



Overview on Different Disabilities

- Different types of disability



Types of Disability (and Facilitating These in your Sessions)

By the end of this training , you should have an understanding of a range of disabilities and ways to facilitate these within your session

We will cover:

- Autism
- Intellectual Disability/Learning Disability
- ADHD
- Amputation
- Cerebral Palsy
- Hearing Impairment
- Vision Impairment
- Manual Wheelchair User



Autism

Autism is a lifelong condition that affects how a person communicates and interacts with others. It also affects how a person makes sense of the world around them.

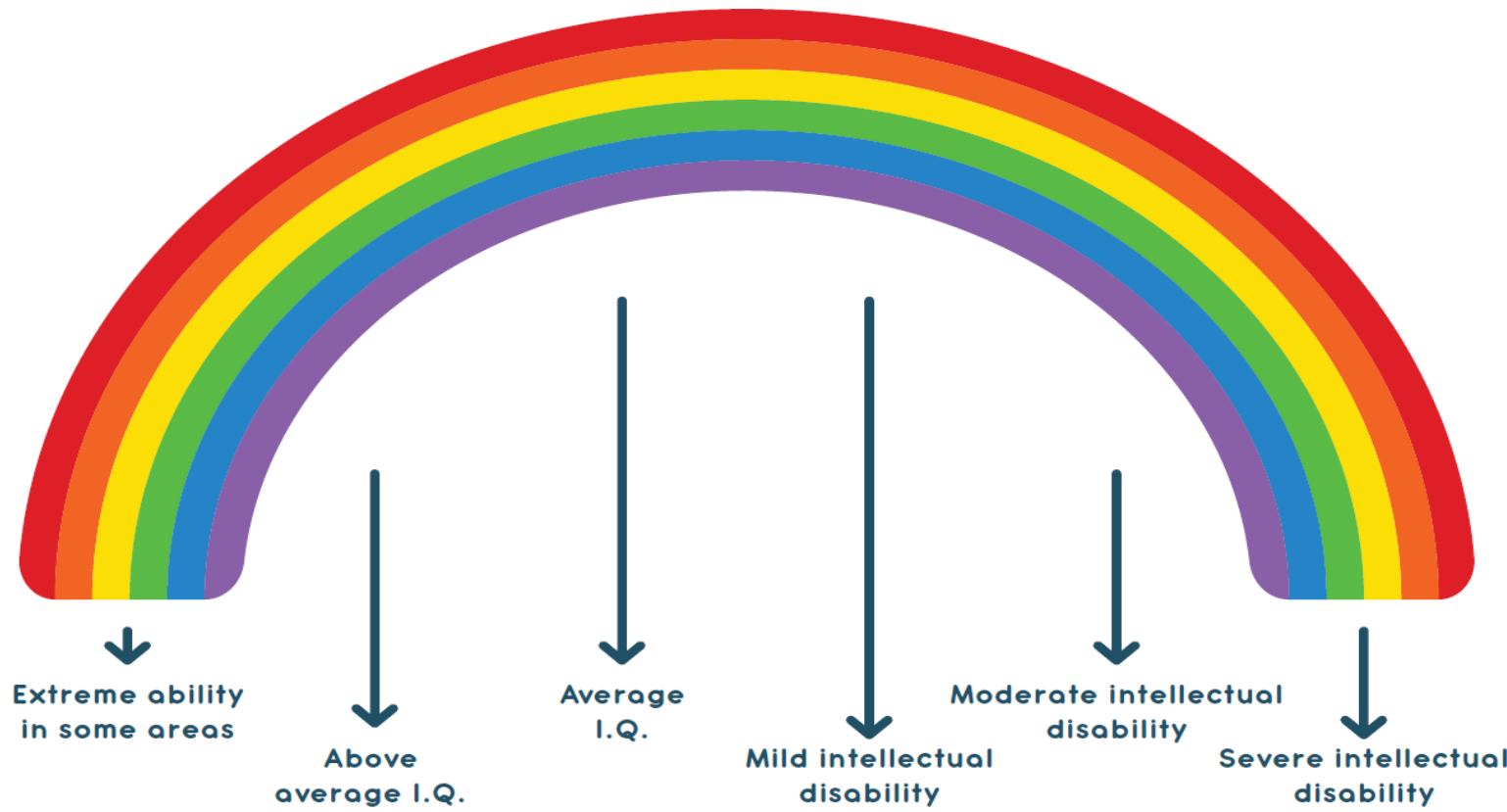
Autism is much more common than many people think, affecting 1 in 65 people in Ireland and 1 in 100 in the UK. Autism can be a hidden disability – you can't always tell if someone has autism.

Some of the strong qualities a person with autism can bring to the team are loyalty, dedication, new way of thinking, and seeing things from a different perspective.



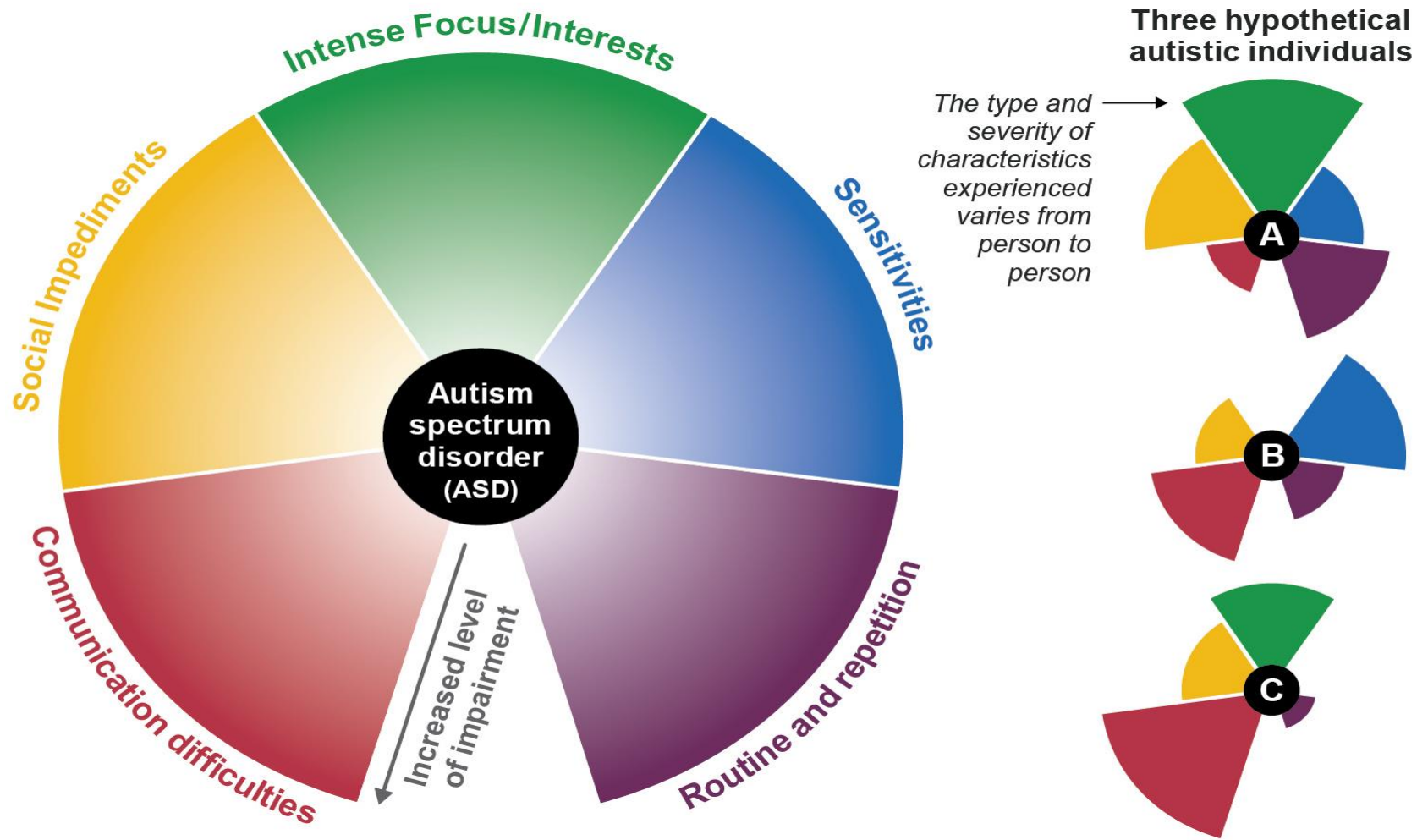
Autism Spectrum

We often hear about the idea of autism being a spectrum. Often we oversimplify this idea, thinking that someone is very autistic or someone is a little bit autistic.



Autism Spectrum Disorder (ASD)

Of course, the reality is a much more diverse, broad ranging spectrum:



Autism and Social Communication

Most of us are good at being social – we probably never stop to think about all the complicated social messages that our brains process automatically. For example, we look at a face and recognise complicated feelings from it.

We guess people's intentions in an instant and we understand without thinking about it, and without anyone telling us (e.g., how close to stand to other people).

What if we had to consciously think about all this social stuff? How exhausting it would be, and would we have the capacity to think about anything else?... That's what it can be like for a person with autism and, as a result, some people with autism can find social situations difficult.



Implications of Difficulties with Social Communication

- Not understanding or misinterpreting unwritten social rules
- Appearing to be insensitive because they have not recognised how someone is feeling
- Preferring to spend time alone
- Being aloof, distant or uninterested in others
- Not seeking comfort from other people
- Appearing to behave strangely or inappropriately, as they are not always able to express feelings, emotions or needs
- Not speaking, unusual use of language, echolalia, making up words, pronoun reversal
- Not understanding or misinterpreting jokes or sarcasm
- Not understanding or misinterpreting common phrases or sayings



Restricted Interest and Repetitive Behaviours

Most of us are able to understand that one situation is like another situation that we are familiar with and can use this to make sense of the world. People with autism often find this much harder and they can be much more resistant to change.

Some people with autism may have difficulties with the following areas:

- Being able to understand and interpret other people's thoughts, feelings and actions
- Predicting what will happen next, or what could happen
- Understanding the concept of danger
- Engaging in imaginative play and activities
- Preparing for change and planning for the future
- Coping in new or unfamiliar situations



Intellectual/Learning Disability

The World Health Organisation (WHO) defines intellectual disability as “the significantly reduced ability to understand new or complex information and to learn and apply new skills (impaired intelligence). This results in a reduced ability to cope independently (impaired social functioning), and begins before adulthood, with a lasting effect on development.”

Learning disability, simply put, means having a lower-than-normal IQ.



Types of Intellectual/Learning Disability

There are a wide range of types of intellectual disabilities, such as Fragile X Syndrome, Down Syndrome, Williams Syndrome, Fetal Alcohol Syndrome, Prader-Willi.

It is important to note that conditions such as Autism and Asperger's Syndrome are a spectrum. This means that some people who have one of these conditions may or may not have an intellectual disability. It will depend where on the spectrum that they sit.



General Characteristics of Intellectual Disability

People with an intellectual disability tend to take longer to learn and may need support to develop new skills, understand complex information, and interact with other people.

The level of support an individual needs depends on specific factors.

Some other general characteristics of people with an intellectual disability may include:

- Muscle laxity
- Hypermobility at the joints
- Wandering attention



Atlanto-Axial Instability (AAI)

People with Down Syndrome are more prone to neck instability, called Atlantoaxial Instability.

Approximately 15% of people with Down Syndrome, over their lifetime, will develop this neck instability. It is important for a coach to make themselves aware if a participant has this and make the required adaptations to their session and activities to avoid injury.



Attention-Deficit/Hyperactivity Disorder (ADHD)

A person with ADHD has differences in brain development and brain activity that affect attention, the ability to sit still, and self-control.

It is important to remember that ADHD exists on a spectrum of severity (mild/moderate/severe). This means that ADHD symptoms (i.e., hyperactivity, impulsivity, and/or inattention) are not exactly the same in every person.

As with anything else, no two people with ADHD are exactly the same and everyone experiences ADHD in their own way.



People with ADHD

Things you see may include:

Inattention – easily distracted, difficulty following through on instructions

Impulsivity – difficulty awaiting turns, interrupting conversations or instructions, blurting out answers to questions before they are completed and intruding in other games

Hyperactivity – difficulty remaining seated, fidgeting with hands and feet, shifting from one uncompleted task to another and difficulty playing quietly

Other Frequent Features – difficulty coping with peers, engaging in dangerous activities without thinking about the consequences, high pain threshold, can be immature/clumsy



Amputation

An amputation can be congenital or the surgical removal of part of the body, such as an arm or a leg, as a result of trauma, medical illness or surgery. Congenital amputation is birth without a limb or limbs, or without a part of a limb or limbs

It is important to understand that no two people with amputations are affected in the same way. Some amputees can function as well as any person without a disability, while others may be severely impaired.

Prosthetic limbs mimic real limbs in a more simplistic way. The coaching techniques you normally use are a good place to start, but you might have to make adaptations Let the participant guide you on what works best for them, as more often than not, they will be very familiar with what works for them, what causes discomfort, necessary adaptations etc.



Coaching Someone with an Amputation

- Some of the less active prosthetics may restrict performance, feeling heavy and slow, but will still allow the individual to do a degree of exercise. Encourage the individual to speak to their prosthetist
- Find out what the participant can do, or what may be preventing them from taking part (e.g. self-confidence, socket fit, pain, and technology)
- Consider their balance, coordination and strength as a starting point before introducing any sport-specific technical modelling.
- A user should be aware that they can exercise on practically any type of prosthesis and do not necessarily need a blade.



Cerebral Palsy (CP)

Cerebral Palsy (CP) is a lifelong condition that affects body movement and muscle coordination. It is caused by damage to one of the parts of the developing brain which controls and organises a person's movement and posture.

The damage to the developing brain can happen before, during or after birth and is usually diagnosed before the age of three.

CP will affect a person's coordination, tone and strength of muscle action.

It is non-progressive condition

CP does not necessarily affect intelligence, though some people might have an intellectual disability.



Forms of Cerebral Palsy (CP)

There are four major types of Cerebral Palsy:

- Spastic Cerebral Palsy
- Athetoid Cerebral Palsy
- Ataxic Cerebral Palsy
- Mixed forms



Vision Impairment

Vision impairment is a term used to describe any kind of vision loss, that impacts on a person's ability to carry out activities of daily living. Some people cannot see at all or some have partial vision loss.

Coaching people with vision impairments can provide many challenges as every person will have varying levels of sight.



Forms of Vision Impairment:

- Partially Sighted
- Low Vision
- Registered as Blind
- Totally Blind

If somebody is 6/60 (Registered Blind in Ireland), they need to be at 6m to see what you can see at 60m.



Including People with Vision Impairments

- Communication is key when coaching people with a vision impairment.
- Talk to the participant prior to the session, to understand their sight level and personal support needs.
- Use the individual's name to get their attention.
- Allow adequate time for the participant to orientate the environment and equipment, prior to the session and throughout.
- Always begin teaching any new skill or technique with verbal descriptions (try to paint a picture in participants mind) before moving on with the activity.
- Always ask if physical contact is wanted with a guide.
- Offer support instead of grabbing, pushing or pulling participant
- Use continued verbal descriptions – if possible, you, as the coach, should picture the skill and describe it as accurately as possible; communication and patience are key.
- Ensure a quiet learning environment so the participant is able to interpret, locate and identify different sounds.



Hearing Impairment

Hearing Impairment means that a person has a limited ability to hear sounds. It is a communication difficulty rather than merely a loss of sound perception.

Congenital deafness affects all aspects of a child's development; cognitive, emotional, social and educational.

Hearing loss affects volume (loudness) and frequency (pitch).

Adults who become deaf (deafened) do not rely on hearing alone to communicate.

The terms mild, moderate, severe and profound describe the extent of deafness.



Including People who are Deaf or Hard of Hearing

- Suggest the person be at the front of the group when communicating plans or instructions, or, as the coach in the activity, move to a position where he/she is in front of you. Convey this message at the beginning of the session rather than bringing the person to the front at the beginning of each demonstration. Make sure you are in front of, or fairly close to (approx. 3-6 ft), and on the same level as the person who is deaf or hard of hearing
- Keep background noise to a minimum. Hearing aids are not selective in sounds they amplify, therefore, background noises will be amplified as much as your voice.
- Speak clearly and do not exaggerate lip movements. If you are a fast speaker, you might find that maintaining a normal rhythm of speech could help.
- Position yourself with your face to the light – Light sources make lip-reading difficult. Face the person when speaking and do not cover your mouth with your hand, paper or a pen. Do not chew gum or eat.
- Ensure the person is paying attention before you begin to communicate instructions. Attract their attention before speaking to them or else they may not realise you are talking to them. A tap on the shoulder or a wave is acceptable
- The deaf community will use a raised doublehanded wave to show the same appreciation, so use both methods for a mixed group.



Wheelchair Users

People use manual wheelchairs for different reasons:

- Congenital (present from birth) (e.g. Spina Bifida)
- Acquired (e.g. Spinal Cord Injury, Stroke, Cerebral Palsy, etc.)
- Some people use a manual wheelchair full time, whereas others use it part time or for particular activities/journeys, etc.
- Don't assume the person can't understand you, can't hear you or needs your help. Try instead to view wheelchair users as what they are – people who happen to be using a different tool to get around.
- Never touch a wheelchair or wheelchair user without a direct invitation to do so. It is both demeaning and rude. Most wheelchair users consider their wheelchair an extension of their own body, so avoid leaning on, pushing or otherwise handling their chair without their explicit permission.



Wheelchair Users

- If participants are not using a sports wheelchair, they may not have an anti-tip system fitted to their chair. If this is an option on their chair, ensure it is fitted. If no anti-tip is fitted, it may be appropriate to reduce the risk of the chair tipping back during an activity (e.g. by reducing speed and quick turns) as this may cause injuries
- Check participants' range of movement; they may, for example, find it difficult to raise their arms above their head
- There may be a decrease in a participant's range of movement due to, for example, a rod in the spine/spinal fusion
- There is the potential for damage such as cuts and bruises due to poor or no sensation

