

Steps to Eating

TOLERATE

being in the same room
being at the table with food on the other side of table
being at the table with the food 1/2 way across the table
being at the table with the food approximately in front of child
looks at food when directly in front of child

INTERACTS WITH

assists in preparation/set up with food
uses utensils or a container to stir or pour food/drink
uses utensils or container to serve self

SMELLS

odor in room
odor at table
odor directly in front of child
leans down or picks up to smell

TOUCH

fingertips, fingerpads
whole hand
chest, shoulder
top of head
chin, cheek
nose, underneath nose
lips
teeth
tip of tongue, full tongue

TASTE

licks lips, tongue licks food
bites off piece and spits out
bites pieces, holds in mouth for "x" seconds and spits out
bites, chews "x" times and spits out
chews, partially swallows
chews, swallows with drink
chews and swallows independently

EATING

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Cues To Eating

Time

day, night, noon....

Room

which room

familiarity

location in home or school

Furniture

arrangement fo furniture in room

location of child's seat

location of other's at the table

People

number of people

who is present

Utensils

dishes

silverware, serving ware

Food

texture, consistency

temperature

color

size, shape

type

odor

Kay Toomey, Phd. 1996

Wendy :o) --

Thanks for thinking of us. I'm thrilled to see that Dr. Toomey's information is starting to get out on a national level. We have been working with her for the past three years. I have posted a lot of our experiences with Rachel's ups and downs. All of it is based off of Dr. Toomey's approach.

The information that she has is based upon there not being any medical condition involved. When there are medical complications the process of working through all of this is complicated and yet the basics of the educational pieces she has applies regardless of the medical situation involved.

I looked through the archives and found that I had not posted the following to this board.

This should help explain some of the handouts that you are posting.

<<Well, this is Rachel fourth week of group therapy at the feeding clinic. We have been working at the clinic for two years but on an individual basis. For the next eight weeks we will continue with a "group" approach to see if we can make some much needed progress from some different intervention.

I wanted to share with all of you what we talked about this week and just pass along the insights that I am seeing.

You would think I knew most of this stuff (and actually I do know quite a bit of it, but a refresher course is never a bad thing) :o)

While Rachel is in group, working with the therapists and the other kids, the director of the clinic is talking to us (the parents) about the different parts of the whole routine and why our kids have such a hard time eating. We are sitting on the other side of a two way window/mirror so we can observe each one of our children while they

are working and we are learning :o)

This week's lesson was all about the brain and how it processes information and learns HOW to do things.... It was very interesting to say the least.

There are 8 different areas of the brain that process sensory information. They are located all in different areas of the brain and so therefore the "map" that has to be made to connect all of these pieces together is VERY complex and challenging. Especially when the brain seems to be inhibited in building the pathways. This doesn't mean that kids with sensory problems are not capable of building the right pathways, BUT they just take extra work to build them and ALSO to maintain them.... like the old saying, "If you don't use it you lose it".

Think about the 8 senses first of all.....

They are:

Sight

Hearing

Taste

Touch

Smell

Proprioceptive (the input from joints and muscles)

Vestibular (inner ear/balance)

Kinesthetic (your awareness of the space that you are in) OR (the awareness

of where something is in your mouth)

The first five are the easy ones. At least to understand how they are supposed to work. :o) They are all in different areas of the brain though and so PATHWAYS have to be established and then FILED away in the memory for that to become a PLEASURABLE experience.

Okay, next is our proprioceptive input.

When it comes to eating your jaws, tongue, lips and teeth all have to work together to hold the food in your mouth, to chew it and not choke on it, etc.

In our situation, Rachel has VERY poor muscle tone, that leads her to

have a VERY challenging time just chewing the food to break it up and get it to where she needs to have it in her mouth before she tries to swallow it. She gets VERY tired of chewing after awhile, just like when we run, or even walk, after awhile we get tired because we are out of shape and we want to rest.

It doesn't matter to her that her tummy isn't full yet, her brain is telling her that she has spent TOO much energy and is not getting the results that she needs and she STOPS eating.

So the next piece, once you've understood the proprioceptive piece is the vestibular piece.

The vestibular piece is all about our balance. No matter where we are or what we are doing our BRAIN wants to make sure we are not falling and going to hit our heads. When we chew, each and every time, we are moving our jaws which affect our inner ear(balance) mechanism. So as unconscious as it may be, we are moving our heads ever so slightly every time we chew. So our brain is getting vestibular input the entire time we are eating. We continually have our brain "checking" to make sure we are balanced. This "reset" process can become overwhelming to the brain IF the vestibular input area of the brain is having a hard time processing that information.

Because of Rachel's poor muscle tone, she has always had to have extra supports to help her feel safe. When she is at clinic she has a footstool to help her feet know that she is not falling... she has a foam cushion that fits in her seat to provide extra support all around her.... they have a non-slip mat in the seat so she won't slip around. At home we have made some modifications to what we use at the clinic, however, we make sure that her whole body is supported as well as possible.

All of these are in place so that her brain doesn't have to continually work to help support her... she can focus her attention on the OTHER 7 areas :o)

So that brings us to the kinesthetic piece. This is kind of the hardest one to explain but think of it this way. We are chewing popcorn. And all of the sudden a piece of a kernel gets lodged in between your teeth. You INSTANTLY know that a piece is in the wrong place... How do you know?

Because of your kinesthetic awareness. Something is not in the right place. Your brain is "worried". It wants you to do something about it. You probably will stop eating, get a toothpick and take care of it. Now the "emergency" is over, you can go back to enjoying what you were doing. Eating popcorn :o)

When the brain doesn't have good kinesthetic awareness you can easily lose things in your mouth. All of a sudden you find you are choking or feel like you can't manage what is in your mouth and.....

YOU SPIT IT OUT! Doesn't that sound familiar to many of us :o(There may be "other" reasons also that you spit it out, but the kinesthetic piece played a part!

The three main areas that have helped us has been with the last three senses and ALL the work that we do for those specific pieces. That's why in working individually with the pieces we are helping to build the RIGHT pathways.

Eating is the MOST complex activity that our brains work with us on from a sensory standpoint. It is the MOST involved activity (besides sex) that our brains do.

All of Rachel's therapy is centered on play activities. We work with playdough and pulling and pushing things for proprioceptive input. We work with bubbles and water and different textures of materials (including mylar strips) for kinesthetic input as well as tactile defensiveness issues. We count her teeth with a nuk brush. We work with balls and swings to help her with vestibular input. We go under things, through things, over things (an obstacle course) to help with the kinesthetic piece. We use alot of simple explanations to help her cognitively recognize some of the messages she is getting. Like, "You can put the water in your tummy".

The integration of all of the different areas of the brain is what I have come to believe are the single most important factor in helping our kids achieve success with eating. There are going to be multiple other hindrances when you add the "medical" pieces that some of us face as well. But in the end we all have to focus on building the right pathways in our brains for there to be a positive outcome.

Hope some of this information helps some of you. Please feel free to e-mail me privately.

Sincerely,
Cindy -- in Colorado

The first sentence is the myth. In () is the reason why it's false. I only have 8 of them on this sheet. I am wondering if I accidentally lost the other sheet with the last two myths or if my therapist didn't have them in her packet. I will check into this on Wednesday. Till then, if anyone has the last two myths (hint-hint, Cindy) could you please post them. Thanks!

The Top 10 Myths of Mealtime in America

1. Eating is instinctive.

(Eating is only instinctive for the first month of life. After your 5th month of life, primitive reflexes drop out and eating becomes solely a learned behavior.)

2. Eating is easy.

(Eating is the most complex motor and sensory behavior that children have to do. It takes almost every muscle of the body and simultaneous coordination of all 8 of our sensory systems to eat.)

3. Eating is a two-step process. 1)You sit down & 2)You eat.

(There are actually 32 steps in the process of learning to eat (See Steps to Eating Post.)

4. If a child is hungry enough, he/she will eat. Kids won't starve

themselves.

(For children with feeding problems, eating is not a fun experience and can often be a painful experience. Children are organized simply: if it hurts, don't do it. Therefore, kids with feeding difficulties often learn to shut off their appetite recognition.)

5. Kids only need to eat three times a day.

(In order to meet their daily calorie requirements, kids would have to eat almost an adult-size meal if they only eat three times per day. Given their small stomachs, it often takes them six small meals a day to eat enough calories for proper growth and development.)

6. It is not appropriate to touch or play with your food.

(Wearing your food is part of the normal process of learning to eat. You can learn a lot about foods and what they will do in your mouth by touching them first. It's play with a purpose.)

7. Mealtimes are a solemn occasion. Children should be seen and not heard.

(Kids eat better when meals are fun and when dinnertime conversation is focused on food.)

8. When kids don't eat, they have EITHER a behavioral OR organic problem.

(97% of the feeding problems we see are due to a combination of physical and behavioral issues.)

Kay Toomey, Ph.D.

