

Dysphagia Management in the School Setting

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Financial Disclosure

- To comply with professional boards/association standards:
- We declare that we do not have any financial relationship in any amount, occurring in the last 12 months with a commercial interest whose products or services are disclosed in this presentation.

Presentation Goals

- Lists the prevalence and incidence of dysphagia in schools.
- Discuss issues and challenges of comprehensive dysphagia management in schools.
- List ways to conduct an assessment for pediatric dysphagia using the appropriate tools.
- Describe an intervention program for pediatric dysphagia.
- Discuss the role of cultural and linguistic diversity in pediatric populations and their families.

Definition

- **Dysphagia is a complex syndrome that is defined as difficulty with swallowing and/or feeding function.**

(Murry and Carrau, 2009)

Preschool-Elementary-Secondary	Special Day and Residential Schools
<ul style="list-style-type: none"> • For SLPs working with preschoolers this number was 25.2% • Elementary students was 9.7% • 11% for secondary students. 	<ul style="list-style-type: none"> • The highest numbers were reported by SLPs who work in special day and residential schools at 40.6%.

The ASHA 2014 Schools Survey


Lists the prevalence and incidence of dysphagia in schools

- It is estimated that pediatric feeding and swallowing disorders are displayed in **25-35% of normally developed children.**
- **50-70%** of premature children or those with chronic medical conditions (ASHA, n.d.).
- Severe cases on conditions resulting from feeding and swallowing disorders are estimated to occur in only about **3-10%** of children (Prasse & Kikano, 2008).

Prevalence and Incidence Continued

- It has been reported that **25%-45%** of typically developing children demonstrate feeding and swallowing problems
- Prevalence is estimated to be **30%-80%** for children with developmental disorders

(Arvedson, 2008; Brackett, Arvedson, & Manno, 2006; Lethen-Greif, 2006; Marikam & Perman, 2005)
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Demographic Data for Mississippi


- Only 17 percent of children in Mississippi receive a developmental screening by age 6, compared with the national average of 30 percent. Only about **60 percent** of children receive preventative medical and dental care, compared with 68 percent nationwide.

Signs and Symptoms

- Swallowing Disorders**
 - Coughing or choking during/after swallowing
 - Refusal to food or prolonged feeding times
 - Wet or "gurgly" vocal quality
 - Breathing difficulties when feeding
 - Pain during swallowing
 - Weight loss
 - Inappropriate vomiting or drooling
 - Problems chewing or sucking
- Feeding Disorders**
 - "Picky eater" or food refusal
 - Inappropriate vomiting
 - Choking or gagging
 - Failure to thrive
 - Failure to accept different textured or age-appropriate foods
 - Negative mealtime behaviors

Etiological Factors

- Neurological conditions such as cerebral palsy, meningitis, or a traumatic brain injury
- Gastrointestinal conditions such as gastroesophageal disease or short bowel syndrome
- Developmental disabilities such as autism, down syndrome, or fetal alcohol syndrome
- Prematurity and low birth weight
- Structural abnormalities such as a cleft palate/lip or abnormalities of the face/neck
- Behavioral or environmental issues





Any children like this on your caseload?



Feeding, Swallowing and Mealtimes


- Becoming aware of our own emotions and behaviors can help our children to change.
- How do I feel about food and eating? Do I enjoy meals with my child?
- Do I feel worried, anxious, sad or unhappy about the way my child eats?
- Why or why not? What do I think would happen if I didn't feel this way?
- Do I feel stressed when I am feeding my child? Why or why not? How does my stress contribute to mealtimes with my child?
- Do I feel good about my child's eating and mealtimes (even if I would prefer a different type of eating or drinking)?





Feeding, Swallowing and Mealtimes


- Do I frequently remind my child to eat or to finish the food that is on the plate?
- Why? What would happen if I didn't remind my child to eat or drink?
- Do I serve only foods I know my child will eat? What might happen if I offer new foods?
- Do I offer special foods, favorite toys or videos to get my child to eat? Why? What do I believe would happen if I didn't offer these special rewards for eating?



Law and Services Relative to Dysphagia Services

- Even though there is some debate among school-based SLPs and administrators about whether feeding and swallowing services are appropriate in schools.




The U.S. Department of Education Individuals with Disabilities Education Improvement Act of 2004 (IDEA) supports these services.



Discuss issues and challenges of comprehensive dysphagia management in schools




- There is **not a defined best practice plan** available for speech-language pathologists, as the information is spread among various published articles.
- While many articles have been published addressing effective school-based dysphagia management practices, the information is scattered in various published articles.

So what should the SLP do?


Issues and Challenges for Parents

- How are sensory issues affecting feeding choices and behaviors?
- Has my child been evaluated for potential sensory integration issues?
- Does my child dislike the feel of food on her hands, mouth or face?

U.S. Department of Agriculture and Food Nutrition Service

- Modified diet consistency such as mechanical soft, puree, nectar, or honey thickened liquids
- Extended time allotted for meals and snacks
- Eating more frequent small meals throughout the day




U.S. Department of Agriculture and Food Nutrition Service continued.....

- Limiting distractions during snack or meal
- Use of adapted cup, spoon, fork, plate, or bowl
- Equipment for proper positioning as needed
- Partial to total assist with intake including pacing of offered foods followed by liquids to clear oral cavity

List ways to conduct an assessment for pediatric dysphagia using the appropriate tools

- We must first determine if we should focus on a **swallowing disorder** and/or a **feeding disorder**



Approaches to Assessment

- An interview with the Caregiver
- A mealtime observation
- Food Journaling Analysis
- Additional clinical observations
- Referrals to other medical professionals
- Nutrition Assessment

(Enweja and Enweja, 2014)

Nutrition Assessment

- Altered nutrient and/or calorie needs due to a medical condition;
- Gastrointestinal problems such as constipation, diarrhea and vomiting that affect absorption
- Poor appetite or food intake
- Poor growth/weight gain or excessive rate of weight gain
- Oral sensitivity that can affect toleration for a variety of food types and textures

Sensory Integration/Processing Dysfunction


- Children may have difficulty responding appropriately to sensory information from their environment.
- Eating requires integration of **visual, tactile, smell, taste, and auditory stimuli**.
- **Visual**- Children may prefer or reject foods of a certain color. May have a tantrum if foods touch on the plate.
- **Auditory**- May prefer soft foods or liquids to avoid the sounds created by hard, crunchy foods.
- **Tactile**- May be unwilling to touch foods with his hands. May choke, gag, or vomit which reinforces fear of certain foods.
- **Smell**- May become fussy or overwhelmed by odors of food preparation.
- **Taste**- Strong flavors may trigger gag reflex. May prefer bland foods or specific flavors.

Assessment of children at risk for nutritional disorders should include the following:

- Nutrition screening
- Nutrition assessment
- Health and feeding history
- Dietary assessment
- Growth profile
- Physical examination
- Feeding assessment

Describe an intervention program for pediatric dysphagia

- **CONSIDERATIONS FOR IEP/IFSP TEAMS**
- **Risk**
- Numerous factors must be considered when determining whether a child may be at risk while eating.



Risk factors may include:

- Abnormal muscle tone
- Seizure disorder
- Sensory issues
- Behavioral issues
- Frequent respiratory illnesses
- Inability to ingest adequate nutrients to sustain growth and development
- Other health conditions

A Recommended comprehensive safety program

- Include plans for responding to emergency situations.
- To insure that a district has provided students with safe feeding practice, the following activities need to be undertaken:
- Determine the care to be given to the student and document it in the student's Health Care Plan and/or IEP/IFSP.

Treatment

- The types of treatments for feeding and swallowing disorders vary greatly depending on the cause and symptoms of the disorder.
- Important Note: *Having a family member feed a child at school who is otherwise considered to be at risk if fed orally does not relieve the school of legal liability for the child's safety at school.*
- **BE CAREFUL!! PROTECT YOURSELF!**

Barriers to treatment success

- SLPS and other professionals can cause an interruption in the educational process and program development.



Behaviors which are considered to be negligent and which may elicit charges of malpractice include:

- Failure to follow physician's written precautions.
- Failure to follow standard procedures for your profession.
- Failure to recognize a student's needs and follow up with appropriate intervention.
- Timely re-evaluations.

Malnutrition may impact cognition in the following ways:

- Learning disabilities
- Decreased IQ scores
- Decreased language development
- Memory deficiencies
- Reduced social skills
- Reduced problem-solving abilities
- Attention deficit disorder
- Nutritional problems usually arise secondary to other physiologic and psychosocial problems

Educative Feeding Program

- Educative feeding is a part of a student's specialized instruction and as such includes student goals and objectives as part of the IEP/IFSP.
- Objectives must be measurable, with the expected dates of completion designated on the IEP/IFSP

Discuss the role of cultural and linguistic diversity in pediatric populations and their families



- Some possible challenges in working with families from CLD populations:
- The religious and cultural practices of patients can affect how a speech-language pathologist treats them for dysphagia.
- People in some cultures have difficulty understanding the concept of dysphagia and adjusting to new foods that are used to ensure safety.
- Many religions, such as Catholicism and Judaism, have specific regulations regarding food.

Factors that can affect Safe Feeding

- Nutrition and Hydration
- Constipation and Proper Elimination
- Environmental Influences (right to privacy, food preparation, classroom hygiene, eating utensils, food characteristics)

Cultural Diversity





- Children and families come to the schools with different expectations, ideas, beliefs, and communication and therapeutic needs.
- In order to provide the best services and get the desired diagnostic and therapeutic outcomes, SLPs must be able to provide culturally relevant services to children with oral motor, swallowing, and feeding disorders and their families.

Resources

www.realfoods.com
Feedingmatters.org
www.simplythick.com
www.nutricia-na.com
www.duocal.com
<http://functionalformulas.com>
Veggieblendins.com
www.learningresources.com
www.happyfaceapparel.org
 MS Office of Healthy Schools
www.mde.k12.ms.us
www.healthisacademic.org
 MS Department of Health: msdh.ms.gov
www.mymunchbug.com

Quote

An SLP takes a hand and opens a mind and touches a heart.



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