

Key Approaches to Feeding Disorders

Pediatric feeding disorders are highly complex, and **no single treatment approach works for every child**. Effective intervention depends on the specific feeding challenges, the child's developmental profile, the therapist's expertise, and the family's unique needs. Below is a clear overview of several widely used, evidence-informed treatment approaches. These approaches are not listed in order of importance. It is recommended that you consider all approaches before using one.

The SOS Approach to Feeding (Sequential Oral Sensory Approach)

Developed by Dr. Kay Toomey, the SOS Approach integrates sensory, motor, cognitive, and behavioral strategies. It is well known for its systematic, play-based progression that moves a child from tolerating a food → touching → smelling → tasting → eating.

Key characteristics of this approach:

- Normal developmental feeding milestones
- Gradual exposure in a low-pressure environment
- Focus on building “food curiosity”
- Strong emphasis on the sensory system

SOS is especially helpful for children who are highly selective eaters, have a history of food refusal, or experience sensory processing differences. It is used across disciplines by occupational therapists, physical therapists, and speech-language pathologists.

The Get Permission Approach

Created by Dr. Marsha Dunn Klein, this approach is grounded in sensitivity, trust, and child-directed interactions.

The key characteristics of the Get Permission Approach are that it:

- Emphasizes emotional safety
- Encourages children to feel in control of their own feeding journey
- Supports caregivers in observing and responding to the child's cues
- Reduces pressure and avoids forceful feeding

This approach is ideal for children with a history of traumatic feeding experiences or anxiety around food. This approach is generally used by occupational therapists and speech-language pathologists.

The AEIOU Approach to Feeding

This approach is a sensory-motor framework that is often used in early intervention and therapy clinics.

AEIOU stands for:

- Accept
- Enjoy
- Interact
- Observe
- Understand

Used primarily by OTs and SLPs, the key characteristics of the AEIOU Approach are:

- Strong sensory integration focus
- Encourages exploration and interaction with foods
- Integrates postural awareness with sensory readiness
- Offers playful, developmentally appropriate mealtime activities

The AEIOU Approach is particularly helpful for children with sensory-based aversions or reluctance to try new foods.

Responsive Feeding Therapy (RFT)

Responsive Feeding Therapy (RFT) is a relationship-centered model that focuses on:

- Respecting hunger/fullness cues
- Avoiding pressure
- Supporting autonomy
- Encouraging mealtime routines and regulation

It is used by SLPs, OTs, dietitians, and psychologists.

Oral-Motor and Motor-Learning Approaches

Used primarily by speech-language pathologists, these approaches target the physical mechanics of chewing, swallowing, and coordinating movements.

Examples of this type of treatment include:

- Strengthening jaw/lip/tongue control
- Gradual texture progression
- Motor planning for chewing patterns
- Postural stability for efficient oral-motor function

These are essential for children with dysphagia, developmental delays, neurological conditions, or low oral tone.

SOFFI Method

Many PTs, OTs, and SLPs integrate the SOFFI® Method (Supporting Oral Feeding in Fragile Infants) into NICU and early feeding practice as a shared, infant-driven framework. Rather than focusing on volume or task completion, SOFFI emphasizes the infant's physiologic stability, behavioral cues, and coordination of suck–swallow–breathe. This approach supports safe feeding while protecting neurodevelopment and honoring the infant's capacity to engage in feeding without stress.

Using the SOFFI Method, interdisciplinary teams support feeding by focusing on:

- Infant-led readiness and stress cues
- Pacing strategies to maintain physiologic stability
- Postural alignment and respiratory support
- Quality of movement and endurance over quantity
- Caregiver education and co-regulation during feeds

These strategies are especially beneficial for premature and medically fragile infants whose feeding skills are impacted by immaturity, respiratory compromise, or neurologic risk. When PTs, OTs, and SLPs use SOFFI together, teams share a common language for clinical decision-making and families receive consistent, supportive guidance—laying the foundation for safe feeding and positive long-term outcomes.

Infant Driven Feeding (IDF)

Many NICU and early intervention teams use Infant-Driven Feeding (IDF) as a developmental approach that prioritizes the infant's readiness, cues, and physiologic stability over externally dictated feeding schedules or volumes. Infant-Driven Feeding recognizes that feeding is a complex neurodevelopmental task influenced by state regulation, respiration, posture, and endurance. By following the infant's signals, clinicians and caregivers can better support safe, positive feeding experiences while reducing stress and fatigue.

Using an Infant-Driven Feeding approach, teams support feeding by focusing on:

- Readiness cues before initiating a feed
- Active engagement and quality of participation during feeding
- Pacing and pausing based on physiologic and behavioral signs
- Stopping feeds when stress or instability emerges
- Caregiver education to recognize and respond to infant cues

These strategies are especially beneficial for premature and medically fragile infants whose feeding skills are still emerging. Infant-Driven Feeding shifts the goal from “finishing the bottle” to supporting safe skill development and trust in the infant's communication, helping families feel confident and setting the stage for healthier long-term feeding outcomes.

Sensory Integration (SI) Based Approaches

Many OTs and SLPs integrate SI strategies into feeding therapy, such as:

- Deep pressure
- Oral desensitization

- Environmental modifications
- Graded sensory exploration

These approaches are helpful for children with sensory over-responsiveness or under-responsiveness impacting feeding.

Behavioral Approaches

Used by psychologists, BCBA's, SLPs, OTs (depending on training and setting), behavioral approaches are sometimes used for severe food refusal or extreme selectivity.

These approaches focus on:

- Reinforcement strategies
- Structured exposure
- Caregiver coaching
- Addressing mealtime behaviors

Behavioral approaches work best when integrated with sensory and relational frameworks rather than used alone

The Power of Collaboration

No single approach works for every patient—or every family. That's why PTs, OTs, and SLPs often cotreat or share treatment plans.

A comprehensive plan may combine:

- PT-supported posture
- OT-supported sensory regulation
- SLP-supported oral-motor and swallowing skills

When therapists and families collaborate, mealtimes become not only safer—but more joyful and connected.

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