



Environmental Traveling Companions



Inclusion Training Manual

May 19-20, 2018



Environmental Traveling Companions
Inclusion Training
May 19 - May 20, 2018

SATURDAY

7:30 AM	Breakfast (optional) <i>Breakfast will be available until 8:30 AM only</i>
8:30 AM	Registration / Trainees Sign Up for Workshops
9:00 AM	Overview and Introductions
10:00 AM	Small Group Discussion #1
11:00 AM	Small Group Discussion #2
12:00 PM	Lunch
1:00 PM	Human Guide and Debrief
2:15 PM	Small Group Discussion #3
3:15 PM	Assign Simulated Disabilities Farewell and Thanks to Departing Presenters Break
4:30 PM	Dinner Prep Evening Group Puts on Simulated Disabilities Free Time/Adaptive Cooking
5:30 PM	Dinner
6:30-8:30 PM	Adaptive Games/Activities
10:00 PM	Quiet Time

SUNDAY

- 7:00 AM Breakfast Prep
Morning Group Puts On Simulated Disabilities
- 8:00 AM Breakfast
- 8:45 AM Debrief Simulated Disabilities
Disability Panel Discussion
- 9:45 AM Working with Youth Part 1:
Introduction to Cultural Relevancy
- 11:45 AM Break
- 12:00 AM Lunch
- 1:00 PM Working with Youth Part 2:
Conflict Management, Behavior Support, and Scenario
Practice
- 3:00 PM Debrief in Training Groups and Clean Camp
- 4:00 PM Good Bye

ETC Inclusion Training Manual

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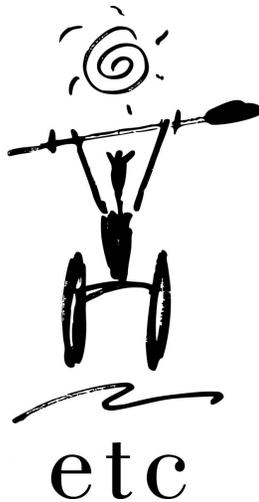
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I. Introduction to Inclusion Training

Welcome to Inclusion Training 2018! We are thrilled you are here and are excited to spend the weekend developing a greater understanding about the populations ETC serves. This training will help you feel more comfortable and confident adapting trip activities to individuals with varying ability levels and from highly diverse and underserved backgrounds. We are truly grateful for your support, time, and help in continuing to open the beauty and challenge of the great outdoors to more people every year. Thanks for joining us!

ETC's mission is to *make the joy and challenge of outdoor adventure accessible to people with disabilities and under-resourced youth, inspiring self-confidence, connection to nature, and stewardship of the environment.* Being inclusive in our interactions with the people that come on our trips is of paramount importance to achieving this mission.

This manual is for you to use as a resource as you create an exciting and fun environment for ETC participants. This manual provides general guidelines and can be used as a reference when preparing to work with different participant populations. The information provided is often general, so we encourage further research and learning that will more specifically inform your work as a guide with ETC. The training will provide trainees with methods for adapting activities to people of all ability levels, and will help volunteers and staff to develop the sensitivity required to work with highly diverse populations.



II. Attitudinal Barriers to Working with People with Disabilities

“Attitude is a little thing that makes a big difference.”

-Winston Churchill

People with disabilities face many barriers everyday—from physical obstacles in buildings to systemic barriers in employment and civic programs. Yet, often, the most difficult barriers to overcome are attitudes other people carry regarding people with disabilities. Whether born from ignorance, fear, misunderstanding or hate, some attitudes keep people from appreciating—and experiencing—the full potential a person with a disability can achieve.

The most pervasive negative attitude is to focus on a person’s disability rather than on an individual’s abilities. Some people express a more insidious attitude—that society doesn’t expect people with disabilities to perform up to standard, and when people with disabilities do, they are somehow courageous. This attitude has the effect of patronizing people with disabilities, usually relegating them to low-skill jobs, setting different job standards (sometimes lower standards which tend to alienate co-workers; sometimes higher standards to prove they cannot handle a job), or expecting a worker with a disability to appreciate the opportunity to work instead of demanding equal pay, equal benefits, equal opportunity and equal access to workplace amenities.



Here are a few examples of attitudinal barriers:

- ❖ Inferiority: Some people treat a disabled individual as a “second-class citizen.”
- ❖ Pity: People feel sorry for the person with a disability, which tends to lead to patronizing attitudes. People with disabilities generally don’t want pity and charity, just equal opportunity to earn their own way and live independently.
- ❖ Hero worship: People who consider someone with a disability who lives independently or pursues a profession to be brave or “special” for overcoming a disability. But the individual has simply learned to adapt by using his or her skills and knowledge, just as everybody adapts to being tall, short, strong, fast, easy-going, bald, blond, etc.

- ❖ Ignorance: People with disabilities are often dismissed as incapable of accomplishing a task without the opportunity to display their skills.
- ❖ The Spread Effect: People assume that an individual's disability negatively affects other senses, abilities or personality traits, or that the total person is impaired. For example, many people shout at people who are blind or don't expect people using wheelchairs to have the intelligence to speak for themselves. Focusing on the person's abilities rather than his or her disability counters this type of prejudice.
- ❖ Generalizations: The other side of the Spread Effect are generalizations people form about disabilities. For example, many believe that all people who are blind are great musicians.
- ❖ Backlash: Many people believe individuals with disabilities are given unfair advantages, such as easier work requirements. The Americans with Disabilities Act (ADA) does not require special privileges for people with disabilities, just equal opportunities.
- ❖ Denial: Many disabilities are "hidden", such as learning disabilities, psychiatric disabilities, epilepsy, cancer, arthritis, and heart conditions. People tend to believe these are not bona fide disabilities needing accommodation. The ADA defines "disability" as an impairment that "substantially limits one or more of the major life activities." Accommodating "hidden" disabilities can keep valued employees on the job and open doors for new employees.
- ❖ Fear: Afraid that they will "do or say the wrong thing" around someone with a disability, many people avert their own discomfort by avoiding the individual with a disability, as if meeting a person from a different culture.

III. Basic Guidelines

People with disabilities want to be able to participate fully in society. Here are some big picture guidelines to ensure that your attitudes do not prevent that!

ASK BEFORE YOU HELP

Just because someone has a disability, don't assume he or she needs help. If the setting is accessible, people with disabilities can usually get around fine. Adults with disabilities want to be treated as independent people. Offer assistance only if the person appears to need it. A person with a disability will oftentimes communicate when they need help. And if he or she does want help, ask how before you act.

BE SENSITIVE ABOUT PHYSICAL CONTACT

Some people with disabilities depend on their arms for balance. Grabbing them, even if

your intention is to assist, could knock them off balance. Avoid patting a person on the head or touching his wheelchair, scooter or cane. People with disabilities consider their equipment part of their personal space. Unless given specific and explicit permission, do not move, play with, or use assistive devices.



THINK BEFORE YOU SPEAK

Always speak directly to the person with a disability, not to his companion, aide or sign language interpreter. Also, focus on the individual and the issue at hand rather than the person's disability. Making small talk with a person who has a disability is great; just talk to him as you would with anyone else. Respect his privacy. If you ask about his disability, he may feel like you are treating him as a disability, not as a human being. However, many people with disabilities are comfortable with questions about their disability after getting to know someone. A simple "I don't feel comfortable sharing that" by the person with a disability can set the tone if it is not something that he/she is willing to share.

DON'T MAKE ASSUMPTIONS

Remember that people with disabilities, like all people, are experts on themselves. They know what they like, what they do not like, and what they can and cannot do. Don't make decisions for them about participating in any activity. Depending on the situation, it could be a violation of the ADA to exclude people because of a presumption about their limitations. If you are uncertain about what to do, ASK. Most people would rather answer a question about protocol than be in an uncomfortable situation.

RESPOND GRACIOUSLY TO REQUESTS

When people who have disabilities ask for an accommodation, it is not a complaint. It shows they feel comfortable enough on a trip to ask for what they need. And if they get a positive response, they will probably come back again and tell their friends about their great experience.

SPEAK NORMALLY

Use a normal speaking tone and style. If someone needs you to speak in a louder voice, s/he will ask you to do so.

LEARNING FROM MISTAKES IS OKAY

As with all other etiquette issues, when mistakes are made, apologize, correct the problem, learn from the mistake, and move on.

A. Guidelines for Person-First Terminology

Language reflects and reinforces our perceptions and misperceptions of others. It can be empowering or disempowering. Often, terms used for people with disabilities perpetuate stereotypes and false ideas.

USE	AVOID
Person with a disability or physically challenged	Handicap, handicapped person, cripple(s) - the image conveyed is of a twisted, deformed body.
Person who uses a wheelchair or crutches A wheelchair user Walks with crutches	Confined/restricted to a wheelchair Wheelchair bound
Able-bodied; able to walk, see, hear, etc.	Healthy or normal. The implication is that a person with a disability is unhealthy or is not "normal" or is "abnormal."
Put the person FIRST Person who has a disability, a spinal cord injury, polio, cerebral palsy, etc. Person who had a stroke, etc.	Victim of, suffers from, stricken by, afflicted with "The disabled" Many people with disabilities do not see themselves as constant victims.
Has a disability, has a condition of (spina n bifida, etc.), or a person born without legs, a person with a severe head injury.	Defective, defect, deformed, vegetable. These words are offensive, dehumanizing, degrading and stigmatizing.
Deafness refers to a person who has total loss of hearing Hard of hearing refers to someone who communicates through speaking and speech. Many individuals that are hard of hearing use a hearing aid.	Hearing Impaired – because it focuses on the impairment. "Deaf and Dumb" is as bad as it sounds. The inability to hear or speak does not indicate intelligence.
A person who has a mental illness, person with a mental or emotional disability A person with a developmental disability A person with an intellectual disability	Mental Psycho Crazy Mentally ill Retarded
Congenital disability or birth anomaly	Birth defect
A person who is blind or visually impaired	The blind

It's okay to use idiomatic expressions when talking to people with disabilities. For example, saying, "It was good to see you," and "See you later," to a person who is blind is completely acceptable, as is saying "got to be running along" when speaking to a person with a physical disability; people with disabilities use these expressions themselves all the time.

B. Americans with Disabilities Act Overview

The Americans with Disabilities Act (ADA) was signed into law on July 26, 1990. For more information visit: www.ada.gov

The purpose of the ADA is to:

- Provide clear and comprehensive national mandate to end discrimination against individuals with disabilities
- Provide enforceable standards addressing discrimination against individuals with disabilities
- Ensure that the federal government plays a central role in enforcing these standards on behalf of individuals with disabilities.

The term disability is legally defined under the ADA as:

1. A physical or mental impairment that substantially limits one or more of a person's major life activities
2. A record of such impairment
3. Or being regarded as having an impairment

The ADA is an anti-discrimination statute that promotes equal opportunity for individuals with disabilities in regards to:

- Employment
- Public accommodations
- Transportation
- Services
- Telecommunications
- State and local government

III. Working with People with Specific Disabilities

The following information is a general overview of the different types of disabilities that some participants may have on an ETC trip. Given the diverse populations that ETC serves, this section is an outline of general guidelines that could be implemented. During each trip, Guides will use their best judgment to create an environment that empowers each participant!

A. Planning and Programming

- Safety first
- Modify activities to meet the age, ability, number of people, and interests
- Let participants do as much as they can for themselves
- Don't be over helpful - encourage independence and involve participants in trip activities
- Place emphasis on participation rather than skill level
- Provide encouragement, but do not force someone to participate in an activity
- Design activities that are realistic and allow participants to be successful, while at the same time keeping an aspect of challenge and learning
- Be prepared
- Provide variety
- Repeat instructions as necessary
- Demonstrate
- Include everyone as much as possible
- Don't impose your likes on the participants, rather follow their interests and help them aim toward their goals
- Minimize distractions (noise) and physical barriers whenever possible
- Genuinely compliment, appreciate what the person can do
- Exhibit enthusiasm
- Provide as normalized a setting as possible

B. Physical Disabilities

- **ALWAYS ASK** if you can offer assistance **BEFORE** you provide assistance.
- If your offer of assistance is accepted, ask for instructions and follow those that are given to you.
- Be aware of accessibility concerns and discuss these with individuals prior to an ETC trip. It is much better for someone to be prepared for potential challenges than be disappointed with accessibility issues.
- In general, persons with mobility impairments are not deaf, visually impaired, or cognitively impaired.

Different Types of Mobility Impairments

○ People Who Use Wheelchairs for Mobility

- A wheelchair is part of an individual's "personal space." Do not lean on it, push it, or rest your feet on it without explicit permission.
- When given permission to push a wheelchair, push slowly at first -wheelchairs can pick up momentum quickly.
- Do not pat an individual who uses a wheelchair on the back or head - it is patronizing.
- If possible, position yourself so that you are at eye level when speaking to a person using a wheelchair.



○ People Who Have Difficulty Walking

- Individuals may or may not walk with aids such as crutches, a cane, a walker, braces, artificial limbs, or holding onto someone else's arm.
- May be required to spend energy in trying to keep their balance or otherwise meet challenges of the environment as it confronts their limitations. For this reason, it can be important to provide seating during times where the rest of the group might be standing (ex. safety talk, opening circle, etc).

○ People With Upper Limb Impairments

- Our environment requires extensive and complex manipulation skills and strengths for people to function independently.
- People with upper limb impairments may have some difficulty with balance, especially when climbing stairs, or walking up inclines.

Things to consider when adapting a boat for a person with a physical disability:

Ask the individual about his or her needs. If they don't know, ask the following questions as a partial checklist. Be aware that each individual may have other important considerations.

- How much support do they need?
- How much balance do they have?
- What is the most comfortable position for them? (Sitting upright? Slightly reclined? On a soft surface? On a firm surface?) Where would they like to sit in the boat?
- Do they need to be able to see their Guide to feel more secure? Can they hear their Guide easily? (For paddle commands? For general information?)
- What are their strengths? (Is their right side stronger than the left? Which hand is



- the strongest?). Adaptations should take advantage of their strengths while respecting their weaknesses.
- Where do they need support? (Back? Right side? Left side? Both sides? Under their knees?) What kind of support? (Handles? Back rests? Side rests? Foot rests? Leverage for paddling or shifting themselves?)
 - How much padding do they need? Where do they need padding? (Ask about crucial pressure points. Butt? Heels? Feet? Elbows? Backs?)

C. Spinal Cord Injuries

Spinal cord injuries are generally caused by a traumatic event resulting in a change, either temporary or permanent, to the spinal cord. The most frequent causes of spinal cord injuries are diving and motorcycle accidents, followed by auto accidents and falls.

- Depending on the level of injury, a person is either:
 - Quadriplegic (quad = four), where all limbs are impaired or paralyzed, or
 - Paraplegic (para = two), where two limbs are affected.
- When the spinal cord is damaged or severed, sensory and motor nerves are not able to send impulses below the level of the injury. Some of the nerves that are damaged relate to loss of bladder and bowel control. See Appendix A for a functional outcome scale for spinal cord injuries
- There is little or no feeling below the injury. This means that a person feels no pain if any type of injury happens to their skin. Because of this, it leads to poor circulation, so a cut on the leg or foot may bleed profusely.
- Regulating body temperature is key! Individuals with spinal cord injuries can overheat easily.

D. Multiple Sclerosis

Multiple sclerosis is a disease of the central nervous system that disrupts the flow of information within the brain, and between the brain and the body. It is often progressive, and can be characterized by partial paralysis involving one or more limbs, visual disturbances, or heaviness of limbs.

- Most people with MS are diagnosed between the ages of 20 and 50. However, young children, teenagers, and the elderly can also develop MS.
- In its mild or early form, its symptoms may be minimal: numbness or tingling in the limbs, blurry vision, and loss of balance. In some people, these symptoms go in and out of remission, never worsening.
- In others, late or advanced forms of MS can bring exhaustion, loss of strength or coordination, or partial to complete blindness and paralysis.

- Although MS is chronic, treatments are available that can control symptoms, reduce flare-ups, and slow the progression of the disease.
- The variability in symptoms and disability level means that different participants with MS may have very different needs and may require different adaptations.
- People with MS commonly have sensitivity to heat, which reduces nerve conduction, worsens symptoms and increases fatigue. It is important that participants are kept cool and stay in the shade when possible.

E. Visual Impairments

Definitions and Background

It is important to realize that the word blind can refer to much more than just the totally blind.

- A person is said to be "legally blind" if his or her actual acuity with best correction is 20/200 (this means that they are able to see at 20 feet what a normally sighted person is able to see at 200 feet) or worse, or if his or her field of vision is less than an angle of 20 degrees.
- A person who is blind may have light perception with which they can tell if it is light or dark, or light projection with which they can see distinct shadowy shapes and silhouettes. Blindness is not necessarily total darkness.
- A low vision person can usually travel solely using their vision, but some low vision persons will use some type of assistance during the day. A little bit of mobility goes a long ways as far as allowing independent mobility.
- There are many kinds of visual impairments, each with a wide range of ability and limitation. Someone who is described as legally blind may be able to read large print and walk without mobility aids in many or all situations.
- There are also factors that may impact an individual's vision, such as fatigue. It is impossible to generalize visual impairments into one problem with one solution.
- People who have had visual impairments since birth may have skills in reading Braille and tactile orientation aids. People who have lost their sight later in life usually have visual memories of color, scale, and concepts such as reflections, that people who have been blind since birth do not have.

Etiquette Guidelines

- Do not inflict your limitations or expectations on what visually impaired persons would like or are capable of doing. Let the participants make these decisions. Give them the opportunity for success or failure and exposure to new situations, just like anyone else.
- When you are approaching a visually impaired individual or group of individuals, introduce yourself. Do not shout - a person with a visual impairment is not necessarily hearing impaired. Speak in a normal tone.

- Do not be offended if your offer to assist a visually impaired person is declined.
- Give a person with visual impairment a brief description of the surroundings. For example: "There is a table in the middle of the room, about six feet in front of you," or "There is a coffee table on the left side of the door as you enter."
- Use descriptive phrases that relate to sound, smell, and distance when guiding a visually impaired person.
- Direct your communication to the person with the visual impairment, not to his or her companion.
- Don't get hung up on using the words see, look or blind. These words are a normal part of our everyday language and blind people use them too.
- Guide dogs are working animals and should not be treated as pets. Do not give the dog instructions, play with, or touch it unless given permission. Walk on the opposite side of the person as the dog.
- Determine in what format a person with a visual impairment prefers information: Braille, large print, audiotape, etc. Do not assume what format an individual uses or prefers.
- If you are reading for a person with a visual impairment, first describe the information to be read. Use a normal speaking voice. Do not skip information unless requested to do so.
- When describing something to a group, use colors in your description. Even if someone does not have "visual memory" colors have their own emotional connotation. Yellow has a warm feeling while blues, green and browns may suggest coolness.
- If you serve food to a person who is blind, let him know where it is on the plate according to a clock orientation (12 o'clock is furthest from them, 6 o'clock is nearest).
- When you leave the room or area, don't just leave the person talking into the air. Inform them you are leaving, and ask if he or she needs anything before you leave. Leave them where they've got their bearings. Leave them in contact with something in their environment (a pole, wall, tree, fence, door). To be left out in an open space can be very disconcerting.



Considerations for Guiding

- If you are demonstrating a skill, allow the visually impaired person to hold your hands as you work. Explain clearly and in concrete terms what you are doing as you do it. Sometimes it may be best to stand behind the participant, reaching through their arms, with their hands on yours so that they can better follow your exact movements.

- When you are directing a group to move from one place to another, give clear verbal instructions such as “We are now going to turn right and up a flight of ten stairs.” When giving directions be as clear and specific as you can, don't just say something is “over there” or “just down the street.” Some people who have been blind since birth may not understand measurements such as feet, yards, miles etc. If you are unsure how to direct someone - ASK THEM. You might say something like “I'd be happy to give you directions. How should I describe things for you?”
- When you would actually be taking the person somewhere, use the technique of sighted guiding:
 - Ask the person whether they would like your assistance. After the blind person has accepted your offer of assistance, you should ask: “Would you like to take my arm?”
 - Brush your forearm against theirs so the blind person can grip your arm above the elbow. Do not clutch the person's arm, steer the individual, or take hold of his or her cane.
 - When walking with a sighted person, the blind person walks about one half a step behind the sighted person, firmly holding the sighted person's arm just above the elbow. The blind person can then feel and easily follow the guide's movements up and down, straight, left and right, etc. This technique also leaves the blind person in control of the situation as he or she can always let go of the guide, rather than being pushed through a space where the guide is holding their arm.
 - Pick a comfortable pace – you can usually walk as you normally would. If the blind person pulls your arm back or tightens their grip, you are probably traveling too fast.
 - Try to keep the person aware of changes in their surroundings. Remember to mention curbs, slopes, steps, narrow passages, doorways, etc. Let them know when they have reached the last step.
 - Children will grip the same as above, except at the wrist. Some older or disabled people may want to walk arm in arm. This offers more support than the grip.

F. Deaf and Hard of Hearing

Language Considerations

Words and labels can have a profound effect on people. Deaf and hard of hearing people feel that the words “deaf” and “hard of hearing” are not negative. Indeed, the deaf and hard of hearing community views “hearing impaired” as negative, because the label focuses on what they can't do. With this label, a standard has been set: the “hearing” standard. To be anything other than “hearing” is not acceptable to the mainstream society, and deaf and hard of hearing people have failed to meet the “standard”. Show respect for deaf and hard of hearing people by avoiding outdated and offensive terms.

What is the difference between a deaf and hard of hearing person?



The deaf and hard of hearing community is very diverse, differing greatly on the cause and degree of hearing loss, age at the onset, communication methods, and how they feel about their hearing loss. How a person “labels” themselves in terms of their hearing loss is personal and may reflect identification with the deaf community or merely how their hearing loss affects their ability to communicate. They can either be deaf, Deaf, or hard of hearing.

Definition of “d/Deaf”

Generally, the term “deaf” refers to those who are unable to hear well enough to rely on their hearing and use it as a means of processing information. Oftentimes, the lowercase deaf is used when referring to the audiological condition of not hearing, and the uppercase Deaf is used when referring to a particular group of deaf people who share a language – American Sign Language (ASL) – and a culture. We distinguish them from, for example, those who find themselves losing their hearing because of illness, trauma, or age; although these people share the condition of not hearing, they do not usually have access to the knowledge, beliefs, and practices that make up the culture of Deaf people.

Definition of hard of hearing

The term “hard of hearing” refers to those who have some hearing, are able to use it for communication purposes, and who feel reasonably comfortable doing so. “Hard of hearing” can denote a person with mild-to-moderate hearing loss. Or it can denote a deaf person who doesn’t have or want any cultural affiliation with the Deaf community. Or both.

It is important to consider the full impact that severe hearing impairments can have on the life skills and abilities of some people. The pre-lingually deaf person who has not had an opportunity to hear and understand the sounds of a spoken language usually tends to experience much difficulty in the acquisition and use of English. Even though many deaf persons are capable of achieving high levels of academic and vocational success, studies have shown that the average deaf 16 year old had developed diminished reading, writing, and arithmetic skills. Remember that each deaf person possesses a unique set of needs and abilities, and that they have to overcome barriers that can prevent him/her from making gainful use of those abilities in the area of employment.

Cochlear Implants

Within the last 20 years, cochlear implants have become a life-changing device for individuals that are hard of hearing or profoundly deaf. A cochlear implant is a small, complex electronic device that can help to provide a sense of sound to individuals with hearing impairments. An implant does not restore normal hearing. Instead, it can give a

deaf person a useful representation of sounds in the environment and help him or her to understand speech.

A few things to know about cochlear implants as a Guide:

- They are NOT waterproof
- Individuals using cochlear implants may not know sign language; therefore an interpreter is not appropriate.
- Guides should create an environment during water activities that introduces safety techniques and awareness to prevent injury or confusion amongst participants and Guides (i.e. prior to a water activity, create a safety protocol using a non-verbal sign for various safety cues).
- Make sure that if implants are required during activities off the water (i.e. overnight trips or having lunch at another beach) that they are in a waterproof case and carried with each individual in case of an emergency.

Etiquette Guidelines

- There is a wide range of hearing losses and communication methods. Follow the person's cues to find out if she prefers sign language, gesturing, writing or speaking. If you are not sure about know the individual's preferred communication method, **ASK**. If you have trouble understanding the speech of a person who is deaf or hard of hearing, let her know.
- Always look directly at a person with hearing loss, maintaining eye contact. If using an interpreter, talk directly to the person ('What would you like?'), rather than to the interpreter ('Ask her what she'd like.').
- Do not obscure your face and mouth with your hands, facial hair, or other distractions.
- When the exchange of information is complex, the most effective way to communicate with a native signer is through a qualified sign language interpreter.
- To get the attention of a person with hearing loss, call his/her name. If there is no response, you can lightly touch him/her on the arm or shoulder or try waving.
- Speak clearly and evenly. Do not exaggerate your speech. If you are asked to repeat yourself several times, try rephrasing your sentence.
- When providing information that involves a number or an address, consider alternative ways to provide it; writing, texting, or e-mailing are great ways to ensure accuracy and decrease frustration.
- If you are experiencing extreme difficulty communicating orally, ask if you can write. Avoid saying, "Oh, forget it, it is not important." Keep messages simple and direct.
- Be aware of the environment. Large and crowded rooms and hallways can be very difficult for hearing impaired persons. Bright sunlight and shadows also present barriers.
- Do not change the topic of conversation without warning. Use transitional phrases such as "Okay, now we need to discuss..."

G. Speech Impairments

- Do not ignore persons with speech impairments because of your concerns that you will not understand them.
- Do not interrupt a person with speech impairment. Speak only when you are certain that he or she has finished speaking.
- Do not attempt to rush a conversation. Plan for a conversation with a person with impaired speech to take longer.
- Face the individual and maintain eye contact. Give the conversation your full attention.
- Ask clarifying questions to ensure comprehension.
- Always address questions, comments, or concerns to the individual, not to their companion.
- Do not pretend you understand what is being said if you do not.
- Do not assume that a person with speech impairment is incapable of understanding you.
- Some people with speech impairments have difficulty with inflections. Do not make assumptions based on facial expressions or vocal inflections.
- Do not play with or try to use someone's communication device. Communication aids are considered an extension of an individual's "personal space" and should be respected as such.
- If you are having trouble communicating, ask if an individual can use an alternative method such as writing or typing.

H. Developmental / Intellectual / Cognitive Disabilities

Federal Definition of Developmental Disability

Occurs before age 21, disability will continue indefinitely, is a substantial handicap, results from mental or physical impairment or combination of both, results in substantial limitation in three or more of the following major life areas: Self care; expressive or receptive language; learning; mobility; capacity for independent living; economic self-sufficiency; or, self-direction.

Four Main Categories:

1. Intellectual Development Disorder

- Adaptive behavior not typical for age level
- Below average intelligence

2. Autism

- Occurs prior to 30 months of age
- Social development not typical for age level
- Delayed language development
- Insistence on sameness

3. Epilepsy

-Unusual brain activities due to excessive electrical discharges. Produces a variety of types of seizures

4. Cerebral Palsy

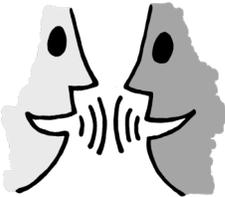
-Prenatal, perinatal, or postnatal trauma that results in damage of those parts of the brain, which control and coordinate muscles.

-Many people with CP have slurred speech and involuntary body movements. Your impulse may be to discount what they have to say, based on their appearance. Monitor your responses and interact with the person as you would with anyone else.

People with autism, epilepsy, and cerebral palsy do not necessarily have an intellectual development disorder!

General Information on People with Intellectual Development Disorders

- People with intellectual disabilities have the same emotional needs all other people do. They often use alternative methods of expression to meet those needs.
- People with intellectual disabilities often rely on routine and on the familiar to manage work and daily living. Be aware that a change in the environment or in a routine may require some attention and a period of adjustment.
- Many people with intellectual disabilities have grown up or lived many years in sheltered institutional type settings, and because of this they may display behaviors which seem odd or inappropriate to you, but given their frame of reference these behaviors are normal for them. Examples include:
 - Hoarding food or personal items
 - Unwillingness to change clothing when asked
 - General distrust



Communication is the key!!!! Take the time to find out how each person feels and do your very best to adapt to their method.

General Information on People with Autism

- Do not insist on eye contact. Eye contact can be very distracting or even uncomfortable and threatening to many autistic people.
- It is important to understand that autistic people communicate in many different ways, from spoken words to typing to gestures and sounds. Meaningful interaction with autistic people must involve respecting their manner of communication. Make sure to allow for sufficient processing time when having a conversation with or asking questions of an autistic person. Offering a text-based way to communicate is a good alternative for people who may be uncomfortable with oral speech in some or all settings.
- Bear in mind that an autistic person's tone of voice, body language, or facial expressions may not match what they intend to communicate. Do not expect an

autistic person to read nonverbal communication. When necessary, be clear and direct.

- Large groups can be over-stimulating or overwhelming for many autistic people. It can be difficult for autistic people to time their responses or understand the social nuances of large groups. Small groups in quieter settings with less non-essential sensory input can be a good option for meaningful autistic participation.
- Ask before using flash photography as it can cause sensory overload, as well as seizures in the 1/3 of autistic people who have seizures and/or epilepsy.
- It can be helpful to make sure your agenda or plans are concrete and presented in advance, then adhered to. Sudden changes and transitions are difficult for many autistic people.

Common safety issues concerning people with developmental disabilities:

On Land:

- Wandering
- Balance
- Kitchen Safety

On Water:

- Sunburn
- General non-compliance
- Communication



Some solutions to these issues might be:

- Identify persons with more intensive needs prior to engaging in any group activities. Whenever possible, get group descriptors before a group arrives.
- Have volunteers partner with participants who might wander or be at particular risk for falling. This includes daytime and in-camp activities.
- Check in with group leaders and have a plan in place for things like bed checks and bathroom trips. They may not require your help, but it is important to find out.
- Remember that many of these participants take medications that make them extremely sun sensitive. Set up several specific times during the day when the whole group will reapply sunscreen.
- If a participant is being particularly non-compliant while on the water, check in with the group leader to find out if this is “normal” behavior for that participant. Find out what is usually done when this comes up. If the behavior is not “normal” for that participant they may be frightened and unable to express it appropriately. Stop and assess the situation before proceeding. Simple things like allowing a person to sit on the floor of the raft (when safe) or moving them to an oar boat can make your whole day better. Sometimes assigning a special job like “look out” or song leader can make all the difference. You must be flexible and creative.

How to identify group needs:

- A group’s needs can be as varied as the individuals that comprise the group. Each

person in a group with developmental disabilities is as individual as you and everyone else.

- Speak extensively with staff who normally work with groups. They are your best reference to what activities might work.
- Always plan twice as many activities as you will actually have time to do. Basic rule: You will rarely give yourself enough time to get to know a group as well as you need to really assess them, so be able to switch plans without notice (or worry) as you get to know them.
- Pay attention to all members of the group (this is where volunteer partners come in handy).
- Your connection with the individuals you will be working with and your creativity makes trips successful. Remember that, as with any group, people will follow your lead. If you are having a good time, it is more than likely they will too.

Etiquette Guidelines

- Direct your communications with or regarding the person with a developmental or cognitive disability to that individual, not to their group leader.
- Treat the individual as you would anyone else. If engaging in a conversation with someone with a developmental disability, bring up the same topics of conversation as you would with anyone else such as weekend activities, vacation plans, the weather, or recent events.
- Use clear language that is concise and to the point. Avoid clichés and idiomatic usage, unless someone is clearly familiar with the terms.
- Do not talk down to a person with a developmental disability. Gauge the pace, complexity, and vocabulary of your speech according to theirs.
- Do not assume that a participant does or does not require your assistance. Always ask. Also, don't assume that someone understands you – check in about their methods of communication.
- Break complex ideas down into smaller parts by “walking through” the steps of a task or project. Let an individual perform each part of the task after you explain it.
- Assume that an adult with a developmental disability has had the same experiences as any other adult.
- When necessary, use pictures or simple photographs to identify rooms, tasks, or directions.
- All affection is not appropriate. Check with group leaders if this is an issue.
- Remember that persons with an intellectual development disorder or cognitive



disabilities are often legally competent. They can sign documents and contracts, vote, give consent to medical care, etc.

I. Chronic Illness or Chronic Pain

- Not all disabilities are apparent. Some may be hidden, but that does not make them any less real. Chronic pain or illness can impact an individual's life in various ways.
- Anyone dealing with chronic illness and/or chronic pain is always somewhere in their grief cycle.
- Cultural implication: In a culture that values independence, action, youth, and "perfect health," someone with chronic illness and/or chronic pain can be relegated to the shadow realm.
- People with HIV or AIDS have compromised immune systems and can be at increased risk of picking up infections. It's important for us to have high across-the-board hygiene standards.
- You cannot contract HIV from casual contact such as shaking hands, so don't be afraid of touching or being touched by a person with AIDS.
- As Guides there is nothing we can do to "fix" the situation.
- What we *can* do is bring the gift of our presence and respond with an open heart. We can do this by:
 - Building and creating an alliance of safety by listening, following the participant's lead, mirroring, and empathy.
 - Recognizing that we are Guides, not healers; the client has their own map of healing within them.
 - Modeling and encouraging acceptance, curiosity and inquiry
 - Remember that nature heals, not our efforts

J. People With Traumatic (or Acquired) Brain Injury

People with traumatic brain injury have had damage to the brain, usually as the result of trauma, such as an accident or stroke.

- People with brain injury may have a loss of muscle control or mobility that is not obvious. For example, a person may not be able to sign her name, even though she can move her hand.
- A person with a brain injury may have poor impulse control. The person may make inappropriate comments and may not understand social cues or "get" indications that she has offended someone. In her frustration to understand, or to get her own ideas across, s/he may seem pushy. All of these behaviors arise as a result of the injury.
- A person with a brain injury may be unable to follow directions due to poor short-term memory or poor directional orientation. S/he may ask to be accompanied, or

- s/he may use a guide dog for orientation, although s/he does not appear to be mobility impaired.
- If you are not sure that the person understands you, ask if s/he would like you to write down what you were saying.
 - The person may have trouble concentrating or organizing his/her thoughts, especially in an over-stimulating environment. Be patient. You might suggest going somewhere with fewer distractions.

K. Psychiatric Disabilities

- Treat people with psychiatric disabilities as individuals. Do not make assumptions based on experiences you have had with other people with psychiatric disabilities.
- Do not assume that people with psychiatric disabilities:
 - Necessarily need any extra assistance or different treatment
 - Are more likely to be violent than people without psychiatric disabilities; this is a myth
 - Take medication or should take medication
 - Are not capable of signing contracts or giving consent for medical treatment – many are legally competent
 - Also have cognitive disabilities or are less intelligent than the general population.
 - Are not capable of working in a wide variety of jobs that require a wide range of skills and abilities.
 - Do not know what is best for them, or have poor judgment
- Stress can affect the person's ability to function. Try to keep the pressure of the situation to a minimum.
- If someone with a psychiatric disability gets upset, ask calmly if there is anything you can do to help and then respect his or her wishes.
- Do not assume that a person with a psychiatric disability is unable to cope with stress.
- Maintain confidentiality, only discussing the person's condition with others when it is important for the safe execution of the trip.

L. Diabetes

Two types of diabetes:

- **Type 1 Diabetes** A person with Type 1 diabetes is insulin dependent and requires periodic injections of insulin to regulate their body's blood sugar. Individuals can typically administer insulin injections themselves (in some cases a person might have an insulin pump which administers insulin automatically). As ETC Guides we should never administer insulin. Activities with increased physical exertion often make regulating blood sugar more difficult. For this reason it is important for individuals to regularly check their blood sugar levels

- to ensure it is not too high or too low.
- **Type 2 Diabetes** Type 2 Diabetes is a chronic disease and often onsets in adulthood. Type 2 diabetes is often regulated by diet and regular medications (not insulin).
 - What exactly is a reaction?
 - It is when blood sugars fall below the normal range (normal range being 80-120 mg/dl). This triggers a stress reaction that puts out adrenaline hormones, which cause rapid heart rate, nervous feelings and sweating. If the condition continues, a person could lose consciousness.
 - Here are some symptoms of a person experiencing an insulin reaction:
 - A **mild reaction**: tiredness or weakness, hunger, sweatiness, chills, cold hands, increased pulse rate, shakiness (or shaky feeling), dizziness, lightheadedness, headache, pallor, difficulty getting to sleep.
 - A **moderate reaction**: An increase in any of the above, anxiety, confusion, anger, unclear thinking, loss of emotional control, strange behavior, poor coordination, speech difficulties, blurred, spotty or double vision.
 - A **severe reaction**: stupor, loss of consciousness, convulsions. However, some diabetics do not experience the usual reaction symptoms. Some people may have a blood sugar drop and there may be little or no warning signs.



Photo Credit: Adriana Basques

V. Youth Development Guidelines

A. ETC Youth LEAD Philosophy

Introduction and Mission

ETC's Youth LEAD Program emphasizes growth and providing opportunities for participants to become leaders in the programs they once participated. ETC Youth LEAD follows a YOUTH DEVELOPMENT approach that builds on youth's assets and their potential.

The Key Principles of Youth Development are:

- **Physical & Emotional Safety: To experience clear structures and boundaries**
- **Relationship Building: To feel connected that healthy risk taking and conflict resolution is possible**
- **Meaningful Participation: To feel empowered by providing input, making decisions, and holding leadership roles**
- **Skill Building: To develop the skills to connect, navigate, and build relationships with others**
- **Community Involvement: To have the experience of impacting the community or environment in a positive way.**

As a guide, you are a mentor to youth. If you need help, don't be afraid to ask. The following are keys to a successful mentorship.

- Be encouraging and supportive
- Have high and realistic expectations
- Be specific in directions
- Provide resources to get the job done
- Reward hard work and growth
- Check in regularly
- Provide feedback on what they do well, as much as what they can improve upon
- Role model and ask them to do only what you are also willing to do

For support and guidance, check in with our Youth Leadership staff. They have a lot of experience working with young people and can help you set up systems and give you advice with any issues that might arise.

Multicultural Environmental Education Principles

The following principles reflect the Youth LEAD approach to creating an environment that is inclusive through its interpretation, membership, and its leadership, dismantling systems that support marginalization, discrimination, and oppression.

- A. Be grounded in the lives of youth by making connections to their neighborhoods, home culture and generational trends
- B. Create safe spaces for participants and leaders to learn through dialogue by listening to, responding and incorporating youth and community driven opinion and ideas
- C. Support youth in examining their own behavior and beliefs without judgment
- D. Embrace and recognize the value of students' home languages
- E. Critique and challenge mainstream perspectives and knowledge that has historically been the meta-narrative of the times
- F. Offer multiple perspectives and honor the voices and perspectives of those represented in the stories we tell
- G. Build skills so that youth can engage in real social, political and environmental issues
- H. Explore past and current social, economic and cultural institutions that contribute to inequality
- I. Be rooted in movements to uplift and empower the oppressed, and promote organizations and local people that contribute to social, economic and environmental justice

Building a Strong Community: Respect, Friendship and Kindness

We respect that there are different ways people experience the world and strive to create a safe environment where people are free to express themselves and are not subject to intolerant language and behavior. Your job as a guide is to create this space by building a strong community and creating a culture of:

- **RESPECT**
- **FRIENDSHIP**
- **KINDNESS**

These values should be conveyed to all participants involved in ETC programs and serve as a tool in establishing a cooperative learning environment and resolving conflict. When everyone demonstrates a respect for self, others and the environment, and acts in ways that promote friendship and kindness, ETC can be a fun, positive, and safe space to learn and grow.

B. Child and Adolescent Development

Each youth is an individual with a unique personality and special interests, likes and dislikes. In general, there is a series of developmental tasks that everyone faces during their growing years. Being aware of these developmental stages will help you to better understand, mentor, and guide young people to become healthy and productive adults.

KEY FEATURES IN ADOLESCENT GROWTH AND DEVELOPMENT		
AGES	PHYSICAL	EMOTIONAL
<div style="background-color: #e0f0e0; padding: 5px; text-align: center; color: #008080; font-weight: bold;">10-14</div> 	<ul style="list-style-type: none"> • Body fat increases (girls) • Breasts begin to enlarge (girls) • Menstrual periods begin (girls) • Hips widen (girls) • Testicles and penis grow larger (boys) • Voice deepens (boys) • Breasts can get tender (girls and boys) • Height and weight increases (girls and boys) • Skin and hair become oilier, pimples may appear (girls and boys) • Appetite may increase (girls and boys) • Body hair grows (girls and boys) • Hormonal levels change (girls and boys) • Brain develops (girls and boys) 	<ul style="list-style-type: none"> • Sense of identity develops • May feel awkward or strange about themselves and their bodies • Focus on self increases • Ability to use speech to express feelings improves • Close friendships gain importance • Realization grows that parents are not perfect, have faults • Overt affection toward parents declines • Occasional rudeness with parents occurs • Complaints that parents interfere with independence increase • Friends and peers influence clothing styles and interests • Childish behavior may return, particularly at times of stress
<div style="background-color: #e0f0e0; padding: 5px; text-align: center; color: #008080; font-weight: bold;">15-19</div> 	<ul style="list-style-type: none"> • Girls usually reach full physical development • Boys reach close to full physical development • Voice continues to lower (boys) • Facial hair appears (boys) • Weight and height gain continue (boys) • Eating habits can become sporadic—skipping meals, late-night eating (girls and boys) 	<ul style="list-style-type: none"> • Independent functioning increases • Firmer and more cohesive sense of personal identity develops • Examination of inner experiences becomes more important and may include writing a blog or diary • Ability for delayed gratification and compromise increases • Ability to think ideas through increases • Engagement with parents declines • Peer relationships remain important • Emotional steadiness increases • Social networks expand and new friendships are formed • Concern for others increases

COGNITIVE	SEXUAL	MORAL/VALUES
<ul style="list-style-type: none"> ● Interests tend to focus on the present, thoughts of the future are limited ● Intellectual interests expand and gain in importance ● Ability to do work (physical, mental, emotional) expands ● Capacity for abstract thinking increases ● Risk-taking behaviors may emerge (experimenting with tobacco, alcohol, physical risks) 	<ul style="list-style-type: none"> ● Girls develop ahead of boys ● Shyness, blushing, and modesty increases ● Showing off may increase ● Interest in privacy increases ● Interest in sex increases ● Exploration of issues and questions about sexuality and sexual orientation begins ● Concerns about physical and sexual attractiveness to others may develop ● Worries about being “normal” become common ● Short-term romantic relationships may occur 	<ul style="list-style-type: none"> ● Testing of rules and limits increases ● More consistent evidence of conscience becomes apparent ● Capacity for abstract thought develops ● Ideals develop, including selection of role models ● Questioning of moral rights and privileges increases
<ul style="list-style-type: none"> ● Interests focus on near-future and future ● More importance is placed on goals, ambitions, role in life ● Capacity for setting goals and following through increases ● Work habits become more defined ● Planning capability expands ● Ability for foresight grows ● Risk-taking behaviors may emerge (experimenting with tobacco, drugs, alcohol, reckless driving) 	<ul style="list-style-type: none"> ● Feelings of love and passion intensify ● More serious relationships develop ● Sharing of tenderness and fears with romantic partner increases ● Sense of sexual identity becomes more solid ● Capacity for affection and sensual love increases 	<ul style="list-style-type: none"> ● Interest in moral reasoning increases ● Interest in social, cultural, and family traditions expands ● Emphasis on personal dignity and self-esteem increases ● Capacity increases for useful insight <p style="font-size: small; margin-top: 20px;">CHART SOURCES: Adapted from www.aacap.org/publications/factsfam/develop.htm, American Academy of Child and Adolescent Psychiatry, <i>Normal Adolescent Development</i>, handout, 2/2005; http://www.nlm.nih.gov/medlineplus/ency/article/02003.htm.</p>

C. Creating Structure

Structure means the format of the different components of your trip, the way you begin, what you do throughout, how you do all the transitions and how you end. It includes the agreements you set out with participants, the signals you use to gain attention, and the consistency in which you manage behavior. Being prepared with all of these elements is the foundation to get you started.

SOME TIPS:

- **Know the flow of the day-** Make sure all you know the plan for the day.
- **Be Flexible-** Demonstrate flexibility in changing plans that are not working or adapting to different needs of the group or taking the time to debrief a situation that occurred.
- **Anticipate-** Are the participants not used to being in nature? Scared of bugs? Not wanting to get their special shoes wet? Nervous? Are they hungry? Feeling left out? Try to anticipate the participants' feelings before they act out. Every youth has needs, and their behavior will sometimes give you clues as to what those needs are.
- **Emergency Plans-** Know what to do in an emergency

Establishing Group Agreements

We want everyone to feel **respected**, be **kind** to one another and develop **friendships**. In order to create this culture, groups need to agree to rules, resolution and consequences for breaking rules. For memory and ease, establish NO MORE THAN 5 AGREEMENTS. Be sure you know the agreements, explain it to your participants, and refer to it when resolving conflicts.

The Five Finger Agreement

Thumb: Agreement to work towards the group goals and Be Positive

Pointer Finger: Take responsibility instead of pointing blame

Middle Finger: Awareness of put-downs, being positive

Ring Finger: Commitment- Willingness to let things go and not hold grudges

Pinky Finger: Safety - the smallest and most vulnerable finger

Other Group Agreements Suggestions

- **Attentive Listening-** We listen with our eyes, ears, and heart to hear the feelings behind people's words. One person speaks at a time and we raise our hands when we want to contribute.
 - **Put Ups Not Put Downs-** A put down is a negative behavior that causes another person to feel sad, hurt, or angry. Instead of put downs, we give props or appreciations. An example of an appreciation is; "I really appreciated it when you helped me", or "I really like the way you colored your picture", etc.
 - **Right To Pass-** When you are asked to share your feelings or personal information, you have the right to pass. This means that you may choose not to share by simply saying "I pass". However, when we are playing a game or having a group activity, the *right to pass* turns into the *right to participate* and everyone should join in the fun!
 - **Mutual Respect-** We describe respect as treating others the way that you want to be treated. It is important to respect people, but we must also respect plants, animals, and property.
-

If you follow these rules:

- ◆ You'll have a great program
- ◆ You'll be safe
- ◆ You'll enjoy all the wonderful activities we have planned

Setting Limits:

Why should you set limits?

- Youth need boundaries; they need order in their lives; they need to know cause and effect
- Youth are in the process of growing up. All are growing towards maturity but at different rates. Structures help to keep these variations in check.
- Working with youth can be challenging; limits help to make things easier for you and for them.

As a youth begins to trust you, they will begin to test the limits you have set. Being firm with what is acceptable behavior will be especially reassuring to participants who are victims to bullying and other aggressive behavior by others. Youth want to know that you care about them so much that you will hold those boundaries firm to keep them safe. Stick to the limits and boundaries you set with your group and emphasize that the rules apply to EVERYBODY.

Using space

Limits and boundaries extend to the physical environment as well. Knowing your space and using it well will help you to maintain an organized group and lessen the need for disciplinary actions. We are all affected by our surroundings and need to create spaces that are conducive to growing and learning. Before leading a game or activity ask yourself:

- Where is this activity best done?
- Do I have enough room for everyone to be safe?
- Is there any obstacles or dangers I need to change or be aware of?
- How will the noise level of the surrounding environment affect participants?
- How is the weather affecting participants? In which direction is the sun facing?
- What arrangement will work best for the activity? (circle, semi-circle, rows, small groups, lines, sitting on the ground, standing etc.

Often times, we may not have a choice as to where participants are learning so how can you help students best adapt to their environment?

Attention Getters

What are ways that you get the participants attention, INSTEAD of yelling? If everyone in your group knows the signals you use to get their attention, it will be quick and easy to silence a room and have students focus their attention on instruction. It can also be really

fun and a way for your team to bond if using their own unique way of coming together. Sample attention getters include:

Rhythm

If you can hear my voice clap once, if you can hear my voice clap twice”
Make a specific clapping rhythm and when they hear they do the same

Hand sign or Motion

Putting up the quiet coyote sign

Common Call or Language

Say “1-2-3 Eyes on me”

Call and Response

When participants hear you shout “E-T”, they shout “C!”

When participants hear you say “And a hush fell over the room” they say “hush”

Decide on an animal noise that everyone knows, when you make the noise they must call back and be quiet

Shock value:

Yell out “food” or “bear”, something that will stop them in their tracks

Transitions

Transitions can be the most stressful part of the day for young participants. Help to make your transitions smooth by acknowledging this and letting them know what’s next. Plan ways to keep them occupied through the transitions and use this time to **reinforce learning, get to know students better, and have fun**. These activities are geared for younger children, but can be adapted for an older age.

Arrival and Departure

- Acknowledge the arrival and departure of every participant and parent
- Always say “Good Morning” and “Goodbye”

Clean-Up Time

- Make clean-up a game or sing a song
- Use positive reinforcement to encourage participants to help

Ending an Activity or Getting Quiet

- Give directions with sign language
- Lower your voice or whisper
- Give a quiet sign or signal
- Count backwards from 10
- Sit or stand in a circle

D. Building Rapport

Building rapport is about establishing an unspoken appreciation between you and the youth on your trip. Rapport is built from clear structure and planning, a participatory

process in making up rules and consequences, and seeing students as unique individuals worthy of respect and it happens through your enjoyment with the work you do. There are tricks that can universally help build rapport and are unique personality driven tactics each of us individually develops. Building positive rapport allows for smooth program functioning and more creativity and fun for everyone.

Building Parent/Guardian Allies

Even if you are not able to meet parents or guardians, remember that they are your participants as well. When you excite, challenge and make a connection to their youth, you may or may not hear about it, but if you disrespect or put their youth in unsafe situations, you will definitely hear about it!

What Parents/Guardians Want You to Know

Keep my child safe:

- Make sure my child is not in physical danger
- Make sure my child is not teased or humiliated by leaders or peers
- Make sure my child is never left unattended
- Make sure my child feels included and a part of the group
- Use an appropriate tone of voice with me and my child

Be a Role Model for my child:

- Show a positive attitude and interest in my child
- Demonstrate enthusiasm about all activities and relationships
- Display appropriate behavior in dealing with anger, disappointment, valuing diversity, and showing affection
- Maintain confidentiality with issues related to my child
- Keep complaints about job, other staff, or other participants to yourself or discuss them in private

Role Modeling

The best way to demonstrate the high expectations you have for your participants is to role model that behavior. For example, if you want your group to respond enthusiastically to new ideas, you should be ready to try new plans and activities yourself. Or, if you want your group to work well together, make sure you show them how you cooperate with the other staff.

Personal Biases, Attitudes and Assumptions

Each of us brings our whole life story to our work with youth. The more we are aware of what has influenced and shaped our beliefs and values, the more unfettered and direct our teaching can be. Unchecked attitudes about social, political and cultural issues do have an

effect on our participants. Being aware of our language is one way we help show respect for each youth's background and upbringing and ensure that they feel safe and comfortable.

Some things to watch out for:

- **Speaking as if everyone has parents and a mom and/or dad.** Finding out what family situations are like for your participants is important. Today, a majority of children live in single parent households, with grandparents, guardians, older siblings, and aunts and uncles as their primary caretakers.
- **Giving more attention to boys over girls.** There is evidence that boys are called on twice as often as girls (this is often an unconscious reaction). Calling the whole group "you guys" gives a gender preference to boys.
- **Discussing lifestyle** – Participant come from a variety of backgrounds and income levels. Many do not have the funds to take "vacations", families do not own a car, and afford some of the luxuries other might. Be mindful of this even when in casual conversation.
- **Stereotyping cultures and ethnicities.** For example, making assumptions that all Latinos speak Spanish or all Chinese celebrate the Lunar New Year. We live in a diverse place and within any groups there are subgroups and "exceptions to the norm". More often than not, our participants are mixed race and come from complex backgrounds.
- **Assuming everyone is heterosexual.** Even at a young age some youth know that they have feelings toward the same sex or are questioning their sexuality. Teasing or suggesting that one participant like another participant can make them feel very uncomfortable.
- **Assuming everyone arrived eating breakfast and ready to participate.** More often than not, youth arrive without eating breakfast, may have had issues getting here on the bus or disagreement with grown up in their lives. Be very conscious of the mood in which you participant arrives, ask questions and try to empathize, and help them get in a positive mood.
- **Assuming everyone lives in a house or apartment.** We work with participants that live in shelters and have been homeless at certain points in their lives. And although some participants have homes, not every participant sleeps in a bedroom.

Responding to Negative Behavior

The first step to responding to any negative behavior is to diagnose the problem. Once you determine how serious the behavior, look toward the following approaches to best handle the negative behavior. For serious incidences a formal disciplinary approach may be needed with involvement of your ETC Staff and a parent/guardian.

Diagnosis

- Identify what behaviors occur when. For example, you notice that Johnny always fidgets and makes rude faces when you're talking or that May hits other kids when she's been reprimanded.
- If you notice participants is having an unusually difficult day, take them aside and ask them what's going on. Did you get enough sleep? Did you have a bad morning?
- If problems are general, look at your daily schedule: Are your activities interesting? Are they varied? Are there too many transitions? Do participants have enough physical activity?
- Is this a consistent behavior problem, a serious problem or a behavior that can be redirected?

Evasion

- Don't pay too much attention to negative behavior. Don't let a participant "win" by getting you to stop what you're doing and attend to them. If a minor disturbance is not affecting other participants, ignore it.
- On the other hand, respond early to disruptions. If you're talking to the whole group, stand near the participant and put your hand on their shoulder.
- Stand in between two participants that are talking and not paying attention.
- Praise the participants who are following directions: "Let's see who's ready. OK, Oren's ready. Cathy is ready. Nice lining up Riely..."
- AVOID POWER STRUGGLES!

Redirect

- Ask them to help you with a special project such as assisting you in demonstrations to the group, cleaning up, or assisting another participant.
- Calmly say what you need them to do. Try to phrase this positively. "I need you to say that in a better tone of voice." "I need you to listen to my directions."
- Offer participants clear choices: "OK, right now you have two choices, you can go with Matt to finish your bug box, or you can keep working on the leaf rubbings."

Mediation

- When you identify a behavior problem, you need to help participant replace the negative behavior with a positive one. For example: I'd like you to ask Mimi for her marker in a nicer way. Like this..." When a participant begins to demonstrate better behavior praise and reward them immediately.

- Don't threaten participants or get into a battle of wills. They will always win. Try to be empathetic. If a participant is refusing to do something, try counting or returning to choices (I know you may be tired, but you have a choice Ernesto, come stand in line with the rest of the group and participate in our next fun activity or choose not to stand in line and sit out the rest of the activities with Josh)
- If you're having an ongoing problem, work with guides to create a rewards system
- Ask a student to sit out of a game or activity if they need to calm down. After a few minutes sit down with them to discuss the situation. Ask a chaperone to assist in supervising the group if you need to step away.

Conflict Management

SOME BAD IDEAS (They don't work, they're not helpful, and some are illegal)

- Don't **ever, ever** hit, push or otherwise physically interfere with a youth
- Do not swear at, tease or insult a youth
- Do not use humiliation as a punishment
- Do not compare one youth's behavior with another's. It makes one participant feel terrible and usually makes the other kids dislike the person you're praising.
- Do not make promises you can't keep
- Try not to discipline youth in front of each other
- Do not punish a youth for crying
- Do not create a reward system that creates competitiveness or inequity among each other
- Do not threaten consequences and then not deliver
- Do not reward inappropriate behaviors
- Do not punish a youth for doing something they were never told was wrong to do.

Responding to Conflict

- **Step 1: Ground Yourself**
 - Slow Down the Knee Jerk Reaction
 - Check Your Assumptions
 - Assume Positive Intent
- **Step 2: Assess The Situation**
 - Describe-Interpret-Evaluate
 - **Describe** is objective. What you see or observe.
 - **Interpret** is subjective. What you think is happening
 - **Evaluate** is how you feel about what is happening.
 - Is It A Difference That Makes A Difference?
 - Often a cultural behavior/habit that annoys you about someone is more of a pet peeve than a characteristic that will affect trip outcomes.

- When a “difference” bothers you, ask the following questions:
 - Is it affecting productivity? (learning, group goals)
 - Is it affecting safety? (Individual, Group)
 - It is legal (ETC Policies, Local Laws)
 - If the answer is NO to all of these questions then the difference should not be viewed negatively- it should be embraced.
- **Step 3: Take Action**
 - Provide And Ask For Feedback
 - VOMP
 - **Verbalize**- Take Time to express yourself. Use “I” statements.
 - **Ownership**- “What part have I played to create this situation?”
 - **Moccasins**- “If I were in your shoes, I would have felt _____”
 - **Plan**- What are we going to do moving forward.
 - Listen with Ting
 - “TING” is the Chinese word meaning “Listen”- it describes a very complete way of listening so that your total focus is on the speaker. Often when we are listening, we are just waiting for our turn to speak. Keep your ears in your heart.
 - How you say it:
 - Be precise, intentional, and literal in your language.
 - Be mindful of culture specific jargon you might use as a guide.
 - Avoid Idioms (“Raining cats and dogs”, “let’s blow this taco stand”)
 - Culturally insensitive word choice (“Pow Wow”, “You Guys”)
 - Be an ally:
 - Even if you are not directly impacted by an inclusion-related incident, be an ally to whomever is affected. Here are some tips to being an ally:
 - Ask Questions, and urge reflection: “What do you mean when you say that?” “Have you ever thought of it this way?”
 - “Ouch!” and Educate: “I’m really shocked by that statement. I need to think about that.”
 - Avoid humiliation, don’t ask them to admit wrongdoing.
 - Educate yourself on communities outside your own.
 - Welcome people outside the “norm” of your community.
 - Examine your own biases and stay open minded!

Responding to Racist, Homophobic and other pejorative language

Sometimes it is easy to chalk it up to a “youth culture” and let certain language slide, but remember that we do not tolerate any language that disrespects others or creates an unsafe environment for anyone. For example: “That’s so gay” or “You are retarded”, “You play like a girl”, are all put downs to a specific group of people.

ANYTIME YOU HEAR THIS TYPE OF LANGUAGE, MEDIATION IS NECESSARY. We do not treat racist, homophobic and other pejorative comments as regular put-downs. We DON'T however want youth to feel ostracized for making such comments. Often it is a comment they hear somewhere and do not understand its full meaning and why it is so wrong. We want ETC to be a safe place for youth to learn right from wrong and be able to feel comfortable asking questions and learning from their mistakes. Here are some helpful steps when in a situation where a youth makes a pejorative statement toward another youth or make a stereotyping or judgment about a group of people.

Steps to confronting racism, homophobia and other pejorative language

1. **Repeat** what they said, "I heard you say you think all homeless people are lazy. Ask why they believe that. "Why do you believe that to be true?"
2. **Break the assumption.** "I don't believe that to be true. The economy is really tough right now and I know a lot of hard working people that have lost their jobs and homes because their company has laid off workers. Sometimes people have mental illnesses that also prevent them from holding a stable job. To say all homeless people are lazy is not true"
3. **Reinforce ETC's values.** At ETC, we believe everyone deserves respect, kindness and friendship.

E. Special Circumstances and Needs

Youth with Mental and Emotional Needs

Unlike basic physical needs of food, sleep and shelter, a youth's mental and emotional needs may not be obvious. This makes it all the more essential for leaders to acknowledge that a youth's mental and emotional health is as important as their physical health.

Ideally, a youth who is mentally and emotionally stable is able to think clearly and positively, learn new skills, is self-confident, and has a healthy emotional outlook on life. They are also able to adapt to new situations easily. To develop into emotionally stable individuals, youth need unconditional love, opportunities to develop self-confidence and play with their peer group. They also need encouragement from teachers and caretakers, a safe and secure living environment and appropriate guidance and discipline. Participants that do not receive these things are more likely to have mental and emotional problems.

Even youth that receive lots of love and support can at times be mentally or emotionally unstable. If your participant has:

- Constant anxiety and nightmares
- Repeated refusal to take part in routine activities
- Hyperactivity and fidgety behavior
- Persistent disobedience, aggression or frequent temper tantrums
- Depression, sadness or irritability

Talk to your Trip Leader or Program Manager. It may be an issue that needs to be discussed with parent/guardians. The youth may be already seeking professional help, or needs to. A plan of action then can be developed. A youth's mental and emotional health and well being cannot be ignored, for by doing so, we are failing in our most significant duty and responsibility.

Responding to Gender Identity

WE RESPECT GENDER IDENTITY CHOICES. For instance, if a youth is biologically female and identifies as a boy, we support their choice by keeping information confidential and allowing that youth to use the restroom they feel most comfortable using. If issues arise with the group, a conversation about the difference between sex and gender may be necessary. To clarify, sex refers to the biological and physiological characteristics you are born with and gender refers to socially constructed roles and behaviors (like girls having long hair, ears pierced, and wearing dresses and boys playing sports, having short hair and being “tough”). Does everyone follow those norms?

The use of inclusive language plays a crucial role in eliminating discrimination and avoiding exclusivity that could inhibit participants from reaching their full potential and/or having the most impactful experience possible. Inclusive language is “language that is free from words, phrases or tones that reflect prejudiced, stereotyped or discriminatory views of particular people or groups.” In all cases, it is possible to make the atmosphere more gender-inclusive and welcoming in general by refraining from making comments that reinforce gender stereotypes (“You’re strong for a girl!”) and gently correcting less-than-ideal banter or word choice. Even positive stereotyping can demonstrate the oversimplification of individual characteristics and histories and disregards diversity within participant groups. Inclusive language also includes the active avoidance of individual characteristics that are often irrelevant and not necessary to acknowledge in open group discussions.

While the use of gendered pronouns is in no way wrong, it can perpetuate a specified set of expectations about how a person must express their identity and relate to the world. Some of our participants might have a different gender identity than what we might expect from looking at them, and it is our job to make sure they feel respected and supported at all times.

As with everything at ETC, our first principle is to be “person-first.” If a participant doesn’t fit into familiar gender norms or wishes to be called something different, remember that roles are for people, not people for roles. We can support our participants by being careful not to assume anything about them, including their gender identity.

Every person will have a different preference as far as how they would like to be referred to: some are fine with “he” or “she,” even using them interchangeably, some prefer “them,” and some opt for non-traditional pronouns. Still others prefer no pronouns at all and would rather simply be always called by their name.

Don’t let the multitude of choices overwhelm you; the only hard-and-fast rule is not to assume anything and put someone into a box right away. Typically, people who have nontraditional pronoun preferences will let you know when they introduce themselves. If you aren’t sure, you can always ask. It might feel awkward at first, but the person will most likely appreciate your respect for their preferences. If you make a mistake, apologize, learn, and move on.

If you are working with a group that might have sensitivity to language around binary gender language, here are some other tips:

-If it suits the group, consider including preferred pronouns in the introduction to set an inclusive tone

- Don’t divide the group by gender, and instead of referring to the group as “boys and girls” or even just “guys,” say “everyone,” or use their group’s name.
- Avoid making judgments based on appearance or your own experiences, rather, recognize the group as a complete collection of gender fabulous individuals.

Youth with Learning Disabilities

Learning disabilities affect at least 1 in 10 youth. It is believed that learning disabilities are caused by a difficulty with the nervous system that affects receiving, processing, or communicating information. Some youth with learning disabilities are also hyperactive; unable to sit still, easily distracted, and have a short attention span. Youth with learning disabilities usually have a normal range of intelligence. They try very hard to follow instructions, concentrate, and "be good" at home and in school. Yet, despite this effort, they may not master school tasks and fall behind.

Youth and adolescent psychiatrists point out that learning disabilities are treatable. If not detected and treated early, however, they can have a tragic "snowballing" effect. Some learning disabled youth misbehave in school because they would rather be seen as "bad" than "stupid."

The most frequent signals of learning disabilities, when a youth:

- has difficulty understanding and following instructions.

- has trouble remembering what someone just told him or her.
- fails to master reading, spelling, writing, and/or math skills, and thus fails
- has difficulty distinguishing right from left; difficulty identifying words or a tendency to reverse letters, words, or numbers; (for example, confusing 25 with 52, "b" with "d," or "on" with "no").
- lacks coordination in walking, sports, or small activities such as holding a pencil or tying a shoelace.
- easily loses or misplaces homework, schoolbooks, or other items.
- cannot understand the concept of time; is confused by "yesterday, today, tomorrow."

Adapted from American Academy of Children and Adolescent Psychiatry

Working with English Language Learners

Over time, many, if not a majority of participants you work with will not speak English as their native or first language. At ETC, we embrace and recognize the value of students' home languages. We also recognize that this will be challenging for you as a guide, but remember it is twice as challenging for participants. Below are some tips to helping you be more successful in working with English Language Learners.

Learn and pronounce that name correctly!

Determine which part of a newcomer's name is the given name and which is the family name. Two-part first names are common in many cultures, and may appear to be a first name and a middle name. Ask. Use both parts of a two-part name. (Asian names are given in reverse order from ours.)

Latino family names may also be two-part. Don't let your new student lose his/her name. Practice until you can say it correctly. Don't Americanize a student's name unless requested by them.

Try to learn a few new words

Join with the your mainstream students to learn a few words in your newcomer's native language. When you show your good humor about making mistakes and risking smiles and laughter, your newcomer will be more willing to risk speaking in English.

Make lessons visual and kinesthetic

Two methods of helping your English language learners (ELLs) acquire content knowledge are: Provide plenty of visual clues to meaning and assign "hands-on" tasks. Visuals include pictures, photographs, maps, and charts. Hands-on activities that help ELLs are collaborative projects such as demonstrations, experiments, timelines, and pictures with labels.

Foster social interaction

Provide a variety of activities for newcomers. They need to interact with real speakers of English. Social acceptance is a powerful motivator for learning a new language.

Give simple directions

Give clear, simple directions to ESL students. Break complex directions down into simple steps. Ask youth to retell, in their own words, what you are asking them to do before they attempt a task.

Be an active listener!

When listening to your newcomers as they learn to speak, give feedback, nods, encouragement, and praise. Give your whole attention when trying to understand the communication. Demonstrate your patience through your body language.

Focus on the positive

The more comfortable ESL newcomers feel in your group, the quicker they will be able to learn. Focus on the positive and on what your students can do. Don't dwell on all that they can't yet do. Create frequent opportunities for their success. Give lots of encouragement and praise.

Assign a buddy!

A buddy who speaks the newcomer's language is a wonderful asset at the beginning of a trip. During the adjustment phase, the buddy can explain what's going on.

Avoid drawing unwanted attention to newcomer

If you have something important to convey, speak one-on-one to the newcomer rather than in front of the group. The anxiety of being in the spotlight interferes with comprehension.

VI. Inclusion Training Trainers' Bios

- Ahmet Ustunel
- Andree Graham
- Amy Tam
- Bonnie Lewkowicz
- Carol Bracco
- Cory Walker
- Danl Ray
- Dave Patten
- Elena Van Loo
- Ivana Kirola
- Joy Dryden
- Laurie Largent
- Liz Silowitz
- Mary Taloff
- Melissa Trujillo and Jerry Bourne
- Sally Walker
- Shahne Belveal
- Steve Soesbe
- Susana Crow
- Tukey Seagraves
- Xerxes Whitney
- Yoseline Castillo



etc

Ahmet Ustunel

Occupation: Special Education Teacher

Background including information on your disability: Ahmet grew up in Turkey, and has been living in the United States for 11 years. He has been totally blind since the age of three. Outside of his work as a special education teacher, he is also a ceramic artist and potter who makes both sculptures and functional things. Ahmet loves the outdoors and especially the ocean. He won the Holman Prize in 2017, and it is supporting his goal of designing a semi-robotic kayak that will allow him to paddle solo across the Bosphorus Strait this July!

What is your involvement with ETC? Ahmet has been involved with ETC for about 10 years. He started kayaking with ETC, and he and his wife have joined us our Shared Expeditions to Baja and Elba. He has worked with youth at ETC and has been a presenter at Inclusion Training several times.

What are two pieces of advice you would offer to new ETC River or Sea Kayak Guides? Be open-minded, don't make any assumptions, and don't be afraid to ask questions. Always remember to treat people with disabilities just like you'd treat anyone else.

Andree Graham

Background including information on your disability: I grew up in France and enjoyed participating in many sports such as tennis, hiking, skiing and swimming. I was a camp counselor in Brittany and was in charge of supervising kids in the water of the Atlantic Ocean. I also did similar work in Maine USA.

As for my MS, I had fleeting reactions when playing tennis for instance: I would lose my sight in one eye and it would come back after a period of rest. Initially, this was not diagnosed in France or in California! After I gave birth to my two sons in the early 1980s, more symptoms came that led to the diagnosis of MS. Life carried on as 'normal': I was a soccer mom and a participant in many activities. I started using a cane for the first time ever, about a dozen years ago. I rapidly 'graduated' from the cane and moved on to a walker. I have been using a motorized chair for the past 10-12 years.

What is your involvement with ETC? I have been a participant on ETC river and sea kayak trips since 2013, including the Mendocino sea kayaking trip in 2015.

Amy Tam

Occupation: Teacher in Residence at Slide Ranch

Background including information on your work with youth: I have been working with youth on and off for about 5 years. My background is in environmental education, teaching youth outside from the ages of 4-18. In addition to working with youth outdoors, I also tutored and mentored middle to high school youth. I have worked mostly with low-income students who have also experienced trauma.

What is your involvement with ETC: I participated in a program called Outdoor Educators Institute that consisted of an 8-day sea kayak training component with ETC in the Fall of 2013. The following summer of 2014, I interned with the Sea Kayak Program. Then in the summer of 2015, I interned with the River Program, as well as led a Youth LEAD trip. And in the summer of 2017, I led two Youth LEAD programs. I have a strong connection to ETC's mission to providing accessible outdoor adventures to physically or mentally challenged youth and adults.

What are two pieces of advice you would offer to new ETC River or Sea Kayak guides? 1. Leave preconceived assumptions of ability, skill, and comfort aside and treat everyone as an equal, regardless of size, built, class, race, or disability. 2. Meet them where they're at and try to build rapport from the start. By showing youth that you care about their basic needs and are listening to them, they're more likely to respond to you positively to allow for teaching and sharing. Also, giving them the chance to teach and lead can help them thrive!

Bonnie Lewkowicz

Occupation: Outdoor Recreation Specialist with Bay Area Outreach & Recreation Program (BORP)

Background including information on your disability: I grew up studying dance for 10 years and dreamed of a career in dance until I sustained a C5-6 spinal cord injury in a dune-buggy accident which resulted in complete paralysis. I quickly became involved in wheelchair sports and competed for many years in track & swimming. Because of the life-affirming experience and witnessing the effect that sports and recreation had on other people with disabilities, I pursued a B.A. in Recreation Therapy. For more than 38 years, I have been advocating for greater access to outdoor recreation and travel for people with disabilities. I authored a guidebook of accessible trails in the Bay Area and created and manage 2 accessible trail websites. As a co-founder, dancer and teacher with AXIS Dance Company, for

25 years I also got to live my dream of being a dancer. My current passion is handcycling.

What is your involvement with ETC? I took my first river trip on the American River with ETC in 1980 and shortly thereafter participated in several kayak trips in the Bay. When I started working at Bay Area Outreach & Recreation Program in 1985 I organized and was a group leader for many river trips with ETC.

What are two pieces of advice you would offer to new ETC River or Sea Kayak Guides? 1. Most people with disabilities (possibly not people that are newly disabled) are experts at knowing what they need so ask them first instead out trying to figure out what they need. 2. Relax and have fun!

Carol Bracco

Occupation: I am a retired scientist but currently work part-time at Bergin University of Canine Studies where my service dog, Nora, was trained. I also work another part-time for the Petaluma Woman's Club managing the rental of their building for various events.

Background including information on your medical condition: I was born and raised in San Francisco. I moved to Davis in 1981 to pursue my Bachelor of Science degree in Biological Sciences. I lived in Davis and worked in the School of Veterinary Medicine doing research. I have two grown daughters and of course my beloved, Nora. I was diagnosed with Multiple Sclerosis in 1985 and have lived with it now for over 30 years. My symptoms have ranged from severe vertigo, visual disturbances, fatigue, tingling and burning in my extremities, bladder incontinence, and the inability to walk. There has been a range in severity and duration of all of these. I am currently on a disease modifying drug known as Avonex, which I inject weekly. I am on another oral medication (Ampyra) that has helped my balance. The course of my illness has been unpredictable and unique to me; MS affects everyone very differently. My marriage suffered due in part to the stress of it all, and ended in divorce after 15 years.

What is your involvement with ETC?

I have been involved with ETC since about 2005 and have participated mostly in sea kayaking. I have taken local trips to Angel Island, Tomales Bay & Mendocino as well as longer excursions to the San Juan Islands and Baja. I have been invited to present at this training weekend many times over the years. I have done some whitewater rafting and tried cross-country skiing, but my passion is clearly kayaking.

What are two pieces of advice you would offer to new ETC River or Sea Kayak Guides? I would like to offer these two pieces of advice to new river and sea kayak guides when it comes to participants with MS – there are several symptoms that are common to most of us like fatigue, bladder/bowel difficulties, and heat sensitivity.

However, every person you encounter will present with a different story and a different range of symptoms. When I was first diagnosed, I thought life was over for me. I am happy to say that it is not, and I have learned to adapt. I am very grateful for doing as well as I am. I am very, very blessed.

Cory Walker

Occupation: Graduate Student in the Special Education (Teacher of the Visually Impaired) program at San Francisco State University, and Milieu Counselor with the Student Transition and Enrichment Program of Junior Blind

Background including information on your medical condition: I was born with eyes that did not form all the way. It is a visual condition called Colaboma. I see less detail than people with typically developing eye sight. My eyes also move rapidly trying to focus on things. I was the only Legally Blind student at the Montessori school I attended. I got Special Education services to address my impaired vision that helped me see my school work and I learned how to travel safely on foot. I did trips going rock climbing, deep sea fishing, downhill skiing and one Sea Kayaking trip with the Youth Program of the Braille Institute. For the 4 years of high school I did homeschooling. When I was 18, I attended the Hatlen Center for the Blind in San Pablo for a year. From there I went to college to get my undergrad in Sociology and Counseling at SFSU. While I was going to college is when I started using a Cane and screen reading software. It is also when I started guiding with ETC.

What is your involvement with ETC? I went on my first Sea Kayaking trip with ETC when I was 12. I went with the Vision teachers and fellow students from my area. It was one of the most amazing experiences I'd ever had. I went on two River Rafting trips with the Braille Institute during High School and a second Kayaking trip at the Hatlen Center. When I moved back up to the Bay Area, I signed up to be a guide with the Cross Country Ski program in 2013. In 2015, I went through the training to become a Sea Kayak guide, dream come true! I have guided with many different groups and will guide with many more. I love being a part of this community and sharing the outdoors with people.

What are two pieces of advice you would offer to new ETC River or Sea Kayak Guides?

1. Keep Learning. Training is just the foundation of our time as guides. Learn from participants and other guides, go to trainings, increase your own knowledge and skill set as the need takes you.
2. Find your niche and fill it. Every trip is a collaborative effort. We do trips With people, that include the participants and your fellow guides. Every trip you go on is unique because you are on it. Contribute your strengths and experiences. Making mistakes is how we learn.

Danl Ray

Occupation: My profession now is as an Alcohol and Drug Dependency Counselor working mainly with the LBGTQ community. I completed my AA degree at LACC for Human Services/Psychology. I am in recovery myself and just celebrated 25 years of being clean and sober. My home is in West Hollywood, CA.

Background including information on your medical condition: In 1990 I found out I was HIV+. Later in 1992 I went into an addiction recovery program. My early years of being HIV Positive were trying as none of the medications were helping control the virus and I had below 40 T-cells with a viral load of several hundred thousand. There were also some fairly trying side effects from the drugs. In the late 1990's anti-retrovirals were starting to be administered. Over the years with the help of a ""cocktail" of medications, I have leveled out with an undetectable viral load and have had between 450 to 800 T-cell counts.

What is your involvement with ETC? Starting around 2005 I was going on whitewater rafting trips as a participant with Healing Waters and in 2007 came on a rafting trip with ETC. I was interested in how one maneuvered the raft down river and decided I wanted to take Guide Training with ETC in the spring of 2008. I became a volunteer whitewater rafting guide that summer for ETC. I have spent most summers since then guiding as a volunteer and the past two seasons as a staff guide.

What are two pieces of advice you would offer to new ETC River or Sea Kayak Guides? Open-mindedness, willingness and being able to change I believe are the keys to my success with ETC. I would urge you to ask the questions you may think are silly or odd. Try to embrace even the bumps along the way as learning opportunities. If you reach out, I believe you will find a loving supportive community to become a member of. We are the "ETC Tribe"

Dave Patten

Occupation: Dave is certified by the Academy for Certification of Vision Rehabilitation & Educational Professionals (ACVREP) in Orientation and Mobility & Low Vision Therapy. He has been employed since 2008 as a Blind Rehabilitation Specialist with the Department of Veterans Affairs, Palo Alto Healthcare System, Western Blind Rehabilitation Center. He currently supervises the Visual Skills program and has recently coordinated two low vision internship programs.

Background including information on working with people with disabilities: I grew up in Michigan where I was active camping, canoeing, and enjoying the outdoors. During my undergraduate studies I worked in a group home for young adults with developmental and cognitive disabilities, I participated in Ski for Light as a sighted guide for blind cross-country skiers. I assisted with several sports training camps for blind and visually impaired youth. I graduated in 1990 from Western Michigan University with a Masters in

Blind and Low Vision Studies and then practiced in private for profit and non-profit agencies in Georgia prior to moving to California in 2008. I have worked with all ages of individuals, 5 to 104, with a wide range of visual functioning from totally blind to Low Vision. Many of these individuals had a wide range of other disabilities and abilities.

What is your involvement with ETC? In 2010 I had a conversation with a friend of mine who happened to be a social worker where I work. I told her that I needed to find a place to volunteer where I could give back what I know about blindness and low vision and be able to be out in nature enjoying the beauty of California with others. She asked me if I had ever been sea kayaking before. Well, I went through Sea Kayak Guide School and inclusion training the spring of 2011, Winter Program training the winter of 2012, the Grand Canyon with ETC the summer of 2012, and River Guide School the spring of 2013. I have acted as a Trip Leader and Trainer in all three programs. In 2016 I was the trip leader for ETC's Grand Canyon Expedition. The more I give the more I get back in return.

What are two pieces of advice you would offer to new ETC River or Sea Kayak Guides? Participants usually know what they need, all you need to do is ask: "How can I be of assistance?" and then actively listen to what they have to say. Work together as a team to come up with solutions that will work for the participant and follow the protocols for safety that ETC requires.

Did you know that most people who are blind still see something? When working with someone with impaired vision it is ok to inquire into how much they can or cannot see so you better provide information to them that is useful and helps make the adventure better. I often use reference points to help ground perception. If talking to a group I can reference something by saying "to my right" or "off to my left." I have someone in a boat, on skis, or walking a trail I can reference in several ways "on your right" or "behind you." The easiest is to use the Clock Method, the front of the boat, the direction of an individual's skis, or line of hikers on a path is 12 o'clock; you can be much more precise with directionality by the hour verses just right or left or my all-time favorite "look over there."

Elena Van Loo

Background including information on your disability: I have polio. I was born in Vietnam during the Vietnam War, came to America when I was six years old, and was adopted by two wonderful parents. I work, I'm very independent, pay my bills, enjoy cleaning the apartment (I don't know if this an average person), I have my good days and have my bad days. I use a lightweight wheelchair as my everyday lifestyle. I have a small car and I am able to lift my wheelchair in and out the vehicle. I also drive using standard hand controls.

What is your involvement with ETC? I was introduced to ETC about eleven years ago. I went through my training in the spring of 2004. I guided trips for many years and help out with the Youth LEAD program that ETC also provides.

What are two pieces of advice you would offer to new ETC River or Sea Kayak Guides?

1. Assistance/Transfer: I'm very independent. One concern is where the kayaks and/or river rafts are located; I may need help in transferring to and from the boat to my wheelchair. I MUST stress this—PLEASE communicate with the participant when transferring is happening. YOU want to make sure that the participant feels comfortable, and mostly—BEING SAFE! As volunteers, when doing a transfer by communicating with other volunteers AND participant, you, too, will not harm yourself and transfers goes smoothly.

2. Seating/Padding-If the trip is going to be more than two hours; I do need patting of the buttocks area - NOT TOO MUCH padding in the kayak. You want to make sure that the participant can get of the kayak in an emergency situation. The positioning of my legs is very important and with the help with padding. The back position; the more I sit up straight, the better.

Ivana Kirola

Occupation: Success is no mystery to me. I enjoy a supportive circle of family and friends. I have been fortunate enough to have received a B.A. degree in Political Science and have had some employment. In 2007, I started writing grants seeking funds for the Empowering Youth with Disabilities (EYD) Project, which is fiscally sponsored by San Francisco School Alliance (SFSA). As part of this project, I currently place adult mentors with disabilities together with students with disabilities in San Francisco Public junior high and high school classrooms allowing adult mentors to earn stipends for their work. For the past few years, I have also been slowly taking classes to count towards a graduate degree in counseling with an emphasis on college and career.

Background including information on your disability: My parents are from Eastern Europe and came to the U.S. in 1970. I have done some travel in North America and Europe. Understanding different people is intriguing for me and a recurring theme in my life. Living with multiple disabilities can be complicated simply because the larger society is not as disability friendly as I would like to experience it. I use an electric wheelchair, am legally blind and have a speech impairment all due to Cerebral Palsy.

Because of my blindness it's best to identify yourself when you talk to me unless you know that I recognize you. My visual impairment is on the level that allows me to recognize body structures before facial features. In unfamiliar settings I like to accompany someone who can orient me to the area. Even though I am adventurous I do not want to take any unplanned trip down a cliff in my wheelchair. When I transfer from

my wheelchair to a boat I can walk short distances with support of preferably 1 person on either side (2 people).

What is your involvement with ETC? My history with ETC goes back at least 25 years ago when I was a part of the Marin VIPs group. When I started going on ETC kayak and ski trips I was an adventurous teenager with a fragile self esteem in need of major development. Growing up with disabilities is not easy. When your abilities are underestimated on a daily basis self esteem tends to erode. The excitement that ETC trips offered and still do offer countered my disappointments felt as a teen. I came back to ETC in September of 2005 after taking a 12-year break from trips - that was much too long. The ETC trips are a great stress reliever to frequent life situations where I am misunderstood for the most basic of requests. Each experience in the outdoors is exhilarating for me. It will be my pleasure to meet you and I hope that we can enjoy the natural environment together!

Joy Dryden

Occupation: Tax Preparer

Background including information on your disability: I became a paraplegic from a car accident when I was in college coming back to school from a ski trip. I did a lot of sports before my injury and have done a lot of sports since then, including kayaking, snow and water skiing, adaptive biking, wheelchair tennis, river rafting and horseback riding. I own my own business, have raised two sons and a step-daughter, and now I enjoy my two grandsons.

What is your involvement with ETC? I trained as a kayak guide in 2002 and have gone through trip leader training and lead a few day trips in Richardson Bay. I have gone with ETC rafting down the Grand Canyon, and kayaking in the San Juan Islands, Baja, and Elba Island in Italy.

What are two pieces of advice you would offer to new ETC River or Sea Kayak Guides? Paralysis from spinal cord injuries not only involves restricted or no movement in the body below the injury, it also can involve lack of feeling, and, for some, extreme phantom pain. The lack of feeling can mean lack of control for urination and bowel movements. Most people are embarrassed to discuss this issue, but it is a huge concern when you are going to be out on the water and not near an accessible restroom. Also, lack of feeling means you might not notice that you are getting sunburned or have cut your leg or bent it in the wrong direction.

Laurie Largent

Occupation: Retiree from Pacific Bell

Background including information on your disability: My twin sister and I are the oldest of four. Two months premature I became blind from receiving too much oxygen in the incubator. My twin did not lose her sight. I went to public schools with resource programs where I learned Braille. I graduated from La Verne College and did graduate work at SF State University. I worked for Pacific Bell for 25 years and received an early retirement at 50.

What is your involvement with ETC? I've been involved with ETC for 15 years. I gone on one day and multiple day trips rafting and kayaking. I like river rafting the best. I went down the Grand Canyon for 18 days. This was a peak experience and one of the most empowering times of my life.

What are two pieces of advice you would offer to new ETC River or Sea Kayak Guides? (1) Whenever you have a question for me about anything, please ask, especially if it is concerned about offering assistance. As a person who is blind I don't always know who might be available, I'm about asking for help. (2) Never make assumptions about anything. We are all unique individuals, regardless of our physical or mental challenges. For example, just because you might hear the viewpoint of one visually impaired person, does not mean that we all feel the same way. Don't be afraid to ask questions when they come up, if appropriate.

Liz Silowitz

Occupation: Blind Rehabilitation Specialist, Case Manager

Background including information on your disability: I'm a Bay Area native. I grew up in Pacifica and at the age of 5 my parents were notified by the school that I didn't pass the vision test. I went to UCSF for a number of tests and then was diagnosed with Star Gatts and declared legally blind. I continued my education in public schools and was later re-diagnosed as having a Cone Rod Dystrophy. My parents were wonderful and did not treat me any different from my brother or sister and I participated in everything they did. I attended Skyline College and received an AA in Recreation Administration and then went on to SJSU to receive a BS in Therapeutic Recreation. I was hired by the VA Palo Alto right after my internship in 1988. I have had many different roles at the VA and I'm currently The Visual Impairment Service Team (VIST) Coordinator with the primary duty of case managing Veterans with severe vision loss. I also assist with the Blind Rehabilitation tandem cycling program. My Vision loss has been an inconvenience growing up, however it did not stop me from doing the activities I enjoy. Some of the activities I enjoy are cycling, kayaking, hiking, XC Skiing, playing the flute and saxophone, traveling, gardening, volunteering for ETC and spending time with my friends.

What is your involvement with ETC? In 1991 as the Recreation Therapist at the VA I started to take Veterans to the ETC Kayaking program. The ETC trip leader at the time found out that I taught XC skiing at the VA's Winter Sports Clinic and asked if I would assist with disability awareness training and training new guides how to ski with the blind. In 1992 I attended my first ETC event as a trainer for the Winter program. In 2013 I went through the Kayak guide training and joined the Kayak program as well. I have also been a participant on the Grand Canyon ETC trip in 2012.

What are two pieces of advice you would offer to new ETC River or Sea Kayak Guides? 1. Always treat other as you would like to be treated and don't let someone's disability alter this. 2. If you need to assist someone with a disability don't over do it. Avoid asking if they "need help" verse checking in that everything is okay.

Mary Taloff

Occupation: Customer Engagement Specialist with brettapproved.com

Background including information on your disability: My name is Mary, I'm a 27-year-old college graduate, and I have cerebral palsy, which is a neurological condition affecting the parts of the brain that control speech, muscle movement, and/or cognition. For me it affects my muscle movement; I'm not able to walk and have a limited range of motion in my arms and legs. I also have sensitivity to cold and heat in my calves, ankles and feet, which means I need to be careful to keep my lower legs and feet warm or cool depending on the activity.

What is your involvement with ETC? This is my tenth year going on trips with ETC and my fourth year as a presenter for Disability Awareness Training. I primarily participate in the river rafting program, and have gone on one or two trips a season for the last six years. I do also participate in the kayak program at the annual ETC Regatta.

What are two pieces of advice you would offer to new ETC River or Sea Kayak Guides? The first piece of advice I would give to new guides is to, at the start of the trip, let participants know that you are available to help if they need it. The second piece, which is related, is to always ask if someone needs help before trying to help them.

Melissa Trujillo and Jerry Bourne

Occupation: Melissa is a Program Manager for the Pomeroy Recreation and Rehabilitation Center (PRRC) and Jerry is a participant at the Center.

Background including information on your disability: Melissa has been working with the PRRC for the past ten years. She first began as a volunteer and quickly fell in love with the organization. PRRC is a Recreation Center in San Francisco serving children and adults with developmental disabilities for the past 66

years. Melissa started out as a program leader and loves to provide and support unique opportunities for all of our participants. Jerry has been attending the Pomeroy Center since 2010! He is known as the "go-to guy" and loves to participate in the activities at the Center. He is an advocate at the Center and attends our Participant Council each month to discuss concerns and issues important to his peers. Jerry is also an employee of the Center and is responsible for restocking the vending machines and handling all the money. His favorite activity is community outings. Jerry has an intellectual disability (previously known as mental retardation).

What is your involvement with ETC?

Melissa has attended numerous ETC trips for the past 6 years including cross-country skiing at Bear Valley and Kayaking trips on the beautiful Sausalito Bay. Jerry has also participated on kayaking and cross-country ski trips. He attended the kayak Regatta and had a blast racing through the Bay. He also went snowshoeing with ETC this past winter and enjoyed being buried in the snow! He is always wondering when the next trip will be! Both Melissa and Jerry dearly love ETC and the amazing experiences they allow us to have.

What are two pieces of advice you would offer to new ETC River or Sea Kayak Guides? Have fun! Be open to creating beautiful friendships and never be afraid to ask questions!

Sally Walker

Occupation: Health care with seniors

Background including information on your disability: Born with Spina Bifida and complications. Had surgery at 9 months to try and correct some of the problems. Have had 29 surgeries over lifetime. 45 surgeries is the average for Spina Bifida. I have gotten worse over the years. Spent about 15 years in wheelchairs and 17 years on crutches all recovering from surgeries. On an educational level, I have a B.A. in social work, a B.A. in music and a teaching credential for multiple subjects.

What is my involvement with ETC: My first experience with ETC was rafting the Grand Canyon in 2000 – ETC's first trip down the canyon. It was a fabulous experience that changed my life. I was a participant for two years, then became a sea kayak guide, completing training in the spring of 2002, and was active for many years as a guide. I was a disability awareness trainer for new guides each spring for about ten years. I haven't been active the last 6-8 years due to my health problems, but I have now returned to again participate this summer and join some of the far flung trips, including Channel Islands this September and hopefully many others to come.

What are two pieces of advice you would offer to new ETC River or Sea Kayak Guides? 1) It is very important to be highly sensitive to the needs and fears of new participants. To really listen carefully, be highly responsive to attending to the needs expressed by the participant to ensure that all adaptive equipment needed is used to

ensure a great experience for the individual. 2) Bathroom issues are especially important for spinal cord injury participants; many need to self-cath for bladder control and do digital disimpaction for bowel maintenance – this requires privacy and perhaps setting up a temporary shelter for bathroom needs. This can be a make or break situation for participants, as they fear they may not be able to take care of these needs in the outdoors. In the past ETC has used a portable potty enclosed by a portable shower type stall that can be brought along on both rafting and kayaking trips, set up at lunchtime and taken down to continue the trip. It is very important that trip leaders and guides be willing to take this equipment with them on the trip and do the set up and take down.

Shahne Belveal

Occupation: Outdoor Educator; NatureBridge Environmental Science Educator, Point Bonita YMCA Naturalist

Background including your involvement working with youth: Originally from Sacramento/Davis I transferred to San Francisco State where I worked an internship with the Golden Gate National Parks Conservancy called LINC working with high school youth. That led me to many other programs working with youth, including the SCA, Outdoor Afro, and the YMCA. I was inspired by the Outdoor Educator’s Institute program that I completed while at the YMCA, and decided to continue working with youth. I became a naturalist for the Point Bonita YMCA and applied to be a full-time educator at Naturebridge, where I have been for two years now. Having come from an underserved background, I am very passionate about working with folks who have been marginalized, and have done a lot of work within my field and organization in an attempt to get people to be more equitable in their thinking and actions.

What is your involvement with ETC?

I had a close friend who grew up involved in the program and was very passionate about the work ETC did, which was inspiring to me having never experienced the program before. I was then involved in an ETC skills training and sea kayaking trip through the Outdoor Educators Institute, where I was able to get a great first-hand experience with the organization.

What are two pieces of advice you would offer to new ETC river or sea Kayak guides?

Working with folks who have a background you are unsure of should always start with questions and listening. When working with youth, do the best you can to hear, honor and acknowledge all voices and values as unique perspectives and opinions. Go with the flow – in outdoor education plans are always shifting, and just being ready for all different types of outcomes always pays off.

Steve Soesbe

Occupation: Operations Manager at Naturebridge Golden Gate

Background about your involvement working with youth: I have been working in the field of youth development for over 14 years, leading groups of youth and training leaders at numerous youth-serving organizations. Working with youth takes constant engagement to keep your "tool-belt" full of relevant skills and I continue to develop myself while supporting the development of others.

What is your involvement with ETC? I went on my first ETC River Trip in 2003 and was hooked after that! As Program Manager at 7 Tepees Youth Program, I spent nearly 7 years leading groups on ETC kayaking, rafting, and cross country ski trips, getting to know the organization well. As ETC Youth LEAD Program Manager, I was able to work closely with the youth of ETC as well as the guide community to identify ways to improve the knowledge and skills around youth development within the ETC community at large.

What are two pieces of advice you would offer to new ETC River or Sea Kayak Guides? Engage positively with the participants you are serving. Get to know them from their perspective, ask appropriate questions about their background and experiences. Remember, many people are coming into their experience with ETC after facing barriers to participate in the work we do. Stay mindful and stay humble.

Susana Crow

Occupation: Retired

Background including information on your disability: I had polio.

What is your involvement with ETC? I have been involved with ETC for 30 years, both as a participant and volunteer. I have done many trips with ETC both in kayaking and rafting. I have kayaked in Baja and rafted in the Grand Canyon.

What are two pieces of advice you would offer to new ETC River or Sea Kayak Guides? 1. Observe and listen. 2. ETC is a safe place to get answers to your questions; ETC is about learning to accept help.

Tukey Seagraves

Occupation: Retired

Background including information on your disability: I was diagnosed with MS in 1988. At first it was a relapsing remitting form of MS but later changed to secondary progressive MS. What I am able to do can change on a daily basis. It has mostly affected my legs, bowel and bladder.

What is your involvement with ETC? My husband and I did our first trip with ETC on a weeklong trip down the Sea of Cortez. It was a wonderful trip and we made really good friends. We later did the trip through the sea caves south of Mendocino. The last few years we have helped with these ETC training sessions.

What are two pieces of advice you would offer to new ETC River or Sea Kayak Guides? MS can sometimes be an invisible disability. Just because someone looks healthy doesn't mean they are. In addition, a lot of folks with MS are very affected by heat so it is important that they stay cool.

Xerxes Whitney

Occupation: Xerxes is a thoughtful, open, honest, playful funny man. Xerxes is an athlete, poet, teacher, coach, and as a speaker.

Background including information on your disability: Being born with the name Xerxes (zurk-seez) along with cerebral palsy was a huge challenge given his speech impediment (he could not even introduce himself as a child without a mighty struggle) and he didn't walk until he was three years old. Xerxes has run six marathons, has self-published two books of poetry, and has been teaching 6th grade physical education for 16 years. He was named the 2009 Windsor Middle School California League of Middle School teacher of the year and Windsor Rotary teacher of the year. He was also a manager, player, and assistant coach on UC Santa Cruz Tennis Team 1989-1994 where the team finished 2nd in the country four times during this time.

What is your involvement with ETC? Xerxes has been leading Inclusion Trainings with ETC since 2000. Xerxes loves ETC and its mission.

Yoseline Castillo

Occupation: Youth Programs Leader, Golden Gate National Parks Conservancy

Background on working with youth: Yoseline dedicates her life to organizing restoration projects around our national parks for elementary to high school age youth in Marin City and around the Bay Area. Yoseline led ETC's 14-day Young Women's backpacking and sea kayaking course for diverse youth in the summers of 2015 and 2016.

What is your involvement with ETC? Yoseline has been an ETC participant in the skiing, white water rafting and sea kayaking programs as a middle school youth through high school. She is a former Youth LEAD Fellow and has always been a supporter at heart.

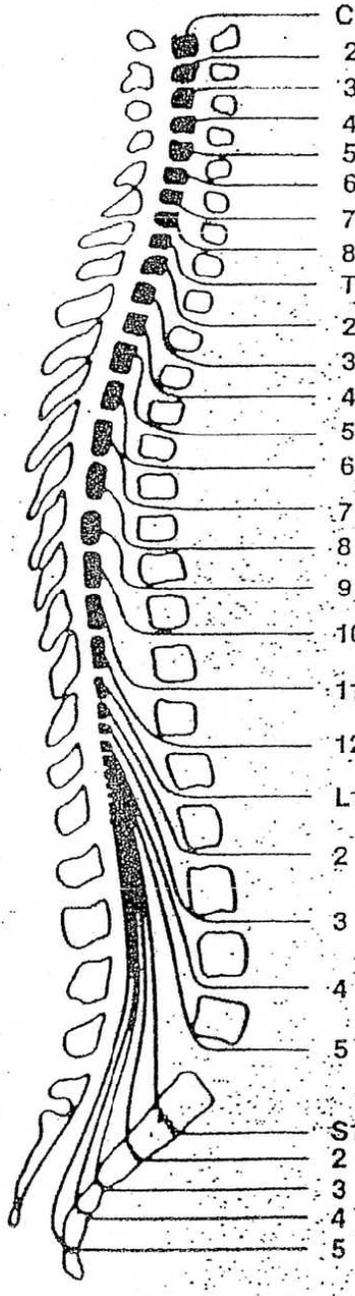
What are two pieces of advice you would offer to new ETC River or Sea Kayak Guides?

1. Personal engagement with youth! For many, the activities they do with ETC will be the very first and it will be scary for them. Connecting with youth throughout a program and helping them overcome their fears could really make for a successful ending and a life changing one too.
2. Remind youth to get more involved and the ways to do so. Many could see themselves coming back but don't know how. Guidance and reassurance of career possibilities is always very much appreciated!

VII. Appendices

A. Functional Outcome Scale for Spinal Cord Injury

Functional Outcome Scale for Spinal Cord Injury



Level of Injury	Active Motion Available	Possible Functions
C1		
2		
3	C3	<ul style="list-style-type: none"> -Unable to perform personal care (feeding, grooming, hygiene, dressing, bathing, bowel/bladder care). -Directs others in bed mobility, transfers, personal care, and bowel/bladder care. -Operates specially adapted power wheelchair with mouth control; wheelchair needs portable ventilation system. -Uses mouth control to type, use tape recorder, computer, calculator, and telephone.
4		
5		
6	Neck motion	
7		
8		
T1		<ul style="list-style-type: none"> -Unable to perform personal care (feeding, grooming, hygiene, dressing, bathing, bowel/bladder care). -Directs others in bed mobility, transfers, personal care, and bowel/bladder care. -Operates specially adapted power wheelchair with mouth control; wheelchair needs portable ventilation system. -Uses mouth control to type, use tape recorder, computer, calculator, and telephone.
2		
3		
4		
5		
6		
7	C4	<ul style="list-style-type: none"> -Unable to perform personal care (feeding, grooming, hygiene, dressing, bathing, bowel/bladder care). -Directs others in bed mobility, transfers, personal care, and bowel/bladder care. -Operates specially adapted power wheelchair with mouth control; wheelchair needs portable ventilation system. -Uses mouth control to type, use tape recorder, computer, calculator, and telephone.
8	Neck motion	
9	Can shrug shoulder	
10		
11		
12		
L1		<ul style="list-style-type: none"> -Requires assistance to perform bathing and dressing. -Feeds self and performs some hygienic activities using adapted equipment. -Requires assistance for bowel and bladder care. -Requires assistance to transfer using a sliding board. -Operates typewriter, telephone, calculator, computer, and tape recorder using adapted equipment. -Propels manual wheelchair short distances on level surfaces; requires power wheelchair for community distances and outdoor terrain. -Possibly can drive using specialized equipment.
2	C5	
3	Some shoulder motions	
4	Can bend elbow but not straighten	
5		
S1		
2		
3		
4		
5		

Level of Injury	Active Motion Available	Possible Functions	Level of Injury	Active Motion Available	Possible Functions
C6	Most shoulder motions	-Can perform most personal care (feeding, grooming, limited dressing). -Requires assistance for bowel/bladder care and bathing.	T2-5	Has all movements in arms and hands and partial trunk movement.	-Can live independently performing activities and personal care. -Drives with van/car and specialized equipment. -May be able to stand with long leg braces and a walker. May be able to walk short distances with assistance.
	Can bend elbow but not straighten	-Can perform some transfers independently using a sliding board. -Propels manual wheelchair, may require power wheelchair for community distances and outdoor terrain.			
C7	Can move wrist to close fingers	-Can cook and perform light housework. -With limited attendant care can live independently. -May drive with van and specialized equipment.	T6-12	Has all movements in arms and hands Partial trunk movement Partial abdominal muscle strength	-Can live independently performing activities and personal care. -Drives with van/car and specialized equipment. -May be able to walk independently for short distances with long leg brace and a walker or crutches.
	All shoulder motion	-Able to perform feeding, grooming, hygiene, dressing, and bladder care. -Requires assistance for bowel care and bathing.			
	Can bend elbow and straighten	-Able to perform all of the activities that are listed for the C6 level of function but with greater ease.	L1-3	Has all movements in arms, hands and trunk Partial movements in hips	-Can live independently performing activities and personal care. -Drives with van/car and specialized equipment. -May be able to walk independently with long leg braces and crutches for community distances.
	Can move wrist to close fingers	-Wheeling on outdoor terrain is easier. -Can perform most transfers independently.			
May have some finger motion	-Propels manual wheelchair. Usually does not require power wheelchair. -Can cook and perform light housework. -Can live independently. -May drive with van and specialized equipment.	L4-5	Has all movements in arms, hands and trunk Has all movements in hips and knees, with some weakness May have some ankle motion	Can live independently performing all activities and personal care. -Drives with van/car and specialized equipment. -May be able to walk independently with long leg braces and crutches for community distances. -May use a wheelchair for long distances.	
C8	Has all movement in arms with some weakness in hands	-Independent in all personal care. Can perform most transfers independently. -Propels manual wheelchair for home and community distances. -Drives with van/car and specialized equipment. -Can live independently performing all activities except heavy housework.	S1-2	Has all movements except some weakness in ankle and foot	-Can live independently performing activities and personal care. -Able to drive car without specialized equipment. -Able to walk independently on all surfaces, usually without bracing.
T1	Has all movements in arms and hands	-Independent in all personal care. -Can perform most transfers independently. -Propels manual wheelchair for home and community distances. -Can live independently performing all activities. -Drives with van/car and specialized equipment.			

B. Disability Celebrity Quiz

Many important people have had different disabilities. Try to match the description with the name of the important person in the list below.

Albert Einstein

Harriet Tubman

Magic Johnson

Ludwig Beethoven

George Patton

Tom Cruise

Franklin D. Roosevelt

Whoopi Goldberg

James Earl Jones

Mel Tillis

- _____ 1. This composer was deaf when he composed his 9th Symphony.
- _____ 2. Although paralyzed from polio, this man became governor of New York and was elected President four times.
- _____ 3. Known as Darth Vader in Star Wars, this actor overcame stuttering in high school.
- _____ 4. This Sister Act actress has dyslexia but has succeeded in a movie career.
- _____ 5. A mathematician and physicist who did not speak until the age of three. Math and writing were difficult for him.
- _____ 6. Struck by a caretaker as a child, a fractured skull caused this abolitionist to have narcolepsy the rest of her life. She rescued hundreds of slaves on the Underground Railroad.
- _____ 7. This actor is unable to read even today because of dyslexia. He learns lines by listening to tapes.
- _____ 8. Famous for his athletic skill on the basketball court, this athlete has a learning disability.
- _____ 9. This war hero could not read until the age of twelve, but he became a famous general in World War II.
- _____ 10. This country music entertainer developed humorous routines about his stuttering.

Answers to disability quiz:
1. Beethoven, 2. Franklin D. Roosevelt, 3. James Earl Jones, 4. Whoopi Goldberg, 5. Albert Einstein, 6. Harriet Tubman, 7. Tom Cruise, 8. Magic Johnson, 9. Mel Tillis