



Chew On This: A Beginner's Guide to Pediatric Feeding Therapy

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I am the owner of Tablespoon Talk Speech and Feeding Therapy,
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These relationships are relevant to the content of this presentation.

Agenda

LEARNING POINTS



Describe a
pediatric
feeding disorder

List 3 ways to feel
more confident
about feeding
therapy

List 2 evidence-based
approaches that can
be used in feeding
therapy

ABOUT AMANDA

Name/Credentials: Amanda Pluchino, M.S.Ed., CCC-SLP, TSSLD, SLS

**Profession: Pediatric Speech-Language Pathologist and Feeding Therapist,
Speaker, Mentor**

Duration Working: 4 years

Undergraduate: St. John's University

Graduate: Monmouth University

Current Employment: Full-time NYC DOE speech therapist;

Owner of Tablespoon Talk PLLC

**Hobbies: Travel, music, family, pilates / working out, Asian cuisine,
& trying new things!**



<https://www.tablespoonstalk.com/about-amanda>

BLAST FROM THE PAST!

- Grew up in a traditional Italian household where food was central to daily life and family gatherings.
- Food was served as a means of connection, celebration and tradition, bringing family together at the table.
- I was fortunate to grow up with four grandparents, both sides originating from Sicily, who possessed a deep knowledge and love for food.
- Our family traditions revolved around sharing and enjoying meals, which shaped my appreciation for food as a way of life.
- My upbringing instilled a passion for food and its role in culture, making it very fitting that I became a pediatric feeding therapist.



“Feeding” and “Feeding Therapy”
What word comes to mind?



**Frustrating
Challenging
Overwhelming
Stressful
Unpredictable**



These are some of the most common words associated with feeding therapy. If you feel this way as a therapist, you're not alone. Feeding gets a bad rep! But why?

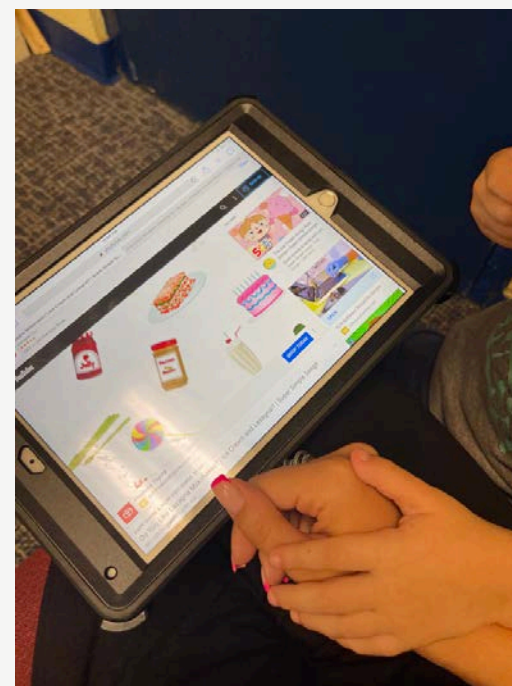
Feeding and its “Bad Rep”

Feeding therapy often has a reputation for being intimidating and underrepresented within the field of speech language pathology. Many therapists report receiving minimal or insufficient training in feeding and swallowing during graduate school, leaving them feeling unprepared to address complex feeding cases. The high stakes involved, including risks of choking, gagging or inadvertently causing harm, can also make clinicians hesitant to engage in feeding therapy. Additionally, available resources and educational materials are pricey and sometimes unengaging, further discouraging therapists from pursuing this specialty.

Today, I aim to challenge these perceptions and demonstrate how feeding therapy can be both approachable and rewarding.

My Speech & Feeding Therapy Journey

- Began my journey during externship placements with exposure to diverse populations
- Worked with children with multiple disabilities and rare diagnoses
- Gained experience navigating complex clinical challenges early on
- Started my clinical fellowship in a pediatric private practice
- Provided services to children ages 6 months to 13 years
- Met my first feeding client during this time, sparking my interest in feeding therapy



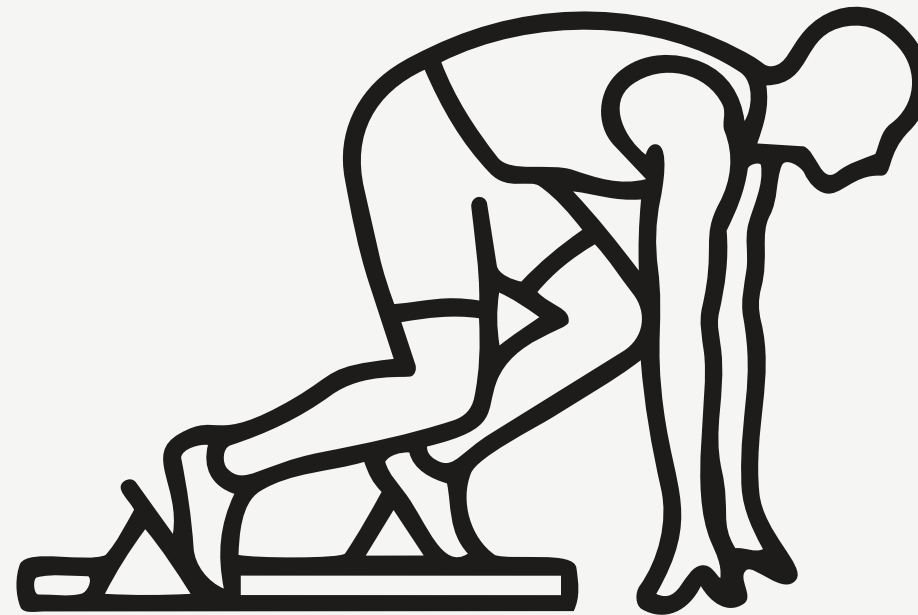


MEET BRAYDEN!

Case history:

- 5-year-old with a history of sleep apnea and chronic snoring
- Presented with selective/picky eating patterns
- Ongoing feeding challenges despite prior feeding therapy
- Concerns impacting both nutrition and overall quality of life

How Do I Start?



Starting Begins With **Understanding**

1. Physical: Observe growth, movement and physical abilities of every child and know what's normal / not normal.
2. Emotional: Notice how children express and manage feelings, how they feel about themselves / the world around them and how they connect with others.
3. Cognitive/Mental: Assess how children think, learn and solve problems.



Feeding Therapy Has Layers!



Picky Eating: What's Normal And What's Not?



Picky Eating Defined

Picky eating looks like...

- Refusal of new foods
- Limited accepted foods
- Strong brand/texture preferences
- Anxiety or emotional reactions

Picky eating can happen at any age and at any time!
Picky eating does not discriminate.



The “No” Phase

Some of these responses to food can be NORMAL. It’s completely normal for children between 2 and 3 years old to go through a noticeable picky eating phase. Around this age, toddlers are developing a strong sense of independence, and one of the first (and most powerful!) words they learn is “No.” This new autonomy shows up in all areas of life, including mealtimes.

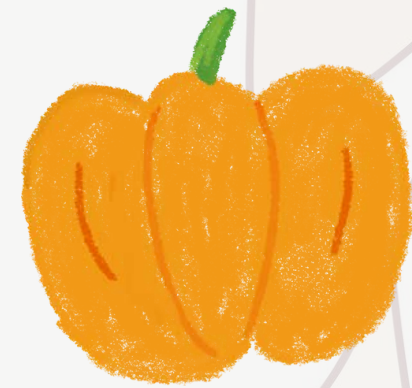
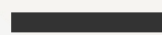
As toddlers begin to explore control and boundaries, refusing foods becomes a natural way for them to express themselves. At the same time, their growth slows compared to infancy, so their appetites naturally decrease. When you combine lower hunger cues, growing independence and a natural fear of new foods (called neophobia), picky eating becomes a very normal part of development.



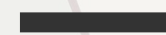
“Normal” Picky Eating Habits



1) Liking a food one day, refusing it the next, and liking it again a week later



2) Refusing a new food the first time it's offered



3) Asking for the same foods repeatedly



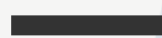
4) Throwing or pushing away food when done with it



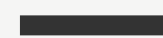
“Abnormal” Picky Eating Habits



1) Extreme distress, meltdowns or panic when new foods are present



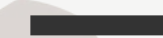
2) Mealtimes consistently longer than 45 minutes



3) Cutting out whole food groups



4) Consistent gagging, choking or vomiting in response to textures or smells



**Picky eating is a symptom
NOT
a diagnosis.**

DIAGNOSES

(WITH PICKY EATING AS A SYMPTOM)

- Autism
- ADHD
- Sensory Processing Disorder
- ARFID
- Anxiety
- OCD
- Depression
- ODD
- GERD
- Eosinophilic Esophagitis

RED FLAGS

Ongoing poor weight gain (rate re: percentiles falling) or weight loss

Ongoing choking, gagging or coughing during meals

History of a traumatic choking incident

History of eating and breathing coordination problems, with ongoing respiratory issues

Inability to accept any table food solids by 12 months of age

(Toomey, 2020)

RED FLAGS CONT.

Has not weaned off baby foods by 16 months of age

Aversion or avoidance of all foods in specific texture
or nutrition group

Food range of less than 20 foods, especially if foods
are being dropped over time with no new foods replacing
those lost

An infant who cries and/or arches at most meals
Family is fighting about food and feeding (i.e. Meals
are battles)

(Toomey, 2020)

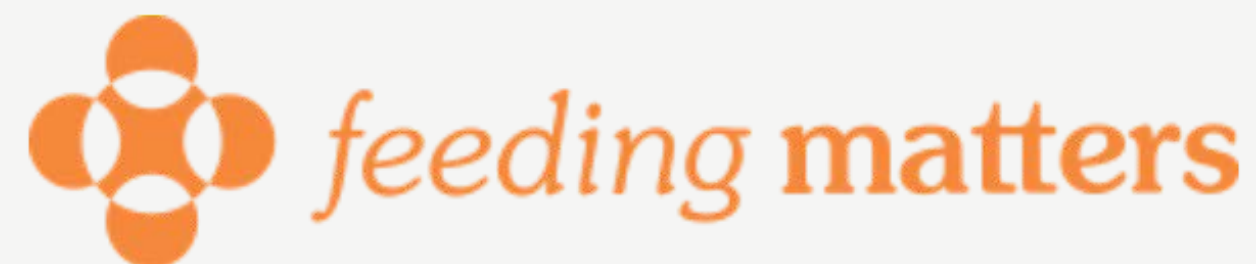
If these things are occurring with other picky eating **red flags**, what does this mean?



PFD (Pediatric Feeding Disorder)

“Pediatric feeding disorder is impaired oral intake that is not age-appropriate and is associated with medical, nutritional, feeding skill and/or psychosocial dysfunction.”

Conservative evaluations estimate that PFD affects more than 1 in 37 children under the age of 5 in the United States each year. For these infants and children, every bite of food can be painful, scary or impossible, potentially impeding nutrition, development, growth, and overall well-being.



<https://www.feedingmatters.org/what-is-pfd/>

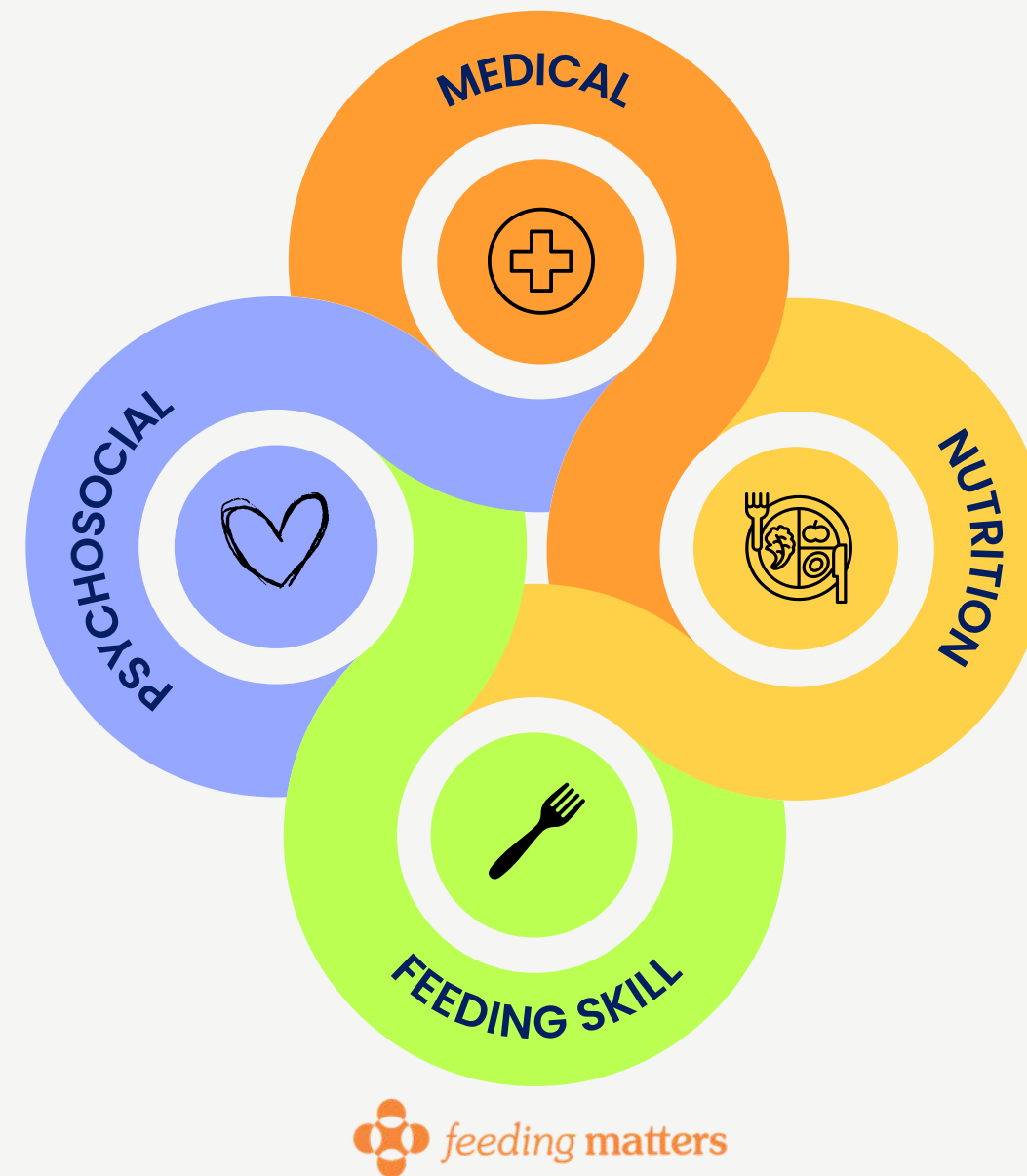
(Feeding Matters, 2026)

PFD (Pediatric Feeding Disorder)



Pediatric Feeding Disorder

FEEDING MATTERS' COORDINATED CARE MODEL



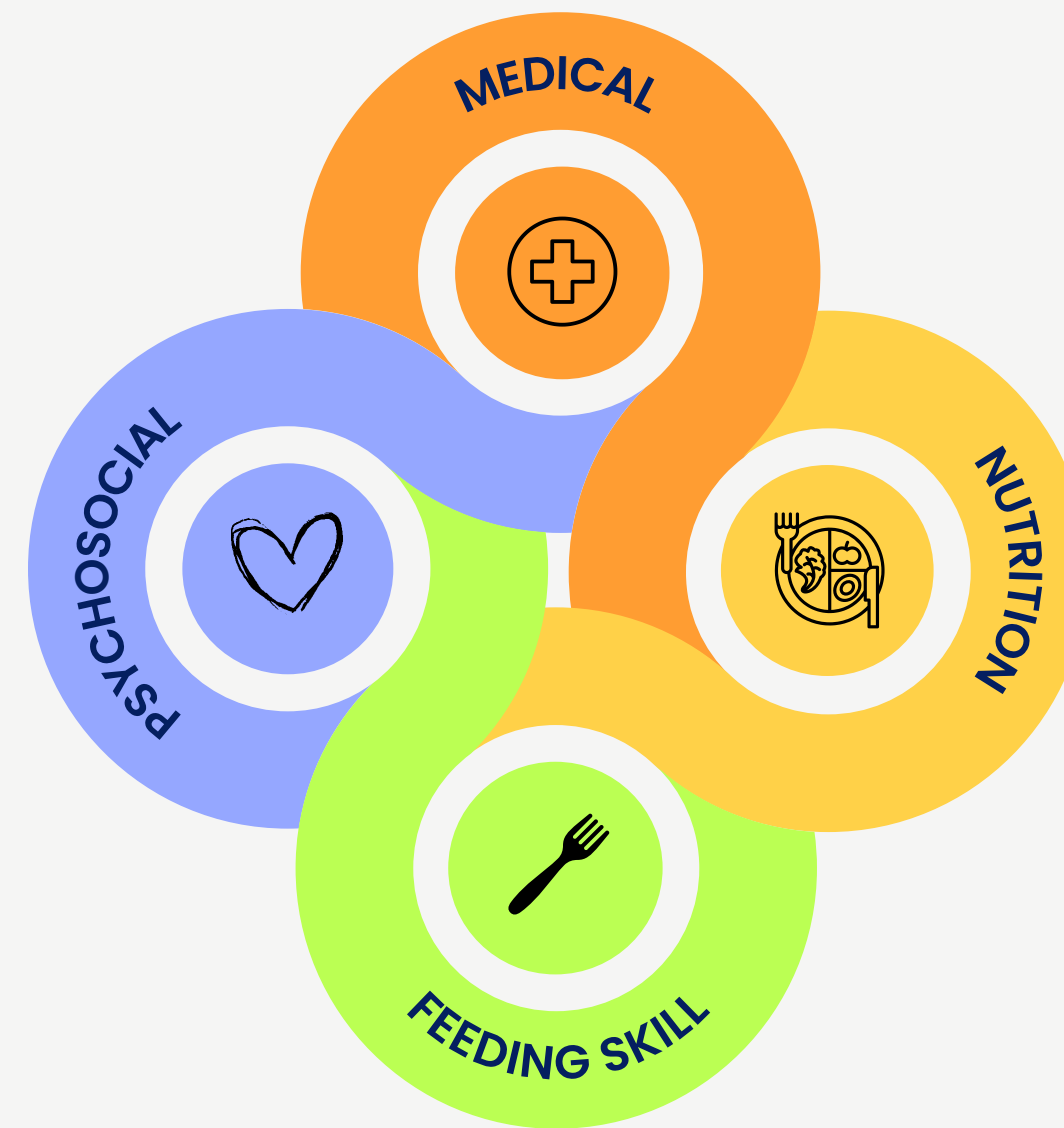
(Feeding Matters, 2026)

Pediatric Feeding Disorder

FEEDING MATTERS' COORDINATED CARE MODEL

Medical:
Reflux
Respiratory conditions
GI disorders
Neurologic or genetic diagnoses

Psychosocial:
Extreme mealtime anxiety or distress
Feeding battles daily
Gagging or vomiting from fear
Avoidance of eating with peers
High stress for parents and caregivers



Nutritional:
Poor weight gain or weight loss
Vitamin or mineral deficiencies
Dependence on supplements or formula

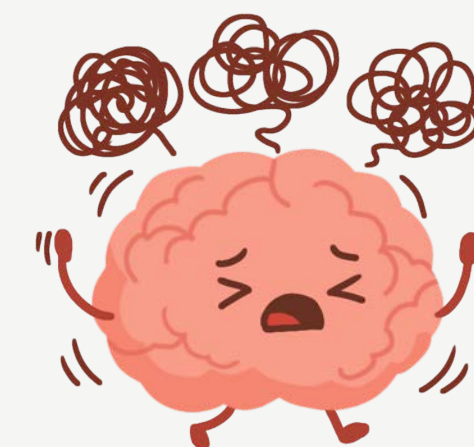
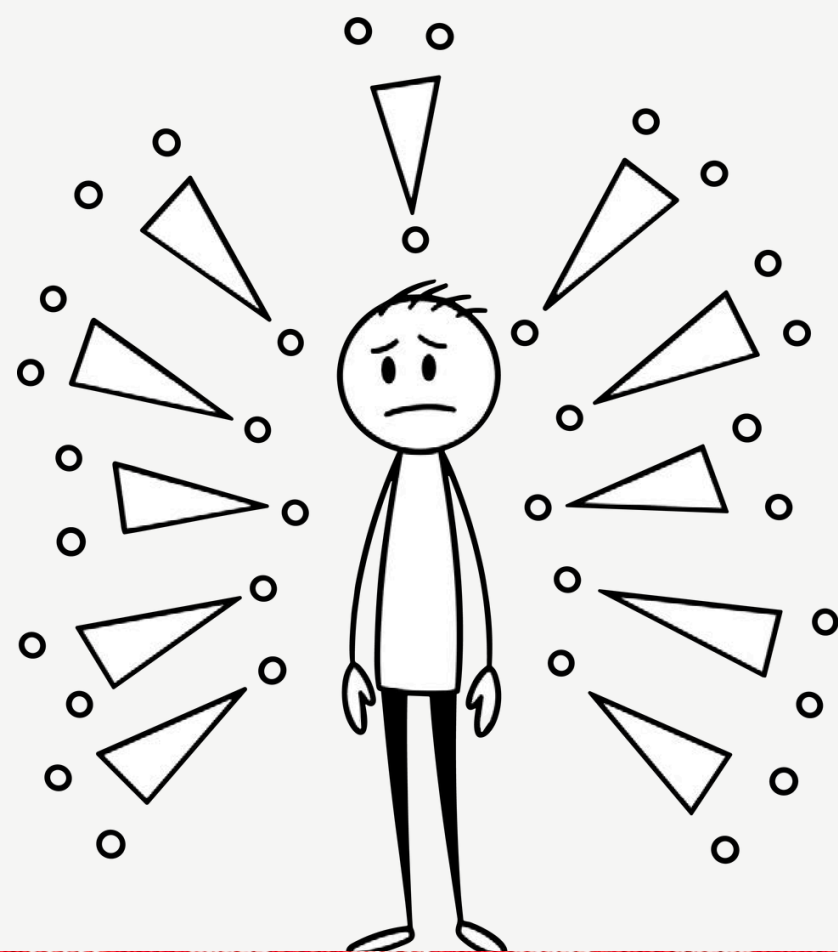
Feeding Skill:
Chewing
Swallowing
Managing textures
Using utensils safely

(Feeding Matters, 2026)

FEEDING IS MULTIDISCIPLINARY

- SLP
- OT
- PT
- ENT
- Dentist
- Orthodontist
- Nutritionist
- Dietitian
- Orofacial Myofunctional Therapist
- Chiropractor
- Developmental Pediatrician
- Lactation Consultant

Anxiety and Stress



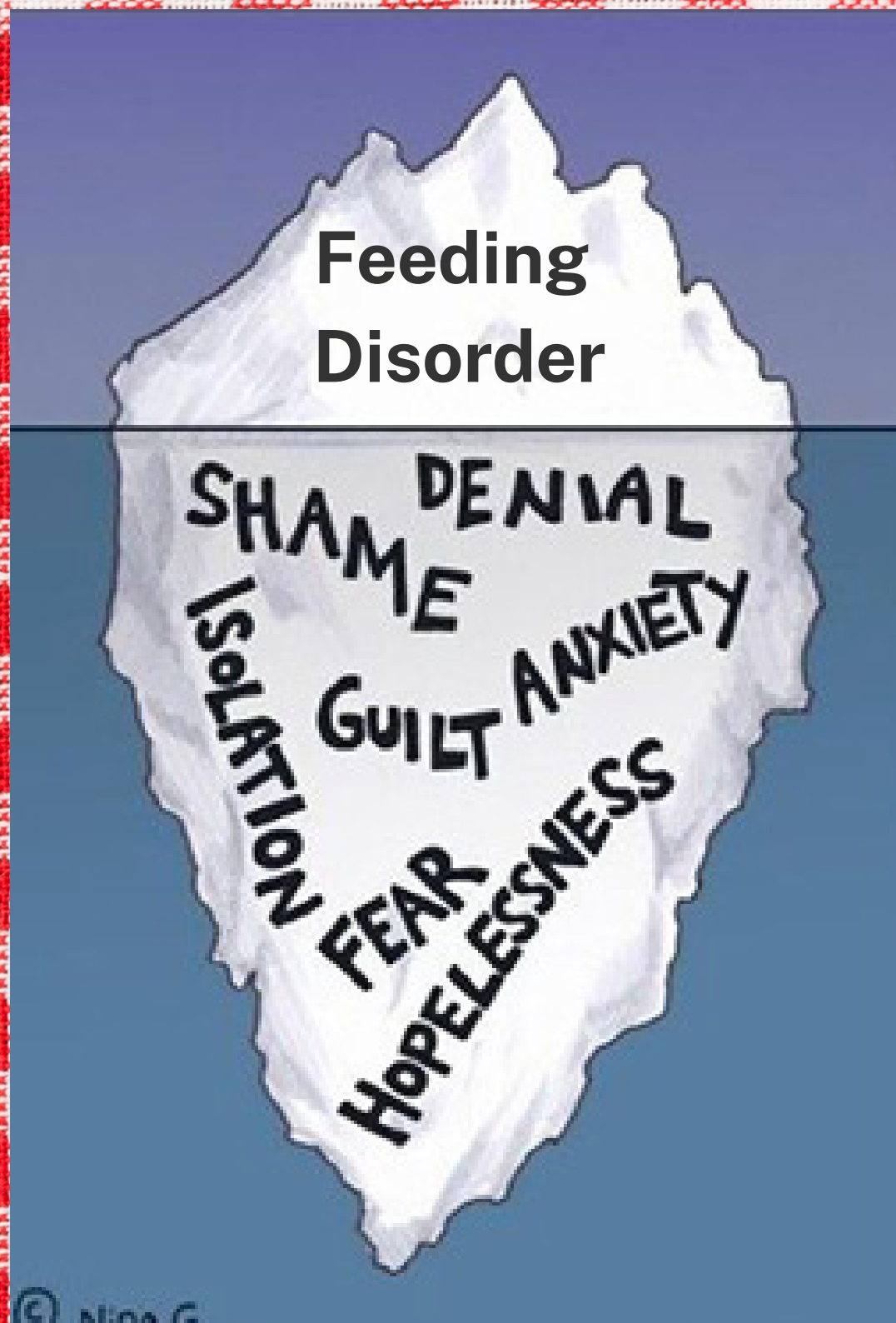
**Think about a time you
were extremely stressed.**

Stress Shuts Down Appetite

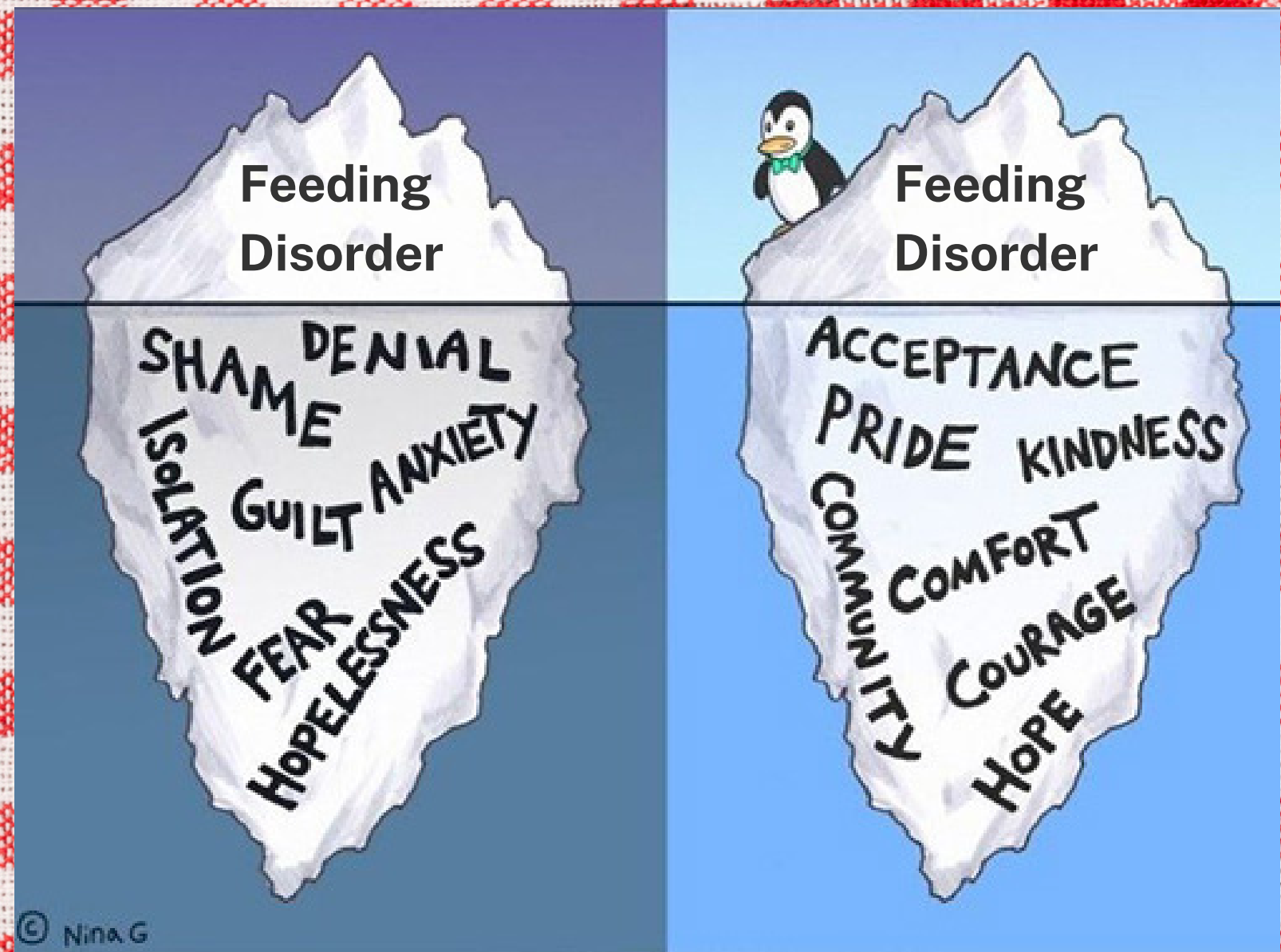
Stress has a powerful impact on appetite because it activates the body's “fight or flight” response. When a child feels anxious, pressured or overwhelmed (especially around mealtimes) the brain prioritizes safety over eating. This response releases stress hormones like cortisol and adrenaline, which can suppress hunger cues, tighten the body, and make it difficult to chew, swallow or try new foods. For many children in feeding therapy, mealtime stress (whether from past negative experiences, pressure to eat or sensory sensitivities) can create a cycle where anxiety reduces appetite, and reduced intake increases concern and pressure. Understanding this connection is key, because creating a calm, supportive environment is often the first step in helping a child feel safe enough to eat.



The Iceberg Analogy



The Iceberg Analogy



Empathy & Compassion

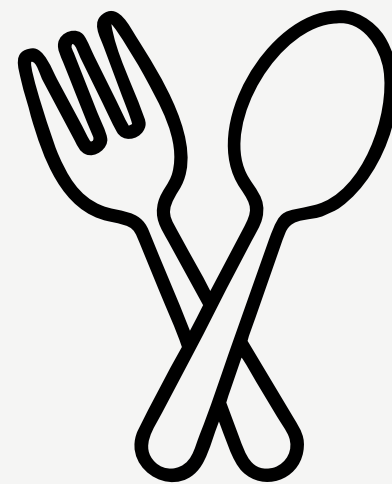
Instead of responding to feeding challenges with stress or pressure, children benefit most from being met with empathy and compassion.

When we take the time to understand their experiences and validate their feelings, we help create a sense of safety that is essential for progress.

A supportive, low-pressure environment allows children to build trust, and reduce anxiety. This allows them to become more open to exploring new foods at their own pace.



Evidence-Based Feeding Approaches



Responsive Feeding

Responsive feeding is an approach that focuses on creating a trusting, low-pressure relationship between you and your child around food. It means tuning into your child's cues (hunger, fullness, interest and hesitation) and responding in ways that support their comfort rather than trying to control their intake. Instead of pushing bites or coaxing them to eat, you provide structure and variety while allowing your child to decide whether and how much to eat. Practicing responsive feeding looks like offering meals and snacks at predictable times, sitting together, serving at least one safe food, modeling enjoyment without pressure and using neutral language about eating. Over time, this approach helps children feel safe, curious and confident with food, which naturally supports healthier eating and more positive mealtime behavior.



Why Responsive Feeding Over Other Approaches?

Responsive feeding is a more effective and compassionate approach because it builds a child's trust, confidence and long-term relationship with food, while coercion or forcing focuses only on short-term intake. When children feel pressured, whether it's through "just one bite," bribing or forcing, they often become more anxious or avoidant around food. This can actually reduce their willingness to try new foods over time and can damage the parent-child feeding relationship. Responsive feeding, on the other hand, honors a child's internal cues and autonomy, helping them feel safe and in control. Safety is what allows curiosity, and curiosity is what leads to real progress. By removing pressure and supporting exploration, children learn to eat because they feel ready- not because they're being pushed. This creates healthier habits and a more positive mealtime environment for everyone.





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How To Start Using Responsive Feeding TOMORROW

1. Serve Meals and Snacks on a Predictable Schedule

Create 2–3 hour windows between eating so children arrive at the table hungry and ready. Structure builds trust.

2. Offer One-Two Safe Foods at Every Meal alongside Two New Foods

Include at least one-two foods the child reliably eats. This reduces pressure and helps them feel secure, while also exposing them to new foods to build their food repertoire.

3. Let The Child Decide Whether and How Much to Eat

Your job is offering the what, when, and where. Their job is the whether and how much. This shared responsibility reduces battles.

4. Avoid Pressure Language

Skip “Just take one bite,” “You have to eat,” or bargaining. Try neutral phrases like:

“You can try it if you want.”

“It’s here for you.”

How To Start Using Responsive Feeding TOMORROW

5. Eat Together When Possible

Families should model relaxed, enjoyable eating. Kids learn more from watching than from being told.

6. Make Meals a No-Comment Zone About Intake

Avoid saying things like “Good job eating!” or “You need to eat more.” Let food be neutral and safe.

7. Allow Your Child to Explore Food Without Expectation

Touching, smelling, licking, or poking food counts as progress. Curiosity comes before eating.

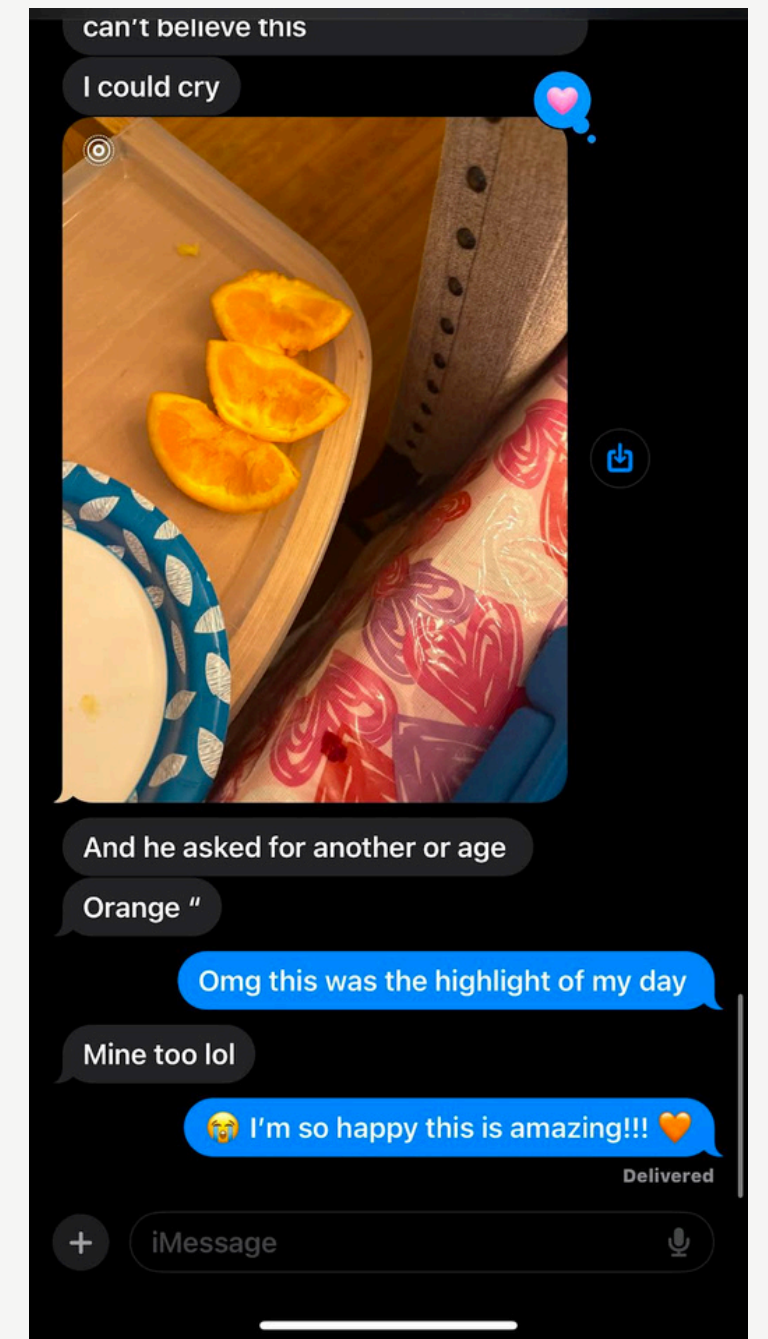
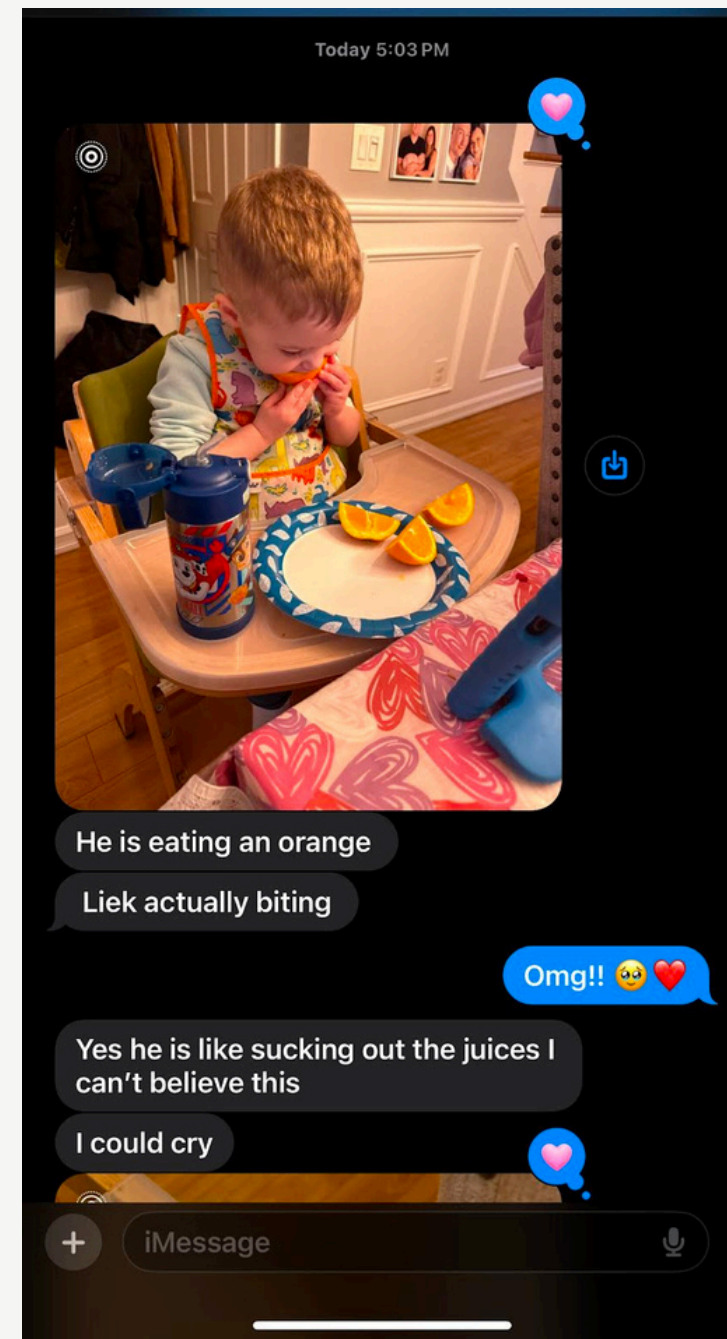
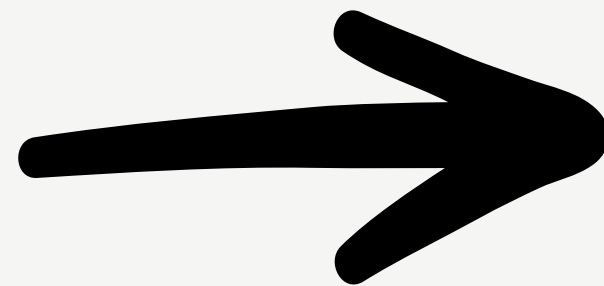
8. Keep Meals Short and Calm

Aim for 20–30 minutes. End the meal calmly when time is up, not because of behavior or intake.

9. Trust the Long Game

Remember that progress comes from repeated, low-pressure exposures- not from getting a child to take a bite today. Trusting the process is the intervention.

The Power Of Responsive Feeding



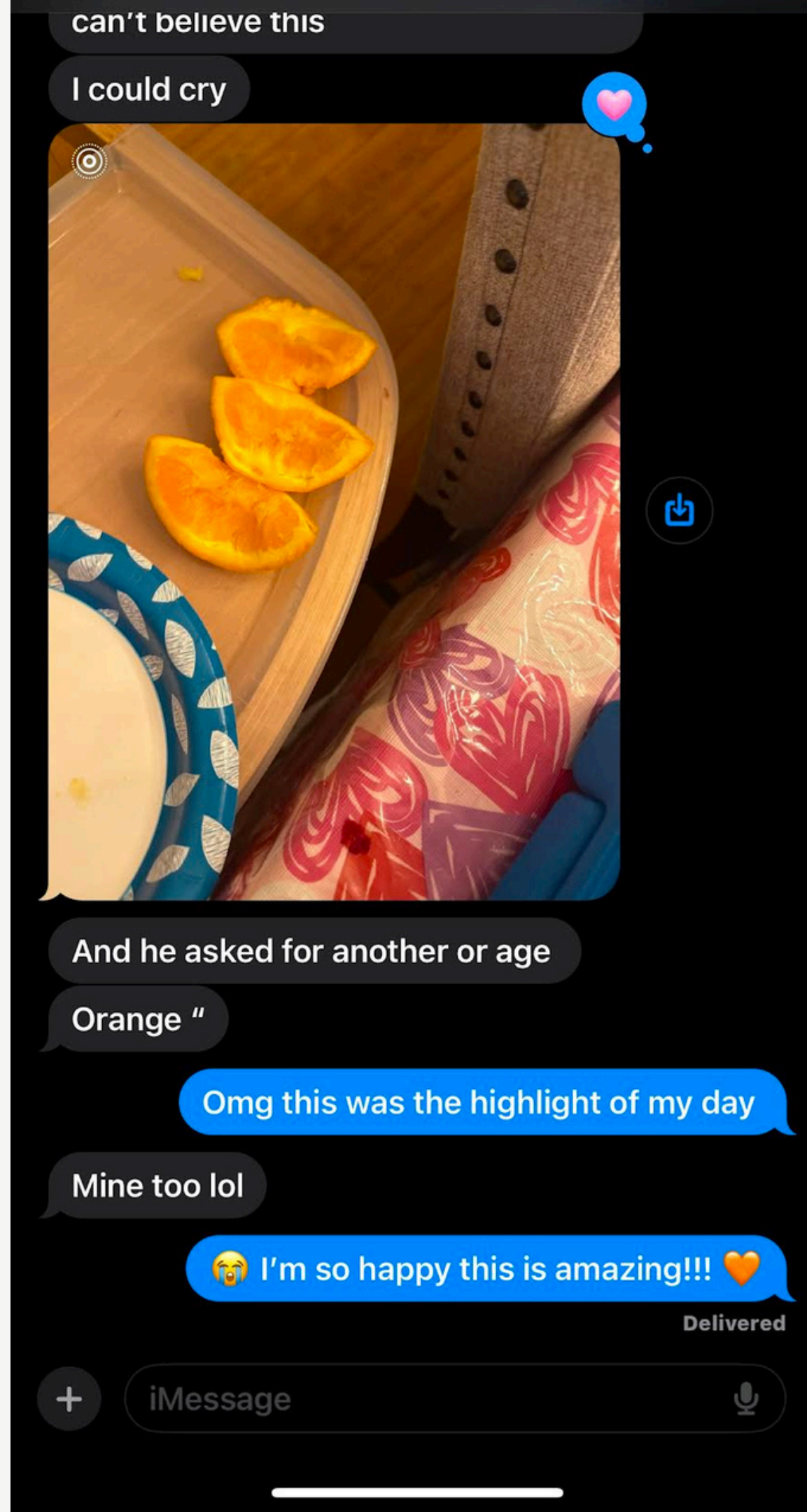
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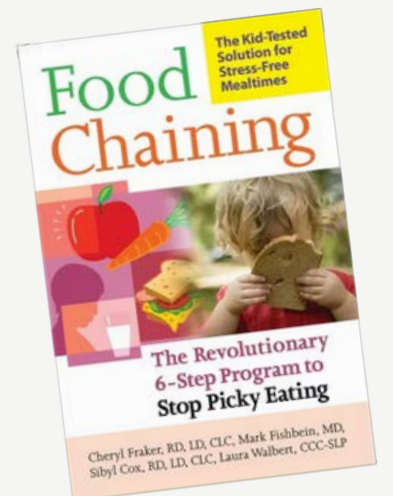
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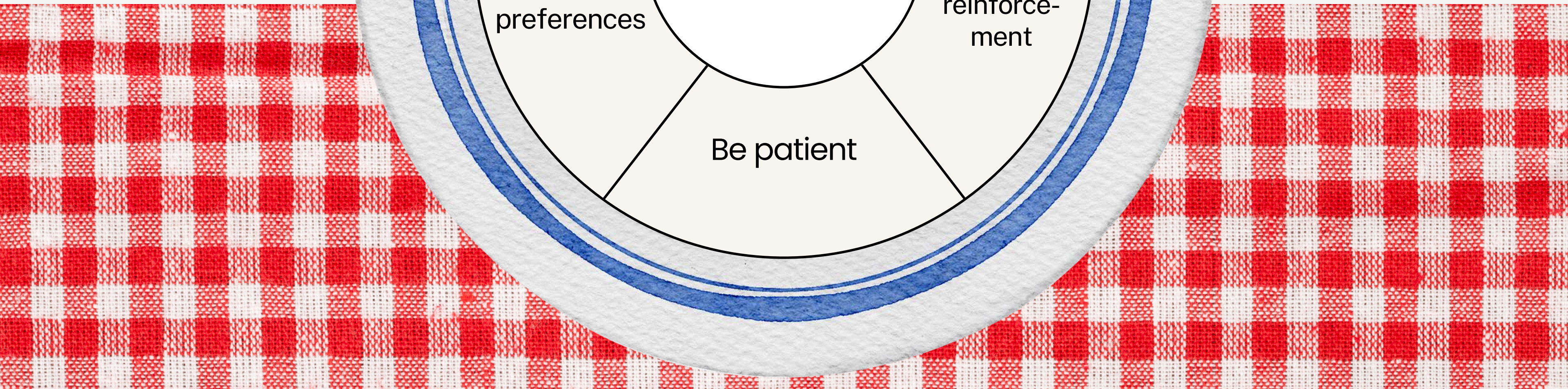
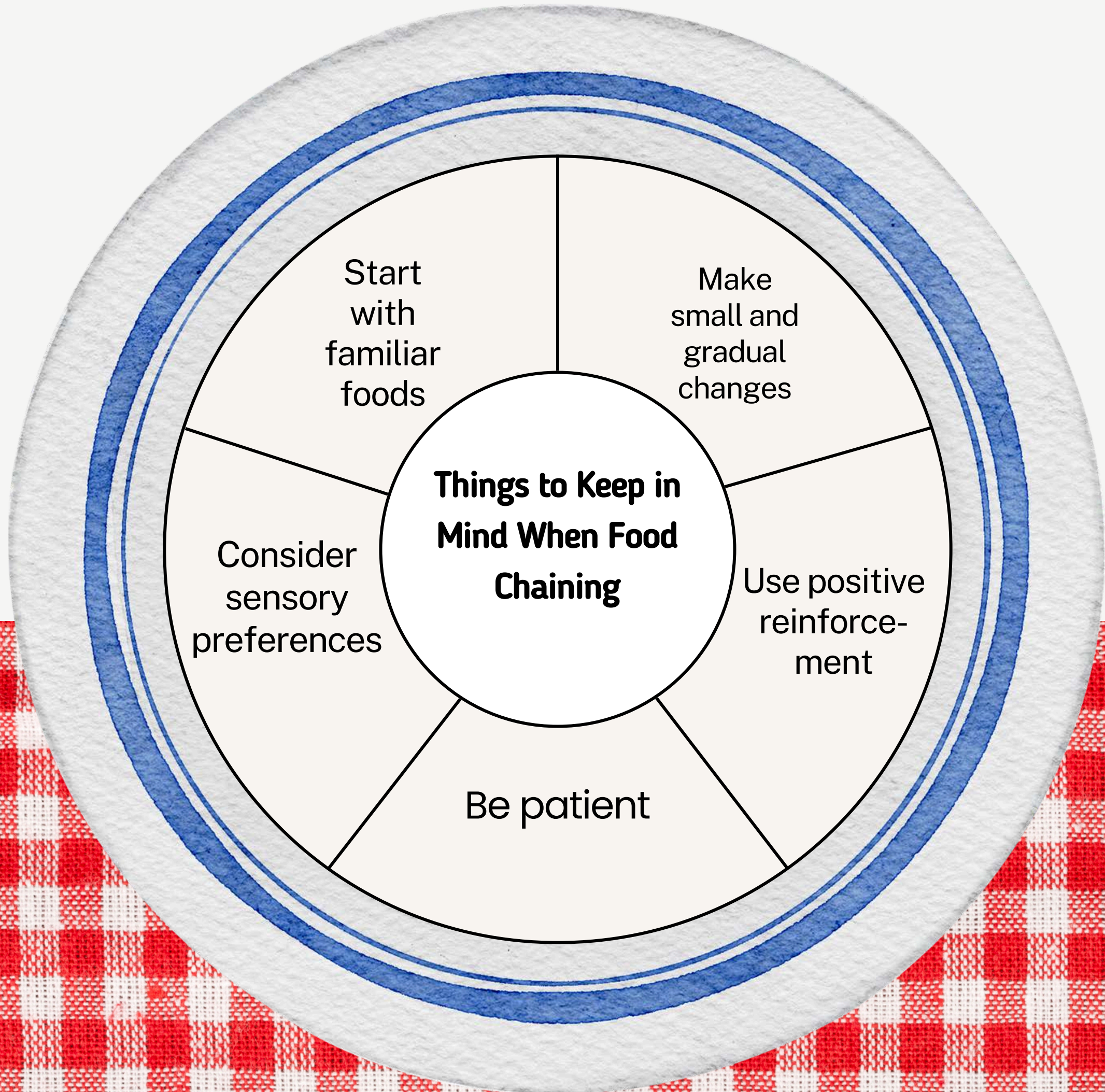


Food Chaining

Food chaining is a therapeutic approach used to expand a child's diet by building on foods they already accept. Instead of introducing completely new or unfamiliar items, clinicians gradually introduce foods that are similar in taste, texture, color or shape, making the experience feel more predictable and less overwhelming. This method helps reduce anxiety and supports success by meeting the child where they are.

Food chaining was developed by pediatric feeding specialists and dietitians, most notably outlined by Cheri Fraker and colleagues, who emphasized a child-centered, low-pressure approach to increasing food variety. It is grounded in clinical experience and supported by principles of sensory tolerance and gradual exposure, making it a widely used and practical strategy in feeding therapy.





Food Chaining Example #1

Starting Point: Dinosaur-shaped chicken nuggets (baked)



Step 1: Regular-shaped chicken nuggets (baked)

Step 2: Regular-shaped chicken nuggets (breaded)

Step 3: Regular-shaped chicken nuggets (grilled)

Step 4: Grilled chicken strips



Food Chaining Example #2



Starting Point: Plain Chobani yogurt

Step 1: Banana and Cream Chobani yogurt

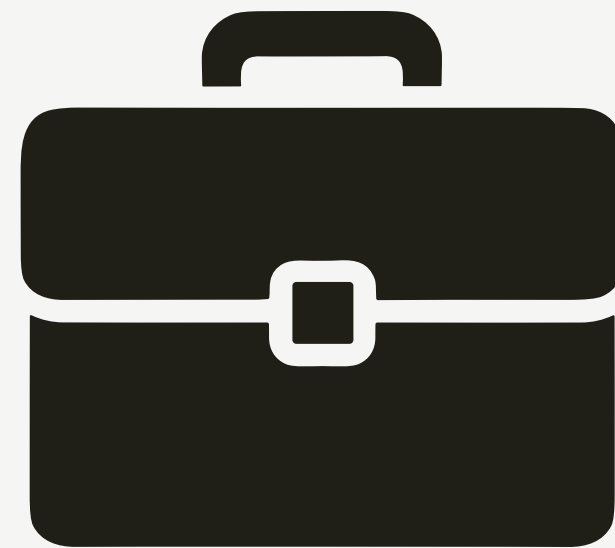
Step 2: Banana and Cream Chobani yogurt with pieces of banana

Step 3: Banana slices with Chobani yogurt on top

Step 4: Plain banana slices or whole banana



CASE STUDY





CASE STUDY: BRAYDEN

Case history:

- 5-year-old with a history of sleep apnea and chronic snoring
- Presented with selective/picky eating patterns
- Ongoing feeding challenges despite prior feeding therapy
- Concerns impacting both nutrition and overall quality of life



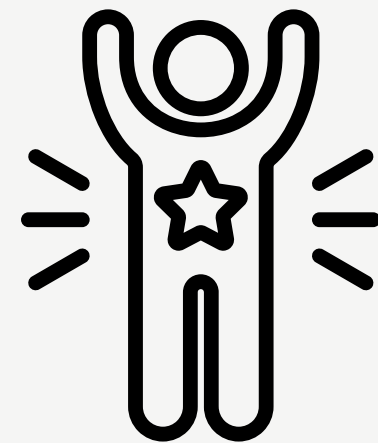
PLAN OF CARE

- 1) Visit an ENT for snoring and sleep apnea concerns
- 2) Consistent mealtime routines at home with family (meals at the same time daily and limiting snacking during the day)
 - 3) Re-building caregiver and child connection
- 4) Building rapport and strengthening clinician and child connection
- 5) Start with 2 safe foods and 1 new food during therapy
- 6) Recommend a multivitamin to support nutrition
- 7) Follow Ellyn Satter's Division of Responsibility
- 8) REMOVE ALL PRESSURE WORDS



Turkey and cheese added to his repertoire!!!!

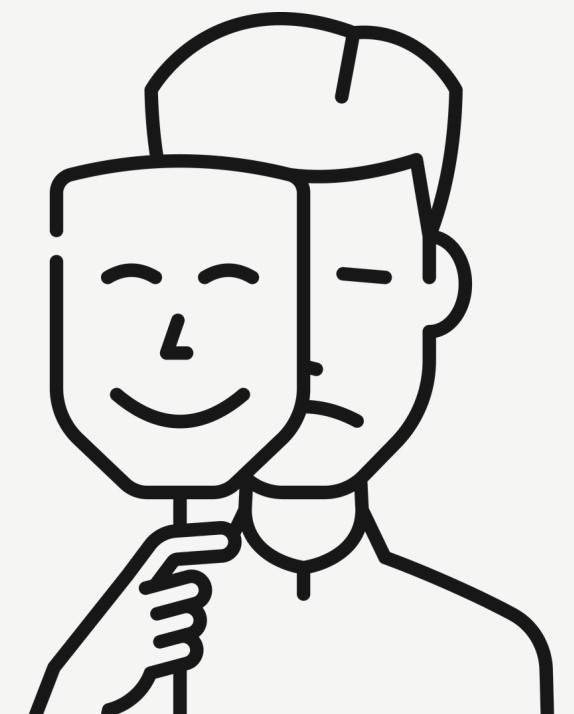
How To Feel More Confident



Imposter Syndrome

Imposter syndrome is incredibly common among new parents and clinicians, even though we rarely talk about it. It can sometimes feel like everyone else has it figured out while you're quietly questioning every decision-wondering if you're doing enough, doing it right or somehow falling short. "Do I really know what I'm doing? Am I competent enough? What if someone finds out I'm not as skilled as they think?"

The truth is, these feelings often show up because you care deeply and hold yourself to a high standard. Parenthood and clinical work are both complex and emotionally demanding roles. Feeling uncertain doesn't mean you're failing-it means you're human. Growth, connection and confidence often come not from knowing everything, but from showing up with humility, curiosity and compassion for yourself.



Imposter Syndrome In SLPs: How To Manage It

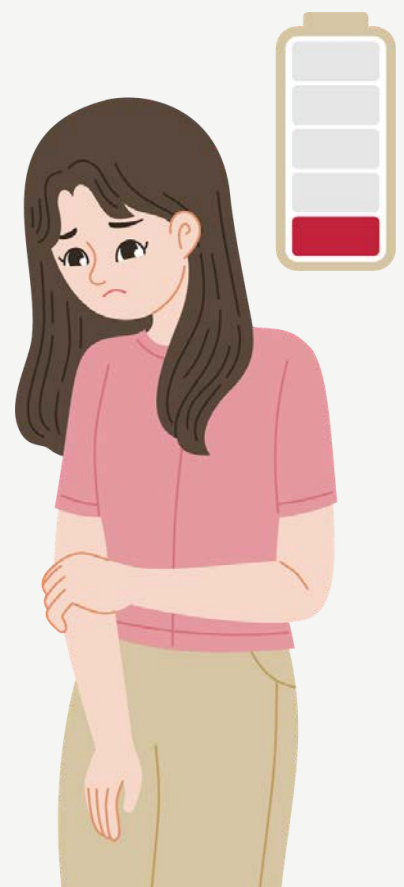
- 1) Normalize it: Many experienced SLPs still feel this at times-you're not alone.
- 2) Collect evidence: Keep a "wins" file: parent compliments, client progress, supervisor feedback.
- 3) Ask questions early & often: Curiosity is a strength, not a weakness.
- 4) Focus on learning, not perfection: "Done and improving" beats "perfect but stuck."
- 5) Reframe self-talk: Replace "I don't know enough" with "I'm learning, and that's expected."
- 6) Lean on supervision & mentorship: Support is a professional responsibility, not a crutch.





Burnout

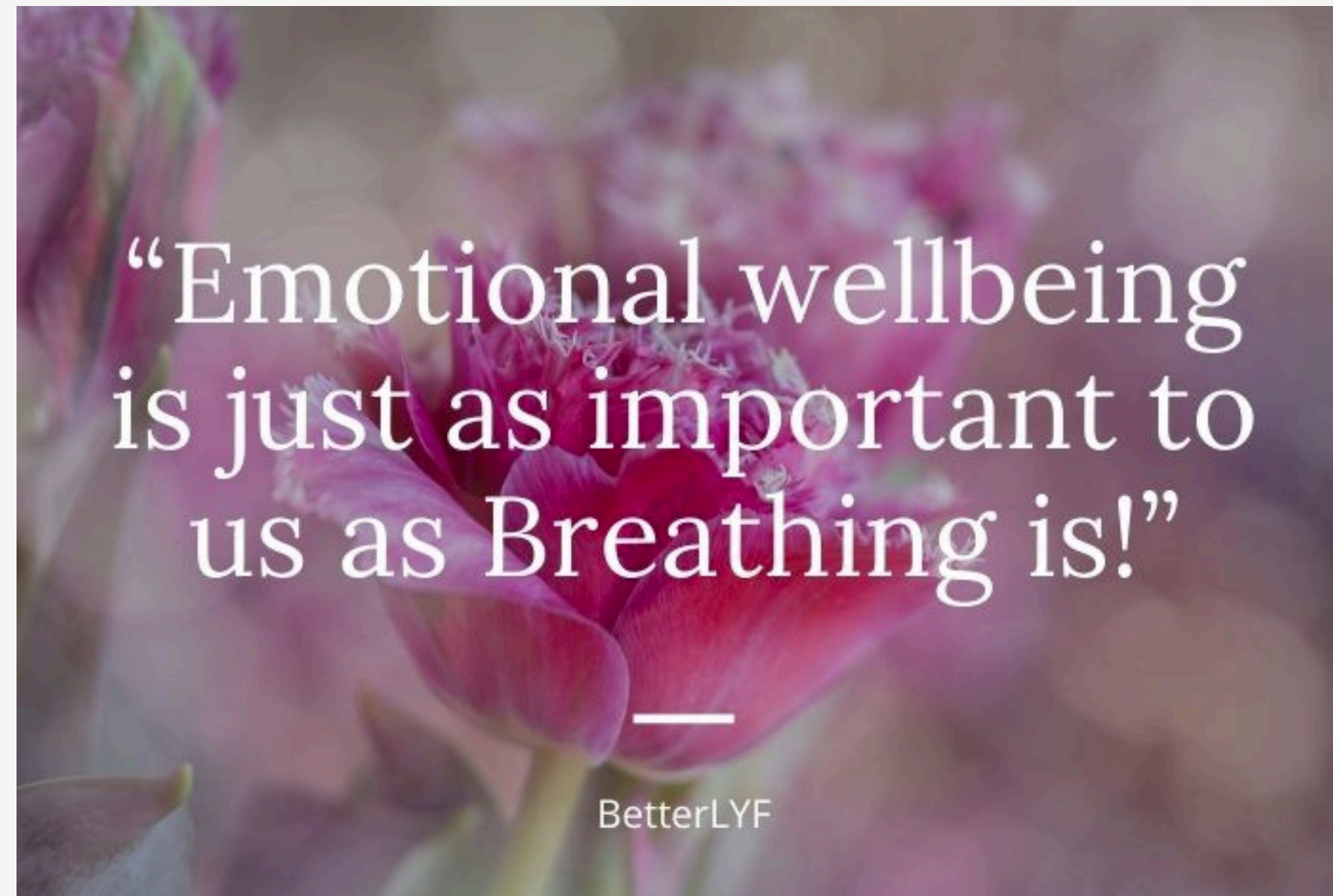
- Feeding cases can be emotionally demanding and high-pressure
- Progress may feel slow or inconsistent, leading to frustration
- Carryover at home can be challenging, adding to clinician stress
- Desire to “fix” feeding quickly can increase pressure on yourself
- Constant problem-solving and caregiver support can feel draining



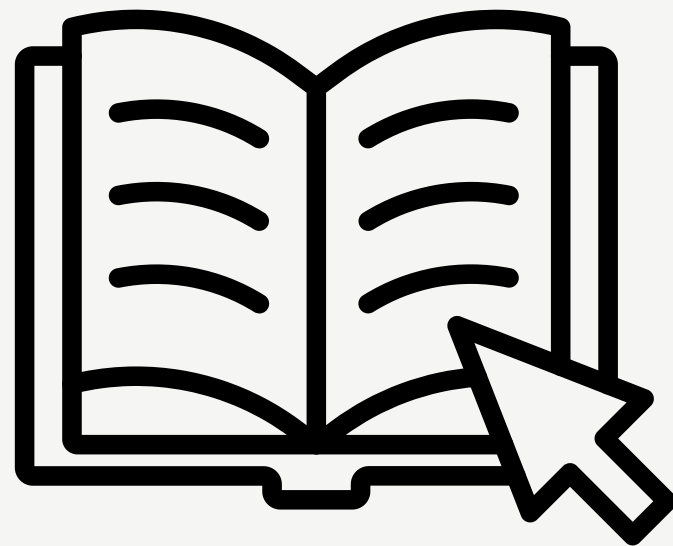
Burnout: How To Manage It

- 1) Start with honesty: having the conversation, whether with yourself or others, is the first and most important step.
- 2) Get clear: What do you need? What are your goals?
- 3) Take time to evaluate what's currently on your plate: if something doesn't align with your needs or values, it may be time to adjust or let it go.
- 4) Consider mentorship or outside guidance: a fresh perspective can help you see options and solutions you might not recognize on your own.





Resources



Feeding Matters

The screenshot shows the Feeding Matters website homepage. At the top, there are navigation buttons for 'Donate' and 'Get Help' in orange. To the right are links for 'Who We Are', 'Press Room', 'Blog', and 'Contact', along with social media icons for Twitter, Facebook, Instagram, LinkedIn, and YouTube. A search icon and a 'Select Language' dropdown menu are also present. Below the navigation is the Feeding Matters logo and a menu with categories: 'PFD & ARFID', 'RESOURCES & SUPPORT', 'PSYCHOLOGY SUMMIT', 'INTERNATIONAL PFD CONFERENCE', and 'GET INVOLVED'. The main banner features a pattern of purple and teal ice cream bars with the number '20' on them. The text 'CELEBRATING 20 YEARS' is prominently displayed in white, with the subtitle 'Making a Difference for Children with Feeding Disorders and Differences' below it. A 'View Our Impact' button is centered on the banner. At the bottom, a purple bar contains the text 'Learn more about our new Corporate Partner Program!' and a 'Learn More' button.

Ellyn Satter



The image shows a screenshot of the Ellyn Satter Institute website. At the top, there is a dark blue navigation bar with the Ellyn Satter Institute logo in white script and 'INSTITUTE' in white capital letters below it. To the right of the logo is a search bar with a 'Search' button. Below the logo, a horizontal menu lists various sections: HOME, ABOUT ESI, HOW TO FEED, HOW TO EAT, EDUCATION & EVENTS, PRACTICE RESOURCES, SHOP, HIRE ESI, and a shopping cart icon with '0 Items'. The main content area below the navigation bar has a white background. It features a large, bold, dark blue heading: 'Nurturing Trust in Eating and Feeding'. Below this heading, there are two lines of text in a smaller, dark blue font. The first line reads: 'Evidence-based training and resources for professionals supporting adults and children with eating and feeding challenges.' The second line reads: 'The original and authentic source for education on the Satter Feeding Dynamics, Division of Responsibility and Eating Competence models.'

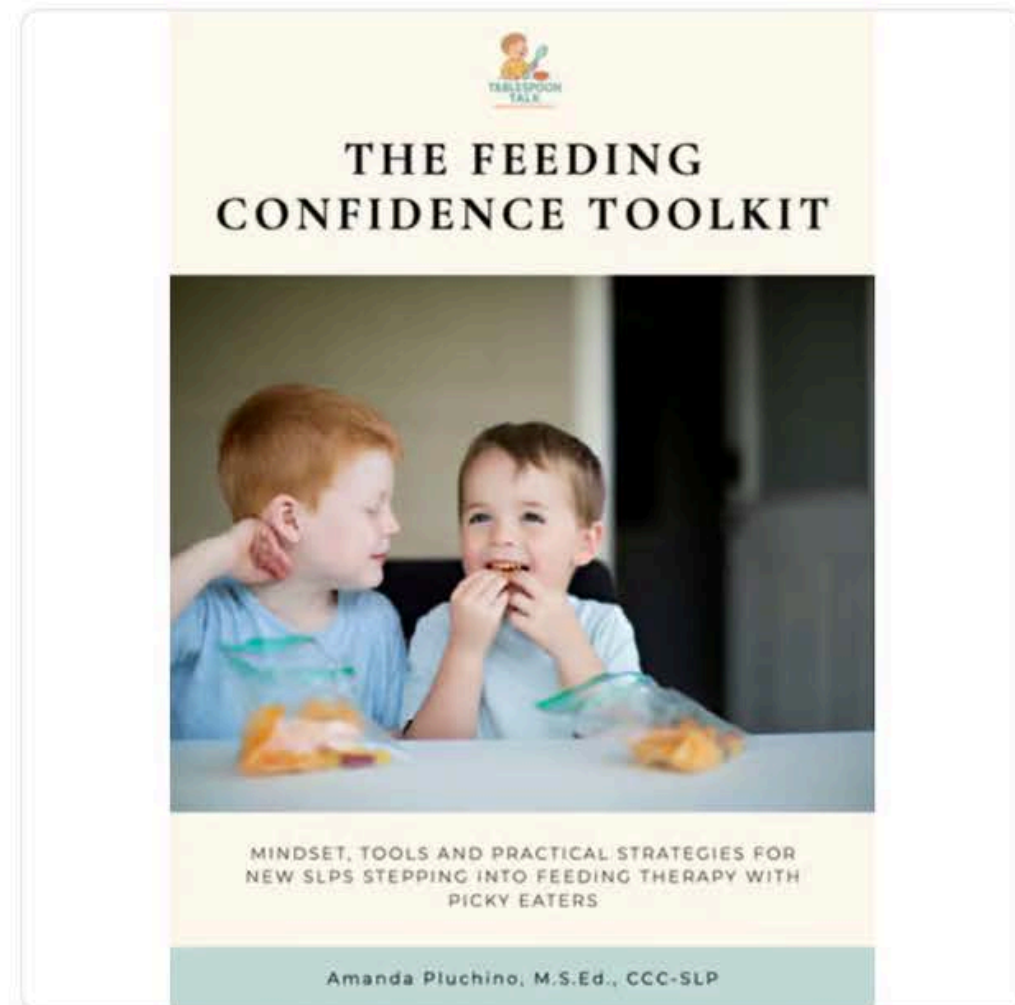
[HOME](#) [ABOUT ESI](#) [HOW TO FEED](#) [HOW TO EAT](#) [EDUCATION & EVENTS](#) [PRACTICE RESOURCES](#) [SHOP](#) [HIRE ESI](#)  0 Items

Nurturing Trust in Eating and Feeding

Evidence-based training and resources for professionals supporting adults and children with eating and feeding challenges.

The original and authentic source for education on the Satter Feeding Dynamics, Division of Responsibility and Eating Competence models.

The Feeding Confidence Toolkit



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The Feeding Confidence Toolkit

★★★★★ 5.0 (1 rating)

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GRADE

Not Grade Specific

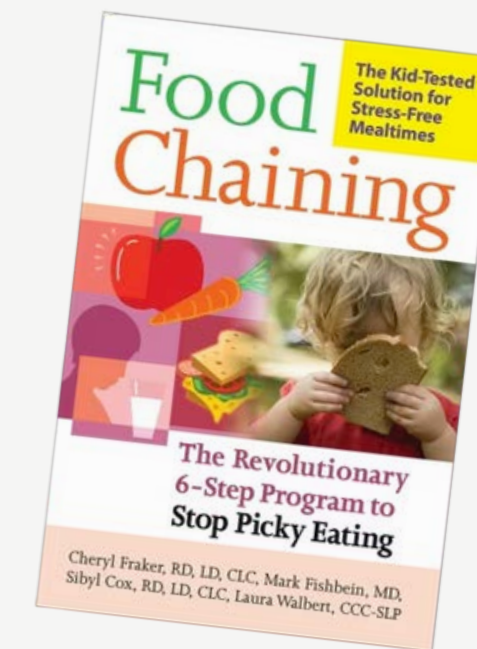
SUBJECT

Not Subject Specific

TAGS

Early Intervention, Handouts, Neurodiversity, Occupational Therapy, Other (Speech therapy), Parents

Books and Recommended Products



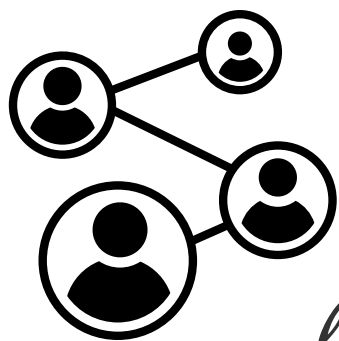
Thank You!

For your attention

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let's connect and work together!



Website:



Instagram:

