SWITCH ASSESSMENT, PART 3: DETERMINING THE BEST SWITCH TYPE AND LOCATION FOR CLIENTS WHO ARE NOT ENGAGED

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What are we covering?

- The client who is not engaged
 - Determining causes
 - Determining motivators
 - Interventions
 - Case Studies



The Client Who is Not Engaged

- Who is this client?
 - You ask the client to press the switch and they do not respond
 - If they do respond, they may bang the switch, pull the cord or throw it
 - The client does not see the switch as a tool



The Client Who is Not Engaged

- Who is this client?
 - Clients with significant developmental delays, significant cognitive limitations
 - Clients with very limited vision
 - Clients who have a lower level of alertness
 - Clients who don't trust you
 - Too many yucky medical appointments
 - Clients who are over-therapized
 - You want me to do this
 - Don't see the switch as a tool, rather than a task



Assessment Considerations

- How does this impact access?
 - If the client won't engage in the activity, determining the best switch type and location is difficult
 - If a switch type and site are determined, the client may not use the switch appropriately/functionally
 - Training switch use is hard



Assessment Considerations

- Establish rapport
- Determine motivators
- Determine likely switch types and sites

Let's get Practical!

- Think of a client you are working with
- As we move through the webinar, think of strategies that may be helpful

Establish Rapport

- It's all about the relationship
- We want the client to feel comfortable
 - For clients who don't trust you, reassure them
 - For clients who are over therapized, forget the typical therapy and focus on establishing that rapport



Determine Motivators

- Ask the caregivers, team members and client (as appropriate) what they like
- Many clients are motivated by music and sensory stimulation
- Other ideas: jokes, toy cars, video on iPad, balls, bubbles



Finding that Switch Site

- Once your client is feeling comfortable and you know what is motivating, bring in a switch
- When the client hits the switch at all, ensure they get a fantastic response!
 - The switch doesn't even have to be plugged in at this point



Case Studies

- This is easier to explore through some examples:
 - Alexi
 - Tommy
 - Rachel

- Alexi
- 10 years old
- 3 years post TBI
- Low vision
- Hypersensitive hands



- The problem:
- Initial goal was a communication evaluation, but Alexi had no access
- We "downshifted" to finding a switch site
- It took a while...

- Establishing rapport
- Alexi got quite agitated very easily
 - Common with TBI
- One of his triggers was going to any "medical appointment"
- I tried to reassure him that there would be "no ouchies", but he was still very upset

- Establishing rapport
- I asked his caregivers what helped Alexi calm down
- He loved dramatic Broadway musical scores, no lyrics
 - He instantly melted!
 - They brought his tape player and tape collection
- We played the music to calm him down while we just got to know each other a bit
 - It took several visits for him to not scream as soon as he entered the building



- Motivation
- Alexi was obviously motivated by music
- He had an "old school" tape player
- Every time he touched a switch, I would press play on the tape player
 - My goal wasn't to set this up for independent control quite yet



- Switch Placement:
- Hands: Alexi's hands were very hypersensitive, so I couldn't even do "hand over hand" here
- Head: Alexi didn't like anything by his head, he also had a strong ATNR
- Knees: Alexi demonstrated potential by

the lateral side of his left knee



- When Alexi pressed the switch, I turned on the music
- We then connected the tape player to a PowerLink
- He did not appear to realize that his movement had any connection to the music playing, he just thought someone turned it on
 - Because that is what had happed over the past several years
- With practice, he began to realize that he was turning the music on

- Latch didn't work very well, because he didn't want to turn off the music
- At first he became angry when the music stopped in timed mode, but was able to slowly work through this with encouragement that he could turn it on again by himself



- He needed lots of practice to develop this potential switch site
- We recommended a PowerLink, switch, and universal switch mount to allow control of the music
- He practiced at home and school, in addition to therapy



- Eventually, we started activities to develop scanning skills once this motor pattern was well established
- He then was able to transition switch access to a speech generating device and, eventually, a power wheelchair



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Questions?

- Tommy
- Cerebral palsy, blindness
- Non-verbal
- Ambulatory for short distances
- Age 32
- Lives in a group home

- The problem:
- Tommy had tried various switches, basic EADLs and communication devices, but he just tended to bang everything, pull cords and throw items



- The evaluation:
- Tommy continually pulled, banged and threw everything we put in front of him
- He was very agitated by a new setting and new people
- We decided on a field trip...

- The group home: establishing rapport
- We went to the group home and observed Tommy
- He tended to wander around and would approach staff occasionally
 - We asked how he indicated his needs
 - The staff said he only approached them for assistance in toileting and to turn on his music
 - He became frustrated easily and would start yelling, screaming... and then the other clients would join in



- Finding a switch type and site
- Our first goal was to give Tommy a more appropriate means of indicating his needs
 - We took a Bigmack and attached it to the wall
 - He was unable to remove this, though he did try for a while
 - It said "I need help"
 - The staff was instructed to approach Tommy immediately to ask what he needed
 - After a while, the other clients started using it, too!



- Finding a switch type and site
- Our second goal was to give Tommy an independent means of controlling his music.
 - He liked one radio station only and would get very upset if this changed
 - He would crank up the volume if given the opportunity, so we did not give him that ability
 - The neighbors had called the police in the past!
 - The stereo was on a dresser in his room



- Finding a switch type and site
- Our second goal was to give Tommy an independent means of controlling his music.
 - We plugged the stereo into a PowerLink, out of Tommy's reach
 - We took a Big Beamer wireless switch and attached this to the side of the dresser so he couldn't remove it (he tried!)
 - Once he realized he couldn't destroy the switch, he noticed that it was turning on his music. He began to use this functionally.





- I would have loved to explore more sophisticated communication, mobility and control for Tommy
- He did not have the cognitive abilities to use more sophisticated AT
- However, he stopped yelling and began to use a simple communication strategy (I need help) and could turn on his music.
- The staff reported that Tommy was much more relaxed and content ... so was everyone else!

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Questions?

- Rachel
- 8 years old
- Genetic condition, developmental delays, blindness, seizures



- The problem:
- Rachel didn't do anything all day long at school
 - She would put her head down, tuck her arm under her vest and look like she was napping
 - Withdrawn/sub-aroused



- Goal: communication
- Rachel had a communication device, but no access
- Staff would grab her hand and help her hit a switch, but she never initiated this movement and would actively pull away and get irritated

- The motivator:
- I asked Rachel's Mom what motivated her
 - Sensory
- Sensory stimulation also increased her alertness level



- Positioning
- I was concerned that Rachel was so "checked out" in her seating system
- Mom said that Rachel sat in a standard rocking chair at home!
 - She didn't need that much postural support
 - She only "hung" on it
 - Rocking helped to increase her alertness (sensory again) and she would lift her head and engage



- Rachel trialed a Kid Rock dynamic manual wheelchair
- This moves at the hips and knees in response to client movement
- We had to demonstrate how it worked and encourage her to use the dynamic component
- Once she caught on...happy girl!



- Switch Type and Placement:
- Rachel was able to access a Jellybean switch by the right side of her head
- If she "checks out", those around her provide sensory stimulation to increase her overall alertness
- Her initial choices on the communication device were all sensory choices, as this was most motivating



- Final results:
- Rachel still has many "withdrawn" times throughout her day
- She has sensory choices around her (i.e. attached to her chair) and does seek these out when she chooses
- The dynamic seat has increased her overall alertness at school

- Final results:
- She does use her communication device, though with a limited amount of vocabulary and not as frequently as I would like
- By having a switch and mount, she can choose to engage when she is alert and ready
- She also touches an iPad for recreation



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Questions?

One more thought...

- Some switches are designed to engage the client
 - Lights, buzzers, vibration, texture
- Use with caution
 - The switch often becomes the task, rather than the tool



Let's get Practical!

- Think of that client you are working with
- What strategies may be helpful?

Take Home Message

- Switch Access for people who are not engaged
 - Requires identifying the probable cause of why the client is not engaged
 - Establishing rapport
 - Finding motivators
 - Finding the best switch type and placement
 - Patience!!!

Questions?

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Thank You!

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