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## THE SOS (SEQUENTIAL ORAL SENSORY) FEEDING PROGRAM

The SOS Approach to Feeding is a trans-disciplinary program for assessing and treating children with feeding difficulties and weight/growth problems of all ages, with a special focus on children from 12 months to 5 years old. It integrates posture, sensory, motor, behavioural /learning, medical and nutritional factors to comprehensively evaluate and manage children with feeding/growth problems.

The SOS feeding program is an effective way to address problematic feeding behaviours in a variety of settings and populations. It focuses on increasing a child's comfort level by exploring and learning about the different properties of food, such as texture, taste, smell, and consistency. The SOS approach allows a child to interact with food in a playful, non-stressful way.

The SOS Approach is a trans-disciplinary feeding program that assesses and treats the whole child. Because feeding is the most complex of human physical tasks, it is critical that all the possible problem areas be examined when working with children who won't eat. The SOS approach follows a hierarchy of feeding, beginning with the ability to tolerate food in the room, in front of him/her, touching and eventually tasting and eating foods. The SOS Approach to Feeding was designed in America by Dr. Kay Toomey and her Feeding Team, where it has been used for 15 years. Professionals in the UK who use the SOS Approach have undertaken additional training to ensure the programme is delivered effectively.

### RED FLAGS©

Is this child a candidate for referral?

- Ongoing poor weight gain (rate re: percentiles falling) or weight loss
- Ongoing choking, gagging or coughing during meals
- Ongoing problems with vomiting
- More than one incident of nasal reflux
- History of traumatic choking incident
- History of eating & breathing coordination problems, with on-going respiratory issues
- Inability to transition to baby food purees by 10 months of age
- Inability to accept any table food solids by 12 months of age
- Inability to transition from breast/bottle to a cup by 16 months of age
- Has not weaned off baby foods by 16 months of age
- Aversion or avoidance of all foods in specific texture or food group
- Food range of less than 20 foods, especially if foods are being dropped over time with no new foods replacing those lost
- An infant who cries and/or arches at most meals
- Family is fighting about food and feeding (i.e. meals are battles)
- Parent repeatedly reports that the child is difficult for everyone to feed
- Parental history of an eating disorder, with a child not meeting weight goals

## **ASSESSMENT / DIAGNOSTIC PHASE**

The evaluation takes place over one day with all members of the team (Occupational Therapist, Speech & Language Therapist, Dietician). The team will observe a typical family meal and evaluate motor, oral, behavioural / learning, medical, sensory and nutritional factors.

## **TREATMENT PHASE**

The treatment programme is conducted in close consultation with the child's primary Paediatrician. The programme runs in 12 week cycles, but can be set up with individuals as an intensive block. Therapy incorporates:

- Education – to help parents understand and treat the feeding problems
  - Systematic Desensitisation - of the underlying sensory issues
  - Normal Development – provides a blueprint for creating a feeding treatment plan
  - Food Hierarchies / Choices – the importance role of play in feeding treatment
1. Each treatment session begins with a set routine; perceptual preparation, sitting stability exercises, breathing and oral-motor exercises, hand washing, teaching about food.
  2. Therapists work on the child's oral-motor and perceptual deficits through the choices of food made and the way in which they are presented (taste, size, texture, shape, colour, consistency, temperature).
  3. The child is advanced up a detailed hierarchy of 32 steps to eating with each new food presented. Therapists interact with the food and children in a way to help the child achieve each of the 32 steps from a skill standpoint.
  4. Positive social reinforcement is used to support the mastery of each step of the eating hierarchy. This allows for the best carry-over of the programme into the home environment.
  5. Range of foods is worked on first, followed by volume. Research indicates that children in the SOS Feeding Programme consume an additional 200 calories per day, on average, after 12 weeks of the Feeding Programme.

## **TREATMENT GOALS**

The initial intensive / 12 week block of therapy is followed by a review period, where the programme is updated and left with the family to consolidate at home. On average, the treatment goals are achieved within 12-18 months.

1. Child will readily initiate tasting a new food when presented, 80-90% of the time.
2. The child will have 30 different foods in his/her repertoire (10 proteins, 10 starches, 10 fruits/vegetables).
3. The child will be able to eat age appropriate foods without gagging, vomiting or battling with their parents.
4. Child will be able to take adequate amounts of fluids via an age appropriate container, in order to sustain hydration and to support growth.

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