

Practicum 35: Aging and Developmental Disabilities Part I & II

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Name (please print): _____

Date: _____

This practicum measures how you apply the knowledge and skills you learned from module 35: Aging and Developmental Disabilities Part I & II to the supports you provide.

Instructions:

- Complete two of the following case study options.
- **Use as much room as you need to explain each answer fully, you may attach or use additional pages if needed.** The amount of space in this document is not an indication of the length of your answer. However, the quality of the content is more important than the length. **Please type your answers if possible.**

Case Study I: (John)

John is a 50-year-old man who has Down syndrome. He had lived at home with his parents, brushing his teeth, combing his hair and getting dressed. His mother did give him cues to shower and wash his hair and shave. Last year his mother died suddenly and his father was admitted to a nursing home with a diagnosis of Alzheimer's disease. At that time, John's sister assumed the role of guardian and felt it was best for John to move. He has lived for the past year in a group home and appeared to have made the transition to this home with few if any obvious problems. Now you, as John's Program Coordinator, have begun to notice some changes in John's hygiene, and behavior have changed. For example, he seems to be more aggressive, sometimes even physical toward others. His self-care (grooming) has become poor and he seems to laugh and cry quite frequently. He has begun to seem forgetful and more and more often appears confused by his surroundings and the expectation placed upon him.

1. What do you think might be happening with John?
2. Do you think he is in need of some kind of formal help? If so what kind of help might be most appropriate?
3. How might you approach John's sister to determine what kind of help may be needed and to provide the help?

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Case Study II: (Horace)

Horace is a 75-year-old man who has a moderate intellectual disability and who lives in a community residence for seniors. He is able to complete his daily cares with cues to shower and shave. He has actively been a part of his person centered plan, letting the staff know his likes and dislikes. He participates in a seniors' program at a day support program where he works with cues to stay on task. He is not able to complete detailed work, but is able to complete 5 step tasks. He is very close to the staff, as he has limited family connections. At the time of his annual physical examination, he is found to have advanced lung cancer. The only treatment option for him is one in which experimental drugs with known and serious side effects are used. The only family that Horace has is a 92-year-old aunt who lives in a nursing home on the West Coast. His aunt has stayed in touch through calls and letters, however, has not seen Horace in

1. What should Horace be told of his condition? How should it be decided?
2. Who should tell him about his condition and how should this be done?
3. How will it be determined if Horace understands what he is being told?

The physician involved in Horace's care has visited with the DSP that accompanied Horace to his medical appointment. The physician strongly discourages using the experimental medication. He feels that there is very little chance that it will prolong Horace's life and that the side effects will significantly lower Horace's ability to function on a daily basis.

1. Should Horace have the experimental medicine?
2. Who should make the decision as to whether or not he receives the medication?
3. Should Horace participate in this decision? How competent is he likely to be?

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Horace is told of his condition and the option he has for the experimental treatment. He appears to comprehend what he has been told but it is difficult to know for certain.

1. What types of support services could we anticipate that Horace might need?
2. How could one best counsel him as to what was happening to him?
3. What kind of clues might help us understand how Horace is handling the emotional aspects of what he has been told?

Horace does not feel physically well enough on a regular basis to continue his participation in the Day Supports Program. However, he would like to visit on a regular basis. He has been in the Program for many years and has many friends in the Program.

1. What should the other people participating in the Program be told regarding Horace and his condition?
2. What types of needs might we anticipate they might have as a result of being told of Horace and his condition?

Horace is now very weak; his disease has obviously progressed substantially. He has lived in his community residence for the past 15 years and it is his home. While it is clear that he does not (yet) need 24 hour nursing care, it is also clear that he is very weak, very short of breath, and far less mobile than he has ever been.

1. Where should Horace live now?
2. What kinds of staffing patterns must be present to meet his needs?

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3. How might the needs of the other residents in his home change as a result of Horace's changing condition?
4. What support services are available to meet his needs?
5. How can Horace participate in this decision?

Case Study II: (Bertha)

Bertha is a 68-year-old woman who has a history of severe intellectual disability and who lives with lives in a home with three other people with 24-hour support. Late one night she experienced severe chest pains and was taken to the emergency department of the local hospital. It was determined that she had a severe heart attack. Despite heroic intervention efforts, she now has progressive heart failure and the physician in charge thinks she will live only a few more hours. Bertha is awake and apparently alert.

1. What are her immediate needs?
2. What do you think her greatest fears might be?
3. What do you think you can do to best help her through this time period?

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In spite of the best medical care that can be provided, Bertha died later that night. You, as the staff person, must now return to the home and discuss what has happened with other people who live there. Remember that Bertha appeared healthy only the day before and that all of this has happened during the night when the other residents were asleep.

1. Is it necessary to say anything? Why or why not?
2. What might be the short and longer term needs of the people living in the home as a result of this situation?
3. What do you anticipate staff emotions and needs will be?
4. How might the team approach the question of a funeral/memorial service: should there be one? If so, should the other people who lived in the home participate?