

Written tips:

Top 5 ideas to achieve success with Avoidant Restrictive Food Intake Disorder and/or Extreme picky/problem feeding.

1) It must be individualised:

- The SLT often takes the lead role of facilitating Oral Sensory-Motor Therapy (OSM) when working with children with feeding and swallowing difficulties, including those with Avoidant Restrictive Food Intake Disorder. Dodrill (2015) states that a common criticism of OSM therapy is that performing sensory and motor exercises in isolation rarely leads to functional changes in feeding skills. However, these can be addressed by setting functional goals and recording outcome measures, even when in a group setting.

2) Use non food items:

- Children may not feel safe putting a hard texture e.g. raw apple or carrot in their mouths but will readily chew on a hard toy or spoon. Rowell & McGlothlin (2015) state that moving something solid in their mouths knowing they won't have to swallow it gives children confidence to explore and gain coordination and strength safely. In the SOS Programme Kay Toomey likes to use a flannel to encourage children to do 'Puppy dog bites' on their back teeth to encourage placement of food and lateral chewing. Often you can use oral toys or chewing aids, e.g. Trainer toothbrushes, NUK brushes, Chewy tubes or teething toys to model chewing and/or encourage children to dip into spreads or purees.

3) Graded tasks:

- Marshall et al. (2015) highlighted the importance of grading oral tasks. Encourage processed / and altered forms of unprocessed foods. For example, raw apple slices are very hard for children with immature oral motor skills and oral hypersensitivity. Try freeze-dried apple slices (KiwiGarden from the Supermarket) then progress to dehydrated apple rings, grated apple, thinly uniformed sliced apples to increasingly thicker slices.

4) Build a Bridge and get over it

- Many leaders in the field talk about using "bridges". Children need to bridges to access difficult to manage foods. For example, Fraker et al. (2006) talk about "Food Chaining", they have a book by the same name. Helping transition children to new foods via favoured characteristics of food they already accept. For example, if a child likes cheese, you might encourage a cheese cracker or cheese sauce on harder vegetables e.g. carrots or broccoli. In addition, Rowell & McGlothlin (2015) encourage condiment bridges, especially for harder or dry foods like meats. By adding moisture through dips and sauces, these foods can be easier to manage.

5) Helping establish a routine at home

- The Food Chaining Programme (Fraker et al. 2006) encourage parents to give familiar and accepted foods at main meals (breakfast, lunch and dinner), offering goal/target foods at snack times only. This encourages a regular routine, alleviating anxiety for parents. For example if a child takes a minimal amount or no food at morning tea, parents know that at lunch they can give foods, which the child will accept (usually just under 2 hours away). As more target foods are accepted, they can be gradually transitioned into main meals.