Management of Swallowing and Feeding Disorders in Schools

1

Getting Started: Addressing Swallowing and Feeding in the School Setting

Emily M. Homer

Introduction

School districts around the country are recognizing the need to address swallowing and feeding disorders in students; however, many districts continue to question the educational relevance of working with swallowing and feeding and therefore choose not to address it. This book strives to be a resource to school-based personnel including speech-language pathologists, occupational therapists, school nurses, and others, as well as their districts as they go through the process of establishing a team procedure and managing and treating students with swallowing and feeding disorders. The primary goal and challenge with the management of swallowing and feeding (also referred to as dysphagia) in the school setting is ensuring that children eat, drink, and take medications safely while they are at school. Speech-language pathologists (SLPs) in the schools have many roles and responsibilities. Caseloads/workloads are high and their roles continue to

expand with new education initiatives such as Response to Intervention, co-teaching, and Value Added models. Dysphagia identification and treatment takes on educational relevance when it prevents a student from participating in their academic program to their fullest. This book helps school-based SLPs and other school-based professionals navigate working with students who have swallowing and feeding disorders in their school districts.

This chapter helps districts organize and design an interdisciplinary team procedure for addressing swallowing and feeding disorders. It begins by defining the disorder and connecting it to school systems by identifying the educational relevance of addressing swallowing and feeding according to the Individuals with Disabilities Education Act (IDEA). Speech-language pathologists, OTs, and nurses work with patients with swallowing and feeding disorders in a variety of medical settings. This chapter identifies, compares, and contrasts working with dysphagia in the school setting as compared to medical settings.

In addition, this chapter guides the reader through the process of getting administrative approval for a system-wide swallowing and feeding team procedure. There are several steps to accomplishing this task that are shared, including organizing a committee, going through the committee process, and preparing a proposal. Finally, this chapter guides the reader through selecting a team model based on the size and resources of the district and the management requirements of implementing the procedure.

What Are Swallowing and Feeding Disorders and What Are Their Implications in the School Setting?

The medical term used in hospitals, nursing homes, and skilled nursing facilities is dysphagia. According to the American Speech-Language-Hearing Association (ASHA), dysphagia is defined as "a swallowing disorder." The signs and symptoms of dysphagia may involve the mouth, pharynx, larynx, and/or esophagus" (ASHA, 2001). Taken from the ASHA Guidelines for speech-language pathologists providing swallowing and feeding services in the schools, ASHA documents have adopted "swallowing and feeding disorders" as the more inclusive phrase for dysphagia and

delays and/or disorders in the development of eating and drinking skills, which are common in varied pediatric populations. Swallowing and feeding include the introduction, preparation, transfer, and transport of food and liquid from mouth through esophagus into stomach. In addition, management of saliva and oral intake of medications are included. Swallowing and feeding disorders vary considerably in their characteristics and severity. Children may demonstrate choking and aspiration, oral sensorimotor impairments, maladaptive behaviors during eating, refusal to eat, and acceptance of a restricted variety of food and liquid. Anatomic, neurologic, and/or physiologic impairments may include, but are not limited to, motor planning, postural control and oral-pharyngeal motor skills, sensory processing, respiration, and digestion. Students with severe disorders may experience deficiencies in nutrition and hydration, as well as reduced respiratory health (ASHA, n.d.).

Dysphagia refers to an interruption in the well-coordinated activity of the oral cavity, the pharynx, and the esophagus that includes the act of chewing and preparing food for the swallow, transporting the food through the pharynx down to the esophagus where the food enters the stomach. When a person has dysphagia they may have difficulty eating a normal diet and require some accommodations, strategies, and in some cases, therapeutic intervention to provide them with a means to acquire nutrition and hydration in a safe manner. Many of the cases that are seen in the school setting are oral phase dysphagia, which breaks down into the oral preparatory phase and the oral transit phase. Many children have weakened and compromised oral motor skills, which results in minimal and/or ineffective chewing skills. The lack of tongue lateralization, weak jaw movements, and immature chewing patterns, put these children at high risk for choking on food that is not ready for the oral transit phase, which then goes into the pharyngeal phase. In the pharyngeal phase there is a danger that the food and/or liquid will enter the airway and go into the lungs (aspiration) or blocks the airway. These issues necessitate addressing oral motor skills as well as altering food presentations and training school staff in the Heimlich maneuver and Cardiopulmonary Resuscitation (CPR). This is a serious risk that requires the services of a trained professional in the diagnosis and treatment of dysphagia. The school-based SLP often has

this training and can facilitate the diagnosis of the disorder, the steps necessary to ensure a safe swallow and the recommended diet for a balanced nutrition program. It is extremely important that the SLP along with other school-based personnel use their training and skills to set up plans to safely feed students at school.

Identifying and Treating Dysphagia: Comparison of Services in Medical and Educational Settings

SLPs are trained extensively on the anatomy, physiology, causes, identification, and treatment of dysphagia. Most coursework and practicum focus on the adult population where the majority of dysphagia cases are treated. Many SLP's graduate school practicum and job experience with dysphagia occurs in hospitals, nursing homes, long-term care facilities, and home health with adults. Therapists with this training and experience have the skills needed to address dysphagia in the school setting; however, setting specific training and continuing education will be necessary.

In order for SLPs and OTs to recognize that the skills they already use in the medical setting can also be used in the schools, it may be beneficial to compare the similarities and differences of identifying and treating dysphagia in medical settings compared to the educational setting. Although there are some important, major differences there are also many similarities, which assist SLPs and OTs trained to work in the medical settings to use their skills to work with children in the schools. It is important that the SLPs and OTs who have this experience recognize that the skills can transfer to the school setting. Children, like adults, may develop swallowing and feeding issues that they did not have before as in cases such as closed head injuries, some syndromes and neurological disorders. In most cases in the school setting, children experience developmental or neurological disorders that result in a failure to develop normal swallowing and feeding skills. They often have the potential to improve their swallowing and feeding skills through therapeutic intervention or to delay the progression of degeneration. As a result, the school-based SLP faces fewer cases of medically unstable individuals whose dysphagia is a result of health issues such as stroke or declin-

ing skills and more cases where the disorder is present at or immediately after birth. Their clients are often learning the skills that will allow them to function safely and efficiently within the school setting. However, many of the challenges are the same as in other settings. In the schools, the therapist relies on paraprofessionals to feed the students in much the same way certified nursing assistants (CNAs) are used in hospitals, nursing homes, and other medical-based settings. Food for students and patients alike is prepared in cafeterias where balanced, nutritious meals are often adapted and modified to meet the specific guidelines of a swallowing and feeding plan. The SLP is usually responsible for managing a client's dysphagia while working with other team members in all settings including the schools. The SLP monitors and adjusts the dysphagia plan and trains family members and staff to assist with safe feeding in all settings. Regardless of the work setting, the identification and treatment of dysphagia is a team effort that requires all team members to remain current in their training and knowledge.

Collaboration with medical personnel is essential in the treatment of dysphagia. The collaboration with medical personnel is more challenging in the school setting. School districts typically must rely on the parents/guardians to communicate with physicians. Districts need to get signed releases, in most cases, to receive and share information with a student's physician.

School nurses assigned to students with swallowing and feeding disorders can help facilitate communication with the physicians. Although most of the other settings have medical staff support on site, the school setting is very limited in access to medical professionals, especially physicians.

The identification and treatment of dysphagia by definition includes working with oral, pharyngeal, and esophageal phases, however, in the school setting dysphagia therapists are also faced with behavioral feeding disorders that often interfere with students' ability to receive adequate nutrition and hydration during the school day and may put them at risk for associated heath issues. It is often difficult to determine the cause of the behavioral feeding disorder and medical issues will need to be ruled out prior to treatment. They are often the result of sensory, motor and/or behavioral issues, which prevent the child from eating a normal diet.