Managing Dysphagia in the Schools

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It has been 8 years since the American Speech-Language-Hearing Association (ASHA) published the first clinical forum on dysphagia in the schools. Logemann and O'Toole (2000), the guest editors for that forum, noted that the forum was motivated by the increase in enrollment of children with medically based communication and swallowing problems. This increase was significant for school based speech-language pathologists (SLPs) who raised questions and concerns about their role in the assessment, treatment, and daily management of these problems and the responsibilities of their school districts. The trend of increasing student population with dysphagia has continued and has been augmented by the growing cohort of graduates of neonatal intensive care units and the growing population of children with autism spectrum disorder. Furthermore, changes in federal legislation and case law have clarified some of the issues that are central to administrative decisions, educational programs, and related services associated with dysphagia management in the schools. As one would expect, this growing population of children with special needs has stimulated increased interest and research. The contributing authors in this issue, each with significant experience that informs their views and observations, report their research and provide reviews of the literature. It is our intention that this forum will encourage further research and stimulate the interest and enhance the knowledge and skills of the school-based SLP.

Summary of Content

The clinical forum begins with Power-deFur and Alley’s exploration of the legal and legislative foundations for dysphagia curriculum and related services and the financial strategies available for funding these programs. Next, Huffman and Owre report the results of a survey of school-based SLPs concerning their professional and clinical needs in the area of dysphagia management in the school setting. They discuss ethical issues for dysphagia services in the schools and provide illustrative case histories. In this as in other articles in this forum, the information has relevance that transcends specific work settings and disorders. Next, as did Power-deFur, Homer provides an update of an article that was published in the 2000 forum. She discusses the 10-year history of these issues.
of her public school district’s experience using a districtwide, comprehensive dysphagia management program. She describes the evolution of the program and provides insights into its successes. O’Donoghue and Dean-Claytor report the results of their study of self-reported competency for dysphagia services expressed by SLPs employed in school settings. The surprising outcome of this study underscores the importance of scientific investigation as a framework for defining both professional and practice issues. Davis-McFarland (2008) then discusses the influence of culture on a family and child’s perception of health and illness. Her comprehensive review of this literature underscores the importance of the clinician’s knowledge of cultural values and beliefs for the success of health care delivery. Practitioners will find her examples of the cultural impacts on food choices and service delivery options extremely valuable.

The importance of the family as participant in the school dysphagia program is a theme that flows through each of the articles in this forum. Angell, Bailey, and Stoner report the results of their study of parental views of factors in a school’s dysphagia program that facilitated and inhibited improvements in their children’s swallowing and feeding functioning.

The remaining articles in the forum address specific assessment and treatment issues in school-age children. Sheppard reviews the motor learning literature for principles of motor skill training that are relevant for developing mature swallowing and feeding in children with disorders. Lefton-Greif and Arvedson address the clinical problems and questions associated with the assessment and treatment of children with dysphagia and co-occurring medically complex conditions. McKirdy, Sheppard, Osborne, and Payne provide two case studies to illustrate their application of a bio-psychosocial approach to transitioning long-term tube-fed children with medically complex conditions to oral feeding in a school setting. The forum ends with a review article by Twachtman-Reilly, Amaral, and Zebrowski of the causes and consequences of food selectivity in children with autism spectrum disorder and the implications for its assessment and treatment.

CONCLUSION

It is our hope that the clinician will find in these articles clear, practical information and strategies useful for collaborating with their colleagues in developing dysphagia programs and helpful as they work with children from culturally and linguistically diverse backgrounds. Furthermore, it is our hope that this forum will motivate future research on dysphagia in the schools.

REFERENCES


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