

ST. TAMMANY PARISH SCHOOL SLP'S REPORT

10 YEARS OF DYSPHAGIA IN THE SCHOOLS

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IDEA

- Ensures that children with disabilities have a free and appropriate public education (FAPE) which ALL children are entitled.
 - Ensures that students with disabilities have special education services including related services.
 - Related services include speech and language pathology, physical therapy, occupational therapy, health services, adapted PE, etc.
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Medical Services vs. Health Services

- Medical services are included as related services according to IDEA but are restricted to services that are provided by a “licensed physician”
 - They are limited to “diagnostic and evaluative purposes only”.
 - Health services are designed to enable a student with a disability to receive FAPE by providing services of a nurse or “other qualified professional”.
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Educational Relevance

According to IDEA, all children are entitled to FAPE. In order for a child to have FAPE he/she MUST be healthy, well nourished and hydrated so they can:

- Attend school (frequent absence)
 - Benefit fully from academic instruction and the curriculum (CBE, reg. class placement, keep up with work)
 - Socialize with peers
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Educational Relevance cont.

- School districts have the responsibility to ensure that children are safe while attending school.
 - Once a child is on a school campus, we cannot do anything that we know could harm that child.
 - We are required to ensure that students receive nourishment and hydration (and medication) in a safe, timely manner.
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Conclusion

- Medically fragile children are surviving and living longer
- Children who start their lives in NICU go to their district schools usually at age 3 but sometimes younger.
- Children eat at school from day 1.
- As the children get older their conditions often change
- It is imperative that we be PRO ACTIVE when addressing their swallowing and feeding needs.

Why the school-based SLP should work with dysphagia

- Training- coursework and practicum in dysphagia
 - Scope of practice
 - Ethical responsibility
 - Knowledge of communication problems and their impact on swallowing and feeding
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Know what you Know!!

- If you don't have the knowledge & skills, know that you are not ready to address dysphagia

BUT...

- If you do know dysphagia, if you have had a course, practicum, experience, etc. please do not be afraid to use your skills.

CHILDREN ARE DEPENDING ON YOU!!

A System-wide Dysphagia Procedure: Obtaining District Approval

- Employees are knowledgeable about how to react and what procedure to follow when presented with a child with a swallowing disorder
 - Provides necessary steps that, when followed, ensure that all team members are accountable for the student and that documentation of efforts is on file
 - School systems adopt policies and procedures in order to set standards for functioning within the system
 - These standards provide consistency and accountability
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Types of Dysphagia Team Models

- School-based Team
 - System Core Team
 - Combination Team
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School Based Dysphagia Team Members

- Speech/Language Pathologist
- Occupational Therapist
- Physical Therapist
- School Nurse
- Parent
- Special Education Teacher
- Regular Education Teacher

- Paraprofessional
- School Administrator
- Social Worker
- Testing Team
- Physician(s)
- Hospital Based SLP
- Dietician
- Cafeteria Workers

Medical Team Collaboration

- Medical team members often include the following physicians as well as others: pediatrician, gastroenterologist, neurologist, pulmonologist, and ENT.
 - Access to a dietician
 - The hospital SLP- important to collaborate with the hospital SLP prior to the MBSS
 - Radiologist- will work with you during the MBSS
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Team Approach to Dysphagia

- The interdisciplinary approach involves each member of a group of professionals, each whom brings a specific area of expertise.
- A true interdisciplinary approach involves each member of the group sharing their philosophy for diagnosis and treatment in addition to being willing and able to work with other team members within the group.
(Arvedson & Brodsky, 2002)

To work effectively as a team each member must be willing to:

- Be aware of each person's role
 - Share information
 - Realize personal professional limitations in relation to dysphagia
 - Be open to suggestions and to problem solving
 - Have open communication among the team members
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Swallowing and Feeding Team Structure

- Case Manager responsible for following the procedure, documenting efforts, team communication, and monitoring changes.
 - SLP, OT, Nurse are the core team of professionals who monitor and treat swallowing and feeding issues.
 - Parents, teachers, paraprofessionals, cafeteria staff, principals are school level staff who are responsible for the implementation of the plan.
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Vision Statement: To ensure safe nutrition and hydration for students during school hours, while simultaneously protecting the professionals who work with these students by:

- Identifying students at risk
 - Evaluating the student
 - Referring parents to physicians with specific recommendations
 - Immediately implementing an emergency plan for children who are “at risk” for dysphagia
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Vision Statement (cont.)

- participating in MBSS, when recommended,
 - designing and implementing a treatment plan
 - developing compensatory strategies for safe swallowing
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It Can Be Done!

- Procedure has been in place for 11 years
 - Over 250 students with dysphagia have been followed by the teams
 - Team is currently following 129 students
 - 2% of the special education population
 - 65 of the 95 SLP's in the district serve as dysphagia case managers (68%)
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It Can Be Done!

- 76% of the schools have teams that are completely school-based
 - The other 24% are served by SLP's who are members of the assistive technology team
 - The school based SLP's who are not trained in dysphagia are trained by the dysphagia case manager to help with monitoring and following through on therapeutic goals
 - SLP's receive 9 hours of staff development per year in pediatric dysphagia. This is mandatory for case managers and optional for other SLP's.
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Swallowing and Feeding Team Procedure



Referral to the dysphagia team through Child Find

- Child is screened for possible dysphagia as part of Child Find process
 - If a concern is noted, a referral is completed by the child find speech pathologist and an interdisciplinary consultation is completed
 - Information is forwarded to the dysphagia case manager (which is typically an SLP) at the school that the child will be attending and a swallowing/feeding plan is completed prior to the initial IEP with input from the parent, OT, nurse, etc.
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Referral through child find cont.

- An IEP is conducted
 - The staff at the school is trained on the child's swallowing/feeding plan
 - An emergency plan/individualized health plan is written by the school nurse
 - Refer to MBSS if needed at any time
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Referral to the dysphagia team at the school level

If a child moves in from another district or state, or if new dysphagia concerns arise once a child is enrolled in school:

- A referral is completed by the school speech pathologist or case manager and an interdisciplinary consultation is completed
 - Parents are contacted regarding concerns
 - Same procedures are followed as with a child being initiated through child find
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After the child is initially referred and evaluated and a case manager is assigned

- Revision of IEP and Swallowing and Feeding Plan
 - Diet Orders
 - Diet restrictions reviewed with cafeteria manager
 - Training on new plan
 - Swallowing and Feeding Plan initiated
 - Case is monitored for strategies
 - Oral motor therapy is incorporated into speech and occupational therapies
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At The IEP Meeting:

- Gather additional medical history
 - Discuss individualized health plan/parents sign
 - Discuss the need for & set up of the VFSS/MBSS or Clinical Evaluation, if indicated
 - Parents sign the release of information
 - Draw up a swallowing and feeding plan
 - IEP is signed agreeing to the plan
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Monitoring includes:

- Educating staff and parents
 - Observing the staff providing intervention using the feeding and swallowing plan and Individual Health Plan upon completion of training
 - Modifying any interventions or equipment.
 - Documenting current feeding status and progress of the student.
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Monitoring Includes:

- Documenting and researching any complications in the feeding progress
- Observing the student feeding in several settings at school (example: cafeteria, snack time in the classroom)
- Developing a new swallowing and feeding plan as needed
- Serving as a resource to the staff and parents about feeding issues
- Serving as the interventionist as needed

Monitoring

Establish safety by addressing the following:

- Positioning
 - Equipment such as suction bowls, spoons, cups
 - Diet/food preparation- done by classroom staff in the cafeteria. Food and liquid consistency
 - Food presentation- amount, placement
 - Precautions- upright after eating, drink to bite ratio, swallow to food presentation ratio
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Monitoring cont.

- Once you are comfortable that the staff member knows the student's swallow and feeding plan and is able to correctly feed the student, have the staff member sign the swallowing and feeding plan indicating that he/she has been trained and knows how to safely feed the child
- Initially observe the student being fed on a regular basis until you are comfortable that the classroom staff is following the plan
- Once that is established, monitor the amount that you determine to be adequate.
- All core members, OT, nurse and SLP monitor

Managing Swallowing and Feeding in the Schools



Managing Swallowing and Feeding In the Schools

School-based SLP

- SLP is assigned to the school that the student attends and serves ALL of the student's speech and language needs.

Itinerant Dysphagia SLP

- Is assigned to swallowing and feeding cases but is not the SLP that provides the student's therapy
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Case Manager

- Responsible for ensuring that the procedure is followed
- Ensures that all efforts are documented
- Notifies team members when changes occur
- Responsible for coordinating the child's dysphagia services.
- Person most knowledgeable about dysphagia
- Usually will be the SLP

School Based SLP as Case Manager

- implements swallowing and feeding plan and trains classroom staff.
 - Provides swallowing and feeding services as part of speech therapy schedule
 - Is responsible for monitoring as well as training classroom staff on the swallowing and feeding plan
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Itinerant Dysphagia SLP as Case Manager

- Travels to the student's school and sets up the swallowing and feeding plan
- Trains classroom staff and school based SLP on the plan and oral motor therapy techniques
- Relies on the school based SLP and teachers to monitor student's swallowing and feeding and to notify itinerant dysphagia SLP when there are issues.

Itinerant Dysphagia SLP as a Case Manager

- Sets up a regular schedule to monitor students and communicate with school team members
 - Communicates with school-based team frequently via email or phone.
 - May need to rely on school-based SLP and school team for communication with family
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Dysphagia Consultant

Dysphagia SLP's with extensive knowledge and experience with dysphagia, have been called by school-based SLP's who were the dysphagia case managers when they needed additional help with one of their students in a consultant role.

Dysphagia Consultant

- Attending and participation in MBSS (most frequent request)
- Helping to train faculty and staff who are not always compliant (for back up- two people agreeing)
- Training with certain therapy techniques such as Beckman oral motor therapy with SLP's and/or faculty
- Another set of eyes for students reluctant to accept food in his/her mouth
- Determine if a MBSS is warranted.

Physician as a Team Member

When to Contact the Physician:

- When you have a serious concern about the student's health status (pneumonia, respiratory infections)
 - To request a script for a MBSS
 - To request a change in diet orders
 - When you are concerned about a child's nutritional intake
 - To get a more thorough medical history
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Hospital SLP as a Team Member

- ❖ When students need a modified barium swallow study (MBSS), it is essential to communicate with hospital SLP for the following:
 - To be aware of the concerns of the district, why the district is asking for the study
 - To be aware of what information the school district needs from the test in regards to food and liquid consistency, fatigue, positioning, etc.
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Additional Notes about MBSS's

- Expenses related to MBSS have been minimal due to most students have Medicaid or private insurance
 - The number of referrals for MBSS have been minimal
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Additional Notes about MBSS's

- MBSS are recommended in dysphagia cases in instances such as:
 - History of pneumonia
 - PEG tube or aspiration
 - Diet progression
 - Parent wants the child to eat food that the staff is not comfortable
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What we have
learned....



Investigate classroom and cafeteria

Observe and ask questions

- What kinds of eating/drinking utensils or containers are being used in the classroom or cafeteria?
 - What are the typical snack options and how are they offered?
 - What is the feeding environment?
 - Investigate positioning options when eating/drinking?
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Working with Teachers

Take plenty of time to ***Explain and train***

- Explain SLP's role as dysphagia case manager
- Share the primary goal of safety at school
- Ask questions to determine if teachers and paraprofessionals have any fears.
- Conduct trainings (demonstrate, may consult with school nurse for additional trainings)
- Answer questions
- Ask for input- Teachers and paraprofessionals are valuable sources: Collaborate

Get to know the child

- Detailed medical history
 - Integrated evaluation of social, educational, speech/language, motor, functional skills
 - Feeding/swallowing observation/evaluation
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Get to know the child....

- Carry over documentation onto IEP's and feeding plans
 - Consider home environment-
 - Consult with caregivers: listen very carefully and document how they are feeding at home
 - Learn the child's preferences
 - Observe the child at meals and snack time
 - Rapport with the child
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Other Things We Have Learned...



Get to know the whole family...

- Interview parents
 - Include them as part of the problem solving team
 - Child's likes/dislikes
 - Emotional/social atmosphere during meals at home
 - Eating schedule and dynamics around meal times at home
 - Be a careful listener
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Change or Accept

- Family menu
 - Parent's likes/dislikes
 - Family meal schedule
 - Meals out of packages
 - Withhold judgments
 - Respect parental knowledge of their own child
 - Work with the parent where they are
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Be Clear of your role

- Educate parents on the purpose and benefits of the swallowing and feeding plan
 - Be sensitive to where the family has come from with this child
 - Listen to and respect the parent's experiences or fears for their child
 - Provide small bits of knowledge to the parent at a time
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Sensory and/or behavioral Issues....

- Team approach at school... OT, SLP, special education teacher, para-professionals, special education nurse
- Desensitize, stretch and strengthen oral musculature
- Keep communication open with family by sharing progress at school
- Check in with progress/changes at home
- Call on a behavioral specialist when warranted

Mealtime suggestions...

- Encourage parents to include child in the family meal
 - Use food and eating vocabulary
 - Engage the child in meal preparation
 - Introduce utensils when child is ready
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How do we do all this?

- Initially it is more time intensive
 - Be creative with scheduling
 - Set some sessions for direct or consult time
 - Set some sessions during meals
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Call for support...

Enlist the help of others...

- Know who the experienced therapists are in your district and collaborate with them on cases
 - Educate teachers, parents and para-professionals on feeding techniques and oral motor therapy
 - Delegate/involve others on the team to implement strategies and techniques
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Some Models

- Case Manager/SLP plans a weekly lunch time session with the student
 - Case Manager/SLP monitors student while on lunch duty
 - Case Manager/SLP checks in with teacher on weekly basis-teacher checks with parent
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More Models

- Para-professional monitors student during breakfast/lunch with SLP checking in or monitoring snack once a week
 - OT and SLP alternate monitoring student at meals
 - As student and professionals feel comfortable with plan, case manager/SLP monitoring can be less frequent; maybe bimonthly or monthly
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