

A MODEL FOR SERVING ADULTS WITH COMPLEX COMMUNICATION NEEDS

ABSTRACT

Tools for Life (TFL) has been working in conjunction with the Department of Behavioral Health and Developmental Disabilities to serve Georgians with developmental disabilities who are on the planning list for Medicaid waivers. Research was conducted on a model for service delivery of assistive technology (AT) which focused on improving performance on skills important to the individual and upon quality of life. The pilot project was conceptualized in June of 2016, launched in May of 2017 and continued until November of 2019. These experiences have revealed some important lessons that speak to what we do in preparation for transition.

OBJECTIVES

1. Describe the conditions in which many individuals with developmental disabilities find themselves once they turn 22 years old and age out of the school system.
2. List 3 reasons why individuals who have complex communication needs are at risk without an effective means of communication once they reach age 22.
3. Identify at least one implication from this discussion that informs what might be done in K-12 and the transition process to better serve individuals with developmental disabilities.

TARGET POPULATION

Individuals with Developmental Disabilities:

- On the planning list/awaiting waiver
- Age 18 or older (out of school)
- Not working, no day program
- Living with non-paid supports



ACCOMPLISHMENTS

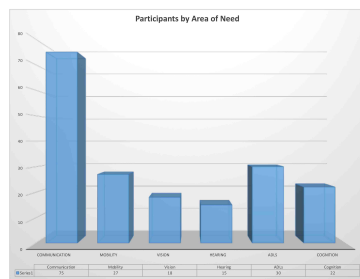
- 180 Individuals contacted
- 130 Interviews
- 270 face-to-face visits
- 126 AT and AAC consults
- 62 have received AT and been trained
- 83 Individuals completed

RESEARCH QUESTIONS

- *Performance* - does the introduction of AT help adults with developmental disabilities acquire skills or enhance the performance of tasks that were important to them?
- *Quality of Life/Satisfaction* - does the introduction of AT improve the individual (and family's) level of satisfaction and quality of life as reflected in the National Core Indicators (NCI).

PERSON CENTERED APPROACH

- Once an individual was referred, the team at TFL would then conduct an interview to learn more about the individual, and to identify a goal and skill that was important to them.
- The first visit would be to conduct an AT consult in the home to determine a skill or goal that the individual identified.
- The second session was to deliver and implement the AT that would help address this goal or skill. Training was provided.
- Follow up visits were made to provide additional support, to collect performance data, and to conduct follow up surveys.



N= 180 Many Individuals were referred as having multiple areas of need.

METHODOLOGY

Performance Measures -

- Adapted the Student Performance Profile (SPP) developed by Watson, Ito, Andersen, & Smith (2006).
- This framework allowed for the selection and measurement of goals that might be very different among participants.
- Measurement of the individual's ability to perform that task was taken before the AT intervention and again afterwards. The scale was a simple 5 point Likert scale.

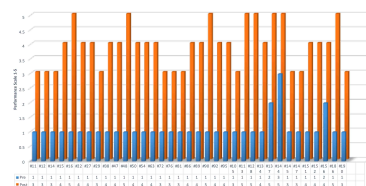
Quality of Life -

- A 35 question Foundational Measures Survey (FMS) was developed based upon the NCI.
- Survey was presented pre-intervention and once post-intervention.
- An accessible version of the survey (iPad app) was created for the individuals with developmental disabilities to use.
- If the individual could not complete the survey, a printed version of the survey was used with the care provider.

RESULTS: CHANGE IN PERFORMANCE

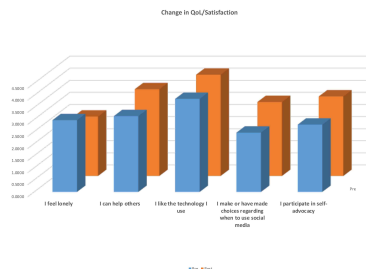
Performance data - The chart below presents a view of progress made by participants as measured by the 5-point scale provided by the SPP framework described in Methodology.

Performance Before & After Introduction of AT



RESULTS: CHANGE IN QUALITY OF LIFE/SATISFACTION

Quality of Life data - To measure participant satisfaction and the project's impact upon quality of life in the context of the NCI, a FMS was created and administered to research participants.



OBSERVATIONS & CONCLUSIONS

- *Performance* - Every individual whose goal had to do with a skill or task demonstrated gains in performance following the introduction of AT.
- *Quality of Life* - Survey responses suggest a greater sense of independence, a greater sense of freedom to access their community, and a reduced sense of isolation.
- Other responses indicate an elevated sense of agency and personal empowerment; greater helpfulness, self-care, and self-determination are reflected in these responses.
- *Family Care Providers* - Care providers for the individuals in this study were important stakeholders in this process. Most are family members providing unpaid support. We asked them about their level of satisfaction with the AT introduced.
- 60% stated that they were highly satisfied. 40% reported that they were satisfied. None reported being unsatisfied. With regard to the services provided by the TFL team, 68.57% reported being highly satisfied and 31.43% said they were satisfied. Again, none reported being unsatisfied.

Care Provider Satisfaction with AT Solutions Provided



Care Provider Satisfaction with Services Provided



EMERGENCE OF A MODEL FOR SERVICE DELIVERY

What has emerged from this project is a model for addressing the needs of adults with developmental disabilities employing AT. Specifically, the model is built around an intervention which:

- supports the identification of a person-centered goal and
- engages a team of AT experts from a range of disciplines consisting of:
 - Speech Language Pathologists
 - Occupational Therapists
 - AT Practitioners
 - Rehabilitation Counselors

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For more information on this project scan the QR Code



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