

31st Annual OADD Conference Abstracts
April 21st, 2021
Virtual

Keynote Presentation

Reliance and Self-Care

Presenters: Cheryl Farrugia and Lina Baccarella

In today's ever changing and worrisome world, taking care of ourselves is essential. Self-care is easily dropped in favour of added time for our work, families, children, etc., etc. In this session we will explore the impact of COVID on our mental health and coping strategies to build resilience. This topic was part of a Wellness Series which has been successfully delivered to a wide array of essential services staff. This session is designed to offer insight on our current collective experiences, bring awareness to our emotional state and discuss self-care and coping strategies.

Session 1A

Navigating the Challenges Associated with COVID-19 through Skill-Based Programming

Presenters: Audrey Meissner, M.Ed., BCBA, Brandi Garr, MPed, BCBA

Research shows that people with intellectual disabilities are susceptible to anxiety and that they rely heavily on consistent routines as a means of alleviating their stress (Rodgers et al., 2012). The restrictions of the pandemic have created a sudden interruption in the daily routines of people with intellectual disabilities. As a result of these life-altering changes, many people with intellectual disabilities have had increased behavioural challenges surrounding the restrictions imposed by the pandemic. Due to cognitive limitations, it is probable that people with intellectual disabilities, who live in congregate care settings, may not comprehend why they no longer get to visit with their family, and if they are able to, why they can no longer hug them. They also may not understand why they can't go to restaurants, why they aren't able to engage in community events, and why they need to be physically distanced from others. This presentation will discuss two case examples in which the sudden interruption of daily routines due to COVID-19 restrictions led to an increase in anxiety as well as repetitive and challenging behaviours. Specifically, the first case will examine skill acquisition programs to teach a person supported to engage in leisure skills as a replacement for community-based activities as a means to reduce self-injurious behaviour. In addition, a 'pica box' skill acquisition program will be reviewed that targets replacing the unsafe maladaptive behaviour with an appropriate alternative. A review of the available literature related to skill-based programming and treatment for pica will be discussed.

Session 1B

Laughter and Lattes: Individual Experiences from a Peer Led Virtual Social Group

Presenters: Sarah Philbrick-Djerfi & Mandy Lutczyn, Social Workers; Tori Laschowski, David Halliday, Nicole Carey, Joshua Morrow, Self-Advocates

The presenters of this group are all clients of Bethesda who would like to share their experiences with the virtual social group Laughter & Lattes. Laughter & Lattes was created by Bethesda's Adult Clinical Mental Health Team in response to the isolation occurring as a result of the COVID-19 pandemic. Laughter & Lattes was developed to be a virtual drop-in group that is open to all clients of Bethesda

Services. The group runs once a week for an hour but often continues over the scheduled time due to the quality of the relationships and conversation that occurs.

The presenters will discuss how the group was originally developed to be clinician led but has evolved into being peer led with minimal support from the clinicians. The presenters will also share the challenges they have experienced in this new forum and the successes they have achieved. The presenters will share how this group has led to the establishment of new friendships outside of the group and across regional boundaries. These friendships might not have begun without Laughter & Lattes and the virtual platform.

Session 1C

Pivoting from Panic to Professional

Presenter: Deidre Sperry, SLP

Just one year ago, despite warnings from the World Health Organization that a global pandemic was inevitable, none of us could have imagined what the year 2020 had in store for us. As people and agencies charged with supporting vulnerable people in our communities, we had to, on a dime, change a model of service delivery that had been working for decades. Before that time, few programs had embraced the presence of virtual or TeleHealth and were left to quickly find a way to “make it work”. Collectively, we have managed to provide support to hundreds of people across Ontario, but could, with what your agency has developed, withstand accreditation scrutiny? How do you know that the services you are now delivering remotely could be considered credible? Do your staff have a consistent understanding of the services they are providing and do they have a strong understanding of Best Practice in this new realm of TeleHealth? Could you be doing even more for your clients?

This presentation will explore these uncomfortable questions and provide possible solutions to ensure that you, your agency and your staff can move from “winging it” to “best practice”. By taking time now to develop the good ideas that have been developed as a “quick fix”, combine them with best practice, you can begin to prepare for the day when your virtual services can withstand accreditation scrutiny.

Session 1D

Innovative approaches to Protect the Health and Safety of Vulnerable Adults with Autism during the COVID Pandemic

Presenter: Sue VanDeVelde-Coke, Carmela Campanella-Borraccia, Betti Assefa

This case study describes the organizational, structural, and technological innovations created to protect the health and safety of highly vulnerable adults with autism aged 18 to 68 living in 80 group homes across six regions in Ontario during the CoVID pandemic.

The organizational structures implemented included:

- Creation of a CoVID Team of key personnel mandated to manage the pandemic;
- Re-deploying our nurse practitioner to CoVID activities, e.g., assessing clinical symptoms of supported persons, staff and families, communicating with public health units, managing outbreak situations, and most recently, administering flu shots to individuals and staff.
- Creating an Infection Prevention & Control (IPAC) team, available to 1200 staff, 24/7, to answer clinical questions related to public health directives, CoVID symptoms, testing, isolation policies, and directing family visit protocols;
- Assigning a Protective Equipment Team (PPE) to develop a pipeline of acquisition, deployment, conservation and instructions in proper use of PPE.

Communication structures for staff and families were implemented to respond to frequently changing ministry and public health directives:

- Regular information under the “CoVID Update” banner;
- Virtual Town Halls to discuss directives, issues, answer questions;
- Creation of CoVID Newsletters Updates for families.

Between March and November, a number of outbreaks occurred which were managed effectively using these organizational and communication structures.

Lessons learned: The nurse practitioner, IPAC, PPE teams, and communication structures were fundamental in maintaining the safe health of our population and staff, collaborating quickly with our public health units and relieving as much staff stress as possible through timely information and interventions.

Session 2A

Clinical Service Delivery in the Age of COVID-19: Regional Dual Diagnosis Service

Presenters: Sylvia Fattore, BA Psych., Jhanvi Kothary, BScN, RN, Candace McCallum, MSc. SLP, Reg. CASLPO, Heather Bailey O.T. Reg. (Ont)

This presentation will highlight how the Regional Dual Diagnosis Service multi-disciplinary team facilitated continuity of integral clinical care throughout the pandemic, using a predominantly virtual model to support the most complex dual diagnosed people in our regions.

Utilizing the bio-psychosocial approach, we will discuss how our team collectively promoted the importance of physical, mental and emotional health and well-being of the people receiving service and their family/care providers.

As our team’s primary objective throughout this unprecedented time was to maintain continuity of care, the team evolved to provide enhanced engagement, collaboration and guidance to support our families /care providers as they navigated through the challenges that emerged. Some of the challenges experienced included, sudden lack of resources and supports, isolation, emergence of mental health symptomology/disorders, and socio-economic concerns.

Additionally, we will outline how our innovative clinical assessments, treatment and interventions played a significant role in having people remain clinically stable and ultimately diverted from the need for emergency hospitalization during the pandemic. The interventions utilized were tailored to the diverse needs of the people receiving service and included implementation of several consultation methods, various modified assessments and treatment modalities and enhanced/modified resources.

Overcoming the challenges of providing clinical services in a non-traditional, prevalently virtual setting, has allowed our multi-disciplinary team to learn, adapt, grow and develop new ways of delivering quality care to the people we support in the community.

Session 2B

Voices Lost in Crisis: Adults with DD Share their Lived Experience

Presenters: Dr. Laura Mullins, BCBA, Courtney Bishop, Meckenzie Strong, Charity Blaine

Life as we knew it has changed. The pandemic has disrupted core elements of social inclusion, such as spending time in valued activities, having meaningful relationships and feeling included (Hall, 2010). For an already excluded group, these experiences are further exacerbated for adults with developmental disabilities (DD). This Participatory Action Research project utilizes a Photovoice methodology to capture the lives of 13 adults with DD living in Ontario during the COVID-19 crisis. This research aims to identify concerns related to social isolation, mental health, and overall quality of life. To prepare for the project, we provided behavioural skills training remotely to teach participants how to obtain consent to

photograph other people, take photographs and keep a journal about their lived experiences. Following training, participants will take pictures that best represent their lives during the pandemic (including this unique holiday season). We will conduct interviews with each participant to identify salient themes related to their lived experiences. The results, including selected images and themes, will be shared in an online exhibit. We hope these results will raise awareness about adults' lives with DD during the pandemic and identify areas of resilience, barriers, and challenges that need to be addressed at a broader societal level through policy and practice changes.

Session 2C

The Ideal Framework: A Social-Emotional Learning Program to Support Changes to Service Provisions during COVID-19 and Beyond

Presenters: Tiffany-Anne Stones, Lindsey Erin Feltis MA.

In 2006, Robert Pio Hajjar approached his Aunt Addie Daabous with his life savings of \$62.05 and told her that he wanted to help people like him. Together they used Robert's passion, Addie's business experience and that \$62.05 to start Ideal Way. Over the past 14 years, Robert has shared his vision and passion with so many people through his speeches, his book and the events organized by Ideal Way. At Ideal Way, we believe that everyone should feel I-D-E-A-L: Included, Deserving, Equal, Appreciated, and Loved©. The Ideal Framework© provides us with five pillars to help build people up and help them to become the best versions of themselves. We start by teaching the importance of inclusive environments where people are taking part in meaningful ways. We then want to ensure people feel Deserving by fostering a sense of belonging. Next, people can focus on ensuring that everyone feels Equal through principles of equity. We can make people feel appreciated through the celebration of difference and the practice of authentic gratitude. And lastly, when people are feeling Included, Equal, Deserving and Appreciated, they can start to feel loved in a way that is appropriate for the setting. Covid-19 has created massive change for both service providers and people with disabilities and their families. We are living through unprecedented times that have made it difficult for people to feel I-D-E-A-L. The Ideal Framework© can be implemented for leaders, staff, people with disabilities, families and so many more.

Session 3A

Alternative Program Planning: Data-Driven Services

Presenters: Heather Hermans, Behaviour Therapist, Amanda Partab, Prog. Supervisor, Chanelle Salonia, Dir. MS PhD Candidate

Vita Community Living Services (VITA) is a large community agency with over 40 homes and five community support programs in Toronto Ontario. On March 16, 2020 the Ministry of Community and Social Services closed all community support programs under its oversight due to health concerns related to the COVID-19 pandemic. Community agencies play a key role in supporting individuals with intellectual and developmental disabilities (IDD), in developing and maintaining their social skills and developmental skills. Consequently, since the closure of the community support programs many people with IDD have had an increase in concerning behaviours and isolation. Vita identified a need to better support the social and skill development of the individuals they supported within these now closed programs.

VITA used an interdisciplinary teamwork philosophy to this project. The philosophy of interdisciplinary teamwork is that the contribution of each member, with different skills and experiences, creates a combined synergy, leading to solutions that are felt to enhance and improve care (Bruner, 1991). This

approach of ensuring there is no territorial attitudes in providing supports and gives the power of ownership back to those who we are supporting.

To address this, Vita's operational department collaborated with Vita's clinical department to develop a research framework to have a better understanding of what adults with IDD and their families/care givers living in the community want and need. This project utilized a co-design approach to ensure that programming offered reflected needs and preferences of individuals with IDD and the families/ care providers.

Session 3B

Resisting Isolation: Examining Ways to Navigate Healthy Relationships during the COVID-19 Pandemic

Presenters: Deanna Djos, Michelle Anbar-Goldstein, SW

Loneliness and social isolation are common social conditions for individuals with Intellectual & Developmental Disabilities (IDD). When Covid-19 hit, it had a detrimental effect on the mental health and quality of life for all Ontarians, who were desperately seeking opportunities to connect with their communities in distanced and virtual settings. The DS sector also witnessed many individuals with IDD seeking out social interaction and supports through diverse pathways in order to resist social isolation. Social isolation, during Covid-19 was the mechanism that drove significant, and pathological behavioral changes in individuals with IDD. Those changes include pursuing unhealthy relationships and lifestyle choices, including making poor dietary choices, noncompliance with medication, risky behaviours in the community, and exploring a virtual world with little or no support.

This presentation examines the experiences of people with IDD in the pandemic, including behavioural changes, as well as recommendations to community service providers for supporting these individuals.

Session 3C

The Ongwanada Wellness Activities Group

Presenters: Monika Cook, Erin Thompson, P.T., Chantelle Carnegie O.T.

Early on in the pandemic response, it became evident that many people supported by Ongwanada were struggling to cope with the loss of their typical social, leisure, vocational, and spiritual opportunities. The Ongwanada Wellness Activities Group (WAG) was established by an interdisciplinary team of professionals in an effort to mitigate the effect of these losses on the health and well-being of persons-served. The result of this initiative has been the development of virtual wellness groups focused on promoting mental, physical, social, and spiritual well-being.

In this session we will take a closer look at the evolution of the WAG initiative over the course of the pandemic including:

- 1) Resources and community partnerships involved in enabling access to virtual groups and essential supports and services for persons-served across the organization,
- 2) Our objectives and approach to virtual wellness group facilitation,
- 3) Perspectives and feedback from persons-served and other key stakeholders,
- 4) Lessons learned and important considerations for effective virtual group facilitation for adults with developmental disabilities and their caregivers.

We hope that sharing our experiences with Ongwanada's Wellness Activities Group will spark a rich discussion about the challenges and opportunities faced by organizations across the sector as we all seek new and creative ways to maintain community connectedness, spirituality, health, and overall wellness.