

FEEDING THERAPY MEALTIME GUIDELINES

THESE RECOMMENDATIONS AND SUGGESTIONS ARE IN COLLABORATION WITH YOUR CHILD'S THERAPIST

SETTING/STRUCTURE

1. **MEALTIMES ARE SOCIAL WITH MODELS:** all meals and snacks should be offered when other family members (or others) are eating, and preferably eating the same foods whenever possible.
2. **LIMITED OR NO DISTRACTIONS:** do not allow children to watch TV, play with toys, or have other distractions at the table during meal and snack time. Socializing and soft music is OK. It's also OK to have a "weaning" plan for reducing distractions (talk to your therapist) if you are using this as part of your routine now.
3. **IN A CHAIR AT A TABLE:** Children should be well supported in a n appropriate size chair, and be seated with a tray or table surface at an appropriate height for their size. Optimally, children should sit at a table with others for meals and snacks.
4. **MEAL & SNACKS LOCATION:** The meal and snack location should be used ONLY for eating and drinking. Do not administer medications, perform medical procedures, or do other invasive or aversive things in the same location.
5. **BE CONSISTENT:** As much as possible, be consistent with mealtime setting and structure so the child learns what to expect.
6. **INDEPENDENCE:** Always allow independence and help children with their permission. It is best to initially allow them independence, then offer help if they need it. Carefully read your child's cues for acceptance of support.

SCHEDULE/ROUTINE

1. **PLEASANT BEGINNING & ENDING ROUTINE:** Handwashing is often a pleasant beginning and ending routine, or your therapist may discuss an alternative. The routine should be the same for every meal and snack so that it is predictable and enjoyable.
2. **SENSORY TRANSITIONS IF NEEDED:** Your therapist may discuss the need for sensory transitions prior to meal and snack times.
3. **GUIDED BY MEDICAL/NUTRITION STATUS:** your child's mealtime schedule must be guided by their medical status and their nutritional needs as deemed by the physicians and dietician involved in your child's care.
4. **REGULAR INTERVALS:** most children should be eating at regular intervals throughout the day. Recommendations include meals to be 2.5 to 3 hours apart, 5-6 times a day. Your therapist will work with you to determine an appropriate schedule.
5. **DURATION:** snacks should last about 10-15 minutes and meals about 15-30 minutes. Initially, your child may not tolerate staying at the table. Your therapist will help you determine how long your child should stay at the table initially and then work on increasing the time.
6. **TIMER USE:** using a timer is a great way to teach children the expectation of staying at the table for the duration expected.

ADOPTED FROM THE "MERRY MEALTIME GUIDELINES" CREATED BY NINA AYD JOHANSON, MA, CCC-SLP AND THE AEIOU APPROACH TO FEEDING
RE-CREATED BY THE SPEECH HOUSE thespeechhouse702.com

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They can be told the meal or snack is over when the timer goes off. We work on the child staying at the table but we never force them to eat.

7. **EXTRA TIME:** some children may need extra time if they are self-feeding, have oral motor or fine motor difficulties, or enjoy the social aspects of mealtime. Meals should not last longer than 30/35 minutes ideally.
8. **EXPECTATIONS:** expect your child to stay at the table. It is not OK for your child to get down from their chair, sit on caregiver's laps, etc. They should be expected to stay in their seat for the duration expected until the timer indicates that the meal or snack is over.
9. **NO GRAZING:** to build up hunger for scheduled meals and snacks, and for optimal digestion, children should only be offered food at the scheduled meals and snacks. We must try to avoid grazing on snacks all day. WATER OF COURSE CAN ALWAYS BE OFFERED during the day and in between all meals and snacks.
10. **ALL DONE BOWL:** use the all done bowl to teach your child to put their foods they did not eat or do not want in their "all done" bowl when the timer goes off. This helps teach a sense of finality and will also increase interactions with foods by touching that they may have refused to touch, taste, or eat during the snack or meal. Your therapist may suggest creative ways for putting foods in the "all done bowl," such as holding food between the teeth or lips and dropping into the bowl.

THE FOOD

1. **AGE/SKILL APPROPRIATE:** your therapist and you can discuss offering foods that are appropriate for your child's age and skill level. Safety first. Sometimes foods need to be cut into smaller pieces, or presented in larger strips for biting. Each child is different, but preparing foods in such a way that your child will be most successful and independent is the goal.
2. **EXPOSURE:** children need to be exposed to a wide variety of tastes and textures, as well as different brands of foods. The goal in therapy is to help your child accept a wide variety, and the first step to achieving this is exposing them to a wide variety of foods, and moving away from only offering referred foods.
3. **OFFER AT LEAST 3 DIFFERENT FOODS:** At each meal and snack, offer at least **1 protein + 1 carbohydrate + 1 fruit or vegetable**. Children need to be exposed to taste and texture variety every time they eat. They may not eat each food that is offered, but they must learn to tolerate new and unfamiliar foods at the table and on their plate.
4. **AT LEAST ONE SAFE FOOD!** Make sure to have at least ONE food you KNOW your child WILL eat at any time.
5. **MODEL! MODEL! MODEL!** Model for your child eating a variety of foods. Talk about the foods and encourage them to look at it, smell it, touch it and make suggestions to "lick it" or "bite it" but never forcing.



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