

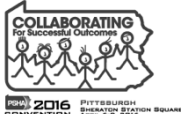
Protocols for Oral Feeding Programs in the School

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ASD Roadmap



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OUR OBJECTIVES

What we will review

- Understand the indicators of the need for a feeding assessment
- Prepare for and conduct an initial feeding assessment
- Design treatment and assemble a team
- Ways to anticipate the severity of feeding problems
- Our focus: School-based Speech Language Pathologists

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OUR OBJECTIVES

What we want you to take away

- You can and should identify children with feeding problems in the school
- You can create a plan that identifies
 - Which assessment and treatment is assigned to which professional
 - When to recommend a swallow assessment conducted by a medical professional
 - When a behavior specialist may help
- You need to understand the experience and role of parents

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BACKGROUND
ASHA Code of Ethics I- Rule K

- “Individuals shall evaluate the effectiveness of services rendered and of products dispensed and shall provide services or dispense products only when benefit can reasonable be expected”

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BACKGROUND
ASHA Code of Ethics IV – Rule B

- “Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative mandate, referral source, or prescription prevents keeping the **welfare of persons served paramount**”

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BACKGROUND
History of Feeding Protocol

- Developed 2001-2002
- Implemented 2002-2003
- Acknowledgement: Judy Hengst and staff at Bucks County IU#22 for the development of Feeding Protocol described here

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BACKGROUND
ASHA Guidelines (2007)

- *Guidelines for Speech-Language Pathologists Providing Swallowing and Feeding Services in Schools*
– www.asha.org/policy

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BACKGROUND
Medical Model

- Clinic
- Structured/Isolated Setting
- Specific to parents

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BACKGROUND
Educational Model

- Educational relevance
- Developmentally appropriate
- Whole team responsible

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Knowing What Questions To Ask

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INDICATORS

Swallowing Dysfunction

- Frequent episodes of gagging, coughing, choking during drinking/eating
- Difficulty managing saliva
- Gurgley voice after drinking/eating
- Frequent respiratory infections
- Swallowing food whole

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INDICATORS

Swallowing Dysfunction


- Frequent vomiting
- Leakage of liquid from the nose or mouth
- Over reaction or no reaction to liquid/food in or around the mouth
- Unusual head/body movements during drinking/eating

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INDICATORS

Aspiration


- History of low grade fever
- Frequent upper respiratory infections
- Wet vocal quality
- Coughing and sputtering
- Poor tongue mobility and control



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Request for Oral Motor Feeding Evaluation

- Introduction of new textures/ developmental eating/drinking issues
- Questions regarding the child's physical well-being
- Documentation of progress/lack of progress




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PREPARATION

Parent Letter


- Addresses the need for an assessment
- Places the responsibility on the parent to forward the form to physician
- Asks permission to consult with the physician
- Does not determine the need for treatment prior to evaluation



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PREPARATION Release/
Exchange of Information


- Name/phone number for various doctors
- Reports
- Phone conversation



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PREPARATION
Doctor Letter

- Intent to support child in his/her educational setting
- Relevance of feeding in education
- Oral motor assessment and intake of food
- Forward pertinent medical documentation




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PREPARATION
Medical Information



- Diagnosis
- Precautions
- Medications
- Comments
- Check to proceed or not proceed
- Physician signature and information



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ASSESSMENT
Developmental Milestones

- Maintain a Developmental Sequence

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ASSESSMENT
Oral Motor Assessment

- History--family, birth, feeding
- Current diet/eating habits
- Feeding Assessment--posture, endurance, cognition, behavior
- Oral Peripheral/Speech

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ASSESSMENT
Atypical/Compensatory Skills

- Weak suck
- Tongue thrust
- Tongue retraction
- Jaw thrust
- Tonic bite

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ASSESSMENT
Persisting Infantile Oral Reflexes

- Rooting
- Mouth opening
- Phasic-bite release
- Suckle

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ASSESSMENT
Observe Eating & Drinking

- Positioning (Supported/Adaptations)
- Utensils (Bottle, Spoon, Straw, Cup)
- Texture (Thin/Thick Liquid; Puree, Dissolving, Soft/Hard Solid)

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ASSESSMENT
Could a Behavior Specialist help?

- Can they identify and address behavioral issues that complicate feeding programs
 - No, if oral-motor coordination, swallowing, and aspiration explain difficulties
 - Yes, if behavioral problems emerge in addition to the above to complicate assessment and treatment
 - Sometimes behavioral problems alone explain difficulties (e.g., food refusal without indicators of oral motor coordination, etc.)

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ASSESSMENT

What is a behavior specialist?

- By behavior specialist, we mean
 - Behavior analyst
 - Psychologist trained in behavioral assessment and intervention
- Other important qualifications
 - Must have specific training or experience in developmental or physical disabilities
 - Must embrace multi/transdisciplinary teamwork, and to work collaboratively

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ASSESSMENT

Assessing Avoidance and Escape

- One behavioral function; to avoid or escape from an undesired stimuli
 - May signal difficulty or discomfort with feeding
 - If there is a history of difficulties leading to gagging, could be in response to real fear
 - Even if difficulty has been addressed, fear of feeding still must be overcome

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ASSESSMENT

Assessing Avoidance and Escape

- Consider possible sources of fear and discomfort; what might the child be trying to escape from
- Do these signal current swallowing difficulties?
 - Can you adapt SDI to reduce these
 - Are there other compensatory skills you can build?

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ASSESSMENT
Assessing Avoidance and Escape

- Are these just left over from a history of feeding difficulties?
 - Make sure that there is lots of reinforcement for successful feeding
- Does the child want to end the session quickly because something fun happens afterwards?
 - Whenever possible, always end with a success, even if you have to adjust criteria

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ASSESSMENT
Assessing Gains in Attention

- Consider what kind of attention children might be responding to?
 - Eye contact
 - Volume / Tone of voice (even a negative one)
 - Proximity and touch (like a prompt)
- It is very easy to give attention without intending too

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ASSESSMENT
Should a VFSS be recommended?

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ASSESSMENT

The Report

- Referral made
- Medical Clearance
- Release/Exchange of Information
- Permission to evaluate/re-evaluate
- Review of pertinent information
- Feeding Assessment




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ASSESSMENT

The Report: The Feeding Protocol

- Findings and recommendations in ER/ RR
- Information included in IEP
- Feeding plan developed and attached to IEP
- Issue NOREP
- Copy of relevant information to child's doctor
- Annual medical clearance




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INTERVENTION

Guidelines for Implementation


- Establish consistent, safe feeding techniques to manage dysphagia
- Prepare for the next level of feeding experiences.



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INTERVENTION
Goals and objectives


- Parent Friendly
- Simple language
- Measurable and doable



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INTERVENTION
Specially Designed Instruction


- Methods
- Adaptations
- Modifications



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INTERVENTION
Services

- Who provides the service?
- Where are they included on an IEP?



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INTERVENTION
Interdisciplinary Roles

- Speech/Language Pathologist
- Occupational/Physical Therapist
- Teacher
- Behavior Specialist?
- NOT Feeding Therapist/Therapy

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INTERVENTION
Speech Pathologist


- Oral Motor
- Swallowing
- Articulatory Control
- Voice



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INTERVENTION
Occupational Therapist

- Sensory
- Positioning
- Adaptive Equipment
- Self-feeding



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INTERVENTION

Teacher

- Manage behavioral feeding issues with input from SLP/OT
- Follow strategies and specially designed instruction
- Manage daily feeding

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INTERVENTION

Behavior Specialist

- They can help to best use reinforcement
- Setting up sessions to address the function identified for the behavior
 - Attention: Catch them being good; Actively ignoring program behavior
 - Escape: Create accommodations that eliminate reasons to escape; end on a positive

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INTERVENTION

Behavior Specialist

- They can help create data collection systems
 - Detailed definitions improve the data collected
 - Summarizing and graphing data can help to identify patterns and make decisions
 - For children whose progress is inconsistent or slow, good data can tease out different factors

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INTERVENTION
Behavior Specialist

- They can shape protocols to increase fidelity, uptake, & impact
 - Detailed protocols should be the first response when children do not progress
 - Specialists are sensitive to how behaviors may vary between staff if not properly defined
 - Protocols to address escape/attention-related behaviors work better when consistently delivered
 - Teachers, assistants, and parents need lots of specific guidance

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INTERVENTION
Behavior Specialist

- Psychologists can help understand and address anxieties around feeding
 - Parents: Will he get better?
 - Child: Identifying and decreasing / circumventing anxiety triggers
- Can a behavior specialist be supported via wraparound? A case can be made...
 - If it is framed as addressing a behavioral not a "habilitation" need
 - Under autism insurance, wraparound for habilitation is permitted
 - Best way to provide in-home coaching?

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PARENTS
Understanding their experience

- They become alienated by the jargon of education and medicine
- Do they have a kind of PTSD?
 - New information about their child can remind them of lost hope/dreams

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PARENTS
Understanding their experience

- Trust is based on accumulation of previous encounters with professionals
 - Uncooperative parent? What has been their experience with professionals in the past
- Together, this could lead parents to misinterpret the results of a VFSS
 - And why you should have the report in hand before you act!

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PARENTS
Understanding their role

- Parents must be full partners in the decision regarding assessment and treatment
 - But unless you take special precautions, most parents will become lost in the process
- Parents can have a lot more flexibility than teachers in implementing programs
 - When and where the feeding will be conducted
 - Controlling distractions and reinforcement

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PARENTS
Understanding their role

- Parents are the primary interventionists
 - They will ultimately implement 75% of any feeding session
- Barriers to involving parents
 - Lack of specific training and coaching
 - Time required to bring child to doctor's appointments
 - Time required to attend IEP and other school meetings (including travel if on site)

For more information

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