Guidelines for the Development and Training of Community-Based Feeding Teams in Washington State

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To download a copy of this guideline, go to http://www.doh.wa.gov/YouandYourFamily/InfantsChildrenandTeens/HealthandSafety/ChildrenwithSpecialHealthCareNeeds/Publications.aspx and select Guidelines for the Development and Training of Community-Based Feeding Teams in Washington State.

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Introduction

Professionals who provide services to children with special health care needs often have an interest in how a child eats, the child's or parents' use of food in their interpersonal relationships, and the child's behavior and response to the food they consume. Many professionals offer advice only in relation to their own discipline's concern. If the professionals have not communicated the advice to others working with the family, there may be confusion or conflicting information and advice.

The use of an interdisciplinary team to address feeding/nutrition concerns can provide a comprehensive, cost-effective approach to helping parents resolve important issues in dealing with their children. Team members will also increase their knowledge of the number of food and feeding issues which impact children's growth and development. These coordinated and comprehensive services are enhanced with the concurrent evaluation and joint recommendations made by the team.

Families profit in a number of ways from a group of professionals working together on a specific issue such as feeding. These benefits can include:

- families should not receive conflicting advice
- all professionals can hear all of the parents' current concerns about food, nutrition and feeding
- the number of appointments may be reduced because all issues of food, nutrition and feeding may be addressed in one session
- the need for parents to answer the same questions over and over should be reduced
- a team can help families prioritize the issues surrounding feeding

There are several benefits of a feeding team, including:

- cost and time effective
- collects information simultaneously and avoids duplication for families
- assures families that the feeding concerns will be addressed, and helps prioritize intervention strategies
- improved nutritional status and overall health for the child, better parent-child interactions, and enhanced developmental progress

Steps in Establishing a Community Feeding Team

1. Determining the Need

The need for feeding teams can be documented from the viewpoints of both families and service providers. For the families, there may be several professionals

working on different aspects of the same basic problem, duplicative or contradictory interventions, and needs around nutrition and feeding that haven't been addressed. For the service providers, there may be difficulty in communicating with other professionals regarding recommendations and interventions, the lack of expertise from a particular discipline, or lack of progress toward identified goals for the child.

Some simple documentation of need would be useful in setting the groundwork for a feeding team. Some examples might include:

- case histories documenting the time an individual professional spends (direct and indirect) on a feeding problem;
- parent stories of the numbers of agencies, professionals, and appointments involved with their child;
- numbers of referrals (or potential referrals) to another discipline (OT, nutritionist, nurse, etc) regarding a child's feeding problem.

2. Identifying Key Agencies and Professionals

The professional services available for a feeding team vary from agency to agency and even from community to community. Individual professionals also have different training and experience. For instance, some speech therapists have had extensive oral-motor training and practice, while others have not. Effective interdisciplinary feeding teams may utilize disciplines from several agencies, and this will likely be a necessity in small communities.

Professionals to include on a feeding team include: nutritionists/certified/registered dietitians, occupational therapists, speech therapists, physical therapists, public health nurses, school nurses, physicians, and others. Likely agencies to be interested and involved are: local health departments, developmental centers, school and educational service districts, hospitals, and others, depending on the creativity of the community. Parents and parent organizations would also provide significant contributions as team members.

Meetings of interested professionals will be necessary to determine the need, identify and recruit team members, and make plans for team development. Including administrators in this phase is critical for establishing a working team. This includes educating the administrators on the client benefits and cost-effectiveness of providing this service, and providing them with criteria for choosing team members, if that is their role. Agency mission statements should be reviewed to determine the match with the feeding team philosophy and goals.

3. Identifying a Lead Agency/Interagency Agreements

When a local group decides to establish a feeding team, determining a primary lead agency through which the team can function is recommended for support and stability of the team. This may be as simple as providing a monthly meeting space for team meetings, administrative support for mailing, copying and telephones, or sharing clinical space for feeding evaluations. Some of the support may be shared by several agencies, but staying tied to a lead agency will be more efficient. Again, administrative involvement in these early processes is a key for success.

Written interagency agreements are recommended to clearly document the relationship among the representative agencies. These agreements then provide tangible support for the functioning of the feeding team. Possible issues to be addressed in the agreements, depending on the agencies, include:

- the nature and scope of the affiliation;
- personnel and resources available to the feeding team;
- responsibilities of the team to the on-going child/family care provided by the agency;
- risk management policies to be used by the feeding team.

4. Assessing Training Needs

If the community is to have a functional feeding team, planning, training, and technical assistance will be necessary. The purpose of these activities not only increases the knowledge base and clinical competence of those who serve as team members, but also provides an opportunity to facilitate the development of a cohesive and functional team whose members have a like treatment philosophy and share common team goals.

It is wise to obtain support and consultation in planning the training. Resources for this support in Washington State include:

- Established feeding teams in other communities, http://depts.washington.edu/cshcnnut/feeding_teams_list.html;
- Children with Special Health Care Needs (CSHCN) Program, Community and Family Health, Washington State Department of Health, Olympia;
- Center on Human Development and Disability (CHDD), University of Washington, Seattle.

Financial resources to support the training will be needed, and a variety of sources can be considered, depending on the community. These include, but are not limited, to:

- in-kind support by participating agencies of space, trainers, clerical services, and coverage for participant's time;
- local CSHCN funds;
- local fraternal organizations and service clubs;
- speaker stipends from dietetic practice groups or other professional organizations;
- local and state associations for persons with developmental disabilities.

No two groups planning to form a team will offer the same expertise and/or skills. Some members may have extensive experience in feeding problems of children with special health care needs, while others are highly motivated and interested, but lack training. Therefore, it is essential that training for each team be individualized, and that team members themselves be involved in planning the focus of the training.

The normative process has been proven to be effective in planning the content of team training. In this process, all individuals offer their opinion about what needs to be included in the training. (See Appendix A). This is followed by a discussion regarding what each individual had in mind when the topic was mentioned. Like ideas are then grouped together and decisions made about the most important topics to be included in the training. (See Appendix B for an outline of topics and groupings from a planning meeting for feeding team training, Appendix C for the Feeding Team Training Model, and Appendix D for a training agenda).

5. Implementing Training to Develop Feeding Teams

Once the training needs have been identified, potential team members should look into local resource persons. Of particular interest will be:

- occupational, physical, or speech therapists with oral-motor and feeding training;
- registered dietitians from the CSHCN Nutrition Network who have had training regarding children with special health care needs at the CHDD;
- nurses who have had NCAST-AVENUW training or pediatric clinical nurse specialists;
- social workers, nurses, or others with expertise in behavioral management;
- human resources professionals who have expertise in team collaboration and interpersonal relations; and
- parent representatives who can discuss the key elements of family-centered care.

It is likely that an individual skilled in team building will need to be identified outside of the team members themselves to help facilitate the process of making a cohesive team.

Many smaller communities will probably not have all the training resources to develop a comprehensive training program. They will need to contact the CSHCN Program or the CHDD to identify individuals who have the needed knowledge and skill development to complete the training package.

The training may be intense and delivered during several consecutive days, or may be extended over several weeks. It is important, however, to complete one topic at a time. For example, oral motor assessment and feeding the neurologically involved child may take two days while parents' views of service delivery may be addressed in one afternoon. In every instance the use of case studies, especially of a child with whom one of the team members is working, is very effective and will provide a model of the clinical application of information presented.

Administrative support for the training is crucial for the team to develop and be sustained. Additional training needs may be identified as the team begins to function.

6. Providing Support for Team Building and Maintenance

Needs for team development vary among communities. Some teams may feel ready to see a family immediately. Others may need time to resolve administrative and philosophical issues, as well as develop the forms they feel would be appropriate. (Appendices E through L contain samples of forms and materials developed by the first two community-based feeding teams who participated in the initial 1993 CHDD training.)

Initially, the team needs to address the following issues:

- team goals and objectives
- clinic admission criteria
- billing mechanisms
- team member roles (see Appendix M for example of each discipline and their role)
- assessment and reporting forms
- responsibility for administrative tasks
- marketing to the community
- mechanism for reports to family, referral sources, follow-up, and other providers

Regular team meetings in addition to clinic days are needed to deal with administrative issues, discuss any problems, and make future plans. These meetings give the team the opportunity to focus on the team itself and not just client cases. In addition, if funding becomes a problem, local businesses, individuals, agencies, or non-profit organizations can be contacted for support.

Documentation is important to justify the continuation of the team. This might include:

- client outcome data, including any estimated cost savings of hospitalization, surgery, or other health care costs
- efficiency of time of the professionals in dealing with a case as an interdisciplinary team rather than in isolation
- surveys of families regarding their satisfaction, better coordinated services, and other benefits
- increased breadth of skills of professionals by working together in a team
- increased referral and communication to other agencies and professionals in the community for other clients as a result of working on the feeding team

7. Team Continuation

Once the teams have formed and are functional, it is important to maintain the initial administrative support so that the services will continue. In addition, it is likely that team members will change from time to time. Setting aside time to focus on the continuation of cohesive team function may be necessary.

On-going continuing education is important and may be achieved in a number of ways. Teams can attend conferences together, or they can meet with other feeding teams to have speakers, discuss cases, or review recent journal articles.

Continual information and publicity about the feeding team should be provided to health and education professionals and agencies in the community. This will assure more referrals and current information about the team.

8. Evaluation of Training, Service Delivery, and Team Function

Formal written evaluation as well as verbal feedback of the training components will be useful in determining how the training needs were met and what future training might be desired. Asking trainees to state how they will apply the knowledge and skills helps put the training in a clinical perspective.

Evaluating the service delivery may include the various documentation examples mentioned above, i.e. client outcome data, cost and efficiency data, family feedback. Other evaluations could include clinic logistics and flow, referral sources, and on-going training needs.

Team function is more difficult to evaluate. Documenting team meetings and decisions will help avoid ambiguities. Time should be scheduled during team

meetings for members to bring up team function issues in a safe and non-threatening manner. Annual or semi-annual "mini-retreats" may be a way to evaluate and modify team function. Another option is the use of an outside facilitator to assist the feeding team in addressing the strengths and weaknesses of the team cohesiveness and function.

Summary

Feeding teams can provide a cost-effective, integrated approach to resolving nutrition, parent child interaction, or oral motor difficulties for children with special health care needs and their families. The development of functional teams requires time to acquire a common base of knowledge and clinical skills, as well as a philosophy in delivering service as a group. Training can be developed within the local community or may be requested from the CSHCN Program and/or the CHDD.

Essential components of the trainings as identified by feeding team members include:

1. Planning with the team members to define training needs
2. Including administrators in the planning process
3. Providing suggested criteria to guide administrators in choosing team members
4. Clarifying the expectations for the teams and the roles of team members (including parent participants)
5. Bringing agency mission statements with team members to the training
6. Working on individual team building during the training
7. Planning for post-training site visits by trainers or consultants to the teams regardless of the level of team development
8. Including consultants in a feeding evaluation during the site visit to answer questions and give technical assistance.

Resources

- PowerPoint® presentation: *The Community-Based Feeding Team*. Washington State Department of Health, Children with Special Health Care Needs Program, 2001.

This PowerPoint® presentation illustrates the important role a feeding team can play in the care of the child with special health care needs. It was developed to help feeding teams in Washington State describe their services to the communities in which they are located. The presentation shows how such a team can foster growth and development in children who have feeding challenges, while making mealtime a more satisfying experience for the entire family.

To preview the PowerPoint® presentation, go to:

http://depts.washington.edu/cshcnnut/feeding_team_presentation.PPT

- Community Feeding Teams in Washington State: For a description of these community teams and their contacts, go to: http://depts.washington.edu/cshcn-nut/feeding_teams_list.html

Appendix A. Normative Process

Normative Process

Telling	Each person on committee in turn expresses their opinion about what needs to be included in the training. No one can criticize
Clarification	Discussion about just what each individual had in mind when they mentioned a topic
Grouping of Ideas	Like ideas are organized under one heading
Prioritize	Decisions are made about the most important topics to include in the training

Appendix B. Normative Process Example

The following are the results of the normative process used in the planning meeting for a feeding team training to determine the topics to be included in the training before prioritization.

1. Family issues

- including parents/families; being family-centered
- behavioral issues regarding compliance and follow-through of families (also team issue)
- parent awareness regarding nutrition and feeding
- parent education - for parents and public
- early intervention with both parents
- starting with what is important to families

2. Team issues

- working as a team; the how-to
- behavioral issues regarding compliance and follow-through of families (also family issue)
- include transdisciplinary written goals
- coordination and state support
- is the team going to be an assessment and/or intervention team?
- availability of resources and additional help to the teams
- a system to keep teams updated and current
- communication between primary and tertiary care services (also coordination/ marketing issue)
- long-term goal setting

3. Knowledge and technical

- oral intervention techniques
- tube feeding issues, including transition to oral
- assume that there is an abnormal oral pattern already
- feeding relationship between child and family
- access and referral to high technology, i.e. videofluoroscopic swallowing study (VFSS)
- nutrition needs and problems of CSHCN
- dental issues (also coordination/marketing issue)
- related medical concerns
- syndromes/conditions with nutrition problems
- physical growth

- educating/involving day care providers and schools (also coordination/marketing issue)
- developmental milestones

4. Evaluation

Evaluation of the process, including family input

5. Coordination/Marketing

- facilitating physician and community buy-in
- communication between primary and tertiary care providers (also team issue)
- dental issues (knowledge and technical issue)
- public relations/marketing
- education day care providers and schools (also knowledge and technical issue)

6. Policies and finances; access to services; "stupid rules"

- how to pay for this program
- impact and integration of managed care

7. Overlap

- supporting parents and families
- identification and screening for nutrition/feeding problems
- eligibility criteria for children served
- cultural issues

Appendix C. Feeding Team Training Model

The following describes a model of feeding team training used at CHDD.

1. Pre-training preparation

Each community was asked to identify the team members to receive training, including parents. The content of the training was based on the outcome of the planning meeting with community members having input. Selected study materials were sent to the participants prior to the training. Each team was asked to prepare and present one of their cases for discussion.

2. Three day training

In general, the first day covered community team development, the second day focused on oral motor assessment and intervention, and the third day dealt with implementing the teams in the communities. See the training agenda in Appendix D. The discussion of case studies throughout the training provided a mechanism of demonstrating and practicing the team functioning as well as offering more practical intervention strategies than could be covered in lectures.

The most practical presentations of the training received the best evaluations. One year after the training, the original teams found the following to be the most useful aspects of the initial training:

- developing community teams
- oral motor interventions
- case studies and discussion
- family centered services
- marketing to the community
- allowing time for local team planning

3. Post-training activities

These were decided at the end of the three-day training, and included:

- obtain agency mission statements
- develop team goals and objectives
- develop clinic admission criteria
- decide on billing mechanism
- document meeting minutes and other efforts

The CSHCN Nutrition Consultant followed up with a letter to all participants, listing the above activities, as well as other resources, information, planning for site visits, etc. A letter was also sent to each participant's supervisor or administrator, thanking them for their support and explaining the training and rationale of the feeding teams.

4. Site visits

One team had a site visit from CHDD and the state CSHCN consultants three months after the training. The other team was still in the planning stage and didn't feel ready to have a visit at that time. However, one year later that team felt that a site visit would have helped them in their development process.

The site visit addressed whatever concerns and issues that team wanted help with. It was reported to be useful in helping them know they were on track, that the process was appropriate, and provided guidance for continuing to grow.

Appendix D. Sample Training Agenda

Community Feeding/Nutrition Teams

Day One

Presiding:	Peggy Pipes, MPH, RD	
8:30-9:00	Introductions	
9:00-10:00	Why Community Feeding/Nutrition Teams?	
	Nutritionist	Maria Nardella, RD, MA
	Nurse	Nancy Corwin, ARNP, MN
	Therapist	Diana Sandoval, OTR/L
	Child/Family	Peggy Pipes, RD, MPH
10:00-10:30	Break	
10:30-12:00	Developing Community Teams	
	Judy Leconte, MSW	
12:00-1:00	Lunch	
Presiding:	Maria Nardella, MS, RD	
1:00-1:45	Making a Feeding Team Functional	
	Betty Lucas, RD, MPH	
	Kay Kopp, OTR/L	
	Nancy Corwin, ARNP, MN	
	Paula McDonald, RN, MN	
1:45-3:00	Parent/Child Interactions re feeding	
	Nancy Corwin, ARNP, MN	
3:30-5:00	Partnership with Families: Working Together as Team Members	
	Kris Meilahn, CCS-Sp and Parent	

Day Two

Presiding:	Betty Lucas, MPH, RD
8:30-9:30	Developmental Milestones
	Diana Sandoval, OTR/L
	Cheryl Buettemeir, CCS-Sp
9:30-10:00	Break
10:00-12:00	Oral Motor Interventions, including tube to oral feeds
	Cheryl Buettemeir, CCS-Sp
	Diana Sandoval, OTR/L
12:00-1:00	Lunch
Presiding:	Joyce Gardner, PhD, RD
1:00-5:00	Three Case Study presentations and discussions
	1 case from CHDD
	1 case from Benton Franklin
	1 case from Cowlitz Wahkiakum

Day Three

Presiding:	Diana Sandoval, OTR/L
8:30-10:00	Family Centered Services Kathy Stewart, MS, OTR/L and parent
10:00-10:30	Break
10:00-11:15	Marketing to the Community Linda Cooper
11:15-12:15	On-going Evaluation of the teams including impact on the parents. Mary Richardson, PhD
12:15-1:00	Lunch
Presiding:	Peggy Pipes, MPH, RD
1:00-1:45	Local Team Planning
1:45-2:00	Group Discussion of Plans
2:00-2:45	Questions and Answers for the State Maria Nardella, MS, RD Joyce Gardner, PhD, RD Diana Sandoval, OTR/L
2:45-3:15	The Next Step in Developing and Implementing Teams Maria and group
3:15	Evaluation of the Workshop Betty Lucas, RD, MPH

Appendix E. Benton Franklin Feeding Team Mission Statement

The mission of the Interagency Benton Franklin Pediatric Feeding Team is to provide infants and children of our community with:

1) Comprehensive interdisciplinary evaluation of feeding skills including, but not limited to, oral motor development, nutritional status, growth and eating behaviors

2) Development of a family centered plan for community referrals and/or intervention.

Appendix F. Feeding Clinic Flow Chart

COWLITZ-WAHKIAKUM FEEDING CLINIC FLOWCHART

Referral

↓

Referral reviewed by Intake Coordinator

↙ ↘

Child qualifies for Feeding Clinic

↓

Coordinator sets Clinic date with family

↓

Initial Intake Assessment completed in the home by the Intake Coordinator and includes: appointment info. sheets left with family; 3-day food records left with family; complete history and referral questionnaire, physician prescription and releases signed

↓

Clinic day- Prior to family arrival:
Team reviews medical records, written Intake Assessment Report from home visit, and discusses specific needs for evaluation

↓

Team meets with family,
weighs and measures child, reviews food records, observes feeding, may try therapy strategies and makes suggestions.
Follow-up plan is made with family and typed copy of recommendations Is provided.

↓

After family leaves:
Team completes Evaluation Report on computer and mails to appropriate agencies

↓

Follow-up contact made, documented copies mailed by selected team member. Follow-up therapy continues as needed.

Does not qualify for Clinic

↓

Referral to Community Resources

This flowchart details the feeding team and their method of triage for children who are referred for services. Also included in this is each discipline on the team and the role and function they provide.

C:feedingflowchart/3
Revised 2/25/05

Appendix G. Screening Form

BENTON FRANKLIN FEEDING TEAM
SCREENING FORM

Eating is an important part of everyday life, contributing to your child's growth and development in many ways. However, for some children, eating presents special challenges. If one or more of the following describes a concern you have about feeding your child, you might be interested in a referral to the Benton Franklin Feeding Team for an individual assessment and further assistance.

How often is this a problem? (Please circle answer)

1	Have you been told that your child is underweight or small for his/her age?	Usually/Occasionally/Rarely
2	Does your child refuse food of certain temperatures?	Usually/Occasionally/Rarely
3	Does your child only consume foods of certain textures?	Usually/Occasionally/Rarely
4	Does your child cough, choke, or gag while eating?	Usually/Occasionally/Rarely
5	Does your child have trouble feeding him/herself	Usually/Occasionally/Rarely
6	Do meals times take more that 30-40 minutes?	Usually/Occasionally/Rarely
7	Is it getting harder to find mealtimes enjoyable?	Usually/Occasionally/Rarely
8	It is difficult to get the child in a safe comfortable position during meals?	Usually/Occasionally/Rarely
9	Is your child more that one year old and still using a bottle for most of his/her nutritional intake?	Usually/Occasionally/Rarely

The Benton Franklin Feeding Team was developed to assist families with the challenges of a "difficult to feed child." It consists of a Public Health Nurse, Nutritionists, Occupational Therapist and a Family Resource Coordinator. Team members have been formally trained to work with children who have eating challenges.

Would you like to be contacted to discuss possible referral of your child to the Benton Franklin Feeding Team? Yes____No_____

Parents Name:_____Child's Name:_____DOB_____

Address: _____

City:_____Phone Number:_____

Please return this form to: Linda Lively, 761 Williams, Richland WA. 99352
Or Fax to: 509-946-5346

Appendix H. Feeding Team Physician Prescription sample

BENTON FRANKLIN FEEDING TEAM PHYSICIAN PRESCRIPTION

Date: _____
Patients Name: _____DOB:_____
Diagnosis: _____
Physician: _____
This form serves as a Physician Prescription for the following assessments; occupational therapy oral motor/feeding assessment, nutritional assessment/services and nursing assessment.

_____has been referred to the Benton Franklin Feeding Team. The Feeding Team provides comprehensive evaluation of children whose feeding and nutrition pose concerns to parents or care givers. A dietitian, occupational therapist and public health nurse conduct evaluations at the clinic. A report will be sent to your office.

The appointment is scheduled for _____at _____o'clock.

Please sign and return this prescription and insurance authorization, to
BFITP
761 Williams Blvd Richland Wa. 99352
or Fax 509-946-5346 attn: Linda Lively

_____ _____
(Physician Signature) (Date)

If you have any questions please call the Intake Coordinator, Linda Lively at 946-5157 ext. 126. Thank you;

The Benton Franklin Feeding Team

Appendix I. Parent Questionnaire

Cowlitz-Wahkiakum Feeding Clinic
Progress Center
1600 3rd Ave.
Longview, WA. 98632

Parent Questionnaire

The following questionnaire is intended to provide information on your child so that we can better understand your concerns and needs. Your answers will be kept confidential. If you have any questions, please call Marti Summer, RN, Feeding Team Coordinator at 425-9810.

General Information

Today's date: _____

Child's Name: _____ Birthdate: _____ Male/Female

Address: _____ City: _____ Zip:_____

Parent/Guardian name(s): _____

Home phone: _____ Work phone: _____ Message: _____

Referred by: _____

Person completing this form: _____ Relationship to child: _____

Has your child seen a dentist? Yes __ No __

How would you describe your child's *overall* development?

At age level ___ Delayed ___ Advanced ___ Not sure ___

Feeding Information

How is your child eating and growing?

1. Is it easy to tell when your child is hungry or thirsty? Yes No
2. Does he/she take vitamins or minerals? Yes No
3. Does your child eat anything that is not food, such as paint or dirt? Yes No
4. Do you have trouble buying or making your child's food? Yes No
5. Is your child on the WIC program? Yes No
6. Does your child go to a daycare? Yes No
   If yes, where? _____
7. Is your child fed by other people? Yes No
   If yes, who? _____
8. Where do you usually feed your child? _____
9. How long does it take your child to eat? _____

10. Who *regularly* feeds your child? _____

Are any of these a problem for your child? (If yes, please check)

___ vomiting	___ easily distracted when eating	___ gagging or choking
___ diarrhea	___ overstuffs mouth	___ throws food
___ constipation	___ sensitive around the mouth	___ eating too slowly
___ sucking on nipple	___ chewing	___ refusing to eat
___ holding up head	___ cup drinking	___ spitting out food
___ sitting up alone	___ finger feeding	___ getting upset at meals
___ swallowing	___ not eating solids after age one	___ picky eater
___ diagnosis of reflux	___ bad teeth or sore mouth	___ allergies
___ using a spoon	___ holding food in mouth (spillage)	

Do you have other concerns about what your child eats and/or his/her eating skills?

_____

_____

Has your child ever had a swallow study? Yes ___ No ___

If yes, what was the result? _____

Has your child ever been fed other than orally (G-tube, N/G tube, etc.)? Yes ___ No ___

If yes, please describe: _____

Does your child have any food restrictions (allergies, cultural, religious, other)? _____

_____

Does your child breast feed? Yes ___ No ___

Self feed? Yes ___ No ___

If yes, check the manner of feeding:

___ holds own bottle ___ uses spoon ___ uses fork ___ finger feeds

___ drinks from tippy/sippy cup ___ regular cup

What have you other others tried in the past to improve the feeding concerns? _____

_____

_____

_____

Please list any questions you would like addressed or information you would like to receive from this evaluation: _____

_____

_____

_____

Thank you,

The Cowlitz-Wahkiakum Feeding Team

Appendix J. Diet Recall

DIET RECALL

Date	Food offered	Amount eaten	Reaction
AM			
Lunch			
Dinner			
AM			
Lunch			
Dinner			
AM			
Lunch			
Dinner			
Am			
Lunch			
Dinner			
Snack Time			

Appendix K. Feeding Clinic Appointment Information Sample

Feeding Clinic Appointment Information

Date of appointment: _____
Time: _____
Location: Progress Center
1600 3rd Ave. Longview, WA. 98632
(360) 425-9810

What to expect during the appointment:

1. The feeding team may consist of any combination of:
   a. Speech and language pathologist
   b. Occupational therapist
   c. Infant/Child and Family Counselor
   d. Registered dietitian
   e. Registered nurse
2. We might ask you to undress your child for weighing and measuring.
3. You will go home with written suggestions, including a follow-up appointment, if needed
4. Your appointment will last approximately 1 to 1 ½ hours.

What to bring with you:

1. Signed "Private Insurance/Medicaid Information" and "Latex Sensitivity Declaration" form
2. Completed 3 day food record
3. Completed "Parent Questionnaire"
4. Several foods you usually serve your child at home
5. Any special or favorite tools or equipment (spoon, cup, bottle, bowl, etc.)

Please be on time for your appointment. If you *must* cancel, please call (360) 425-9810 and ask for Marti or Kim.

Appendix L. Parent Activity Sheet

Cowlitz-Wahkiakum Feeding Clinic
Parent Activity Sheet

Child's Name: _____ DOB: _____ Date: _____

Parents: _____Phone: _____

Feeding Team Members: Chris Brown, OT; Julia Mace, OT: Kelly Sebold, MA, CCC-SLP; Sandy Jaecksch, M.A.; Patty Stout, RD; Marti Summer, RN

Activities to continue:

Activities to try:

Plan:

04/04 White: Parent/Guardian Yellow: Feeding Clinic

Appendix M

COWLITZ-WAHKIAKUM FEEDING CLINIC ROLES

Each discipline and their roles:

1. **Intake Coordinator**—Completes intake process and paperwork, schedules evaluation appointment and notifies team members. At this time, there are 4 clinics per month, each scheduled for 90 minutes. The Intake Coordinator remains the primary contact for the family.

2. **Counselor**—Observes the child and parent/family interactions, assesses the child's relationship with food, explores parent's feelings and provides assessment of their feeding struggles. Counselor also assists team members in their communication with families and each other.

3. **Speech/Language Pathologist**—Evaluates oral motor structure and function, swallowing ability, and assists with evaluation of the communication between parent and child as it related to feeding.

4. **Occupational Therapist--**Assesses positioning of body during feedings, sensory sensitivities, self-feeding skills, and assists with evaluation of oral motor skills.

5. **Nutritionist**—Evaluates the three-day food records, weighs and measures the child and interviews parent regarding the child's feeding history.

6. **Physician Assistant—**Our physician assistant has a consultative role and is available as needed to advise the team.

7. **Medical Director—**Our medical director has a consultative role and is available as needed to advise the team.

Training Involved

Each team member brings to the team their specialized training in working with very young children and families We have found *experience* in working with team members from other disciplines to be most beneficial. The ability to observe behaviors and make suggestions based upon those observations is important; fast thinking is required. The ability to communicate those suggestions to others and onto paper quickly is also needed. We see these as unique characteristics, possibly personality specific, but present in every discipline. Not everyone can function in the fast-paced, stressful environment generated by our timeline.

The team is affiliated with the Office of Children With Special Health Care Needs. Twice yearly trainings also occur to update skills and network with other feeding teams across the state. Beyond this, trainings are limited in our area.