

Children with cerebral palsy or similar diagnoses often have difficulty participating in mealtime routines, both socially and physically. They often depend on an adult caregiver to participate in the meal with them by preparing and setting up their food, feeding them, or helping them eat. Despite this, it is important for both the child and the adult to be able to enjoy mealtimes as much as possible, since food and mealtimes in many cultures are important times for social interaction with family and friends, celebration, etc.

Listed below are some of the aspects of feeding that may be difficult.

- **Medical considerations:** If there are ongoing medical concerns, consult with a physician before beginning any intervention for feeding problems. This would include things like problems with weight gain or weight loss, digestive problems, dental problems, swallowing problems, seizures, diabetes, allergies, etc. Also, be sure that all adults involved in helping a child at meals are aware of medical issues and medications currently prescribed for the child. Transition from being tube fed to eating by mouth also requires careful planning and attention.
- **Safety:** This includes attention to medical concerns, but also includes things like making sure the child is not eating/being fed too quickly, that they are not being given foods that they cannot chew and swallow easily, or that they are strapped safely in their chair during meals in case the adult must leave them for a short time during the meal.
- **Nutrition:** For many children with special needs, especially those with particular medical problems, one of the primary goals of eating is to get proper nutrition. Because these children may need special diets, it is important to make sure that nutritional needs are being met, regardless of what other strategies are used to help with mealtimes and feeding.
- **Mealtime routines:** This refers to when and how meals fit into the daily schedule, and includes the things that happen just before and just after meals. Mealtime routines are important for the child because they can affect the child's mood and readiness to eat, and they are important for the adult caregiver because they can affect the adult's stress level and ability to pay attention to the child. Mealtime routines may also include thinking about the ways that food and mealtime activity can be meaningful and enjoyable for the child.
- **Physical Abilities:** This includes the child's ability to sit in a good, safe position for feeding, and their ability to use their jaw and mouth (cheeks, lips, tongue, teeth) to get food into their mouth, move it around (or chew it up), and swallow it safely. Many times children with special needs have difficulty with these parts of eating, and need specialized equipment for positioning and feeding. Sometimes there are special techniques that the adult can use in feeding the child that can be helpful, also.
- **Sensory :** This includes all the things the child hears, sees, smells, tastes and feels during a meal. Some children are sensitive to some sensations, such as lots of noise around them while they eat, or they don't like the feel of lumpy foods in their mouth. Sometimes changing the environment slightly or working up to more difficult food textures can help the child feel less stressed and better able to eat calmly.

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- **Communication and Social Interactions**: This includes the ways that the child lets the adult know what they want, how much they want, when they are finished, and so on, and how the adult gets or understands those messages and communicates with the child. It also includes how the child is able to interact socially with other family members or classmates who are also at the meal.
- **Self-feeding**: This includes all the ways that the child becomes more independent in feeding him or herself, and may be as simple as holding a bottle or cup, all the way up to using utensils without help. It often takes children with special needs more time and practice to learn some of these skills, and it often depends on what their physical skills are *and* whether they are motivated to feed themselves or not. There are many types of adapted cups, bowls, plates and utensils that can be useful in learning and doing self-feeding.

For more information, consult with an occupational therapist or speech therapist that has experience working with children with special feeding needs, or you may email Linn Wakeford, MS, OTR/L at wakeford@mail.fpg.unc.edu. The following resources may be useful, as well:

Lowman, D.L. & Murphy, S.M. (1999). *The Educator's Guide to Feeding Children with Disabilities*.

Morris, S.E. & Klein, M.D. (1987). *Pre-Feeding Skills: A Comprehensive Resource for Feeding Development*. Therapy Skill Builders/The Psychological Corporation, San Antonio, TX

Klein, M.D. & Morris, S.E. (1999). *Mealtime Participation Guide*. Therapy Skill Builders/The Psychological Corporation, San Antonio, TX

References:

Lowman, D.L. & Murphy, S.M. (1999). *The Educator's Guide to Feeding Children with Disabilities*.

Morris, S.E. & Klein, M.D. (1987). *Pre-Feeding Skills: A Comprehensive Resource for Feeding Development*. Therapy Skill Builders/The Psychological Corporation, San Antonio, TX

Case-Smith, J. & Humphry, R. (1996). Feeding and Oral Motor Skills. In J. Case-Smith, A.S. Allen, & P.N. Pratt (Eds.), *Occupational Therapy for Children, 2nd Edition*. St. Louis: Mosby.