The FOCUS Program - A Systematic and Comprehensive Approach to Improve Feeding Skills and Mealtime Participation



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Introduction

Occupational therapists recognize how essential being able to eat and feed one's self is as a daily living skill. It is a crucial developmental milestone for children as well as a skill that has medical, social and emotional ramifications for children, adolescents and adults. Mealtime challenges often result in far reaching negative effects for the client, their family and others in their life in terms of their role expectations and participation in multiple settings. Individuals across the lifespan may experience restrictive and selective eating marked by avoidance of foods based on sensory characteristics, lack of interest in food and marked psychosocial dysfunction (DSM-5; American Psychiatric Association, 2013). As this profile has been more clearly defined and recognized in professional communities, numerous treatment concepts and intervention programs for these individuals have emerged (Kreipe & Palomak, 2012, "Selective Eating Disorder", 2016). It is crucial that occupational therapists establish their role in providing effective evaluation and intervention for individuals who experience eating and mealtime challenges. By identifying a systematic, evidence-based model of evaluation and intervention, occupational therapy can establish itself as a key profession in the effective treatment of feeding disorders.

The FOCUS Program

The FOCUS Program is a unique comprehensive, systematic, stage-based theoretical family-centered model and intervention program for addressing oral motor and feeding disorders that incorporates development of sensory processing and motor skills with functional oral motor and feeding skills and mealtime behaviors and participation. The FOCUS model incorporates the following components:

- A defined comprehensive sensory-motor, oral motor and psychosocial evaluation
- A clinical reasoning process for identification of patterns of dysfunction and intervention planning
- A comprehensive, seven step intervention process to address foundational mechanisms to improve family/community-based mealtime participation

The FOCUS Program is appropriate for individuals throughout the lifespan including adolescents and adults and may be applied with individuals with a variety of diagnoses to improve eating and mealtime participation. Specific diagnoses appropriate for the FOCUS program include:

- Sensory Processing Disorder (SPD)
- Autism Spectrum Disorder (ASD)
- Avoidant Restrictive Food Intake Disorder (ARFID)
- Developmental Disabilities
- Failure to Thrive
- Prematurity
- Tube Fed Individuals
- Trauma and Attachment Disorders

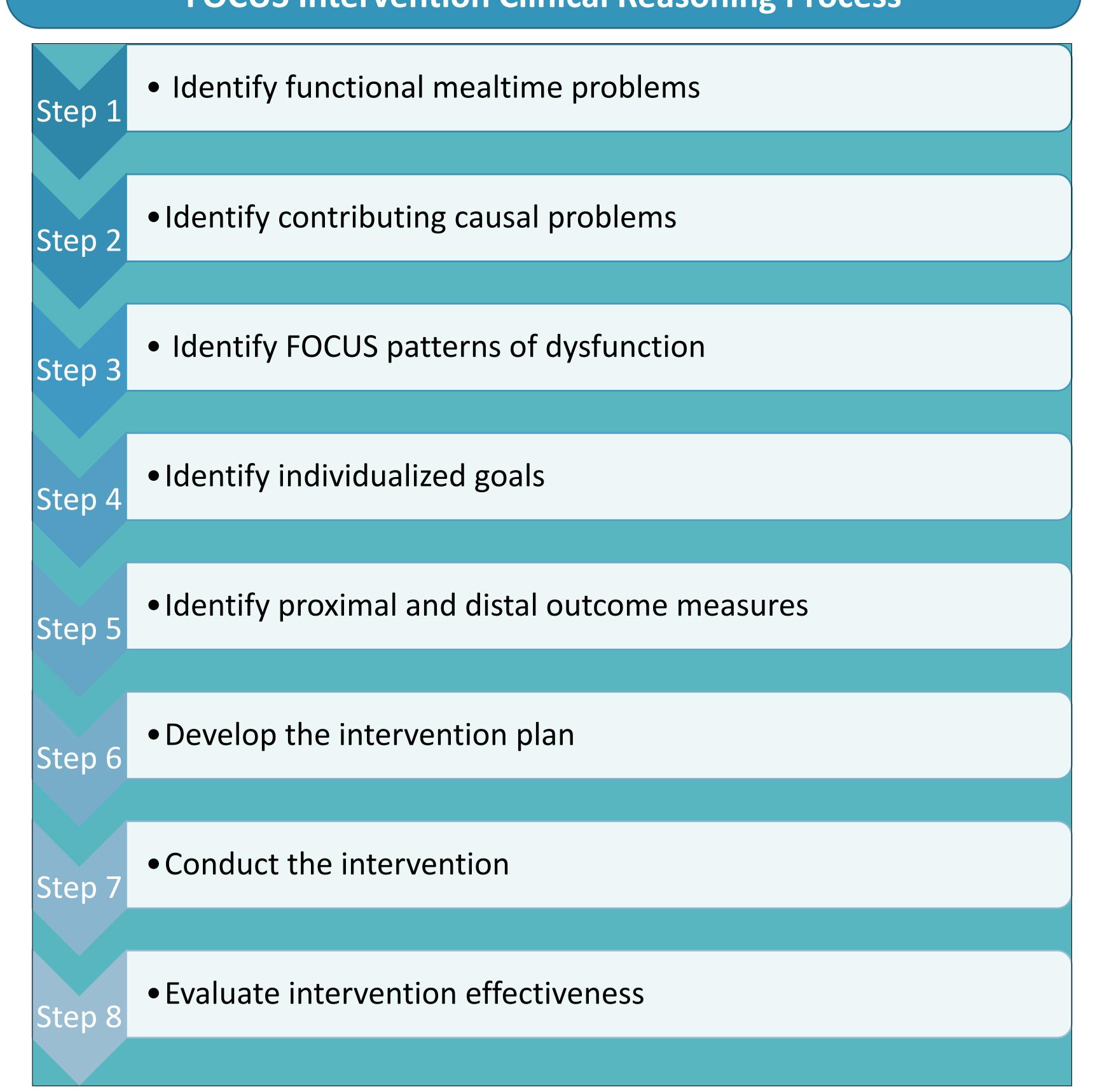
FOCUS Assessment and Related Clinical Patterns

The FOCUS assessment includes targeted evaluation of the following areas: sensory processing skills, motor skills, oral motor skills, eating and drinking skills. Evaluation of these areas results in being able to identify one of the following clinical patterns that impact an individual's eating and mealtime performance -

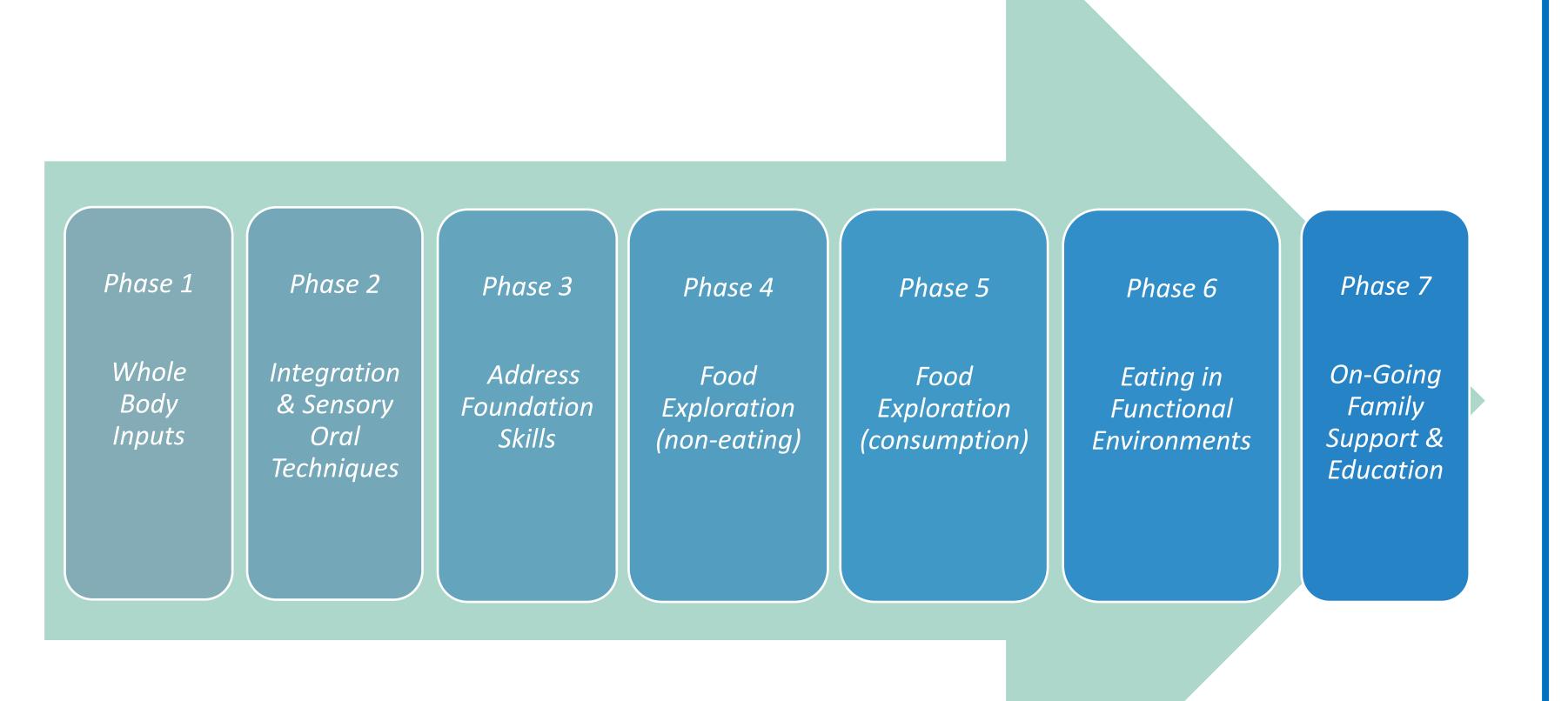
- Generalized Sensory and Motor Dysfunction
- Generalized Sensory Defensiveness
- Generalized Sensory Discrimination
- Oral Sensory Defensiveness
- Oral Sensory Discrimination Based Oral Motor Difficulties
- Combined Oral Sensory Defensiveness/Sensory Discrimination and Oral Motor Difficulties

The FOCUS assessment takes into consideration how the individual's challenges uniquely impact on mealtime participation and experiences, influence on family, nutrition, social interactions, energy and health. The FOCUS Program also recognizes and considers trauma responses and psychosocial factors that co-exist within the clinical patterns described above as another key variable to understand and consider as part of the assessment as well as for planning intervention.

FOCUS Intervention Clinical Reasoning Process



Treatment Phases



Outcomes

Goal areas to be addressed in intervention objectives:

☐ Proximal Outcomes

- Sensory Processing Skills
 - o Improve tactile defensiveness to increase tolerance for a variety of food textures
 - o Improve oral tactile discrimination to clear food in mouth
- Oral Motor Skills
- o Improve jaw strength for sustained bite and chew
- o Improve lip closure on cup and spoon
- Posture, Praxis and Motor Skills
 - o Improve postural stability to sit a table during meal
 - o Improve motor planning to cut and spear food with fork and knife

☐ Distal Outcomes

- Mealtime Participation
 - o Improve participation in shared meals with family
 - Increase parental confidence in ability to feed child nutritious food for consumption
- Feeding Behaviors
 - o Reduce food refusal and increase number of foods child will eat

References

Ayres, A.J. (1979). Sensory Integration and the Child. Los Angeles: Western Psychological Services. American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.

Kreipe, R. E. & Palomaki, A. (2012). Beyond picky eating: avoidant/restrictive food intake disorder. *Curr.Psychiatry Rep., 14,* 421-431.

Schaaf, R. C. (2015). Creating evidence for practice using data-driven decision making. American Journal of Occupational Therapy, 69(2), 6902360010p1-6902360010p6.

Selective Eating Disorder/Avoidant Restrictive Food Intake Disorder (ARFID). (2016). Retrieved from http://www.dukeeatingdisorders.com/#!treatments/cs99