

SHELTER WORKER

TRAINING

INSTRUCTOR MANUAL

COUNTY OF SAN DIEGO
OFFICE OF EMERGENCY SERVICES



INTRODUCTION



Nearly one out of every five Americans has some type of disability. That is more than 54 million people or 20% of our population nationwide. San Diego County falls in line with the national average, with 20% of the population or over 194,000 residents in San Diego County having a disability, according to the 2010 U.S. census. Some disabilities are visible and apparent. People with mobility needs often use wheelchairs, walkers, crutches, or other assistive devices. People who are blind or have low vision sometimes use service animals or white canes. Many other disabling conditions can be invisible, such as deafness, hard of hearing, mental illness, autism, and chronic health conditions.

This guide will help you, the shelter worker, identify, understand and support adults and children with disabilities and other access and functional needs while they are staying at a shelter.

This training will cover the major types of disabilities people may have and teach you how to assist people with disabilities and other access and functional needs with their activities of daily living. Individuals requiring additional assistance may have physical, sensory, mental health, cognitive and/or intellectual disabilities that affect their ability to function independently. Others who may need additional assistance include women in late stages of pregnancy, older adults, and people needing bariatric equipment.

INSTRUCTOR NOTES

Disasters of all kinds affect older adults and people with disabilities and access and functional needs, especially those with chronic diseases or conditions that require extra assistance.

According to the Federal Emergency Management Agency, the states most likely to experience natural disasters are Texas, California, Oklahoma, New York, Florida, Louisiana, Alabama, Kentucky, Arkansas and Missouri – in that order, placing California as the second likely state to experience a natural disaster.

With the likeliness of having a disaster in California combine with the 20% of our local population who have disabilities, or 194,000 residents (according to the 2010 U.S. Census), this increases the possibility that you as a shelter worker will experience and need to help someone with some type of disability in a disaster shelter.

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OVERVIEW

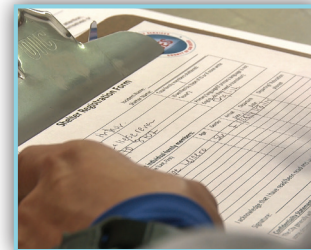


Shelters open in traumatic times, fraught with a thousand emotions – fear, confusion, anger, and dismay among them. The people who seek shelter may have lost homes or loved ones. They may feel lost themselves. In some circumstances, there will be the fear of the unknown: Is their home still there? Where are their loved ones and are they safe?

Each shelter operation will be different and may vary in the services provided. What is universal and necessary to all shelters are the people who make them work, the shelter workers who shoulder an enormous responsibility – the care and well-being of people in need.

Shelter residents are young and old; men, women and children. They may be rich, they may be poor. They may arrive at a shelter as an in-tact family, or family members may arrive separately and at different times. Most will arrive shaken, stressed, and under great strain.

Every newcomer to a shelter must be registered. That's critical for many reasons: Shelter workers need to know who people are and what services they might need. It also may help shelter staff and authorities find people believed missing and reunite loved ones.



Registration is the first place and time that shelter workers have an opportunity to identify what assistance may be needed. It's not always easy to tell, so a series of standard questions is typically asked.

INSTRUCTOR NOTES

Disaster shelters are organized, temporary housing that provide a safe, secure, and sanitary location for people to seek refuge from dangerous elements affecting or expected to affect their home environment, including but not limited to:

- Wild fires, earthquakes, flash floods or slow-rising water threats, and other events, as deemed necessary by authorities



PLAY VIDEO: Introduction Video

You will need to play the Introduction Video here. In the instructions in the next sections, cognitive disabilities and emotional disabilities, you will see a note to play this video again; however, you will only need to play the video segment again, if you are providing the trainings on separate days. If all of the training sessions fall on one day, you will only need to play the introduction segment one time.

IT BEGINS WITH AN INTRODUCTION

You welcome the person to the shelter, and then begin a series of questions. They are common sense, asked plainly and simply. Every shelter will have the appropriate forms and checklists to direct you and incoming persons through the registration process. There will be established processes, for example, to refer persons to needed or requested Health Services or Mental Health Services.

Registration is not strictly a paper exercise. It requires you to stay sharp and observant, to think ahead and from many points of view. It's important to avoid making assumptions. For example, a person who arrives appearing disoriented or confused may, in fact, be suffering from hearing loss. They don't know what's going on because they can't hear you. Similarly, a person exhibiting slurred speech may be suffering from a medical condition, not from alcohol or drug intoxication.

Respect personal space. Maintain an arm's length distance. This is important for your safety as well as the other person's comfort. Do not touch someone without first asking. Tell them what you are going to do: "May I move that chair so you can sit down more easily? May I give you a hand getting up?" Don't be touchy-feely or condescending.



Maintain confidentiality. Nothing related to a shelter resident should be discussed with others, including your family, friends or others within the shelter. You can discuss general things and happenings, but not specific information about individuals, their health or particular circumstances. A shelter is far from private place, but allowing as much privacy as possible is paramount.

Be patient. Take the time to adequately assess the situation. Ask one question at a time. Politely repeat questions if you are asked or if you think there's a chance of misunderstanding. Repeat answers to make sure you've understood correctly. Or have the person repeat back what you've said to ensure they've understood.

If, after a few attempts, miscommunication persists, look for an alternate form, such as the assistance of a third-party or putting your questions in writing. Do whatever it takes to make sure everybody knows what needs to be known, and understands what needs to be understood.

Be factual. Explain all of services provided by the shelter – and all of its rules. Work to dispel rumors.

INSTRUCTOR NOTES

In your shelter worker training you learned more specific information for registration and how to register each individual at a shelter. Refer back to your shelter worker training for more information on how to register residents.

PURPOSE OF THE TRAINING

To develop a trained cadre of shelter workers who will assist shelter residents with disabilities and other access and functional needs staying in congregate care shelters by recognizing their needs and assisting them with activities of daily living when necessary.

SHELTER WORKER EXPECTATIONS & RESPONSIBILITIES

The expectation of the shelter worker is to assist shelter residents with their disaster caused needs. At times, this may include people who need help with their activities of daily living. These additional responsibilities will be fully covered in the next sections of this training manual with step-by-step instructions for how to best help an individual who may need additional assistance.

INSTRUCTOR NOTES

You may have little or no experience with people with disabilities and access and functional needs, which is why we are having this important training. You are not expected to become experts; however it is important for you to become more familiar with ways that you can better accommodate people and their different needs in a disaster shelter. For anyone who seeks shelter during a disaster, a shelter worker should first ask “How may I help you?” These simple words are the first steps in providing inclusive service to all shelter residents.



PLAY VIDEO: Registration and Intake

BASIC CARE PRINCIPLES

It's important for each shelter worker to understand the principles of care in order to better assist people with disabilities and other access and functional needs.

- **COMMUNICATION:** It's important to really listen. Respond to the shelter resident's concerns and feelings. Tell the shelter resident what you plan to do before you do it, so they are prepared for how you will be assisting them.
- **SENSITIVITY:** Remember the shelter residents are in an unfamiliar environment and are now being assisted by a stranger. This can be frightening and alarming for them, therefore sensitivity is vital in assisting the resident.
- **SAFETY:** Protect yourself and the shelter resident, which includes understanding when someone may need additional medical attention.
- **PRIVACY:** Ensure that you are giving the individual as much privacy as possible.
- **DIGNITY:** Help individuals to maintain their dignity by showing and being respectful.
- **INDEPENDENCE:** Encourage independence as much as possible. You can do this by allowing the individual to do as much as they can on their own and only assisting when needed. Asking the person questions directly will help you to gauge their level of independence.
- **CONFIDENTIALITY:** All information related to the shelter residents is confidential. It should never be discussed with others. This includes your family, friends, and others in the shelter.

CHALLENGES FOR SHELTER RESIDENTS

Some people with disabilities use personal care attendants and/or assistive devices to help with activities of daily living, such as eating, dressing, routine health care, and personal hygiene. Sometimes, the individuals can take care of themselves with this assistance. However, during emergencies, personal care attendants may not be available; they may have had to evacuate with their families instead of staying with the individuals they would usually assist. An evacuation can interrupt the lives of individuals with disabilities and other access and functional needs, resulting in feelings of loss of control. The evacuation can cause disruption in the individual's:

- Normal routines.
- Comfort level regarding familiar surroundings.
- Access to needed accommodations and devices.
- Access to support systems.



GOAL FOR ALL SHELTER WORKERS:

1. To ensure that shelter residents who need assistance with activities of daily living are being served respectfully.
2. To help individuals have as much autonomy as possible while in the shelter.
3. To ensure the safety of all shelter residents and shelter workers.

INSTRUCTOR NOTES

Here is an example of a devastating previous disaster and the results that you can share with the students, so they understand the importance of this training.

In New Orleans, people aged 60 and older comprised 15 percent of the population prior to Hurricane Katrina. However, more than 70 percent of those who died as a result of the hurricane were elderly, according to Grantmakers in aging, which has been active in the hurricane relief effort. Many of the 200 people who died as a result of the hurricane in Mississippi were also older adults. More alarming, data from the Louisiana Department of Health show that almost 70 nursing home residents died in their facilities. Many were allegedly abandoned by their caretakers. Almost no information is available on what happened to residents of assisted living, board and care homes, and other less-regulated facilities.

Some shelter residents will make it to shelters, but will not have a caregiver to help them with their activities of daily living, and this course will train you on how you can better assist those who do not have their caretaker to help them as they would normally.

DISABILITY BASICS 101

DEFINITION OF DISABILITY

According to the Americans with Disabilities Act (ADA), the definition of an individual with a disability is a person who has a physical, emotional or cognitive impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment, including but not limited to:

- Walking
- Speaking
- Breathing
- Hearing
- Standing
- Thinking
- Seeing
- Sitting
- Self-care

KNOWING WHEN AND WHAT TO DO FOR FURTHER ASSISTANCE

After meeting and assisting the shelter resident, you may realize that their needs extend beyond what you can provide:

- If you believe the shelter resident needs immediate medical assistance, stay with them and send someone else for the Medical Services worker and/or Shelter Manager. They will access appropriate services and take over responsibility for the well-being of the shelter resident.
- If the needs are not life threatening, but beyond your role, talk with the shelter Health Services staff about your concerns – Medical Services may have recommendations or knowledge of additional resources within the shelter.
- If the needs require additional resources such as supplies or equipment, work with the Shelter Manager to order the needed supplies through the Emergency Operations Center.

COMMUNICATION

It is not uncommon to be uncomfortable around people with disabilities and other access and functional needs. We may meet someone who moves or acts differently, and wonder how we should react. It is common to be unsure of what to do, how to act, what is correct, and what may be offensive to a person. The most effective strategy is to be honest and sensitive. Talking about disabilities is often difficult, partly because the appropriate terminology is unclear and often laden with negative connotations.

When interacting with people with disabilities and other access and functional needs, it's important to remember that they are people first. They want to be appreciated, respected and productive. People are sometimes concerned that they will say the wrong thing, so they say nothing at all, which further isolates people with disabilities. The way that we communicate is important. Above all, it's important to be respectful, polite, and considerate, offer assistance, communicate effectively and don't hesitate to ask questions. Treat all people in the same way you would wish to be treated yourself.

WORDS MATTER: PEOPLE FIRST LANGUAGE

People first language is an objective way of acknowledging, communicating and reporting on disabilities. It eliminates generalizations, assumptions and stereotypes by focusing on the person rather than the disability. People first language puts the person first and the disability second. It's important to be sensitive when choosing your words. Here are some

tips and general guidelines on using the appropriate language:

- Speak of the person first, then the disability, e.g., person who is blind; individual with a disability; etc.
- People first language puts the person before the disability, describing what a person has, and not what a person is.
- Emphasize abilities, not limitations.
- Recognize the importance of choice and independence.
- Do not label people as part of a disability group, e.g., "paraplegics".

Group designations such as "the blind" or "the disabled" are inappropriate because they do not reflect the individuality, equality or dignity of people with disabilities. Further, words like "normal person" imply that the person with a disability isn't normal, whereas "person without a disability" is descriptive but not negative. The accompanying chart shows examples of positive and negative phrases.

POSITIVE PHRASES	NEGATIVE PHRASES
Person/Individual with a disability An adult who has a disability	The handicapped, disabled, crippled, defective, lame or deformed
He has a cognitive disability	He is mentally retarded
She has autism	She's autistic
He has a physical disability	He's a quadriplegic or crippled
She uses a wheelchair People who have a mobility need A person who walks with crutches	She's wheelchair bound, confined, restrained or restricted to a wheelchair, a cripple
He has an emotional disability	He's emotionally disturbed, crazy or nuts; mentally ill; insane; demented; psycho; a maniac; lunatic
Accessible or reserved buses, bathrooms, parking	Handicapped parking, handicapped buses, bathrooms, etc.
Person who is blind, deaf, disabled	The blind, the deaf, the disabled (do not generalize any population by group)
He has a speech impairment Person who is deaf and cannot speak Person who has a speech disorder Person who uses a communication device Person who uses synthetic speech	Deaf, dumb or mute
He has multiple sclerosis	He suffers from or is a victim of multiple sclerosis
She has epilepsy	She's epileptic
She has cerebral palsy	She's afflicted or stricken by cerebral palsy
Children with disabilities	Special children; normal; atypical child
Successful / Productive	He has overcome his disability / is courageous (when it implies that the person has courage because of having a disability)

INSTRUCTOR NOTES

Class discussion

Question: Does anyone know what the Americans with Disabilities Act is and when it was passed?

Answer: The Americans with Disabilities Act of 1990 (ADA) was the nation's first comprehensive civil rights law addressing the needs of people with disabilities, prohibiting discrimination and ensures equal opportunity for people with disabilities in employment, public services including, state and local government, public accommodations, telecommunications, commercial facilities, and transportation.

* Keep in mind that if there is any situation that you feel is out of your comfort level or level of training, you should call a Shelter Manager for help, especially in a situation that may require medical attention.

DISABILITY ETIQUETTE

- Realize that disability is universal and that it touches everyone in some way.
- You are not expected to be an expert on disabilities.
- Our own beliefs and comfort levels have major impacts on how we interact with others while working in a shelter.
- Our language and behavior are important as we interact with others.
- Address people with disabilities just as you do everyone else in the same situation.
- Offer a handshake: It is perfectly acceptable to offer to shake hands when you are first introduced, even when the disability involved limited hand use or an artificial limb.
- Respect all assistive devices (canes, wheelchairs, crutches, communication boards, etc.) as personal property (e.g., do not lean on a person's wheelchair).
- Do not pet or make a service dog the focus of conversation.
- Try to be at eye-level when talking to a person using a wheelchair.
- Speak distinctly and at a natural speed. Resist the temptation to speak too loudly or slowly.
- When working with a person that has a personal care attendant, speak to the person themselves. Do not direct all comments to the personal care attendant.
- Treat adults as adults. Address people with disabilities by their first names only when extending that same familiarity to all others. Never patronize people in wheelchairs by patting them on the head or shoulder.
- Relax. Don't be embarrassed if you happen to use common expressions such as "See you later," or "Did you hear about that?" that may not make literal sense, given the person's disability.
- Don't be afraid to ask questions if you are unsure about what to do.

REMEMBER:

- Relax!
- Treat the individual with dignity, respect, and courtesy.
- Listen to the person.
- Offer assistance but do not insist or be offended if your offer is not accepted.

STEPS TO PROPERLY COMMUNICATE: FIRST INTERACTIONS WITH SHELTER RESIDENTS

- Look at and speak directly to the person when you approach them.
- Try to be eye-level with the person you are speaking with.

- Offer to shake hands when you introduce yourself.
- Introduce yourself to the shelter resident and start to establish a rapport with them.
 - Include: Your name, who you are and how you may be assisting them.
- Clarify the individual's primary needs.
- When offering assistance, always wait for your offer to be accepted and then ask for the individual's instructions on how you can best assist.
 - Help as you would anyone else, and follow their directions. Be friendly, be considerate and be supportive.
- Listen attentively when talking with people who have difficulty speaking and wait for them to finish. Make sure not to interrupt or talk over the person.

INSTRUCTOR NOTES

How many of you have ever been uncomfortable communicating with a person with a disability because you felt you did not know the "proper" way to refer to certain things?

If you are unsure how to refer to someone or what the appropriate current term is, it's OK to just ask!

SECTION SUMMARY

This section was focused on learning generally about disabilities and etiquette and how to best assist individuals who may need additional daily care. From this section of the training, you will have learned:

- Overview and purpose of the training.
- The main principals for basic care of individuals with disabilities.
- The challenges of shelter residents and the goals for all shelter workers.
- The basics for communicating with and about people with disabilities.
- People first language and disability etiquette.

INSTRUCTOR NOTES

Ask if there are questions before the exam begins.

This quiz is an open-book, 10-question quiz about the section of the training that was just completed. Students should have approximately 15 minutes to complete the quiz. After everyone has completed the quiz, review each of the questions and answers. The correct answers are highlighted in bold or filled in for the instructor manual.

QUIZ: SECTION ONE

1. Many individuals with disabilities and other access and functional needs are able to function independently in their own home. (page 5)
a. **True** b. False

2. What are some of the basic care principals? (Refer to page 4 of the manual)

Communication, Sensitivity, Safety, Privacy, Dignity, Independence, Confidentiality

3. Evacuation affects people with disabilities and other access and functional needs in what way? (page 5)
- a. Disrupts normal routines
 - b. Loss of comfort level in familiar surroundings
 - c. Loss of availability to needed accommodations or equipment
 - d. Possible loss of access to their support system
 - e. **All of the above**
4. All people with disabilities have the same needs. (Introduction page)
a. True **b. False**
5. Individuals may have only one disability, but they also may have more than one, including a physical, cognitive and/or emotional disability. (Introduction page)
a. **True** b. False
6. What are some ways that you can identify whether you need to seek additional assistance? (page 6)
- a. If you believe the shelter resident needs immediate medical assistance
 - b. If the needs are beyond your role, training, and comfort level
 - c. If the needs require additional resources such as supplies or equipment
 - d. **All of the above**
7. If the shelter resident that you are assisting needs medical help that you cannot provide, you should: (page 6)
- a. If there is an immediate need, send someone for the Medical Services staff or Shelter Manager, while I stay with the resident
 - b. If the needs are not immediate, I should speak to the Medical Services staff or Shelter Manager about my concerns
 - c. Ask the Shelter Manager or Medical Services staff if there are other resources available
 - d. **All of the above**

8. Give a few examples of positive phrases that you should keep in mind when speaking about or to someone with a disability.

*See chart on page 7 of this manual for a full list of the positive phrases

9. Which of the following is an acceptable term? (page 6-7)
- a. Retarded
 - b. Invalid
 - c. **Person with a disability**
 - d. Wheelchair Bound

10. When speaking to an individual with a disability, you should speak louder and slower than normal, so they can better understand you? (page 8)

a. True **b. False**

INSTRUCTOR NOTES

Review questions and answers before moving onto the next section.

PHYSICAL DISABILITIES



DEFINITION OF PHYSICAL DISABILITIES

A physical disability or mobility need limits the physical function of one or more limbs. Physical Disabilities can be sensory, which includes sight or vision, hearing or speech, or they may impair motor function, where movement is restricted or imprecise. Other physical disabilities include conditions which limit other facets of daily living, such as respiratory disorders and epilepsy.

Mobility need is a limitation in independent, purposeful physical movement of the body or of one or more extremities. The alteration in the person's mobility may be either temporary, or more permanent. Most of the diseases and rehabilitative states involved in physical and mobility needs involve a degree of immobility. Needs can range in severity from limitations on stamina to paralysis. Mobility needs include:

- Lower body needs, which may require use of canes, crutches, walkers, scooters or wheelchairs.
- Upper body needs, which may include limited or no use of the upper extremities and hands.
- Manual dexterity and disability.
- Little or no movement in one or more limbs.
- Restricted range of motion in one or more limbs.
- Limited ability to sit, stand, walk, bend or carry objects.
- Slow movements.
- Shaking / Rigidity.
- Coordination and endurance may be lower.
- May take some additional time to speak/communicate.

CAUSES FOR MOBILITY NEEDS

- Advanced age
- Multiple Sclerosis
- Polio
- Parkinson's Disease
- Epilepsy
- Respiratory disorders
- Cerebral Palsy
- Spina Bifida
- Diabetes
- Muscular dystrophy
- Paraplegia
- Quadriplegic
- Amputation
- Leg fractures
- Strokes
- Arthritis
- Obesity
- Trauma
- Degenerative disk disease
- Scoliosis
- Herniated disks
- Pregnancy

HOW TO ASSIST SOMEONE WITH MOBILITY NEEDS

This section will provide the specific step-by-step instructions on how to best assist someone with mobility needs. When working with and caring for persons with mobility needs, keep in mind several things as you help settle them into the shelter:

- Their reduced physical abilities may make it difficult or impossible for them to negotiate or use some parts of a shelter. Make sure they are close to and can reach the services they will need like the restrooms and feeding area.
- They may have limited ability to sit, stand, walk, bend or carry objects.
- They may move slowly or have reduced coordination and endurance.
- They may require more time and effort to speak or communicate.

As a shelter worker, you should always be aware of people with physical disabilities who might need assistance. Be prepared to offer help – politely and discreetly. Few folks refuse a friendly hand.

You will also need to be familiar with the various kinds of assistive technology devices used by people with physical disabilities. You will need to know what they do, why and how they are used and how you can help those who rely on them.

COMMUNICATING WITH INDIVIDUALS WITH MOBILITY NEEDS

- If possible, put yourself at the wheelchair user's eye level.
- Do not lean on a wheelchair or any other assistive device.
- Never patronize people who use wheelchairs by patting them on the head or shoulder.
- Do not assume the individual wants to be pushed — ask first.
- Offer assistance if the individual appears to be having difficulty opening a door.

ASSISTIVE TECHNOLOGY DEVICES

Assistive technology is an umbrella term that includes assistive, adaptive, and rehabilitative devices for people with disabilities and also includes the process used in selecting, locating, and using them. Assistive technology promotes greater independence by enabling people to perform tasks that they were formerly unable to accomplish, or had great difficulty accomplishing, by providing enhancements to, or changing methods of interacting with, the technology needed to accomplish such tasks.

Examples of assistive technology devices

- Canes
- Shower chairs
- Walkers
- Raised toilet seats
- Crutches
- Wheelchairs
- Daily living aids (large handled/ special eating utensils)
- Hearing aids
- Vision devices (magnifier, glasses)

If an assistive technology device is needed:

If a shelter resident normally uses an assistive technology device, but it was lost or damaged during evacuation, please notify the Shelter Manager of the shelter resident's need for the use of the device. They will work with the Emergency Operations Center to order such supplies.

New users of assistive technology devices (due to new injuries and limitations)

- New device user should move slowly to retain balance and safety until proficient.
- Shelter Workers should ensure that the device fits the person's size (height and weight) requirements before using.
- It's important that the individual does not use an assistive technology device that does not match size and need, as it may result in more harm than good.

INSTRUCTOR NOTES



PLAY VIDEO: Mobility Aids



ASSISTING SOMEONE WHO USES OR NEEDS A CANE

Canes or walking sticks come in surprising diversity, providing varying degrees of assistance to persons who have some difficulty in walking. Let's begin with handles.

The "tourist handle," characterized by its U-shaped curve, is typical of most canes.

An alternative is the offset handle, in which the actual gripping portion is straight and parallel to the ground. Offset handles are easier to grip and the cane shaft more evenly distributes the weight for secure support. It tends to be used by persons with more serious balance or mobility issues.

Canes are usually sold in a standard size of 36 to 37 inches, but they may also be specially fitted or adjustable. They are typically made from wood or metal. Some have wrist straps to prevent dropping them. Most will have a rubber tip at the bottom end to avoid slippage.

The "quad cane" has four bottom ends, like legs of a table. It's designed to offer the user maximum stability and support.

There may be individuals in need of a cane or other device to assist them in walking. They may have left their homes for a number of reasons without their cane, or it may seem that they are capable of walking but need additional support that a cane could provide.

People requiring only a little support or assistance when walking or standing are likely to use a single-tipped cane. Those with more serious disabilities or injuries may require a quad cane.

Directions to help the individual use the cane correctly

1. The cane should be held in the hand opposite the side needing help.
2. To begin a walking motion, help the individual position the cane roughly one small stride ahead and step off on the injured leg. Finish the step with the uninjured or stronger leg.
3. The cane and the injured or weak leg should swing and strike the ground at the same time.

Negotiating stairs while using a cane

1. When climbing stairs, the individual should grasp the handrail (if possible) and step up on the strong leg first, with the cane in the hand opposite the injured leg.
2. They should finish by stepping up on the injured leg.
3. The individual should never start on the next step before both legs are on the present step.

4. When the individual is coming down stairs or steps, they should use the handrail if available. They need to put the cane on the step first, then the injured leg, followed by the strong leg, which is carrying the majority of the body's weight.
5. They should then proceed using the step-by-step method. They should not continue to the next step without first placing both feet on one step to maintain balance.

INSTRUCTOR NOTES

Class activity

This exercise will help students demonstrate what they've learned from the previous section about different types of canes and how to assist someone who uses a cane.

You'll need:

- Cane with a tourist handle (U-shaped)
- Cane with an offset handle
- Quad-cane

1. Ask the students to identify each type of cane.
2. Ask the students to demonstrate how to assist someone who is using a cane – select two students and have one assisting the other, following the proper steps from the "Directions to help the individual use the cane correctly" section.
3. Repeat this exercise with different students, if needed.

ASSISTING SOMEONE WHO USES OR NEEDS CRUTCHES

Crutches provide greater support and stability for people with more significant mobility needs, often the result of recovering from an injury. They tend to be a more temporary measure than using a cane.

Most crutches are easily adjustable in length to fit persons of different height. A correct fitting is necessary to ensure the crutches provide adequate, useful support.

- The tops of the crutches need to reach between 1 and 1 ½ inches below the user's armpits while standing straight.
- The handgrips at the midway point of each crutch should be level with the top of the user's hip line.



Tips for proper use

1. When using crutches, the individual should hold the tops tightly to the sides of the body, with their hands supporting weight.
2. Their elbows should be slightly bent.
3. The top of the crutches should NOT be pressed into the armpits.

Directions to help the individual use the crutches correctly

1. Have the individual lean forward slightly and put the tips of crutches on the floor about one foot ahead.
2. The individual should begin to step as if they were using the injured leg, but then shift their weight to crutches instead. Their body will swing forward between the crutches.
3. To finish, they should step regularly with non-injured leg. When it is again on the ground, move the crutches ahead to prepare for next step and repeat.
4. The individual should focus on the path ahead, not on their feet.

Sitting down and standing up

1. To sit down, have the individual back up to the seat holding the injured leg in front and both crutches in one hand.
2. Make sure they use their other hand to feel for the seat or chair and slowly lower into it using the one hand on the seat for support and the other hand holding the crutches for balance.
3. The crutches can be leaned upside down nearby. They'll be handy and won't fall down so easily.
4. For the individual to stand up from a seat or chair, they should scoot to the edge and hold both crutches in the hand opposite the injured leg.
5. Have them push up and stand on the uninjured leg, using the crutches for support.

INSTRUCTOR NOTES

Class activity

This exercise will help students demonstrate what they've just learned from the previous section about the different types of crutches and how to assist someone using them.

You'll need: 1 set of crutches

1. Demonstrate how to adjust the height of the crutches.
2. Have a student adjust the height of the crutches for another student.
3. Ask a student demonstrate how to assist someone who is using crutches – select two students and have one assisting the other, following the proper steps from the “Directions to help the individual use the crutches correctly” section.
4. Ask two other students to demonstrate how to assist someone to sit down and stand up with crutches, by using the step-by-step instructions from the “Sitting down and standing up” section.
5. Repeat this exercise with different students, if needed.

ASSISTING SOMEONE WHO USES OR NEEDS A WALKER

Walkers are four-legged assistive devices that provide more stability than a cane or set of crutches. They are more commonly used for more major physical needs, such as chronic or severe knee or hip injuries, or when a person has significant balance issues. A person who uses a walker should never be hurried. Walkers should never be used to climb stairs or for use on an escalator.

Like canes, walkers come in a variety of types and styles.

The standard walker has four legs and is used by the person picking it up and moving it forward, one step at a time. Two-wheeled walkers allow the user to push the walker; the back legs prevent the walker from rolling while the user is stepping forward. Four-wheeled walkers roll freely and are used by people who don't need to lean on the walker for balance.

Walkers are adjustable in height. A correct fit is important to reduce physical stress on the user's shoulders and back. To verify the correct height, the user should step inside the walker. With arms hanging down, the top of the walker should align with the crease in the wrists. With hands placed on the grips, the elbows should be bent at a comfortable angle, about 15 degrees.

Directions to help the individual use the walker correctly

1. To assist an individual in using a walker, place it one step ahead, and make sure the walker legs are level to the ground.
2. The individual needs to use both hands, grip the top of the walker for support and walk into it, stepping off on the injured leg.
3. They should touch the heel of that foot to the ground first; then flatten the foot.
4. Next, they should lift their toes off of the ground while completing the step with the uninjured leg.
5. They should not step all of the way to the front bar of the walker.
6. Smaller steps should be taken when turning.

Sitting down and standing up

1. For the individual to sit using a walker, have them back up to the chair or bed until their legs touch.
2. They should reach back to feel the seat before sitting.
3. To get up, have them push up; bracing their body weight with one hand on the seat, while grasping the walker's grip with the other hand for balance and support.
4. You should make sure the walker's rubber tips are in contact with the floor so that it does not slide away.

INSTRUCTOR NOTES



PLAY VIDEO: Walkers

Class activity

This exercise will help students demonstrate what they've learned from the previous section about walkers and how to assist someone who uses a walker.

You'll need: (for this exercise you can have one of the following or all)

- A walker with four legs, Two-wheel walker, Four wheeled walker

1. Demonstrate how to adjust the height of the walker
2. Have a student adjust the height of the walker for another student
3. Ask a student demonstrate how to assist someone who is using a walker – select two students and have one assisting the other, following the proper steps from the “Directions to help the individual use the walker correctly” section.
4. Ask two other students to demonstrate how to assist someone to sit down and stand up with a walker, by using the step-by-step instructions from the “Sitting down and standing up” section.
5. Repeat this exercise with different students, if needed

ASSISTING SOMEONE WHO USES OR NEEDS A WHEELCHAIR

Wheelchairs are used when walking is impossible or impractical.

Even more than canes or walkers, wheelchairs come in great diversity, most notably in size. That's important because a good fit is critical. When sitting down, the user's hips should have 1 to 2 inches of extra space on each side of the seat.

Manual wheelchairs are propelled by the user moving the wheels with his or her arms and hands. Transport chairs are used to push people who are too weak or incapable of using a manual wheelchair. Transport chairs are only used for temporary transportation, from one place to another. They tend to be lighter and less complicated than manual wheelchairs.

Manual wheelchairs should never be used for more than temporary or transportation purposes without a qualified assessment and physician's prescription.

Safe and appropriately equipped chairs have working wheel locks and usable footrests. They have arm rests that can be lifted out to help transfer persons out of the chair and leg rests that can be elevated. Sometimes they are equipped with a seat belt, if so, it should be used.

How to use a wheelchair

- On either side of the seat of the wheelchair are arm rests.
 - These may be removable on some models to make it easier to transfer an individual into or out of a wheelchair. If they are removable:
 - Push the locking button.
 - Lift up on the arm rest.
 - Slide the arm rest up and out.
- On the front of the wheelchair are the leg rests.
 - These may be raised by lifting up each leg.
 - Grasp the lever to lower each leg rest.
 - This is needed when an individual needs to keep their leg(s) elevated.
- At the base of each leg rest is a foot rest.
 - Lower the footrest to place the individual's feet on the platforms.
 - This keeps the individual's feet from dragging while moving.
- In front of each wheel is a brake lever.
 - To lock the wheels: Move the lever forward until it rests firmly against the rubber of the wheel, so that it engages the tire, prohibiting movement.
- When you are ready to move, release the brake levers by pulling away from the rubber of the wheels.
- If you need to transport the wheelchair, lift the seat in the middle; this will cause the wheelchair to fold up for easier handling and storage.



Sitting down and standing up

- Make sure the wheels of the wheelchair are locked before assisting someone to sit down or stand up.
- If the chair has foot or leg rests that fold up or swing away, make sure they are up or out before assisting someone in sitting or standing.
- To assist the individual in sitting, have them back up carefully to the wheelchair until their legs touch the edge of the seat. Make sure that they reach back to find the seat and slowly lower their body into the chair.
- If there is a seatbelt available, make sure they secure it or you help them to secure it.
- In order for the individual to stand up, first, ensure the brakes are locked and the leg rests are safely out of the way.
- Then have the individual use the chair arms or a mobility device for support to push or pull into a standing position.

Transferring from a cot to a wheelchair

1. Explain to the individual that you will be assisting them into the wheelchair.
2. Position the wheelchair next to the cot facing the head of the cot.
3. Bring the chair as close as possible to reduce the distance of the transfer.
4. Once in position, lock the brakes and put the foot rests up.
5. If the individual is lying down, place one arm under their shoulder, and the other supporting their thigh on the opposite side.
6. Count to three.
7. Carefully swing their legs over the side of the cot and assist them in lifting their trunk and shoulders into a sitting position.
8. Instruct the person to scoot forward until their feet are firmly on the ground.
9. Allow the individual to sit for a few minutes on the side of the cot.
10. Place sturdy shoes or slippers on their feet to aid in the transfer.
11. Standing directly in front of the individual, place your arms around their chest.
12. Encourage the individual to place one of their arms on their cot and the other on your shoulder to help assist you in lifting them.
 - a. You may also need to use a gait belt to assist in lifting the person out of the cot. A gait belt is a device used to transfer people from one position to another, from one thing to another or while ambulating people that need assistance with balance.
 - b. Wrap the gait belt around the individuals waist, and like a seatbelt, buckle it securely together.
 - c. Make sure the belt is applied tightly enough to prevent it from riding up or down on the individual's body, but loosely enough so you can grasp it firmly and comfortably.
 - d. Lean forward and grasp the gait belt on both sides, around the individual's waist.
 - e. If the individual has a weak side, make sure their stronger side is facing the destination (for example, toward the wheelchair or toilet).
 - f. The gait belt may also be used to aide walking by positioning yourself slightly to the rear of the individual and holding the belt at the small of the back of the individual as they walk.

INSTRUCTOR NOTES



PLAY VIDEO: Wheelchairs

13. Widen the position of your feet.
14. Place your left foot forward and to the outside of the individual's right foot.
15. Your right foot should be placed back a little to help in shifting your weight as you lift the individual.
16. Slightly bend your knees and lean your body.
17. Instruct the individual to get ready to push from the arm that's on the cot as you lift the person to a standing position.
18. Count to three, and then lift the person to standing, keeping your back straight. The individual should be pushing off at the same time.
19. Once the person is standing, turn the individual so that their back is positioned in front of the wheelchair and follow the directions from above on how to help someone sit down into a wheelchair.

Considerations

- If the individual is particularly heavy or has difficulty supporting their own weight, you may need to ask for additional assistance.
- If the individual complains of dizziness or symptoms when in an upright position, do not leave them for any reason. Call for assistance if needed.

How to transfer a person from a wheelchair to a cot and back, using a slide board

1. Position the wheelchair at a slight angle from the cot, and as close to the cot as possible, mid-way between the head and foot of the cot.
2. Lock the brakes on both sides.
3. Have the individual move their feet off of the foot rests, and swing away or remove the leg rests.
4. If it's possible to remove the arm rest, remove the one closest to the cot.
5. Fasten a gait belt around the individual's waist for safety; make sure it's secure.
6. Ask the individual to slide to the edge of the wheelchair.
7. To help the individual, a slide board will have to be used. This is used when an individual has a hard time standing up. It helps the individual to move from one place to another without standing up.
8. Ask the individual to shift their weight to the hip furthest from the cot.
9. Position one end of the slide board under the individual's upper thighs and buttock, nearest to the cot.
10. The other end of the slide board will rest on or near the cot.
11. Ask the individual to place their hand that is closest to the cot onto the far side of the slide board.
12. Make sure they do not wrap their fingers around the edge of the slide board, so their fingers do not get caught.
13. Position the individual's feet flat in front of the wheelchair.
14. Position yourself in front and slightly to the side of the individual with your hands on both sides of the gait belt, with an underhand grip.
15. Ask the individual, if they are able, to use their arms – if they can, ask if they could assist by pushing up with one hand on the arm rest and the other on the slide board.
16. Help the individual slide on the board from the wheelchair to the cot.
17. If the individual cannot help with their arms, they can scoot their bottom across the slide board, while you help move them across the board by holding onto the gait belt and sliding them onto the cot.
18. Once the individual is on the cot, ask them to shift their weight off of the board, so that you can remove the slide board fully – make sure to have one hand on the gait belt while you are removing the slide board.

19. When the individual is safely on the cot, you may remove the gait belt.

**To transfer a person from a cot to a wheelchair, follow these same instructions, starting with the person on the cot and transferring them over to the wheelchair, using the slide board.*

INSTRUCTOR NOTES

Class activity

This exercise will help students demonstrate what they've learned from the previous section about wheelchairs and how to assist someone who uses a wheelchair.

You'll need: A manual wheel chair

1. Review the parts of the wheelchair.
2. Ask students to show the class how to use a wheelchair by following the "How to use a wheelchair" section.
3. Ask two other students to demonstrate how to assist someone to sit down and stand up from a wheelchair, by using the step-by-step instructions from the "Sitting down and standing up" section.
4. Ask a student demonstrate how to assist someone from a cot to a wheelchair – select two students and have one assisting the other, following the proper steps from the "Transferring from a cot to a wheelchair" section.
5. Repeat this exercise with different students, if needed.

How to move a wheelchair up a curb (use curb cuts whenever possible)

1. Position the wheelchair facing the curb.
2. Place both of your hands on the push handles and put one foot forward onto the tipping lever.
3. Make sure that your back leg is extended so that you have a wide stance.
4. Communicate with the individual that you will be tilting the wheelchair backwards to go up the curb.
5. To elevate the front wheels, push down and back towards you with your hands, and down and forward with the foot on the tipping lever.
6. Make sure to tip the wheelchair just enough so that the front wheels can clear the height of the curb.
7. Move the wheelchair forward onto its back wheels.
8. Once the back wheels are in contact with the curb and the front wheels are above the surface of the curb, carefully lower the front wheels onto the ground.
9. Then roll the wheelchair forward until all four wheels are on the sidewalk or upper level of the curb.

How to move a wheelchair down a curb (use curb cuts whenever possible)

1. Position the wheelchair so the back wheels are close to the edge of the curb.
2. Communicate with the individual that the wheelchair will be going backwards as you go down the curb.
3. Stand behind the wheelchair with your hands on the push handles.
4. Roll the wheelchair backwards over and down the curb.

- The movement of the wheelchair can be eased if you use your thigh or the side of your hip against the back of the chair as you lower the chair down.
- Make sure to have a wide stance with one leg slightly in front of the other.
- Continue to roll the wheelchair until the front wheels reach the edge of the curb.
- Now tip the wheelchair backwards slightly to raise the front wheels and leg rests.
- Roll the wheelchair backwards until you clear the curb, once cleared, lower the front wheels onto the ground.

INSTRUCTOR NOTES

Class activity

This exercise will help students demonstrate what they've learned from the previous section about wheelchairs and how to assist someone who uses a wheelchair.

You'll need: A manual wheel chair

- Ask a student demonstrate how to assist someone from a wheelchair to a cot – select two students and have one assisting the other, following the proper steps from the “How to transfer a person from a wheelchair to a cot and back, using a slide board” section.
- Ask a student demonstrate how to assist someone from a cot to a wheelchair – select two students and have one assisting the other, following the proper steps from the “How to transfer a person from a wheelchair to a cot and back, using a slide board” section.
- Repeat this exercise with different students, if needed.

LIFTING AND SAFETY-WORKER INJURY PREVENTION

Working in a disaster shelter can mean doing many different jobs during your shift. It's likely to include performing physically demanding work, such as lifting or moving heavy boxes, kitchen supplies, oxygen tanks or folded wheelchairs and even assisting residents with transferring. It's critical that you maintain good form and safe practice to avoid hurting yourself while trying to help others.

One of the leading causes of back injury is lifting or handling objects incorrectly. You are more likely to experience a back injury when bending to lift something up or put it down if the proper technique is not used. There is also a higher risk of injury if muscles, ligaments, or disks in your spine have been injured in the past. Learning and following the correct method for lifting and handling heavy loads can help to prevent injury and avoid back pain.

Follow these tips to avoid compressing the spinal discs or straining your lower back when you are lifting:

- Think before you lift: Plan the lift. Where is the load going to be placed? Use appropriate handling aids where possible. Will help be needed with the load? Remove obstructions, such as discarded wrapping materials. For long lifts, such as from floor to shoulder height, consider resting the load mid-way on a table or bench to change your grip on it.
- Good posture. Look straight ahead; keep your back straight, chest out, and your shoulders back. This helps

keep your upper back straight while having a slight arch in your lower back.

- Keep a wide base of support. Your feet should be shoulder-width apart, with one foot slightly ahead of the other.
- Squat down, bending at the hips and knees only. If needed, put one knee to the floor and your other knee in front of you, bent at a right angle (half kneeling).
- Keep the heavy object close to the waist; hold the load as close to your body as possible, at the level of your belly button. The distance of the load from the spine at waist height is an important factor in the overall load on the spine and back muscles.
- Slowly lift; by straightening your hips and knees. Keep your back straight; do not bend your back when lifting.
- Avoid twisting the back or leaning sideways especially while the back is bent. Keep your shoulders level and facing the same direction as the hips. Moving your feet when turning is better than twisting and lifting at the same time.
- Use your feet to change direction, taking small steps.
- Lead with your hips as you change direction. Keep your shoulders in line with your hips as you move.
- Move smoothly; don't jerk or snatch the load as this can make it harder to keep control and can increase the risk of injury
- Set down your load carefully, squatting with the knees and hips only.



KNOW YOUR LIMITS

Don't lift or handle more than you can easily manage. There's a difference between what people can lift and what they can safely lift. If you're in doubt, it's always better to be safe. You can always seek help from another Shelter Worker or Shelter Manager. Lifting items with two people is almost always safer than trying to lift things on your own.

When something or someone is too large, heavy or awkward for you to appropriately handle, you should not attempt to lift it and instead find help. Odd shaped items also may be too much to manage without help. Keep in mind that safety is a number one priority for all Shelter Workers .

INSTRUCTOR NOTES



PLAY VIDEO: Lifting and Safety

Class activity

This exercise will help students demonstrate what they've learned from the previous section about safety in lifting and injury prevention.

You'll need:

- 1 box (similar to a box you would find at a shelter, 10 lbs. or less work for this exercise)

1. Select a student to practice what they've learned by lifting the box, following the proper steps from the "Lifting and Safety-Worker Injury Prevention" section.
2. Repeat this exercise with different students, if needed.

ASSISTING AN INDIVIDUAL WHO IS BLIND OR LOW VISION

Millions of Americans suffer from vision loss, from simply requiring glasses to read or drive, to age-related macular degeneration and diabetic retinopathy, to complete blindness. As with other physical disabilities, your immediate responsibility as a shelter worker is to assess the situation and needs of the person so that you can provide the best and most practical assistance.

- While it may be obvious or soon brought to your attention, do not hesitate to ask if a person requires some sort of visual aid. In the chaos of an emergency, small things like glasses are frequently forgotten, overlooked or lost. A person who cannot read a sign across a room isn't much helped when told to follow the signs across the room.
- Aside from glasses, people with low vision may need other aid devices including something as simple as a white cane to help them detect and navigate around unseen objects. Or they may need a guide animal.
- They may carry electronic devices, such as GPS, to assist them.
- Remember these simple rules:
 - Use your voice
 - Announce your presence
 - Speak naturally and directly
 - Don't shout
 - Don't be afraid to use words like see, look or blind
 - Offer assistance, but no more than is sought or welcomes
 - Don't grab

Communication

When assisting a person who may be blind or have low vision, here are a few tips for helping them learn about the shelter's organization, which will, of course, be completely strange and unfamiliar to them.

- Speak directly to the person when you are introducing yourself.
- Introduce yourself without raising your voice or shouting. Vision needs and hearing loss are not necessarily related.

- When meeting, identify yourself and others with you.
- Don't assume that they cannot see anything. It is okay to ask what they are able to see.
- Address the person by their name so that they know you are speaking to them.
- If the person has a guide dog, do not pet the animal when in harness because you may distract it from working.
- When conversing in a group, address people by name.
- Ask the resident if they would like to hold on to your elbow as you lead them to a destination or take them on a tour. If they decline, ask if they have a preferred alternative.
- After you have permission to help, let the individual hold your arm (you do not need to hold onto them) and let them control their own movements.
- Walk alongside and slightly ahead of the person.
- Be descriptive when giving verbal directions; verbally give the person the information that is visually obvious to you.
 - Avoid comments like "over there" and be more specific "to YOUR right, to YOUR left."
- Alert the resident of any upcoming changes in elevation, such as steps, a door threshold or a curb.
- If you and the shelter resident need to walk single file, you should put your arm behind you and let the person know.
- When guiding a person who is holding your elbow, hold your elbow close to your body.
- Be aware of any potential obstacles, such as a low door or furniture extending into a pathway. Try to choose the clearest, safest, easiest route.
- Always tell the person if objects or furniture have been moved.
- When seating people put their hand on the back of the chair and they will then be able to seat themselves.
- Don't leave them in an open area or leave without saying that you are doing so. When you leave, lead the person to a landmark, e.g. a cot, a table, etc., they will then feel more secure and oriented to the surrounding environment.
- Close or open doors fully rather than leaving them ajar.
- Ask the individual what they need and want.
- Don't be embarrassed if you use words such as "look" and "see;" they are part of everyone's vocabulary.

INSTRUCTOR NOTES



PLAY VIDEO: Blind and Low Vision



ASSISTING AN INDIVIDUAL WHO IS DEAF OR HARD OF HEARING

Hearing loss has many causes. Age is the most common reason, but hearing loss can also result from illness, noise, chemicals, medications and physical trauma. It can range from mild to profound, and it is important as a shelter worker that you assess, to the best of your ability, the degree to which a person's hearing disability will affect their stay at a shelter and the ability of you and others to provide necessary and adequate services. Never hesitate to consult with the Shelter Manager or available professionals.

People who are deaf or hard of hearing use a variety of techniques to communicate, often in combination. They may have hearing aids. They may be able to read lips or use sign language. They may rely upon written communications. However, be aware that they may not read or write English. You will need to work with them to determine the best method of communication.

Communication

- Gain the person's attention before starting a conversation (you can tap the person gently on the shoulder or arm or make a gesture that you are going to begin speaking).
- Make sure the person is looking at you when you speak to them and maintain eye contact.
- Look directly at the individual, face the light, speak clearly, in a normal tone of voice, and keep your hands away from your face. The individual may or may not be able to lip-read.
- Do not exaggerate lip movements or put your hand over your mouth while speaking.
- Do not chew gum, eat or laugh while speaking.
- Be aware that facial hair can sometimes make it difficult for people to lip-read.
- Use short, simple sentences.
- Be flexible. If the person doesn't understand something you say, try to reword it instead of repeating the same thing over and over.
- Ask the individual about their comfort with written language and have paper and pen available.
- Facial expressions and body language can help to communicate your ideas and feelings.
- Reduce unnecessary background noise when possible as this can interfere with hearing aids.
- If the individual uses a sign language interpreter, speak directly to the person, not the interpreter.
- When you are leaving the individual, make sure they are in a safe place and explain what you plan to do before leaving them.



INSTRUCTOR NOTES



PLAY VIDEO: Deaf and Hard of Hearing

ASSISTANCE ANIMALS

The ADA defines an assistive animal as “any guide animal, signal dog, or other animal individually trained to provide assistance to an individual with a disability.” Service animals are animals that have been trained to perform tasks that assist people with disabilities. Service animals may also be referred to as assistance animals, assist animals, support animals, or helper animals depending on the country and the animal's function.

Types of assistance animals:

1. Guide animal—to guide the blind.
2. Hearing animal—to signal people who are deaf or hard of hearing.
3. Service animal—to do work for people with disabilities other than blindness or deafness; for example, they may be used for someone who has a mental illness.

Here are some tips on service animals and how to handle them inside of the shelter

- Service animals, limited to dogs and miniature horses, are allowed in all shelters in the County of San Diego.
- Remember - a service animal is not a pet.
- As a shelter worker, you may only ask two questions when a person is arriving with an animal to verify that the animal is there for assistance:
 - Is your animal a service animal?
 - What tasks has the animal been trained to perform?
- Do not touch or give the animal food or treats without the permission of the owner.
- When a dog is wearing its harness, it is on duty. In the event you are asked to take the dog while assisting the individual, hold the leash and not the harness.
- If the person tells you that their dog or miniature horse is an animal used for assistance (a guide, hearing or service animal), treat it as such. However, if the animal is out of control or presents a threat to the individual or others, you will have to get a Shelter Manager, who may have to remove the animal from the site.
- A service animal must be in a harness or on a leash, but does not need to be muzzled.



INSTRUCTOR NOTES

An assistance dog helps an individual who has mobility impairments with tasks including, but not limited to: providing balance and stability, retrieving items and pulling wheelchairs.

- A guide animal, generally a dog, helps an individual who is blind or visually impaired with tasks such as, but not limited to: aiding in navigation and alerting the individual to dangers such as moving cars.
- A hearing animal helps an individual who is deaf or hearing impaired by alerting the individual to the presence of sounds or people.
- An alert/response animal, alerts an individual to a seizure or other medical condition.
- Psychiatric service animal helps an individual with cognitive, psychiatric or neurological disabilities.
- The difference between a pet and a service animal is that it must be individually trained to perform work or tasks directly related to the handler's disability.
- A therapy and emotional support animal generally provides comfort to an individual in some way.

A service animal is not required to wear something to identify it (like a vest or collar, for example). However, most service animals wear a vest or harness identifying it as an assistance animal. Assistance animals may be of any size. Certification cards are not required or identifying clothing is not required for assistance animals.

As mentioned above, under the ADA policy, a shelter worker may ask if the dog is a service dog and may ask what tasks the dog performs for the handler.

ASSISTING A SHELTER RESIDENT WITH FOOD AND BEVERAGES

Providing regular, healthy meals is often a critical part of a shelter's mission and purpose. Doing so can present its own challenges and considerations, particularly for people with physical disabilities.

Your first task is to identify residents who might need assistance, which can range from simply helping them get their food at meal times to actually feeding it to them.

It's important to keep in mind that some people may also have dietary restrictions that you will need to be aware of before assisting them with their food. Some dietary restrictions include:

- Diabetes
- Food allergies
- Hyperglycemic
- Hypoglycemic

Special diets can be requested within reason. Please notify the Shelter Manager to see what accommodations can be made. Medical Health Services can help the shelter resident determine best choices from what is available. Find out as much as possible about normal eating habits, such as frequency, amount, types of food, etc. and use this information to help assist the resident at meal time. For example, more frequent, smaller meals may be more appropriate. It is also important to ensure adequate fluid intake (6 – 8 cups a day for most people).

Be discreet and respectful. Introduce yourself. Ask how you can assist in any way, but encourage residents to do things as independently as possible.

Helping at meal times

- Observe and ask the resident how you can best assist them.

- Offer the person a chance to wash their hands or use a hand sanitizer before the meal.
- Provide a napkin or towel to protect their clothing.
- Make sure foods and liquids are not too hot. The same goes for plates or bowls.
 - You can test the temperature of hot liquids by placing several small drops on your wrist [palm side up].
- If the person is blind or has low vision, talk about what's being served, naming every item. Identify the locations of food on a plate using a clock analogy, such as "the peas are at 6 o'clock, the chicken is at 9."
- Offer liquids first, which will moisten the mouth and help make swallowing easier.

How to help with a beverage

- If a person requires a straw to consume liquids, help place the straw in the resident's mouth, if needed.
- Allow the person to suck and swallow as desired.
- If it seems they are sucking too much or too quickly, you can pinch the straw to stop the flow, allowing them time to swallow.
 - A general rule of thumb is that an individual should drink no more than a quarter of the glass at one time. You can use your own discretion, for the most part.
- If the person drinks from a cup, use slow and steady movements. Remove the cup frequently from the person's mouth to allow time for swallowing.
- If available, use spill-proof cups if they're easier or more convenient for the resident.
- If a person requires a drink while lying down, raise and support their head while holding the cup or straw to the resident's mouth.

How to assist with eating

- If the resident has to eat on their cot, ensure that they are in an upright position.
- Fill a spoon only two-thirds full with food, and then touch it to the person's bottom lip.
- After they open their mouths, touch the spoon to the tongue so that you know the spoon is entirely inside. The process using forked food is the same.
- Feed slowly, allowing time between bites for chewing and swallowing.
- Offer liquids after several swallows of solid food.
- At the end of the meal, offer water to rinse the mouth.
- When finished, remove the dishes and clean up the area
- Assist the resident with washing hands and brushing teeth, if necessary.

Some physical disabilities and conditions can make eating more difficult. Choking, gagging or coughing may be concerns. Some ways to facilitate easier swallowing are emphasizing soft foods, placing foods toward the back of the mouth or the unaffected side, and checking the mouth during and after a meal for any remaining food and encouraging a resident to remain in an upright position for at least 30 minutes after a meal. You may also need to discuss this with Medical Services staff prior to assisting the individual with eating.

Some residents will need more direct help with consuming their food. It might be as simple as placing it on the table or cutting portions into bite-size pieces or it might involve actually helping to feed them.

Maintaining adequate intake

If you feel your shelter resident is not consuming enough appropriate food to meet caloric/nutritional requirements:

- Discuss the quantity of food normally eaten to determine if this is abnormal.
- Remember that the shelter resident left home and that living in a shelter is not normal/can be very stressful.

They may want to speak to a Mental Health Services professional.

- Individuals who are chronically-ill or elderly frequently experience a loss of appetite.
- Talk with Medical Services staff to discuss foods that will increase calories or other specific dietary needs.
- Average fluid intake should be 6–8 cups/day.
- Some people will limit the amount of fluid intake to decrease the frequency of using the bathroom.
- Some illnesses require closer monitoring of fluid intake.
- A shelter without air conditioning may cause the shelter resident to perspire more than normal, thus increasing their need for fluids.
- Fluids include those in liquid form (water, coffee, juice, soup, tea, milk) and in solid form (ice cream, sherbet, jello).
- To ensure adequate intake, frequently bring fluids to the shelter resident.

INSTRUCTOR NOTES



PLAY VIDEO: Eating at a shelter

ASSISTING A RESIDENT WITH THEIR CLOTHING

Some shelter residents with physical disabilities may need help dressing and undressing. This is obviously a delicate and personal situation and you, as a shelter worker, must be respectful, compassionate and discreet at all times.

Residents should wear clothes that are appropriate and safe for themselves and the shelter environment. They should be comfortable. As much as possible, residents should be afforded privacy when changing clothes. This might be provided by using set aside rooms, restrooms or by simply hanging a blanket or sheet around the resident's area when necessary.

For safety reasons, residents needing assistance when dressing or undressing should remain seated as much as possible.

INSTRUCTOR NOTES

This is something you may or may not have to help with in a disaster shelter. It's important to understand the basics and sensitivities in this area. It is always important to make sure the resident is as comfortable as they can be in a place where there is little privacy. Always try to provide as much privacy as the shelter surroundings will allow.

Helping a resident to dress and undress

- Start with upper garments first and work your way down.
- If a shirt needs to be pulled over the head, take it off the strongest side first, this is the side of the body that may not be impaired. For example if someone had a stroke, their left side may be weaker than their right side.
- Make sure the resident is sitting down when removing lower garments or items like socks and shoes.
- Start with upper garments while resident is seated.
- Underwear should follow next, followed by socks.
- Socks can be difficult to put on and require extra assistance.
- The lower outer garment – pants or a skirt – should be put on partway while the resident is still seated, followed by shoes.
- Help the resident to stand and then pull up the lower outer garment the rest of the way.

Dressing or undressing a person lying down

- Make sure the resident is covered by a blanket or a sheet for privacy.
- Starting with upper garments, follow the appropriate steps above to help a resident lying down.
- Ask the resident to “partially participate” (if possible) by raising their hips so that lower garments can be pulled on or off or rolling to one side or the other so that upper garments can be pulled on or off.

INSTRUCTOR NOTES



PLAY VIDEO: Dressing at a Shelter

ASSISTING A RESIDENT WITH PERSONAL HYGIENE

Personal hygiene is very important in a shelter, both for individuals and for the group as a whole. It promotes health and comfort for all concerned. People with physical disabilities may need assistance to maintain their desired or appropriate levels of hygiene and grooming. As a shelter worker, you may be able to help.

First, try to identify those who might need assistance and ask if they desire it. Such assistance can range dramatically, from brushing teeth and combing hair to using the toilet. Most shelter facilities are likely to have limited bathing or showering facilities, but assistance here is also a possibility.

- Be gentle and patient in tasks like brushing hair or teeth. Go slow and regularly ask if everything's okay. Be aware of cultural differences.
 - Some medications and the aging process in general, can cause the hair to be more brittle.
 - Report any unusual conditions, such as sores on the scalp or in the mouth to Medical Health Services.
- If a shower or bath is available, make sure that it can be safely used by persons with physical disabilities. It should have grab bars and a non-skid surface. If a shower chair is needed, make sure that it is stable and capable of supporting sufficient weight. Most shower chairs sold today have a capacity of 300 pounds.
- Ensure privacy, but be nearby to assist, if required.
- In all cases, you should encourage the resident to do as much as they are able to on their own, in a polite manner.

INSTRUCTOR NOTES



PLAY VIDEO: Personal Hygiene at a Shelter

Assisting with dental and denture care

- Use a soft tooth brush (hygiene kits may be available in the shelter if new personal hygiene items are needed).
- Mix mouthwash with water to help protect the gums.
- Brush the upper teeth first and then the lower teeth.
- Ask the shelter resident if they have dentures – they may have full mouth or partial.

- Remind the shelter resident they should remove their dentures at least 8 hours a day to rest their gums – obtain a container if your shelter resident does not have one.
- Provide mouth care after the dentures are removed.
- Handle dentures carefully so as to not break or chip.
 - Wear gloves when cleaning the dentures.
 - Either put water or a cloth in the sink to prevent breaking the dentures should you drop them.
 - Using a tooth brush and denture cleaning material brush and rinse well.

Assisting with bathing or showering

Most shelter facilities will not have bath tubs and only limited shower facilities. The individual's health and physical capabilities will help determine if they will be able to shower or be assisted with a bed (cot) bath.

Showering and Bathing

- Determine if the shelter resident can stand on his or her own or will need a shower chair.
- If a shower chair is needed, be sure to lock the shower chair in place or place against the shower wall.
- To get a shower chair for a resident, you will need to speak to the Medical Health Services staff and then the Shelter Manager who will make the request to the Emergency Operations Center.
- Give your shelter resident soap, washcloth, and shampoo so they can be as independent as possible.
- Assist as needed.
- Be very cautious and alert for possible slipping.
- Ensure privacy.
- If you need to get the water ready for the individual, the temperature should be approximately 85 degrees, and no hotter than 90 degrees.
 - The best way to determine the shower temperature is to put your hand in the water, and make sure it is not too hot before the person enters. It's much better to be a little cool, instead of too hot.
- Follow instructions in the undressing section, if you need to assist the individual with removing their clothing prior to the shower or bath.
- When finished with bathing, make sure all soap and shampoo are thoroughly rinsed
- Assist with towel drying if necessary.

Bed Bathing

- A complete bed bath may not be needed every day.
- A partial bath may consist of face, hands, armpits, genital area, back, and buttocks.
- Encourage the shelter resident to do as much as possible.
- Ensure privacy.
- Always wear disposable gloves when washing a person.
- Bathe from the head down.
- Place a dry towel under each part of the body as you proceed.
- Wash, rinse, and dry each section of the body assisting the shelter resident in turning and moving as needed.
- Always wash the genital area last.

INSTRUCTOR NOTES

Additional information that may be helpful to share with the students on safety in helping people who need additional assistance in showering and bathing

Safety tips for assisting with showering and bathing:

- Never leave a confused or frail person alone in the shower or bath.
- Always check the water temperature before they get in the water.
- Use plastic containers for shampoo or soap to prevent them from breaking.
- It's helpful to use a hand-held showerhead, though these will not always be available in a disaster shelter.
- Using a shower chair will reduce the risk of injury to resident and yourself.
- Don't use bath oil. It can make the tub slippery and may cause urinary tract infections.

Assisting in cleaning the genital area

- Ask the shelter resident if he/she is able to clean his/her genital area.
- Always wear disposable gloves when washing the individual's genital area and any open wound area.
- Regardless of the gender of the shelter resident, always wash the genitals from the front to the back to prevent contamination of the urethral opening.
- Use a different part of the washcloth for each stroke to prevent the spread of germs.

Assisting with toileting

- It is normal to feel shy about helping or requiring help with this very personal function.
- Remember to ask the person with which steps they need assistance. For example, some people may only need you nearby to hand them the toilet tissue.
- Encourage the person to use handrails, if available. Assist with lowering to/rising from toilet. Assist with transfer from wheelchair to toilet.
- In some cases, a modified toilet may be necessary. These range from raised plastic toilet seats that attach to existing porcelain toilets to raised seats with arms, used to lower and lift the body, and all-in-one adjustable, portable toilets that can be used almost anywhere.
- If the shelter resident needs assistance cleaning him or herself after toileting, remember to clean from front to back.
- Provide privacy, but let your shelter resident know you are available. Stay close-by, so you can hear if help is needed.

INSTRUCTOR NOTES

For the last few sections we reviewed: denture care, bathing or showering, cleaning the genital area and assisting with toileting. While this is not a typical job for a shelter worker, under some circumstances, a situation may arise when a shelter worker will need to help in any or all possible scenarios. It's important to remember that the person's caretaker is not with them, and the person is not able to do this on their own. Be sensitive and respectful, and care for them how you would want to be cared for if you were in a similar situation. Communication is always important in these situations. Ask the person their needs before proceeding. If at any point, you feel the circumstances are beyond your comfort level or ability to help, you can always find a Shelter Manager to assist you.

SECTION SUMMARY

This section was focused on learning about people with physical disabilities and how to best assist them with any additional daily care needs. From this section of the training, you will have learned:

- Physical disabilities, causes and how to best assist someone with mobility needs.
- How to best communicate with individuals with physical disabilities.
- Types of assistive technology devices and how you can assist with them:
 - Assisting someone who uses a cane.
 - Assisting someone who uses crutches.
 - Assisting someone who uses a walker.
 - Assisting someone who uses wheelchair.
- How to best lift heavy items and worker injury prevention.
- How to best assist someone who is blind or who has low vision.
- How to best assist someone who is deaf or hard of hearing.
- Assistance animals in the shelter.
- How to best assist a resident with their clothing.
- How to best assist a resident with personal hygiene.

INSTRUCTOR NOTES



PLAY VIDEO: Review

Ask if there are questions before the exam begins.

This quiz is an open-book, 10-question quiz about the section of the training that was just completed. Students should have approximately 15 minutes to complete the quiz. After everyone has completed the quiz, review each of the questions and answers. The correct answers are highlighted in bold or filled in for the instructor manual.

QUIZ: SECTION TWO

1. When working with someone with a physical disability, you should ask if the individual wants assistance and how best to help them before assisting them? (page 12-13)
a. True b. False
2. There are many types of Assistive Technology Devices, name a few that you may encounter at a shelter?

Canes, crutches, daily living aids (large handled/special eating utensils), earring aids, shower chairs, raised toilet seats, vision devices (magnifier, glasses) walkers, wheelchairs

***(Instructor Manual page 13)**

3. It is okay to lean on someone's wheelchair while you are talking? (page 13)
a. True **b. False**
4. You should call for assistance when: (page 20)
 - a. An individual is too heavy or has difficulty supporting their own weight, and you are not able to support them on your own
 - b. An individual complains of dizziness or other symptoms when in an upright position
 - c. When you feel the situation is beyond your capabilities
 - d. All of the above**
5. When assisting someone who is deaf or hard of hearing, which of the following is considered a best practice for communication? (page 26)
 - a. You can chew gum while speaking
 - b. Make sure the person is looking at you when you speak to them and maintain eye contact**
 - c. You should exaggerate your lip movements so that your lips can be read better
 - d. Speak directly to the individual's interpreter
6. When assisting someone who is blind or visually impaired, which of the following is the appropriate form of communication? (page 24)
 - a. Make sure to speak extra loud so that the person can hear you better
 - b. Lead the individual around everywhere they go, even if they do not ask for assistance
 - c. Speak directly to the individual when introducing yourself, and make sure to use the individual's name when speaking to them, especially in a group setting**
 - d. When leading a person around the shelter, there is no need to let them know of obstacles, elevation changes, furniture that has moved or to tell them specific directions
7. When helping someone with an assistance animal, you are allowed to pet or play with the animal without asking the owner of the animal in advance. (page 27)
a. True **b. False**
8. What are the two types of assistance animals allowed in disaster shelters? (page 27)
 - a. Dogs and miniature horses**
 - b. Cats and dogs
 - c. Cats and horses
 - d. Dogs and horses
 - e. None of the above

9. What are some things to keep in mind when assisting someone with their meals and beverages? (page 28)
- Dietary restrictions such as diabetes, food allergies
 - The temperature of the food or beverage you are serving
 - Asking the individual discreetly if they need help before assisting
 - Make sure they are sitting up if you are assisting with a beverage
 - All of the above**
10. The most important thing to keep in mind when helping a shelter resident with their clothing or hygiene is to give them as much privacy as possible, while still providing the assistance they need. (page 31)
- True**
 - False



COGNITIVE DISABILITIES

DEFINITION OF COGNITIVE DISABILITIES

A person with a cognitive disability has greater difficulty with one or more types of mental tasks than the average person. It is a broad concept encompassing various intellectual or cognitive deficits, including Intellectually Disabled (ID), previously known as mental retardation (MR), which is an outdated and politically incorrect term, various specific learning disabilities, and problems acquired later in life through acquired brain injuries or neurodegenerative diseases like dementia. Cognitive disabilities can appear at any age.

INSTRUCTOR NOTES

Review questions and answers before moving onto the next section.



PLAY VIDEO: Introduction, Registration & Intake

You will only need to play the Intro, Registration & Intake if this training session is separate from the physical and emotional training sessions. If they are all being held at the same time, you can move on to the cognitive disabilities part of the training.

SPECIFICATIONS OF COGNITIVE DISABILITIES:

- Intellectually Disabled— significantly impaired cognitive function that most often affect a person's intellectual functioning, communication, adaptive skills, and social skills.
- Learning Disabilities— a person has difficulty learning in a typical manner; dyslexia, development coordination disorder, and disorders of psychological and social development.
- Acquired brain injuries— brain damage caused by events after birth.
- Neurodegenerative diseases— progressive loss of structure or function of neurons, commonly seen with: Parkinson's Alzheimer's, Huntington's and dementia.

PEOPLE WITH COGNITIVE DISABILITIES HAVE DIFFICULTIES WITH:

- | | | |
|-------------------|---|-----------------------------|
| • Memory | • Reading, linguistic, and verbal comprehension | • Visual comprehension |
| • Problem-solving | • Math comprehension | • Communications and action |
| • Attention | | |

CAUSES FOR COGNITIVE DISABILITIES:

- | | | |
|------------------|----------------------------|---|
| • Down Syndrome | • Alzheimer's | • Intellectually disabled |
| • Autism | • Huntington's | • Attention Deficit Hyperactivity Disorder (ADHD) |
| • Cerebral Palsy | • Dementia | |
| • Parkinson's | • Developmentally disabled | |

INSTRUCTOR NOTES

Most cognitive disabilities are biological or physiological. The connection between a person's biology and mental processes is most obvious in the case of traumatic brain injury and genetic disorders. A person with profound cognitive disabilities most times needs assistance with nearly every aspect of daily living. While someone with a minor learning disability may be able to function sufficiently, but need assistance in filling out the registration form, reading some of the posted signs, or need reminded of the meal times, or the location of their cot or restroom.

HOW TO ASSIST SOMEONE WITH COGNITIVE DISABILITIES

This section will provide the specific step-by-step instructions on how to best assist someone with cognitive disabilities. When working with and caring for people with cognitive disabilities, keep in mind several things as you help settle them into the shelter:

- People with cognitive disabilities learn new information slower and may need information presented to them in a variety of ways and repeatedly, in order to learn and remember new information.
- You should use short sentences with simple, concrete words and specific intentions and directions. Use pictures or objects to help illustrate your meaning, when possible and necessary. You should point to places, people and objects when you talk about them.
- Speak calmly and competently. Try to minimize any surrounding distractions. Be patient. Give the other



person time to process what you are saying and respond. Smile gently. Offer them a chair if they look tired or need rest.

- Explain, as best you can, what will happen next, whether it's the scheduled lunch or a visit by officials. Be accurate and honest. Don't predict what you cannot know, but do project a sense of order, authority, progress and compassion. Reassure them that everybody is working hard to return things to normal.

As a shelter worker, you should always be aware of persons with cognitive disabilities who might need assistance. Be prepared to offer help – politely and

discreetly. Few folks refuse a friendly hand.

The following are examples of additional support that may be needed:

- Providing easy to understand information about the shelter, sometimes more than once.
- Touring and explaining the details of the shelter, again sometimes more than one time.
- Calming fears about the shelter and the new environment.
- Helping them to understand what happened and what needs to be done, e.g., completing necessary assistance request forms or nutritional supplemental applications.
- Assistance in restoring links to family or friends.
- Finding a quiet and calm area.
- Finding out if medications need to be taken and if they have them.
- Locating necessary medical treatment.

There are certain sensory and behavioral actions that may occur:

- The person may not understand typical social rules, so they may be dressed oddly, invade your space, and prefer to be farther away from you than typical, or not make eye contact. It's best not to try and point out or try to change these behaviors.
- The person may also look at you at an odd angle, laugh or giggle inappropriately, or not seem to take the situation seriously. Do not interpret these behaviors as disrespect.
- Because of the lack of social understanding, they may display behaviors that are misinterpreted as evidence of drug abuse or psychosis, defiance or belligerence.
- If possible, attempt to find a quiet location for the person, especially if you need to talk with them.

COMMUNICATING WITH INDIVIDUALS WITH COGNITIVE DISABILITIES

Under normal circumstances, individuals with cognitive disabilities are able to provide their own care perhaps with the help of support systems. However, evacuation due to a disaster can interrupt their normal routines, their sense of comfort and familiarity, the availability of needed accommodations and easy access to support systems. The result is a feeling of loss of control over their lives. Here are some general guidelines on the best ways to communicate with someone who has cognitive disabilities:

Use:

- Short sentences.
- Simple, concrete words.
- Accurate, honest information, try to present information in a positive format.
- Pictures and objects to illustrate your words.
- Point to your ID picture as you say who you are.

Remind:

- What will happen simply and specifically.
- When events will happen (tie to common events in addition to numbers and time, for example, "by lunch time..." or "By the time the sun goes down...").
- The person to contact loved ones if they are able.

Ask for or look for:

- An identification bracelet with special health information.
- Medication.
- Special health instructions.
- Contact information.
- Signs of stress and/or confusion.
 - Example: the person might say they are stressed, look confused, withdraw or start rubbing their hands together.
- Conditions that people might misinterpret.
 - Example: someone might mistake Cerebral Palsy for drunkenness, as this is a common misconception.

Repeat:

- Reassurances.
 - Example, "You may feel afraid. That's okay. We are safe now."
- Encouragement.
 - Example, "Thanks for moving fast. You are doing great."
- Frequent updates on what's happening and what will happen next. Refer to what you predicted will happen.
 - Example: "We're going to go to the dining hall to have breakfast now... "

Reduce:

- Distractions.
 - Example: lower volume of radio, or brightness of lights, where appropriate.

Explain:

- Any written material, including signs, in everyday language.
- Public address system announcements in simple language.

Share:

- The information you've learned about the person with other workers who'll be assisting the person.
- With the individual you are assisting, that other staff members will be helping them during this time as well.



MOST COMMON INDIVIDUALS WHO WILL NEED ASSISTANCE

This section breaks down the most common individuals with cognitive disabilities that you may need to assist in a disaster shelter situation, and how best to communicate with them or handle a specific situation that might occur.

Intellectual disabilities

Intellectual disabilities are characterized by significant limitations in both functioning and in social and self-care skills. Many people with intellectual or developmental disabilities require assistance in a disaster shelter, especially when communicating. Many times individuals struggle to communicate effectively and need additional assistance.

How to best communicate:

- Approach the person in a calm manner. Try not to appear threatening.
- Talk directly to the shelter resident.
- Make eye contact, try to build rapport and establish trust.
- Avoid touching the person, and if necessary, gesture or slowly guide the person.
- Speak calmly - use direct, concrete phrases with no more than one or two steps, or write brief instructions on a pad if the person can read.
- Make sure to allow additional time for the person to answer/respond.
- Avoid using phrases that have more than one meaning such as “knock it off” or “cut it out.”
- When needed, use communication cards to better communicate: communication cards provide clear options to both the shelter resident and the shelter worker, resulting in the most effective communications available for residents with difficulty speaking or utilizing traditional communications.

Responding to specific behavior

- If the person is showing obsessive or repetitive behaviors, or is fixated on a topic or object, try to avoid stopping these behaviors or taking the object away from them, unless there is risk to self or others.
- The person may repeat what you have said, repeat the same phrase over and over, talk about topics unrelated to the situation, or have an unusual or monotone voice.
- Make sure that the person is away from potential hazards or dangers since they may not have a fear of danger.
- Be alert to the possibility of outbursts or impulsive, unexplained behavior. If the person is not harming themselves or others, wait until these behaviors subside. This is their attempt to communicate, and is not meant to irritate you or be disrespectful.

INSTRUCTOR NOTES

FAQ's on Intellectual Disabilities:

1. Is an intellectual disability the same as mental retardation? Why do some programs and regulations still say mental retardation?
 - a. The term intellectual disability covers the same population of individuals who were diagnosed previously with mental retardation in number, kind, level, type, duration of disability, and the need of people with this disability for individualized services and supports. Every individual who is or was eligible for a diagnosis of mental retardation is eligible for a diagnosis of intellectual disability.
 - b. Intellectual disability is the preferred term; however, it takes time for language that is used in legislation, regulation, and even for the names of organizations, to change. This also applies to some of the words and terms we saw in the positive and negative phrases chart we saw at the beginning of the training on page 7 of your manual.

2. What's the difference between intellectual disabilities and developmental disabilities?
 - a. Developmental Disability is an umbrella term that includes intellectual disability but also includes other disabilities that are apparent during childhood.
 - b. Developmental disabilities are severe chronic disabilities that can be cognitive or physical or both. The disabilities appear before the age of 22 and are likely to be lifelong. Some developmental disabilities are largely physical issues, such as cerebral palsy or epilepsy. Some individuals may have a condition that includes a physical and intellectual disability, for example Down syndrome or fetal alcohol syndrome.
 - c. Intellectual disability encompasses the “cognitive” part of this definition, that is, a disability that is broadly related to thought processes. Because intellectual and other developmental disabilities often co-occur, intellectual disability professionals often work with people who have both types of disabilities.
3. How is an intellectual disability determined?
 - a. There are three major criteria for intellectual disability: significant limitations in intellectual functioning, significant limitations in adaptive behavior and beginning before the age of 18.
 - b. There are tests that determine limitations in adaptive behavior, which covers three types of skills:
 - Conceptual skills
 - Social skills
 - Practical skills
 - b. There are tests that determine limitations in adaptive behavior, which covers three types of skills:
 - Conceptual skills
 - Social skills
 - Practical skills
4. What causes an intellectual disability?
 - a. The causes of intellectual disability focus on the types of risk factors (biomedical, social, behavioral, and educational) and the timing of exposure (prenatal, perinatal, and postnatal) to those factors.



PLAY VIDEO: Developmental and Intellectual Disabilities

Autism

Autism and autism spectrum disorder (ASD) are general terms for a group of complex brain development disorders characterized, in varying degrees, by difficulties in social interaction, verbal and nonverbal communication and repetitive behaviors. Sometimes there are associated physical disabilities as well, such as difficulties in motor coordination, sleep and gastrointestinal disturbances.

Some persons with ASD may excel in specific skills, such as math, art or music, but they, like others on the spectrum, can struggle to understand and interact with others and with their surroundings, especially so if the environment is unfamiliar or the circumstances stressful.

Some common behaviors for an individual with autism include:

- Repetitive movements.
- Ritualistic behavior.
- Resistance to change.
- Tendency to be loud.
- Sensitive to stimulation including, but not limited to light, noise and activities going on around them.
- Getting agitated if someone approaches or touches them or their belongings.

When engaging with a person who has autism, there are three areas in which you should pay special attention as you attempt to help them settle into the shelter and receive the right assistance.

- Communication.
- Social interaction.
- Issues of behavior and the senses.

ASSESSING AND APPROACHING INDIVIDUALS WITH AUTISM

Autism is not a singular disorder and no two persons with autism are alike. Like all of us, they are individuals and they should be treated as such, with politeness, respect, care and consideration.

Here are some basic guidelines assessing and approaching individuals with autism:

Step one: Recognize – A person with autism may:

Actions

- Appear “spacey” or as if on drugs.
- Fail to interact, respond, or establish eye contact with you or others.
- Touch strangers in socially inappropriate ways.
- Have an extreme reaction to sound, touch, taste, or light.
- Exhibit inappropriate screaming, laughing, giggling, loud noises or other sounds.
- Spin or wiggle an object repeatedly or sift dirt, dust, be preoccupied with arranging or looking at objects.
- Shake his or her fingers, hands, arms, or head repeatedly.
- Have little or no appreciation of danger or injure himself or herself.
- Run or climb into dangerous situations.
- Walk on tiptoes.
- Hear or see something only after a delay of several seconds or more.
- Act unusually nervous, passive, or hyper.
- Rock or pant, or exhibit other unusual behaviors.
- Make inappropriate comments or ask personal questions of strangers.
- React strongly and irrationally if a pattern is interrupted.

Appearance

- Appear to be unexplainably angry or aggressive or in pain.
- Cup hands over ears as if hearing is painful.
- Be dressed inappropriately.
- Be disoriented in space and time.



Communications

- Not understand instructions or the presence of authority.
- Have no speech, or not be understandable.
- Speak more loudly than necessary.
- Repeat a simple task or movement over and over.
- Seem to ignore you or seem to be deaf.
- Repeat a sound or words over and over.
- Confuse “me” and “you” or other pronouns.
- Carry a communication device.

Step two: Pause – When approaching an individual, maintaining a distance will:

- Permit the individual to complete their pattern of behavior.
- Give the person an opportunity to respond to your presence.
- Permit a calm, quiet atmosphere to develop.
- Try to help with possible overstimulation or confusion – this includes loud sounds, busyness around the shelter, and bright lights.

Step three: Observe and learn – This will help you to understand the following:

- Whether the person is engaged in an activity.
- Important information about the person’s behavior pattern.
- Whether they are injured.
- If they are holding any objects.
- If they are trying to leave the area or is lost.
- If they are repeating a motion or activity (“perseverating”).
- If they are reacting to something or someone in the environment.
- If they have language abilities and/or can respond to sounds.
- If a nearby person is with them.

BASIC GUIDELINES TO COMMUNICATING EFFECTIVELY:

- Speak deliberately in a calming tone. Use simple phrasing that involves no more than one or two steps. If the person can read, write instructions in the same manner. Use visual aids, when available.
- Avoid phrases that have ambiguous or multiple meanings as well as questions with multiple answers or questions that are open ended - this will likely be confusing. For example, allow extra time for the person to respond.
- The person may repeat what you say, again and again. They may introduce topics unrelated to the situation or speak in an unusual or monotone voice. This is not meant to be disrespectful or to annoy. They are attempting to communicate with you, as best they can.

Visual perception is typically unaffected by ASD. People with autism are often quite visually aware, seeing, noting and remembering things most of us overlook. The problem tends to be in interpreting and adapting to those cues, visual and otherwise.

- When approaching a person with ASD, do so in a calm, unthreatening manner. Appear friendly but not overt. Try to establish a connection, but do it slowly.

- Sometimes people with autism do not show typical indications of pain or injury. They may not mention it. As soon as you can, look for any signs of immediate medical need and act accordingly.
- Persons with ASD frequently do not understand the typical rules of social engagement and behavior. They may dress oddly. They may crowd your personal space or stand quite far away. They may avoid eye contact. Unless absolutely necessary, don't make an issue of these behaviors or try to change them. Work around them. Adapt to do your job.
- The person with ASD may look at you at an odd angle or indirectly. They may laugh or giggle inappropriately. They may appear to ignore you or turn their attentions elsewhere. Do not interpret these behaviors as disrespectful, uncaring or disdainful.



BEHAVIOR AND SENSES

It's hard to know how a person with autism experiences the world, only that they may see, hear, taste, smell and feel it in ways different from the rest of us. It's part of your job to recognize that and adapt.

- When interacting with a person with autism, try to find a quiet place to do so, with as few distractions as possible. Step into another room or a corner of the room for a conversation. More generally, strive to keep the overall atmosphere of the shelter calm and orderly. For example, eliminate excessive noise.
- Avoid touching the person, unless invited to do so. If necessary, gesture or gently guide.
- If the person is displaying obsessive or repetitive behaviors, or becomes fixated on a topic or object, pause and wait for the behavior to pass. Do not try to halt the behavior yourself unless it poses a danger to the person or others. Seek professional assistance if necessary.
- Be alert to the possibility of outbursts or impulsive, unexplained behavior. If it's not harming anyone or causing undue distraction, simply wait for the behavior to subside and then continue with the task at hand.

INSTRUCTOR NOTES



PLAY VIDEO: Autism and Autism Spectrum Disorder

FAQs:

1. What is the cause of Autism Spectrum Disorder (ASD)?
 - The exact causes of autism are not known in most cases. Only 10-15% of cases have an identified primary genetic cause, while 85-90% of the cases, the cause are still not known. Research suggests that genetics are strongly involved and sometimes ASD runs in families and there appears to be a significant genetic connection. In other cases, there is no family history or only subtle examples of ASD-like symptoms in a relative.

2. Is there a cure for ASD?

- ASD is usually noticed in the first few years of a child's life and lasts throughout a lifetime. There is no definitive cure for autism, but there are educational, behavioral, and therapeutic interventions and strategies for families and instructors to teach motor, cognitive, and social skills.

3. Do vaccines cause autism?

- The idea that vaccines have led to autism is a common misnomer. Years of research and studies have been conducted, and have found no link between vaccines and autism.

4. What are sensory issues?

- Almost all people with autism have varying degrees of sensory sensitivity that are either hypersensitivity or hyposensitivity. Hypersensitivity is when a person is extra-sensitive and hyposensitivity is when a person seems to be much less affected. It affects all five senses and everyone differently.
- People with sensory issues have aversions to touch, such as patting the back, stroking hair, or poking, and can reflexively lash out at someone or something making such contact. Many have light sensitivity to the humming or flickering of fluorescent lights, or light that is too dim or too bright.
- Some people have severe sensitivities to smell and will not eat certain foods or will develop headaches around certain smells, like cleaning products, wipes, or perfumes.
- Too much sensory overstimulation can lead to sensory overload, a debilitating state in where the affected person is unable to process or respond to anything. Sensory overload often happens in places where there are loud noises and crowded social events.

MEMORY LOSS, ALZHEIMER'S AND DEMENTIA

Forgetfulness is a natural product of aging. Eventually, it happens to everybody. Sometimes, though, age brings significant memory loss or dementia or worse, a progressive neurodegenerative disease like Alzheimer's, which affects more than five million Americans and many, many more family members and caregivers.

Communicating effectively with and assisting a person who has significant memory loss, dementia or a neurodegenerative disease requires many of the skills and techniques already mentioned, plus others including:

- Try to hold conversations in quiet locations with minimal noise and distraction. Gain their attention and maintain eye contact.
- Address the person directly, even if their cognitive capacity is diminished. If the person is struggling to communicate with you, gently assist by providing, say, a word or idea. If the person is elderly, consider the possibility that physical impairments, such as hearing or vision, may be adding to their confusion.
- Patiently orient them to the shelter: where they are, where they can find key facilities and services, who can help them with particular needs.
- Explain (and re-explain) what you are doing and how you can help. Confusion is to be expected. If a shelter resident gets the day, month or year wrong, don't correct them unless it's important.
- Don't repeat information needlessly, but if asked, answer a question as often as necessary.
- Modeling works well. Walk a shelter resident through processes, including where and how to eat, dress, groom, exercise, etc. Instruction by example is often the quickest and easiest way to achieve the desired goal.

- Wandering and other repetitive behaviors are common among people with dementia. If the behavior is not a risk to the safety of the person or others and does not interfere with shelter operations, it's okay to not interfere. If it becomes problematic, a verbal cue might be sufficient to alter the behavior or you might need to gently re-direct the person to another location or activity to effect change.

INSTRUCTOR NOTES

FAQs:

1. What is Dementia?

- Dementia is the loss of mental functions such as thinking, memory, and reasoning that is severe enough to interfere with a person's daily functioning. Dementia is not a disease itself, but rather a group of symptoms that are caused by various diseases or conditions.

2. What is Alzheimer's disease?

- Alzheimer's disease is a condition in which nerve cells in the brain die, making it difficult for the brain's signals to be transmitted properly. A person with Alzheimer's disease has problems with memory, judgment, and thinking, which makes it hard for the person to work or take part in day-to-day life. The death of the nerve cells occurs gradually over a period of years.

3. What is the difference between dementia and Alzheimer's disease?

- Alzheimer's disease is one common form of dementia in the elderly. There are many other types of age-related dementias besides Alzheimer's disease, as well as a number of alternative medical conditions which can promote dementia (stroke, vitamin deficiency, alcohol abuse). Alzheimer's disease can be distinguished from other dementias based on the fact that it is a relatively slow onset and progressive disease that affects multiple aspects of cognitive performance including memory, language, and personality.



PLAY VIDEO: Memory Loss, Dementia and Alzheimer's disease

Other considerations

There are also things you should avoid doing when caring for people with dementia.

- Avoid overstimulation, such as too much physical activity without a break or too much noise. These can overwhelm a person's ability to cope, which may make them more vulnerable to injury or less cooperative.
- Avoid saying "no" or "you can't do that" unless it's a matter of safety. Sometimes, a person with dementia has lost some of their capacity to reason, to accurately assess what's doable, prudent and wise. They may believe they are capable of things they are not or that something is perfectly reasonable when you know it is not. Telling them "no" or "you can't do that," as you might with a child, is counterproductive and likely to provoke argumentative behavior and resistance. Instead, offer alternatives.
For example, if a shelter resident with dementia insists upon taking a solo walk beyond the shelter's grounds and protection, suggest instead a different walk or a walk with others. Or provide another option, such as helping out with a scheduled activity.
- Avoid insisting they do something they don't want to do. No one wants to feel like a child and people with dementia, no matter what their condition, can tell when they're being treated as such. They won't appreciate it and are bound to display their resentment. Instead, find a work-around:
For example, let's say you need everybody out of bed in the morning at a certain time for breakfast, but someone objects and sleeps in. If a gentle arousal elicits objections about getting up, you can reply "That's fine, but the rest of the shelter residents will be awake and sharing breakfast. We'd love for you to join us."

If that doesn't work, you try again in 15 minutes and repeat the process. Approach them with a smile and encouragement.

If they continue to resist, continue to repeat the process every 15 minutes. Don't remind them that this is the second, third or fourth time you've done so.

- Avoid taking comments personally. Often a person with dementia will become angry and launch into a tirade about you or something you're doing. They may say hurtful things. As difficult as it may be, you can't take them personally. They are the product of the cognitive disability, not the person, who likely would never think them or say them otherwise.
- Avoid multiple choices. People with dementia have often lost the ability to make reasoned decisions. They may not be able to remember all of the factors or considerations necessary to make a smart choice. Giving them too many options is likely to cause confusion, consternation and unwanted stress.
- Keep things simple.

For example, if they need to get dressed, give them limited options: "Do you want to wear the red shirt or the blue shirt?" If it involves food, limit the variety on the plate to one, two or three choices and no more. Often, it's best to simply prepare the meal with small portions and present it to them without asking for input.

INSTRUCTOR NOTES



PLAY VIDEO: Other Considerations

RESPONDING TO INAPPROPRIATE SEXUAL BEHAVIORS

Inappropriate sexual behavior is not limited to certain kinds of people and it can happen to anyone. It is a difficult subject to discuss, let alone address, but it's important to do so.

There is no single or 100 percent effective way to deal with inappropriate sexual behaviors. It is almost always a case-by-case situation that is best addressed by trained professionals. Here are some key points to keep in mind as a shelter worker:

- Try not to be taken by surprise – or express overt, negative emotions – if such a situation should arise and involve you. These things happen, and need to be dealt with. You should not negatively label or punish the offending shelter resident who may not have any control over the behavior, but rather firmly identify the unwanted behavior and point out that it is unacceptable. Remind the resident who you are, particularly if he or she is confused.
- Remain as objective as possible and try not to make moral judgments.
- During the situation, you should first attempt to re-direct the resident's behavior. Provide them with another activity. If the behavior is public, seek immediate assistance to move the situation elsewhere.
- Don't inadvertently encourage unwanted behaviors with inappropriate jokes, suggestive language or dress. Don't respond to inappropriate behaviors in a way that might appear as encouraging or positive reinforcement.
- Don't ignore it. The problem will likely only get worse.
- Don't be afraid to ask for help. As a shelter worker, you can always go to the Shelter Manager on duty. You are not at fault if a situation arises or if a resident expresses an unwanted sexual interest in you. If necessary, you can work elsewhere in the shelter.

- The shelter resident's behavior may not actually reflect a sexual need, but something else, such as recognition as a person. They may be feeling lonely, lost or ignored. Look for simple remedies, such as a casual compliment or increased effort to involve the resident in shelter activities.

SECTION SUMMARY

This section was focused on learning about people with cognitive disabilities and how to best assist them with any additional daily care needs. From this section of the training, you will have learned:

- Cognitive disabilities, causes and how to best assist someone with cognitive disabilities.
- How to best communicate with someone with cognitive disabilities.
- Some of the most common individual who will need assistance.
- Autism Spectrum Disorder and how to best assess and approach individuals with Autism.
- How to best communicate with people with autism.
- Basic guidelines to communicate effectively and their behavior and senses.
- How to best assist someone who has memory loss, Alzheimer's disease and Dementia.
- Behavior and senses.
- How to best assist someone who has memory loss, Alzheimer's disease and Dementia.
- How to respond to inappropriate sexual behavior.

INSTRUCTOR NOTES



PLAY VIDEO: Review

Ask if there are questions before the exam begins.

This quiz is an open-book, 10-question quiz about the section of the training that was just completed. Students should have approximately 15 minutes to complete the quiz. After everyone has completed the quiz, review each of the questions and answers. The correct answers are highlighted in bold or filled in for the instructor manual.

QUIZ: SECTION THREE

1. When communicating with an individual with an intellectual disability, you should speak calmly, use simple direct phrases, repeat sentences when needed and allow additional time for the individual to comprehend and respond. (page 40)
a. **True** b. False
2. When assisting someone with a cognitive disability, which of the following is not accurate in how you can best communicate with an individual: (page 38-39)
a. **Always nod your head to agree with the person, even if you don't understand what they are saying to you or asking you**
b. Short simple sentences are best
c. Directions, instructions, rules and other information may need to be repeated multiple times and in different ways
d. Identify yourself, tell them who you are and how you are going to help
3. A card or display with pictures, letters and numbers can be used as a tool to better communicate when talking to someone with a cognitive disability. (page 37)
a. **True** b. False

4. Which of these may be support needed by someone with an intellectual disability? (page 38)
a. Providing information about the shelter
b. Calming fears
c. Help to understand the disaster and what needs to be done next
d. Assistance finding family and friends
e. **All of the above**
5. When assisting someone who has autism, you may notice some of the following behaviors: (page 41)
a. Sensitivity to stimulation
b. Tendency to be loud
c. Repetitive movements
d. Resistance to change
e. **All of the above**
6. When communicating with a person with autism, you should avoid touching them or their personal items without permission. (page 41 & 44)
a. **True** b. False
7. If a shelter resident with dementia is confused about the day, month, year, or other information, you should correct them? (page 44-45)
a. True **b. False**
8. If a person with dementia asks you the same question several times, you should: (page 44-45)
a. Ignore them
b. Tell them that you already answered
c. **Answer the question as often as necessary**
d. Give the wrong answer
e. None of the above
9. Which of the following is the best way to deal with inappropriate sexual behaviors in a disaster shelter? (page 47)
a. Do not encourage unwanted behaviors with inappropriate jokes, suggestive language or dress, and do not positively respond to such behaviors
b. Ask for help when you need it, do not be afraid
c. Redirect the resident's behavior by providing them with another activity
d. Firmly identify the unwanted behavior and point out that it is unacceptable.
e. **All of the above**
10. If you are feeling uncomfortable in a situation where someone is expressing sexual behaviors towards you and you cannot control the situation, the best thing you can do is ask for help from a Shelter Manager? (page 47)
a. **True** b. False

INSTRUCTOR NOTES

Review questions and answers before moving on to next section.

EMOTIONAL DISABILITIES

DEFINITION OF EMOTIONAL DISABILITIES AND MENTAL ILLNESS

Mental illnesses are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning. Emotional disabilities are a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects educational/work performance:

- An inability to learn that cannot be explained by intellectual, sensory, or health factors.
- An inability to build or maintain satisfactory interpersonal relationships with peers, colleagues, teachers, etc.
- Inappropriate types of behavior or feelings under normal circumstances.
- A general pervasive mood of unhappiness or depression.
- A tendency to develop physical symptoms or fears associated with personal, school or work problems.
- Emotional disabilities includes schizophrenia but does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disability.
- Hyperactivity (short attention span, impulsiveness).
- Aggression or self-injurious behavior (acting out, fighting).
- Withdrawal (not interacting socially with others, excessive fear or anxiety).
- Immaturity (inappropriate crying, temper tantrums, poor coping skills).
- Learning difficulties (academically performing below grade level).

CAUSES OF EMOTIONAL DISABILITIES

- Anxiety disorders
- Bipolar disorder (sometimes called manic-depression)
- Schizophrenia
- Conduct disorders
- Eating disorders
- Obsessive-compulsive disorder (OCD)
- Psychotic disorders
- Drug-related behavior (i.e. withdrawal)

HOW TO CARE FOR SOMEONE WITH EMOTIONAL DISABILITIES

This section will provide the specific step-by-step instructions on how to best assist someone with emotional disabilities. When working with and caring for people with emotional disabilities, keep in mind several things as you help settle them into the shelter:

- You may not be able to tell if a person is mentally ill until you have begun the registration process, or after the process when a specific behavior is exhibited.
- The manifestations of mental illness are numerous and diverse, from quiet and withdrawn to agitated yelling.
- It is not your job or within your capabilities to resolve or cure whatever ails the person. Your task is to help them get the help they need – within the context and resources of the shelter.

As a shelter worker, you should always be aware of people with emotional disabilities who might need assistance. Be prepared to offer help – politely and discreetly.

Communications

In our society, there is negative stigma attached to mental illness, especially in the more severe forms, such as schizophrenia, bipolar disorder and psychotic disorders. Fear of people with mental illness stem from our own inability to communicate with them and our lack of knowledge about mental illness. Just because they may be behaving in ways that don't make sense to us, it doesn't mean that we can't better understand a situation and help them. Here are some general guidelines that will help you to understand and communicate with people with emotional disabilities or mental illness.

- If a person begins to exhibit unusual behavior, it's okay to ask if they have any mental health issues of which you need to be aware. They may or may not be honest about it.
- Don't talk down to them, yell or shout. Be respectful to the person. When someone feels respected and heard they are more likely to return respect and consider what you have to say.
- Be empathetic - show that you have heard them and care.
- Have a forward leaning body position - this shows interest.
- Speak slowly and in a normal, calm speaking tone.
- Keep your communications simple, clear and brief.
- If a person appears confused, anxious or agitated by the surrounding noise of a working shelter, move them to a quieter, more calming place.
- If they are confused, don't give multiple commands – ask or state one thing at a time.
- If the person is delusional, don't argue with them or try to "talk them out of it". Just let them know you are there to help them.
- Try to avoid interrupting a person who might be disoriented or rambling. Let them finish, if possible, and then try to speak with them in a calm manner.

Handling aggressive behavior

Mental illness alone does not increase the risk of violence or aggressive behavior, but when mental illness is combined with other risk factors such as substance abuse, it does increase the risk of violence. Additionally, you may experience aggressive behavior from someone who has a cognitive or physical disability, as well as from other shelter residents. It is not limited to those who have emotional disabilities, though it is seen more often.

Whether a person is mentally ill or not, one does not just "snap" as people may think. There is generally a progression

INSTRUCTOR NOTES



PLAY VIDEO: Introduction, Registration & Intake

You will only need to play the Intro, Registration & Intake if this training session is separate from the physical and cognitive training sessions. If they are all being held at the same time, you can move on to the emotional disabilities section of the training.

FAQs: Mental Illness

1. What causes mental illness or emotional disabilities?
 - a. The exact cause of most mental illnesses is unknown. Research suggests that many of conditions are caused by a combination of genetic, biological, psychological, and environmental factors – and recovery from a mental illness is not simply a matter of will and self-discipline.

of behaviors down a pathway toward violence and those behaviors often become noticeable as a person moves down that path. As shelter workers, you should learn how to recognize those behavioral warning signs and communicate your concerns to Shelter Managers who might be able to help.

However, because you may not see this progression of behavior, with the busyness of the shelter, it is important to understand how to handle the situation at hand.

If a person is angry, respond with a matching calmness. If there are obvious causes of the anger that can be addressed, do so, such as shifting the conversation and attention to another, more benign topic or asking another shelter worker or Shelter Manager to take over if the person is angry with you. Remember, the angry person isn't really mad at you, but rather grappling with aspects of his or her condition. Don't take it personally.

Often this means that you should simply connect the person with a Medical Services staff member, as quickly and quietly as possible. Sometimes it means addressing factors that may be triggering a mental health crisis or exacerbating it.



To some degree, life in a shelter is always stressful. After all, nobody wants to be there. Everybody would rather be home. As a result, tensions can sometimes rise and bad behaviors erupt. Often they quickly subside or are readily smoothed, but when the behavior turns aggressive, it requires extra preparation and thought. Here are some helpful tips on how to deal with the person, if they start acting aggressive:

- First and foremost, if they start acting aggressive: stay calm and do whatever you can to avoid confrontation or escalate an already worrisome situation. Do not show fear, alarm or anxiety; these may increase the other person's state of agitation and make the situation worse. If you feel

threatened, seek immediate help from the Shelter Manager.

- Try to assess the situation from all points of view. It's best to understand as much as you can before you attempt to change or fix the problem. Give the person who is behaving aggressively space and time to vent their anger or objections. Consider the situation from their point of view. Do they have legitimate reasons to be upset? Encourage them to talk.
- Maintain eye contact but don't get too close. Give them space.
- Do not take the behavior personally, even if some of the comments are hurtful, unfair, untrue and directed at you. The person most likely is simply trying to communicate a need, not attacking you on a personal level. If you find the real cause of the behavior, you can address it and perhaps prevent future incidents.
- Be patient. Don't rush the process. Don't express frustration or anger. If you begin to feel either, step back, take a deep breath, leave the room if possible, find extra help and support.
- If the person's anger persists unabated, try to distract their attention. Ask questions. Suggest remedies. Try to change the dynamics of the conversation.
- If the person's behavior threatens to become physically violent, give him or her plenty of space. Make sure others are not at risk. Seek help.

After the incident, when things have settled down, don't punish the person for their behavior. Try to carry on as normal as possible. Be reassuring and compassionate. Focus on the person, not the behavior. It's quite possible that the person who behaved badly will completely forget what happened.

As for yourself, you should talk to your Shelter Manager and Mental Health Services staff about the situation that just occurred, and especially if you have lingering feelings or questions. Bottling up unresolved issues may make it harder for you to do your job as well as you would like in the future. Additionally, it is good information for the Shelter Manager to have, so that if another situation arises, they are aware of previous behaviors.

INSTRUCTOR NOTES



PLAY VIDEO: Aggressive Behavior

High anxiety

High anxiety can happen to anyone. The triggers are many, but chief among them are strong feelings of confusion, disorientation and isolation – all key elements in many emotional disabilities.

How do you know someone is suffering from severe anxiety? The physical symptoms are not always obvious. They include, for example, possible nausea, shaking and sweating, but also harder-to-detect heart palpitations and shortness of breath.

It's critical to ask someone you believe is having a panic attack about what they're feeling. Typically, they might say they are feeling overwhelmed, frightened and unable to cope with the situation or their response to it. They may feel like their actual physical well-being is at risk.

There are a number of ways that you can respond and help:

- First, try to understand what the person is experiencing so that you can better help them get through it.
- Avoid hugging them, unless they ask. It's a natural instinct, but it might cause them to feel like they're choking or suffocating, which will only worsen the situation.
- On the other hand, a gentle touch to the arm or hand may be comforting.
- Listen to what they are saying. Don't argue with them or dismiss their points as unimportant or irrelevant. Let them know you care. Empathy will get them to a better place faster.
- Ask the person to join you in a breathing exercise, which may slow their heart rate and calm their body response. Say it will help you too.
 - Have them place their hand on their stomach.
 - Tell them to breathe from their belly, watching their hand go in and out with each inhalation and exhalation. Ask them to count slowly to four as they breathe in and then another four-count as they breathe out.
 - Tell them that feelings of anxiety will pass. Make it a mantra: "This will pass. This will pass."
- Don't rush things. Take your time.

If the individual you are working with is still not calming down and is breathing irregularly, you need to ask Medical Services staff to step in and takeover. Make sure to let your Shelter Manager know about the situation as well.

INSTRUCTOR NOTES



PLAY VIDEO: Anxiety and Panic Attacks

SEVERE MENTAL ILLNESS: SAFETY IN THE SHELTER

Your primary job is to keep everyone safe: the person with the mental illness, yourself and those around you at the shelter. With that said, there are some situations where you will need to immediately seek help from your Shelter Manager and Mental Health Services staff. These are extreme situations, and are less likely to happen, but it's important that you understand that they may occur, and how to handle each. This section of the training will delve into the specific mental illnesses and the symptoms and situations that may arise, as well as helpful ways to deal with each.

Schizophrenia

Schizophrenia is a type of psychosis that is characterized by hallucinations, disordered thinking and delusions. Most people who are schizophrenic and others who are mentally ill are no more likely to be dangerous than the general population, but because of their bizarre and unpredictable behavior they often frighten people. In a disaster shelter, if you feel that someone's behavior is beyond something you feel comfortable handling, or a danger to the individual, yourself or other shelter residents, you need to get a Shelter Manager and Mental Health Services professional involved immediately.

The following behaviors generally happen to people who are schizophrenic, and/or are on some type of drugs whether they are illegal or legal.

Hallucinations

A hallucination is the perception of something that is not really there. It can involve sight, hearing, taste, smell, and/or touch.

For example, someone may hear voices that nobody else hears or see something that nobody else sees.

If an individual is experiencing events like hallucinations, be aware that the hallucinations or the delusions they experience are their current reality. You will not be able to talk them out of their reality. They experience the hallucinations or delusional thoughts as real and are motivated by them.

Understanding hallucinations

The most frequent hallucination involves hearing, and often includes hearing voices which tell the person to do something. You may recognize that the person is suffering from auditory hallucinations when he or she appears preoccupied and unaware of their surroundings, talks to him or herself, has difficulty understanding or following conversations, and misinterprets the words and actions of others. The person may also isolate themselves or use radio or other sounds to tune out the voices.

A person experiencing other types of hallucination: visual, tactile, smell, or taste, are usually identifiable by the person's interaction with the hallucination:

- Visual focus on something you cannot see.
- Touching, scratching or brushing things off themselves, sniffing or holding their nose, or spitting out food when there is no apparent reason to do so.

Responding to hallucinations

You probably will know if a person is having a hallucination. It may scare you, because you can't see why the person is behaving as they are.

If you are comfortable and do not feel threatened, you should:

- Remain calm and try to help the person.
- Approach the person quietly and address them by their name, if you know it.
- Do not invade personal space or touch them without permission.
- Reduce stimuli: turn off radios, televisions, bright lights, or anything else that may cause stress.
- Do not pretend you are experiencing the hallucination, but do not try to convince the person that the hallucination does not exist: it does exist to them.
- You can tell the person: "I don't hear the voices (see what you see, etc.), but I believe that you do."
- Do not argue with the individual.
- Do not hurry the person.
- Be patient – it may take the person longer to process information.

A person experiencing hallucinations needs treatment and the Mental Health Services staff at the shelter needs to be alerted to the situation. Reassure the person that you want to help them, and explain who you are, what you are doing and why. When the Shelter Manager and Mental Health Services professional arrive, explain who they are, that they are there to help, and how they are going to help. The person needs to understand what is going on in order to reduce stress and confusion, which can increase hallucinations.

Delusions

Delusions are when a person holds personal beliefs that are false, inaccurate or exaggerated (e.g., that people are after them, that they are royalty or a spy or a specific well-known or famous person).

Understanding delusions

Some delusions may seem relatively harmless in the short term, such as delusions of being a rock star, royalty, or a religious figure. However, these delusions can be potentially harmful, if they include or lead to delusions of having special abilities or characteristics such as flying, walking on water, or invincibility.

Most common, however, are paranoid delusions: the belief that someone or something is going to harm the person in some way. Paranoid delusions are usually evidenced by extreme suspicion, fear, isolation, and insomnia, avoidance of food and/or medication, and sometimes violent actions. A person experiencing paranoid delusions has extreme difficulty trusting others, will frequently misinterpret others' words and actions, and experience ordinary things in his or her environment as a threat.

Responding to delusions

Until you know the content and context of the delusion, it is important to keep yourself safe from potentially violent

reactions, and provide a comfort zone for the person experiencing delusions. If you feel safe and unthreatened, you should take the follow steps carefully in communicating with the individual:

- Keep a safe distance or some barrier (such as a piece of furniture) between the two of you.
- Do not touch the person without permission.
- Position yourself at the person's level if it is safe to do so.
- Do not whisper or laugh, as this may be misunderstood and may increase paranoia.
- Remember that someone experiencing delusions may not always be honest about what they think or believe; especially if their delusions are paranoid, the person may not trust you enough to be honest.
- Ask questions about what the delusion is all about, particularly any elements which indicate the potential for harming self or others (e.g. "Are you having any thoughts about hurting yourself or others?").
- Do not attack delusions or try to argue or convince the person that the thoughts are wrong or not real.
- You should not indicate that you believe in the delusion; instead explain "I believe you are telling me this is as you see it."
- Do not smile or shake your head when the person speaks – this may lead to misunderstanding.
- Ask whether there is anything you can do to make the person feel more comfortable, and explain your intentions before you act.
- It is important to assure the person that they are safe.
- Earning trust in order to help the person get treatment is the goal, while at the same time maintaining safety for all.

Delusions can be frightening for both the person experiencing them and for those who come in contact with that person. Maintaining safety for everyone, and providing a calm, clear and persistent message that you want to help the person in need, while at the same time giving that person the time and space to hear and respond to that message, is the best response you can give, until the Mental Health services person can take over in the situation.



INSTRUCTOR NOTES



VIDEO: Schizophrenia and Hallucinations

FAQ's:

1. What is mental illness?

- Mental illness is a biologically based disease, much like heart disease or cancer.
- Mental illnesses are no one's fault. Symptoms cannot be overcome through "will power" and are not related to a person's character or intelligence.
- They are leading cause of disability (lost years of productive life) in North America, Europe and, increasing in the world.

2. What is a severe mental illness?

- Severe mental illness is the most serious and debilitating form of mental illness, causing lasting, disabling disturbances in thinking, feeling, and relating. Some examples are:
 - Schizophrenia: Interferes with a person's ability to think clearly, to distinguish reality from fantasy, to manage emotions, make decisions, and relate to others.
 - Bipolar disorder: Also called manic depression, bipolar disorder is a serious brain disorder that causes dramatic mood swings from overly irritable mania to sad and hopeless depression – and then back again, often with periods of normal mood in between. Different from the normal ups and downs that everyone goes through, the symptoms of bipolar disorder are severe.
 - Major depression: Unlike normal emotional experiences of sadness, loss, or passing mood states, major depression is persistent and can significantly interfere with an individual's thoughts, behavior, mood, activity, and physical health. Among all medical illnesses, major depression is the leading cause of disability in the U.S. and many other developed countries.



Drug (illegal or legal) withdrawal

Withdrawal is a group of symptoms that occur upon the abrupt discontinuation or decrease in intake of medications or recreational drugs. If a person is experiencing withdrawal symptoms, they have developed a physical or mental and/or chemical dependency on the drug. This happens after consuming one or more substances for a certain amount of time, which is both dose dependent and varies based upon the drug consumed. For example, prolonged use of an anti-depressant will cause much different symptoms than the use of heroin. Withdrawal symptoms can set in as early as an hour or take up to 12-24 hours depending on from what the individual is withdrawing .

Withdrawal symptoms from opiate use including heroin and morphine include:

- Anxiety
- Sweating
- Vomiting
- Diarrhea

Alcohol abuse withdrawal symptoms include:

- Irritability
- Fatigue
- Shaking
- Sweating
- Nausea

Nicotine withdrawal includes:

- Irritability
- Fatigue
- Insomnia
- Headaches
- Difficulty concentrating

Benzodiazepine withdrawal symptoms include:

- Sleep disturbance
- Irritability
- Increased tension and anxiety
- Panic attacks
- Hand tremor
- Sweating
- Difficulty with concentration
- Confusion and cognitive difficulty
- Memory problems
- Dry retching and nausea
- Palpitations
- Headaches
- Muscular pain and stiffness
- A host of perceptual changes: hallucinations, seizures, psychosis

Cocaine and caffeine withdrawal symptoms include:

- Depression or Dysphoria (a state of feeling unwell or unhappy)
- Anxiety
- Psychological
- Physical weakness
- Pain
- Compulsive craving

Responding to withdrawal

In order to help someone who is experiencing any of the above symptoms, you will have to address the specific symptom that they are experiencing at the time. For example, if someone is having an anxiety or a panic attack, then you would have to address that specific behavior. If you feel that you cannot handle the symptom, or it is beyond your help, then the best thing to do is find your Shelter Manager and a Medical Services staff member who can better assist.

INSTRUCTOR NOTES



PLAY VIDEO: Substance Abuse and Withdrawal

FAQ's:

1. More information on withdrawal:

- This is the name given to the process in which an addict stops taking a drug or goes for a period of time without a substance. It can also occur if someone has built up a level of tolerance to a substance but finds that they require a higher dosage to prevent withdrawal effects.
- The biggest problem with withdrawal is that of the symptoms. These are unpleasant and it can seem easier to give in or continue with a drug rather than experience these.

2. What is an addiction?

- An addiction is when a person develops a strong compulsion for a substance which affects them both physically and mentally. This uncontrollable need for this substance overrides everything else in their life which makes it very difficult to stop.
- People who are addicted to a substance will persist with their addiction in spite of the damaging effects on their health, career, family and relationships.

3. What is physical dependence?

- Physical dependence is an adaptive physiological state that occurs with regular drug use and results in a withdrawal syndrome when drug use is stopped. It is usually associated with increased tolerance. Physical dependence alone does not imply addiction.

SECTION SUMMARY

This section was focused on learning about people with emotional disabilities and mental illness and how to best assist them with any daily care needs. From this section of the training, you will have learned:

- Emotional disabilities, causes and how to best assist someone with emotional disabilities..
- How best communicate with someone with emotional disabilities.
- How to best handle aggressive behavior.
- How to best assist someone experiencing high anxiety.
- How to best assist some with severe mental illness and safety in the shelter.
- How to best respond to someone who is experiencing hallucinations or delusions.
- How to best assist someone who is experiencing drug (legal or illegal) withdrawal.

INSTRUCTOR NOTES



PLAY VIDEO: Review

Ask if there are questions before the exam begins.

This quiz is an open-book, 10-question quiz about the section of the training that was just completed. Students should have approximately 15 minutes to complete the quiz. After everyone has completed the quiz, review each of the questions and answers. The correct answers are highlighted in bold or filled in for the instructor manual.

QUIZ: SECTION FOUR

1. You can always tell whether or not someone has a mental illness or emotional disorder by looking at them? (page 51)
a. True **b. False**
2. Some best practices for communicating with someone who has an emotional disability include: (page 51)
 - a. It's okay to ask if a person has any mental health issues that you should be aware of, especially if they are acting in an unusual way
 - b. You should not talk down to, or shout/yell at the individual
 - c. If a person appears confused or anxious, it may be best to move them to an area with less activities
 - d. Be empathetic and show them that you care and that you have heard them
 - e. All of the above**
3. Support for a person with a mental health need may mean finding a Mental Health Services staff member to help in certain situations that you feel you need additional assistance with? (page 51)
a. True b. False

4. If you are comfortable approaching someone who is exhibiting aggressive behavior, what should you do first and foremost? (page 52)
 - a. Stay calm and do whatever you can to avoid confrontation or escalation of the situation**
 - b. Try to rush the aggressive person out of the main shelter area so they don't distract other residents
 - c. Call 9-1-1
 - d. Assume that the behavior is personal and get into an argument with the resident so that they know you are right and they are wrong
 - e. None of the above
5. When assisting someone who is exhibiting aggressive behavior, what is the best thing to do if you are feeling that you are unable to handle the situation? (page 52)
 - a. Ask for help from other shelter residents
 - b. Walk away from the situation and hope that they resolve their own issues
 - c. Contact a Shelter Manager immediately for assistance**
 - d. Call for a Medical Services staff member
 - e. All of the above
6. The first thing you should do when you think someone may be experiencing high anxiety or a panic attack is: (page 53)
 - a. Talk to the person and try to understand what the person is experiencing
 - b. Argue and dismiss them, they will get over the anxiety and be fine- everyone is anxious at a time like this and there isn't time to help everyone
 - c. Give the person a hug to make them feel better**
 - d. Hurry them into being calm, so you have time to help others in need
 - e. All of the above
7. What are some ways that you can help someone who is having a panic attack or who is clearly exhibiting anxiety?(page 53)
Ask them how they are feeling, try to understand what they are feeling, help them by talking to them, and getting them to breathe and calm down to the best of your ability.
8. What is your primary job as a shelter worker? (page 54)
 - a. To keep everyone safe: shelter residents, other shelter workers and yourself**
 - b. To handle all situations on your own, without asking for help because staff and Shelter Managers are already overwhelmed during a disaster
 - c. To make sure that everyone in the shelter is happy with their stay in the shelter
 - d. All of the above

9. In an extreme situation, a shelter resident may experience hallucinations or delusions. If you are comfortable and do not feel threatened in any way, what is an example of something you can do to assist the individual who is having this experience? (page 54-55)
- Pretend to understand what they are going through and that you are having the same experience as they are
 - Grab the person by the arm and take them to a place where there are less residents, so they do not create a scene
 - Argue with the individual and insist that they should stop pretending
 - Remain calm, approach the individual quietly, address them by their name (if known), and be patient**
 - All of the above
10. How can you help someone who is experiencing withdrawal symptoms? (page 59)
- Leave the resident alone, there is nothing you can do for someone who is going through any kind of withdrawal symptoms
 - Make sure to get them whatever medical or recreational drug they need to stop the withdrawal
 - You can deal with individual symptoms as the resident experiences them; if it's beyond your experience or comfort level, call your Shelter Manager or a Medical Services staff member**
 - None of the above
 - All of the above

SHELTER WORKER TRAINING SUMMARY

Now that you have completed this training, and watched the corresponding videos, you should be better prepared to support people who have physical, cognitive and emotional disabilities. Over the course of the training, you will have learned:

- Shelter worker expectations and responsibilities.
- Challenges for shelter residents.
- Disability basics.
- How to assist people physical disabilities.
- How to assist people with cognitive disabilities.
- How to assist people with emotional disabilities.

INSTRUCTOR NOTES

Review questions and answers

RESOURCES

For additional resources and useful information on disaster shelter training, please visit:
www.ReadySanDiego.org/training/



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