



Consistency Modifications for Students with Modified Diets

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Serving Children with Modified Diets in North Carolina School settings

This important process ensures proper consistency modification of food or liquid to help achieve or maintain optimal nutrition intake while reducing the risks of complications for students with disabilities. To optimally serve students with modified dietary needs it is essential that the SLP collaborate with instructional staff, child nutrition workers, school nurses, therapists, community providers, school administrators, and the student's family and peers. This multidisciplinary approach facilitates adequate accommodations while meeting the child's nutritional and emotional needs.



The School-based SLP and Dysphagia

According to Arvedson, 2000, speech-language pathologists are encountering a growing number of children who require modified diets and dysphagia management.

A national survey conducted jointly by ASHA's Special Division 13 (Swallowing and Swallowing Disorders) and Special Division 16 (School-Based Issues) reported that 35% of SLPs practicing in the schools serve students with dysphagia (Owre, 2006). Given this information, it is important that the school-based SLP understand their role in dysphagia management.

The Goals of Modified Food Service

- Prepare and serve consistent and reliably texture-modified foods and thickened beverages
- Produce and serve acceptable and aesthetically appealing texture-modified foods and thickened liquids
- Produce and serve texture-modified beverages and foods with adequate nutritional content

Mechanical Soft and Pureed Foods Served in Schools



References

- Dahl, W. J. (2008). *Modified Texture Food Production: A Manual for Patient Care Facilities*, 2nd Edition. Dietitians of Canada.
- O'Donoghue, C., & Dean-Clayton, A. (2008). Training and self-reported confidence for dysphagia management among speech-language pathologists in the schools. *Language, Speech & Hearing Services in Schools*, 39(2), 192-198.
- NCDPI. "Accommodating Students with Special Dietary Needs." 2011
- National Dysphagia Diet: What to Swallow?. (2003). *American Speech-Language-Hearing Association / ASHA*. Retrieved March 18, 2012, from <http://www.asha.org/Publications/leader/2003/031104/f031104c.htm>

Roles and Responsibilities

ASHA outlines the roles and responsibilities of the school-based SLP in working with dysphagia:

- Provide information and guidance to students, families, and caretakers regarding the nature of swallowing and swallowing disorders.
- Consult and collaborate with medical providers throughout planning and intervention.
- Train caregivers and educational staff on safe eating and swallowing techniques.
- Instruct families, caregivers, and educators on the social-emotional relationship between feeding/swallowing and educational success.
- Facilitate the student's ability to efficiently chew and swallow more safely and more efficiently.
- Integrate swallowing function intervention with communication function intervention.

Food Consistency Modification Levels

Published in 2002 by the American Dietetic Association, to establish standard terminology and practice applications of dietary texture modification in dysphagia management:

- NDD Level 1:** Dysphagia-Pureed (homogenous, very cohesive, pudding-like, requiring very little chewing ability).
- NDD Level 2:** Dysphagia-Mechanical Altered (cohesive, moist, semisolid foods, requiring some chewing).
- NDD Level 3:** Dysphagia-Advanced (soft foods that require more chewing ability).
- Regular:** All foods allowed.



Chicken Nuggets: Modification Levels



Puree Chicken Nuggets: NDD Level 1



Mechanical Altered Chicken Nuggets: NDD Level 2



Regular Chicken Nuggets