

**Pediatric Feeding Disorder: Dynamic Assessment & Meaningful Goal Writing from EI to LEA**



MLWDawson, MS CCC-SLP, CLC, BCS-S  
 March 21st, 2024 8am and 9:15 am  
 Speech-Language-Hearing Association of Virginia Annual Convention

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**Disclosures**



**• Non-Financial Disclosures:**  
 Michelle Dawson is a volunteer with Feeding Matters, National Foundation of Swallowing Disorders (NFOSD), a Board of Trustees Member with the Communication Disorder Foundation of VA (CDF), Convention Committee member and Co-Chair of the Dysphagia Special Interest Group for the Speech-Language-Hearing Association of Virginia (SHAV), a former Treasurer with the Council of State Association Presidents (CSAP), and a Past President with South Carolina Speech, Language, and Hearing Association (SCSHA). She is a current member of both American Board of Swallowing and Swallowing Disorders (ABSSD), ASHA, ASHA SIG 13, NFOSD, SCSHA, SHAV, and the Dysphagia Research Society (DRS). Michelle also volunteers with ASHA as the Topic Chair for ASHA 2023 and 2024 Conventions for Pediatric Feeding and Swallowing Disorders Track.

**• Financial Disclosures:**  
 Michelle Dawson receives compensation for similar presentations from SpeechTherapyPD.com from webinars, as well as from the CEUs associated with "First Bite: Fed, Fun, Functional" and "Understanding Dysphagia", both are Speech Therapy Podcasts. Michelle is Director of Clinical Education and Assistant Professor for James Madison University, for which she receives an annual salary. She is Adjunct Faculty for North Carolina Central University, for which she receives a salary. She also receives royalties from the sale of her book *Chasing the Swallow: Truth, Science, and Hope for Pediatric Feeding and Swallowing Disorders*, and compensation for the CEUs for it from SpeechTherapyPD.com. Additionally, she receives royalties from sales with "First Bite Boutique". She received compensation from SHAV for presenting here today.

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**Agenda**

8:00-8:15: Introductions  
 8:16-8:45: Discuss how to complete a dynamic clinical swallow evaluation for a pediatric feeding disorder diagnosis.  
 8:46-9:30: Discuss the definition and four domains of "Pediatric Feeding Disorder" and where to indicate referrals to interprofessional practice partners.  
 \*\*\*Break in the middle\*\*\*  
 9:31-9:50: Discuss how to write goals for pediatric feeding disorder in the early intervention/private practice settings.  
 9:50-10:00: Questions

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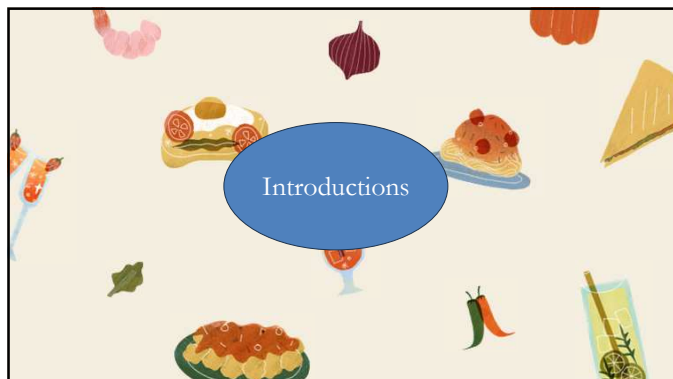
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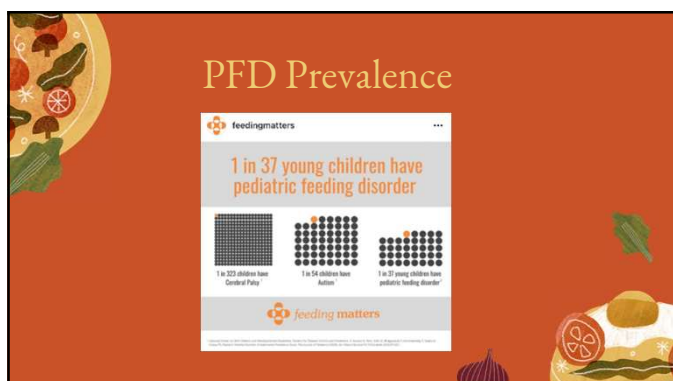
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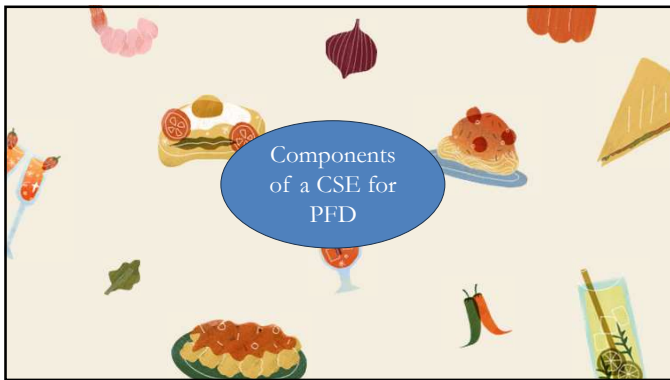
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- ### Components of a CSE for PFD
1. Patient's Social History
  2. Patient's Past Medical History (PMH)
  3. Patient's Current Medications
  4. Patient's Developmental History
  5. Patient's Educational Status/Therapies
  6. Patient Observations
    7. Oral Mech Exam
  8. Pediatric Feeding Disorder Clinical Swallow Evaluation

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Now let's work through some case studies...

While working through them, please make a note as to what you would include in your evaluation/POC report for the case history... or what additional questions would you ask.

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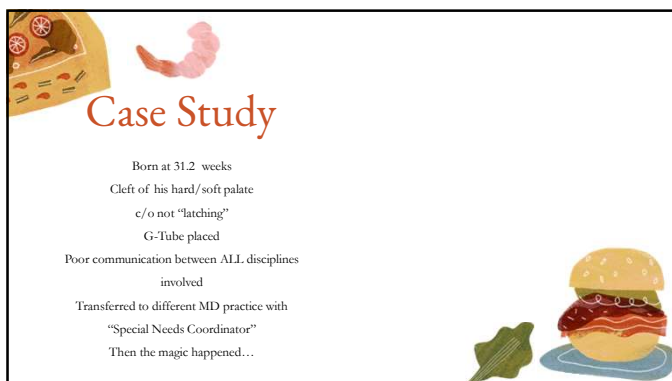
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**Case Study**

Born at 31.2 weeks  
Cleft of his hard/soft palate  
c/o not "latching"  
G-Tube placed  
Poor communication between ALL disciplines  
involved  
Transferred to different MD practice with  
"Special Needs Coordinator"  
Then the magic happened...

The slide features illustrations of a pizza box, a shrimp, a burger, and a green leaf.

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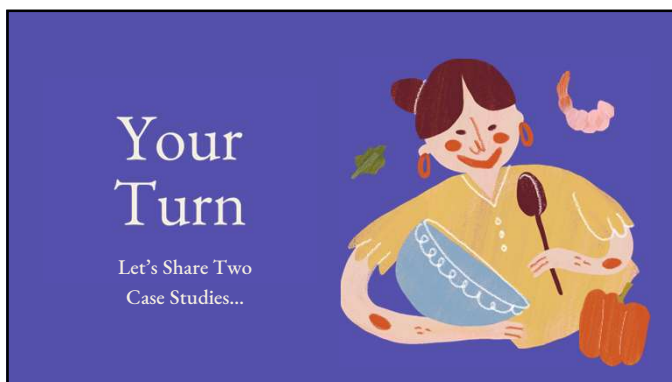
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**Your Turn**

Let's Share Two Case Studies...

The slide features an illustration of a woman in a yellow shirt cooking at a stove, with a bowl and a spoon. There are also illustrations of a shrimp and a pepper.

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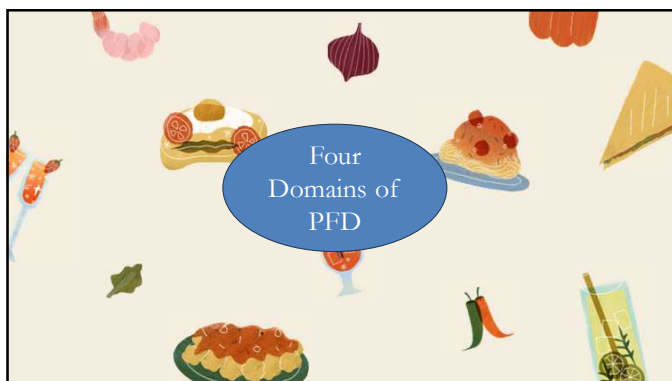
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**Four Domains of PFD**

The slide features a central blue oval with the text "Four Domains of PFD" surrounded by various food illustrations including a pizza, a shrimp, a pepper, a bowl of fruit, a glass of juice, and a slice of cheese.

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# PFD Domains

What red flags are you observing/evaluating/documenting for your CSE?  
How are they influencing your IPP referrals?

For each domain consider:  
Known  
s/s  
Referrals

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For each domain consider:  
Known  
s/s  
Referrals

Please pull up the Feeding Matters website and social media Pages

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## Now let's work through some case studies...

While working through them, please make a note as to what you would include in your evaluation/POC report for the specific four domains.

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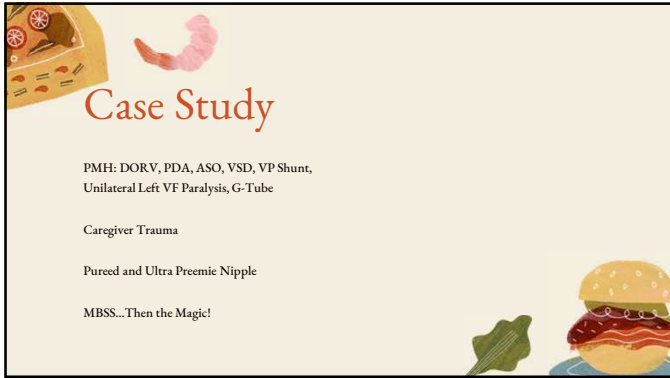
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**Case Study**

PMH: DORV, PDA, ASO, VSD, VP Shunt,  
Unilateral Left VE Paralysis, G-Tube

Caregiver Trauma

Pureed and Ultra Preemie Nipple

MBSS...Then the Magic!

The slide features a light beige background with various food-related illustrations: a pizza box with a slice, a pink shrimp, a green leaf, and a hamburger with a bite taken out of it.

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**Your Turn**

Let's Share Two Case Studies...

The slide has a solid orange background. On the right, a cartoon illustration of a person with a large nose and a yellow shirt is sitting at a table eating a meal. On the table are a bottle of wine, a glass of beer, a plate of food, and a small bowl. On the left, the text 'Your Turn' is written in a large, white, serif font, with 'Let's Share Two Case Studies...' in a smaller font below it.

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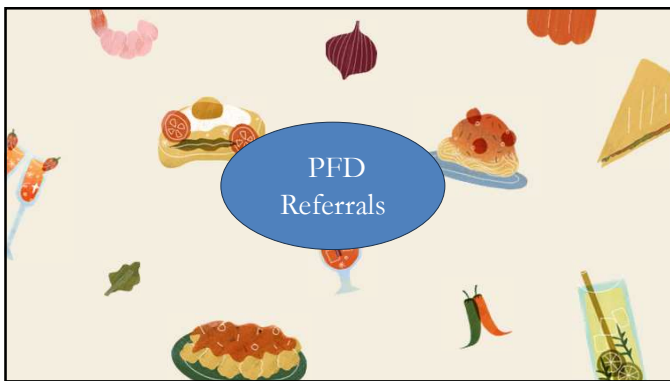
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**PFD Referrals**

The slide features a light beige background with a central blue oval containing the text 'PFD Referrals'. Surrounding the oval are various food-related illustrations: a pizza box, a pink shrimp, a purple onion, a slice of pizza, a green leaf, a red chili pepper, a glass of beer, and a plate of food.

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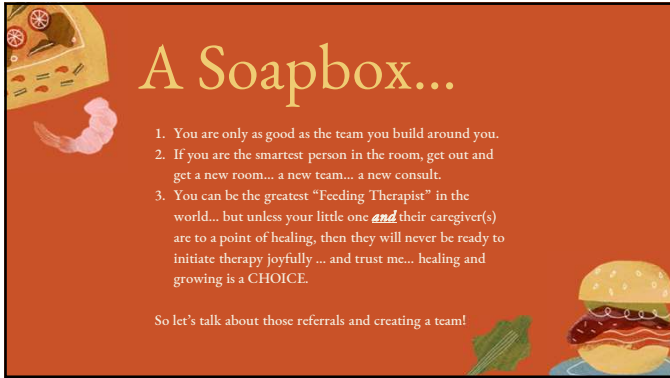
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## A Soapbox...

1. You are only as good as the team you build around you.
2. If you are the smartest person in the room, get out and get a new room... a new team... a new consult.
3. You can be the greatest "Feeding Therapist" in the world... but unless your little one *and* their caregiver(s) are to a point of healing, then they will never be ready to initiate therapy joyfully ... and trust me... healing and growing is a CHOICE.

So let's talk about those referrals and creating a team!

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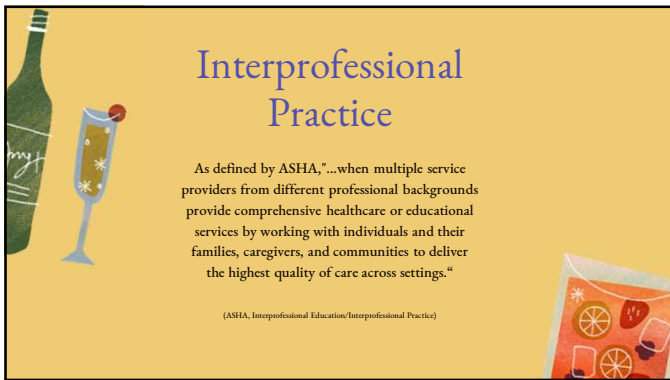
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## Interprofessional Practice

As defined by ASHA, "...when multiple service providers from different professional backgrounds provide comprehensive healthcare or educational services by working with individuals and their families, caregivers, and communities to deliver the highest quality of care across settings."

(ASHA, Interoessional Education/Interprofessional Practice)

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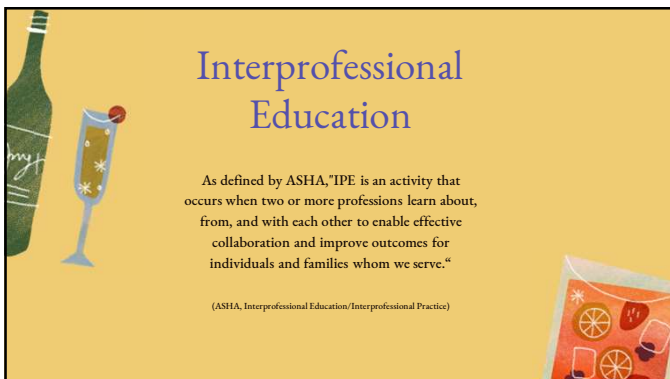
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## Interprofessional Education

As defined by ASHA, "IPE is an activity that occurs when two or more professions learn about, from, and with each other to enable effective collaboration and improve outcomes for individuals and families whom we serve."

(ASHA, Interoessional Education/Interprofessional Practice)

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## Potential IPE/IDE Partners

Medical			
Allied Health			
IDE		<i>Let's fill in the blanks ☺</i>	

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So, how do you know who to refer to?





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Now let's work through some case studies...

While working through them, please make a note as to who you would refer to and why.



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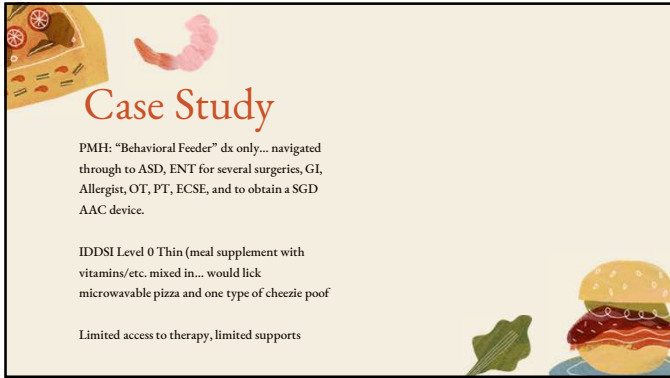
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**Case Study**

PMH: "Behavioral Feeder" dx only... navigated through to ASD, ENT for several surgeries, GI, Allergist, OT, PT, ECSE, and to obtain a SGD AAC device.

IDDSI Level 0 Thin (meal supplement with vitamins/etc. mixed in... would lick microwavable pizza and one type of cheezie poof

Limited access to therapy, limited supports

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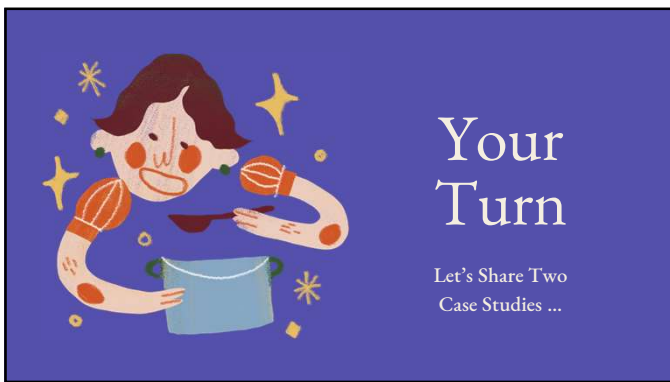
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**Your Turn**

Let's Share Two Case Studies ...

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**Goal Writing**

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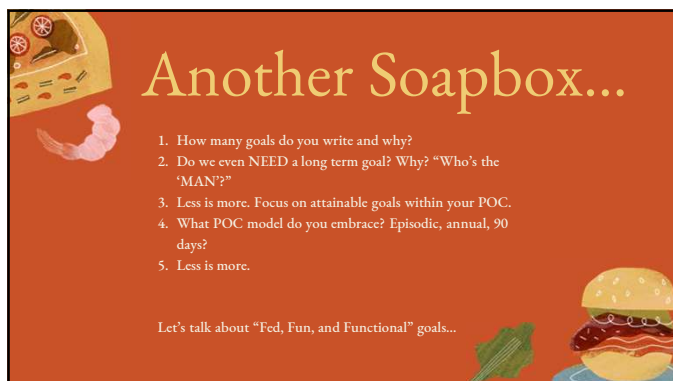
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## Another Soapbox...

1. How many goals do you write and why?
2. Do we even NEED a long term goal? Why? "Who's the 'MAN'?"
3. Less is more. Focus on attainable goals within your POC.
4. What POC model do you embrace? Episodic, annual, 90 days?
5. Less is more.

Let's talk about "Fed, Fun, and Functional" goals...

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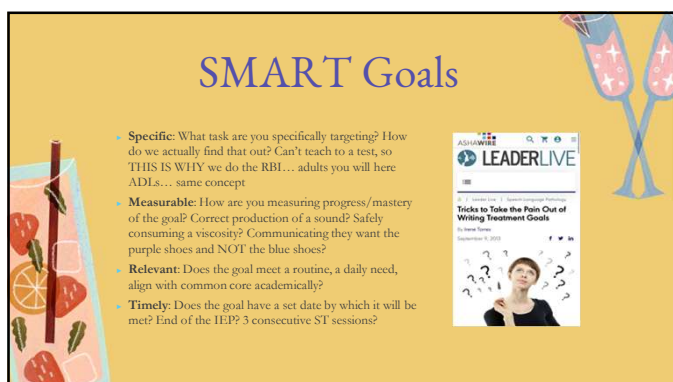
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## SMART Goals

- Specific:** What task are you specifically targeting? How do we actually find that out? Can't teach to a test, so THIS IS WHY we do the RBI... adults you will here ADLs... same concept
- Measurable:** How are you measuring progress/mastery of the goal? Correct production of a sound? Safely consuming a viscosity? Communicating they want the purple shoes and NOT the blue shoes?
- Relevant:** Does the goal meet a routine, a daily need, align with common core academically?
- Timely:** Does the goal have a set date by which it will be met? End of the IEP? 3 consecutive ST sessions?



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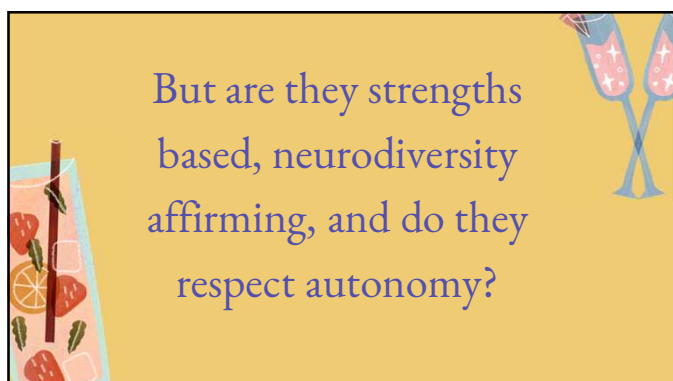
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## But are they strengths based, neurodiversity affirming, and do they respect autonomy?

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## Sample Goals

Case Study	Goal 1	Goal 2
<p>Three-year and six-month old male with Down syndrome, with pediatric feeding disorder characterized by only accepting IDDSI 4 puree foods by mouth, and g-tube placement for aspiration of thin liquids. He refuses liquids orally at this time.</p>	<p>"While engaged in child-led exploration of novel foods, student will independently and spontaneously bring advanced food (IDDSI level 3) to mouth 5x, as documented in "Food Log" by team member(s), by the end of the first quarter."</p>	<p>"While engaged in child-led exploration of novel drinks, student will independently and spontaneously bring cup with safest/least restrictive liquid (IDDSI level 2) to mouth 5x, as documented in "Food Log" by team member(s), by the end of the third quarter."</p>
<p>Four-year and one-month old female with Rett's syndrome, a pediatric feeding disorder characterized by only accepting five foods, and one type of preferred formula from a transition ripple sippy cup.</p>	<p>"Student will sit with peers at mealtime with their preferred foods for four consecutive days, without overt s/s of anxiety or fear, as measured by student collected data on a feelings chart, by the end of the second quarter."</p>	<p>"While engaged in child-led exploration of mealtime routines, student will serve a peer a novel food three times without overt s/s of anxiety or fear, as measured by student collected data on a feelings chart, by the end of the third quarter."</p>

Forward, E., Dawson, M., Neal, A.

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## Now let's work through some case studies...

While working through them, please write down a goal to share with us all ☺... (also, legit hate goal writing, so trust me, I feel your soul sighing! Ha!)

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## Case Study

PMH: DS, CP, Flaccid Dysarthria, GERD, IDDM (Type 1), Exocrine Pancreatic Insufficiency, Delayed GI Motility, Delayed Gastric Emptying, GERD, Caregiver Forced Feeding, ASD, relationship with food and mealtime

IDDSI Level 5 Minced and Moist and Level 0 Thin... but prefers Level 4 Puree

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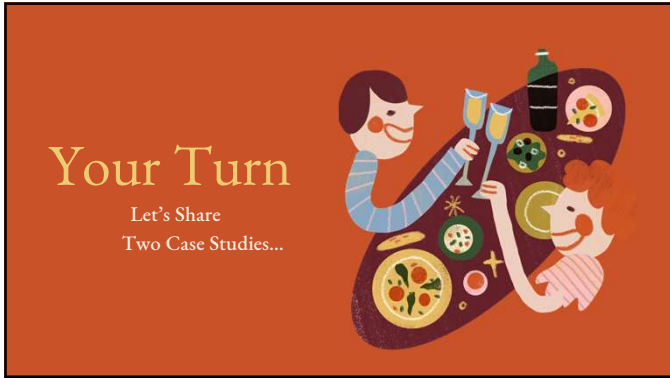
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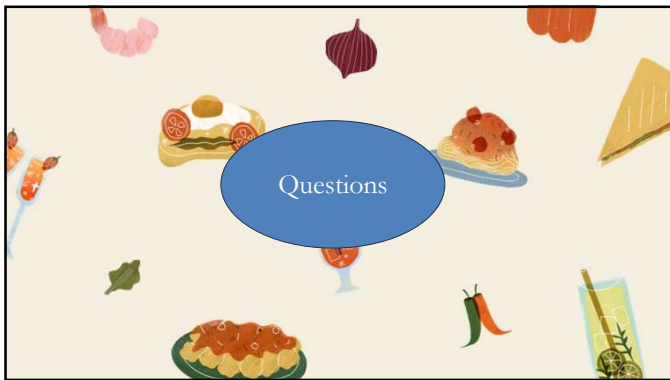
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## Questions and Contact Info

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