

COMS Service Framework: Serving Adults with Intellectual Disability

Questions to Confidence . . . Unsure where to start when meeting or working with an adult who has intellectual disability (ID) and vision loss? These suggested modules for ways to approach, engage, and address needs will provide a framework.

Modules for Eye Care, Resources, Orientation & Mobility Assessment, and Orientation & Mobility Plan, Direct Service, and Training can be used in the order presented, as needed, alone, or in combination(s).

All modules refer to (and can be used together with):

- COMS Assessment Format for Serving Adults with ID
- Massachusetts Service Delivery Tool
- COMS FAQ's for Serving Adults with ID
- Resources from www.focusonvisionandvisionloss.org
- On the Job Training (OJT) Form
- Photo/Video Consent Form
- Sunglass Evaluation Tips
- Vision Loss Simulator Tips

Eye Care

1. Promote eye exams with an eye care provider

- Prepare by exploring which providers work well with adults with ID
- Obtain office accessibility information, website and contact info to share with caregivers

2. Review eye reports and Educate caregivers on diagnosis

- Ask state agency service coordinator and/or home/residential program for copies of older and most recent eye reports
- Sometimes significant diagnosis are “missing” on episodic reports, so if looking just at the most recent, you may be missing important information
- Use of *Eye Terminology* by B. Cassin / Google search for unfamiliar diagnosis, or your favorite resource(s)

3. Educate caregivers on functional implications of eye diagnosis

- Use of vision resources/charts (like *Low Vision* by Nancy Levack) or your favorite go to resource(s)
- Give pamphlets on eye conditions

4. Demonstrate/simulate functional implications of eye diagnosis for caregivers

- Use of vision simulators (ie. Zimmerman Simulator kit) and occluders
- Set up simple activities for staff (near, intermediate, and distance)
- Use favorite activities of the individual with ID (for staff to engage)

5. Eye Glasses Help for individual

- Sunglasses evaluation
- Prescription eye glasses/safety glasses tolerance assistance

6. Share Eye Care Resources

- Download, print and distribute handouts from www.focusonvisionandvisionloss.org

Resources

1. Provide resource links, brochures, information on eye conditions, free materials/activities, and information links to caregivers:

- Free/Accessible for ALL including:
 - Braille and Talk Book Library
 - I Bill Reader
 - Let's Walk Together Video
 - Links/Resource Brochures on www.focusonvisionandvisionloss.org
 - Prescription Assistance
- Access based on eligibility including:
 - American Printing House for the Blind Federal Quota Account
 - I Can Connect
- Resources also can be used to promote movement, especially in programs where there may not be a lot of currently occurring activities/reasons to travel

Orientation & Mobility Assessment

1. Prepare:

- Refer to COMS Toolkit, COMS FAQ's for Serving Adults with ID, and COMS Assessment Format for Serving Adults with ID as needed.
- Assessment can be conducted from stem to stern or as applicable based on individual needs, referral directive, and/or guardian/Team request.
- Sometimes referrals are quite vague, as help is needed, but caregivers unsure of what to request, or what services exist.
- Needs of the individual will become apparent as you move through the assessment, caregiver interviews, consultation with other clinicians, and record(s) review.
- Plan what you'd like to observe, so you can share when scheduling visits:
At home during regular routine? At home when all quiet? At work/day program during busy routine? OK to ask person to meet with you in a quiet spot at day or work? Community travel? Need to go to a community location to see how the person will use...handrails? Referral request a specific need at home (or day/work)? Inquire if a visit to day/work program (or home) would be helpful too – often it is. What's most important? Consider transportation (cars, vans, buses)—how accessed and any safety concerns, Etc.

2. Schedule interview(s) with caregivers, clinicians, and obtain records for review.

- Connect with case manager: Important to find “favorite”/key caregivers to obtain highest quality information at each location where individual spends time.
- Case managers and key caregivers will also be able to assist you in obtaining records for review as you need them, and providing contact and schedule information for other clinical team members.
- Depending upon needs, initial caregiver interview(s), record(s) review and observations can all take place during same visit or in segments based on time, availability of staff, number of locations needed to travel to (home/day/work/community/guardian home/other).
- Connect with clinicians as needed: PT, OT, Behaviorist, Speech and Language, OD, MD, Nursing, Etc.

Orientation & Mobility Assessment (continued)

3. Collaborate with Caregivers, Clinicians and Educate

- Moving through the assessment, obtaining “buy in” from the individual, caregivers and clinicians is key to having your suggestions and recommendations put to consistent use and increasing motivation for follow through.
- Ask if there is something that would be helpful to the team: Is there a request for handrails or other home or day program environmental modification that team member has long wanted, and that you can work into your report to benefit the individual? Is there a Mobility Plan modification that needs to be added to address a unique concern or safety consideration? Taking time to attend to details like these can go a long way to relationship building and buy in from team members.

4. Demonstrate/discuss techniques, use simulator kit with caregivers

- Demonstrate techniques, use the simulator kit, discuss possible approaches, and listen to reactions/ ideas as you go along.
- You may need to encourage “buy in” to your recommendations
- Include discussion about Partial Participation

5. Assessment.

- Using the COMS Assessment Format and determine what areas need to be assessed: full versus targeted assessment.
 - Orientation & Mobility Techniques
 - Orientation & Mobility Plan
 - Environmental Assessment
 - Use of Functional Vision
 - Transportation Assessment
 - Safety Recommendations
 - Fire Safety route/mobility techniques
 - Staffing plan suggestions for safety monitoring / free space walking
- Even if the referral specifies a certain area, a full assessment may need to be completed to make complete recommendations (ie. referral for safety on/off transportation, but need to assess O&M techniques, functional vision, etc in order to understand what's going on.)

Orientation & Mobility Plan

1. Determine which mobility skills need to be addressed in the plan.
2. Collaborate:
 - Reach out to caregivers, clinicians, and favorite staff as you develop the plan.
 - Add key clinical collaborators (with permission) to plan authorship (if needed).
3. Set the stage:
 - Are there regularly occurring situations that would predicate use of one technique over another? If yes, describe as an introduction to (each) technique.
 - Are there motivators that the individual responds to, to use the identified/desired techniques?
 - Behavioral or other considerations to note with use of particular skills?
4. Consider variations of techniques that may be needed based on how the individual presents:
 - stable (when walking)
 - unsteady
 - focused
 - agitated etc.
5. Identify tools or equipment used as part of the plan or modifications, and describe use.
6. Design the format:
 - In addition to written description, would use of photos or video be helpful to convey specifics for use of the techniques/plan?
 - If yes, can you obtain guardian permission to take the photos?
 - If not, OK to use yourself and staff as stand-ins to demonstrate use of the technique(s).
7. Include collaborators:
 - Add (with permission) names of clinicians that you consulted with to put the Mobility Plan together.

Orientation & Mobility Plan (continued)

8. Training:

- Describe training needs for staff and provide your contact information for future trainings.
- OK to have yourself filmed for training of additional staff?
 - If yes, proceed and note location of video,
 - Who is responsible to keep the copy,
 - Where stored,
 - Sign-in sheet for staff after they watch it?, etc.

Direct Service

1. Determine service provision:

- what: instruction, training, etc.
- where: day program, home, community, work
- when: various shifts of staff
- how often service will be provided
- who: Direct (COMS and individual), Direct + Consult with caregivers or Consult only

2. Use Massachusetts Service Delivery Tool for guidance for location, time allotted.

3. Create goals, objectives, datasheets as required and Decide how the objectives will be managed.

- COMS as objective manager: providing direct service, recording data, writing progress notes
- COMS as consultant working with another Staff/Caregiver who is managing the objective

Training for Caregivers

1. Provide OJT (On the Job Training) Form:

- Provide a sign in sheet to be signed by all in attendance. By signing they are agreeing to follow through with techniques, plans, etc. being covered in training.
 - Agency may have their own forms; ask for copy to keep track of who was trained.
 - Use own OJT form; give copy to agency as record of who was trained.
 - Make sure to include all shifts and all locations of staff (home, day program, family); ask referring person who to include
 - Video/recorded training as needed to ensure all staff access to training
 - Guardian consent needed if individual is included in video or photos.
 - Training may be:
 - GENERAL: human guide, broad overview of different types of vision loss (simulator activities), discussion of resources available to those with vision loss, etc. with purpose to increase overall awareness and sensitivity to vision loss
- OR
- SPECIFIC to an individual and should be inclusive of Eye Care (use vision simulators), pertinent Resources, key points/recommendations from O&M Assessment and complete Mobility Plan (hands-on technique practice: human guide, etc. as used by individual)

2. Prepare and share Training Resources

- Handouts (www.focusonvisionandvisionloss.org)
- Let's Walk Together: Human Guide video
- Simulators/Occluders and Simulator Activities