clinicians, two speech language pathologists and an otolaryngologist. The session will include sharing of videos of videofluoroscopy for practical activities and sharing evidence based literature on pediatric VFSS practice. We will provide a background to how VFSS is practiced around the world at present and concerns and challenges surrounding it. Further we will discuss about alternative assessment methods and identify the need for VFSS in children as the gold standard swallowing assessment. While highlighting the importance of objective quantitative analysis of pediatric data, we will present data to discuss the challenges and how we overcame them in obtaining objective quantitative BFSS purchasing of high-cost tools. We will demonstrate how the key VFSS protocol, which does not include techniques will be used targeting feasibility in clinical context. Further, we will share our findings on developing reference values for these key measures, allowing the clinicians to identify children at risk of swallowing impairments and predict aspiration in children, even if it is not visible on VFSS. The session will be concluded with a Q&A session, which will allow the learners to interact with the presenters.

Learning Objectives

By the end of this session, attendees will be able to:

1. Understand the use of objective quantitative swallow measures in analyzing swallow biomechanics in children.
2. Explain the nature of videofluoroscopic study of swallowing (VFSS)
3. Identify steps of swallowing through VFSS.

Transitional Foods for Pediatric Feeding Disorders: Updates on Behavior, Risks, and Benefits

Reva Barewal, DDS, MS

Transitional foods is a category found alongside the International Dysphagia Diet Standardization (IDDSI) pyramid and are defined as solid foods that rapidly change texture in the presence of moisture or temperature change. The limited literature supporting, or suggesting, the clinical use of this texture has been primarily focused on children's development of mastication abilities with benefits of use shown with individuals with less mature or underdeveloped sensorimotor systems for mastication. However recently attention has been drawn to the variability in dissolvability and stiffness of transitional foods leading to a potential mismatch between the status of a young child's oral anatomic and motor system and the functional demands of the food itself.

Yet, while little is known about oral processing and swallowing across different classes of solids, even less is known about transitional foods. "First finger foods" which are frequently marketed to parents of toddlers, offer claims of safety due to them rapidly melting in the mouth and they are often presented to the public as a transitional food. However, when a variety of these products were tested, significant variability was found, with only a small proportion meeting all the safety criteria specified by the American Academy of Pediatrics. Ultimately, transitional foods have great potential to play an increased role in our therapeutic approaches to dysphagia management and also has been used in other applications such as tube feed weaning, and with picky eaters. The value of transitional foods is twofold: early development of the masticatory system which can have direct impacts on memory and cognition, and psychosocial impacts with access to foods for children with special needs that are desirable by all children. However, much remains unknown about the properties of these foods and the degree of variability that may exist between different marketed products, particularly under different oral environments which might be age and condition dependent.

This presentation will define and categorize types of transitional foods. The potential benefits of improved choices, increased textures and ultimately improved dining enjoyment will be discussed. The IDDSI testing method for transitional foods will be discussed and the variation in results obtained with this test will be shown between known transitional foods. The purpose of this presentation is to expose the audience to a deeper understanding of this growing field of interest and provide them with the tools necessary to properly evaluate their patient's potential risks and benefits of use of transitional foods.

Learning Objectives

By the end of this session, attendees will be able to:

1. Define transitional foods and the role they play in PFD
2. Compare and contrast the differences between transitional food behaviors in the oral environment and on bench top, utilizing IDDSI testing criteria
3. Define and describe transitional foods and the relevance of the oral environment to this food category

Age-appropriate feeding: The most important aspect in pediatric feeding disorder

Amy L. Delaney, PhD, CCC-SLP

Age appropriate feeding skills and expectations is the benchmark for making a diagnosis of PFD. This presentation will explore the current state of literature for age appropriate oral feeding skills, texture progression, and concurrent developmental processes that support age specific performance. New findings for oral feeding skill acquisition and texture progression will be presented for clinical consideration to measure delays and treatment progress.

Learning Objectives

By the end of this session, attendees will be able to:

1. Understand current criteria for age-appropriate feeding expectations
2. Utilize current evidence in age expectations in diagnostic criteria of PFD

Graz Model of Tube Weaning: Interprofessional Practice in Telehealth

Dr. Marion Russell OTD, MOTR/L, SCFES

Dr. Sabine Marinchek MSc

Feeding, eating, and participating in mealtimes are occupations that people engage in on a daily basis as individuals and as families. Pediatric feeding tubes are increasingly becoming part of the mealtime context and daily routines of many caregivers. Families with a child receiving enteral nutrition display increased risk for isolation, leading to escalation of overall stress and decreased quality of life (Russell et al. 2018). Yet, little attention is given for how to return to oral feeding once the tube is no longer medically necessary. While for many children this transition occurs without great difficulty, but other children may require the help of a professional team of experts.

Research has shown that an interdisciplinary approach for pediatric feeding disorders, including tube weaning, positively impacts outcome, which can contribute to a significant improvement in overall health outcomes over time (Sharp et al., 2017). However, traditional strategies addressing the process of transitioning off enteral feedings to oral intake often focus only on specific information, such as caloric reduction, and fail to keep the broader feeding context in mind.

Particular attention must be given to caregiver education regarding early signs of increased appetite and interest in food. Due to the increased likelihood of children on feeding tubes developing severe avoidance and food refusal patterns, both educational and intervention components of treatment should emphasize the child's autonomy in the feeding situation. Feeding and eating techniques need to be scaled back to empower the child and decrease interventions from caregivers that the child may experience as

intrusive. It is a dynamic process that requires careful consideration of all aspects of mealtime, including context and cues, to guide the caregivers and their child to the achievement of stable and sustainable self-regulated oral intake routines.

The “Graz model of tube weaning” attempts to bridge this gap, employing an interdisciplinary approach and treating the whole family unit as part of the transition process. The team is comprised of pediatricians, psychologists, and feeding therapists. Components of each discipline are integrated into the two main principles of the “Graz model of tube weaning:” 1. Enable the child to feel hunger 2. Enable the child’s sense of autonomy and encourage self-directed oral intake (Marinschek et al. 2020). Allowing the child to experience sensations related to appetite is an important step of the process and is always carefully supervised by the pediatrician in combination with the psychologist and feeding therapist. This workshop highlights the interprofessional Graz Model of Tube Weaning and its impact on the process of transitioning children off feeding tubes using an autonomy-based approach in the context of telehealth services. It will also explore interprofessional roles and communication on a feeding team and elements to consider when helping clients explore tube-weaning programs.

Learning Objectives

By the end of this session, attendees will be able to:

1. Identify strategies for interprofessional practice within the Graz Model of Tube Weaning.
2. Apply components of the Graz Model of Tube Weaning to telehealth practice.
3. Conceptualize barriers and facilitators to implementation of interprofessional practice in tube weaning via telehealth.