

Individuals with Profound Disabilities¹

Part 3

¹ Sternberg et al. (1994). Individuals with Profound Disabilities: Instructional and Assistive Strategies. (3rd ed. pp. 297-298, 342-347, 375-377). Austin, TX: PRO-ED.

Program Development

The fundamental goal of any intervention program should be to improve the quality of life of the individual with profound disabilities.

Instructional components should include:

1. An understanding of learning theory (principals of reinforcement) and the relationship of instruction to the levels of learning or response competence (acquisition, fluency, and generalization).

2. All individuals with profound disabilities should be taught to participate at least partially in a wide range of activities and environments, resulting in the individual being perceived as a valuable and contributing member of society.

3. Instruction that requires the active engagement and interactions of individuals, rather than passive receipt of instruction and care.

4. Planning that coordinates the scheduling of individual and group instruction, and the scheduling of the various professionals considered part of the essential team.

5. Assurance that, to the maximum extent possible, instructional materials and tasks are functional, age-appropriate, and socially validated.

6. Selection of appropriate community settings for generalized learning.

7. Consistency of instruction and contingencies across various instructional personnel, including parents.

8. Instructional grouping such that there is a mix of levels of functioning and physical disability.

9. The ongoing use of an accurate and useful system of documenting learning.

Activities

Activities are global routines in which a person engages during the day in various environments (e.g., doing the laundry, hygiene).

Each activity comprises multiple tasks.

Tasks selected for instruction are typically broken down into steps.

This series of steps is called a task analysis.

Steps in a task analysis are typically broken down based on motor actions.

Basic Developmental Skills

Basic developmental skills (BDSs) are the core of the curriculum process for the majority of individuals with profound disabilities.

In general, it takes motor ability to complete a step in the task analysis.

Completing a step leads to obtaining the functional effect of the step.

For example, during a dressing task at the BDS level, an individual might be taught to reach, grasp, and hold his pants. He might not, however, be able to pull them up. The staff would then provide hand-over-hand assistance to complete the step. But at the step level, the individual would be taught to actually pull up his pants, thereby achieving the functional effect of the step.

Using washing hands as another example, the individual might be taught to reach and grasp the soap at the BDS level. At the step level, the individual would be taught to actually pick up the soap.

Five reasons BDSs are targeted for instruction:

1. Mastery should lead to increased sensory, motor, social, cognitive, and communicative participation in activities.

2. Mastery of these skills decreases the amount of time or effort caregivers must spend in caregiving activities.

3. It increases alertness levels of individuals and facilitates increased interaction with other people and objects in the environment.

4. Enables individuals to move into higher levels of participation, as these skills are the building blocks for completing steps in the chain.

5. BDSs occur across most activities in which individuals typically engage.

Some individuals with profound disabilities have primary needs that require alternative instruction. There are four primary needs:

1. Organic Health Care: This refers to nutritional, respiratory, gastrointestinal, seizure and medication, cardiac, and body temperature control needs.

2. Structural Needs: This refers to positioning needs in order to prevent further bone, joint, muscle and skin deterioration.

Correct positioning is important in order to facilitate both voluntary motor control and sensory input.

3. Social-Emotional Needs: Some individuals with profound disabilities require large amounts of caregiving time due to their health and structural needs (respiratory distress, gastrointestinal disturbance, physical discomfort, etc).

This may elicit and typically requires caregiving behavior from staff, such as holding, rocking, touching, and calming vocalizations.

4. Cognitive, Sensory, and Communication Development: This refers to an attempt to increase an individual's alertness to the environment, and their interaction with people and objects.

Activity selection

Be creative! Activities centered around switch operation for cause and effect are often selected for individuals.

If possible, the item activated should be multisensory (battery operated toys, vibrators, televisions, radios, tape recorders, and computer programs).

Movement-based activities are another option. There are two purposes for these activities:

1. For the development of motor skills and includes range of motion exercises; vestibular stimulation, and proprioceptive, protective, and balance reactions; and
2. Acquisition of cause and effect behaviors and early communication (includes behaviors such as rocking, swinging, and bouncing).

Recreation and leisure activities with nondisabled peers should be planned.

When possible, all activities except personal or private hygiene should be done in multiple environments, including in the community.

Locations and interactions should be determined by the individual's health, physical state, and behavioral responses to those people and settings, rather than preset by staff beliefs.

Adaptive Equipment

Ensure each individual has the adaptive equipment and assistive technology necessary for him/her to function with increased independence.

The fundamental regulation² at W436 requires the facility furnish, maintain in good repair, and teach individuals to use and make informed choices about the use of dentures, eyeglasses, hearing and other communication aids, braces, and other devices identified by the team as needed by the individual.

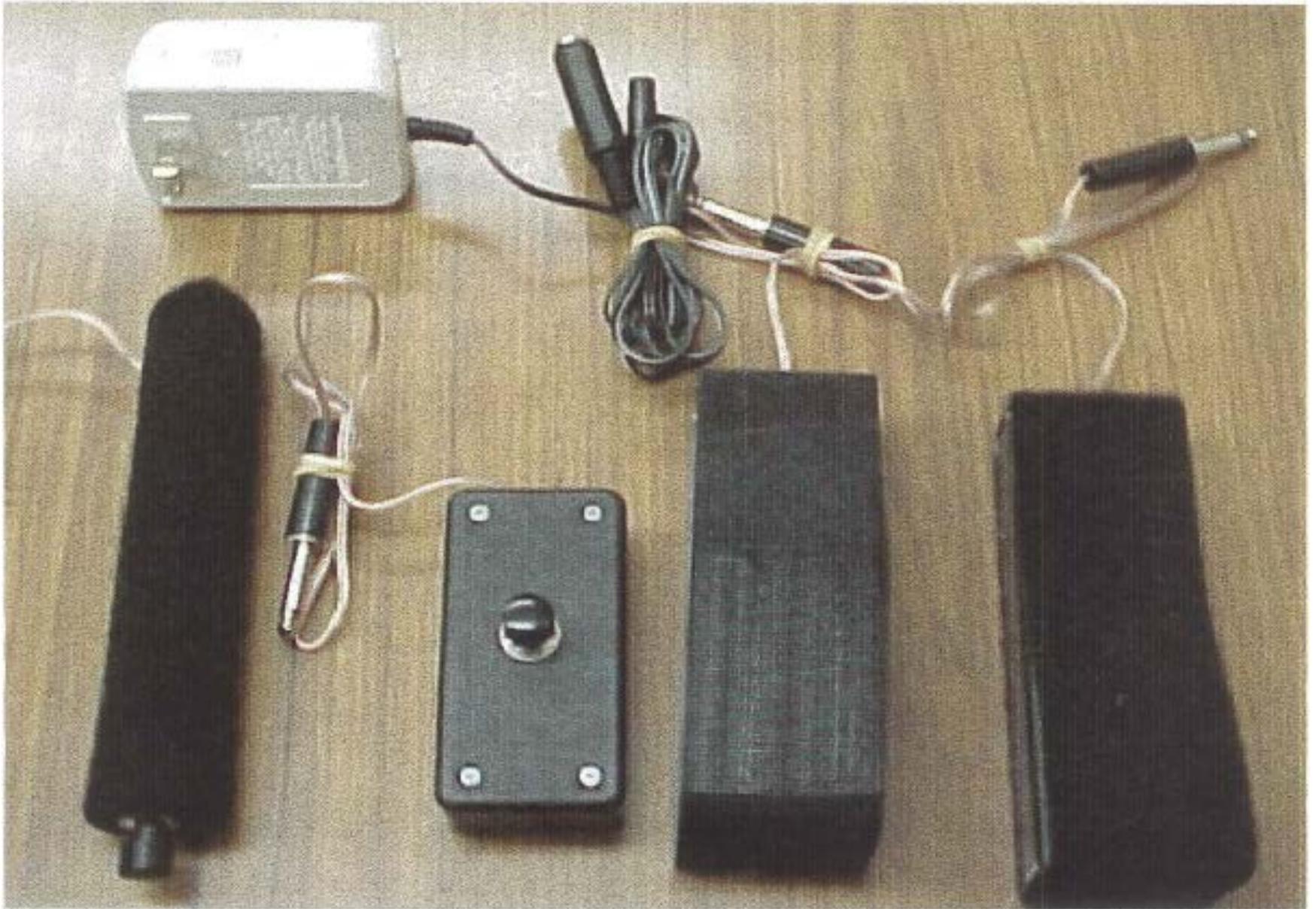
Adaptive equipment should be based on professional recommendations (i.e., augmentative communication device from speech therapist).

Sensory integration is but one of several approaches in active programming supports; it can offer a more sophisticated and therefore more effective approach to diminishing unwanted behavior and increasing wanted behavior.

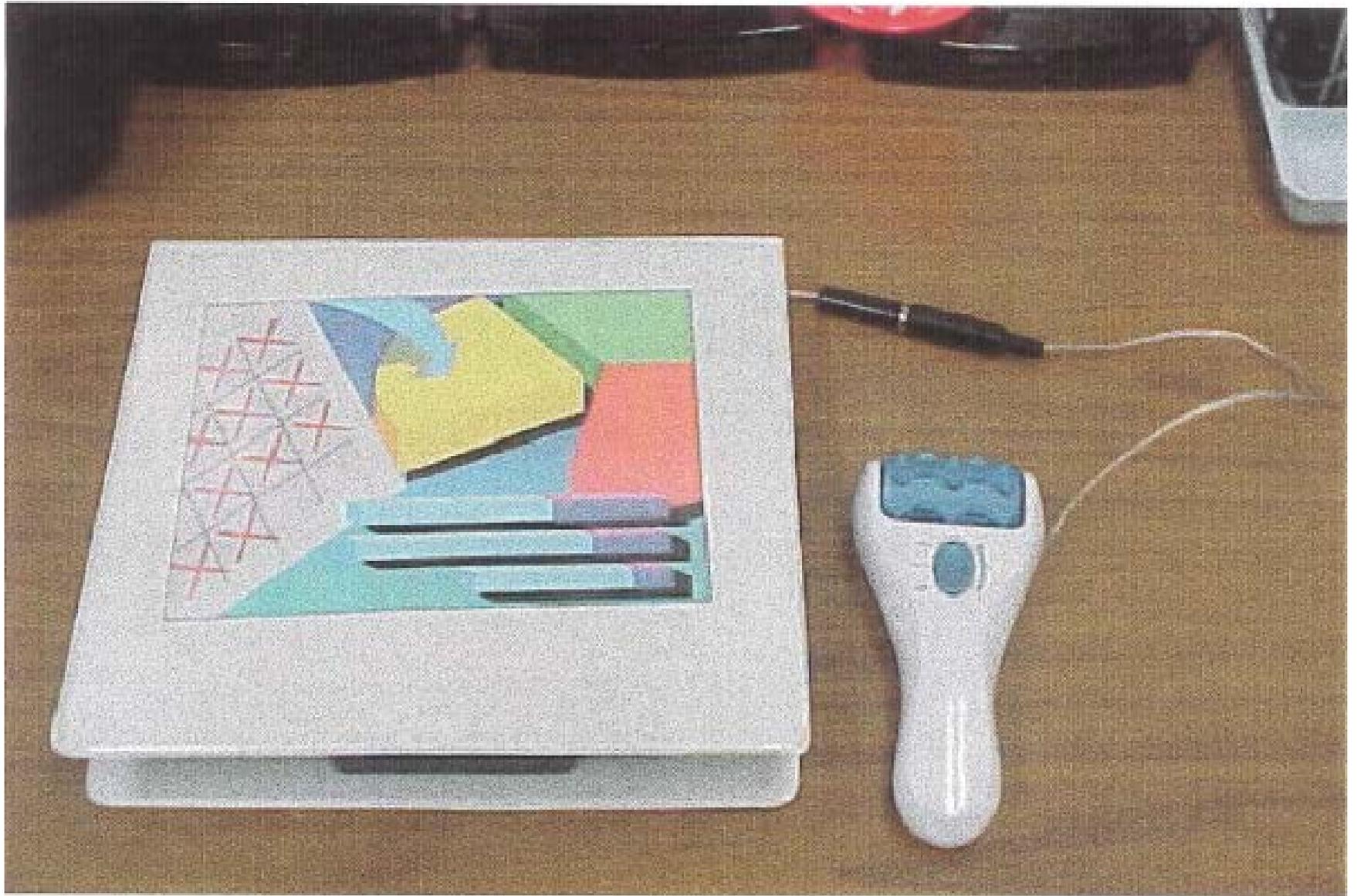
Micro-switches

Micro-switches³ and adapted materials are used for two main purposes:

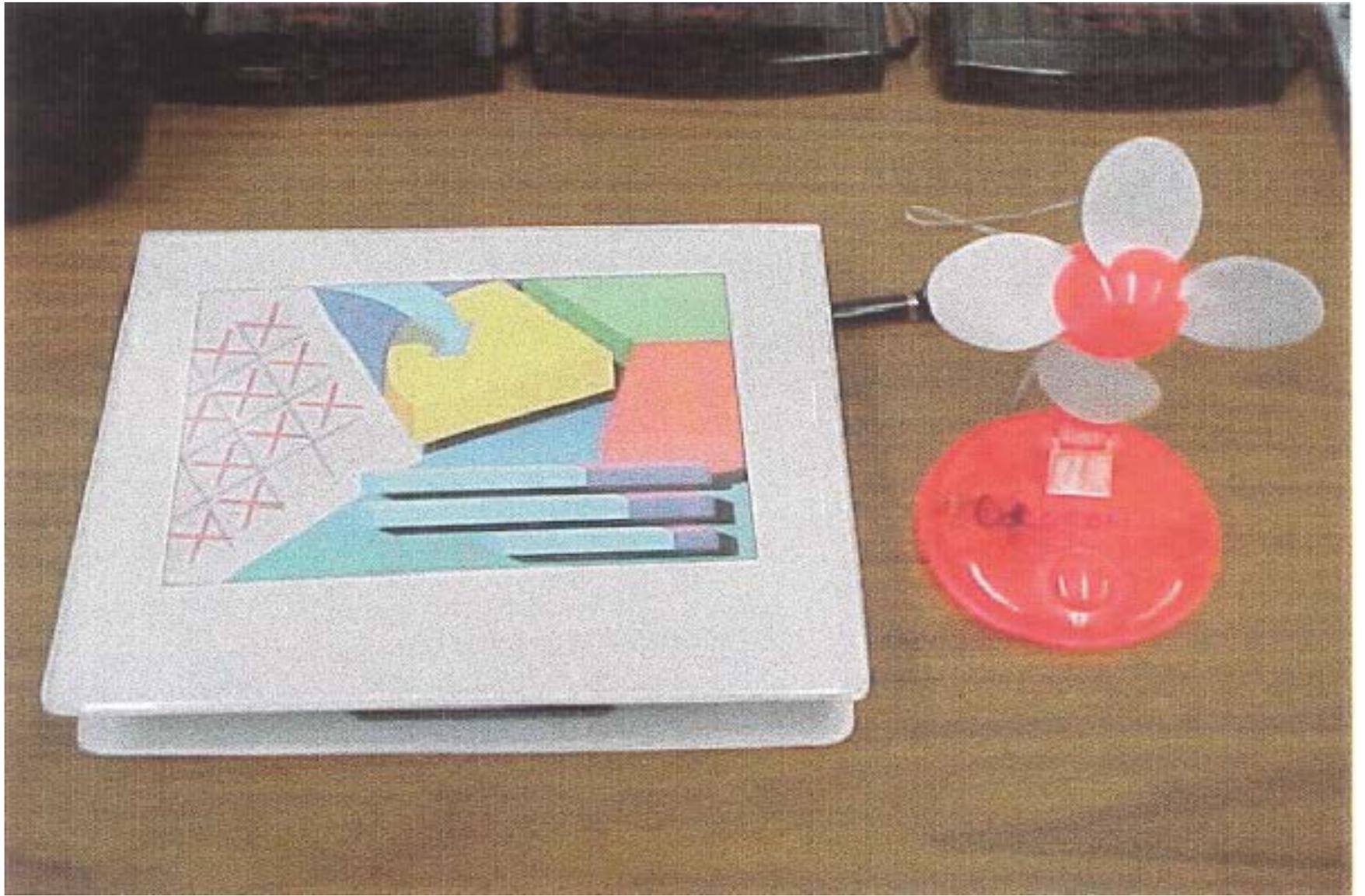
1. To make it easier for individuals to manipulate their environments.
2. To force positive interaction with otherwise static objects and activities.



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References

- ¹ Sternberg et al. (1994). Individuals with Profound Disabilities: Instructional and Assistive Strategies. (3rd ed. pp. 297-298, 342-347, 375-377). Austin, TX: PRO-ED.
- ² *State Operations Manual Appendix J - Guidance to Surveyors: Intermediate Care Facilities for Persons With Mental Retardation*. Retrieved from http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_j_intermcare.pdf
- ³ Information garnered from prior work experience from state survey team members.

Send us your comments or questions to

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