

PERSPECTIVES OF SPECIAL EDUCATION TEACHERS ON FEEDING STUDENTS WITH DYSPHAGIA

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Review of Related Literature

- Dysphagia can negatively affect students by not only limiting vital calories, but also increasing the possibility of aspiration (Homer, 2003).
- Medical advances have significantly increased the survival rate of children born with complex medical conditions and the number of children entering school with dysphagia has also increased (Silliman, 2000).
- IDEA 1997 indicates that all children with disabilities, including those with dysphagia, must receive a free and appropriate public education (Homer, 2003).
- Learning difficulties have been found as concomitants to pediatric dysphagia (Heffer & Kelley, 1994).
- ASHA's *Working Group on Dysphagia in Schools* has developed guidelines specific to evaluation and treatment of students presenting with feeding and swallowing dysfunction within school settings. Feeding and swallowing dysfunction encompasses a vast range of symptoms for which a varied range of management approaches must be identified and utilized (ASHA, 2007).
- Interdisciplinary team collaboration is important for effective management of students with dysphagia (Homer, 2003).
- According to SPENSE (2000) data, 10% of nationwide special educators' and paraeducators' time is spent in providing personal care assistance, which includes assisting and/or feeding.

Method

- **Participants**
 - 3 special education teachers
 - Identified themselves as being involved with assisting and/or feeding students with dysphagia in their public school settings
- **Setting**
 - School district composed of approximately 13,961 students, with 1,813 students with identified disabilities receiving special education or related services
 - Average teaching experience for teachers in the district reported in 2007 was 14.1 years with 44% holding a Master's degree or above.
 - Interviews conducted in a private area of the school to allow participants to openly discuss interview questions in depth and without concern of the perception of other professionals with whom they work.

Research Design

- Qualitative research approach

Data Collection

- Semi-structured interviews facilitating openness and lasting approximately 1 hour each were conducted with each participant
- Interview questions were developed to address the study's research questions
- A faculty member in the Department of Special Education and a graduate student member of the research team conducted the interviews
- Interviews were transcribed verbatim after being recorded

Data Analysis

- Cross-case analysis was used to analyze each individual case as a whole entity, followed by comparative analysis of all the cases
- After transcription of the interviews, data were organized using a multiple coding approach (Barbour, 2001).

Confirmability

- Achieved through independent coding and comparison of data by all four members of the research team.

Discussion

- District-approved protocol or procedures for identification of students having dysphagia is a necessity.
- Teachers should have access to experienced colleagues, medical professionals, adaptive equipment, and appropriate professional development.
- Parents need to be involved during dysphagia management as they can provide much-needed insight and information regarding their children.
- Goals specifically related to dysphagia management must be on students' IEPs.

Theme I: Knowledge

- Teachers had extensive knowledge of students and the resulting impact of their disability
- Formal teacher training and education was nonexistent or limited
- Experiences in the classroom increased teacher knowledge
- Teachers expressed significant concerns that manifested from negative experiences and/or concerns about safety risks

“There are no two students I’ve ever seen come through that eat the same. Everyone has their own needs and whether that’s communication, the feeding technique that goes on, or the diet. It’s all different...everything is so individualized.”

Theme II: Disposition

- Student-centered
- Value-oriented
- Life-long learners

“Our biggest concern is getting the food in for some of the kids who have the tongue thrusts and then making sure they get the nutrition... and then the choking. We’re always making sure we’re mashing, cutting up, making it smooth enough for the kids that have the ground food.”

Theme III: Performance/Skills

- Assessment of individual student needs as required to successfully foster caloric intake
- Adaptation of prepared food items along with environment and modifying positioning to accommodate student needs
- Identified omission of IEP objectives related to feeding

“Some kids have had to have special seating arrangements when they are being fed...adaptation with wheelchairs and head supports, the physical therapist becomes involved with that. We just call her in and explain this kid’s shoulders are down, I can’t get the head up, we need this, we need that, and she works with us.”

CONCEPT MAP

