

Participatory Approach Philosophy Guidelines

Within the NM Medicaid Home and Community-Based (DD) Waiver, therapy services are to be delivered consistent with the Participatory Approach (PA), a philosophy that values each individual's participation in daily routines, given current levels of functioning, regardless of the type or severity of their disability. Therapy services are provided to support this vision and designed to maximize independence in contexts of daily living and community inclusion. The PA requires therapists to design and document strategies, including assistive technologies, to support each individual to engage communicatively and physically in their life. This approach rejects the premise that an individual must be "ready" or demonstrate certain pre-requisite skills before assistive technology (AT) strategies can be provided to support functional interaction. Use of assistive technologies is emphasized for individuals who are not currently able to engage in life independently. The NM DD Waiver also accepts other strategies designed by therapists to maximize function and independence. Given these therapy supports, no one is too severely disabled to participate in life's activities.

The responsibility for implementing the PA philosophy extends from therapists to direct support providers (DSP) and guardians, case managers, administrators, and those who make funding decisions. The role of therapists is to adhere to the PA during all phases of service delivery including assessment; ISP planning; Teaching and Support Strategy (TSS) development; Written Direct Support Instruction (WDSI) development; training of TSS and WDSI; monitoring; and implementation of all identified supports.

The primary domains of participation are physical and communicative. Therapists must consider supports within their respective scopes of practice that enable the individual served to participate in life to the fullest extent possible. When compensatory procedural strategies alone (i.e. step by step instructions for DSP to facilitate function) are not adequate to foster this outcome, assistive technology supports are another source of support that must be considered. Simple assistive technology supports should be considered as a possible solution to participatory challenges that may not be supported through DSP instructions. Facilitated use of AT may achieve immediate outcomes without periods of lengthy training. Each individual's preference for support shall be respected.

When working with adults with IDD and considering AT supports, the PA philosophy embraces the following assumptions:

- All individuals with IDD may benefit from the use of AT, regardless of their level of disability.
 - There is no one who is too disabled to actively participate in life.
 - All individuals shall be provided the supports to interact physically and communicatively within their environments.

- The notion of “pre-requisite” skills or “readiness” requirements that must be achieved before AT services and equipment are provided is no longer accepted.
 - Individuals are not required to achieve certain developmental milestones or certain hierarchical skills prior to participation in life activities or to be eligible for AT services or use of AT devices.
 - Individuals do not need to exhibit cause and effect skills before switch use, communication aids or devices are indicated.

- An individual may participate actively with or without use of AT within a continuum of needed assistance, i.e., full physical prompting, partial physical prompting, verbal prompting, visual/tactile cueing, independently. This type of supported participation is legitimate. Supporting the use of AT is a DSP responsibility. This may include hand-over-hand support to activate a switch that turns on a lamp, waters a plant, greets a friend or stranger, changes the channel on TV, turns a page or tells about a recent vacation trip.

- The individual’s IDT shall focus on therapeutic and AT services that will promote health and safety; help an individual to actively participate in functional routines within their natural environments; and assist in achieving ISP action plans and visions.
 - An individual’s ISP shall specifically address the above therapeutic and AT needs.
 - Therapeutic supports and AT services shall support functional routines.
 - Therapeutic supports and AT services shall be provided in an individual’s natural environment whenever possible.
 - Therapeutic supports and AT services shall assist in achievement of ISP action plans and visions.
 - Therapeutic supports and AT services shall include an individual’s family and/or DSP whenever possible.

- The individual and the individual’s family and/or guardian shall be included in determining which therapeutic and AT interventions are acceptable and effective.
 - AT interventions shall be as non-intrusive as possible.
 - The individual’s acceptance and comfort with each specific technology will be considered during the assessment and selection process.
 - The individual will be provided the time and opportunity to gain comfort and competence with selected AT.
 - AT will be selected which minimizes stigmatizing the individual.
 - AT will be selected which respects the individual’s culture.
 - AT will be selected which respects the individual’s family role.
 - AT will be selected with respect to the individual’s preferences, priorities and visions.

Discipline Specific Guidelines for Implementation Of the Participatory Approach Philosophy

The Participatory Approach for Speech-Language Pathologists

A communication system has three required components to fully meet the standards of the Participatory Approach. Individuals who are not able to communicate to meet their daily needs (consider communicative functions of ritualizing, controlling, informing, feeling) using intelligible speech and functional language commonly understood by unfamiliar listeners, shall have the following supports:

A. A Record of Current Communicative Behaviors/Communication Dictionary. This will include unique, atypical, and idiosyncratic acts which convey information to others regarding how the individual feels (emotionally or physically); his/her comments, requests, and complaints; and how the individual shares information. The behaviors may be purposeful or random, consistent or inconsistent, or emerging or well established. The record may take the form of a written communication dictionary or glossary, video record, audio record, photographs, and the like. As a communication support, this record of current communication shall be maintained as a part of the individual's support documentation. If the team believes that the individual wants others to be aware of their current communicative acts and corresponding meanings, this documentation may be included in the ISP vision statements. A Communication Dictionary document is considered to be a Written Direction Support Instruction (WDSI).

B. A 24-Hour Communication System. This is part of an individualized, integrated communication system. It is designed to support an individual receptively and expressively regarding issues that are frequently of concern in his/her life. This is usually a low-tech system, which must be portable and accessible from a variety of alternative therapeutic positions, as needed. For some individuals, it may be used as a backup to a more robust voice output communication aid (VOCA) or more sophisticated high-tech system when it is unavailable due to necessary repairs or battery charging. A 24-Hour Communication System may be comprised of a small or large set of symbols arranged in an array that will meet the accessibility needs of the individual. It must be portable. The system may be used independently or with support by DSP. A VOCA may also be considered as a component of an individualized 24-Hour Communication System, especially helpful during general social interaction. Documentation of a 24-Hour Communication System, when and how it is used is considered to be a Written Direction Support Instruction (WDSI).

C. Interactive Communication Routines (ICR). These routines provide a structured context, availability of appropriate messages, and predictable and familiar interaction scripts to support substantive communicative exchange. ICRs support individuals to interact with others regarding a specific area of interest or activity. The messages are scripted, and corresponding messages/symbols/VOCA are developed to support participation in the determined interaction/activity. Application of an ICR is not

contingent upon a specific level of symbolic skill development. *Errorless choice making** is one necessary component of ICR script design for many individuals. AT supports from other therapy providers, (i.e., OT, PT) are likely included in ICR design. Over time, a collection of ICRs may support an individual to participate in many areas of his/her life including activities of daily living, recreation, and educational/vocational pursuits. An ICR may be referenced in an ISP TSS to support an integrated approach to the use of AT during interaction within a specific activity.

**Errorless choice making* is the process where two preferred choices are offered to an individual. When this technique is used, the result of the individual's choice is always a positive experience. It is reinforcing and encourages participation in choice making.