

## **General behavioural recommendations to provide to families**

### **Goals**

Help the family set small achievable goals for eating. These may relate to the goals agreed in the Evaluation of Readiness for Transition from Tube Feeding to Oral Feeding. These may start as being very simple, such as sitting at the table with the family, tasting one new food per week.

### **Meal schedule**

#### Recommend:

- A consistent schedule for meals, generally 3 meals and 2-3 snack times, approximately 2 hours apart (or 2 hours from the last tube feed).
- Structure in the meal, e.g., being seated at a table with appropriate seating, using a similar bib or placemat each time and avoiding distractions (e.g., turning the TV off, other family members to be part of the meals).
- Being seated for tube feeds (not while playing with toys).
- Not allowing grazing (small amounts of food), or drinks other than water between meals.
- Helping the child relate the meal with hunger. For example, “it’s been awhile since breakfast, is your tummy hungry?”
- Keeping the eating area positive. For example, if the child resists medication, don’t present it in the eating area.
- Try to incorporate a relaxation activity prior to the meal time-e.g. washing hands with lots of bubbles and blowing, having a regular song/music to begin the meal with.

### **Meal length**

#### Recommend:

- An eating period of 20 – 30 minutes for meals, and 10-20 minutes for snacks.
- If the child resists sitting for this long, recommend starting at short periods, for example 5 minutes signalled by a timer. It is important that the child learns that meals end at set times, not because of refusal.

### **Positive interactions during the meal**

#### Recommend:

- Consistent instructions at each meal (e.g., how much the child is expected to eat, the new food they are expected to taste).
- Regular choices are provided such as type of cup, utensils or foods. Choices between a few options are best, for example “You can choose strawberry or vanilla yoghurt”, not “what kind of foods would you like today?” The child also may participate in mealtime preparation (e.g., cutting foods into shapes), setting the table, and choosing foods at the supermarket.
- Positive attention (praise) including touch, smiling, and encouraging is provided for all appropriate mealtime behaviours (sitting, staying calm, touching foods, eating foods). Praise should be provided immediately and for any approach to food
- For some children, it may also help to provide brief access to preferred activities (e.g., blow bubbles) in addition to praise.

- Limiting attention to problem behaviours (e.g., spitting food or complaining). Limiting attention might involve looking away, not mentioning the behaviour, staying calm, and keeping language focused on the expectation (e.g., “our meal goes for another 5 minutes”)
- Parents or siblings eat similar foods at the meal to model a positive example and talk in a positive manner about food (e.g., my yoghurt is sweet, what does yours taste like?)
- Depending on the child’s understanding, incentive charts or token systems can also be helpful. The child and parent decide a reward, and what they need to do to earn it.

### **Introducing new foods**

#### Recommend:

- Start with foods that have been previously accepted if possible
- Introduce new foods initially in small steps, e.g., tiny pieces, or a pea-size amount on a spoon, or at a reduced texture.
- New foods can be in regular meals, but placed on a separate plate (e.g., a “learning plate”), or offered before the rest of the foods.
- New foods can be introduced outside of regular meal times (particularly if intake during meals is of concern). These might be short “practice sessions” where the child is asked to try a few bites of a new food and then finish. Upon progress the food can then be introduced to regular meals.