



# Dysphagia:

## Following a Modified Diet

By Tom McGinniss

Dysphagia—a condition that affects so many people yet is rarely spoken about.

As one of the most commonly diagnosed swallowing disorders, dysphagia affects an estimated 9.4 million Americans. Each year, approximately 1 in 25 adults will experience a swallowing problem in the United States, and nearly one-half of people older than 60 will be affected by the disorder.

Several diseases and disorders, including stroke, Parkinson’s or Alzheimer’s disease, amyotrophic lateral sclerosis, multiple sclerosis, or even a brain or spinal cord injury, can affect one’s ability to swallow. Adding to the underlying disorder, dysphagia brings its own set of potential complications such as dehydration, malnourishment, and aspiration of food and liquids into the lungs.

Understanding how to create a modified diet for those with swallowing disorders is truly a matter of survival. When a person has dysphagia, their swallowing process does not function properly. Consuming texture-modified foods and thickened beverages allows more time for a successful swallow, which in turn can aid in proper nutrition and overall wellness.

The goal of a modified diet is to provide a safe, nutrient-rich mealtime experience for patients using foods and drinks that are easy to swallow, look appealing, and taste good.

A few important issues make adherence to a modified diet challenging for some. First, some of the food and beverage choices are unpalatable, and when taste and appearance are unappealing, one’s appetite can vanish. Coupled with that, many individuals with swallowing disorders are embarrassed by their condition. As a result, they opt to eat alone or rush through meals. Unfortunately, they often avoid eating altogether, which can lead to weight loss, malnutrition, and even depression.

These effects on confidence and dignity severely damage one’s quality of life. With recent innovation, this is changing. For example, the quality, versatility, and variety of products made for safer swallowing has improved im-

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## Social Work CEUs



- Minimum of 27 hours of continuing education required every two years.
- The two year period begins January 1 of each odd-numbered year and ends December 31 of the next even-numbered year. (Current Period: January 1, 2019-December 31, 2020)
- A minimum of three hours in social work ethics which must meet the *Rules of Conduct* which includes such things as *informed consent, competence, privacy and confidentiality, access to records, dual relationships and conflicts of interest, and sexual relationships.*
- A maximum of 12 hours for independent study courses.
- Those who regularly examine, attend, counsel, or treat dependent adults must complete 2 hours of training within six months of employment or self-employment, unless otherwise specified by federal regulations, and requires one hour of additional training every 3 years. (all valid mandatory reporter training certificates issued prior to July 1, 2019, remain effective for 5 years.)
- Those who serve in a supervisory role must complete 3 hours of continuing education in supervision.
- The licensee should maintain a personal file with all documentation of the continuing credits obtained.

For more information visit:

<https://idph.iowa.gov/Licensure/Iowa-Board-of-Social-Work/Laws-and-Rules>

<https://www.legis.iowa.gov/docs/ACO/chapter/645.282.pdf>

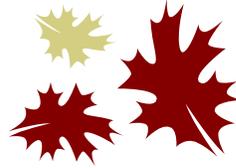
<https://www.legis.iowa.gov/docs/iac/rule/04-11-2018.645.281.2.pdf>

~ Submitted by Ceci Johnson



## Dysphagia ~ Continued

Continued from Page 1



mensely. There's a greater focus on solutions that provide nutrition and health benefits and offer flavor, convenience, practicality, portability, and flexibility.

Further, professionals in our industry are making great strides in establishing common expectations for food and beverage characteristics through the International Dysphagia Diet Standardization Initiative (IDDSI). This global effort to promote standardized, common-language terminology for texture-modified foods and thickened liquids aims to make dining safer and easier to administer for caregivers, patients, and manufacturers alike.

Navigating the challenges presented by dysphagia can be daunting. Consider the following tips:

- Learn to recognize the signs of someone who might be experiencing dysphagia, such as choking when eating, coughing or gagging when swallowing, pain while swallowing, or drooling, among others.
- Educate yourself on the products (such as pre-thickened beverages, purées, and food and beverage thickeners) that are available and how they can specifically help a patient suffering from dysphagia.
- Take time to understand a patient's likes and dislikes to better determine the best menu options for them. When you have an understand-

ing of what they like, it's easier to customize a modified diet specifically for them—and it may increase their compliance with the modified diet, as well.

- Make sure that the products you recommend are IDDSI compliant. As the new guidelines are implemented (May 2019 was the US adoption date) by facilities, manufacturers, and organizations, it will be important to follow them for consistency across all food items.
- Explore professional resources for best practices, especially for encouraging consumption—adding warm bouillon made from thickened water to the dinner menu, or a frozen popsicle made from prethickened juice as an afternoon snack are just a few ideas from speech-language pathologists working closely with the dysphagia diet that help enhance intake and improve nutrition.
- Finally, mealtime and the ability to dine with dignity play an important role in a person's mental health and quality of life. Taking the time to emotionally connect with those suffering from dysphagia is a critical step to ensuring patient compliance.

— Tom McGinness is a registered dietitian and regional sales manager for the Personal Nutrition Solutions (PNS) division of Kent Precision Foods Group, Inc. (KPFG). Under the PNS division, KPFG produces the Thick-It® brand family of products, which offers mealtime solutions to help improve quality of life for people with dysphagia as well as the health care professionals and loved ones caring for them. Thick-It® is a gold sponsor of IDDSI.



From Today's Geriatric Medicine, July/August 2019  
www.todaygeriatricmedicine.com 5

~Submitted by Lorene Austin-Bennett, LTCSWI Board

# Alzheimer's: Know the 10 Signs

## 1. Memory loss that disrupts daily life

One of the most common signs of Alzheimer's disease, especially in the early stage, is forgetting recently learned information. Others include forgetting important dates or events, asking for the same questions over and over, and increasingly needing to rely on memory aids (e.g., reminder notes or electronic devices) or family members for things they used to handle on their own.

### **What's a typical age-related change?**

Sometimes forgetting names or appointments, but remembering them later.

## 2. Challenges in planning or solving problems

Some people living with dementia may experience changes in their ability to develop and follow a plan or work with numbers. They may have trouble following a familiar recipe or keeping track of monthly bills. They may have difficulty concentrating and take much longer to do things than they did before.

### **What's a typical age-related change?**

Making occasional errors when managing finances or household bills.

## 3. Difficulty completing familiar tasks

People with Alzheimer's often find it hard to complete daily tasks. Sometimes they may have trouble driving to a familiar location, organizing a grocery list or remembering the rules of a favorite game.

### **What's a typical age-related change?**

Occasionally needing help to use microwave settings or to record a TV show.

## 4. Confusion with time or place

People living with Alzheimer's can lose track of dates, seasons and the passage of time. They may have trouble understanding something if it is not happening immediately. Sometimes they may forget where they are or how they got there.

### **What's a typical age-related change?**

Getting confused about the day of the week but figuring it out later.

## 5. Trouble understanding visual images and spatial relationships

For some people, having vision problems is a sign of Alzheimer's. This may lead to difficulty with balance or trouble reading. They may also have problems judging distance and determining color or contrast, causing issues with driving.

### **What's a typical age-related change?**

Vision changes related to cataracts.

Continued from Page 5

## 6. New problems with words in speaking or writing

People living with Alzheimer's may have trouble following or joining a conversation. They may stop in the middle of a conversation and have no idea how to continue or they may repeat themselves. They may struggle with vocabulary, have trouble naming a familiar object or use the wrong name (e.g., calling a "watch" a "hand-clock").

### What's a typical age-related change?

Sometimes having trouble finding the right word.

## 7. Misplacing things and losing the ability to retrace steps

A person living with Alzheimer's disease may put things in unusual places. They may lose things and be unable to go back over their steps to find them again. He or she may accuse others of stealing, especially as the disease progresses.

### What's a typical age-related change?

Misplacing things from time to time and retracing steps to find them.

## 8. Decreased or poor judgment

Individuals may experience changes in judgment or decision-making. For example, they may use poor judgment when dealing with money or pay less attention to grooming or keeping themselves clean.

### What's a typical age-related change?

Making a bad decision or mistake once in a while, like neglecting to change the oil in the car.

## 9. Withdrawal from work or social activities

A person living with Alzheimer's disease may experience changes in the ability to hold or follow a conversation. As a result, he or she may withdraw from hobbies, social activities or other engagements. They may have trouble keeping up with a favorite team or activity.

### What's a typical age-related change?

Sometimes feeling uninterested in family or social obligations.

## 10. Changes in mood and personality

Individuals living with Alzheimer's may experience mood and personality changes. They can become confused, suspicious, depressed, fearful or anxious. They may be easily upset at home, with friends or when out of their comfort zone.

### What's a typical age-related change?

Developing very specific ways of doing things and becoming irritable when a routine is disrupted.



~ Suggested by materials distributed by Lyn Hilgenberg, LTCSWI Fall Conference presenter, *Dementia: Its Impact, Our Charge*

~ From Alzheimer's Association

[https://www.alz.org/alzheimers-dementia/10\\_signs](https://www.alz.org/alzheimers-dementia/10_signs)



## *Topics for Spring Conference*

*April 2-3, 2020*

**Angela Broughton-Romain**, Legal Hotline for Older Iowans, will cover *Elder Abuse Protective Orders*.

**Kyle Page**, VA Hospital in Chicago, will speak on *Personality Disorders in LTC*.

**Ethics**, presenter to be determined.

**Other possible topics:** *Role of the Social Worker....Family Dynamics....Trauma-Informed Care....Reporting for MCOs*. If you know of possible presenters, please contact the LTCSWI Office, [ltcswi@mchsi.com](mailto:ltcswi@mchsi.com) or 515-989-6068.

## *Resources from Fall Conference*

### **Dementia ~ Lyn Hilgenberg**

- Videos—Ted Talks Dementia Videos: <https://www.ted.com/>
- Video—*Empathy vs. Sympathy*, Brene' Brown: <https://www.youtube.com/watch?v=1Evgu369Jw>
- Books—*Dementia Beyond Disease* and *Dementia Beyond Drugs*, by G. Allen Power, M.D.

*"We are privileged to work in their home; They are not lucky to be in our environment."*  
~ Lyn Hilgenberg

### **Medical Cannabidiol ~ Owen Parker**

- 641 Iowa Administrative Code 154  
<https://www.legis.iowa.gov/docs/iac/chapter/02-272019.641.154.pdf>
- Iowa Code Chapter 124E  
<https://www.legis.iowa.gov/docs/code/124E.pdf>
- Office of Medical Cannabidiol Website  
<https://idph.iowa.gov/cbd>

### **Medicaid ~ Cynthia Letsch**

Finding an Elder Law Attorney

[www.iowafindalawyer.com](http://www.iowafindalawyer.com)

Select: *Find a Lawyer* on the left

Select: *Types of Law* on the left

Select: *Medicaid and Medigar*



# Professional Quality of Life Scale (ProQOL)

## *Compassion Satisfaction and Compassion Fatigue (ProQOL) Version 5 (2009)*

When you *[help]* people you have direct contact with their lives. As you may have found, your compassion for those you *[help]* can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a *[helper]*. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

**1=Never      2=Rarely      3=Sometimes      4=Often      5=Very Often**

- \_\_\_ 1. I am happy.
- \_\_\_ 2. I am preoccupied with more than one person I *[help]*.
- \_\_\_ 3. I get satisfaction from being able to *[help]* people.
- \_\_\_ 4. I feel connected to others.
- \_\_\_ 5. I jump or am startled by unexpected sounds.
- \_\_\_ 6. I feel invigorated after working with those I *[help]*.
- \_\_\_ 7. I find it difficult to separate my personal life from my life as a *[helper]*.
- \_\_\_ 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I *[help]*.
- \_\_\_ 9. I think that I might have been affected by the traumatic stress of those I *[help]*.
- \_\_\_ 10. I feel trapped by my job as a *[helper]*.
- \_\_\_ 11. Because of my *[helping]*, I have felt "on edge" about various things.
- \_\_\_ 12. I like my work as a *[helper]*.
- \_\_\_ 13. I feel depressed because of the traumatic experiences of the people I *[help]*.
- \_\_\_ 14. I feel as though I am experiencing the trauma of someone I have *[helped]*.
- \_\_\_ 15. I have beliefs that sustain me.
- \_\_\_ 16. I am pleased with how I am able to keep up with *[helping]* techniques and protocols.
- \_\_\_ 17. I am the person I always wanted to be.
- \_\_\_ 18. My work makes me feel satisfied.
- \_\_\_ 19. I feel worn out because of my work as a *[helper]*.
- \_\_\_ 20. I have happy thoughts and feelings about those I *[help]* and how I could help them.
- \_\_\_ 21. I feel overwhelmed because my case [work] load seems endless.
- \_\_\_ 22. I believe I can make a difference through my work.
- \_\_\_ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I *[help]*.
- \_\_\_ 24. I am proud of what I can do to *[help]*.
- \_\_\_ 25. As a result of my *[helping]*, I have intrusive, frightening thoughts.
- \_\_\_ 26. I feel "bogged down" by the system.
- \_\_\_ 27. I have thoughts that I am a "success" as a *[helper]*.
- \_\_\_ 28. I can't recall important parts of my work with trauma victims.
- \_\_\_ 29. I am a very caring person.
- \_\_\_ 30. I am happy that I chose to do this work.

For additional information: [https://proqol.org/ProQol\\_Test.html](https://proqol.org/ProQol_Test.html)

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/www.isu.edu/~bhstamm or www.proqol.org. This test may be freely copied as long as (a) author is credited, (b) no changes are made, and (c) it is not sold.

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Check out our Website:  
[www.lctswi.com](http://www.lctswi.com)

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## Membership Directory

The LTCSWI Membership Directory for 2019 has been emailed to all members. Updates will be sent periodically as new members join during the year. The email address you listed as a preferred email is included. If you did not receive the directory or if you know of any changes/corrections, please contact me. This directory is a tool for your personal use and is not to be used for solicitation purposes, nor is it to be provided to non-members.

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## LTCSWI Fall Conference in Review

The Fall Conference was held October 25, at the Gateway Conference Center in Ames. Sixty-three people attended the conference. Lyn Hilgenberg, Owner/Consultant, *Daylily Inc.*, spoke on *Dementia: Its Impact, Our Charge*. During her presentation she did an overview of dementia, spoke on caregiver burnout, and held an immersion demonstration that was very enlightening. During our first afternoon presentation, Cynthia Letsch, Attorney with Letsch Law Firm, covered *Develop your Medicaid Competency Skills*. We ended the day with *The Iowa Medical Cannabidiol Act: What Providers Need to Know* with Owen Parker, Program Manager for the Office of Medical Cannabidiol. Attendees made the following comments:

- *Very engaging; loved how she has participation to help put us in the dementia individual's shoes; the grant for staff training and its positive results – very impressive; She could easily have done an all-day workshop (Hilgenberg)*
- *I liked her fast-paced presentation; kept my interest for "after lunch"; her knowledge was great! Consulted some after presentation-very nice (Letsch)*
- *Super interesting topic; presenter – really good and well informed especially regarding issues surrounding LTC (Parker)*
- *Doing interactive activities during the dementia presentation was helpful*

Some of the suggestions for Topics/Presenters:

- *Trauma-Informed Care*
- *Ken Doka, Grief Expert*
- *New regulations for Social Workers*



**LTCSWI Spring Conference**  
**April 2-3, 2020**  
**Gateway Hotel in Ames, Iowa**  
Mark your Calendars!