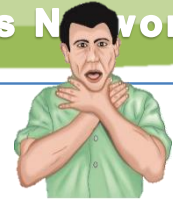




Nut Butters and Choking Risk



Choking occurs when an object, whether food or a foreign body, is stuck in the airway. This can be a partial or complete obstruction. Choking is always a medical emergency!

Individuals with intellectual and developmental disabilities (IDD) are more likely to have a chronic condition which affects their ability to chew and swallow safely, which also increases their risk for choking. Caregivers and staff who do not notice difficulty swallowing (dysphagia), and those who do not follow diet modification orders (4) may put individuals at a higher risk for choking events.

High-risk foods such as nut butters, should be avoided for individuals with difficulty swallowing and those with any of the following conditions (5):

- physical abnormalities (high-arched palate, cleft palate, under-developed jaw, etc.)
- Drooling - may be a symptom of difficulty swallowing.
- Poor oral health.
- Poor oral motor function.
- Tongue dysfunction/weak tongue movement.
- Poor gag reflex.
- Neurological or neuromuscular dysfunction.
- Poor positioning.
- Poor coordination of breathing and swallowing.
- Behaviors such as food stuffing, eating too quickly, not chewing food properly, excessive movement while eating, PICA.
- Swallowing food whole and/or without chewing.
- Gastroesophageal Reflux Disease (GERD).
- Seizure disorders.
- Psychotropic medications or polypharmacy, (which causes dry mouth, tardive dyskinesia, and sleepiness).
- History of strangling episodes while drinking liquids.
- Previous choking episodes.

Many individuals with IDD may have a reduced sensation within the mouth, and may not realize food pieces may remain in the mouth after swallowing (1).

In a study of nine semi-solid food textures, peanut butter was the most difficult food to swallow requiring more muscle strength and tongue coordination. Peanut butter can also leave a coating on the tongue and may cause pieces of food to stay within the mouth (3).

Carefully following diet modifications (recommended by a Speech and Language Pathologist and ordered by the individual's PCP), can reduce an individual's risk of choking.

The **IDDSI Framework** for diet modifications can serve as a reference. The IDDSI publishes an "AVOID" Food List for each level of diet modification.

https://www.iddsi.org/IDDSI/media/images/ConsumerHandoutsAdult/Consumer_Handouts_for_Adults_All_Levels.pdf

The IDDSI Framework

Providing a common terminology for describing food textures and drink thicknesses to improve safety for individuals with swallowing difficulties.



© The International Dysphagia Diet Standardisation Initiative 2019 @ <https://iddsi.org/framework/>
Licensed under the Creative Commons Attribution Sharealike 4.0 License <https://creativecommons.org/licenses/by-sa/4.0/legalcode>.
Derivative works extending beyond language translation are NOT PERMITTED.

App of the Month



The "Choking" app is designed to help in situations when food or other objects are obstructing the airway. The app can broadcast a recorded help message and send a pre-written text messages with your location information to first responders. The app contains helpful information on how to handle different types of choking situations. Reference materials and images are from the Mayo Clinic and National Institute of Health websites (App of the Month is not endorsed by DBHDS Office of Integrated Health. User accepts full responsibility for utilization of app).

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September 2022

Office of Integrated Health
Health Supports Network



ABA Snippets ...

Writing Behavioral Objectives

Unambiguous treatment goals/objectives are paramount in establishing the criterion for success of a learning intervention. Objectives that target human behaviors must be observable and measurable, describe what the learner will do, be relevant to the individual, appropriate in their breadth, and sufficient in depth (1). The SMART acronym may be useful to readers that are responsible for writing objectives that involve human performance to ensure they are specific, measurable, achievable, relevant, and time-bound (3). In formulating objectives, the writer must examine the resources and data collection methods available to measure performance towards said objectives. Determinations about achievement cannot be made without an observable behavior being performed and associated measurement that captures that observable behavior (2) (5).

Consider the following objective:

By September 2024, John Doe will reduce his frequency of self-injurious behavior (as operationally defined in his behavior plan) to no more than five instances per month across three consecutive months.

In consideration of the above objective, assume that the baseline level of John Doe's self-injurious behavior was eight instances per month during a three-month baseline period. The above objective would align with SMART criteria, as it meets the following:

- 1) It is specific to a targeted behavior for reduction by naming it and referencing an operational definition.
- 2) It is measurable as it notes that the dimension of behavior is frequency.
- 3) It is within the realm of achievability based on baseline levels.
- 4) It is relevant to the person's needs given the baseline levels determined (additionally, reduction of self-injurious behavior would be considered by most to be socially significant).
- 5) It is time-bound as it notes by when this touchstone must be achieved (September 2024) and for how long the performance must be in place for it to be achieved (a three consecutive month period).

Beyond penning well-crafted objectives, those with this responsibility must integrate a person-centered approach to determine what is important both to and for the person by incorporating the individual and key stakeholders in the objective/goal/outcome selection process (4). Readers may contact DBHDS to access resources, provide feedback, and learn more about these efforts via the following: nathan.habel@dbhds.virginia.gov

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Community Nursing Leader - Region 5

The Office of Integrated Health – Health Supports Network (OIH-HSN), in collaboration with community provider agencies, hosts a regional nursing meeting each month in all five regions of the Commonwealth.

Each region has a volunteer Community Nurse Leader who serves as a bridge between the community and DBHDS. Each region of the Commonwealth is unique with its own care challenges.

The Community Nurse Leaders share their experiences, knowledge, and serve as mentor for other community nurses. They are a good source for networking as fellow healthcare professionals, and are active participants in the regional nursing meetings, offering up vital topics of discussion or concern within their regions.

Region 5 in southeast Virginia is the most populated, diverse and environmentally separated region in the Commonwealth. It is comprised of a variety of metropolitan, suburban, and rural communities along with numerous waterways presenting a number of different care challenges for the communities.

There are 9 cities and 19 counties, two of which are split off by the Chesapeake Bay. The region's northern most county starts at Westmoreland, then extends down south to the city of Virginia Beach. The region's eastern border includes part of James City and the city of Williamsburg.

The Region 5 Community Nurse Leader is Marcia A. Lindsay-Brothers BSN, RN, QIDP. She is currently working for Chesapeake Integrated Behavioral Healthcare, Highlands Place.

Marcia graduated from North Carolina Agricultural and Technical State University, Greensboro, NC with her nursing degree. She has been nursing for over 36 years in various fields including Medical/ Surgical, Psych Units, ICU/PCU, Unit Manager, and Staff Development Educator. She has been working for 6 1/2 years exclusively to IDD population.

She always wanted to teach or be a Nurse growing up, and feels very blessed to have had the opportunity to do both during her career. Marica holds a certificate in Health Service Management, and is a certified Medication Aide Trainer.

Marica has been a widow since 2018, has one adult daughter and two grandchildren. She is a dog lover, but currently does not have one. In her spare time, she is active as a volunteer with the Outreach Community Ministry, and American Legion Auxiliary.

The OIH-HSN would like to take this opportunity to thank Marica Lindsay-Brothers for her many years of service as a Registered Nurse in the Commonwealth and for her willingness to act as the OIH-HSN Community Nursing Lead for Region 5. Thank you!