



Dysphagia in Adults with Intellectual and Developmental Disabilities: *Exercises, Prompts, and Case Study*

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May 6th, 2020 8:30 PM

Future Colleague Collaborative



Exercises

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The next few slides are devoted to exercising one of your best tools:

Clinical Language

How you say something can be just as important as *what* you are saying.

Take time to consider the commonly used words on the following slides and how they are used in a clinical context. Think about how phrasing and word choice can affect how your findings are interpreted.

Speech Speak

What does “normal” mean?

What does “typical” mean?

What does “functional” mean?



“Normal”



1. Functioning or occurring in a natural way; lacking observable abnormalities or deficiencies.
2. Occurring naturally and not because of disease, inoculation, or any experimental treatment. Used of immunity.
- ...
4. Relating to or characterized by average intelligence or development.

“Abnormal”

Negative and pejorative connotations of this word may render it offensive in some contexts.

1. Not normal; differing in any way from the usual state, structure, condition, or rule.
2. Synonym(s): deviant

“Functional”



1. Pertaining to or fulfilling a function.
2. Affecting the function but not the structure.

“Dysfunction”

1. Abnormal or impaired functioning of a bodily system or organ.
2. Failure to achieve or sustain a behavioral norm or expected condition, as in a social relationship.

“Typical”



Having the characteristics of, pert. to, or conforming to a type, condition, or group.

“Atypical”

Denotes the unexpected or unanticipated; not corresponding to the normal form or type.

Clinical Language

— *Look at each pair of statements and consider the following:*

- *What is the difference between subjective and objective statements?*
- *How are the statements different?*
 - *How do they portray skills and behaviors differently?*
 - *Do the statements imply different findings? Different presentations?*

“Can” vs. “Do”

- Patient can not protrude their tongue with verbal instruction and modeling
- Patient did not protrude their tongue with verbal instruction and modeling

Direct Quotes vs. Indirect Quotes

- Direct Quote: Patient reported “I choke on my sandwich during lunch”
- Indirect Quote: Patient chokes on their sandwiches during lunch time.

Objective vs. Subjective

- Objective: The patient was observed to tilt their head back during oral stage with puree bolus
- Subjective: The patient tilted their head back to assist in AP transit of the bolus

Clinical Language

“Can” vs. “Do”

- Patient can not protrude their tongue with verbal instruction and modeling
This is a statement about ability and can be interpreted as the patient lacks this skill.
- Patient did not protrude their tongue with verbal instruction and modeling
This is a statement about what was observed given a set of conditions.

Direct Quotes vs. Indirect Quotes

- Direct Quote: Patient reported “I choke on my sandwich during lunch”
This is a direct quote from the patient and is not presented as accurate or inaccurate.
- Indirect Quote: Patient chokes on their sandwiches during lunch time.
This is an indirect quote summarizing what a patient said. It now states an event and its frequency and presents it as a confirmed problem.

Objective vs. Subjective

- Objective: The patient was observed to tilt their head back during oral phase with puree trial
This describes what the clinician observed during a VFSS and does not interpret the behavior as purposeful or idiosyncratic (correlation).
- Subjective: The patient tilted their head back to assist in AP transit of the bolus
This describes and ascribes agency to a behavior. This assumes an action was performed to achieve a specific outcome (causation).

What would you want on *your* mealtime guideline?

| | | |
|---|--------------------------------|-----------------------|
| Frequent meal location: _____ | NAME: _____ NICKNAME: _____ | Evaluating SLP: _____ |
| Food Allergies: _____ | Liquids: _____ | Solids: _____ |
| Methods: <ul style="list-style-type: none">• _____• _____• _____• _____ | | |
| Equipment: _____ | | |



Prompts

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The “**Pizza Prompt**” is a fun activity you can do by yourself or with others to explore how a simple meal has a variety of components to it. When assessing feeding and swallowing issues, it’s important to acknowledge factors outside of anatomy and physiology. Consider your own personal preferences, cultural experiences, and habits when it comes to eating pizza* and how you may differ greatly from another person. Do those differences make one way right and one way wrong?

The “**Crip Camp**” **Prompts** are some topics and questions to consider as you are watching the movie.

**If you don't like pizza, think about another popular food or interview someone with strong opinions about pizza*

Pizza Prompt

Examples for answering Who, What, When, Where, Why, and How?

What kind of pizza do you love? What kind of pizza do you hate?

- **Style:** Neapolitan, Chicago, New York, Sicilian, Greek, California, Detroit, St. Louis, New Haven
- **Toppings:** tomato sauce or gravy, cheese, vegetables, herbs, spices, meat, seafood, fruit
- **Texture:** chewy, stringy, melty, oily, crunchy, crispy, thin, thick, soft, mushy, hard, mixed consistency
- **Temperature:** hot, burn-anterior $\frac{2}{3}$ -of-my-palate hot, room temperature, cold, frozen
- **Volume:** one bite, two bites, until I say “stop”, the entire slice, an entire pie
- **Taste:** saucy, cheesy, spicy, bland, regional cuisine flavors, burnt

How do you eat pizza? Folded in half, biting it in a chin tuck while it's on the plate, using a fork and knife, while talking, using a spoon, cutting into small pieces first then using my fingers, being fed by utensil, being fed so I can bite it, feeding myself with hand-over-hand assistance, alternating liquids and solids, coughing after each swallow

Where do you eat pizza? At home, at a party, at a restaurant, at the residential facility, in my bed

When do you eat pizza? Breakfast, second breakfast, lunch, dinner, snack, never, during speech therapy

Who do you eat pizza with? Alone, with friends, with family, with my speech therapist only, with a CNA, with the nurse, with a stranger with a clipboard staring at me

Pizza Prompt

| Pizza Traits | The BEST is... | The WORST is... |
|--|----------------|-----------------|
| Style <i>(Neapolitan, Chicago, New York, Sicilian, Greek, California, Detroit, St. Louis,...)</i> | | |
| Toppings <i>(tomato sauce or gravy, cheese, vegetables, herbs, spices, meat, seafood, fruit,...)</i> | | |
| Texture <i>(chewy, stringy, melty, oily, crunchy, crispy, thin, thick, soft, mushy, mixed consistency,...)</i> | | |
| Temperature <i>(hot, burn-anterior 2/3-of-my-palate hot, room temperature, cold, frozen,...)</i> | | |
| Volume <i>(one bite, two bites, until I say "stop", the entire slice, an entire pie,...)</i> | | |
| Taste <i>(saucy, cheesy, spicy, bland, regional cuisine flavors, burnt,...)</i> | | |
| How do you eat it? <i>(Folded in half, biting it in a chin tuck while it's on the plate, using a fork and knife, while talking, cutting into small pieces first then using my fingers,...)</i> | | |
| Where? <i>(At home, at a party, at a restaurant,...)</i> | | |
| When? <i>(Breakfast, lunch, dinner, snack,...)</i> | | |
| With whom? <i>(no one, with a friend, with a big group, with family,...)</i> | | |
| Additional traits or comments | | |



“Crip Camp” Plug and Prompts

“Down the road from Woodstock, a revolution blossomed at a ramshackle summer camp for teenagers with disabilities, transforming their lives and igniting a landmark movement.” - Netflix

- Language and terminology
- Institutions
 - The role and perception of institutions
 - De-institutionalization
- Discrimination
- Technology
 - How has technology changed since the footage was filmed?
 - Ex: wheelchairs, AAC
- Accessibility
- Medicalization of disability
- Inclusion and exclusion
- Relationships
 - Relationship between the person with disabilities and their caregiver
 - Romantic relationships
 - Relationships between the person with disabilities and society
- Politics
 - Civil Rights and Disability Rights



Case Study

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You'll notice there are no diagnoses included.

You're welcome.

Case Study

Laurie is in her 50s and self-propels in her wheelchair throughout her residence. She feeds herself sandwiches, fries, cookies, crackers, toast, waffles, cucumber slices, cherry tomato slices, and other food items. At times, Laurie picks up large amounts of food at a time to feed herself. She does not use any utensils during meals and her mother reports that she never used them even as a child. Laurie often drops utensils and reaches for the food with her fingers after showing signs of frustration if they are handed to her. She has a history of a choking incident on a peanut butter jelly sandwich 5 years ago. Laurie is described as social but occasionally stubborn by staff that know her well. She enjoys the company of others.

- What information would you want to know in addition to that provided?
- What next steps and recommendations might you make...?
 - At her residence, quarterly or yearly evaluation
 - At your hospital, if admitted with signs of respiratory distress
 - At your hospital, if admitted with altered mental status
- How might a downgraded diet affect her independence?



Contact Information

Feel free to reach out!

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