In my mind, I am full of hope. I can touch the sky. I can do anything. In my mind, I am strong as a lion. I am astonishing. I am full of dreams. In my mind, I fly like the wind. I am very brave. I am a champion.

Every child is born with great potential. Shouldn’t every child have the chance to achieve it?
What Is a Feeding Disorder?
A child with a feeding disorder does not consume enough food (or liquid, or a broad enough variety of food) to gain weight and grow normally. General feeding difficulties are relatively common among most children. For example, a child may be a picky eater and consume a limited number of foods, but the foods eaten span all the food groups and provide a well-balanced diet. A child with a feeding disorder, on the other hand, may only eat a few foods, completely avoiding entire food groups, textures, or liquids necessary for proper development. As a result, children diagnosed with feeding disorders are at greater risk for compromised physical and cognitive development.

There are many different types of feeding disorders, and they can take on one or more of the following forms:

• Trouble accepting and swallowing different food textures
• Throwing tantrums at mealtimes
• Refusing to eat certain food groups
• Refusing to eat any solids or liquids
• Choking, gagging, or vomiting when eating
• Oral motor and sensory problems
• Gastrostomy (g-tube) or naso-gastric (ng-tube) dependence

Children with feeding disorders may also develop slower, experience behavioral problems, and even fail to thrive. Severe feeding disorders can cause children to feel socially isolated and often put financial strains on families.

Our Program
A Comprehensive Approach to Treating Feeding Disorders
Established in 1987, the Pediatric Feeding Disorders Program at the Kennedy Krieger Institute in Baltimore, Maryland, is one of the leading programs in the nation designed to help children participate during daily meals with their parents and caregivers.

Our program was one of the first to combine the medical expertise of gastroenterology (the study of the digestive system and its disorders) and the therapeutic techniques of behavioral psychology in the treatment of children with feeding disorders. Our interdisciplinary team of specialists can measurably improve a child's appropriate eating behavior while decreasing inappropriate behavior so that mealt ime can become family time again.

Our ongoing commitment to implementing innovative methods to address increasingly complex feeding disorders helps ensure positive outcomes. As a result, our methods have become a national standard in the treatment of feeding disorders.

Who We Treat
While a wide spectrum of factors can contribute to feeding disorders, certain medical and psychological conditions may accompany them. We see children with conditions related to one or more of the following:

• Gastroesophageal reflux disease
• Gastrointestinal motility disorders
• Palate defects
• Failure to thrive
• Prematurity
• Esophagitis
• Gastritis
• Duodenitis
• Food allergies
• Delayed exposure to a variety of foods
• Behavior management issues
• Oral-motor dysfunction

Our patients range in age from one to 12 years, with an average age of four years old.
Our Treatment Approach
There are many complicated medical, physiological, anatomical, and behavioral factors that affect how and if a child will eat. In order to address all of these factors appropriately, we use an interdisciplinary team approach to assess a child’s feeding disorder and create a treatment plan.

Depending on the significance of a child’s needs, we are able to provide customizable treatment in a variety of care settings:

- **Inpatient Services**  Children with severe food refusal and complex medical issues may be admitted to our hospital for a 24-hour, seven-day a week intensive assessment and treatment program.

- **Day Program**  Children who do not need around-the-clock medical supervision, but still require more intensive therapy than can be provided on an outpatient basis, attend the day program.

- **Outpatient Services**  We offer a variety of interdisciplinary services (for example, behavioral, occupational, or speech therapy) on an outpatient basis for children who don’t require intensive services.

No matter which setting, our treatment consists of four basic steps:

- **Step 1: Evaluation**  Before entering the program, each child is evaluated so we gain a better understanding of his or her feeding disorder and current family meal practices. Often additional testing or treatment options are recommended after the evaluation clinic.

- **Step 2: Treatment**  The team uses the results of these evaluations to develop a treatment plan tailored to a child’s unique needs.

- **Step 3: Training**  In addition to working with each child, we teach the family and caregivers how to incorporate treatment approaches into home and community life.

- **Step 4: Discharge and Follow-Up**  After a child is discharged, we conduct follow-up meals in the clinic to ensure families are adhering to the treatment plan and that each child is continuing to make progress.

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Our Team
We use an interdisciplinary team approach to evaluate and treat a child’s feeding disorder. All of the team members work together to assess each child and to create a treatment program by looking at both the specific biological and behavioral issues involved. This includes evaluating how a child’s biologic factors (for example, medical conditions or oral-motor skill deficits) as well as their mealtime behavior (for example, throwing temper tantrums in order to be excused from eating) function, together or in isolation, to keep the child from eating.

Our interdisciplinary treatment team includes the following disciplines:

- Pediatric gastroenterologists
- Pediatricians
- Nurse practitioners
- Behavioral psychologists
- Speech/language pathologists
- Occupational therapists
- Nutritionists
- Social workers
- Pediatric nurses
- Developmental playroom specialists
- Nurse clinicians

“ Our program uniquely addresses the needs of children with feeding disorders through the whole range of childhood.”  -Liz Enagonio, MS, RD, LN
When Jeffery and Rebekah Fish found out that they were going to have a baby, they were understandably thrilled.

“Even before she was born, we sang to the baby,” says Jeffery. “We named her ahead of time.” They had big dreams for Laura, but they also wanted that most basic of things: a happy, healthy baby girl. That was not to be.

Because of complications with the pregnancy, doctors were forced to leap into action and induce labor early. The doctors were able to save Laura, but her fight was far from over. She was diagnosed with Down syndrome, and she never learned the suck and swallow pattern necessary to eat—a seemingly simple thing that would impact the rest of her life.

Rebekah and Jeffery found it hard to believe that their daughter couldn’t eat, something that seemed like it should come so naturally.

“We pulled the tube out,” Jeffery recounts. “We said, ‘Let’s leave it out.’ We were just using common sense. You think, when she gets hungry, she’ll eat.” But it didn’t work, so Jeffery and Rebekah began to look for answers. They traveled across the country to different feeding programs, with no success.

“We were at a standstill,” says Rebekah. Then their search led them to the Kennedy Krieger Institute.

Rebekah and Laura flew from their home in Oklahoma to Baltimore to pursue what felt like their last hope. Because Laura was older and more medically complex, and because she had never eaten anything by mouth, the treatment team set a small goal for her: to complete a swallow study. There would be little more the team could do if the study was not successful. Fortunately, it was; so Kennedy Krieger’s experts went to work using a variety of evidence-based practices to help Laura. Seven days later, Laura swallowed two bites on her own.

“It was like me eating an elephant,” Jeffery says of the seemingly small feat. “She had never put anything down in her stomach from her mouth. And it just snowballed. Every feed they were getting more and more down her.”

Rebekah, watching from an observation room, was beside herself as she saw Laura take those miraculous first few bites.

“I wanted to just go in there and hug her,” she says.

Now Laura is eating more and more on her own. Although she’s not quite ready to eat an elephant, her mom is happy to indulge Laura’s latest craving—soft-serve ice cream.
Behavior Issues and Feeding Disorders
Our Applied Behavior Analysis Approach

Research has shown that behavioral approaches to the assessment and treatment of children with feeding disorders help increase appropriate eating and decrease inappropriate behavior. Our program’s behavioral psychologists work with the interdisciplinary team to combine this approach with other disciplines to treat all aspects of a child’s feeding difficulty.

Our behavioral psychologists use a data-based approach of behavioral assessment and treatment strategies that are based on an applied behavior analysis model. Behavioral analysis is a science that is concerned with what children and caregivers do in an attempt to understand the function or purpose of the child’s behavior. A behavioral assessment includes an assessment of caregiver-child mealtime interactions to identify situations that result in inappropriate behavior, and also identify common caregiver responses to that behavior. This will help us plan an individualized treatment approach for each child.

The behavioral psychologists will conduct additional behavioral assessments with the child, including direct observation of mealtime behavior under different situations.

Our Success
Of the children in our program, 82 percent meet their individual goals by the time they complete the program.

These positive outcomes are echoed in parent satisfaction ratings, which average 4.5 on a scale of 1 (“least satisfied”) to 5 (“most satisfied”).

“When we started the program, my child was only eating pancakes or pop tarts. Now, he eats anything I give him to eat.” - Gia Firth
**Our Menu Options**

**How We Meet Children’s Dietary Needs**

In order to best serve the individual needs of each child, we provide modified consistencies of nearly all food textures (puree, junior, wet ground, chopped fine, and regular textures), and, when appropriate, each child receives a food item from every food group (fruit, starch, protein, and vegetable) and a drink.

We also offer a variety of special menus, including:

- Menus for allergy-sensitive children that do not contain certain items, such as milk, soy, peanut, or egg. Doctor’s orders pertaining to allergy-safe diets will always be followed.

- Culturally appropriate menus as specified by the family or caregiver (for example, kosher).

Families and caregivers will be involved to the maximum extent possible in determining a child’s menus.

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For more information or to make a referral, please call 443-923-2969, toll-free at 1-800-873-3377, or visit [www.feeding.kennedykrieger.org](http://www.feeding.kennedykrieger.org).
Kennedy Krieger Institute provides care in accordance with all constitutional rights and without discrimination as to race, color, sex, age, national origin, religion, marital status, sexual orientation, genetic information, physical or mental disability, veteran status or sources of payment for care. Additional safeguards include the preservation of personal dignity as well as cultural, psychosocial, spiritual, and personal values, beliefs, and preferences.