

Orange County

# In~Home Supportive Services



Public Authority



Written by: Marissa Acosta, MSW  
Registry Training Specialist, Training & Outreach Coordinator

# PARTNERSHIP FOR SUCCESSFUL PROVIDERS *Training*



## WORKING WITH INDIVIDUALS WITH PHYSICAL DISABILITIES & MENTAL HEALTH CONDITIONS

*Working hand in hand with the community to serve IHSS Consumers so they may remain safe and independent in their own home.*

# Overview



- Objective
- What is a Disability
- Video Clip
- Disability
  - Physical
  - Mental Health
- Roles and Responsibilities of a Provider

# Objective

To gain an understanding of the different types of disabilities and to get a brief introduction to the complexity of mental health illnesses in order to encourage a healthy working relationship and positive communication with your Consumers.



# What is a Disability



The Americans with Disabilities Act (ADA) defines disability in three parts:

A person with a disability is a person who:

1. Has a physical or mental impairment that substantially limits one or more major life activities
2. Has a record of such an impairment, or
3. Is regarded as having such an impairment

# Video



## **Talk to Me**

[http://www.youtube.com/watch?v=CL8GMxRW\\_5Y](http://www.youtube.com/watch?v=CL8GMxRW_5Y)

# Disability



**The person is *NOT* the condition**

**The person is an individual *with* a condition**

# Individuals with Disabilities are “People First”



## Use “People First” Terms

He has a developmental disability

She has Down’s syndrome

He has a hearing impairment

She has quadriplegia

He has a mental health condition

He has a bipolar disorder

## Not Labels

He is disabled

She’s Down’s syndrome

He’s deaf

She’s a quadriplegic

He is mentally ill/psycho

He’s bipolar



# Types of Disabilities

Physical

Developmental

Sensory

Hearing

Vision

Olfactory, gustatory

Somatosensory

Balance

Intellectual/Learning

Cognitive

Social

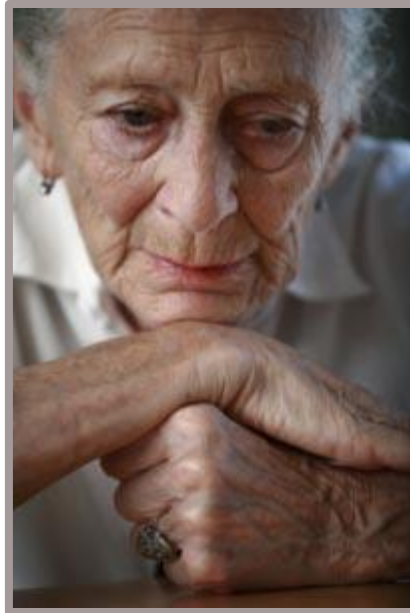
Neurodegenerative

Communication

Mental Health/Emotional

Nonvisible

Epilepsy, asthma, diabetes

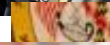


- Although individuals may have the same type of disability, the experience of each individual is unique
- Some individuals were born with a disability, while others acquired the disability later in life
- Some forms of disability are recognizable, and others are not visible

# ~~DIS ABILITY~~

Individuals with disabilities are not limited - they do things differently. Most individuals can:

- Get an education
- Have a career
- Participate in competitive sports
- Enjoy friends, family, and social activity, etc.



## 10 Commandments of Communicating with people with Disabilities

- I. Speak directly to the person and not their caregiver/sign language interpreter
- II. Always offer to shake their hands
- III. Always identify yourself or anyone else who may be with you
- IV. If you offer assistance wait until the offer is accepted, then listen, wait or ask for instructions – always ask first
- V. Treat adults as adults
- VI. Do not lean against or hang on someone's wheelchair/cart – their chairs are treated as extensions of their bodies and never distract their service dogs if they have one
- VII. Listen attentively when talking with a person with difficulty speaking and wait for them to finish – be patient, repeat/paraphrase to make sure you understood correctly, ask questions if necessary
- VIII. Place yourself at eye level when speaking with someone in a wheelchair or crutches
- IX. Tap a person who is deaf on the shoulder or wave your hand to get the person's attention –
  - don't assume they can read your lips, speak clearly, slowly and expressively to establish that they can read lips
  - don't assume that if the person is wearing a hearing aid that they can read lips
- I. Relax, don't be embarrassed if you use a statement that refers to their disability

**“It's all about simple respect !!”**

# Physical Disability



# Physical Disability

## Wheelchairs

- Every individual is unique and therefore their equipment and skills will vary
- Do not push or pull a wheelchair without the individual's consent
- Do not lean on the wheelchair or use it as a carrier – the chair is an extension of the person
- Consider wheelchair access when planning an outing to public areas
- Pathways must be kept clear of clutter

## Crutches/Canes/Walkers



- Never grab a person who is using crutches, a cane, or a walker for balance - grabbing them may cause instability, which can result in a fall
- Do not push/pull a door without first asking – the person may lean on the door for support and if it is unexpectedly opened, the person can fall
- Pathways must be kept clear of clutter
- Floors must be dry
- Area rugs must be slip resistant
- Carpets must be free of tears or wrinkles

# Physical Disability

## Greetings

Always offer to shake his/her hand, artificial limb, stump, hook, or the hand of a person who is holding crutches

- If you are greeting someone who is blind or vision impaired, always identify yourself and whoever may be with you



## Should You Help

Always ask the person if they need help, do not assume they need or want your help

- Ask, wait for their response, listen carefully and if help is accepted, wait or ask for instructions

## Talking with the Person

If you are speaking to the individual for a lengthy period of time, consider sitting in order to get to their eye level – this will prevent strain on both your neck or theirs

# Visual Disability



# Visual Disability

Because visual impairments varies greatly, it is important to treat each person as an individual with a unique visual impairment

Some individuals are legally blind, others have some degree of vision and might see shadows, color or shape, and others only have limited peripheral vision

Assistive devices may be utilized and vary depending on the individual's needs

- Always identify yourself and anyone who may be with you
- A light tap on the shoulder will help the person identify where you are
- If you are guiding the individual, let him/her take your arm
  - The motion of your body will guide them
  - Indicate changes in surface or obstacles
  - To help the person sit independently, place their hand on the back of their chair
- Never distract or pet a guide dog – they are working
- Always announce when you are leaving





# Hearing Disability



# Hearing Disability



Hearing loss varies and can range from partial hearing to total loss of hearing.

Depending on the individual's hearing loss, the most common methods of communication are:

- Combination of speech reading/lip reading and use of residual hearing
- Sign language
- Written language

How to communicate

- Speak directly to the person and not their caregiver/interpreter/sign language
- At the beginning be flexible and patient when finding the most efficient way of communicating
- Always face the person and give them an unobstructed view of your mouth and face
- Speak in a normal tone of voice, speak clearly, speak at a normal pace (not slower or faster)
- If you need to get the attention of the person it is ok to tap them softly on their shoulder

# Speech/Communication Disability



# Speech/Communication Disability



## Different underlying causes can result in communication disabilities

When you're communicating with someone who has a speech/communication disability:

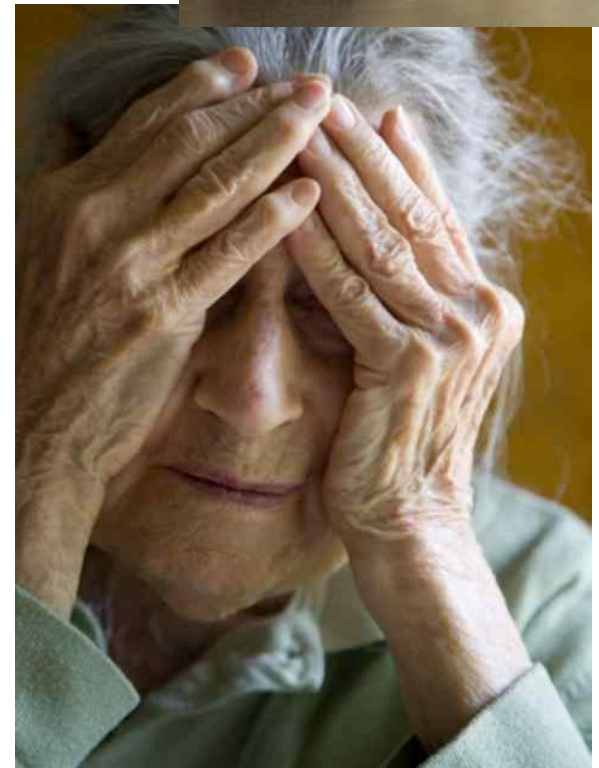
- Give the person your full attention and do not interrupt or finish their words or sentence
- Ask the person to repeat the word or statement if you are unable to understand
- If it is necessary, restate what you have heard to assure you understood correctly
- If you are still unable to understand correctly, ask the person to write what he/she is trying to say
- A quiet environment is suggested
- Be patient, respectful and creative if necessary to be able to convey the message

# Mental Health

**Mental illnesses are considered the  
“invisible disability”**

**The individual’s condition and  
behavior is unique to that person**

The following information is **brief** and **intended solely to provide you with basic information** on the most common mental illnesses, in order to help you understand the behavior of an individual with that illness.



# Mental Health



## Anxiety Disorder

Anxiety that is extreme and prevents individuals from participating and enjoying common activities

- Excessive worry, startle easily, fatigue, headaches, muscle tension, muscle aches, difficulty swallowing, trembling, twitching, irritability, sweating, nausea, lightheadedness, feeling out of breath, frequent bathroom visits

## Bipolar Disorder (Manic Depression)

Intense fluctuation between two intense emotional states; mania (excitement) *and* depression

- **Mania:** hyperactivity, extreme irritability and/or excitement, possible delusions and hallucinations
- **Depression:** extreme sadness, hopelessness, may experience thoughts of suicide

## Borderline Personality Disorder

Periods of intense impairment of emotions/moods

- Uncontrollable anger, impulsive behaviors, recurring suicidal threats, or self-harming behavior
- Unstable self-identity, intense personal relationships, desperately avoid abandonment

# Mental Health



## **Depression**

Severe feeling of loss of self interest and pleasure in activities previously enjoyed

- Great sadness, poor concentration, insomnia, fatigue, disturbance in appetite, excessive guilt or hopelessness, thoughts of suicide

## **Obsessive-Compulsive Disorder (OCD)**

Obsessive and impulsive thoughts that are upsetting, irrational, and disruptive

- Thoughts that they are going to harm their children
- Continuous hand washing because they believe their hands are contaminated

## **Schizophrenia**

- Behavior can be unusual, inappropriate and sometimes unpredictable and disorganized
- Characterized by having both delusions and hallucinations
  - They may act extremely paranoid - buy multiple locks for their doors, check behind them when walking in public, refuse to talk on the phone, believe others are out to get them
  - They may hear voices that direct them to harm themselves

# Mental Health

## Post-Traumatic Stress Disorder

Long lasting affects of powerful experiences or traumatic events that threaten injury to self or others *and* a response to those events that involves persistent fear, helplessness or horror.

The traumatic event often has a direct physical impact and occurs within a violent context

- Combat
- Physical and/or sexual abuse
- Physical presence during tragic events such as 9/11, Boston Marathon

## Symptoms

- Recurring flashbacks or nightmares, intense distress at reminders of the trauma, physical reactions to triggers that symbolize or resemble the event
- Efforts to avoid feelings or activities that trigger thoughts of the trauma, avoidance, numbness
- Difficulty sleeping, outbursts of anger/irritability, poor concentration, exaggerated startle response





# Mental Health



Due to the various symptoms and behaviors experienced by individuals with mental illness, it is important to:

- Ask the individual how you can help them feel more comfortable and respect his/her requests
- Always respect the individual and honor his/her confidentiality
- In case of a crisis, keep the pressure of the situation to a minimum by remaining calm, be supportive and ask if there is medication that he/she may need to take
- If you feel the person is in any danger call 911 immediately
- If you are in any danger call 911 immediately

# Roles and Responsibilities of a Provider



**Avoid using labels/terms that define the disability as a limitation**

DO NOT pity the person or refer to them as victims, crippled, invalid, deaf, retarded, victim of, suffers from, afflicted with, wheelchair bound, etc.

---

**Speak to the Person**

Speak directly to the person and not to their companion, caregiver, or sign language interpreter. Place yourself at eye level with the person when possible.

---

**Make No Assumptions**

Do not assume they need assistance. Individuals with disabilities have developed their own way of performing tasks. It is ok to ask what their preferences are.

---

**Accommodations**

Accommodations will depend on the person and the type of disability the person has. The person knows best what type of accommodations are needed.

---

# Roles and Responsibilities of a Provider

Important to consider whether you're working with individuals with physical disabilities or mental illnesses

Embrace the “people first” approach -

**PEOPLE WITH DISABILITIES ARE PEOPLE FIRST;**

**the disability is second**

- Get Support: Involve family, friends, community organizations, etc.
- Be an Advocate: Assure the person's needs are met - Americans with Disabilities Act
- Be informed
- Always demonstrate respect and dignity
- Always maintain confidentiality
- Be flexible and understanding
- Never ask questions about their disability if the question is not related to how you can help them or how you can make accommodations to meet any special needs they may have
- Listen carefully and attentively
- Create an environment in which the person can openly discuss his/her disability and needs
- Empower the person:
  - Promote a “can do” attitude
  - Encourage independence and self-sufficiency *when possible*

# For Additional Information



## Resources

### Age UK

[www.ageuk.org.uk](http://www.ageuk.org.uk)

### Centers for Disease Control and Prevention

[www.cdcc.gov](http://www.cdcc.gov)

### National Alliance on Mental Illness

[www.nami.org](http://www.nami.org)

### National Institute of Mental Health

[www.nimh.nih.gov](http://www.nimh.nih.gov)

### United Spinal Association

[www.unitedspinal.org](http://www.unitedspinal.org)

## Additional Resources

### Office On Aging

<http://officeonaging.ocgov.com>

### National Caregivers Library

[www.caregiverslibrary.org](http://www.caregiverslibrary.org)



**Thank you for attending**

**Any Questions ?**