

## CONSIDERATIONS FOR SOS FEEDING THERAPY VIA TELEHEALTH

As we know, our clinical work proceeds best when we can be directly, physically engaged with each child and family on our caseloads. That said, there are times when being able to treat a child live and in-person is just not possible. In certain situations, providing some level of Feeding Therapy via telehealth may be the most appropriate option. Based on our years of doing the SOS Approach to Feeding and our experience with conducting SOS sessions via telehealth, we would suggest the following.

**#1 = Just like in all Therapy Programs, good treatment begins with a good assessment.** In the most ideal situation, a child would be evaluated in-person by a multidisciplinary team. We strongly recommend that you do everything you possibly can to complete your full assessment first, together with the child and their parent(s). This initial face-to-face contact is critical for you establishing a rapport with the child that allows you to work with them via telehealth (if appropriate). In addition, it gives you vital information about how to work with this child's caregivers if you do need to go to a telehealth model.

**#2 = The General Treatment Strategies that are a part of the SOS Approach to Feeding program are particularly well-suited for Parent Coaching/Parent Education via telehealth.** Especially if you are not going to be able to see a family for in-person Feeding Therapy sessions after the initial evaluation, you should focus on helping the Parents to implement the General Treatment strategies. These strategies are the most helpful for the majority of families that you will work with, and they are the interventions that are the least likely to have unintended negative consequences if they are not used quite right by the family.

**#3 = When families are in enforced isolation situations, whether due to remote locations or quarantine situations, they will be stressed** with regard to how to keep their family's daily functioning moving forward in a positive fashion. Very often the Parents of our clients will have shifted down into Concrete Operations thinking themselves due to their higher levels of stress. Therefore, we need to think about gearing our interventions and teaching with them down to a very Concrete level.

**#4 = The most helpful and the most effective intervention you can do with these families is to conduct a Session on-line in which you, the Parents and the child (if  $\geq 4$  years old) actively create a MENU** for Family Meals for at least one week = 3 meals and 3 snacks a day, for 7 days (# of meal/snacks depends on child's age). Use the *SOS Menu Planing Form* to create Family Meals that include both preferred foods and therapeutic foods for this particular child to be learning about. After the MENU is finished, you can then discuss with the Parents when in the meal/snack they are to incorporate some therapeutic play and HOW they are going to do that play and with which foods.

**#5 = in order to conduct SOS Feeding Therapy sessions via telehealth, you will need to take into account your client's age.** At certain ages, children are simply not good candidates for remote Feeding Therapy. It is very difficult to do true feeding therapy on-line with the children under 4 years of age. Most Sensorimotor Thinkers and all of the Magical Thinkers really need you in there playing with them.

- For children from 6/7 months to 14/15 months of age, you might be able to have the Parents live- stream a meal with them feeding their child in a high chair. You would instruct the Parent to have a set of headphones connecting them to you on the phone or computer (which ever

they are filming/streaming from) so the child does not hear you. You will then give the Parent “live” advice about what actions to try with their child next and how to change their feeding techniques. WARNING – this is going to be very difficult for you to do if you have never worked directly with this child and/or their parent.

- For the children from about 14/16 months to 3.5/4 years, you are going to need to focus primarily on your Parent Education and helping the family implement the General Treatment Strategies. Children in this age range do not do very well with you trying to do feeding therapy with them through a screen. Instead, could consider trying to have these families live-stream a Family Meal with the Parent using headphones (similar to what was just discussed with infants). You could then give the Parent “live” advice about how to manage the structure of the Family Meal and any maladaptive behaviors that arise (IE. having them do Sensory Based Problem Solving or Emotion Based Discipline).
- If you have a client who is in the 4-5 year old age range AND older, make sure those children are helping you and the Parent build the Menu for the next week, using the Menu Planning form. Also, remember that you want these older children to be helping to cook meals every week.
- For the children in the 4-5 year old age range that you have been seeing in Feeding Therapy, who know the routine and whose Parents you have a good relationship with, consider structuring your session around either playing a Food Game such as Castle of Colors (but you have to adapt the cards to make sure the children are forced to do anything they are not ready for) OR consider structuring your session around creating a Food Art project together.
- For the children who are from 6 -9 years that you have been seeing Food Science, who know the routine and the Food Science language, and whose Parents you have a good relationship with, you can do a Food Science session with them but consider structuring it around primarily cooking a recipe together (them in their kitchen and you in your therapy kitchen).
- For the children 10 years and above, you can do a true Food Science session via telehealth AS LONG AS you have been seeing them in feeding therapy for a few months, they know the routine and Food Science language, and you have a really good relationship with the Parents.

**#6 = It is very important for successful Feeding Therapy via telehealth that you know the Parents/Caregivers very well and that you have a solid working relationship together.** This is because there is a great deal of work that the Parents and Caregivers will need to complete before and during each telehealth session for it to go well when the child is present. As the Therapist, you will need to plan in advance and share with the Parent, the Feeding Session Food Hierarchy and/or list of foods, along with a list of all the other supplies needed for your session (e.g. plates, napkins, cup, spoons, cocktail forks, stirrers, a wash bucket, a trash can, wash cloths, hand towel and all kitchen tools you want present etc.). This Parent will then need to either find these items in their home, or they will need to go out to purchase these items. The Parent will also have to have all of these items fully prepared/set up at the start of your session. YOU will need to have the exact same items on your end as what you have the Child + Parent have on their end. Getting all of this arranged takes time and effort on both your and the Parent’s part, especially if you are going to be cooking a recipe together. Consider creating written lists, written instructions and having preparation phone calls in advance of your sessions to start.

We hope, with these suggestions, that your telehealth sessions will go well!