

Strategies for Treating Children with Severe Oral Aversion

Practitioners treating children with pediatric feeding disorders often face the dual challenge of increasing the volume of food their client eats by mouth while decreasing their severe oral aversion and defensiveness. There are many underlying reasons why infants and children become orally defensive, but even when these initial conditions are stabilized and/or resolved many children continue to show lingering signs. Due to this, oral aversion remains a significant barrier for clinicians trying to teach children to eat by mouth and/or to advance oral motor skills.

Clinicians who treat children with oral aversion often become frustrated, particularly when treatment sessions produce an agitated child who has not consumed any food. With severe oral aversion and defensiveness, it is important for therapists and caregivers to not become discouraged by the negative responses. Instead, they should set short-term achievable goals based on each child's abilities.

We have treated many children from around the country who have received ongoing therapy but have not managed to decrease their oral defensiveness. These children have been successful in overcoming oral aversion and have begun to eat by mouth. Following are some tips for treating children with this level of dysfunction. These strategies provide a solid framework to follow as clinicians help their younger patients best utilize their skills and abilities.

Strategies That Work:

First, map out your plan and task analyze the components into small measurable steps toward your goals. Begin with short treatment sessions (10 minutes) and gradually increase the amount of time with your long-term goal being 20-25 minute meal. Track progress with each small step (no matter how small) toward your goals. This helps you feel like you are accomplishing something.

Predictability helps reduce anxiety. Performing the routine the same way in each therapy session helps a child to know the expectations. If you utilize a timer, for example, the child will learn to associate the timer ringing with being done. This will eliminate the session ending based on negative responses.

For children with severe oral aversion, you may not even be able to start near their mouth. Work your way from the outer perimeter of the face in toward the mouth, then the outside of the mouth, and gradually work your way into the mouth. Choose oral motor exercises that work on specific muscle groups in the face, such as the Beckman Oral Motor Exercises.

Choose an exercise program that has a structured routine that you can follow each time with handouts to give parents as you teach them to do these at home. Because it is hard to demonstrate and practice techniques on an orally aversive child, demonstrate exercises on the caregiver in front of a mirror and have them practice on you so you can be sure the exercises are being performed correctly.

Reinforce the positive responses. Give verbal praise and tangible reinforcement for the steps identified through your task analysis. As long as the underlying issues are stabilized, you can feel more comfortable about ignoring negative behaviors. Anticipate the length of time you expect the child will tolerate and set the timer accordingly. Don't stop just because you are met with resistance. At least attempt an approximation toward your goal and be quick to provide positive reinforcement (toys, video, praise) for compliance. This avoids getting in the habit of letting escape become the reward.

Provide caregivers with information about your plan and homework to do in between sessions. Discuss your and their philosophy about treatment. This helps them feel included in the process. Often caregivers are overwhelmed and anxious about their child's feeding difficulties. Share with them as you track progress, this helps them see even small steps toward improvement that they might otherwise overlook.

Once the child has decreased their aversion, begin the process of presenting tastes of food. The next step is teaching the child to open their mouth upon request to take a bite. This is the foundation you will need to make strides with oral feeding.

Clinicians who treat children with severe oral aversion and defensiveness face a myriad challenges as they attempt to work through the many steps that must be mastered in order for age-appropriate consumption by mouth to occur and/or oral motor skills to improve. Occasionally, more intensive treatment, on a consistent, daily basis may be necessary to help children with severe oral aversion overcome challenges in such a way that allows them to best develop emerging skills. Regardless of the frequency of treatment, therapists should focus on reinforcing the positive as small and measurable goals are practiced in a controlled and structured treatment environment.