
Disability Allies Orientation

April 11, 2019

Specialized Staff Training

- Special Diet – Mealtime Needs
- Mobility Procedures & Devices
- Seizure Management and Support
- Assistance, Care and Support for Physical or Medical Conditions, Mental Health and/or Behavioral Needs

Special Diet – Mealtime Needs



Eating Challenges

- Although the majority of adults served by Disability Allies do *not* require any assistance with chewing or swallowing, some individuals do need such assistance—whether on an occasional or a regular basis.
- Some adults with developmental disabilities may present with eating challenges and require the assistance of another person to eat safely and effectively.
- Swallowing and eating issues in this population are common, which increases the risk for poor nutritional status, dehydration, and aspiration.
- Ensuring adequate and safe food and liquid intake is essential.

Variations in Eating Challenges

- Eating challenges vary due to each person's level of nerve and muscle involvement, cognitive or mental processes, and sensory, emotional, and communication skills.
- These may change as the person ages.
- Some diagnoses present with long- term feeding or eating difficulties, especially when a person is not able to safely eat some types of foods or have behavioral patterns that could result in choking or aspiration.

Individualizing Eating Challenges

- No two people with developmental disabilities are alike in their eating.
- Each should have an individual eating plan developed by their healthcare team when safe eating is an issue.
- Caregivers must know how to make mealtime and eating a pleasant and safe experience.

Eating Skills

- For adults with developmental disabilities, the skills and abilities needed to take in adequate nutrition may be altered and can result in poor or declining nutritional status.
- Good muscle control is needed to sit up, manage food in the mouth, swallow the food and then move the food through the digestive tract.
- This includes oral-motor skills or the movement of the lips, tongue and jaw needed to effectively eat from a spoon, utensil or cup, and to chew and swallow.
- Self-feeding requires more motor skills and coordination.
- Sensory processes, the way foods look, smell, taste and feel on the hands, lip, and inside of the mouth, may impact what and how a person eats.

Mealtime Skills

- In addition, the ability to communicate feelings of hunger, food preference and fullness, and to understand expectations around mealtime is an important part of eating.
- All of these factors need to be considered when planning for and carrying out an eating plan.

Food Textures

- Change in food texture is often needed for safe eating.
 - Chopped – food cut into bite-size or specific size
 - Ground – food small enough to swallow with little or no chewing
 - Puree – food has a smooth texture similar to pudding
 - Thin – consistency of water (i.e. milk, juices, coffee, soda, tea, etc.)
 - Nectar thick – slightly thicker than water; the consistency of an unset gelatin
 - Honey thick – thicken to honey-like consistency using a thickening agent
 - Pudding thick – thicken to pudding-like consistency using a thickening agent

Chewing and Swallowing

- Signs of difficulty chewing or swallowing include:
 - Coughing and choking on food and/or liquids
 - Taking a long time to eat a meal
 - Hoarseness or a wet gurgly or bubbly voice
 - Heartburn or indigestion
 - Food/Liquids coming out through the nose
 - Excessive drooling, associated with eating
 - Frequent respiratory infection/ history of aspiration pneumonia
 - Weight loss and/or dehydration • Vomiting during or after meals
 - Pocketing of food in the mouth along tongue or in cheek
 - Multiple swallows on a single mouthful of food
 - Fatigue or shortness of breath while eating

Positioning

- A person's posture and muscle tone may impact their ability to eat as well as impact body processes such as digestion and bowel movements.
- Appropriate positioning of a person with postural challenges is specific to the individual and usually determined by a physical therapist or occupational therapist.
- Proper positioning provides the physical supports needed for a person to use their arms and hands to self-feed and to chew and swallow to the best of their ability.

Self-Feeding and Adaptive Equipment

- The ability to self-feed may be limited in adults with muscle control problems who have difficulty holding utensils or lifting a cup to drink.
- Self-feeding is important for promoting independence and motor skills, however careful evaluation is needed to determine when health and safety is a priority.
- There is an array of adaptive eating utensils, cups and plates to help overcome self-feeding limitations.
- Such equipment can improve the effectiveness of the eating process for the individual and the person assisting with eating

Behavioral Issues

- Behavioral issues may interfere with eating or eating safely.
- Such issues may include a lack of focus during mealtime, refusal to eat, spitting out food, or eating too much, too fast resulting in gagging or choking.
- Behavioral intervention by a trained therapist may be necessary.
- Interventions may include finding a quiet place to eat without distractions, adjusting meal times, reducing portion sizes and/or number of foods served at one time.

Tips for Mealtime and Eating Assistance

- The following tips are general strategies for successful and safe eating, unless otherwise recommended by a speech language pathologist, occupational therapist, physician or healthcare team member.:
 - Try to make meal times consistent from day to day. This sets the expectation and routine for meals.
 - Allow plenty of time for those who eat slowly.
 - Do not rush. Watch for the swallow.
 - Sit at or below the person's eye level when feeding.

More Tips for Mealtime and Eating Assistance

- Avoid tilting the head back when eating or drinking.
- Avoid foods that may cause choking (i.e., hard, sticky, slippery, stringy foods).
- Avoid talking or laughing with food in the mouth.
- Give food/liquid supplements after or between meals to prevent decreased appetite and fullness at mealtime.
- Ensure oral hygiene is maintained. A sore mouth or tooth may inhibit eating.
- Encourage upright position during and immediately after feedings.
- Offer water with each meal, between every 2-3 bites of food to help clear the mouth and throat of food.
- Wash and sanitize hands prior to eating meals.
- Create a supportive environment with minimal distractions.

Mobility Procedures & Devices



Importance of Mobility Devices

- Not all individuals with special needs have mobility impairments, or use mobility devices.
- For those individuals that use mobility devices:
 - They play a very large role, not only in terms of mobility but in terms of independence.
 - They can also help prevent falls, which can cause serious injuries.
 - They can also help individuals conserve energy and be more active.

Types of Devices

- Orthoses (braces)
- Canes
- Crutches
- Walkers and wheeled walkers (rollators)
- Manual wheelchairs
- Power-assist wheelchairs
- Motorized scooters
- Power wheelchairs

Orthoses

- Orthoses are available in many types and styles.
- This is an ankle foot orthosis (AFO), which is commonly used to support the ankle and foot and prevent foot drop, which is caused by weakness or paralysis of the muscles involved in lifting the front part of the foot during walking.



Canes

- Canes are readily available in different lengths, styles, colors, and materials — and come with different adjustability options and handle options. Many can be purchased off the shelf at retail stores and drugstores.
- This is a quad cane, with four support points touching the floor for additional support.
- Canes only provide support to one side of the body.
- If used incorrectly, a cane can increase the risk of falling.
- White canes are used only by individuals who are blind as an orientation tool.



Crutches

- Two types of crutches are available — each of which is named by the location of its use:
 - Underarm: Underarm crutches are often used on a temporary basis for lower extremity weakness or injuries
 - Forearm crutches (one or two) are more often used for long-term use because they have arm cuffs that cradle the forearms, and handgrips for support



Walkers and Rollators

- A standard walker has a basic aluminum frame that folds, is height-adjustable, and is available with or without wheels.
 - To use a walker without wheels, you need to lift it and move it forward as you walk. A wheeled walker can be pushed forward without lifting.
- A rollator is designed to be easier to maneuver than the standard walker,
 - A rollator usually has several additional features that may include larger wheels, a seat bench, basket, and handbrakes.
- In the picture is a rollator with a knee board, which would be used by people who have issues with one limb



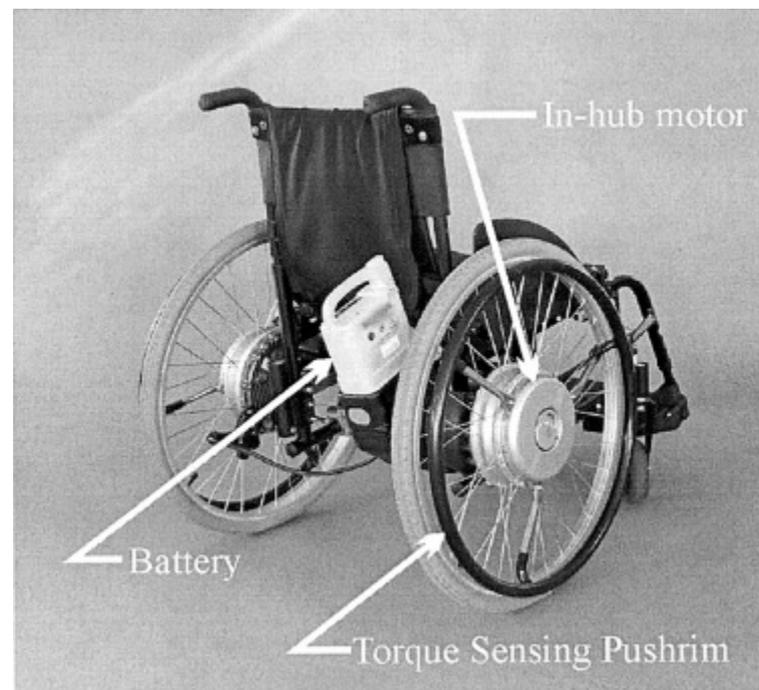
Manual Wheelchairs

- Manual wheelchairs are designed to provide mobility from a seated position.
 - Manual wheelchairs can be self-propelled by rotating the hand rims with your arms.
 - “Attendant-propelled” or “transport” wheelchairs — which are designed for an attendant or caregiver to push — are also available.
- To reduce the energy required, current research suggests that a person who is able to self-propel a manual wheelchair should use the lightest possible wheelchair.
 - This wheelchair is made of titanium, which is a very strong and light metal.



Power-Assist Wheelchairs

- Power-assist wheelchairs were developed to help people who have difficulty propelling a manual wheelchair over surfaces encountered on a daily basis, such as ramps, carpets, grass, curb cuts, and gravel.
- These wheelchairs include specialized wheels with battery-operated motors mounted on the frame.
- They have sensors on the wheels' pushrims that amplify the user's strength when propelling the chair — thereby allowing a person to use less energy to propel the wheelchair and making it easier to travel over different surfaces.



Scooters

- Scooters — also known as power-operated vehicles — are controlled through a mechanical tiller system.
- They are available with three or four wheels and most can be disassembled for transport.
- Scooters can be found in different sizes and with different weight capacities.



Power Wheelchairs

- Power wheelchairs are available in three different types according to the location of the drive wheels — rear-wheel, mid-wheel, and front-wheel.
- Many different options are available for power wheelchairs because they are designed to accommodate a wide range of needs.
- This tilt-in-space wheelchair helps take pressure off the user's buttocks, to help prevent pressure sores.



Safety Issues

- If you are dealing with a client with a mobility issue, familiarize yourself with their equipment. You may be called on to help change batteries in power wheelchairs, for example.
- Use caution in transferring in and out of wheelchairs; be available to help support if needed.
- Use caution with wheelchair lifts in buses or paratransit vehicles.

Seizure Management and Support

Centers for Disease Control and Prevention
MMWR | **WHEN SEIZURES DON'T STOP**

EPILEPSY IS COMMON	A SPECIALIST CAN HELP STOP SEIZURES	ADULTS WITH UNCONTROLLED SEIZURES SHOULD
<p>3 MILLION U.S. ADULTS HAVE ACTIVE EPILEPSY</p>  <p>56% OF ADULTS WITH EPILEPSY STILL HAVE SEIZURES</p>	<p>1 OUT OF 3 ADULTS WITH EPILEPSY DIDN'T SEE A SPECIALIST IN THE PAST YEAR</p> 	<ul style="list-style-type: none"> SEE AN EPILEPSY SPECIALIST TAKE MEDICINE AS PRESCRIBED LEARN TO MANAGE EPILEPSY CALL EPILEPSY FOUNDATION HELPLINE 1-800-332-1000

Data as of 2015 as published in Tian et al. *MMWR*. April 2018
<https://go.usa.gov/xQjSw>

WWW.CDC.GOV

202176-A

About Epilepsy

- Epilepsy is the 4th most common neurological condition in America (behind migraine, stroke and Alzheimer's), but is generally misdiagnosed or undertreated.
- An estimated three million people in the US have epilepsy.
- Technological advances have led to the ability to control seizures for some patients – but 30-40% of people with epilepsy don't respond to treatment.

Epilepsy Facts

- Epilepsy is not one single disease, but a family of diseases.
 - Epilepsy is defined as having two or more uncontrolled seizures within 24 hours, or having one seizure with a risk of future seizures
 - A seizure is a disturbance in the brain featuring abnormal electrical changes in brain cells
 - There are many different types of seizures—including some where the individual is aware of the seizure as it happens
 - Not all seizures are due to epilepsy

Seizure Facts

- Most seizures are not medical emergencies
- Clients may not know that they've had a seizure and may not know what happened
- Epilepsy is not contagious
- Epilepsy is not related to mental illness, autism, or any other disorder
- Seizures do not generally cause brain damage or death
- You cannot swallow your tongue during a seizure

What Happens in a Seizure

- For the most common type of seizure, tonic-clonic or convulsive seizure, the following things can happen:
 - A sudden cry
 - Loss of consciousness
 - A fall
 - Convulsions
 - Shallow breathing and drooling
 - Possible loss of bowel or bladder control
 - Skin, lips, nails may turn blue
 - Lasts 1-3 minutes
 - Usually followed by confusion, tiredness, headache, soreness, speech difficulty

First Aid for Seizures

- Stay calm and track the time that the seizure lasts
- Protect client from possible hazards
- Turn client on their side
- Cushion head
- Remain with client until they are oriented
- Provide emotional support
- Document seizure in service log

What Not To Do

- Don't put anything in the person's mouth. This can lead to choking.
- Do not hold them down or restrain. This can cause injury.
- Do not attempt to give medication, food or water during a seizure.

Seizure Risks

- Call 9-1-1 if:
 - The client has never had a seizure before
 - The seizure lasts more than five minutes
 - The client has repeated seizures without regaining consciousness
 - Unusual type of seizure or frequency of seizure
 - Client is injured during the seizure
 - Client has diabetes or is pregnant
 - Seizure occurs in water
 - Client stops breathing
 - Parents request emergency evaluation

Possible Seizure Triggers

- Flashing lights
- Hyperventilation
- Missed or late medication
- Stress/anxiety
- Lack of sleep/fatigue
- Hormonal changes
- Illness
- Alcohol or drug use
- Drug interactions
- Overeating
- Overexertion
- Poor diet / missed meals

Assistance, Care and Support for Physical or Medical Conditions, Mental Health and/or Behavioral



Intellectual Disability

- Intellectual disability is a term used when there are limits to a person's ability to learn at an expected level and function in daily life.
- People with intellectual disability might have a hard time letting others know their wants and needs, and taking care of themselves.
- Intellectual disability can be caused by genetic issues, injury, disease, or a problem in the brain:
 - Down syndrome
 - Fetal alcohol syndrome,
 - Fragile X syndrome
 - Birth injuries
 - Serious head injury
 - Stroke
 - Certain infections.

The “R” Word

- When they were originally introduced, the terms “mental retardation” or “mentally retarded” were medical terms with a specifically clinical connotation; however, the pejorative forms, “retard” and “retarded” have been used widely in today’s society to degrade and insult people with intellectual disabilities.
- Additionally, when “retard” and “retarded” are used as synonyms for “dumb” or “stupid” by people without disabilities, it only reinforces painful stereotypes of people with intellectual disabilities being less valued members of humanity.
- Site: <https://www.r-word.org/>

Autism Spectrum Disorder

- Autism spectrum disorder (ASD) can cause significant social, communication and behavioral challenges.
- There is often nothing about how people with ASD look that sets them apart from other people, but people with ASD may communicate, interact, behave, and learn in ways that are different from most other people.
- The learning, thinking, and problem-solving abilities of people with ASD can range from gifted to severely challenged. Some people with ASD need a lot of help in their daily lives; others need less.
- A diagnosis of ASD now includes several conditions that used to be diagnosed separately: autistic disorder, pervasive developmental disorder not otherwise specified (PDD-NOS), and Asperger syndrome. These conditions are now all called autism spectrum disorder.

Autism Myths

- **People with autism don't want friends.**
If someone has autism, they probably struggle with social skills, which may make it difficult to interact with peers. They might seem shy or unfriendly, but that's just because he or she is unable to communicate their desire for relationships the same way you do.
- **People with autism can't feel or express any emotion—happy or sad.**
Autism doesn't make an individual unable to feel the emotions you feel, it just makes the person communicate emotions (and perceive your expressions) in different ways.
- **People with autism can't understand the emotions of others.**
Autism often affects an individual's ability to understand unspoken interpersonal communication, so someone with autism might not detect sadness based solely on one's body language or sarcasm in one's tone of voice. But, when emotions are communicated more directly, people with autism are much more likely to feel empathy and compassion for others.

Autism Stereotypes

- **People with autism are intellectually disabled.**
Often times, autism brings with it just as many exceptional abilities as challenges. Many people with autism have normal to high IQs and some may excel at math, music or another pursuit.
- **People with autism are just like Dustin Hoffman's character in *Rain Man*.**
Autism is a spectrum disorder, meaning its characteristics vary significantly from person to person. Knowing one person with autism means just that—knowing *one* person with autism. A person's capabilities and limitations are no indication of the capabilities and limitations of another person with autism.

Cerebral Palsy

- Cerebral palsy (CP) is a group of disorders that affect a person's ability to move and maintain balance and posture.
- CP is the most common motor disability in childhood.
- Cerebral means having to do with the brain. Palsy means weakness or problems with using the muscles.
- CP is caused by abnormal brain development or damage to the developing brain that affects a person's ability to control his or her muscles.

Cerebral Palsy Symptoms

- The symptoms of CP vary from person to person. A person with severe CP might need to use special equipment to be able to walk, or might not be able to walk at all and might need lifelong care.
- A person with mild CP, on the other hand, might walk a little awkwardly, but might not need any special help. CP does not get worse over time, though the exact symptoms can change over a person's lifetime.
- All people with CP have problems with movement and posture. Many also have related conditions such as intellectual disability; seizures; problems with vision, hearing, or speech; changes in the spine (such as scoliosis); or joint problems (such as contractures).

Diabetes

- Diabetes is a chronic (long-lasting) health condition that affects how your body turns food into energy.
- Most of the food you eat is broken down into sugar (also called glucose) and released into your bloodstream. When your blood sugar goes up, it signals your pancreas to release insulin. Insulin acts like a key to let the blood sugar into your body's cells for use as energy.

Diabetes Symptoms

- If you have diabetes, your body either doesn't make enough insulin or can't use the insulin it makes as well as it should. When there isn't enough insulin or cells stop responding to insulin, too much blood sugar stays in your bloodstream. Over time, that can cause serious health problems, such as heart disease, vision loss, and kidney disease.
- There isn't a cure yet for diabetes, but losing weight, eating healthy food, and being active can really help.

Disability and Diabetes

- Some medications taken by people with autism or mental illness can increase the risk of diabetes in some patients.
- Diabetes can cause *low blood sugar*, also known as hypoglycemia, which can be a dangerous condition.
- Symptoms of low blood sugar can occur suddenly. They include:
 - blurry vision
 - rapid heartbeat
 - sudden mood changes
 - sudden nervousness
 - unexplained fatigue
 - pale skin
 - headache
 - hunger
 - shaking
 - dizziness
 - sweating
 - difficulty sleeping
 - skin tingling
 - trouble thinking clearly or concentrating
 - loss of consciousness, seizure, coma

Treating Low Blood Sugar

- If someone you know has diabetes and they're experiencing mild to moderate symptoms, have them eat or drink 15 grams of easily digestible carbohydrates, such as:
 - half a cup of juice or regular soda
 - 1 tablespoon of honey
 - 4 or 5 saltine crackers
 - 3 or 4 pieces of hard candy or glucose tablets
 - 1 tablespoon of sugar

Mental Illness

- People can experience different types of mental illnesses or disorders, and they can often occur at the same time.
- Mental illnesses can occur over a short period of time or be episodic. This means that the mental illness comes and goes with discrete beginnings and ends.
- Mental illness can also be ongoing or long-lasting.

Anxiety and ADD

- Anxiety Disorders
 - People with anxiety disorders respond to certain objects or situations with fear and dread or terror. Anxiety disorders include generalized anxiety disorder, social anxiety, panic disorders, and phobias.
- Attention-Deficit/Hyperactivity Disorder
 - Attention-deficit/hyperactivity disorder (ADHD) is one of the most common childhood mental disorders. It can continue through adolescence and adulthood. People diagnosed with ADHD may have trouble paying attention, controlling impulsive behaviors (may act without thinking about what the result will be), or be overly active.

Depression

- While bad moods are common, and usually pass in a short period, people suffering from mood disorders live with more constant and severe symptoms. People living with this mental illness find that their mood impacts both mental and psychological well-being, nearly every day, and often for much of the day.
- It is estimated that 1 in 10 adults suffer from some type of mood disorder, with the most common conditions being depression and bipolar disorder. With proper diagnosis and treatment, most of those living with mood disorders lead healthy, normal and productive lives. If left untreated, this illness can affect role functioning, quality of life and many long-lasting physical health problems such as diabetes and heart disease.

Behavioral and Personality Issues

- Disruptive Behavioral Disorders
 - Behavioral disorders involve a pattern of disruptive behaviors in children that last for at least 6 months and cause problems in school, at home, and in social situations. Behavioral symptoms can also continue into adulthood.
- Personality Disorders
 - People with personality disorders have extreme and inflexible personality traits that cause problems in work, school, or social relationships. Personality disorders include antisocial personality disorder and borderline personality disorder.

Post-Traumatic Stress Disorder (PTSD)

- A person can get PTSD after living through or seeing a traumatic event, such as war, a hurricane, physical abuse, or a serious accident. PTSD can make someone feel stressed and afraid after the danger is over.
- People with PTSD may experience symptoms like reliving the event over and over, sleep problems, become very upset if something causes memories of the event, constantly looking for possible threats, and changes in emotions like irritability, outbursts, helplessness, or feelings of numbness.

Other Mental Health Issues

- Eating Disorders
 - Eating disorders involve obsessive and sometimes distressing thoughts and behaviors, including reduction of food intake, overeating, feelings of depression or distress, concern about weight, body shape, poor self-image
 - Common types of eating disorders include anorexia, bulimia, and binge eating.
- Schizophrenia Spectrum and Other Psychotic Disorders
 - People with psychotic disorders hear, see, and believe things that aren't real or true. They may also show signs of disorganized thinking, confused speech, and muddled or abnormal motor behavior. An example of a psychotic disorder is schizophrenia. People with schizophrenia may also have low motivation and blunted emotions.

Mental Health Stereotypes

- Myth: People with mental health problems are violent and unpredictable.
- **Fact:** The vast majority of people with mental health problems are no more likely to be violent than anyone else. Most people with mental illness are not violent and only 3%–5% of violent acts can be attributed to individuals living with a serious mental illness. In fact, people with severe mental illnesses are over 10 times more likely to be victims of violent crime than the general population. You probably know someone with a mental health problem and don't even realize it, because many people with mental health problems are highly active and productive members of our communities.
- <https://www.mentalhealth.gov/basics/mental-health-myths-facts>

Any Questions