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)
Introduction and Overview

Rachel Freeman
Settings Where MTSS is Implemented

In-Home Care – 24-hour Care
In-Home - Families
Assisted Living Organizations
Nursing Homes
County State Services
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 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

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 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 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
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
Welcome!
Using MTSS to Support Older Adults with Disabilities Across Tiers

PBIS Tier 1 Considerations for Seniors with IDD

Stewart Shear, Ph.D.
Devereux Advanced Behavioral Health
PBIS Tier 1 Considerations for Seniors with IDD

- 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)
• 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)
• 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)
• Age Related Health Changes for Adults with Developmental Disabilities (2022)
Current PBIS Tier 1 Components for Adults with IDD
Devereux Advanced Behavioral Health

- 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
Devereux Advanced Behavioral Health

• 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

**Primary Prevention**
- Daily Routines
- Daily Health Checklist
- Cognitive Activities
- Work or Day Programs
- Spirituality
- Data Based
- Daily Exercise

**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

~5% of Individuals

~15% of Individuals

~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.).

*Check in any red categories should be communicated to the supervisor or medical/clinical professional on shift.*

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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
References


References


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
Real Life Examples

- Marta Ann
- Sharon
Goal and Purpose alignment
What will help where are we going?

- Comfort, ease
- Expected behaviors
- Meal routines
- Other routines (i.e., library)
- Concept of the happy death
- familiar and/or routine and/or sensory identified
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 multi 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
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