

# EARLY Edition

NEWS & INFORMATION ON THE PEDIATRIC SPECIALTY CARE AT CHILDREN'S HOSPITAL, RICHMOND, VA

## IN-DEPTH: Children's Feeding Program Specialized Program for Medical, Behavioral Feeding Issues

**E**stablished in 1998, Children's Feeding Program is designed to help children who have a medical or behavioral issue that limits their feeding and growth. For conditions ranging from picky eating to failure to thrive, the program offers a continuum of care provided by an interdisciplinary team of specialists who join their varied expertise to address the multiple factors involved with eating. The program's team-based structure supports a comprehensive approach that incorporates medical and developmental needs; behavioral and oral-motor feeding issues; and family education, training and support. Team members include a dietitian, nurse, physician and nurse practitioner, as well as psychologists and therapists with special training in feeding issues. Services are designed to minimize feeding difficulties, assist in the development of age-appropriate feeding skills, and maximize overall health status.

This issue of Early Edition highlights recent Children's Feeding Program trends, outcomes and patient profiles. Our intention in sharing this information is to provide a greater understanding of the complexity of treatment of feeding issues and the types of conditions our program specializes in addressing. Our clinical team welcomes opportunities to offer further education about feeding issues, intervention and treatment. We are happy to schedule presentations for professional and community organizations, as well as tours of our facility, and look forward to working with you to address the specialized care needs of children in our community and beyond.

**The following profiles describe specialized therapy techniques utilized in skill and behavioral intervention for two recent Children's Feeding Program patients. The Children's Feeding Program interdisciplinary team also addresses medical and nutritional issues related to feeding disorders and works collaboratively with other medical and community providers involved in a child's care team.**

### PATIENT PROFILE: GRAHAM, 4

Reflux was the underlying cause of Graham Elliott's feeding issues, however allergies, illnesses and medical procedures made learning to eat by mouth more complex. "Our history could be described as two steps forward, one step back," his mom Sarah remarks.

Graham is a twin born at 26 weeks gestation. Faced with numerous complications, he spent nearly five months in neonatal intensive care and once home required oxygen, apnea monitoring and a nasogastric feeding tube. "Severe reflux set in," Sarah recalls. "Graham threw up after every tube feeding. He became afraid to swallow anything."

After eight months with no significant improvement in feeding or reflux, Graham underwent surgery for placement of a gastrostomy tube with nissen fundoplication. Following his recovery, Graham began outpatient feeding therapy. "We entered the Feeding Program overwhelmed and defeated," Sarah says. "Graham was unable to swallow a drop of milk or even one-fourth of a teaspoon of yogurt without gagging uncontrollably."

Throughout Graham's program, Occupational Therapist Carol Elliott, OTR/L, one of the program's feeding therapists, utilized a simultaneous approach of behavioral intervention, oral-motor treatment and therapeutic handling, with positive



**Graham Elliott with Therapist Carol Elliott, OTR/L (no relation), and his mom Sarah (right) on Graham's Feeding Program graduation day.**

—continued on page 2

Contributing writers: Gail C. Argenbright, PhD, Clinical Psychologist; Amber E. Bishop, MS, OTR/L, Occupational Therapist; and Carol Elliott, OTR/L, Occupational Therapist

INSIDE: Children's Feeding Program Outcomes; Referral & Evaluation Process

**GRAHAM**, continued from page 1

reinforcement, to target acceptance of food and drink. Initial treatment involved therapeutic handling and spoon placement to facilitate Graham to sustain an open mouth to accept a spoon without gagging. (Graham was very defensive and would close his lips as soon as a spoon began to enter his mouth.) Liquid was introduced using a squeeze bottle, adapted with a straw, to place liquid into the cheek pocket. His parents were instructed in the techniques and over time Graham began to eat and drink progressively larger amounts.


The years that followed were characterized by improvements in skill and volume being “derailed,” as Sarah terms it, by Graham’s environmental allergies and numerous sinus infections. Throat congestion and pain led to resistance, gagging and retching. Therapy was suspended when a decline in feeding behaviors indicated unresolved medical issues

and need for surgical intervention. “Following each recovery, we’d have to go back to working on accepting and volume consumed, picking up where we left off,” Carol comments. “Early introduction of treatment and prompt identification and management of medical issues is essential for consistent progress.”

Eventually, Graham’s strides outnumbered his setbacks. He participated in a six-week day patient program in fall 2007 to address consumption of purees of graduating textures, chewing and swallowing whole food, and self-feeding. When discharged, Graham was eating “gritty pureed food,” self feeding 50 percent of meals off a spoon and drinking some liquid from an open cup. He resumed outpatient therapy, however, after undergoing another series of medical setbacks requiring an adenoidectomy and tonsillectomy.

By June 2008, on a diet of pureed food

and small amounts of whole table food, Graham was consistently consuming enough that the decision was made to remove his gastrostomy tube. With continued outpatient therapy, and a newly prescribed antihistamine with a side effect of increased hunger, Graham began readily chewing and swallowing without prolonged delay and was feeding himself age-appropriate foods—without consistent external motivation to take bites—when he “graduated” this April at age 4 ½.

In an email to friends and family announcing the good news, Sarah described Carol as “tireless.” “The most powerful part of the program is the staff,” Sarah remarks. “They’re not just therapists with a feeding protocol that works. They’re special people with big hearts, open ears and more patience than one could ever imagine.” 

—Patient Profiles, continued on page 3

## SPECIAL FOCUS: Children’s Feeding Program Outcomes

### 2008 Children’s Feeding Program Data Trends

- **Feeding clinic visits/year: 700**
- **Day patients served/year: 35 (392 since 1999)**
- **Average day patient age: 4.2 years**
- **Average length of day patient stay: 33 days**
- **Outpatient treatment visits/year: 4,137**

### Day Patient Program Trends

Children’s Hospital’s Day Patient Feeding Program was established to treat moderate to severe feeding issues in children. The ability to treat children requiring intensive intervention in a day program (vs. inpatient) allows improved patient adjustment and better transition of treatment to home environment. The following is a summary of mealtime trends for patients admitted to the Day Patient Program in 2008:

- **109% increase in food acceptance**
- **72% decrease in inappropriate feeding behaviors**
- **Increase of 238% in grams consumed per meal (from 65 to 220 grams)**
- **Average calories per treatment day increased from 360 to 821 calories**
- **More than 208% increase (23% to 71%) in percentage of calories taken by mouth (vs. tube feeding)**
- **Increase of average ounces consumed per meal from 2 oz. at admission to 7 oz. at discharge**

A more detailed report of Children’s Feeding Program’s 2008 outcomes data is featured at [www.ChildrensFeedingProgram.org](http://www.ChildrensFeedingProgram.org).



Speech/Language Pathologist Brandi Watts, MS, CCC-SLP, a Children’s Feeding Program feeding therapist, uses oral-motor exercises to address oral sensitivity and encourage acceptance of utensils for a 3-year-old patient with a tracheostomy. Among the most medically complex patients Children’s Feeding Program serves are children with tracheostomies and children who are ventilator-dependent; the program’s treatment approach combines behavioral intervention, structured oral-motor intervention and systematic desensitization of sensory issues to address feeding concerns and encourage development of feeding and swallowing skills.

## Children's Feeding Program Referral and Evaluation Information

### Referral & Evaluation Process

Children are referred to Children's Feeding Program for evaluation via their primary care physician, pediatric specialist or early intervention program or through [www.ChildrensFeedingProgram.org](http://www.ChildrensFeedingProgram.org). Children are first seen for a Feeding Clinic evaluation where a physician or nurse practitioner and a dietitian assess nutrition and medical issues related to feeding difficulties. Children with oral-motor and/or behavioral issues may be referred for further evaluation with a feeding therapist and psychologist. The evaluation process determines appropriate interventions for a child's specific needs; recommendations may include a day patient program (typically 4 treatment sessions per day, 5 days a week for 6-8 weeks and a weekly team consultation), outpatient therapy, or strategies for home mealtimes and re-evaluation at a later date. Teleconferencing services are available for preliminary evaluations for children who reside out of state. To refer, call (804) 228-5818 and select the Children's Feeding Program option.

### Feeding-Related Causes for Concern

The following concerns may indicate a child needs an evaluation related to feeding:

- Child sucks or suckles all food put into mouth *beyond the age of 9 months*
- Child gags or chokes on foods that require chewing; is not handling new food textures; and/or is not developing munching or chewing patterns (and food is swallowed whole) *beyond the age of 12 months*
- Child has limited tongue and jaw movement; refuses to accept foods; is orally aversive (shows extreme dislike for anything near or in the mouth); avoids eating; and/or is not eating enough volume or calories resulting in poor weight gain/growth *at any age*

### Additional Information

To schedule a Children's Feeding Program presentation or facility tour, contact Sherry Black, Business Development Manager, at (804) 228-5971 or [sblack@chva.org](mailto:sblack@chva.org). Additionally, the Feeding Program website, [www.ChildrensFeedingProgram.org](http://www.ChildrensFeedingProgram.org), provides an overview of evaluations and services, a five-minute narrated slide show on day patient treatment, and articles for families on feeding-related topics. A CD of the slide show is also available.

## PATIENT PROFILE: REID, 10

"Neither of us had any idea what we were about to face," Darrell Wilkerson says of the difficult year after his son Reid experienced three seemingly minor choking incidents.

In April 2008, Reid choked on a slice of ham; weeks later, a piece of pasta. Then in June, while at camp, Reid gave himself the Heimlich maneuver to remove a piece of beef jerky lodged in his throat. Following that, he stopped eating solid foods, claiming he wasn't hungry. "Reid would drink, but have complete meltdowns when food was offered," Darrell says.

Darrell and his wife Donna took Reid to several specialists hoping to identify a physical cause. After numerous tests, no conclusive answers and significant weight loss (from 91 to around 70 pounds), they

contacted Children's Feeding Program. "Once we connected, I felt we had the experts and support we needed to get through it," Donna comments.

In Sept. 2008, Reid began an eight-month outpatient therapy program with Occupational Therapist Amber E. Bishop, MS, OTR/L, a feeding therapist with expertise in working with children resistant to new foods,

and Gail C. Argenbright, PhD, a clinical psychologist who has experience in anxiety disorders. Reid had experienced anxiety issues in the past and, as his parents had begun to suspect, had developed a high level of anxiety related to eating. Similar to home mealtimes, in an initial feeding therapy session "Reid started screaming and crying when asked to eat just a fingertip-size portion of applesauce," Donna recalls. "He was just so afraid to try to eat."

Reid's team developed a therapy plan specific to his needs, which included referral to a psychiatrist who prescribed medicine to help manage anxiety. "Medicine helps," Dr. Argenbright remarks, "but it does not change his way of thinking or hold him accountable for eating new foods."

Dr. Argenbright and Amber designed a treatment protocol involving food choices, deadlines for trying foods at home and in sessions, weekly "food homework" with rewards (such as outings with dad) and losses (TV or computer time), and a plan to encourage a healthy, dietitian-recommended diet. The protocol gave Reid a structure for progress and a sense of control over the feeding process. Dr. Argenbright also helped Reid identify how negative thinking and fear contributed to his anxiety and provided cognitive behavioral techniques to help Reid decrease anxiety.

Realizing over several months time that he had a fear of choking, not a physical problem with eating, was tantamount for Reid's recovery, but confronting his fear was still challenging. Reid says learning "ways to be in control" helped him move past the throat-swelling tension he experienced when fearful about choking on a new food. Cheers from his sister as he took bites and advice about facing fear from his favorite wrestler provided motivation as he progressed from weekly to monthly sessions. When discharged this April, Reid was eating over 60 foods without anxiety and had gained back the lost weight. Thankful of support they received, and extremely relieved their son was able to get through this "all-encompassing crisis," Donna is also proud to report that Reid's now more confident—and "a happy boy again." 🌟



**Reid Wilkerson's therapy team—Occupational Therapist Amber Bishop, MS, OTR/L (left), and Clinical Psychologist Dr. Gail Argenbright—with Reid on the day he graduated from Children's Feeding Program.**

## CHILDREN'S HOSPITAL THERAPY CENTERS

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Suite 102  
Fredericksburg, VA 22408  
540/891-4485

### SOUTH

2925 Polo Parkway  
Midlothian, VA 23113  
804/323-9060

### PETERSBURG

321 B Poplar Drive  
Suite 4  
Petersburg, VA 23805  
804/733-7233

### WEST

The Forum, Building 2  
10124 West Broad Street  
Suite P  
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[www.childrenshosp-richmond.org](http://www.childrenshosp-richmond.org)

# Children's Hospital

PEDIATRIC SPECIALTY CARE OF RICHMOND, VA

## Young at heart

### MAIN HOSPITAL

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## PROGRAM UPDATES

### Physical Medicine & Rehabilitation Clinic Now Offered at Fredericksburg Location

In March, Children's Hospital began offering a Pediatric Physical Medicine and Rehabilitation (PM&R) clinic at its Fredericksburg Therapy Center location. Held the first and third Thursdays of each month, the afternoon clinic is led by Pediatric Physiatrist Charles M. Dillard, MD.

Dr. Dillard joined Children's Hospital's clinical staff in July 2008 as part of the PM&R clinic team at the main hospital. The new Fredericksburg clinic is an extension of this clinic, which is held three days a week and led by Eugenio A. Monasterio, MD, FAAPMR, Pediatric Physiatrist and Medical Director of Children's Hospital.

Dr. Dillard received his medical degree from Virginia Commonwealth University (VCU) School of Medicine in 2004 and completed a PM&R residency at VCU Medical Center in 2008. During his residency, he served as Chief Resident and received the PM&R Clinical Excellence Award. Currently an assistant professor in VCU's Department of PM&R, Dr. Dillard's areas of special interest include pediatric traumatic brain injury, cerebral palsy and gait analysis.

Children's Hospital's PM&R program provides care designed to restore, improve and maximize the functional capabilities of children with temporary or permanent disabilities. Expanding therapy and physician services to be more accessible for patients and families ties in with the program's family-centered approach: "We take a multidisciplinary track and incorporate many different avenues to reach goals—therapy, surgery, medicines, braces, etc.," Dr. Dillard remarks. "We make sure parents are included in the process of not only setting, but achieving and maintaining, goals and actively strive to be as accessible as possible."

*Note: Other physician services at Children's Hospital's Fredericksburg location include pediatric cardiology, neurology and neurosurgery. Specialists from VCU Children's Medical Center, Richmond, Va., provide these services. To schedule patients for the cardiology, neurology or neurosurgery clinics, call VCU Children's at (804) 628-PEDS or 1-800-762-6161. To schedule a patient for the PM&R Clinic in Fredericksburg, call the Fredericksburg Therapy Center at (540) 891-4485.*



**Charles M. Dillard, MD,**  
Pediatric Physiatrist

### Endodontics Added to Dental Services

In February, Children's Hospital added endodontics to the list of dental services it provides to patients. Endodontist Gardiner M. Packer, MSD, DDS, completes root canals in the dental clinic every other Friday and in the operating room as necessary.



**Gardiner M. Packer,**  
MSD, DDS, Endodontist

Dr. Packer is one of three Medicaid providers for endodontics within a 50-mile radius of the hospital and the only one who performs root canals on children with special needs. He graduated first in his class from Creighton University School of Dentistry in Omaha, Nebraska, and completed a general practice residency at the University of Utah School of Medicine, where he worked closely with the pediatric dentistry department and provided root canal therapy for children. He also completed an endodontic residency at Virginia Commonwealth University.

In addition to working with Children's Hospital, Dr. Packer is in private practice with Dominion Endodontics in Richmond. "Helping people overcome fear of dentistry" is an area of special interest for him.