

Clinical Forum

Epilogue

Managing Dysphagia in the Schools

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The subject of this clinical forum was the dynamic interaction of disability and site, in this instance, pediatric dysphagia and the school setting. This is a relatively recent convergence in speech-language pathology, with the inevitable tensions for clinicians and scientists in gaps in knowledge, new procedures, and shifting professional collaborations. The articles in this forum provide information that is specific to this convergence; however, the reader may find that many of the themes and much of the information have relevance beyond this particular focus.

The clinical forum on managing dysphagia in the schools provides the reader with practical strategies for successful treatment outcomes. The speech-language pathologist (SLP) who provides

services to school-age children with swallowing and feeding problems from culturally and linguistically diverse backgrounds will face challenges that require open communication among the many participants in the process. Readers will find a wealth of relevant and practical information to enrich their practice and stimulate their interest in this growing area of speech-language pathology.

Power-deFur and Alley provided the reader with information regarding best practices as indicated by legislative mandates and case law. It is a challenge to meet the needs of school-age children within the school setting. Lefton-Greif and Arvedson emphasized that this is especially so for children with medically complex conditions; SLPs need to collaborate with other professionals outside of the schools.

Swallowing and feeding assessment and intervention strategies can be impacted by families' cultural values, beliefs, and practices. It is important that clinicians validate the family's beliefs as they relate to the clinical intervention program for children with dysphagia. Open communication in this area can prevent miscommunication and problems later in the clinical process. As Davis-McFarland indicated, an "appreciation for cultural dynamics can facilitate better evaluation and intervention planning" (this issue, p. 211).

Sheppard reminded us of the need to balance health and safety with educational goals as we advance the skills of school-age children with swallowing and feeding problems. It is important to consider motor learning capabilities for these students as intervention goals and strategies are selected.

McKirdy, Sheppard, Osborne, and Payne provided an excellent overview of issues and considerations for transitioning from tube to oral feeding within the context of a school setting. This is a challenging endeavor but one that can be successful with careful planning and clear communication among all persons involved in the process at school and the family members.

ABSTRACT: Purpose: This epilogue summarizes the contribution of the articles in the clinical forum, "Managing Dysphagia in the Schools" and discusses future trends in pediatric dysphagia and the need for clinical practice and research.

Method: The contribution of each of the 10 articles that make up the forum is summarized briefly.

Conclusion: This clinical forum provides a discussion of numerous issues that need to be considered by clinicians working with children who exhibit swallowing and feeding problems and their families in school settings. Current and future challenges exist for clinicians, children, and families dealing with dysphagia. Discussion of current issues and strategies for successful treatment outcomes are provided.

KEY WORDS: pediatric, dysphagia, swallowing and feeding disorders, school-based service delivery, assessment, intervention

Huffman and Owre provided the reader with specific ethical considerations for the SLP. Their survey results highlight the challenges and needs of practitioners in the school setting.

Homer offered the reader an opportunity to read about a model dysphagia program that has worked in a large public school district. Although this model has been in existence for 10 years and has worked well for the SLPs and the children and families they serve, Homer discusses other options for districtwide models.

The family is a critical component to the successful outcomes of working with children with dysphagia in school settings, and Angell, Bailey, and Stoner highlighted the nature of these challenges.

O'Donoghue and Dean-Claytor provided a survey that highlights challenges, opportunities, and training issues that SLPs working in school settings face when meeting the needs of school-age children with swallowing and feeding problems.

Children who have been diagnosed with autism spectrum disorder exhibit several behavior issues related to swallowing and feeding. Twachtman-Reilly, Amaral, and Zebrowski highlighted some of the challenges that SLPs and families face in meeting the needs of children with swallowing and feeding problems coupled with sensory and behavioral issues.

As this forum elaborates on the themes that were introduced by Logemann and O'Toole (2000) and responds to current clinical and research concerns, we would expect that a future clinical forum on this topic will further advance our knowledge, skills, and capabilities for the management of pediatric dysphagia in school settings. Articles in this forum provide us with a glimpse of the future by highlighting relevant issues for further research and clinical consideration. Certainly there is a need to keep up with changes over time that may cause us to reexamine legislative, programmatic, financial, and ethical issues that are specific to the convergence of dysphagia management in schools. We anticipate that the articles in this issue will motivate research that will further inform us regarding preservice and continuing education, parent education and collaboration in the school program, cross-cultural influences, collaboration between the school-based team and medical providers, educationally relevant and appropriate treatment strategies, and special management considerations for specific populations. We look forward to reading the next clinical forum on dysphagia in the schools for an update, some answers and, inevitably, more questions.

SLPs who work with children who exhibit swallowing and feeding problems in school settings face unique challenges and unique and rewarding opportunities. Although there is a continued need for additional research in successful treatment strategies for children with dysphagia and methods to achieve desired outcomes in school-based settings, there have been successes for children and their families. SLPs are critical to these successful outcomes.

REFERENCES

- Angell, M. E., Bailey, R. L., & Stoner, J. B. (2008). Family perceptions of facilitators and inhibitors of effective school-based dysphagia management. *Language, Speech, and Hearing Services in Schools, 39*, 214–226.
- Davis-McFarland, E. (2008). Family and cultural issues in a school swallowing and feeding program. *Language, Speech, and Hearing Services in Schools, 39*, 199–213.
- Homer, E. M. (2008). Establishing a public school dysphagia program: A model for administration and service. *Language, Speech, and Hearing Services in Schools, 39*, 177–191.
- Huffman, N. P., & Owre, D. W. (2008). Ethical issues in providing services in schools to children with swallowing and feeding disorders. *Language, Speech, and Hearing Services in Schools, 39*, 167–176.
- Lefton-Greif, M. A., & Arvedson, J. C. (2008). Schoolchildren with dysphagia associated with medically complex conditions. *Language, Speech, and Hearing Services in Schools, 39*, 237–248.
- Logemann, J. A., & O'Toole, T. J. (2000). Prologue: Identification and management of dysphagia in the public schools. *Language, Speech, and Hearing Services in Schools, 31*, 26–27.
- McKirdy, L. S., Sheppard, J. J., Osborne, M. L., & Payne, P. (2008). Transition from tube to oral feeding in the school setting. *Language, Speech, and Hearing Services in Schools, 39*, 249–260.
- O'Donoghue, C. R., & Dean-Claytor, A. (2008). Training and self-reported confidence for dysphagia management among speech-language pathologists in the schools. *Language, Speech, and Hearing Services in Schools, 39*, 192–198.
- Power-deFur, L., & Alley, N. S. N. (2008). Legal and financial issues associated with providing services in schools to children with swallowing and feeding disorders. *Language, Speech, and Hearing Services in Schools, 39*, 160–166.
- Sheppard, J. J. (2008). Using motor learning approaches for treating swallowing and feeding disorders: A review. *Language, Speech, and Hearing Services in Schools, 39*, 227–236.
- Twachtman-Reilly, J., Amaral, S. C., & Zebrowski, P. P. (2008). Addressing feeding disorders in children on the autism spectrum in school-based settings: Physiological and behavioral issues. *Language, Speech, and Hearing Services in Schools, 39*, 261–272.

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