Using MTSS to Support Older Adults with Disabilities Across Tiers

Stewart Shear

Margaret Moore

Rachel Freeman

Goal for Presentation

Supporting Older Adults...

Provide an overview and introduction (Rachel)

Example of Tier 1 implementation (Stewart)

Provide an example of individualized planning (Margaret)

Settings Where MTSS is Implemented

In-Home Care – 24-hour Care

In-Home - Families

Assisted Living Organizations

Nursing Homes

County State Services

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Implementing Multiple Evidence-Based Practices: Using MTSS to Support Older Adults

Applied Behavior Analysis

Positive Behavior Support

Motivational Interviewing

Mindfulness

Cognitive Behavior Therapy

Dialectical Behavior Therapy
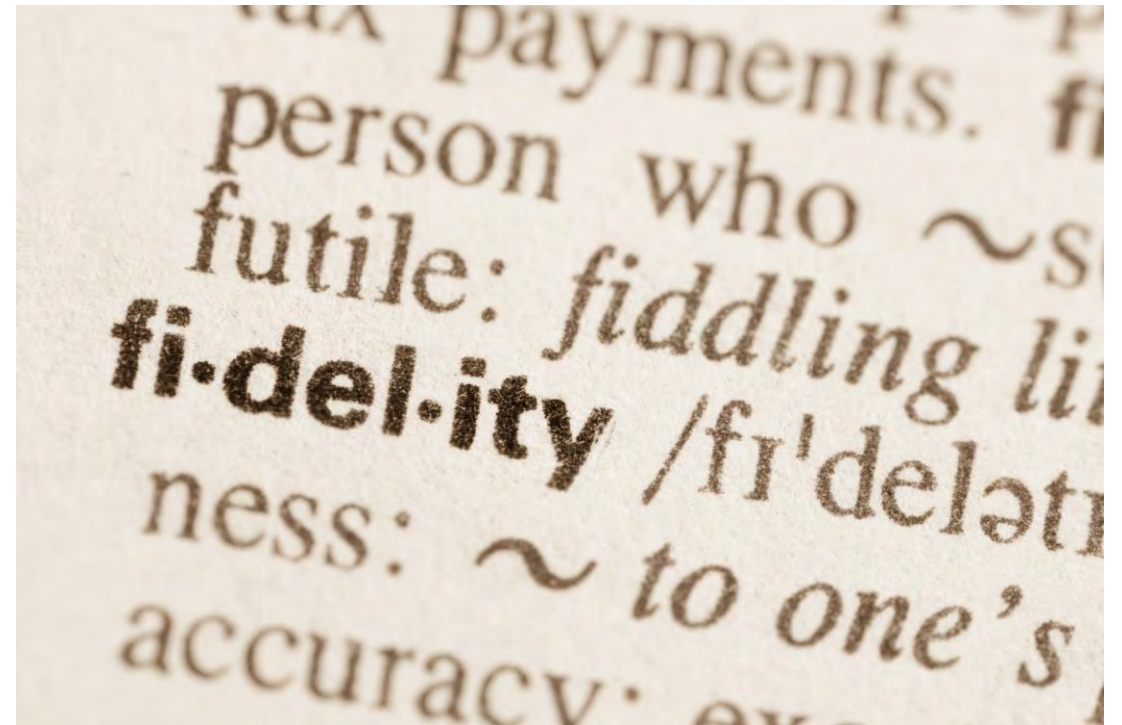
Tiered Implementation of Evidence-Based Practices (EBPs)

Tier 3 - Individual Plan with Multiple Supports
- Integrate with person-centered plan
- Individualized plans with one or more EBPs
- Data used to guide planning on an ongoing basis

Tier 2 – Group or Simple Problem Solving
- Simple problem solving for challenges and group interventions
- Function-based problem solving
- Using data for early intervention

Tier 1 – Entire Family, Home, or Organizational Setting
- Building relationships and person-centered settings
- Supporting positive social and emotional skills
- Creating positive reinforcement systems
- Consistent responses to challenging behavior
- Using data to guide decisions

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Tiered Implementation of Evidence-Based Practices
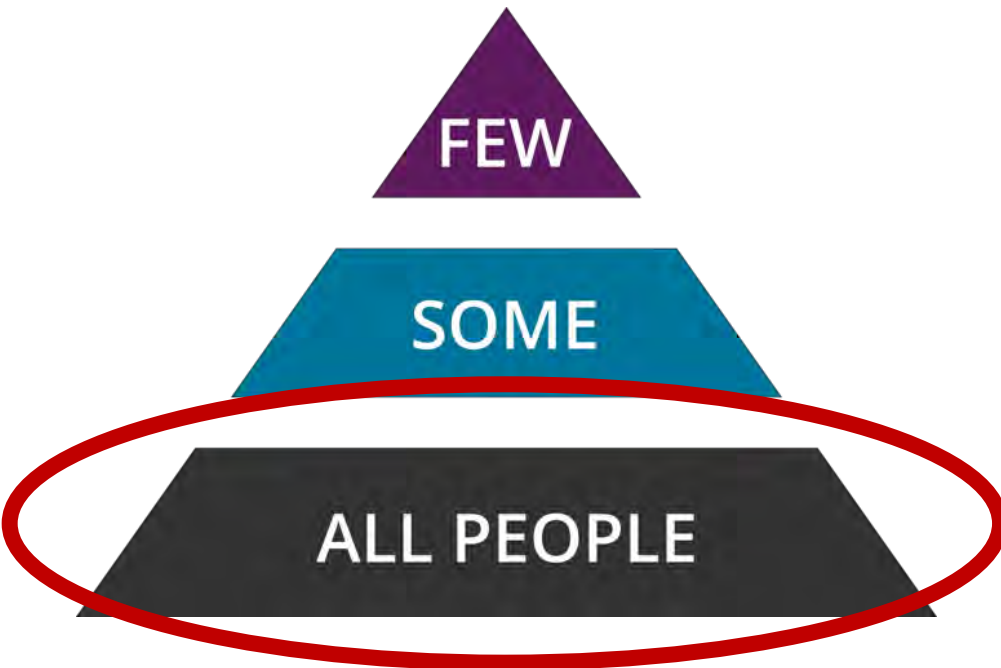
Tier 1 - Common Challenges Encountered

- Creating positive and proactive settings given staff turnover
- Matching staff with people supported
- Universal health, wellness, and quality of life
- Resources for training staff
- Assessing and adapting to changes in person's executive functioning over time
- Strategies needed for better data-based decision making
- Action planning that embeds cultural awareness and responsiveness

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Tiered Implementation of Evidence-Based Practices
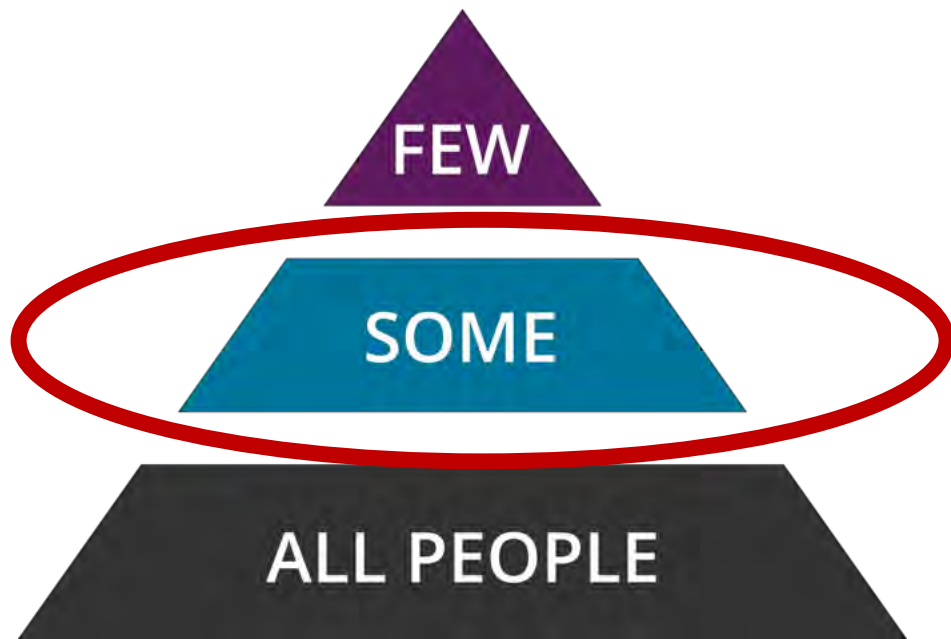
Common Challenges Encountered at Tier 2

- Problems related to safe transfers and health care activities
- Conflicts arising when staff prompt general health-care activities
- Safe medication management
- Assessing changes in memory and functioning
- Creating supports for independence as cognitive and motor skills decline
- Data-based decision making strategies needed
- Culturally responsive strategies essential to universal efforts

Tiered Implementation of Evidence-Based Practices (EBP)
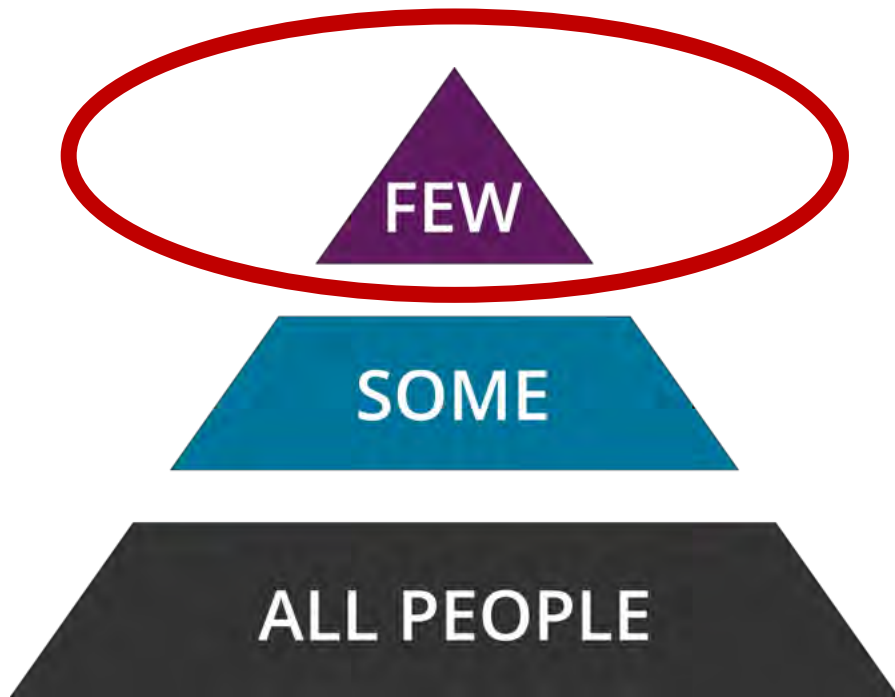
Challenges Encountered at Tier 3

- Using person-centered planning or wraparound to integrate planning
- Identifying EBPs that meet the needs of each person
- Resources available for ongoing training Establishing fidelity of implementation
- Strong data-based decision
- Adapting strategies based on person's culture

UNIVERSITY OF MINNESOTA

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Welcome!

PBIS Tier 1 Considerations for Seniors with IDD

- Persons with IDD are living longer (American Academy of Developmental Medicine and Dentistry (2020), Irish Medical Journal (2019))

- More persons will age into retirement over the next decade

- Health will become a core factor related to a person's Quality of Life

- New challenging behaviors may emerge related to health issues

- Emphasis on Active Aging

- **The PBIS Tiered framework can be adapted to address the supports necessary for seniors with IDD**

Content Matter Resources

- Service and Support Needs of Adults Aging with Intellectual/Developmental Disabilities: Testimony to the U.S. Senate Committee on Aging (2017)

- Aging with Intellectual and Developmental Disabilities: Trends and Best Practices (2015)

- Active Aging for Individuals with Intellectual Disability: Meaningful Community Participation through Employment, Retirement, Service and Volunteerism (2012)

- A Qualitative Study of the Needs of Older Adults with Intellectual Disabilities (2021)

- Charting the Life Course: A Guide for Individuals, Families, and Professionals (2015)

- What Does Quality of Life Mean to Older Adults? A Thematic Synthesis (2019)

- How to Improve the Quality of Life of Elderly People with Intellectual Disabilities : A Systematic Literature Review of Support Strategies (2019)

- State of the Field: The Need for Self-Report Measures of Health and Quality of Life for People with Intellectual and Developmental Disabilities (2021)

- Age Related Health Changes for Adults with Developmental Disabilities (2022)

Current PBIS Tier 1 Components for Adults with IDD
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- Positive Environment and Structured Daily Routines

- Active Engagement

- Acknowledgements

- Lesson Plans

- Corrective Instruction - Teaching in the Moment

- Self Determination and Choice

- Performance Training - Community Participation

- System Self-Management

- Challenging Behaviors and Behavior Supports
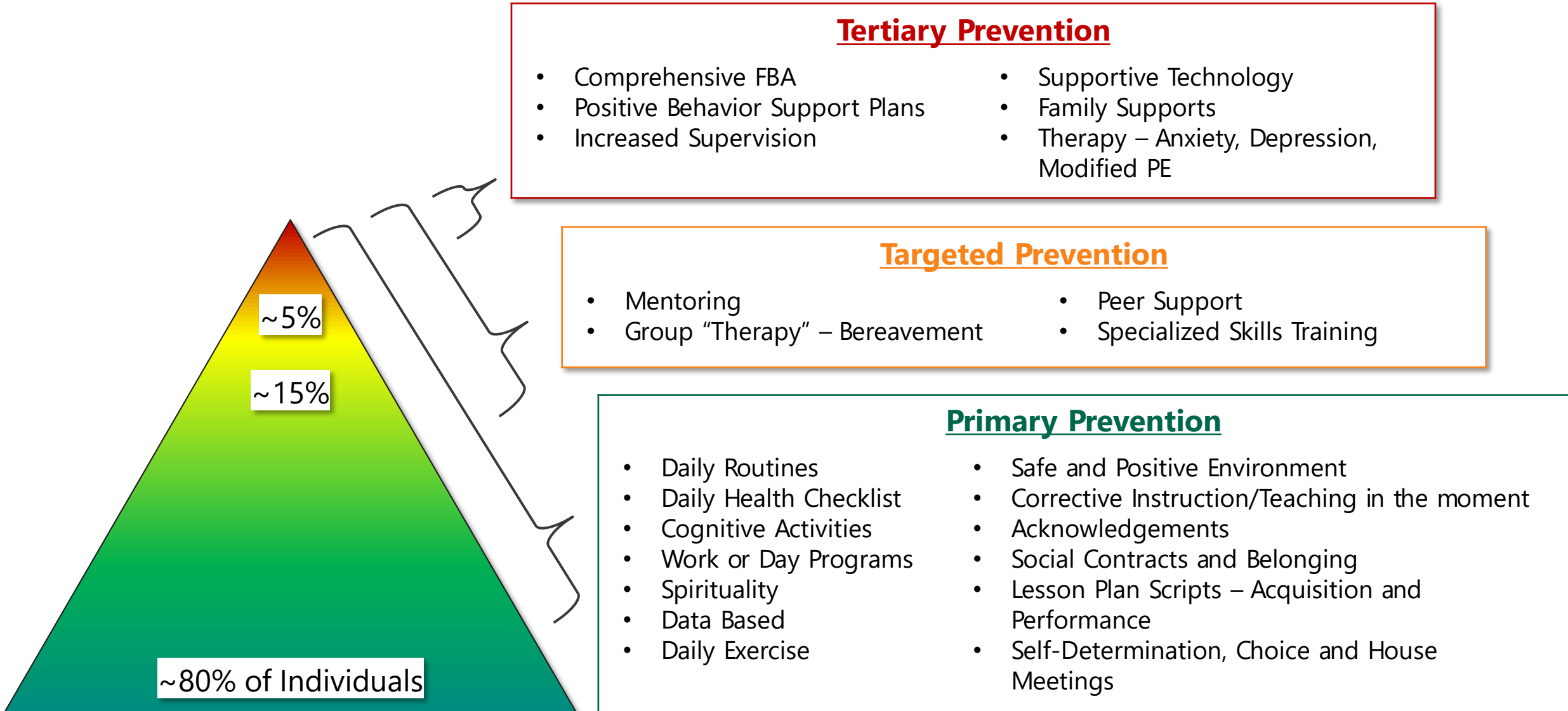
- Staff training
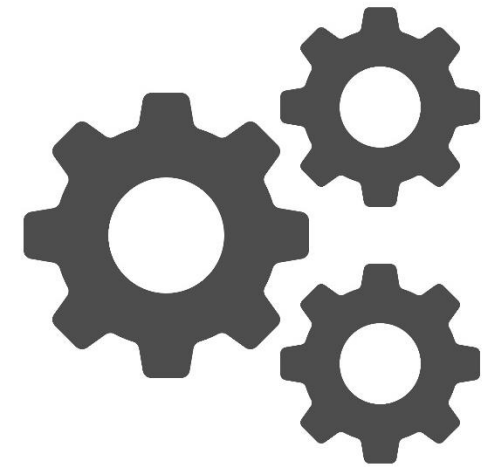
PBIS Tier 1 Proposed Components for Seniors with IDD
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- Person Centered Planning for pre and post retirement
- **Safe Environment - Adaptive supports**
- **Daily Monitoring - Physical/psychological health and engagement**
- Daily Structured Routines
- **Physical Activities**
- **Cognitive Activities**
- **Work, Volunteering, Community Day Program or Home Activities**
- Life-Long Learning - Lesson plans, teaching in the moment
- Self-Determination - House meetings, choice, decision making
- Community Engagement, social supports and belonging
- Acknowledgements
- **Spirituality - Practice of faith**
- Behavior Supports
- Staff Training

Positive Behavior Interventions and Supports – An Ecological Approach for **Seniors** with Intellectual and Developmental Disabilities

Tertiary Prevention

- Comprehensive FBA
- Positive Behavior Support Plans
- Increased Supervision
- Supportive Technology
- Family Supports
- Therapy – Anxiety, Depression, Modified PE

Targeted Prevention

- Mentoring
- Group "Therapy" – Bereavement
- Peer Support
- Specialized Skills Training

Primary Prevention

- Daily Routines
- Daily Health Checklist
- Cognitive Activities
- Work or Day Programs
- Spirituality
- Data Based
- Daily Exercise
- Safe and Positive Environment
- Corrective Instruction/Teaching in the moment
- Acknowledgements
- Social Contracts and Belonging
- Lesson Plan Scripts – Acquisition and Performance
- Self-Determination, Choice and House Meetings

~5%

~15%

~80% of Individuals

PBIS Tier 1 Considerations for Seniors with IDD

Person Centered Planning for Retirement

- May become a more active, ongoing process

- Data driven to support changes to the individual's plan

- Continued respect for choice, decision making and engagement

PBIS Tier 1 Considerations for Seniors with IDD

Proactive Monitoring for Physical and Psychological Health

- Daily monitoring checklist

- Ongoing medical, dental and specialized checkups/screenings

- Mental Health and Psychological Monitoring
    - ✓ Anxiety, Depression, Dementia, Trauma etc.
    - ✓ Bereavement

Daily Health and Activities Checklist (D-HAC)

Name: _____ Residence: _____ Shift: 1 2 3 Week of _____

Instructions: For each shift, place an (x) in the box next to the item when the behavior has been observed or reported. Provide a comment in any checked area that may require a follow up from a team member (doctor, nurse, clinician, etc.).

✔ Checks in any **Red** categories should be communicated to the supervisor or medical/clinical professional on shift.

	Area	Mon	Tues	Wed	Thu	Fri	Sat	Sun	Follow Up/ Comments
Medical/Physical	Did not Sleep well								
	Bladder Elimination Issue								
	No Bowel Movement								
	Feeling Sick								
	Pain or Discomfort								
	Shortness of Breath								
	Chest Pain								
	Bruises, Cuts or Welts								
	Flushed or Pale								
	Gait/Balance Issues								
	Seizure								
	Aspiration								
	Stomachache								
	Toothache								
	Refused AM Medications								
	Refused PM Medications								
Psychological	Feeling Sad								
	Feeling Worried								
	Confused or forgetful								
	Visual/Verbal Hallucinations								
ADLs - Refusals	Daily Routine								
	Bath or Shower								
	Shave								
	Eat Breakfast								
	Eat Lunch								
	Eat Dinner								
	Drinking Liquids								
	Exercise								
	Cognitive Activities								
	Social Contacts								
Challenging Behavior	List:								
	List:								
	List:								

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PBIS Tier 1 Considerations for Seniors with IDD

Safe Environment

- Smart home technologies and adaptations
  - Motion sensing systems, live audio/video feed, window/door sensors, remote monitoring
  - Automated medication dispensers, two way communication system,

- Individual adaptive supports

- Injury Prevention - Home Safety

- Abuse and Neglect

PBIS Tier 1 Considerations for Seniors with IDD

Daily Structured Routines

- Predictability
- Stability

Active Engagement and Active Aging

- Involvement in preferred and new activities
- Continued participation in home responsibilities

Lifelong learning – New and Existing Interests

- Based on a person's ideas, skills and interests
- Lesson plans for skills development and behaviors
- Teaching in the moment
- Community participation

PBIS Tier 1 Considerations for Seniors with IDD

Physical Activity – Walking, Swimming, Exercise

- Improves/maintains strength and stamina
- Improves heart health
- Improves sleep quality

Diet

- Healthy foods, portions, preparation

Cognitive Activities – Games, Puzzles, Arts & Crafts, Hobbies

- Promotes ongoing brain functioning
- Maintains or improves memory
- Auditory processing skills
- Maintains learning ability

PBIS Tier 1 Considerations for Seniors with IDD

Retirement

- Work
  - ✓ Continue working

- Volunteering
  - ✓ Dedicating time to helping others
  - ✓ May be less than daily

- Community Day Program
  - ✓ Local community day programs for seniors

- Day Activities
  - ✓ Choice to retire and stay at home

PBIS Tier 1 Considerations for Seniors with IDD

Social Contacts and Belonging

- Staying connected to family and friends
- Community activities and social memberships
- Transportation
- Vehicle adaptations

Self-Determination

- House meetings – choice and decision making
- Futures planning
- End of life decisions
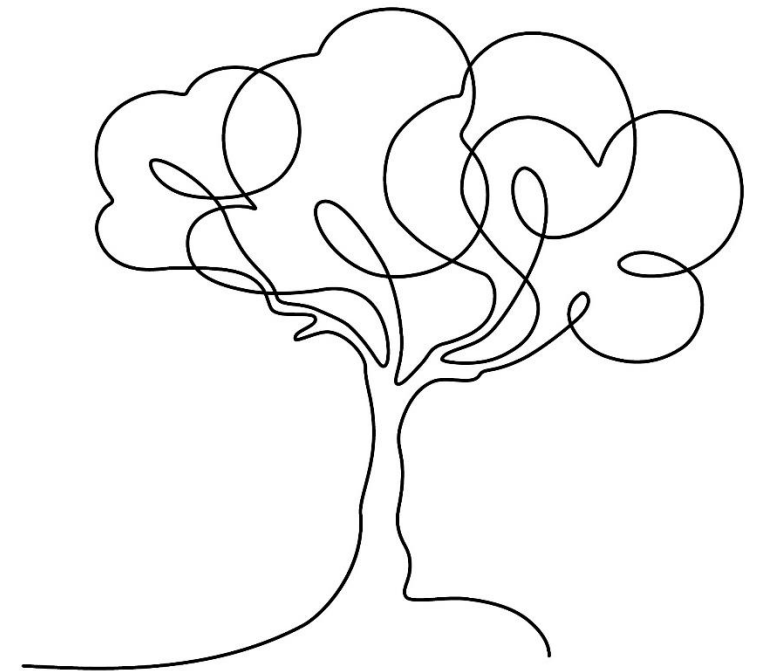
PBIS Tier 1 Considerations for Seniors with IDD

Acknowledgements

- Reinforcing and acknowledging positive behaviors
- Accomplishments
- Celebrations

Spirituality and Practice of Faith

- Research on practice of faith (2008) (n=290) revealed that:
  - ✓ 69% believe in a higher being
  - ✓ 33% want to learn more about their faith
  - ✓ Practice of faith has a positive impact on Quality of Life (2010)

PBIS Tier 1 Considerations for Seniors with IDD

Challenging Behaviors and Behavior Supports

- Challenging behaviors may occur-but usually with less frequency and intensity
- Emerging challenging behaviors may be related to health conditions
- Behavior Supports may additionally focus on education, training, and acknowledgements
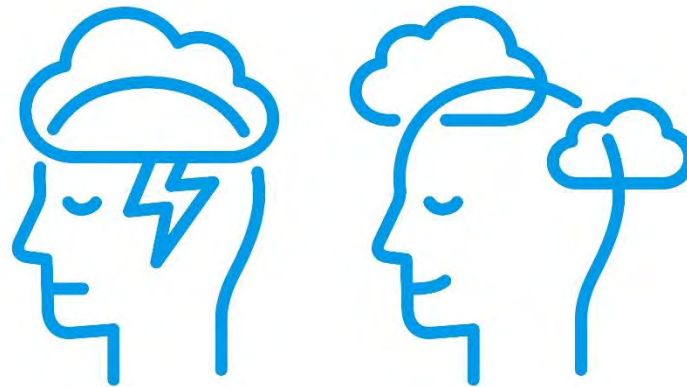
PBIS Tier 1 Considerations for Staff

Staff Training and Coaching

- Training in Aging and IDD
- Building and maintaining positive relationships
- Changing roles and responsibilities related to Senior Support
- Importance of Daily Data Collection and Reporting

Supervisor Responsibilities

- Modeling and supervision of staff
- Supervisor and staff relationships
- Monitoring and review of data

Summary of PBIS Tier 1 Considerations

Proactive monitoring of physical health, psychological health, and engagement

- A proactive approach to identify and treat health issues early

Active participation, choice and decision making

- Involvement with all aspects of support for daily routines including physical activities, cognitive activities, diet, engagement and acknowledgements

Importance of maintaining social contacts, a sense of belonging, and spirituality needs

Retirement planning

- Advanced planning for continuing work, day program or full retirement

Smart home technologies and adaptations

- Home safety, injury prevention and prevention of abuse/neglect

PBIS can be adapted to accommodate the needs of seniors with IDD

- Person centered planning and self-determination across all 3 Tiers

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Thank You!

Person centered planning models across the lifespan

Margaret A. Moore, Ed.D.

Center for Human Engagement

Natural evolution for all to move across the tiers

- I have always understood the power of person centered planning since I started my work
  - inclusive origins, (Herb Lovett)
  - enviable behavior supports, (Joe Schiappacasse)
  - belonging and the hierarchy of needs (Norm Kunc)

- Supports effective application of polyvagal theory (Stephen Porges)

- Use all beneficial strategies prior to medication or align strategies to support comfort

- I am aging and want informed people who have the best ability to care for me

Focused on across the lifespan – my work began with Robin in 1997

- At that time, she was 26

- Now it is 2023, I've been involved for 26 years on her microboard

- She is 52.

- Does she (or do I) do any of the things we were into back then?

- I want to talk a little about the evolution of my vision of person centered practices as it relates to our experience together.

Function of person-centered planning in this context

We are transitioning from a

Remediating view

- Traditional, accommodated, modified

Inclusive view

- Independent, supported, adapted

- MAPS
- PATH
- Frames

- Increase team information and individual's power and choice
- Identify ways to increase connections, community engagement, and quality of life

Reasons to Use PCP in Elder Care Planning

1. Positive focus
2. Trauma responsive
3. Can but does not require growth, can address deepening or releasing

Applications of Person-Centered Plans with People with Dementia

- Process
- Pitfalls
- Purpose
- Pointedness
- Poignancy
- Preserved and preferred actions

- Comfort
- Sensory
- History
- Leisure
- Relaxation

- Marta Ann

- Sharon

Real Life Examples

Goal and Purpose alignment
What will help where are we going?

Comfort, ease

Concept of the happy death

familiar and/or routine and/or sensory identified

Expected behaviors

Meal routines

Other routines (i.e., library)
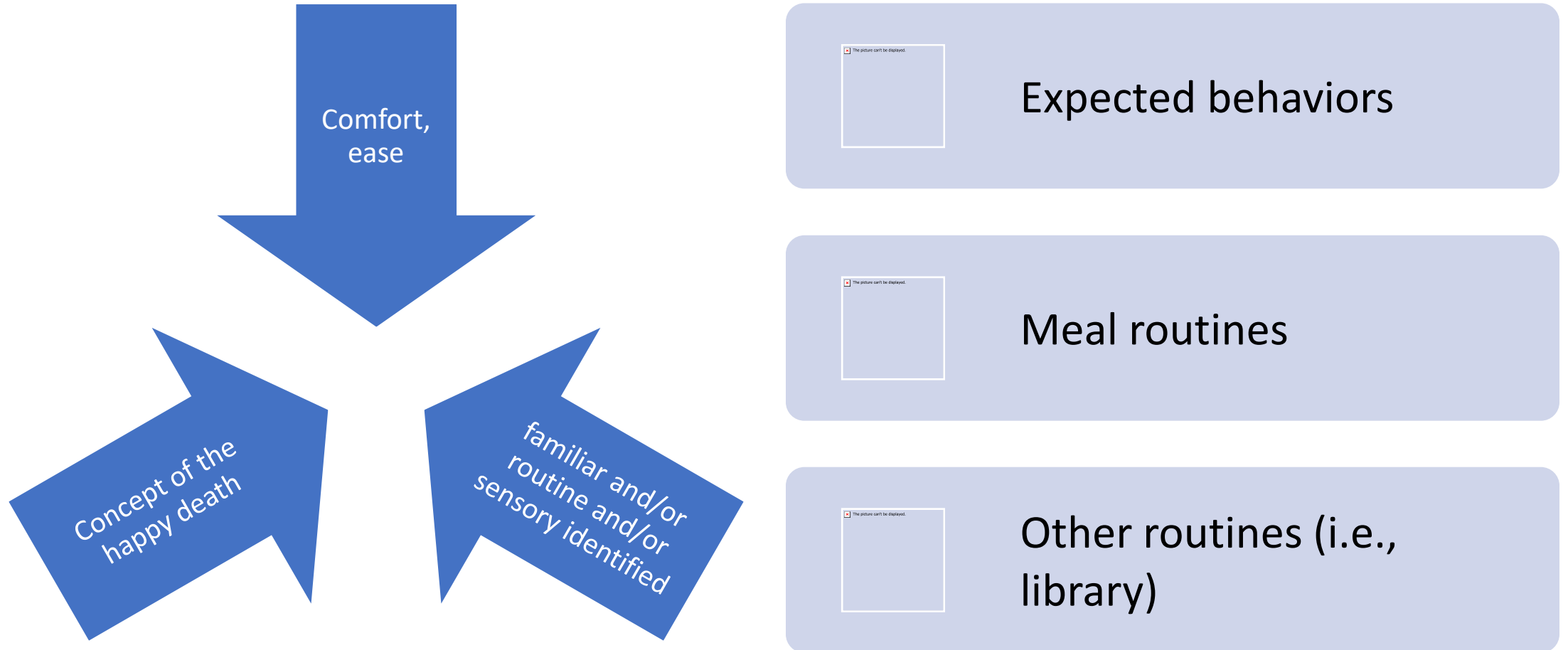
Reasons to Use PCP in Elder Care Planning (cont'd)

4. Variability of skill participation
5. Ability to respond to changes in presentation over time and record posterity
6. Uses mutli communication systems
7. Catalog information across life domains which can be sorted into supports, interventions, and strategies

Lifespan domains - PIESS
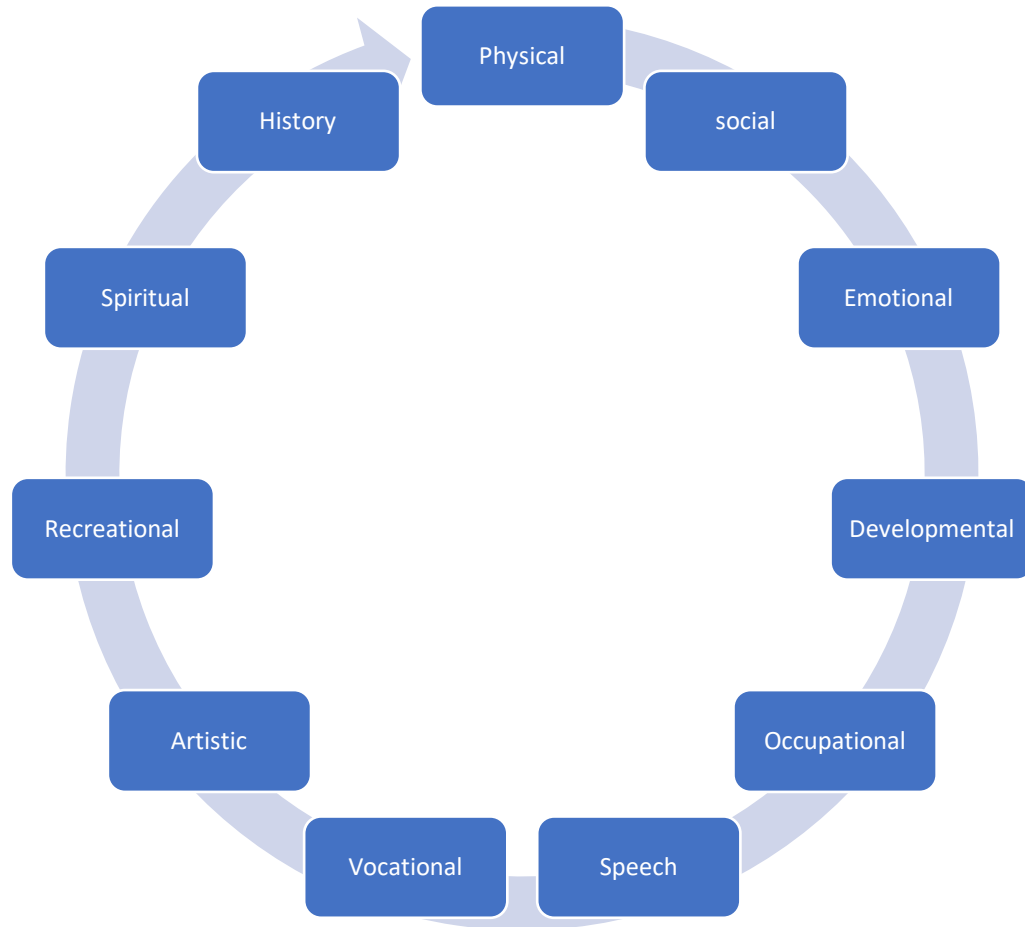
- Physical

- Intellectual

- Emotional

- Social

- Spiritual

- History

Reasons to Use PCP in Elder Care Planning (cont'd)

8. Catalog information as it relates to sensory skills
9. Catalog information as it relates to time
10. Visual, inclusive
11. Continuation/extension of tiered supports

What was to what is important

Visual	Auditory	Tactile
Olfactory	Gustatory	This shifts with time and experiences (COVID for example)

Resilience and rejuvenative domains

- PERMA (Seligmann)
- Positive
- Engagement
- Relational
- Meaningful
- Achieving (accomplishment)

- HEALS (Moore)
- Health
- Empathy
- Arts
- Learning
- Spiritual/social

Reasons to Use PCP in Elder Care Planning (cont'd)

12. Aligns with best practice in communities of care

13. Changes relationship of information re: memory and comfort

14. Teaming and distance coordination
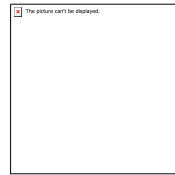
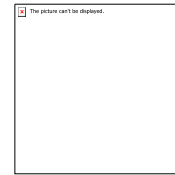15. Collaboration skills – dynamic team

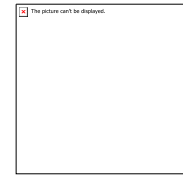# Digital platform
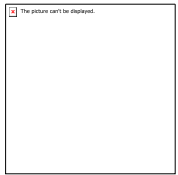
Allows participation across geography
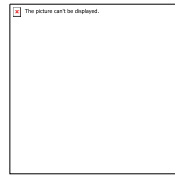
Powerpoint – fluidity with photos and videos and text

Team contribution

Flip book

Tiered information (medical or trauma sensitive info can be targeted)

Guides/supports connections and responses to new situations through expected routines
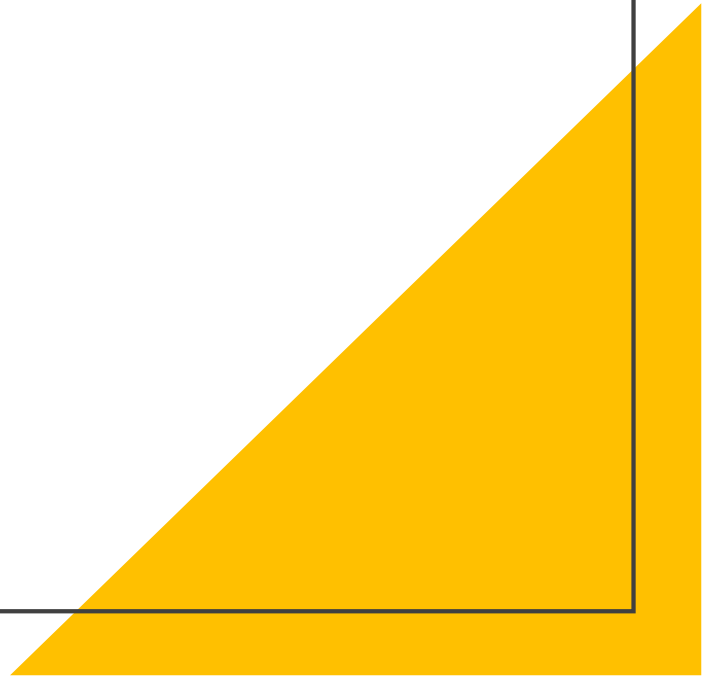
Timeslips

Gardening

Cards

Reading

Ideas and resources

- Creative aging   https://www.creativeaging.org/

- Timeslips   https://www.timeslips.org/

Center for Human Engagement

-
        https://linktr.ee/humanengagement

Reasons to use person centered planning in elder care

1. Trauma responsive
2. Positive focus
3. Can but does not require growth, can address deepening or releasing
4. Adapts to variability of skill participation
5. Ability to respond to changes in presentation over   time and record for posterity
6. Uses multiple communication formats
7. Catalogs information across life domains which can be sorted into supports, interventions, and strategies
8. Catalogs information as it relates to sensory skills
9. Catalogs information as it relates to time
10. Visual, inclusive
11. Continuation/extension of tiered supports
12. Aligns with best practice in communities of care
13. Changes relationship of information re: memory and comfort
14. Teaming and distance coordination
15. Digital platform and Collaboration skills – dynamic team