

# **COMS FAQs - Ideas & Strategies: Providing O&M Services to Individuals with Intellectual Disability**

Compiled by responses from members of our group of COMS in Massachusetts who serve individuals with intellectual disability who have vision impairment, legal blindness or deafblindness, the following will address:

- I. First Visit(s) Considerations (p. 1- 5)**
- II. Creating New Opportunities for use of or to develop O&M Skills (p. 6-7)**
- III. Resources (p. 8)**

## **I. First Visit(s) Considerations:**

Day Program; Home; Community Setting; Educational Setting and/or During Transition to Adult Services:

### **1. What steps do you take to prepare prior to setting up your first visit with an individual?**

#### **Referral and Record Review:**

- Review referral: Is there a specific issue and where (home/program, etc.)?
- Review available records/file, assessments/clinical reports including eye report, previous O&M, OT, PT, TVI, etc.

#### **Calls/Emails to Schedule Visit:**

- Arrange translator if needed
- Consult if able with previous TVI/TDB/COMS
- Contact the program director at day/work program
- Contact the home: family/group home manager/other.
- Email service coordinator/case-manger (person who made the referral for services) with any additional questions or contact info needed

#### **Preparing Materials:**

- Gather assessment materials
- Gather O&M assessment tools, MCB/DDS O&M Assessment Outline, TAPS questionnaire (including student and parent surveys).etc.

#### **Scheduling Visit:**

- Schedule the visit to see the most on the first visit ie: Go to day program, see person getting into transportation for home, observe them getting out of transportation at home, going into house, see them at home, and meet key caregivers at both. Takes just a little extra time to set this up, but always worth it as I see so much in one visit that guides the rest of my assessment.
- Schedule to observe the individual before I am introduced to him/her
- I like to see the individual at the day program/work site first, then the residence, then the community. Folks spend so much of their day/week at the day program and are often more alert in the morning. I set up time to talk to the contact person for insight and suggestions for approach, get their schedule, ask about potential behaviors, etc. Do record review first then meet client, unless they have a different suggestion.

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## **I. First Visit(s) Considerations: (Continued)**

### **2. What documentation would be ideal to review prior to your first visit?**

- Eye reports: They are rarely available in the day program or work files as most residences do not send them along. I always try to get the home to send eye reports to the day/work program for the benefit of all staff, and I also ask for the most recent report at ISP meetings. At the least it might be a contact sheet with a list of most of the person's eye conditions, with the best – a full report detailing vision consideration, impact on visual functioning and recommendations.
- O&M and/or TVI reports even if written years ago
- Vocational assessment where applicable
- How the Individual is traveling at present: Any independent travel at this time? Any mobility goals in place at this time?
- Information regarding likes/dislikes, preferred objects/activities. Always good to know what motivates someone. The opposite is true as well. Always good to know what aggravates them.
- PT, OT reports including current goals, Hearing and speech if a concern. Also, an overall health report as well. The day program description of schedule is helpful too.

### **3. During the visit, who do you like to talk to?**

#### **In General:**

- The most valuable resources to understanding someone and getting some idea of how to work with them have been the house managers and the staff in the day programs who work directly with the individual.
- I talk with the case-manager for the background and to learn of family involvement. Also, I always ask the house manager and day program contact who knows the person best, and who works best with the person, and whoever these wonderful people are – these are the folks I always start with.
- I like to get some information from the case manager or whoever I am directed to when I call to schedule, then I tend to rely on the staff in the group room the most. After reading OT,PT, Speech, etc reports I may want to speak to them as well, or later in the process.
- I also make sure to get information regarding any behaviors the individual may have, and any behavior plans I need to be aware of, and the best way to approach the person. Sometimes I can work one on one with the individual, but not always, as it depends upon the individuals' behavior plan.

#### **Home:**

- Residential/House manager or parent depending on where the person lives and age of person

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## **I. First Visit(s) Considerations: (Continued)**

### **3. During the visit, who do you like to talk to? (Continued)**

#### **Day/Work:**

- Case manager and/or program director at day program
- Program staff
- Job coach when applicable
- I meet workroom staff and spoke with the lead staff person about the particular individual and to get their impressions, questions and concerns.

#### **Educational Setting and/or During Transition to Adult Services:**

- Parents, teachers, staff and student
- Vision colleague, classroom teachers, parent/guardian
- Classroom teachers, special educators, and TVIs.

### **4. How much time do you set up for the first visit?**

#### **Day/Work/Home:**

- Usually 2 hours, one for the record review, the second to meet the person and do some basic observations and begin the assessment
- If it is a place I have never been to before 2-3 hours for day program; 1-2 hours for home. If I already have a sense of the day program or residence 1-2 hours
- 1-3 hours depending if I'm going to both the day program and home during the same visit

#### **Educational Setting and/or During Transition to Adult Services:**

- 30 min. for elementary (a full period), and 50 minutes for high school

### **5. What activities do you like to observe the individual doing?**

#### **Day/Work/Home: Travel/Movement/Use of Residual Vision:**

- If there was a specific issue such as falling in a specific place then that place, with the individual moving in the setting at natural time they usually would
- The individual's normal routine: Walking, moving around in a familiar space. If applicable and possible, also moving in an unfamiliar area.
- I try to find out what their favorite activity is and try to be there prior to the activity so I can see them get to and from the location and them actually doing the activity (ie. lunch, work)
- Around the day/work program site (Bathroom, entrance/exit kitchen, different routes around the site individual uses & check fire exit procedure)
- Any familiar routine; I also ask for the individual to give me a full tour of the house, the day program, etc. The same for getting into and out of transportation and, any routes traveled regularly in the community.

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- I observed the individual in the room and during a walk usually to the bathroom, sometimes walking for exercise. I assess posture, gait, method of travel with a guide or with a modified mobility device such as a Push or Monk Cane.

## **I. First Visit(s) Considerations: (Continued)**

### **5. What activities do you like to observe the individual doing? (Continued)**

- First the situations where he/she is having the most difficulty, lunch is usually very telling, and other situations where they might be quite independent. I always try to observe mobility and check on how staff assists them (sighted guide, pulling them, guiding from behind, voice, whatever). Level of physical and verbal assistance offered, whether needed or not.

#### **Day/Work/Home: Seated Activities/Use of Residual Vision:**

- Observe the individual engaged in a preferred work or recreational task such as a table top activity to see if he/she is using vision/tactile info or combination, how uses vision or sound to complete a task
- Dining/Eating

#### **Educational Setting and/or During Transition to Adult Services:**

- Walking, going around school, getting in out of school building and bus/ home
- I ask for a tour of their school (locker, café, office, library, gym, where they wait for their bus), opening their locker. By doing this I get to see stair travel, wheelchair travel, travel in all different parts of the school with a variety of lighting, close up and distance vision skills. At additional visits, I also I ask for us to travel outside of the school in the nearby neighborhood, traveling in their own neighborhood, traveling in unfamiliar areas.
- A variety including transitioning from class to class, navigation in the cafeteria, locating commonly used areas, locating unfamiliar areas using numbering systems.

### **6. Do you like to first meet the person, observe the person, talk with staff, etc. ?**

- It really depends on the situation. In some cases I go in and the staff is really forthcoming with information and they want to talk right away. In other cases I am introduced to the person and I observe for a bit then ask questions/talk with caregivers.
- I don't have any hard and fast rules about this. I have actually done it both ways. If someone looks really challenging on paper, I usually find meeting the person first is more meaningful. But eventually/always getting the staff's input is essential for me.
- Talk with staff, observe the person and then meet individually
- I always like to talk first with caregivers or without the individual present

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(depending on needs/concerns) and then observe.

## **I. First Visit(s) Considerations: (Continued)**

### **6. Do you like to first meet the person, observe the person, talk with staff, etc. ? (Continued)**

- After the record review (so little vision info in most referrals) I like to talk to the supervising staff to get advice on the best approach: observation without being noticed, meet directly with person, ask staff to set up a situation I can observe, etc. - whatever meets the individuals personality/temperament. It depends on concerns for what is important to see first, particularly if there are immediate safety concerns.
- I typically like to meet student last because I can ask them to do “X” if someone on their team brings “x” up as a concern or I have observed a particular move that is questionable to me
- I always try to talk with and get to the bottom of each caregiver groups (family, day program, home) concerns and questions (to make sure that I know so that I can address them). This way, I’ll use my time most effectively to get buy in from them. And then, I can move onto areas of need that they might not have considered but where I know I could be helpful.

### **7. What do you do if the environment that you need to assess a particular skill is not readily available?**

- Request to set up environment for next time Creating New Opportunities for use of or to develop O&M Skills:
- Ask the staff or house manager if they could help me solve this problem, or I would make some suggestions and see if they could be carried out.
- I will see them in the present environment and then schedule another time to bring them to a different environment such as home or into the community.
- I’ll work with staff to figure out where we can easily go so that I can see what I need to see. This sometimes brings the person into an environment that is unfamiliar to them, and so this provides a whole other level of observation that is helpful.
- Improvise. If possible I plan to go on a future community trip where we can fit in stairs/ramp/curbs, whatever setting I need to evaluate.

### **8. How many (range of visits) do you typically schedule prior to writing an assessment?**

- About three to four – including visits to home and day/work.

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- Varies – until I have a true representation of skill level. Certainly not one...
- I like to begin writing the report after the first session and then add to it.
- Depends on when ISP is scheduled or if there are immediate environmental or safety recommendations that need to be addressed ASAP so could be one visit, could be 10.

## **II. Creating New Opportunities for use of or to develop O&M Skills:**

### **1. What is your approach to creating new opportunity where O&M skills can be worked on for an individual?**

- First I have to establish some level of trust and confidence with the staff. This can only be done by being there consistently and in a respectful way. After that, it is basically through demonstration....or I just ask: "Could we try this?" I usually find the staff very willing to support new opportunities for their folks if they have some idea of what they could be.
- O&M skills happen each & every time a person moves. With that said, I will create mini jobs such as pencil pick up/sharpening/delivering, shredding for the office, pony mail (day program or school's inter agency mail system), picking up/returning library books, picking up breakfasts for classroom, returning milk crates back to café, plant watering, selling snacks, going to grocery store/Walmart/BJs for life skills classrooms to buy supplies, "needing" to go to the bus hub to pick up bus schedules
- Creating mail or delivery routes within the day program, finding an item that needs to be purchased frequently so that a route in a store can be established, etc.
- I ask staff at home and day program for their ideas. If they are part of the planning they are more likely to take ownership of the activity. I might throw out a couple of ideas and then let them run with it, as long as their idea is likely to work. Depending on whether the PT, OT or Speech are full time at the program or just consultants I can see if I can incorporate something from their objective into my plan and ask them to request the person trail to their sessions or somehow incorporate something of mine into their plan.
- Create programs that use community services such as YMCA program, and/or work with teams to create a business: ie. dog biscuit business
- Sometimes I work with the individual and ask caregivers/staff to come on the lesson, so others can model what I am doing when I am not there.
- Use of Vision Rehab Assistant.
- Provide the materials needed for the task, i.e., APH items so that the person can do the activity.

### **2. How do you pick the person to be your "partner in crime" in setting up environments/creating new opportunities for movement?**

- I pick the staff/caregivers/individuals that are willing to do what need to be done to help students regardless of the red tape

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- When talking with staff there usually is one person who asks questions of me and is really forthcoming with info so that is the person.
- Collaborating with my vision team (TVI/TDB/COMS), having one colleague in the school where who will “play along” and allow either a plant to be kept and watered, an errand to be run, etc. As a system wide educator and having my dept based out of the administration building, I know a lot of people throughout the schools. There is always at least 1 friendly face in the environment I’m working in. It is imperative to greet everyone you pass and always have a smile on your face!

### **II. Creating New Opportunities for use of or to develop O&M Skills: (continued)**

#### **2. How do you pick the person to be your "partner in crime" in setting up environments? (continued)**

- I find the most engaged, energetic person who will help!
- I always try for the one who expresses interest in what I am doing and asks questions, or is the most available with information when I ask questions. Sometime it doesn't work out, because they were just the one who likes to talk big and they aren't really interested, but it usually works pretty well.

#### **3. List activities you have or can create to provide these "mobility rich" environments / and how?**

- Watering plants especially if has walker or wheelchair and can carry the watering can
- Walking to lunch or walking to get a snack, coffee, etc.
- I try to identify, usually by asking the staff, what it is that this person really enjoys. If it is music, walking outside to sit on the picnic tables and then singing or playing a song on my iphone. Maybe walking to the room where the chorus sings on Wed. mornings and listening to that.
- If it is sitting on the swing on the patio, then we do a long route (or short if it's not such a great day) to the patio and sit and swing for a while.
- Sometimes "break time" is a great motivator for some individuals.
- Creating opportunities to go into a field, a garden, the woods, any sort of outdoor environment could be wonderful.
- Asking home/day for a short list of items to be purchased at local stores.
- Asking individual to us cell phone to call home/work/day program to ask if the class needs an item for class.
- Creating a delivery route at a high school, in a day program, etc.
- I try to add a meaningful destination if possible to existing walking routes.
- Changing their regular seat to one with a more challenging trailing route to the ladies room / rarely I have convinced a director to move tables around a bit to create a trailing wall / add Braille labels to doorways and come up with mobility challenges in locating new destinations / adding tactile markers along routes /adding APH 10-second recorders to aid in direction-taking when leaving a group

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room / provide sound source activated by client using localization gadget to safely cross open space /

- Trips to Walmart and assign individuals items to get for bigger project, dog biscuit business, snack cart business, YMCA program
- Changing day program/classroom calendar: Have to walk to calendar and post the day's number

## III. Resources:

### 1. What materials do you like to have in your "tool kit" / car?

- Assessment materials
- Canes, long/folding, and adaptive
- APH catalogs
- Sunglass Kit
- Blindfolds
- Zimmerman vision loss simulator kit
- Some APH products--tray, light, reading stand, tabletops, books
- Map making kit
- Cell Phone/iPad
- Tickets/Bus Passes
- Resource handouts regarding O&M techniques, how to make environments most safe and seeable, Resources, etc.
- All I have in my "tool kit" at this time is the simulator kit which I just used for an in service for a residential staff and this was great. Also all the resource materials and Human Guide video provided by MCB/DDS Partnership Project are really good to give to the staff.
- Wallets on strings and string backpacks (WRTA provided), paratransit tickets, fixed route tickets, transit bus schedules, i-pad, \$ for parking meters, pictures of weather related clothing, pictures of destinations, WRTA bus schedules, flash drive so I can do work anywhere in the district on any computer, umbrella, yak traks for shoes/boots, iphone camera/video camera, charged phone
- Small, portable black box / color coded kit to teach Lea Card symbols / the usual canes, sunglasses, simulators, sun visors / samples of some APH activities & textures / 2' long fabric stemmed flower (confrontation field) / black tri-fold foam-core to block out visual distractions / ipad for musical or other apps as reward / drum kit rock t-shirt from [thinkgeek.com](http://thinkgeek.com) / fur ball scarf & other sensory textures / APH VizioBook / florescent nail polish / task lamp / items that light up or make noise or move / manipulatives,
- Testing materials, canes, map making kit and my cell phone/ iPad for maps/camera, extra tickets or bus passes

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### **2. List non traditional O&M resources that you think would be good for others to have in their toolkits?**

- Using my iphone to play songs for an individual who loves music has been very effective. He will go almost anywhere if I play a song while he's traveling or when we get there.
- Building relationships with local community resources (YMCA, YWCA, library, transit, grocery stores, recycling centers, etc) Dream BIG
- Hadley courses. I have had a few people learn new things or practice skills through a Hadley course.
- A good mentor or colleague to talk with and experience.

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