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PROFESSIONALS & RESEARCHERS IN EARLY CHILDHOOD INTERVENTION

2nd National PRECI Conference

1-3 May 2024 | Surfers Paradise, QLD

Continuous Saliva Packing Resulting in Feeding Tube Dependence: In-Home Behaviour-Analytic Treatment

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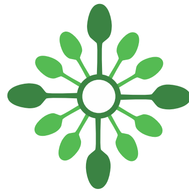

Paediatric Feeding

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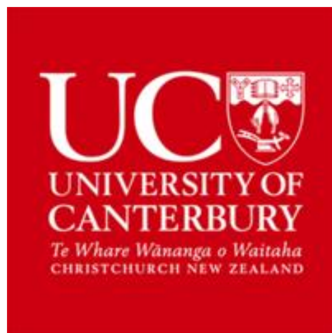

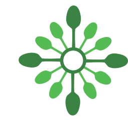

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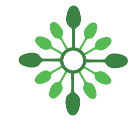
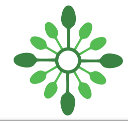
Introduction

- One of the most challenging feeding problems to treat is packing: holding food or liquid in the mouth instead of swallowing. Saliva pooling is most extreme form, a seemingly biological reflexive behaviour.
- Less outwardly apparent than overt aggression or self-injury, but one of the most severe life-threatening problem behaviours, with significant consequences--dehydration, rapid weight loss, adaptive behaviour regression, & hospitalisation, requiring feeding tube placement.
- Original aetiology may be medical or a triggering event, but once resolved, persists for behavioural reasons (avoiding swallowing associated with discomfort or high effort).
- Successful treatment involves graduated exposure with reinforcement to associate swallowing with pleasant experiences & increased success.
- No prior studies on case presentations requiring combined approaches for saliva packing as an undifferentiated automatically-maintained behaviour (the most difficult type to treat) outside of meals without anxiety or saliva expulsion, plus a feeding problem.

Method



- Éloi 9yo, ASD (L3), ID, 100% NG tube dependence, significant adaptive behaviour regression (no longer talking or using his hands or participating in activities, back in nappies, out of school, sleep problems). 10-wks prior during trip overseas, diarrhoea, stopped swallowing (protruding cheeks), hospitalisations & extensive work-up (MRI, endoscopy, blood, faecal/urine, echo, CT; speech, ENT, GI, dental, endocrine, behaviour). 5 teeth pulled, prescribed fibre/laxatives.
- Refused to spit out, didn't 'play' with saliva, no "anxiety," packed all waking hours and contexts.
- Intensive 7-week behaviour-analytic paediatric feeding programme. Single-case experimental designs (multiple-baseline, changing criterion). For 10 days, did not respond to typically highly effective specialised feeding interventions & a multitude of treatment probes.
- Saliva packing, as an automatically-maintained undifferentiated behaviour persisting in all waking contexts despite high engagement in activities, warranted an additional/combined feeding & outside of meal approach: structured schedule, all desires put contingent on saliva swallowing, & self-monitoring targeting independence (swallowing saliva without prompting).



Results

Taylor and Roglić

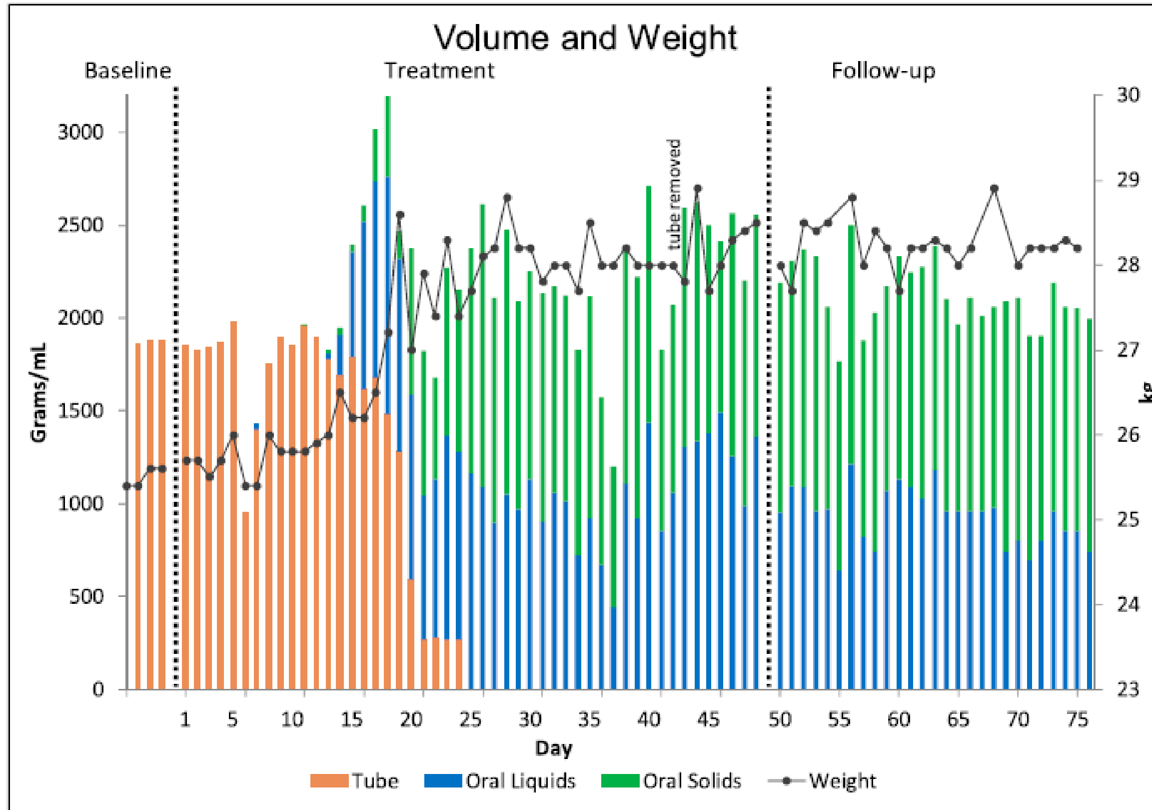


Figure 3. Volume and weight per day.

Figure 4. Sample photographs of meals consumed.

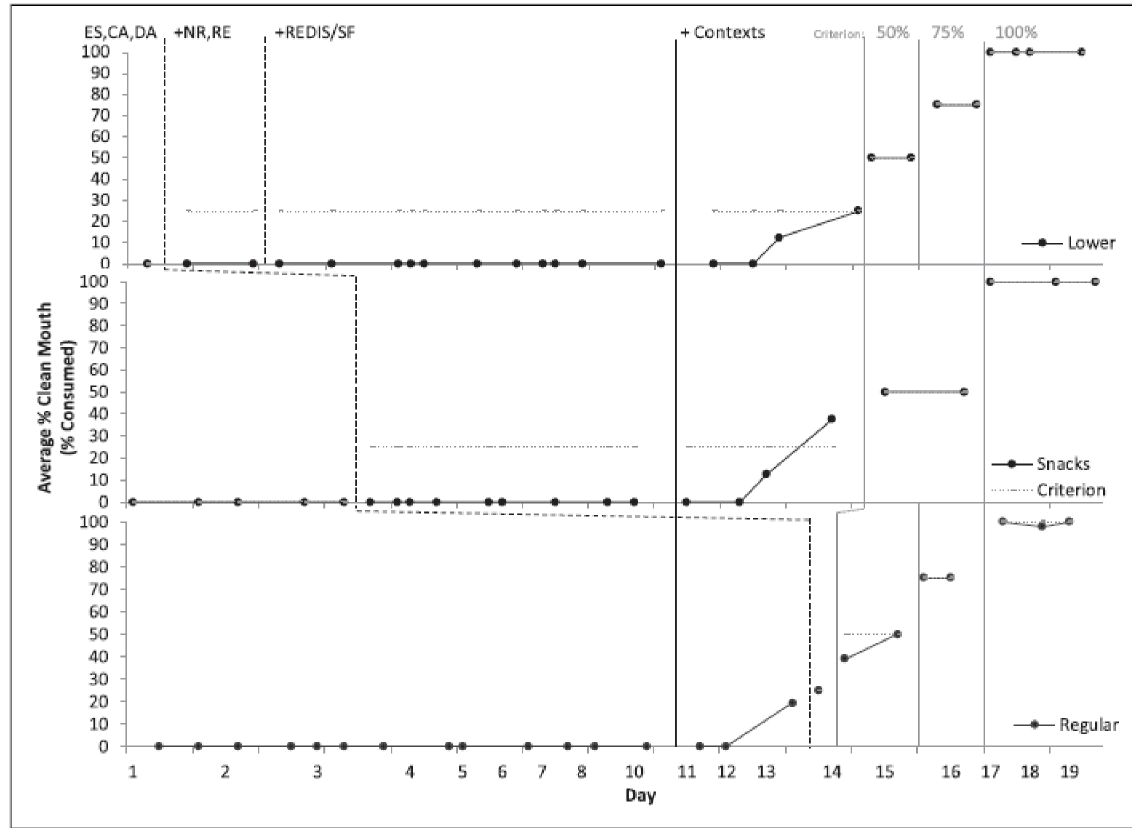


Figure 1. Percentage of swallowing in meal sessions for solids.
Note. ES, Escape; CA, Contingent Access; DA, Differential Attention; NR, Nonremoval; RE, Re-presentation; REDIS/SF, Redistribution/Swallow Facilitation (Lower Texture only).

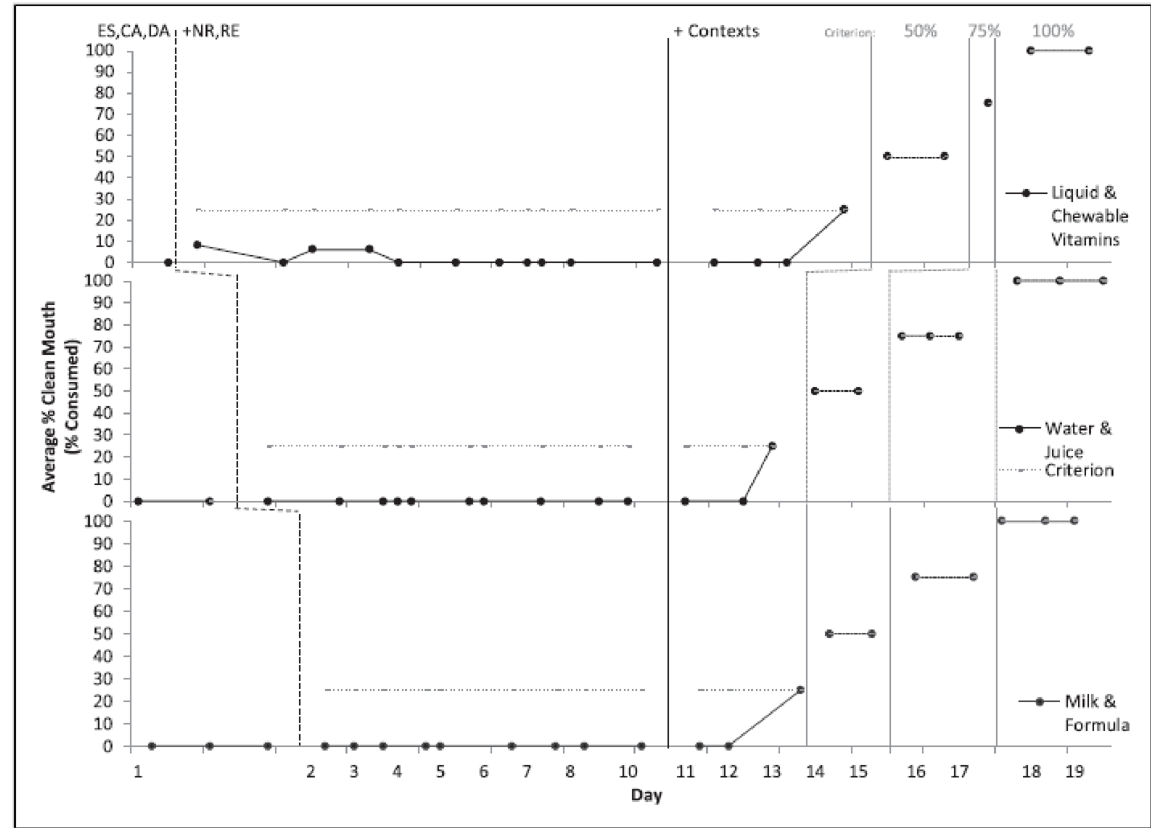


Figure 2. Percentage of swallowing in meal sessions for medications and liquids.
Note. ES, Escape; CA, Contingent Access; DA, Differential Attention; NR, Nonremoval; RE, Re-presentation.

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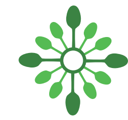

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Conclusion

- Met 100% of his 21 goals, gained weight (24.5 to >28kg), eliminated tube dependence (in 23 days). Variety = 94 across all food groups, drinks, & supplements. Caregivers were trained, reported high social validity (all ratings 7/7), gains generalised & maintained in 1-month follow-up. Did not yet reach independence (would not eat/drink or swallow saliva without treatments) due to time/funding constraints.
- First case in Australia of in-home solely behaviour-analytic intervention to eliminate tube dependence, without hunger provocation, weight loss, or limited nutritional variety.
- Saliva packing may not receive the attention it warrants compared to aggression, self-injury, or other inappropriate mealtime behaviours (e.g., throwing, thrashing, spitting). Éloi's entire broader life & adaptive behaviour were significantly disrupted (e.g., no longer speaking, in diapers, not using his hands, not going to school, sleep). Determining severity of paediatric feeding problems, adequate multidisciplinary & medical work-up prior to intervention, & adequate outcomes & procedures requires highly specialised training, expertise, & competency. Children should be referred as early as possible to receive expert empirically-supported treatments at the individualised intensity warranted for case severity.

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Clinical Case Studies
2024, Vol. 0(0) 1–17
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DOI: 10.1177/15346501241241540
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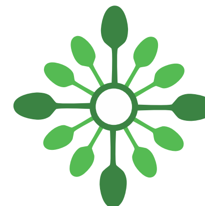

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