

Voice of Care Outdoor Ministry Among People with Disabilities Training Manual

Components to be Completed Prior to Taking Hands-on Training Course

- REST Essentials Online Course with Reference Manual
- First Aid and CPR Safety Courses

Voice of Care Hands-on Training

Part 1: Biblical Basis for Outreach ministry—[Voice of Care Bible Study](#)

(approximately 45 minutes)

Part 2: REST Core Competency Review - *handout available from Voice of Care*

(approximately 30 minutes)

This is a time when the staff can ask questions about material in the online class that they may not have fully understood.

Part 3: Disability Awareness Orientation

(60 minutes)

A. Self-view (or “world-view”) of Persons with Intellectual and Developmental Disabilities

As a result of Cognitive Impairments and/ or Developmental Issues, many persons with Intellectual or Developmental Disabilities (IDD) function at an intellectual level that is still dominated by Concrete Thinking and have difficulty dealing in the abstract. By definition concrete thinking is concerned with the here and now, what can be seen, identified and quantified. “A concrete thinker might think about *this dog*, while an abstract thinker might think about dogs in general. A concrete thinker might think of *this dog on this rug*, while the abstract thinker might think of the spatial concept of *on*”. (From: www.projectlearn.net.org). This can also be applied to cause and effect and thinking ahead. To the concrete thinker *my dog in front of me on my rug* is a nice thing, while the abstract thinker might be thinking “*I wonder if that dog has had a chance to “go” before being on that rug.*”

Abstract thought also often deals in metaphors. Even the term concrete thinking is a metaphor. As hard, solid, and unmoving as concrete can be, thought that can't see beyond the here and now, and can't imagine other relationships or possibilities, can seem rather rigid, hence “concrete”.

So, if concrete thinkers don't see beyond the here and now, they concentrate on what is most immediate to them, themselves. In many cases, their interactions to the persons around them don't display what we might call adult qualities of care, concern, and foresight, but rather may seem self-centered and narcissistic. All people have moments of acting in this manner, but to a person with disabilities this is often the norm.

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EXAMPLES:

1. A funny comic strip from back in the '60s had teenager Emmy Lou saying to a friend, after President Kennedy had been in office a few months, "I think he's a good President. I've had a date every Friday night since he's been President." She was stuck in concrete about herself.
2. A camper wakes up in the middle of the night and completely forgetting about anyone else in the room around him starts yelling, "Is it morning yet?"—and this is at 3 a.m.
3. Another camper, who was sad and homesick, would only go to bed and sleep if the counselors put flashlights on either side of his head. The others in the room had to cope with the extra light.

On the surface, examples 2 and 3 might seem completely selfish, and we may feel that the way to deal with these behaviors is by strictly enforcing rules "coming down hard" on the offenders. However, when we understand this self worldview, we can create better strategies to solve problems.

Another important area in which we need to be aware of the concrete/abstract divide, is in giving directions and holding to schedules. As staff we see the need to be present at the proper time for an activity, and not go beyond the allotted time frame, as there are other campers to be considered. We tend to see this in an abstract altruistic sense: "For the GOOD of ALL!" (Spoken with the finest bass voice you can muster). Actually, the best way to give directions is specifically and short-term.

For example, what works best when craft time is over and it's time for Bible Study?

- A. In ten minutes it will be time to gather around for Bible Class. Or...
- B. Ten minutes before Bible Class say: "It's time to stop what you are working on and put the project on the table to dry." While that is happening, staff can pick up all the paint brushes and ask campers to place all paint bottles on one tray and all water cups on another. "Now it's time to wash your hands and go to the Jesus circle."

Directions that are given directly and concretely work best, but they can also sound rude. Using the abstract, "Let's shake a leg here," or, "Let's go, pedal to the metal," might elicit much confusion, while a direct approach — "We need to move faster," or "Let's go now," would be understood better.

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B. Keys to working with this population: A Knowledge and Dignity Approach

This section also highlights the need for concrete (vs. abstract) speech, teaching and instruction, and the need to be aware that many individuals with Developmental Disabilities (DD) have difficulty seeing beyond themselves, and their own needs and desires, and as a result can be quite self-centered and/or stubborn.

KNOWLEDGE

Do you understand this sentence? *“If you want someone to chill with you, don't play with them. Just be 100 (100% real) with them and they'll be your person.”* My guess is that you know these metaphoric expressions, have heard them many times, and have likely used them too.

Yet I hope that with what you have learned about persons with IDD, you can now see that these expressions and directions are far too abstract for most special needs campers to understand, and knowing that, you would be more direct and concrete in your speech. What was really communicated in that sample sentence? Ideas? *(ask for responses)* Answers may vary, but should be something like this: *“To get people to go to a certain place, give simple directions that they will understand and follow.”*

Having knowledge of the need for directness can help you to think about and communicate better with persons with IDD, but there is another need related to directness, and that is the speed and repetition of directions. You may have observed staff and volunteers, as they are giving directives, speed through them so quickly that they are not well followed, or that they must be reiterated many times.

CONSISTENCY AND PRESENTATION

Another issue to be aware of is consistency. At the beginning of summer, a camp week, or even a retreat, it is important to decide on certain names for things and places and stick with these consistently. If you plan to use the area at one end of a room for Bible Study and Chapel time call that end something special, such as “The Jesus Circle.” If you’ve newly designated an area as the “Rock Garden,” then that is the name you should always use. Clarification could be something like: “that campfire circle by the swimming beach.” A consistent use of the same name will help teach campers what that place is.

This spills over into the practice of picking and using various prayers before meals. With special needs campers who don’t learn as fast as others without repetition, a prayer of the day might be a good idea. The first time it is used, go through the words (maybe twice) to help participants learn it, then sing it as a prayer. The second time you use it at a meal, do a “practice run” and then pray it. By the third meal you should be ready to sing or pray it right away. Rather than using a vast array of prayers, opt for one or two that campers can quickly become familiar with.

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Presentation is another key to good communication, not only with people with with Developmental Disabilities, but with everyone in general. Speak **loud** enough to be heard easily and **get the group's attention**. Speak **slowly** enough and annunciate your words, so that **all the words come through clearly**, but with **expression and animation to keep it interesting**.

DIGNITY

When giving directions concretely, directly, and succinctly, there is a danger of sounding harsh and controlling. The key to overcoming this is to treat all of the campers with dignity. One could say, "Be nice because they are paying customers." More basic than that is that each person is as much deserving of dignity and being shown respect as anyone on the planet. Each is loved dearly and completely by God, a child of God saved by Jesus' death on the cross, or maybe still needing to come to saving faith in Him. Either way, our ministry mandate is to treat each person with all the dignity and respect that we have to give, because the Holy Spirit, the Spirit of Jesus, is working in us.

This is where it gets difficult. Because of their concrete, here/now, me-first personal and world view, persons with IDD *can* seem stubborn, self-centered, boastful and demanding. Our task is to remain gentle, level-headed and kind, while at the same time being firm and assertive when needed. We need to decide what behaviors (perhaps safety, bullying, and cursing) are non-negotiable, and steer people away from these things. If we consistently dignify each person in our interactions, then we win the right to teach others to act the same way.

C. Exercise in Non-abstract, Non-metaphorical, Direct Speech

- Everyone is to take two index cards.
- On one side write a well-known metaphorical phrase or idiom such as: run like the wind; don't get cold feet; I laughed my head off.
- Turn them in. Shuffle them and pass them out again (if you get your own, trade with someone).
- On the blank side of the card write what the metaphorical phrase is really saying in direct, concrete language.
- Share and discuss

Part 4: Mealtime Training

(45 minute, over a meal break)

A. Meal Prayers

Instruct counselors to teach the prayer/s before the meal. Do not assume that the campers know the prayer.

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1. Read the words of the prayer aloud to campers.
2. Have campers repeat the prayer line by line.
3. Say or sing the prayer together once for practice, then say it as the meal prayer.
4. Recommend the repetitive use of the same prayer, rather than a new or different prayer at each meal.
5. Note that some tunes may not be familiar to the campers. A generally older population, they may not be exposed to current popular music, theme songs, commercials or cartoons.

B. Feeding Techniques and Proper Eating Behaviors

(10 minutes)

Feeding: Depending on need—positioning, communication, size, texture, timing (finishing one bite, then proceed)

During a meal, have some of the counselors pretend to be a camper with a disability. This gives the other counselors opportunity to practice assisting during a meal. This practice can include assisting the camper to get food; assisting a distracted camper - which will affect the ability to get to their seat and to take time to eat. Some campers may begin to eat too quickly, which can lead to choking. Others may need their food cut into appropriate bite sizes, mashed or pureed. Still others may need hand-over-hand assistance to feed themselves. Counselors should be provided with any specific feeding guidelines for a camper.

The Voice of Care trainer should observe this activity and give guidance where needed. The following tips may be helpful to keep in mind:

- 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.
- 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.
- 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.”

[These tips are taken from BHN Fact Sheet: Eating Assistance in Adults with Developmental Disabilities. Academy of Nutrition and Dietetics. Authors: Sarah Fisher MA, RD, LD; Lee Wallace EdD, RDN, LDN, FADA, FAND and Diane Spear, MS, RDN, LD, FAND]

Counselors should be seated with the campers during a meal. Standing near the camper,

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even for quick question, will cause the camper to tilt their head up while eating. This head tilt may lead to choking. If the counselor cannot be seated nearby, at least squat or bend to eye level. Some campers may begin to eat too rapidly. Eating too quickly can be a choking hazard. Counselors should watch for this and use one of the following tips to slow the eating.

Strategies to support a person to slow down their speed of eating and drinking include:

- Explaining to the person the benefits of eating and drinking more slowly (benefits for health and for enjoyment).
- Gestural prompts – for example: sitting beside the person and placing your hand midway between the person’s chin and their plate in between mouthfuls (this is a prompt and should not be used to prevent a person from seeing their food or getting food to their mouth); gesturing to the person to place the eating utensil on the plate between mouthfuls.
- Use rhythm. For example: slow rhythmical music during mealtimes; slow rhythmical tapping on the table; a slow metronome (music rhythm device).
- Creating a relaxed environment at mealtimes – for example: quiet background music rather than the television, quiet “chatting” about the day with the person and their housemates, check lighting (avoid flickering or glare), sometimes eating alone (if that is the person’s choice) checking if the person needs to use the toilet before meals. Everyone seated during mealtimes, including support workers (this adds to a relaxed environment and enables monitoring).
- Sitting at the table with the person and modelling slower eating and drinking.
- Using a smaller fork or spoon (some people have found a long-handled parfait spoon useful).
- Using lightly weighted cutlery or wrist weights (provides sensory information to assist muscle coordination).
- Presenting a meal as several smaller dishes/portions.
- Having two plates – a serving plate and an eating plate (having a serving plate and an eating plate for everyone at the table, naturally slows down the meal and creates opportunities for social interaction).
- Filling cup to ¼ full (and having a small jug for repeated amounts). Using a straw for drinking (if trying this strategy, make sure you talk with a Speech Language Pathologist, as drinking with a straw can be difficult to coordinate with swallowing for some people).
- Light touch or pressure prompts, for example, gentle pressure down on the person’s arm between mouthfuls, may provide sensory information to assist with muscle coordination (this should not be sufficient pressure to prevent the person from moving their arm).
- Preparing and sharing a social story or information story about slowing down eating and drinking.

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- Verbal prompts, for example: “Put your cup/fork/spoon on the table,” “Take your time,” “Don’t forget to chew,” “Well done; now take a break,” or “Have a break between mouthfuls.”

[Mealtime Support Resources © The State of Queensland (Department of Communities, Child Safety and Disability Services). Copyright protects this publication. Excerpts may be reproduced with acknowledgment to the State of Queensland (Department of Communities, Child Safety and Disability Services). Version Number: V2.0_December 2012 Date Approved: 21_06_2013]

Part 5: [Disability Awareness Hands-on Stations](#)

(50 minutes)

- [Sight Impairment Station \(White Cane Course\)](#)
- [Wheelchair Obstacle Course](#)
- [Manual Dexterity Station](#)
- Water safety station

Part 6 Techniques for Working with Special Needs Campers

(60 minutes)

A. Attitudes and Mindset of Staff

- ["People First" Language](#)
- [Proper Wheelchair Etiquette](#)
- [Sighted Guide Techniques Help You Help Others](#)
- Each organization should create and distribute their own set of expectations of behavior for volunteer counselors and may choose to establish additional expectations for those volunteers aged 14 through 17. The behavior of volunteers directly affects the behavior of campers.

B. Specific “How-to” strategies

Activity Adaptations—

How Long is a Minute? Activity

Have the participants close their eyes and then open them when they think a minute has passed. Tell them they will be timed. You may need a stopwatch or a clock with a second hand.

After this exercise ask:

1. How did a minute feel to you? Long or short? Why?
2. What feelings got stirred up inside yourself as waited for a minute?
3. In planning an activity or game for people with disabilities, what attitudes and

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temperament would one need to assume in leading and participating in it with them?

Dice Game

Have a individual with a hand disability hold the dice in a cup with a wristband wrapped around his hand. The participant grips the cup by placing his or her hand between the sweatband and cup to assist them to grip it. If you use adhesive-backed Velcro, you can make a band that a player can put their hand through. Consider using a two-handled cup (a toddler “sippy” cup) as a game dice cup.

To decrease confusion, you can focus on only colors or just numbers (not both) during games such as Life, Yahtzee or Sorry.

Behavioral Issues

This section is designed to be taught by Voice of Care trainers

Split up in groups of two or three and work through these situation cards.

Identify the emotions that the individual is feeling with the behavioral issue you may encounter with a camper.

Use these situation cards to discuss:

(Some ideas are from the Purple Behavior Cards, REST Materials)

- **Card #1** David, who has autism, wants to practice with you his lines for the talent show. He loses interests in less than 2 minutes. What is he feeling? What can you say or do to get him back on task?
- **Card #2** The individual you are caring for periodically shouts loudly. What may he be feeling? How can you help him to cope with his frustration? What do you do?
- **Card #3** You are assisting a camper who is getting ready to go to bed. The camper keeps crying. What may he/she be feeling? How do you console the camper and go through the bedtime routine? What are your next steps?
- **Card #4** Your camper is very unhappy and uncooperative today. It’s a gloomy, rainy day, and you think that it’s just a case of doldrums. What do you do to comfort or help him or her?
- **Card #5** The individual you are caring for is humming loudly and continuously. What is he or she feeling? What do you do?
- **Card #6** The camper you are caring for is falling asleep in his or her chair. You had planned to play a game of checkers with him or her. What might he or she be feeling? What do you say or do next?
- **Card #7** The camper has Down syndrome and continues to ask the same question over and over to you again. What is he feeling? What do you say and do?
- **Card #8** The camper you have been caring for is confused about the group’s next activity. You have been telling him over and over about the plans for the day. What do you say or do?

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Ideas and strategies to help people with disabilities to cope with their feelings.

1. Use [Feelings and Emotion Cards](#) when dealing with a person's emotions. Have them verbalize their feelings (use [Emotion Sheet](#)).
2. Types of Interventions and steps:
 - a. Consult and ask for help from the camp leader or director
 - b. Consult with the camp nurse and have them check camper's chart for the environment, communication and diet needs. Ask what the physical or emotional causes of their improper behavior might be.
 - c. Be patient; sit with the camper. A quiet presence speaks louder than words. Tell the camper: "I am here," "I'm sorry for...," "Ouch," or "Bummer," as appropriate. Show empathy.
 - d. Take camper away for a walk or hike and redirect their thoughts and ask them to share their feelings. "What feelings are stirred up when you...?" or "How are you handling your anger? sadness? hurt? or fears?"
 - e. Provide a sensory bin for the camper.

Ideas for bins:

 1. shallow cardboard box
 2. foil roasting pan
 3. small baking dish
 4. shallow Tupperware container
 5. plastic dish tub

A sensory bin encourages open-ended play and provides endless opportunities for experimenting and learning. Sensory boxes or bins are filled with a few manipulatives, such as:

 - stress balls
 - small squeeze toys
 - pinecones
 - sea shells
 - buttons
 - fake gemstones
 - pom poms
 - wooden blocks
 - books
 - feathers
 - cotton balls

(check Pinterest for more ideas)
 - f. Provide therapy or comfort dogs for the camp. Medical studies and clinical research show that a therapy dog can not only be medically beneficial (they are proven to relieve stress and lower blood pressure), but can provide a sense of comfort, confidence, and companionship.

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This **Outdoor Ministry Training Manual** is intended to be supplemented by the following downloads available at voiceofcare.org:

- [Outdoor Ministry Training Schedule](#)
- [Bible Study](#) (also available on [video](#))
- [Disability Awareness Activity Stations:](#)
 - ✓ [Sight Impairment Station \(White Cane Course\)](#)
 - [making your own white cane](#)
 - ✓ [Wheelchair Obstacle Course](#)
 - ✓ [Manual Dexterity Station](#)
- ["People First" Language](#)
- [Proper Wheelchair Etiquette](#)
- [Sighted Guide Techniques Help You Help Others](#)
- [Feelings and Emotions Cards](#)
- [Emotion Sheet](#)