

Adapting to Age-Related Changes in the Home, Day Program and Community

Promoting good health and quality of life for adults with
IDD who are aging or experiencing dementia



Aging and Intellectual and Developmental Disability

- * Adults with IDD may experience natural aging processes at an earlier age than those in the general population
- * Adaptations help ensure safety and promote full and safe participation across all settings
- * Community partnerships can be important resources that should be fostered



Adapting The Residence for Aging Adults with IDD



Today's Speakers

Mary Jo Cooper



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Photos provided by Bay Cove



How do you adapt residences for people with intellectual and developmental disabilities?



Aging, Choice and Quality of Life

- * Individual choices for quality of life
- * Aging in place
- * Caring for someone in a community residence at end of life



Individual Choices: Retirement

- * Making the decision to retire
- * Considering the need for special settings for elders
- * Looking at other community alternatives



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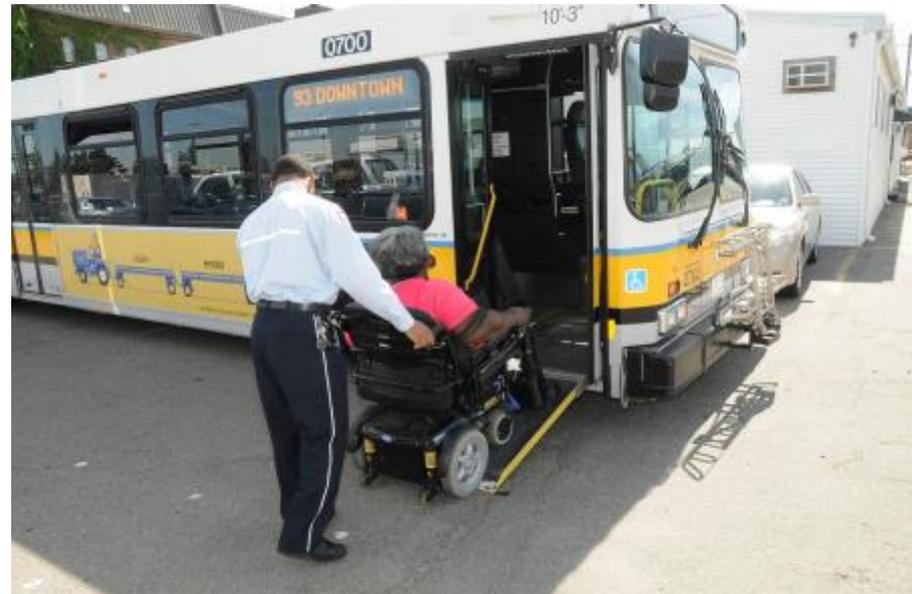
Planning for Retirement

- * Planning for retirement
 - * Staffing needs
 - * Appropriate community activities
 - * Continued relationships with housemates and friends
 - * Flexible schedule
- * Plan well in advance of retirement, as part of ISP meeting, and have ongoing discussions with the DDS Area Office



Retirement: Utilizing Community Options

- * Residential staff now play an enhanced role in community integration
 - * Senior centers
 - * Memory cafés
 - * Transportation
 - * ADRC
 - * Adult day care



Bringing the Community In

- * Look for community services and activities that can be brought into the home to facilitate a meaningful day for homebound elders
 - * Musical groups
 - * Religious or prayer groups
 - * Volunteer companions
 - * Companion animals
 - * Hairdressers/barbers



Accommodating personal choice in the home



Aging in Place

- * Support people in their own home as they age
- * Strive to keep people at home, rather than placing in nursing homes
- * Modify the environment or bring in additional supports
- * Hospice is an option



What are some comfort and safety measures in the home?



Everyday Choices: Eating and Diet

- * Changes in nutrition
- * Aspiration precautions
- * See links at the end of this webinar for more information



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Monitoring for Safety

- * Locking doors and restricting access to unsafe places, including outdoors
- * Extra monitoring to ensure safety in the kitchen
- * Extra monitoring to prevent wandering
- * Monitoring to protect against and respond to falls
- * Reminders and monitoring around medications, eating and other activities of daily living
- * Support during periods of agitation



Adapting for People Who are Frail or Nearing End of Life

- * Hospital beds
- * Medical equipment
- * Staffing adjustments
- * Incorporating outside care (hospice, home health)
- * Consult Area Office, as well as Quality Enhancement for other modifications:
 - * Safety plans and simulated drills



Care at the Actual End of Life

- * Medical orders and any other paperwork must be accessible, and staff informed about them
- * Pain management
- * Emotional and spiritual care
- * Physical care
- * Watching for death/signs of death
- * Have a **written plan** for when the person passes and ensure all staff know the plan



Effects on Peers

- * Emotions
 - * Fear
 - * Sadness
 - * Confusion
 - * Jealousy over attention
- * Relationship changes with housemates
- * Environmental changes
- * Increased traffic in home



Supporting Peers

- * Maintain open communication
- * Listen to their concerns and fears
- * Encourage them to continue to interact with the dying individual
 - * Model this behavior
 - * Help them find a meaningful way to commemorate the person



Supporting Staff

- * Frequent and on-going staff meetings
- * Talking to staff before and during implementation of palliative care or hospice services
- * Increased management presence



Implications for the Agency: Staffing

- * There will be an increased staffing need
 - * May have to add coverage, especially during the day if someone is no longer attending day program
 - * May be an increase in staff call outs or requests for time off when a person is ill
 - * May need to increase overnight coverage



Leadership Modeling

- * Modeling is important
 - * How to comfort a person who is very ill or dying
 - * How to talk to housemates and peers

- * Report the death to the Area Office on behalf of staff
- * Be sensitive during follow up with staff who were present at the time of death



Remember: Communicate Across Settings

- * People you're caring for have many connections
- * Keep communication open
 - * Frequent meetings
 - * Written communication
 - * Share notes and concerns
- * Be aware of all current medical and end of life orders



Additional Webinars

Adapting to Age-Related Changes in the Home, Day Program and Community Series:

- * Adapting the Residence for Aging Adults with IDD
- * Adapting the Day Program for Aging Adults with IDD
- * Honoring Cultural Practices and Individual Preferences
- * Community Inclusion and Solutions



Additional Resources

Massachusetts Department of Developmental Services (DDS)
www.mass.gov/eohhs/gov/departments/dds/aging-with-id.html

Center for Developmental Disabilities Evaluation & Research
https://shriver.umassmed.edu/cdder/aging_idd_education/



Additional Resources

Dysphagia, Aspiration, and Choking

<https://shriver.umassmed.edu/programs/cdder/webinars/dysphagia-aspiration-and-choking>

Health Promotion and Aging in Adults with IDD

https://shriver.umassmed.edu/cdder/aging_idd_education/health-promotion



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