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Supporting Infants With Visual Impairment With Feeding Recorded January 14, 2020

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- [Fawn] Today's topic is Supporting Infants with Visual Impairment With Feeding. Our presenter today is Marsha Dunn Klein. She is a pediatric occupational therapist who has spent a career specializing in pediatric feeding challenges. She received her bachelor's degree in occupational therapy from Sargent College of Boston University in 1971. She received a Master's degree in education with an emphasis on special education in 1975 from the University of Arizona. She has co-authored "Pre-Feeding Skills", editions one and two, and "Mealtime Participation Guide "Homemade Blended Formula Handbook" with Suzanne Evans Morris, and "Feeding and Nutrition for the Child with Special Needs" with Tracy Delaney. She lives in Tucson, Arizona and travels to present locally, nationally and internationally on pediatric feeding issues. Welcome back Marsha, we're so happy to have you.

- Hi. Shall we start? We're gonna start, so it's nice to see you all, or feel you all out there. I'm appreciative to Continued that they offer a variety of courses for continuing education for therapists and I'm happy to be a part of that. We're gonna talk today about supporting infants with visual impairments and their journey into feeding. We're going to talk about three objectives today. One is we're going to talk about reasons children with visual impairments have challenges with feeding. We're gonna describe trust and responsive feeding-based strategies for infants with feeding and visual impairments. And we're gonna describe methods of introducing new foods and utensils for success with children who have visual impairments. The bottom line is we're going to try to understand why children with visual impairments have some feeding challenges and how can we help them learn to love food and the mealtime? The framework that we're going to build all of our ideas on is one that I think is really important and that is that feeding is a relationship, and Ellen Satter said it well. She said, "It depends on both the abilities "and the characteristics of both the parent and the child." And if you think about it, children who have visual challenges have different abilities coming into the mealtime. We know that visual challenges can interfere with feeding, but we also know that these interferences with feeding can interfere with the

parent-child relationship, so it is very important that we as people supporting families whose children have visual challenges that we understand this and we really work to bring parent and child together.

So think about it for a second, what do sighted babies learn about feeding through their vision? They learn lots. They learn to see the world around them. They learn about family and people in their world. They learn to see colors, shapes, and they learn about relationships of objects. They learn the communication of body language and facial expression. And vision gives them a reason to move and reach out beyond themselves. Really if you think about it, eyes are a preview sense. Through vision, we learn who's who in our environment, we learn who's familiar, we learn who's not. We learn at a glance what is safe and what is dangerous. So really, eyes are a warning system, that's one of their functioning. We learn a lot about feeding through vision. We learn who is our feeder. We learn that foods look different. We learn about the pace, how fast is that food coming at us, and from what direction? We learn about cups, forks, straws, spoons, utensils. We learn how other people use those utensils. We learn how enthusiastic other people are at trying new things. We learn what things in our environment we might want to try. We also learn that one food is now being offered, this food that's being offered to us right now is baby food pears, and now my feeder just changed those pears to something green. That food that's coming at me right now is a different color, it may look like a different texture.

So we learn through vision that change is coming. And vision helps us as a preview sense prepare for change. Vision allows for previews of sensory change from a distance it's our distant warning system, and mealtimes change a lot. There are advantages of course that the children have when they are sighted, and sight gives them developmental advantages. Bakke told us that vision information serves as a stimulus for a child to move, and as feedback through which the child learns to correct or improve his or her movement. In OT school, I remember learning about

accommodation, that when children are first learning to reach for something they bump into it and then adapt their motor plan, adapt their motor plan for the shape of that object. Eventually children learn, "Ah, I am reaching for something "that's upright, I can accommodate, I can turn ahead of time "to make my movement more efficient." When you don't have vision, you don't get that preview sense of feedback and you have to learn to get your feedback from other sensory channels.

Also, Bakke told us that motor development in children with visual impairments is expected to be different from that of typically developing peers, that all movement especially those with limb-coordination-dexterity and visual control may be modified by reduced visual stimuli. So these children are starting off from a different base from which to learn about their world. Selma Fraiberg, a pioneer in child development studied blindness in the 70s, and she told us, quote, "There is no possibility "of comparing blind and sighted children "in an item-by-item inventory of prehension, "and there's no possibility of fairly scoring these items "using sighted child criteria." Which is why it's complicated trying to do research, a comparison of development for visually impaired children and sighted children because in a way, it's hard to compare, but we can learn a lot from watching visually impaired children and from collecting that information. In support of these children, we need to have adults in their environment support them in learning about their world until they develop independence and confidence in exploring their world. The amount of visual loss that a child has is definitely going to affect the amount that their development is affected, and Brambring has told us that the more challenges are going to be seen in fine motor than in gross motor development, but both are affected.

The Texas School for Blind and Deaf Children had some terrific staff who have written an article called The Development of Tactile Skills, and you can find that online, but they talk about visually impaired children may be missing crucial information about their world, we know that, but they talk about the visual information affects the entire

process of gathering information, and that tactile information is just not the same as visual information gathering. That it requires information to be gathered over time with systematic exploration, that tactile information cannot be gathered from a distance it is a close-up sense, it is not a preview sense, and that if the child cannot explore that object, his perception of that object may well be wrong. And we've all heard about the elephant story, that three blind people feel an elephant and feel a very different perception from feeling the tail, the leg, or the trunk, and what we know is that we as loving grown-ups in the life of children with visual impairments need to help these children get the big picture of the activities around them, the sensory world around them, and in this case, in the mealtime.

We need to make extra effort to give these children more sensory and auditory, smell information, so that they can orient themselves to their meal in a much more confident and safe way. Wonder Baby is an online support group that looks at children with special needs and they have put together in 2017 a developmental chart for the ways that they've seen children with visual impairments and blindness develop, they gathered information from a number of different sources and made a guideline that you might find helpful. Children with visual impairments have a different starting point as their learning, so let's look for a few minutes at some of the general stages of development and the ways that we as their grown-ups can help children move forward in their development and catch up and feel confident in their development. In prone, you can imagine that there's a tendency for children with let's say blindness, reduced vision, to have delays in head lifting.

Why? They tend to snuggle into the floor and have delays in moving up against gravity because vision gives you a reason to lift your head, vision gives you a reason to shift your weight from side to side when you're in prone, to move up against gravity, but if you don't have a reason to look up, there will be a tendency to be more snuggled into the floor. So we grown-ups can give these kiddos a reason to head lift. We grown-ups

can give children in supine support in moving and rolling, since there tends to be a delay in moving out of supine. Again, why? Because you're happy laying in supine without a reason to move, but if you can hear, feel, and be encouraged to move from side to side, you can work towards rolling, you can work towards search reaching for toys, so we can help children learn to have a reason to move out of their comfortable supine position, we can help them find their feet and develop that flexor development that's so important to counterbalance what they're doing in extension. Sitting, you can imagine that children with visual impairments are sat and will tend to stay in that position. You need a reason to shift your weight and to move out of sitting, and that reason for sighted children is that they see things they want to reach for. They see a toy, they reach for a face, they reach forward for their foot, so again, to help these children not just stay sitting and be very content in that very small world of their sitting space, we're gonna give them a reason and support and confidence in reaching out of those positions.

In play, if your main world is right close to you, because really, your own first toy is your own body, and hands are right close at midline, we're gonna need to give reasons for children to reach out so their play can be with others, with toys in their world and they can learn how others play by feeling, reaching, touching, interacting with others, but on their own, their play is going to be pretty solitary or a parallel play kind of situation. Crawling, imagine you're blind, crawling is a completely disadvantaged developmental step that most completely blind children will ignore. Why would you crawl when your hands that usually protect you and help you know what's around you in your environment, they're on the ground with your knees and you're trying to move, and what's out into the world is your head? So that's going to be a stage that's often eliminated altogether. Walking, there can be a delay in independent walking and a tendency to hang onto the couch and the coffee table and the wall for a lot longer because it's what you know. So again, we're going to teach these children and their families those skills of walking and how to set up an environment for safe upright

movement. Communication, children learn a lot from watching people's faces when you're surprised, when you're worried, when you're angry, and so visually impaired babies will learn those things through the sound of your voice and through getting to feel the people around them.

So as a worldview, the children with visual impairments tend to move close into the space around them, they tend to explore what's really close, and without vision there can be many unexpected dangers for them, and what I'm going to call sensory surprises. If you think about it, when there's a whole continuum of, here we go, there's a whole continuum of visual challenges, from low vision, where there is some vision, there may be some light, some shadows, to complete blindness which has another set of challenges too, we have a lot of children that have deafness and blindness, and those children are at the most severe disadvantaged because they're not even getting auditory cues to help them orient to their world. Let's see if we can do this, there we go. So there are number of feeding challenges that children with vision problems can exhibit. Maybe caution with change, difficulty transitioning from breast and bottle because they like breast or bottle and it's what they know, maybe difficulty transitioning to new foods or new textures. We see regularly oral aversion, oral refusal, or a hypersensitivity and maybe gagging and vomiting. So these are very common challenges that these children can have because of the disadvantage that they had in exploring the world without vision.

So for a second, I'm gonna ask you to bear with me for a second, close your eyes, and imagine I'm feeding you. You're visually impaired, you're blind, you're a year old, you're in a highchair and I'm offering you baby food apricots. And I'm offering it to you and you know what's expected, you open your mouth each time the food comes at you, and then I change it up and I offer you blended liver. Some of you winced, some of you may have gagged, but certainly, you're gonna have a kind of worried response. That was what I'm gonna call a sensory surprise. You didn't expect it, I can take all of you

who are probably perfectly good eaters and cause you a level of worry because of the sensory surprise, and can you imagine if your mealtime was filled with sensory surprises? I will tell you, when I first started working at a school for deaf and blind children 40 years ago, I actually believed that all children with visual impairments had oversensitivity, hyper responses, gagging, oral aversion, because those were the children I saw day in and day out, but also because we were less skilled at helping parents learn how to feed their children back then.

But what I'll tell you I realized throughout my career is that a lot of those responses to food can be avoided, and I believe children with visual impairments do not have to have all that sensory oversensitivity if we, from the beginning, help parents know how to present each new sensory change of mealtime in a way that does not have a sensory surprise, that the children can trust and feel confident and not feel worried about their world, and that we're not building worry upon worry upon worry upon worry. I also want to say that children that are sighted have different temperaments, and so do visually impaired children, so some are gonna be more adventurous than others, some have had more sensory surprises to figure out by the time we meet them. And those babies bring their experiences to that mealtime, and so do parents.

So as Ellen Satter said, feeding is a relationship where children bring their experiences to the table and parents bring their experiences to the table, and we want to make sure that those experiences are positive. We want to create a world where the children has that, each child has a warning system about what's coming next so they don't have to build worry upon worry upon worry with sensory surprises. So how can we avoid these kinds of feeding challenges? We have to build trust from the beginning, we have to help parents be as predictable as they can so that, and help the babies use their hearing, their smell, their touch to be prepared for what's next. We want to help parents move slowly in their introduction of new foods to babies or new eating experiences, and go at the child's pace where we adapt, so for those more

adventuresome eaters who are saying, "Yeah, yeah, I'm ready for that," great, but for those babies that are saying, "Wait, I'm just a little worried," we can quickly adapt and go very slowly, giving those children more information if they need it. so let's look at how that could happen. We want to tell babies what to expect, so from the beginning we're going to intentionally talk about what's happening. Maybe in the beginning, infants don't understand all of our words, but where, "It's time to eat now, "we're gonna sit down in the rocking chair "and we're gonna have some breastfeeding, "or we're gonna have a bottle," we're gonna show the child what to expect, so for example in breastfeeding, the child is getting a lot of sensory information positionally, but with a bottle, we're gonna help the child feel it, we're gonna help them know what to expect, and we'll go over those individually in a second. We're watching the child's response, we are not pushing into their worry, and we're believing them, so if they say they're worried by their action, we're gonna believe them, we're not gonna push into what we think they should do this meal, we're gonna go forward with how they're responding to our presentation.

I'm gonna go back for a second to a, another of the basic foundations and frameworks of feeding babies. We know from the work of Ellen Satter that if the infants and toddlers have a responsibility and parents have a responsibility each step along the way with feeding, it's the parent's job to offer the breast or bottle, and I'm gonna say, parentheses, in the way that the visually impaired child knows it's coming, and it's the child's job to eat until they're finished. So parents need to offer the food in a way the child can be comfortable with and that the infant is allowed to and encouraged to stop when they're done, and then we listen, we believe them, we don't try to make them eat more, and then we offer toddlers food, it's the parent's job to determine what the menu, that's pretty easy because a child with visual impairments can't go around the house and find the crackers hanging around or pick the hot dog over the baby food, it's gonna be our job. Parents pick the where of feeding, and the when of mealtimes. It's the toddler job to decide how much food to eat of the food that's offered, and if

they want to eat that food at all. So with visual impairments, it's gonna be the parent job to make the menu but also make it in textures and flavors that are safe, and help the child make the transitions to new textures and flavors in a comfortable way. I talk about the, in the get permission approach workshops that I do, I talk about the difference between offering and demanding. It is our job to offer, this is how I believe it, it's our job to offer. That is to say, "Here sweetheart, here's some food, "do you like it?" Offer means you're presenting something for someone to accept or reject. A demand is an insistent request that's made as if by a right.

So when we offer, we are offering, and the baby can accept it by opening their mouth and coming toward that food, or say, "Wait, wait, I'm a little worried," and we give the baby the opportunity to not accept that food just yet. If they don't accept it, it is our job to try to figure out why was that baby either surprised or worried about that food, flavor, or texture? Could it have been too new? Could it have been too different? So we are not demanding that they eat the food just because we put it on the spoon, it's an offer, and then we are adjusting. In the get permission workshops, I talk about the positive tilt versus a negative tilt. So in a positive tilt, we offer, the child opens their mouth, comes forward, and says they want the food. In a negative tilt, as you can see in the picture here, the child is saying, "No way, no way, wait, "I want to get out of the highchair, "leave me alone, nope, nope, nope." We want to make sure that the meal is filled with positive tilts. But if you offer for this baby the food, the sighted baby, she would come forward if she wants that food or she would open her mouth in response to seeing the spoon.

So since visually impaired children are not gonna have that preview sense, we're gonna bring that spoon up to the lip and give the child a pause, a moment just to be able to smell the food and know it's there and open if they want it. So we're gonna get that positive tilt with some touch support. So let's look at breastfeeding. In breastfeeding, the position is quite predictable. We encourage parents to talk quietly

with the baby about the feeding so they learn it's a happy time, a comfortable time. We're gonna help the baby with the skin-to-skin support so they can orient to the nipple and help them be successful in that way. In bottle-feeding, again, we're gonna create a positional predictability, we set the baby up in a certain position so that they know, "Oh, when I'm in this position, "they're gonna offer me the bottle." We allow the baby to feel the bottle, to know it's there. We move the nipple towards the lips, maybe with the baby helping to hold it so the baby knows how fast the bottle is coming at them. And we ask the baby, "Do you want it, do you want it?" By here's the nipple, and we're waiting for the baby to go, "Oh yeah, I know that, I want it."

So the baby's getting permission with what we're gonna call a positive tilt which is a coming together of the parent and the baby right there at the feeding, they're gonna open in readiness. We offered, and they said yes. We are not putting the bottle right in the baby's mouth, because that's an unexpected sensory surprise, and I've known plenty of babies in my career that just were, just felt like they had to protect themselves from bottle-feeding because they just never knew when it was coming and it was pretty stressful, they spend a lot of time worrying, so we don't want to build up worry starting at the bottle-feeding or breastfeeding stage.

Again, the baby's gonna end the meal when they're done, and we are not gonna force them to eat more than they want. If we need to, we could offer more meals during the day to help the baby take in enough during the day, but we're not requiring them to eat a certain amount at each meal, we're letting them stop when they need to. If they pause, we may burp them and let them have a little break, offer again, but if they're serious about not wanting it, we'll try again later. For children with visual impairments, I think the stage of mouthing is very, very important. Babies can mouth their own fingers to begin learning about their body and their own hands, but also we want them to learn about mouthing different toys because they learn a great deal from mouthing their fingers and their toys. They're using their fingers to learn, I can hold something and I

can explore it in my mouth. They also get used to textures, of varying textures in their mouth. They learn different oral motor patterns to have to adapt their mouth around different shapes of textures in their mouth. And they're learning, "I can do this by myself, "I can play with a toy on my own," and really, mouthing helps them desensitize their mouth. Mouthing is also preparation for texture changes that are gonna happen in your mouth with mealtime, there will be spoons, there will be cups, there will be straws, and your mouth can explore them and doesn't have to be worried about everything. Parents can provide mouthing toys and help the baby search reach, so what I mean by search reaching is if you touch the baby's hand with the toy and bring it away from them a little bit, you can help tease them towards trying to find it, to search reach for it.

So, "Here it is sweetheart, here it is," and you're having them reach towards the movement, towards the feeling of the toy to kind of explore a little bit, or you can say to the child, "Sweetheart, here it is," and you're tapping, you're tapping on the ground or the highchair or the table right near them, and you're encouraging them to reach towards that sound. So from the beginning of introduction of mouthing toys, we can be helping a child kind of reach out to find them in the world with little bits of sensory cues. We can put mouthing toys around the highchair so that, and help them begin to get the experience of trying to find them in a set tray that has an edge, so things don't fall off. And they can find those mouthing toys from the parent's lap, and from the parent's lap, sitting at the table, the parent can also eat near the baby so the child is beginning to smell their food, feel their eating, touch the parent's food and begin to bring their fingers towards their mouth in beginning taste and smell exploration. When we help a baby mouthing taste, we can use the mouthing toys the child already knows and is already comfortable with, and we can help them begin to have flavors and taste on those toys, so for example in this Tri-Chew, this little guy is, here we go, this little guy is going to explore on his own this toy that he already knows, but maybe we're gonna dip it in breastmilk or dip it in a juice or dip it in a soup broth, or if the child is comfortable enough with it, we might dip it in a little tiny taste of a baby food or a

puree, or we can rub it on a piece of corn on the cob and he's gonna get corn on the cob flavor, but he's doing it himself, and in my experience when we help children have the opportunity to explore flavors and textures themselves, they often are gonna be more comfortable than if we bring unexpected sensory surprises to them.

I like to use mouthing toys as the safe way to explore foods, to explore tastes and textures. I'm worried about giving them a variety of differently shaped big pieces of food initially because a lot of parents are gonna be worried about children biting off foods and choking on chunks, so what I would like to do early on instead of giving them Cheerios to put in their mouth that they may worry about, I'm gonna wait 'til later for that. I'm at first gonna give children that are, say, maybe four month old children that are beginning to do mouthing, we could have them mouth food like a 1/4 of an apple or a large carrot that's been peeled, so they're bringing these foods to their mouth as if it's a mouthing toy, they're getting flavors, they're exploring orally, learning about how their tongue and jaw can interact with these foods, but at four months, their jaw isn't strong enough to bite off a hunk of these foods, and they're not gonna get foods broken off, like I'm not giving them a cracker right at first because I don't want it to break off and then be worried about it, I'm gonna give them things they can't break off at first, of course, with supervision, any time we give foods to children. I like "Baby Led Weaning" as a book, that's a resource, I'm gonna talk about that a little bit later.

So when we're introducing foods to babies, we want to make sure that they are active participants. So this little one is getting, is being helped to explore that there's food in that bowl and we might help them dip that mouthing, that mouthing toy that they know, here we go, that mouthing toy that they know might also be dipped into the food, so this little one knows there's food nearby. We could help him smell it, maybe taste it with his fingers, we could help him bring some of that taste to his mouth with the mouthing toy he likes. Another way we could do it is we can offer, a parent finger offer, and by that I mean the parent's fingers are usually friendly and familiar to the child, so

we can offer a little bit of that flavor on the child's lips. Now in this situation this little guy, oops, there we go, okay, this little guy has his head turned away, so the parent is offering the food on the side that she wants the child to turn towards.

So you can see that she's offered it on the side and saying, "Hey sweetheart, here's the food." She is not putting the food in his mouth when he's turned away, she's teaching him, "Sweetheart, when you're ready for it, "you can turn towards me and you can open your mouth." So you can see that he's gradually turning his face towards the middle, he's kind of interested, and then when he opens his mouth and says, "You know Mom, I'm ready," she offers it inside his mouth on his tongue, but he's had a whole warning system through smell and through touch ahead of time and through a predictable presentation pattern that he, so it won't be a sensory surprise. Okay so, the bottom line is we're tiptoeing. We are not talking about sitting the child in a highchair, introducing foods by just feeding them foods from a spoon, we are not gonna give them that many sensory surprises. The baby needs to know what to expect and has to have their frame of reference, and we are not gonna introduce them to food in such a way as to create sensory surprises.

Once you know what food flavors the child likes, for example, the child likes purees, we might offer those on the tray or on fingers, on mouthing toys by, for example, having a bowl, and we might put some purees in that bowl and just putting the spoon there so that as the child is exploring it, they can pick up the spoon and they might get food in their mouth from either end. We're not asking for good spoon usage at this time, we're introducing the spoon as another kind of a mouthing toy, and because the food is in a bowl and the spoon is resting on the side of it in the food, I typically dunk both ends of it in the puree so whatever when they get in their mouth has some taste. We can also help stretch textures as the baby is showing readiness, so from a baby food puree kind of texture, like pears or apricots or carrots, we can gradually add a little bit of a rice cereal or some kind of a thickener, gradually make changes, but we

want the child to know that those are there and we're gonna be really careful that we're not, for example gonna offer, a child who's eating baby food pears, we're not gonna offer a whole hunk of scrambled egg at first for most of these babies, we're gonna offer a soft texture change in smaller increments maybe in combination with a puree they know.

Again, every child is different, but we want to be careful we don't inadvertently cause a gag or an extrasensory surprise. I talk about the concept of rehearsals in my get permission workshops, and that is, for sighted children, they can see us doing it. For children with visual impairments, those rehearsals are gonna be, "Sweetheart, here, I'm gonna help you, "there's pears here and here's some egg," and you help them feel it, and you help them take the tiniest little piece of it and bring it towards their mouth themselves, but you're not letting them get too much, you're giving them a rehearsal that there are scrambled eggs here or there are crumbs here, but you're not gonna surprise them with those textures on the spoon that they're expecting pears. I really like the concept of baby led weaning, and there's a brand new edition out that I like, and in baby led weaning, the concept for sighted children is that you're offering foods in a baby led way. You're actually, in a full-fledged baby led weaning, you probably wouldn't, or many people probably wouldn't even introduce a spoon. You put food on the tray and you let babies bring it to their mouths and get what they can in their mouths and gradually, as you give them safe foods and safe texture transitions, these babies learn to do a lot of feeding for themselves, and they learn to be in charge how much they eat and in charge of what goes in their mouth.

I will say that with children with visual impairments, we still have the same philosophy that we want them to be in charge of what goes in their mouth, but I typically will offer a stage where I'm helping to spoon-feed them and maybe co-feeding while they're trying to bring some to their mouth and I'm helping, I've definitely known some visually impaired children where we can dip the spoon in the food and they can bring it to their

own mouth and we can help guide them, so I think there might need to be a little more guidance as we help them do it completely themselves, but a lot of these principles still will work. And I also want to say that I think a co-feeding approach where we do some feeding and they do some feeding, as long as we don't put a thing in their mouth before they've told us it's okay, I think that combination is a nice one, but I think this is a good resource. I think hand under hand is an approach that is very helpful with these babies.

So there's going to be hand under hand, which is I'm offering food, and the child's hand is on my hand, so as I offer the food to the child, the child knows the food is coming, the child knows how fast it's getting there, the child learns how far the spoon is from the hand and they learn to completely expect what's coming next. I can get to hand over hand by offering the food to the child and just placing their hand on mine, so I can say, "Here comes the spoon, help me. "Here comes the spoon again, help me." So you're helping them find your hand and holding on to it so they learn that pace. Another way I can do it is, it's a little bit hard to explain here, but as I'm approaching the child's mouth, I kind of go under their hand, so I place their hand on top of my hand just on the way to their mouth. Can you picture that? So their hand is just, is there maybe on the highchair tray, so I'm going under their hand on the way, so I've just sort of picked up their hand on the way to their mouth. So I can either offer hand under hand in that way, or I can just place their hand on mine.

Hopefully you just place their hand and their hand is comfortably there. I don't want it to be a forced situation, so for the child who's pulling away and doesn't even want to touch your hand, we don't want to introduce the element of force in feeding, we might place, put food on the spoon and just put it in the child's hand, and then guide them to bring their own hand to their own mouth. It's a little hard for you to see in my corner video here, but I'm gonna put food on the spoon, and I'm gonna put it in the child's hand, and I'm gonna guide them to bring their own food to their own mouth by giving

them guidance at their elbow, so that kind of way. So depends on the child and how comfortable they are, how well you've prepared them for the hand under hand concept. So that's gonna be the first kind of support we give them. Let's go back for a second, so when we're doing hand over hand, we're not manhandling them, we're not grabbing their hand and making them participate, we're guiding, it's very much sensitive, and in hand under hand, it's a light touch, so they're just feeling the process, okay? Once the child is good at mouthing toys and that spoon becomes the mouthing toy, we're gonna offer the bowl with that spoon in it, and it might be that there's a couple spoons in it. And so eventually, initially, the child is just bringing the mouthing toy, the spoon, to their mouth and then gradually, we can help them dip dip, so they get the idea that dip dip, they can get the food on the spoon by getting to the bottom of the bowl.

Later on, you're gonna know that a lot of children that are visually impaired that are older, when they scoop, it takes them often awhile to get the idea that, "I have to get into the bowl." So we see a lot of kids trying to scoop sort of in the air. So if from the beginning when we're teaching little one-year-olds to dip dip, to get to the bottom of the bowl, they learn the bottom of the bowl is where the food is. There are a number of spoons out there that fits babies' hands. I personally think it's pretty important to offer small spoons that are short. This is an EZPZ Tiny Spoon, I like it because it's a little tiny person size, and there's not a lot of space here for the child to try to figure out coordination. It's easier to coordinate when the spoon is right near where the hand is. If you took a spoon that was really, really long, I'm gonna use a pen here, but if you took a really long spoon and you're visually impaired, you can see where your coordination isn't gonna be the same. You can try that yourself. Some other spoons that I really like are, so here's the Tiny Spoon 'cause it's short, this is also a very short spoon, and it's a NumNum Prespoon GOOtensil. What I like about this one also is that it has some texture, and it comes with a couple different textures, let's see, what have I done with my other texture? It comes with a solid one and an open one, so it can be a way to

give the child some texture experiences with their food. I also like the Duo Spoon, it has a texture on one end and a texture on another, the textures are different depending on which there we go, on which end we're using, and it's very flexible. This is a very long spoon though and it's, this is gonna be one that I'm gonna use to offer dipped flavors to a child with visual impairment. It's a little harder for them to do it because it's long.

Okay, so you want your spoon to be short, and you want it to be around the wet food, and you want the wet food to be easily, to easily stick to the spoon so the child can be successful with it. For sensitive eaters, we're gonna talk about flavor and taste in two different ways. If the child's gagging and worried about texture, about flavor changes, you might consider going back to rubbing that spoon on a pork chop or corn on the cob or a cucumber or a tomato or an apple, that's just gonna be flavor, so the child is getting used to flavor without texture, whereas dipping it in marinara sauce and baby food pears and smoothies, those are gonna be texture and flavor. So for children that are particularly worried, you might have to go back to separating those out because what you're looking for is, "Sweetheart, what do you love? "What flavors do you love, what flavors can we build on?" Not, "How much can I get in the child at each meal?" So we may have to separate those out and I talk about those a lot in my new book "Anxious Eaters, Anxious Mealtimes" and so that might be a source for you for other information on that topic. I like the around the bowl technique for children with visual impairments, and by that I mean I'm gonna start every meal with success and with something the child knows. You're not gonna start the meal and give a brand new food right out of the bat, that's a sensory surprise. "I don't know what to expect at mealtime "because you're always coming at me with different things."

For the adventuresome eater, that may be okay as the child's progressing, but you need to build that confidence to start with, so what you're gonna do is you're gonna take the bowl and you're gonna, oops, here we go, there we go, you're gonna start

with a food the child knows, and let's say it's those baby food apricots, and maybe in the bowl, you put a little bit of apricots with a little bit of baby cereal in it, or maybe you took apricots and you ground some canned apricots and it's, so there are different textures. You start the meal with the baby food apricots the child knows, and then you take a little bit of the next food with a lot of the food they know, and you offer it, and you watch the child's response. If they're comfortable, you can keep offering a little more and a little more as the child is showing you it's okay. If they're not comfortable, you're gonna hang out here more and offer the tiniest, tiniest amount, so a little bit of this with a lot more of this.

So you're gonna offer around the bowl and you're gonna go around the bowl with their permission, and when they're showing you that it's fine with trust. So on the puree plateau, there is, there is a plateau that says purees can go from very, very smooth like baby food apricots to more textured kinds of foods, Irish oatmeal that's cooked that has flakes that never disintegrate, and one of the things I think happens is that we have a tendency to give kids baby food stage one, two and three, and then we want to give them solids, but there's a huge leap, and when you have sensory challenges and visual challenges that don't give you previews, those can be big sensory surprises. So I want to make sure that we as grown-ups who love these children really help them have experiences with the smoothest of purees but also more textured purees, and that we make those offers slowly, like in an around the bowl kind of way, but in my career I've had some children who have the hardest time moving from baby food apricot, say, to anything textured. I've had kiddos that are so worried about texture change that they will gag or vomit when those baby food apricots change in any way at all.

And so in that frustration, I ended up inventing a spoon called, oops, here we go, the Duo Spoon, that has textured endings at textured ends, but I like also some of the other textured spoons that are out there like the NumNum Dipper, there we go, like the ChooMee Spoon, I like feeding kids off the Tri-Chew, I like feeding kids off of spoons

that have textures because they experience the food they know, the baby food apricots, the textures in their mouth, just for a short bit, and then it comes out and they maybe saying to you, "You know, I really don't like that texture in my mouth, "but oh, it's my apricots." So it's a way to bridge the transition to texture without leaving the texture in the child's mouth. So in this stage, we might, at the puree plateau stage, we might be giving kids experience eating off their own fingers, off of textured spoons, off of solid foods like feeding that texture off of a bagel or off of a carrot, or off a cracker, or off of an apple, depending on the child's skill and we're gonna of course supervise. Feed them off of a Tri-Chew over texture toys, or I might even see the child off of a straw, and in a straw, the child is learning to shape their mouth around a straw which is gonna be skill that they're gonna use later in life. So we can use these experiences as a preview of something to come.

For example, if a child likes peaches, we might give them those peaches also off the edge of a cup as a pre-cup drinking kind of experience, so we're gonna use the edge of a cup as a spoon, and as a texture change and a different motor plan. Okay, I think plates that are not easily thrown are very important, and I actually really love the EZPZ Plate, they come in different sizes, different shapes, for bigger kids, for smaller kids, but what's great about them is they kind of suction to the table, and I just think we can't be spending a lot of time fighting with the visually impaired baby over knocking the bowl off the tray, so these are fabulous for this population in my experience. We can, from that predictable map, we can fill it with spoons and mouthing toys, we can put different textures around that tray, we can have the child explore this feeding environment and we can say to the child, "Here's you spoons, "and here's your food, and here's some crumbs over here," and let the child begin to learn to practice their environmental exploration, their search reaching around the bowl and the edges where you've placed different foods. I like to give kids the spoon in the bowl to start with, but as kids are older, we will put the spoon in the same spot, we're gonna put the cup in the same spot so the child knows where to find them and isn't knocking over the whole

place setting while they're trying to explore it. Expect a mess. So these kids are gonna be messy, as are all babies, but these kids are particularly messy because it's harder to do the motor plans of a exploration.

So we want to help parents be successful with plastic bibs, with maybe a plastic tablecloth or mat on the floor, and just have parents expect mess instead of fighting the mess. Prepare for it rather than worrying about it. Children are gonna need help picking up food, so we want to help children as they're beginning to pick up crumbs and small pieces of scrambled egg and little bits of grated cheese and toast, we want to help children know that these foods are around their tray, but we also want to help them have experience enjoying the food and texture change of those foods. So I really love using tools like the KIDSME Feeder or the mesh feeder that you see in the picture. There's a silicone end on this feeder, it's got handles for the child to use it as a mouthing toy, and you can open this up and you can put inside of it all kinds of things. You can put peaches, a piece of pork chop, some hamburger, some macaroni and cheese, a piece of watermelon, or a pile of a puree, so the child is being able to bring it to their own mouth and parents are not gonna be worried that this child is going to get a textured sensory surprise and be worrying about it, so I love these with this population. And I love that they can be doing it themselves, and I love that parents are finding out, "Hey, what do you love?"

Cups, I like to use a variety of different kinds of cups. I like this particular cup that you see, it's a, it's called the Tiny Cup and it's also through EZPZ. These are much bigger cups, you can see its size in comparison. It's a tiny cup, it's a child-size. I also like these little cups. There are lots of little tiny cups out there that are baby size, but what's particularly nice about the EZPZ one is that it's weighted, so when you put it down, if you don't get it down on the table just exactly right, it has some weight that biases it towards staying upright. But I also, as kids are getting older, we might use cups that have a spout to help them transition from a bottle towards the idea of

self-feeding themselves. This particular one I like a lot, it's a nubby one, and it has handles so the child knows where to hold it, but I don't love spouts for a long time with children and I like to avoid them if I can with children. So for some children, we can use cups that have an indented top, and there are number of these out there so that as children are getting older, they can feed themselves, they're not spilling, they're not spilling, they've got handles to help self-feed themselves, and their mouth is experiencing what it's like to have an open cup. As children get older, I mean of course, parents really like lidded cups, but as they get older, they're gonna feel the weight of the cup and they're gonna know it's full or it's empty by either the weight or by putting their finger on the inside of the cup. We want to teach straw drinking, I love teaching starting with these kiddos. Part one of the ways I do it is I use the straw as a spoon to start with.

So I'm offering the food the child knows, always something the child knows, and then as the child organizes their mouth around it, they become familiar now with the food they know and the straw, and then we can suck the food, I might cut a straw in half and stuff the baby food in there and then offer it to the child and offer it on their tongue and they are gonna try to do something with it, and that something is gonna turn into kind of a suckle, so initially they might suckle the food in but they learn, "I'm pulling it in my mouth." And then gradually, it can go down and down, it could go into the cup, and they can be sucking with the puree as the bridge to suck it from the straw. Some people use the straw technique where you put the straw, you put the straw in liquid, put your finger on the top, hold the liquid in there and then offer it, that's another technique that we use. Almost done here. As children are getting older now, we really want to focus their independence, so we want to put the food down and we want to show them where the bowl is, where the cup is, where the spoon is, where the food is. We're gonna help them, and that'll be the introduction to every meal. We want to help them learn that you can put a hand on the side, and then the other hand is gonna be doing the scooping, so they learn the environment of the bowl is right here. So at some

point as the child is gaining skill, interest, and enjoyment at mealtime, we're gonna help them bring in both hands so that one is the guide and one is the spoon. We're gonna do a technique called a lap lean. We're gonna put children in our lap, toddler children, and as we're helping them scoop, notice that when I scoop and when I eat, I bring my face over the bowl to eat my soup, and what we see is a lot of older children with visual impairments will scoop and then try to bring the food all the way to their mouth, spilling it all along the way.

So one of the ways we help kids feel what it's like to lean while they're eating their soup is to have them in our lap. So imagine a child is in my lap, we're helping them scoop, or they're scooping on their own, and then as they bring the food to their mouth, we are leaning forward. So their face is right over the bowl, can you picture how that is? So my lean is saying to them, "Sweetheart, you know when you bring the food to your mouth, "you lean into the bowl." So that's a nice way to have the child experience that. Hand over hand is when we take our hand and we have it over the child's hand and we are helping them spoonfeed, and again, I try not to do that too much, I try to guide it gently, maybe hold the edge of the spoon so the child is getting some guidance without too much heavy-handedness. If there's some vision, we want to set up children for success with a contrast between the background and the bowl so you're not gonna give them white rice on a white plate. For example, if there's some vision, we want to make sure that the white rice is offered in a red bowl so that there's a contrast, or on a place mat of a different color or on a plate of a different color. We want to make sure that the lighting is thought about ahead of time. So if the light is coming right in my eyes from the window over there, I'm gonna have trouble seeing you and what you're offering me.

So instead, you want to have the light behind the child so the light is shining on the meal to focus a child's visual attention when they're, when they have low vision, so the focus is on what you want them to pay attention to, you're not blinding them by having

the vision behind the feeder. Hopefully that will make sense to you. We use crumbs a lot with these kiddos, and Continued has a webinar that I've already done for them called Crumbs as a Tool in Pediatric Feeding Transitions, and a lot of the principles talked about in that seminar is, or webinar are gonna be very applicable here, but remember that crumbs can be a way to change purees from very smooth to more textured. We can put the crumbs on top, we can put the crumbs on the bottom, we can give crumbs to the child's experience and touch and bring crumbs to their own mouth. We can make crumbs small and then bigger and bigger as the child is getting confident with those textures. So there's a lot to be learned from thinking about crumbs with this group.

We want to of course prepare the environment, the child should be posturally secure when they're learning to feed themselves. And I would like to say that as a concept, I really like these children to learn about feeding from the security of their parent's lap to start with. And then be in the highchair when they're very comfortable, you may have to stuff them in with stuffed animals. I talk about that as eating with friends, with their stuffed animal friends to give them a little bit more postural support. We want to make sure we're paying attention to where their feet are so their posture is fully supported.

So okay, as a summary, these kids eat, visually impaired people eat whatever, all the foods everybody else eats, but we want to help them learn to get to that place of loving a variety of foods by being careful, by giving them information and lots of different sensory channels, by watching the child's responses and adapting if we need to. Helping them be successful, we're gonna guide them towards independence, so we don't want to be feeding them from a spoon when they're four, we want to give them spoons early on so they can begin to have interactions with successfully feeding themselves. We want to start where they're successful and we want to tiptoe. So I've included some references, also including my new book, and I think it's time that we start talking about questions, these are some ways you can get ahold of me. I say here

to check out the Grasshopper Story because on my website, the getpermissionapproach, I talk about the Grasshopper Story which is giving you the experience and the understanding of what it might be like to eat a grasshopper or something new, something a little bit scary, and helping you adapt towards helping that child who has some extra worry, so that maybe something that you like seeing. There's a video that you can see and show friends and families, and there's also a Grasshopper Story that's in print that you can print out and use. So, I think it's time for questions.

- [Fawn] Marsha, there were a couple questions that came in, so let me go ahead and read those to you. Sarah asks, "At what age can you start to use "the KIDSME Feeder?"

- So I will use this from about four months on, from the time that we are allowing children to begin to be exposed to solids, at about four months, we can give them tastes to different kinds of foods. Between four and six months when kids are doing a lot of mouthing is a great time, but certainly after that, it's still, up to a year, it's still great. I'm careful with these when children have a lot of sharp teeth, and I don't use these with older kids even though it would be a great idea with a three year old who's worry about food, I wouldn't do it with a three year old because I would be worried about them and their teeth chewing this up too much, but just like you might give a four or five month old an apple to suck on to get exposed to apples and flavors, you might also let them get used to that apple-ness from in here so that they're just gonna slobber on it first and gradually, they'll interact with it more, and gradually, they might be chewing on it and munching on it and they're not gonna get a hunk, or a piece. So I hope that answers your question.

- [Fawn] And then we have one more from Sarah again, this is, "Would you recommend low-flow cups or bottles "for kiddos initially with visual challenges, "and what

strategies do you recommend "when transitioning to a new cup "for a child with a visual challenge?"

- Okay, so there are cups out there that are slower flow that have a lid that can reduce the speed at which the liquid's coming out, so absolutely those will make sense for lots of kids, so they don't have the sensory surprise of a lot of liquid coming out. That's why I do actually like cups that have a lid on them so the child isn't gonna get too much. If I'm giving a child an exposure to a new cup though, I'm gonna help guide them, I want them to be successful, so if I want to give a child some puree in a cup, I might use a food they like, a puree. A puree is gonna be more slow flowing, it's gonna flow slower than a liquid, so it might be we put some puree in, that helps also to control the flow, and we might help them bring their own hands to their own mouth and we might guide the cup so it's not gonna tip too much. But I'm gonna let the child experience that cup and I'm gonna say, "We have some food in the cup "and here's where we're gonna put your food in, "and can you feel it?" And there's some food in there, and I'm gonna talk about it, I'm gonna help them feel it, I'm gonna help, when I use the cup, I use a food, flavor or liquid the child knows. So you're always gonna pair the new thing, the cup, with a familiar food or liquid so they have something that's safe that they know about that's predictable. Did that help?

Okay, so if you have more questions, I think there's a way to get ahold of me on this slide, you're welcome to ask. I really love this population of kiddos and I really think that we collectively as therapists can help families, help their children be very successful with food and avoid all of those sensory surprises that can lead to pretty severe feeding challenges. When you get those real severe feeding challenges, then we need to work with our feeding teams to help these kiddos find success and enjoyment with eating. So enjoy mealtimes and see you next time, thanks.

- [Fawn] Thank you Marsha, thank you everyone for participating. I hope everyone has a great rest of their day. You join us again on Continued and occupationaltherapy.com, thank you.