2025

FACILITATOR GUIDE

SECTION 4: NAVIGATING APPOINTMENTS AND INTERACTIONS

Developed by

Woods
System of Care

The New Jersey Council on Developmental Disabilities

Section 4

Navigating Appointments and Interactions

Objectives:

After this training, participants will be able to evaluate their own appointment procedures through the lens of Universal Design and understand the modifications that can help to make an appointment successful.

- Participants will be able to apply the principles of Universal Design to create more accessible and inclusive therapy sessions.
- Participants will be able identify and implement strategies to address physical, sensory, cognitive, and communicative difficulties in the therapy environment.
- Participants will be able to identify and implement strategies for adapting the pre-appointment, appointment, and post-appointment procedures for more successful visits for individuals with I/DD.
- Participants will be able recognize signs of cognitive overload in clients with I/DD and employ appropriate de-escalation techniques.
- Participants will be able utilize effective communication strategies tailored for individuals with I/DD, including the use of plain language and visual aids.
- Participants will be able develop and implement post-appointment strategies to ensure continuity of care and effective collaboration with the client's support team.

Section Files:

PowerPoint

Rise Course

Script

Participant Resources

Activity Resources

Other Sections in Series:

01 Introduction to Intellectual and Developmental Disabilities

02 Trauma-Informed Care for Individuals with I/DD

03 Assessing and Treating Mental Health Issues in Individuals with I/DD

04 Navigating Appointments with Individuals with I/DD

05 Crisis Prevention and Intervention

Outline:

1) **Preparation** - *Remember Universal Precautions and Implement Universal Design*
   a) **Introduction** – **Universal Thinking**
      i) Universal Design
      ii) Universal Design for Learning
      iii) Universal Precautions
   b) **Universal Design for Therapy Sessions**
      i) Physical
      ii) Sensory
      iii) Cognitive
      iv) Communicative
   c) **Wrap-up**
      i) Intersection of Universal Precautions and Universal Design

2) **The Appointment**
   a) **Pre-Appointment**
      i) Personal Preparation
         (1) Understanding the I/DD Diagnosis
         (2) Preparing for Potential Challenges
         (3) Preparing the Individual
      ii) Environment Adaptations
         (1) Scheduling
         (2) Waiting Area
         (3) Office
   b) **The Appointment**
      i) Determining Consent for Treatment
      ii) Giving Directions/Helping with Skill Development
      iii) Working with Support Team
   c) **Post-Appointment**
      i) Follow-up care
      ii) Follow through on treatment plans
      iii) Developing relationships with the support team

Section 4 Facilitation Schedule — 90 mins total

Break: 5/10 mins between Section 3 and Section 4

- **Introduction Activity:**

Presentation Pt. 1 - The Appointment: *Universal Design in Therapy 45-60 mins*

break

Before each of the next segments, have a brainstorm for participants to think through Universal Design & Universal Precaution practices that can benefit each part of the therapy session.

Presentation Pt. 2 - The Appointment 30 mins

- **Pre-Appointment Brainstorm**
- **Appointment Brainstorm**
- **Post Appointment Brainstorm**

Case Studies Activities: Returning to previous Case Study groups, consider accommodations and modifications that can be made for their individual. Note which ones are good Universal Design that would be accessible to anyone and note which modifications might be individual specific.

Sticky Note Activity: Take down any remaining sticky notes that have been answered

Materials & Prep

Materials Needed:

☐ Pens

☐ Extra paper

☐ Case Study printouts

☐ Printouts for Activity 1

☐ Printouts for Activity 2

General Prep:

☐ Print Activity 1 Sheets – there are 5 different sheets and should be groups of 4-5, depending on the number of participants, duplicates of the sheets might be needed.

☐ Print Activity 2 Sheets and cut the sheets in half. There are 5 different sheets, you will need 1 sheet for every 2 participants. Print according to number of participants.

☐ Case Studies are a continuation from the previous section. If the trainings are all being done in the same day, then they would get the Section 3 sheet after this section. If the trainings are being done separately, determine how to do the case studies. It is possible to adapt them by removing some of the questions for Section 2.

Quick Guides: Part 1 Universal Design

Big Idea: When we design for universal accessibility, we create an environment that better meets the needs of people with I/DD from the start.

When we implement universal design principles for accessibility, we create an environment that proactively accommodates and supports people with I/DD, eliminating barriers and reducing the need for individual accommodations from the very beginning. This approach ensures that our spaces, communications, and services are naturally inclusive and welcoming to all.

Timing: 45 mins

- **5 mins** Activating Activity: This will be done at the end of the case studies. Start session with hearing their responses.
- **10 mins** Universal Design/Universal Design for Learning/Universal Precautions
- **30 mins** Universal Design in the Therapy Session

Part 1: Universal Design		Timings: 45 mins total	
3) Introduction		10 mins	**AM/PM**
a) Universal Design	**4 slides**		
b) Universal Design for Learning	1 slide		
c) Universal Precautions	1 slide		
4) Universal Design for Therapy Sessions	**27 slides**	30 mins	
a) Physical	3 slides		
b) Sensory	7 slides		
c) Cognitive	6 slides		
d) Communicative	9 slides		
5) Wrap up through Universal Precautions	**4 slides**	5 mins	**AM/PM**

Quick Guides: Part 2 Preparing for the Appointment

Big Idea: Essential strategies for supporting individuals with I/DD during appointments.

Key strategies for successful appointments include three phases. Before the visit, thoroughly gather necessary documentation, prepare the individual, and establish clear procedures from scheduling through attendance. During the visit, use clear and direct communication in all interactions while ensuring appropriate accommodations are in place—communicate directly with the individual (not just their support staff), allow extra time for processing and responses, and adapt the environment to reduce potential stressors. After the appointment, follow up with other IDT Team members, connect the individual with external resources and support, and maintain clear communication about follow-up plans.

Timing: 25-40 mins

This should be flexible considering how long the previous session took.

- **10 mins** Pre-Appointment
- **10 mins** Appointment
- **10 mins** Post Appointment

Wrap-up 10 mins: Case Study

Part 2: Preparing for the Appointment		Timings: 25-40 mins total	
1) Pre-Appointment	**9 slides**	10 mins	_____ AM/PM
a) Case Information	1 slide		
b) Scheduling	1 slide		
c) Clinic	3 slides		
d) Individual	1 slide		
2) The Appointment	**5 slides**	5 mins	
a) Determining Consent for Treatment			
b) Giving Directions/Helping with Skill Development			
c) Working with Support Team			
3) Post-Appointment	**6 slides**	**10 mins**	
a) Follow-up care			
b) Follow through on treatment plans			
c) Developing relationships with the support team			
Case Studies		**10 mins**	**AM/PM**

Facilitator's Notes

If being used in the same session as previous sections, skip this and the following slide

Slide Text:

Welcome to our five-part training on working with individuals with an Intellectual and Developmental Disabilities diagnosis.

Introduce self:

This training was developed by Woods System of Care under a grant funded by NJCDD to provide insight, guidance, and recommendations for providing safe, thoughtful care to individuals with IDD.

Timing: .5 min

Intellectual and Developmental Disabilities in the Mental and Behavioral Health Care Setting

A Five-Part Training Developed by Woods System of Care for Bridgeway Behavioral Health Services

Do:

- This slide should be up as participants are entering and getting settled.

- Consider having some music playing in the background.

- Welcome Participants.

Material Notes:
Throughout the facilitator's guide, in this section we will include additional information and references so that you can continue to learn and be able to provide participants with additional information as needed.

Trainer Notes:

Facilitator's Notes

If being used in the same session as previous sections, skip this and the following slide

Slide Text:

This training will be broken into 5 one-hour sections:

Section 1: Understanding Intellectual and Developmental Disabilities (I/DD)

Section 2: Trauma-Informed Care for Individuals with I/DD

Section 3: Assessing and Treating Mental Health Issues in Individuals with I/DD

Section 4: Navigating the Appointment

Section 5: Crisis Prevention and Intervention as Part of the Support Team

By the end of this training we hope that you will feel more confident working with individuals with I/DD and have concrete ideas for making the appointment go smoothly, creating and communicating a treatment plan, and utilizing resources for broadening your understanding of this community.

Timing: .5 min

Do:
This slide should just be briefly touched on

Material Notes:

03 TITLE SLIDE

Facilitator's Notes

Timing: .5 min

Speaker Script:

This portion of our training today will be on the practical considerations and modifications that we can make to create welcoming, accessible therapy sessions.

Do:

Material Notes:

Trainer Notes:

04 AGENDA

Facilitator's Notes

Timing: .5 min

Speaker Script:

We will do this through exploring the concept of Universal Design and revisiting Universal Precautions.

Then, we will look at practical ways to put these concepts into action in the therapy session.

We will end with continuing our Case Study Discussions.

Do:

Material Notes:

Trainer Notes:

Facilitator's Notes

Speaker Script:

After this training, you will be able to evaluate your own appointment procedures through the lens of Universal Design and understand the modifications that can help to make an appointment successful to the widest range of individuals. Specifically, you will be able to:

- Apply the principles of Universal Design to create more accessible and inclusive therapy sessions.

- Identify and implement strategies to address physical, sensory, cognitive, and communicative difficulties in the therapy environment.

- Recognize signs of cognitive overload in clients with I/DD and employ appropriate de-escalation techniques.

- Participants will be able to identify and implement strategies for adapting the pre-appointment, appointment, and post-appointment procedures for more successful visits for individuals with I/DD.
- Participants will be able develop and implement post-appointment strategies to ensure continuity of care and effective collaboration with the client's support team.

Timing: .5 min

Do:

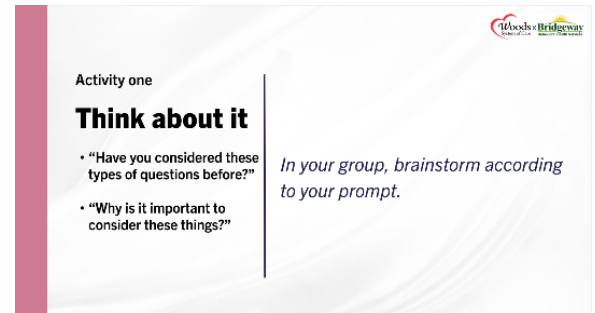**Material Notes:**

Trainer Notes:

Facilitator's Notes

Speaker Script:
Instructions:

- Print question sheets - these are located at the end of this guide.

- Divide participants into 4-5 groups.

- Have them brainstorm according to the question on the sheet. Set a timer to encourage quick thinking or have it as a "Do now" when they enter for the session.

- Debrief by having each group share what they came up with.

  - Ask: "Have you considered these types of questions before?"

  - "Why is it important to consider these things?"

Timing: 5 mins

Do:

Material Notes:

Trainer Notes:

Facilitator's Notes

Speaker Script:

What is Universal Design?

Universal Design is a concept or model for designers and architects, or those working in the area of design, to help them consider the useability of an object or space.

The idea is that designing one thing that is accessible to all is better than making many modifications for each individual.

Designing a building with all doors to be wide, with easily navigable corridors, with ramps built-in, means it's accessible for all people: not just those in wheelchairs, but also mothers pushing strollers, elderly people with walkers, people on crutches. It is far more cost effective to design for inclusion from the outset than to retrofit something existing.

Timing: 1.5 mins

Do:

Universal Design attempts to go beyond just accessible design, which, while vital, is focused on the disability rather than inclusivity and universality.

Material Notes:

Trainer Notes:

Facilitator's Notes

Timing: .5 min

Speaker Script:

While these concepts may seem like common sense, a lot of thought goes into creating a universal design. We can also apply this model to other domains. Universal Precautions and Universal Design for Learning seek to take these ideas and apply it to personal interactions and learning, and we will consider how we can apply it to the therapy session today. (Elaine Eisenbaum, Singleton, & Jones, 2021)

"The design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design."
— The Center for Universal Design

Do:

Material Notes:

10

Facilitator's Notes

Timing: .5 min

Speaker Script:

Why is this important? As Steinfeld and Maisel wrote in their book on design,

"A process that enables and empowers a diverse population by improving human performance, health and wellness, and social participation. In short, universal design makes life easier, healthier, and friendlier. This process involves continuous improvement, based on the resources available, toward the ultimate goal of full inclusion. - Steinfeld & Maisel (2012)

By employing universal design principles, whether in therapy or our building space or our learning, we are seeking to empower others in a wide variety of ways.

A process that enables and empowers a diverse population by improving human performance, health and wellness, and social participation.
- Steinfeld & Maisel (2012)

Do:

Material Notes:
Universal Design is definitely rooted in idealism. It is something to aspire to, while recognizing that it's not always possible.

Trainer Notes:

Facilitator's Notes

Speaker Script:

The Center for Universal Design at NC State University published seven principles of

Universal Design:

• Equitable Use

• Flexibility in Use

• Simple and Intuitive in Use

• Perceptible Information

• Tolerance for Error

• Low Physical Effort

• Size and Space for Approach and Use

Reading this list, we can see how these ideas make sense for everyone, not just someone with a disability.

Example of Universal Design if needed *(or ask for examples):*

A good example is the *lever door handle* versus the *doorknob*.

Equitable

Can be used with or without hands - good for everyone, amputees, someone with an injury, person holding a baby, person carrying lots of things.

Flexible

Can be used in a massive range of settings, no need for anything special like electricity or something.

Simple, Intuitive & Perceptible Information

It is intuitive to press down on the handle.

Tolerance for Error

Even hitting it on the edge can open it if you don't fully grasp the whole handle.

Low Physical Effort

Very little strength is needed to open.

Size and Space for Approach and Use

Easy to adapt for space and situation. *(College of Design, 1997)*

Timing: 5 mins
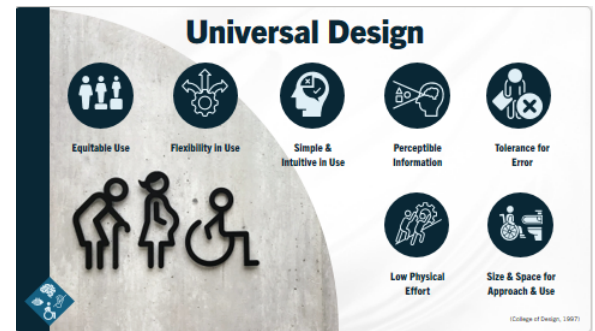
Do:

Expand on these notes as you would like, refer to presentation recording for examples

Material Notes:

"The design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design." (College of Design, 1997)

Trainer Notes:

Facilitator's Notes

Speaker Script:

The Center for Applied Special Technology took this concept and applied it to education to encourage better learning strategies for all regardless of intellectual or physical disability. They created three categories:

Multiple Means of Engagement — Providing multiple access points and ways of interacting with the learning.
Multiple Means of Representation — Providing multiple formats for presenting content.
Multiple Means of Action and Expression — Providing multiple ways to show learning and understanding.

Designing and implementing practice with these principles can save time and money in the long run. (*CAST, 2024*)

Timing: 1 min
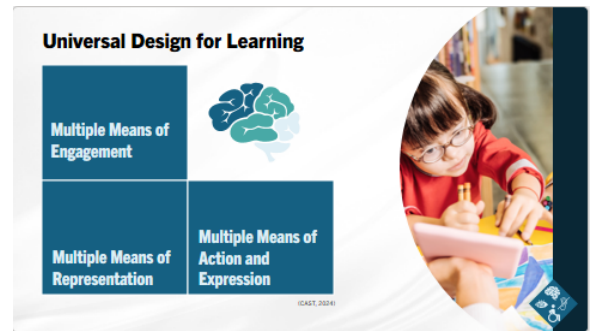
Do:

Material Notes:

Trainer Notes:

Facilitator's Notes

Timing: .5 min

Speaker Script:

If we return to Universal Precautions for Trauma-Informed Care, we have 5 principles:

1. Safety
2. Trustworthiness
3. Choice
4. Collaboration
5. Empowerment

These create a set of values in which to interact with all people, understanding that we might never know if someone has been through trauma or what their triggers might be. By interacting through these values, we can create safe interactions for everyone. *(University at Buffalo, n.d.)*

Do:

Material Notes:

Trainer Notes:

Facilitator's Notes

Timing: .5 min

Speaker Script:

Now, we are going to think about how this idea of Universal Design can be applied to the therapy session and how we can design and plan for an experience that will be a suitable entry point for everyone, regardless of whether or not they have an I/DD diagnosis.

Do:

This does not mean that we won't still make modifications and accommodations for individual clients once their particular situations are known, but it means there will be fewer adjustments, and the entry point will be more equitable.

Material Notes:

Steps such as creating a sensory inclusive space, using plain, direct language, and creating simple and direct procedures, are good for everyone and allow individuals with I/DD to have access to care and feel comfortable without feeling like they are singled out. This also saves time in the long run because fewer adaptations need to be made.

Example:

WalMart started having Sensory-Friendly shopping hours that were more sensory friendly for individuals with Autism. They turned down lights, turned off radios, and changed TV walls to static images. It was received with overwhelmingly positive feedback. Similar programs at other public places help to make these spaces inclusive for all.

(Deaderick, Clark, & Washington, 2023)

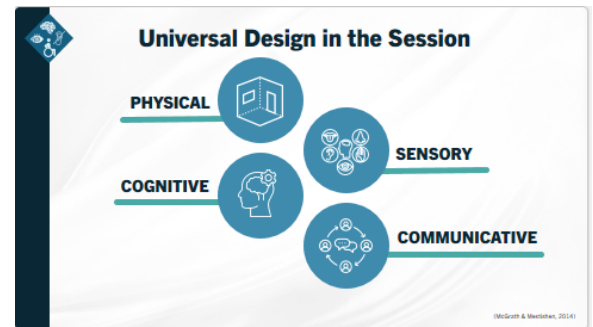## Trainer Notes:

Facilitator's Notes

Speaker Script:
So how can we apply the concept of UD to Mental Health and Behavioral Therapy? We can do this by considering four elements of a therapy session and apply Universal Design principles to these four domains:

- **Physical**
- **Sensory**
- **Cognitive**
- **Communicative**

As we cover these four domains, keep a list of what you feel is already being done well in your practice, and things that could be improved. Later, we will have some brainstorming sessions to create a list of specific things you might look at in your practice. *(McGrath & Mestishen, 2014)*

Timing: .5 min

Do:

Material Notes:

Trainer Notes:

Facilitator's Notes

Speaker Script:
The first domain we will think about is the Physical Domain.

Timing: .25 min

Do:

Material Notes:

Trainer Notes:

Facilitator's Notes

Speaker Script:

We will start with the Physical Domain.

This domain will help us to consider how individuals experience, navigate, and respond to the physical environment of the Clinic and Office Space. Some things to consider are:

- Is the building ADA compliant? This should be the minimum standard.

- Are all elements of the space easily accessible to people?

- Mobility/Visual/Hearing – Often, along with Cognitive and Adaptive Functioning challenges in individuals with I/DD, there can be co-occurring physical disabilities leading to reduced mobility, vision, or hearing. It's important to consider the space in light of reduced mobility, reduced vision, and reduced hearing.

- Does the layout and the flow of the space make sense? There shouldn't be cognitive demand upon entering a space to figure out where to go or what to do next.

Timing: 3 min
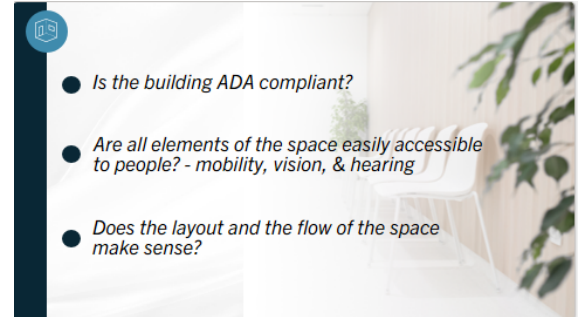
- Is the building ADA compliant?
- Are all elements of the space easily accessible to people? - mobility, vision, & hearing
- Does the layout and the flow of the space make sense?

Do:

Expand on these notes as you would like, refer to presentation recording for examples

Material Notes:

Trainer Notes:

18 PHYSICAL DOMAIN

Facilitator's Notes

Speaker Script:

- Are the elements of the space intentional? Is it clear and functional or cluttered?

- What is included in the space? What kind of furniture, plants, lighting, sounds, etc.? Do these enhance accessibility or take away?

- Do elements in the office allow for ease of use for all types of individuals? (Chairs, tables, mobility of furniture). If the client is in a wheelchair, is it easy for them to enter, and does their interaction with you put you on a "level playing field"?

Timing: 2 mins
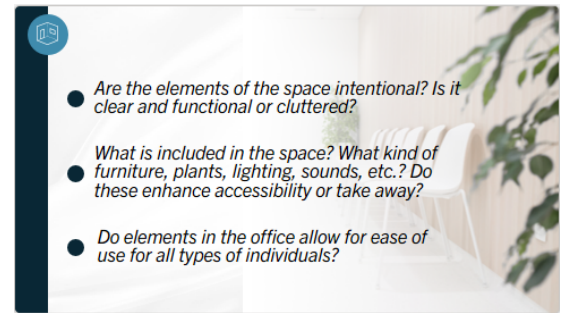
Do:

Expand on these notes as you would like, refer to presentation recording for examples

Material Notes:

Trainer Notes:

19 SENSORY DOMAIN

Facilitator's Notes

Speaker Script:
Transition Slide

Timing:

Facilitator's Notes

Speaker Script:
The next domain is the **Sensory Domain**. This covers everything to do with the 5 Senses:
• **Sight**
• **Sound**
• **Tactile**
• **Smell**
• **Taste**
Individuals may have limitations regarding the 5 senses or have heightened sensitivity to them.

Being aware of how use of the senses is incorporated into your space can go a long way towards making the space welcoming to all.

Individuals with Autism often have altered sensory processing; these sensory deficits can have long ranging impact on their social functioning. (Thye, Bednarz, Herringshaw, Sartin, & Kana, 2018)

Individuals with Down Syndrome can often have limitations with seeing and hearing.

Some things to consider for the Sensory Domain are:

Timing: 1 min

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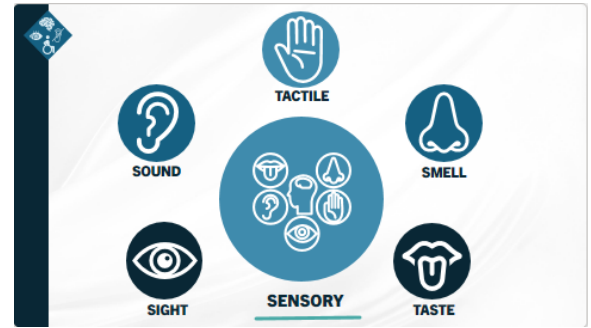
Material Notes:

Trainer Notes:

Facilitator's Notes

Speaker Script:
Sight:

- Lighting - is it harsh? Is it bright enough to easily read and process information? If it's fluorescent, does it have a loud hum?

- Flashing/Florescent lighting - can be very disruptive for individuals.

- Text and Signs - are they clear with large enough text? Are there visuals to accompany text and help with processing? Is there too much text to process easily?

- Are the colors high contrast (in print and web materials)?

- Are the colors in the waiting and office area soothing and calming or aggressive (blues and greens are typically calming, reds and oranges are aggressive)?

Timing: 1 min

Do:

6 different images to correspond with the points in the script, appear on click.

Material Notes:

Trainer Notes:

Facilitator's Notes

Speaker Script:

Sound:

- Are there lots of background noises?

- During the session, can you hear other people talking, or office noises such as the printer/copier/shredder?

- What kind of music is played in the waiting room?

- Do you look at the person when you speak to them? Can they see your lips?

Timing: 1.5 min
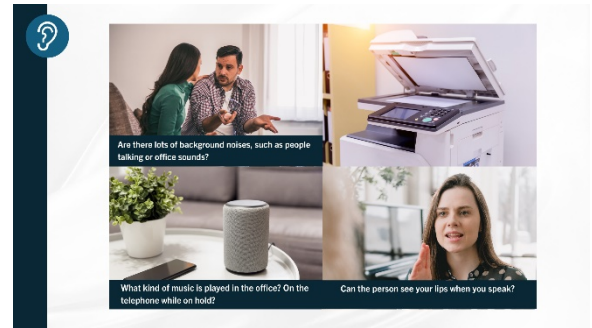
Do:

4 images to correspond with the points in the script, appear on click.

Material Notes:

Trainer Notes:

23 TACTILE

Facilitator's Notes

Speaker Script:
Tactile:

- What kinds of fabrics and textiles are used?

- Do you have fidget objects or tactile objects for clients who self-regulate through touch?

Timing: 1 min
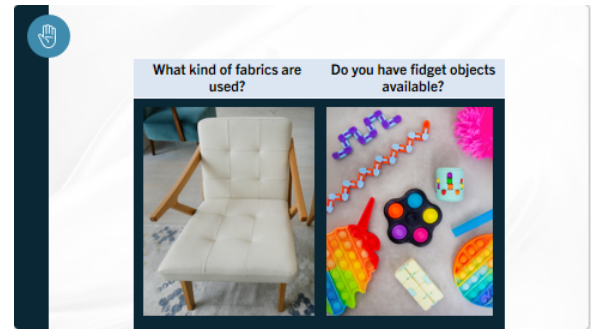
Do:

2 images to correspond with the points in the script, appear on click.

Material Notes:

Trainer Notes:

24 SMELL

Facilitator's Notes

Speaker Script:
Smell:

- What sort of fragrances and odors are in the clinic space?

- Are there outside odors that seep in (i.e. kitchen smells?)

- Do you have candles in your space?

- Do you regularly wear perfume or cologne?

Timing: 1 min
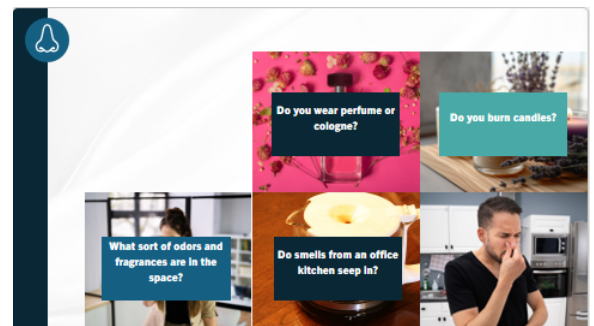
Do:

Questions pop up over images on click

Material Notes:

Trainer Notes:

Facilitator's Notes

Speaker Script:

Taste:

Taste will probably not be a source of overstimulation in a clinical setting, but sour chewy candies such as sour patch kids and starburst can help some individuals to regulate if they are feeling panicky or overstimulated. It draws the attention away from other feelings and sensations and allows someone to focus on one intense sensation.
(How Sour Candy Might Help with Panic Attacks, 2024)

All these things combined with the processing of information and new people contribute to Cognitive Overload.

Do:
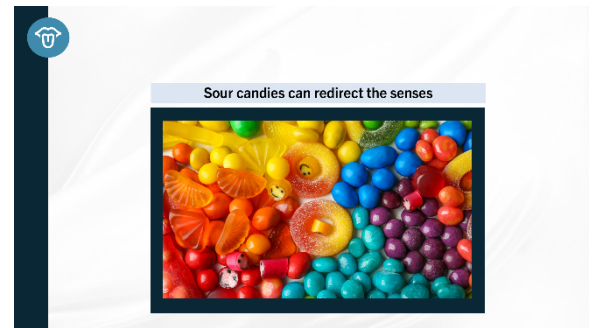
Material Notes:

Trainer Notes:

26 COGNITIVE DOMAIN

Facilitator's Notes

Timing:

Speaker Script:
Transition Slide

Do:

Material Notes:

Trainer Notes:

27 COGNITIVE OVERLOAD

Facilitator's Notes

Timing: 5 mins

Speaker Script:

Why is it important? We want to prevent Cognitive Overload. Cognitive Overload is when too much information or overstimulation creates a barrier in a person's brain, not allowing them to take in any more information. This can cause them to "shut down" or be unable to communicate effectively. This is something that anyone can experience, and most people have experienced at some point in their life. (University of Pittsburgh, n.d.)

Do:

Material Notes:

Trainer Notes:

Facilitator's Notes

Speaker Script:

Can you think of a time when you experienced Cognitive Overload? What tipped you over, and how did you feel? Turn to the person next to you and share.

For individuals with I/DD, the experience is the same, but the threshold of going into Cognitive Overload is likely to be significantly lower than for others. Once an individual is experiencing Cognitive Overload, they will find it difficult to:

- Remember information.
- Answer questions [accurately].
- Engage fully in the setting that they are in.

This feeling of overload can trigger an individual into a crisis. It can also trigger stimming in an individual.

Stimming is repetitive sensory actions that help the brain cope with the overload. Stimming can be positive or negative. Some stimming helps with self-regulation and, while it can feel disruptive to you as a clinician trying to conduct a session, it is helping the individual. This can include pacing, hand-flapping, etc. Fidget tools or toys can be more "socially acceptable" stimming. Negative stimming is when stimming becomes too intense, disruptive, or injurious to self. These cases call for intervention.

When possible, redirecting to safer stims is a good tool for de-escalation. We will cover this topic more in Course 5.

Timing: 5 mins

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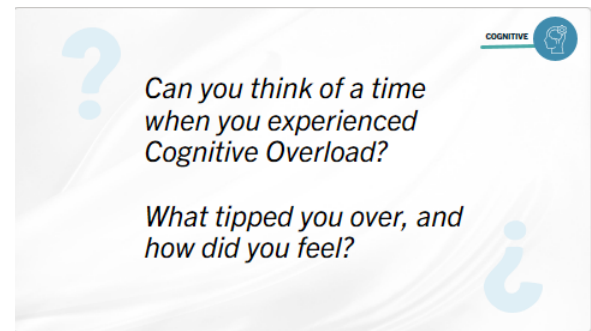
Material Notes:

Trainer Notes:

29 COGNITIVE OVERLOAD VIDEO

Facilitator's Notes

Speaker Script:
Now we will watch a video of a person with autism sharing their experience with overload.
(Agony Autie, 2018)

Timing: 3.5 min

Do:
Click to start video

Material Notes:

This website has good resources on cognitive load
https://www.reaact.pitt.edu/ProTips_Overload
PDF Sheet of Tips
https://www.reaact.pitt.edu/sites/default/files/assets/Pro%20Tips-%20%20Overload.pdf

Video Link:
https://www.youtube.com/watch?v=87jly_A_AlU&t=4s

Trainer Notes:

Facilitator's Notes

Speaker Script:

The **Cognitive Domain** focuses on how information is presented and how information is processed. This goes hand in hand with the **Communicative Domain.**

1. Consider how you present information. Do you do it in multiple ways? Verbally, written, digital, physical, words, images?

2. Do you allow time and space for people to process both complex AND simple concepts? (Remember what seems simple to you may feel very complex for the individual you are working with. Simple and complex are subjective!)

3. Are you able to identify when an individual is having difficulty understanding, and do you have multiple ways of presenting the information to help comprehension?

4. Are concepts and treatment plans clear, direct and easy to understand? *(Elaine Eisenbaum, Singleton, & Jones, 2021)*

   Question:
   Why is this important for consent for treatment?

   What are signs that someone might not understand the information?

   What do you do when you see this happening?

Timing: 3 min
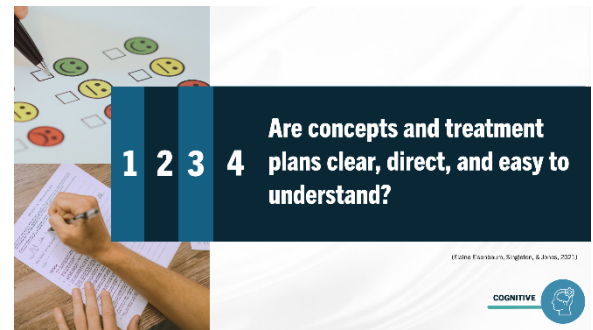
Do:

Each point slides over on click.

Material Notes:

Trainer Notes:

Facilitator's Notes

Speaker Script:
It is important to note that even if an Individual with I/DD has reduced cognitive functioning and requires many physical supports, they are still their biological age with all the lived experiences of someone at that age. They may need support in processing, and they may need direct, plain language, but they are not children and should not be treated as such.

Treating them as children takes away their self-agency and increases their risk for abuse. Often because they are infantilized, they are not provided the information or education to know how to advocate for themselves, putting them at risk for abuse, especially sexual abuse. But they might also never have been told about appropriate and inappropriate sexual behaviors in public, and so they might display inappropriate behaviors because they haven't been taught.

By treating them as adults with respect and helping them to understand what are appropriate versus inappropriate behaviors, you are helping them to know their worth and decreasing their risk for abuse.

Timing: 1 min

Do:

Material Notes:

Trainer Notes:

32 COMMUNICATIVE DOMAIN

Facilitator's Notes

Speaker Script:
Transition Slide

Do:
Material Notes:

33 THE COMMUNICATIVE DOMAIN

Facilitator's Notes

Speaker Script:

The **Communicative Domain** refers to how information is exchanged between individuals, including speech, writing, non-verbal communication, and communication via assistive devices.

This domain is especially important because individuals with I/DD often have difficulties with communication. By implementing some Universal Design principles in this area, additional modifications will be easier and less time-consuming. Plain Language and Visual Representation are probably the two biggest concepts to implement which benefit not only individuals with I/DD, but anyone who comes to the clinic. We all benefit from good design!

Timing: 1 min

Do:

Material Notes:

Trainer Notes:

Facilitator's Notes

Speaker Script:
General Communication Tips:
Person-Centered
• Use individual's name
• Make eye contact when appropriate
• Address questions to individual first

Accessible
• Try re-wording the information or request
• Some individuals may need to hear something more than once
• Be patient and give time to process and respond - wait a long time. It might feel awkward for you, but it could take a LONG time for them to respond, 30 seconds or more would be normal

Dignity
• Some individuals have better receptive language abilities than expressive
• If an individual is unable to verbally respond to questions, continue to interact respectfully with them while involving staff in the interaction

Respectful
• Consider your tone and body language for the individual's perception. How will you be perceived? Most of our communication is through non-verbal body language. We are all very aware of body language; this is just as true for individuals with I/DD. They will pick up on any unsaid, non-verbal communication
• Do not pretend to understand if you don't
• Don't finish a sentence for them, allow them to finish their thought
• Be patient with stuttering or repeating words/phrases
(Elaine Eisenbaum, Singleton, & Jones, 2021)

Timing: 4 min

Do:
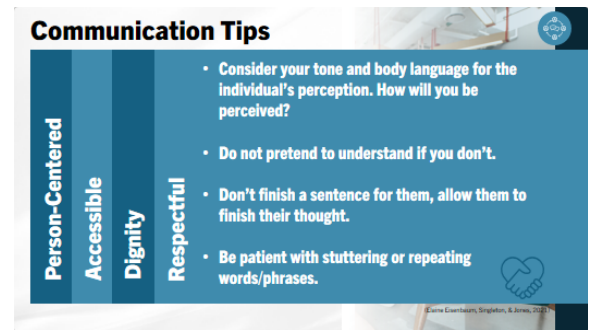
Each category appears on click

Material Notes:

Trainer Notes:

35 COMMUNICATION ACTIVITY

Facilitator's Notes

Speaker Script:
Instructions:
- Print activity cards (located at the end of this Guide).
- Group participants into pairs, and each person gets a card.
- Person A asks the question on the card.
- Person B answers with the instructions given to them on the card.
- Debrief with the questions on the slide.

- **How did this make you feel?**
- **Why is this so uncomfortable for us?**

Timing: 5 min

Do:

Each category appears on click

Material Notes:

Trainer Notes:

Facilitator's Notes

Timing: 3 min

Speaker Script:

Specific Tips for Writing and Speech

Plain Writing Tips

Remember that plain language should always be the goal - consider the age, educational background, primary language, culture, etc. For maximum understanding and accessibility by all people, ensure writing is:

Plain and Simple
- Sentences should be short! Between 12-20 words
- Use concrete language
- Use active voice

Clear
- Clarify vocabulary or symbols
- Don't use acronyms
- Omit unnecessary details

Visual
- Use bulleted lists rather than text-heavy paragraphs
- Include visual representation where possible

Digital and Print
- Text should be clean, easy to read, & not a decorative font
- Size should be 14 points or larger
- In Digital Media, font should be 18 points or larger
- Use Accessibility and Reading Level scanners in Word
  (Elaine Eisenbaum, Singleton, & Jones, 2021)

Do:

Material Notes:

Run through programs for reading level.

Often people speak about writing for a 3rd grade level or a 7th grade level, and while understanding the reading level of an individual can be very helpful, it also isn't the full picture. Comparing to what a third grader can read doesn't help anyone who isn't an elementary teacher trained in reading levels. And they are not in third grade. Whether they are a second language learner or have a lower IQ, they are still their age. A more helpful concept might be the number of words you know in a language. If you know approximately 1,000 words and word families, you can understand 75% of what is happening around you. If you want to understand TV shows, etc., you need approximately 3,000 words/word families, and to understand an in-depth news piece, you need 8,000-9,000 words/word families. 15,000-20,000 is the number of words a native speaker typically has by the time they are adults. Working on keeping your word count and sentence structure simple will go a long way for everyone to understand, whether they have I/DD, are second language learners, or just someone who is very tired/overwhelmed in Cognitive Overload. **Remind yourself to use Plain Language!** (Neeley, 2012) (Sagar-Fenton & McNeill, 2018)

Trainer Notes:

Facilitator's Notes

Timing: 3 min

Speaker Script:

Speaking in plain language

Clarity

- Use clear, concrete language
- Avoid jargon and metaphors
- Clarify vocabulary and symbols

Processing

- Allow for extra time to explain concepts and terms
- Provide glossary/dictionary of terms and concepts

Language

- Provide written materials in individual's chosen language
- Provide professional interpreters

Visuals

- Have visuals to clarify and provide an additional way to process
- Charts and timelines can also be helpful

(Elaine Eisenbaum, Singleton, & Jones, 2021)

Do:

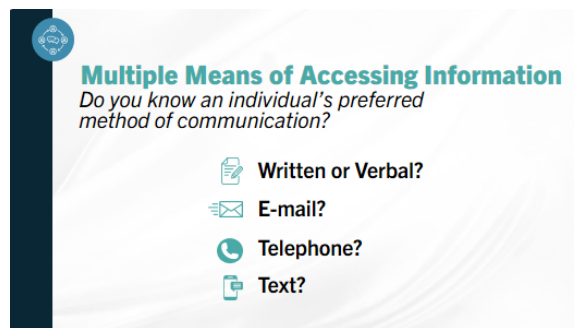**Material Notes:**

Trainer Notes:

Facilitator's Notes

Timing: 1 min

Speaker Script:

It's important that individuals have multiple ways of accessing and using tools, and make sure you understand their preferred communication method:

• Verbal instructions

• Written instructions

• Do they want a phone call, a text message, an e-mail?

Multiple Means of Accessing Information
Do you know an individual's preferred method of communication?

Written or Verbal?

E-mail?

Telephone?

Text?

Do:

Material Notes:

Trainer Notes:

Facilitator's Notes

Timing: 1 min

Communication Methods
- Sign Language
- iPad
- Pictures
- Gestures
- Parts of Words
- Vocalizations
- Letter Boards
- Apps

Speaker Script:

Non-speaking individuals

Some non-verbal individuals prefer the term non-speaking because non-verbal can imply infantile and they aren't babies, they just don't communicate out loud. It's important for you to ascertain how they like to be referred to.

• If individual is non-speaking, ask the family, guardian, or DSP how they communicate.

• Continue to communicate verbally with the individual and explain all procedures.

• Some non-verbal forms of communication you may see are:

- ◦ Sign Language
- ◦ iPad
- ◦ Pictures
- ◦ Gestures
- ◦ Word Approximations
- ◦ Vocalizations
- ◦ Letter Boards
- ◦ Apps

Do:

Material Notes:

Trainer Notes:

Facilitator's Notes

Timing: 3 min

Speaker Script:

Now we will watch a video with some tips from a non-speaking individual with Autism
(University of California Television (UCTV), 2024)

Material Notes

The whole middle section has useful information (until approximately 23:00. Show as much or as little as appropriate for timing and participants

Can also reference the Section 1 video from Cleveland Clinic. Man with Cerebral Palsy using Communication Assistive Device

Do:
video playback begins at 12:33
Video Link:
https://www.youtube.com/watch?v=eCa1jCKMtaU

Trainer Notes:

41 UNIVERSAL PRECAUTIONS

Timing: 1 min

Facilitator's Notes

Speaker Script:

In addition to having spaces that are inclusive and universally designed, we want all our interactions with others to be person-centered and trauma informed. Let's review the Universal Precautions that we discussed in Course 1:

1. **Safety**
2. **Trustworthiness**
3. **Choice**
4. **Collaboration**
5. **Empowerment**

42

Timing: 3 min
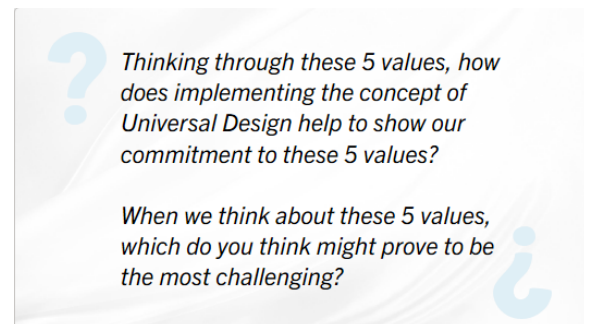
Facilitator's Notes
Speaker Script:
Questions

Thinking through these 5 values, how does implementing the concept of Universal Design help to show our commitment to these 5 values?

When we think about these 5 values, which do you think might prove to be the most challenging?
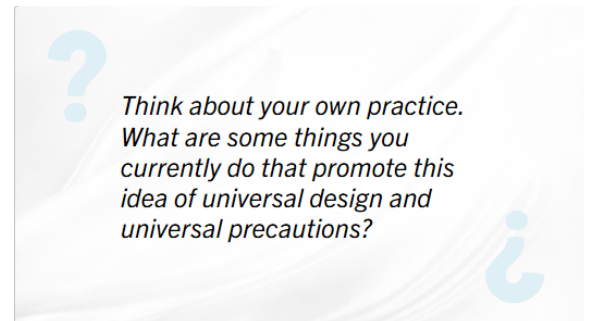

43

Timing: 3 min

Facilitator's Notes

Speaker Script:
Question

Think about your own practice. What are some things you currently do that promote this idea of universal design and universal precautions?
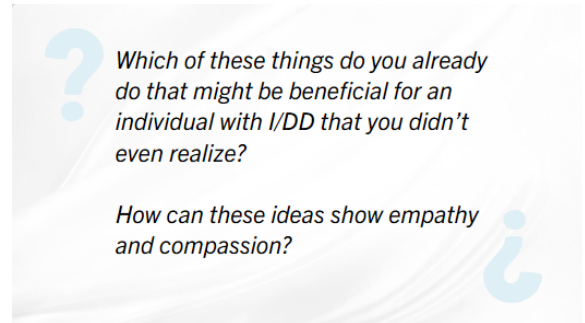
Facilitator's Notes

Speaker Script:
Questions

Which of these things do you already do that might be beneficial for an individual with I/DD that you didn't even realize?

How can these ideas show empathy and compassion?

Timing: 3 min

Do:

Ask these questions of the group. This will also help them to begin brainstorming for the next section.

Material Notes:

Trainer Notes:

PART 2

Part 2: Preparing for the Appointment   Timings: 25-40 mins total

4) Pre-Appointment   **9 slides**   10 mins   **AM/PM**
   a) Case Information   1 slide
   b) Scheduling   1 slide
   c) Clinic   3 slides
   d) Individual   1 slide

5) The Appointment   **5 slides**   5 mins
   a) Determining Consent for Treatment
   b) Giving Directions/Helping with Skill Development
   c) Working with Support Team
6) Post-Appointment   **6 slides**   **10 mins**
   a) Follow-up care
   b) Follow through on treatment plans
   c) Developing relationships with the support team
Case Studies   **10 mins**   **AM/PM**

46 THE APPOINTMENT

Facilitator's Notes

Speaker Script:
The Appointment
Transition Slide

Timing: .25 min

Do:

Material Notes:

47 PRE-APPOINTMENT

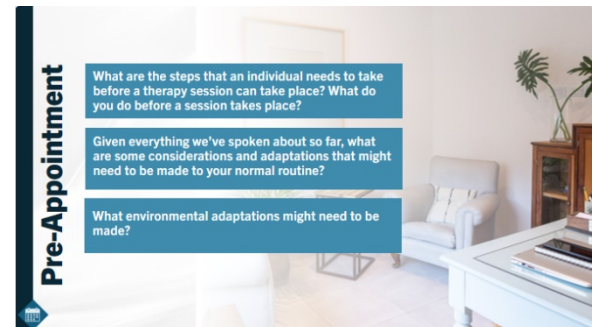### Facilitator's Notes

Speaker Script:

Now, I would like to move into a brainstorming session where we think through all aspects of the therapy session. We will start with everything that might happen pre-appointment.

What are the steps that an individual needs to take before a therapy session can take place? What do you do before a session takes place?

Given everything we've spoken about so far, what are some considerations and adaptations that might need to be made to your normal routine?

What environmental adaptations might need to be made?

Timing: 3 min

Do:

Material Notes:

Trainer Notes:

Facilitator's Notes

Timing: 1 min
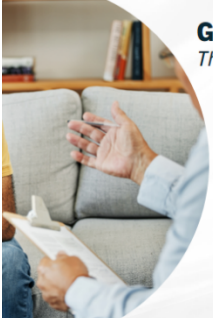

Speaker Script:

Pre-Appointment Preparations

Pre-appointment (especially the first appointment) can be a big pain point for individuals with I/DD. There are a variety of reasons, and we will go over them here.

Gathering Case information

As much as possible, as discussed in the previous session, gather relevant information from the Inter-disciplinary/Professional Team and the Support Team. The severity of the diagnosis will often dictate how much of the following things need to be modified for the appointment.

Do:

Material Notes:

Trainer Notes:

Facilitator's Notes

Speaker Script:

Scheduling Procedures

- What are your scheduling procedures? Phone, website, other?

- How accessible is the scheduling?

Receptionist

- Is the receptionist aware that individuals with I/DD will be making and attending appointments?

- Are they patient and respectful on the phone?

- Are they able to communicate in plain, simple language?

Reminders

- How are reminders handled? Did you ask what way they prefer to be reminded?

Are appointments written down as well as communicated verbally?

Timing: 1 min

Do:

Material Notes:

Trainer Notes:
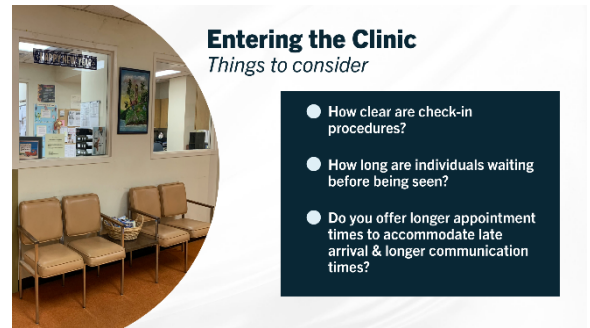
Facilitator's Notes
Speaker Script:
Appointment Time

- Understand that sometimes patients don't have control over how they get to an appointment. They are often at the mercy of drivers, families, and support professionals to get them to an appointment. Try not to penalize for late arrivals.

- Communicate directly and clearly to the individual. For example: The appointment will begin in 10 mins and then make sure that happens.

- Work to reduce waiting time for the individual.

- If possible, offer long appointment times. It can take longer to do the same amount or work in a session with these individuals. If possible, plan ahead for this with a longer appointment time, or plan to expand over two sessions as necessary.

Timing: 1 min

Do:
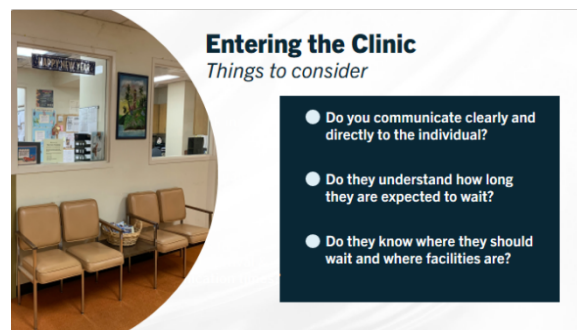
Material Notes:

Trainer Notes:

Facilitator's Notes
Speaker Script:
Communicating with the Individual

- What is your procedure upon entering the clinic?

- Do you have a sign-in sheet? Do they speak directly to someone at the counter?

- Is that procedure followed and made clear?

Timing: 1 min

Do:

Material Notes:

Trainer Notes:

52 PREPARING THE CLINIC

Facilitator's Notes

Speaker Script:

Know the individual's specific needs and prepare for them Ensure your office space is set to accommodate both the individual and anyone accompanying them.

Make sure your office is set up with safety in mind in case of a crisis. This will be discussed in detail in the next session.

Timing: 1 min

Do:

Material Notes:

Trainer Notes:

53 PREPARING THE INDIVIDUAL

Facilitator's Notes

Speaker Script:

What are some ways that you can help the client to feel comfortable even before they arrive?
• Video introduction
• Written introduction with picture
• Potential virtual walk-through prior to visit if that might be helpful
• No contact tour
• Social Stories — ask if they have used them or have experience

Timing: 1 min

Do:

Material Notes:
This website has good examples of social stories. Can be used in the session if wanted. For participant guide
https://paautism.org/resource/what-are-social-stories/
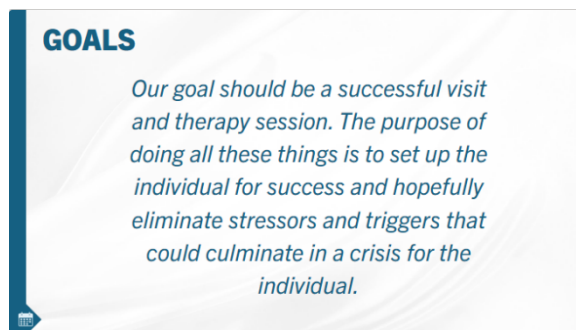
Trainer Notes:

54 GOALS

Facilitator's Notes
Speaker Script:

Our goal should be a successful visit and therapy session. The purpose of doing all these things is to set up the individual for success and hopefully eliminate stressors and triggers that could culminate in a crisis for the individual.

Timing: 1 min

GOALS

Our goal should be a successful visit and therapy session. The purpose of doing all these things is to set up the individual for success and hopefully eliminate stressors and triggers that could culminate in a crisis for the individual.

Do:

Material Notes:

Trainer Notes:

## 55 APPOINTMENT BRAINSTORM

Facilitator's Notes
Speaker Script:

Let's brainstorm specific things you might try during an appointment. We covered a lot of communication tips, and now is the chance to brainstorm how you might practically implement them.

Imagine that you have an individual with I/DD coming in tomorrow, what will be the first things you will do?

Timing: 1 min
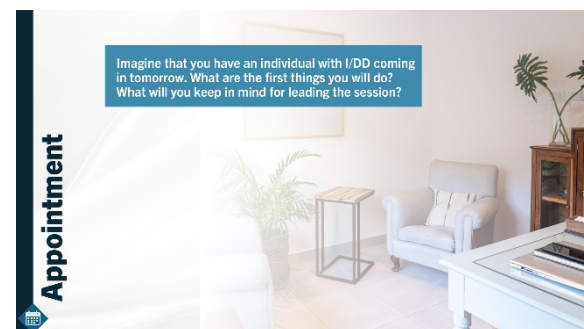
Do:

Material Notes:
If you have a specific case study or example that might be used, the brainstorm session could be framed around preparing for a specific "case." This can be changed as suitable.

Trainer Notes:

56 CONSENT FOR TREATMENT

Facilitator's Notes

Timing: 1 min

Speaker Script:

We have discussed gaining consent for treatment in the previous session. As we said before, always err on the side of caution and reach out to legal if you have any concerns. Let's consider practically what it might look like:

If the individual signs and gives their own consent, what can you do to ensure they fully understand what they are agreeing to?

If a parent or guardian gives consent on behalf of the individual, it is still important to help the individual understand the treatment. What are ways you can do this? *What other questions regarding consent for treatment do you have?*

Consent for Treatment
Things to consider

- If the individual signs and gives their own consent, what can you do to ensure they fully understand what they are agreeing to?
- If a parent or guardian gives consent on behalf of the individual, it is still important to help the individual understand the treatment. What are ways you can do this?
- What other questions regarding consent for treatment do you have?

Do:

Material Notes:

Trainer Notes:

57 HELPING WITH SKILL DEVELOPMENT

Facilitator's Notes

Timing: 1 min

Speaker Script:

Many individuals with I/DD need a lot of support in order to do the things other people do without thinking. Some of the work you do with them might be ensuring they are getting the support needed. This is where knowing the support team can be so important. If you feel the supports they are receiving aren't adequate or are restrictive, know who to speak to and know how to help the individual to self-advocate.

Helping with skill development
Things to consider

- Ensure the individual is getting the help and support to develop the daily living skills they need to reach their goals.
- Advocate for them if you feel the support they are receiving isn't adequate.
- When working on skills in the therapy session, communicate also with the support team so they can reinforce between sessions.
- Have patience, skill development can take a long time, but with careful work to scaffold the steps they can acquire them.

Do:

Material Notes:

Trainer Notes:

Facilitator's Notes

Speaker Script:
• What are appropriate ways to work with the support team or anyone who might be with the individual in the session?
• What are things you can do if you feel the support team is too intrusive in the session?
• How can you enlist the support team when it comes to session and follow-up?

The support team can be an invaluable help and resource to you, but it can take time working out a good routine and system of communication. If they are too verbal and active in the session, it is appropriate to be direct and clear and express when you need to meet with the client alone. This might mean setting a timer and they know they need to leave when it goes off, or it might be setting a specific routine for every session when they are present and when they aren't.

Also, be aware if the support team needs support themselves, or if they don't seem to be providing adequate care to the individual. Often, the people providing support also need to be informed about the support and care the individual needs, and they may be struggling themselves to offer that care. Encouraging them to find their own support system and potential therapy can help.

Timing: 1 min

Working with the Support Team
Things to consider

• What are appropriate ways to work with the support team or anyone who might be with the individual in the session?
• What are things you can do if you feel the support team is too intrusive in the session?
• How can you enlist the support team when it comes to the session and follow up?

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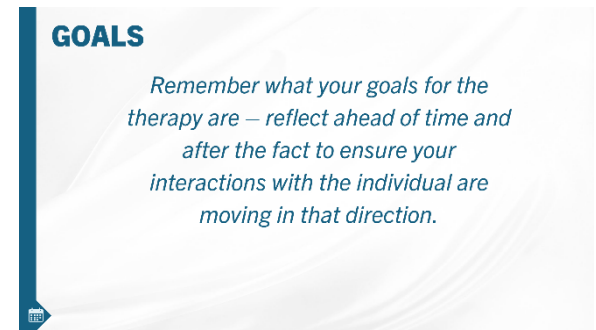
Material Notes:

Trainer Notes:

59 GOALS

Facilitator's Notes

Speaker Script:

Remember what your goals for the therapy are and reflect ahead of time and after the fact to ensure your interactions with the individual are moving in that direction.

Timing: 1 min

GOALS

Remember what your goals for the therapy are — reflect ahead of time and after the fact to ensure your interactions with the individual are moving in that direction.
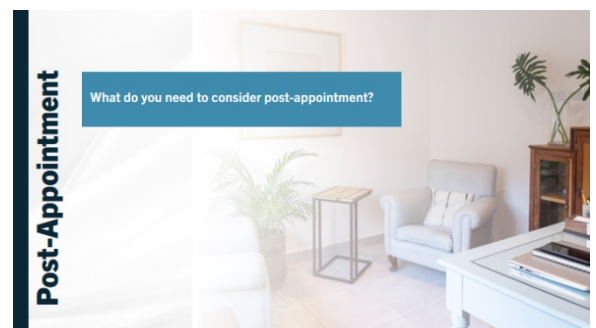
Do:

Material Notes:

Trainer Notes:

60 POST-APPOINTMENT

Facilitator's Notes

Speaker Script:

Let's brainstorm on what might happen after the appointment

Timing: 3 min

Post-Appointment

What do you need to consider post-appointment?

Do:

Material Notes:

Trainer Notes:

Facilitator's Notes

Speaker Script:

Checkout and Follow-up procedures. Give simple, clear directions of next steps for the individuals. Provide written steps if possible so they can have a reminder. Do they need to stop at the desk on the way out? Should they make another appointment? Should they communicate with you between sessions?

Timing: 1 min

Do:

Material Notes:

Trainer Notes:
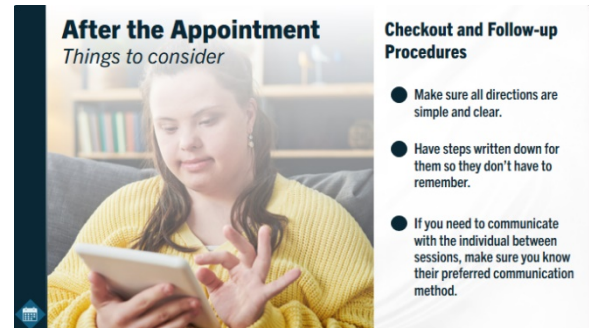
Facilitator's Notes

Speaker Script:

In fostering a commitment to treatment, it's vital to build a supportive community around the individual. One effective way to do this is through:

1. Group therapy and support groups encourage shared experiences and peer support by providing a safe space to express feelings and challenges.

    a. **For example:**
    Access to community resources increases engagement in local activities, clubs, and events; we can leverage community centers, libraries, and recreational programming. **For example**, if you know someone in your care is an avid reader, let them know about the $1 used book sale at the local library.

Timing: 1 min

Do:

Material Notes:

2. Involvement of trusted friends and family can help to build a network of support with people who understand and can provide emotional backing by encouraging participation in activities that align with the individual's interests.

    a. **For example:**
    Promoting engagement to reduce loneliness through finding community-based groups such as local art classes or sports clubs that cater to the individual's interests using familiar, trusted spaces to help them feel included and valued. **For example,** a hobby shop in town has a weekly Dungeons and Dragons game that might be of interest to someone you are meeting with.

By incorporating engagement and support networks into treatment plans, even if informally, for individuals with I/DD, clinicians can help to reduce isolation, reinforce therapeutic gains, and promote long-term mental health by providing a holistic and sustainable approach to care. This empowers individuals to take an active role in their well-being and ensure more meaningful outcomes.

Think about an individual you are currently working with — are there opportunities for community engagement, group activities, or support networks that you haven't explored yet which could benefit their treatment plan? If you're comfortable, please share any ideas or recommendations with the group.

Trainer Notes:

Facilitator's Notes

Speaker Script:
After the appointment, what updates need to be made to the Interdisciplinary Team?

Do any referrals need to be made?

Do you need additional information from anyone on the IDT?

Timing: 1 min

Do:

Material Notes:

64

Facilitator's Notes

Speaker Script:
Are you in contact with other social workers who can help to coordinate care and ensure the individual is aware of resources available to them?

Seek out other's expertise when you aren't sure how to proceed. Often, these cases can be complex, and as you are building your experience in serving this population, it is important to be aware of your limitations. Research, seek advice, and refer to a more experienced clinician if necessary.

ADVOCATE for case reviews
Another powerful tool can be having a case review done by a panel of people to provide insight into treatment plans and progress. This can give fresh perspective and additional tools and ideas for working with the individual.

Woods System of Care is a valuable resource, and there are many experts that are willing to provide resources and insight.

Timing: 1 min

**Do:**

Material Notes:

Trainer Notes:

65 GOALS

Facilitator's Notes

Speaker Script:
Our goal is that the individual is successful in implementing recommended activities and committed to the full course of therapy treatment. Follow-up and follow-through can be a very important step with individuals with I/DD.

Timing: 1 min

GOALS

Our goal is that the individual is successful in implementing recommended activities and committed to the full course of therapy treatment. Follow-up and follow-through can be very important steps with individuals with I/DD.

Do:
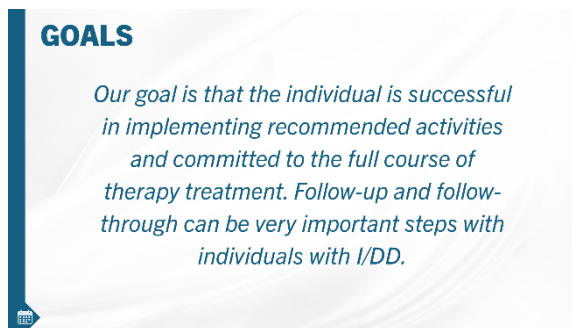
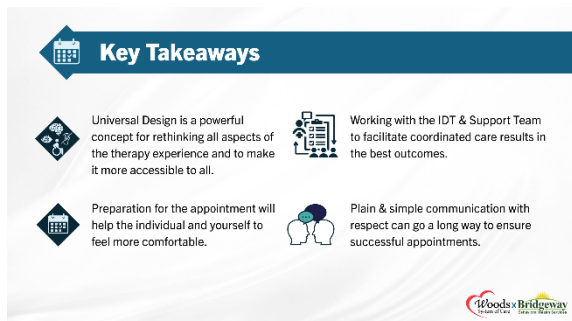**Material Notes:**

Trainer Notes:

66 KEY TAKEAWAYS

Facilitator's Notes

Speaker Script:
- Universal Design is a powerful concept for rethinking all aspects of the therapy experience to make it more accessible to all.
- Working with the IDT & support team to facilitate coordinated care results in the best outcomes.
- Preparation for the appointment will help the individual and yourself to feel more comfortable.
- Plain & simple communication with respect can go a long way to ensure successful appointments.

Timing: 1 min

Key Takeaways

Universal Design is a powerful concept for rethinking all aspects of the therapy experience and to make it more accessible to all.

Working with the IDT & Support Team to facilitate coordinated care results in the best outcomes.

Preparation for the appointment will help the individual and yourself to feel more comfortable.

Plain & simple communication with respect can go a long way to ensure successful appointments.

Woods & Bridgeway

Do:

Material Notes:

Trainer Notes:

Facilitator's Notes

Speaker Script:

Using the Case Studies from the previous course, return to your groups and walk through an appointment with that person. What considerations should be made? What barriers do you currently have in your set up that need to be removed for this individual? What questions do you still have about leading a session with this individual?

Timing: 10 min

Do:

Material Notes:

Trainer Notes:

Activities & Case Studies

Activity 1: Think About It

There are two different ways this activity could be included in the training session. The first way would be for it to be self-led as participants come into the training room. The slide can be up on the projector, and they can start adding their thoughts to the categories. The second way would be instructor-led after the training has begun. This would allow for more explanation if the trainer feels that it might be helpful. The same slide works for both.

Instructions:

1. Print question sheets.
2. Divide participants into 4-5 groups.
3. Have them brainstorm according to the question on the sheet. Set a timer to encourage quick thinking, or have it as a "Do now" when they enter for the session.
4. Debrief by having each group share what they came up with.
   a. Ask:
      i. "Have you considered these types of questions before?"
      ii. "Why is it important to consider these things?"

Activity 2: Communication Challenges

Instructions:

1. Print activity cards. (Each sheet has Person A and Person B cards, print enough sheets for half the number of participants. There are 5 different sheets.)

2. Group participants into pairs, and each person gets a card.

3. Person A asks the question on the card.

4. Person B answers according to the instructions given on the card.

5. Debrief with the questions on the slide.

    a. "How did this make you feel?"

    b. "Why is this so uncomfortable for us?"

Case Studies

The full case studies are included in the Section 3 Facilitator Guide. A condensed version is included here if the trainings aren't held consecutively.

References

Agony Autie. (2018, November 15). *Autistic Meltdowns & Overloads | "What's That?"*. Retrieved October 22, 2024, from YouTube: https://www.youtube.com/watch?v=87jly_A_AlU&t=4s

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