

# SEVEN CATEGORIES OF COGNITIVE DISABILITY

**1. Mental Retardation:** a person has mental retardation if he/she has an IQ below 75; significant limitations in two or more daily living skills such as communication, self-care, social skills, community use, health and safety; and acquire these before the age of 18.

Most people with mental retardation are only mildly affected and only a little slower than average in learning new information and skills. Many lead independent lives in the community. Even those seriously affected can live independently with the right education and supports. Most people with mental retardation look like everyone else. Some may have other disabilities as well, (i.e., mobility, hearing or visual impairments).

One type of mental retardation, known as Down Syndrome, is accompanied by physical characteristics such as a small head with a rather flat face; a short, broad neck; an upward slant to the eyes; small ears, mouth, hands and feet; and possibly hearing loss, a vision impairment and/or heart disease.

**2. Autism:** a severe, lifelong disability that greatly affects social interaction, learning, communication, and behavior. Autism results from interferences in the way the brain collects and organizes information. It can range from mild to severe.

The majority of people with autism also have mental retardation, but some may have very high intelligence or ability. Some people with autism may have extraordinary ability in one very specific skill area. A person with a high degree of intelligence for example might be able to calculate rapidly the day of the week on which an event occurred. Some of the features of autism may decrease in severity as the person reaches adulthood.

**3. Mental Illness:** a brain disease that severely affects a person's ability to think, feel and relate to others and the environment. A mental illness is not the same as mental retardation. Some of the major mental illnesses in this category are schizophrenia; major depression; manic-depressive disorder; phobias; anxiety; personality disorders; and, stress-related illnesses and disorders.

Different mental illnesses can cause very different symptoms. Some of the most common symptoms are inability to think clearly; hallucinations (i.e., hearing voices, seeing or feeling things that aren't there, a feeling of being controlled by other people or things); depression or acute mood swings (i.e., happy to depressed); poor concentration; difficulty remembering; lack of motivation; feelings of hopelessness or worthlessness; low energy; and thoughts of suicide or death.

Unless, they are experiencing stress, in most cases you would not be aware that your customer has a mental illness.

**4. Traumatic Brain Injury:** an injury to the head which results in cognitive difficulties such as low attention span; poor memory; difficulty thinking and following through steps needed to accomplish a task; difficulty communicating or speaking; slower responses; irritability; frustration; poor balance/coordination; and other disabilities (i.e., mobility).

Many people who have a brain injury do not look as if they have a disability, however, a noisy, confusing environment can be hard for the person to take and cause an outburst. Frustration in trying to deal with things can also increase the chance of an outburst.

**5. Epilepsy:** a disorder of the central nervous system, also known as a seizure disorder, which is characterized by seizures. The onset of a seizure is due to a sudden discharge of electrical energy from the nerve cells in the brain. Seizures are usually prevented or controlled by medication.

It is unlikely that you will know that a customer has epilepsy unless the person has a seizure in your presence. The most common kind is not the convulsive type, but the "**complex partial seizure.**" A complex partial seizure starts with a blank stare, followed by chewing or twitching movements of the mouth or face. The person may wander; make repeated movements or fumble with clothing; shout, cry, laugh, or show fear; run; disrobe or make other movement; and sometimes be able to understand you but be unable to respond. The complex partial seizure generally lasts a few minutes.

Another common type is the "**absence seizure**" which looks like a blank stare, begins and ends abruptly, and only lasts a few seconds. If you were speaking with a person who was having an absence seizure, you might think the person was daydreaming, not paying attention or deliberately ignoring you. If this happened, it would be important for you to repeat what you said because the person won't remember what was said during the seizure.

A convulsive seizure is the least common type. It is the one most often portrayed in the movies and on TV. Appropriate procedures for helping a customer who has a convulsive seizure are discussed on the next page under epilepsy. Following any kind of seizure; the person may be disoriented; confused; tired; upset or aggressive; unable to communicate; and remember little about the seizure.

**6. Learning Disabilities:** are disorders that make learning difficult because the ability to store, process or express information is impaired. A learning disability may cause a short attention span; difficulty with reasoning; poor memory; trouble communicating; poor reading, writing, and spelling skills; difficulty with numbers; and poor coordination and social skills.

A learning disability is not a barometer of intelligence. Most people who have one have average or above average intelligence. However, the learning impairment may cause a gap between a person's potential and the ability to achieve.

**7. Alzheimer's Disease:** a severe form of cognitive disability experienced by some older adults. As people grow older, it is not uncommon to experience varying degrees of memory loss. However, memory loss is not necessarily Alzheimer's Disease. This disease is a progressive degenerative disease of the brain that results in impaired memory, thinking, and behavior. It gets worse over time--anywhere from 3 to 20 years or even more--and typically begins when a person is over 65. Occasionally, a person will have early onset of Alzheimer's beginning in their 40's or 50's.

In the past, it was rare to meet someone who had Alzheimer's Disease. Since the population of older adults is increasing, it is more likely that you will at some time meet a customer with Alzheimer's, (especially in the early stage of the disease when the symptoms are not acute.)

Symptoms include gradual memory loss (particularly short term memory); inability to perform routine tasks; disorientation of time and place; inability to make decisions or exercise judgement; personality change; learning problems; loss of language and communication skills; carelessness in personal hygiene; repetitive actions; and eventual inability to take care of oneself.

## **TIPS FOR ASSISTING CUSTOMERS WHO ARE MENTALLY RETARDED**

Adults with mental retardation are not children--although the person may have difficulty learning, he or she has lived longer, has developed in other areas of life, and has different experiences than a child. So, treat adults as adults and:

- Be patient. They may be a little slower in doing things like boarding, paying the fare, purchasing a ticket, or taking a seat.
- Offer to read something for them. They may be unable to read well (or at all).
- Practice "active" listening skills. They may ask something obvious (i.e., "Where is the bus going?"); ask something repeatedly; have difficulty expressing themselves, or even have a speech impairment.
- Be prepared to repeat what you say. They may not remember something told to them a few minutes earlier.
- Offer to assist them with things that are abstract, like money. They may have difficulty understanding money and not be able to count it out.
- Ask them to repeat what you tell them and be careful of what you tell them to do. They want to please other people so they will say "yes" if you ask if they understand, or will do whatever you tell them to do (this can make people with mental retardation vulnerable to being taken advantage of by others).

- Don't react negatively if they touch you. They are very often open and friendly and may have a tendency to touch or hug others, even strangers.
- Keep your tone and manner pleasant and even. If the person is anxious or upset, your calm friendly manner can help reduce stress.
- If the person is speaking to himself or others, in a disjointed, rambling or confused manner, don't try to make sense of it or argue with the person. Remain calm. Do show respect and give the person "space."
- If the person is talking constantly and it is interfering with your job, explain in a matter-of-fact, friendly voice that you cannot talk right now because you have to help other customers, pay attention to traffic, etc.
- Be firm in saying "no" when appropriate if a person is behaving in a way that is unsafe.

## **TIPS FOR ASSISTING CUSTOMERS WITH COGNITIVE IMPAIRMENTS**

Offer assistance if it looks needed:

- ask customer how you can help
- let customer decide if he/she wants help
- don't be insulted if your offer is turned down
- use body language that says you are willing to help, this means:
  - **maintain eye contact**
  - **smile**
  - **lean toward the person slightly while listening**
  - **give verbal cues that you are paying attention, like "yes" or "yes sir"**
- Give all adult customers the same respect - treat adults as adults and not like children.
- Speak directly to the person, never indicate you assume an individual with a cognitive disability is incapable of communicating by directing your conversation to his/her travel companion.
- Be patient and give the customer with a cognitive disability a little longer to complete the interaction.

- If you do not understand what a person says or needs, do not be afraid to ask questions or ask him/her to repeat what was said.

## **TIPS FOR ASSISTING CUSTOMERS WITH COMMUNICATION IMPAIRMENTS**

The cause of a communication impairment and the skill level of someone who has one varies widely. However, there are some basic communication techniques that can be used in nearly all cases:

- When you recognize that the person you are interacting with has a communication impairment you should:
  - **focus your attention fully on the person**
  - **identify the communication impairment to determine the best way to communicate**
  - **be patient**
  - **smile --- it is reassuring**
- Always carry a pad and pencil, it is the fastest way to ask and receive information.
- Ask how you might be of assistance.
- Keep communication simple; ask simple questions; give simple answers.
- Speak directly to the person so he/she can see your lips and don't be afraid to use gestures which can provide additional information.
- Always speak to the person with a communication impairment even if he/she is accompanied by someone who acts as an interpreter, e.g., professional sign reader, relative or friend.
- Do not indicate you understand if you don't, and don't be afraid to ask someone to repeat what he/she said. This is a common mistake people make when either they can't understand or feel someone can't understand them. People who have a communication impairment have experience in communicating in non-traditional ways and understand that you probably do not. They want to communicate with you and will be very creative in finding ways to work with you to accomplish that.
- Talk normally in a normal tone of voice. Do not exaggerate lip movement. If you tend to speak rapidly, slow down to a normal rate of speech. Be prepared to

repeat yourself. Even expert lip readers often don't completely understand what you say the first time.

- Ask the person to repeat the information to determine if you were understood.
- A good attitude about communicating with people is the best technique. When you care about helping your customers any way you can the communication process will be a success for you and them.

## **TIPS FOR ASSISTING CUSTOMERS WHO HAVE EPILEPSY**

It is unlikely you would notice the absence seizure. However, a convulsive seizure or Grand Mall Seizure is noticeable and should be handled as follows:

### ***During the seizure:***

- give the person room
- clear the area of obstacles and people so the person can't injure herself/himself
- place a cushion or coat under their head to prevent injury
- do not attempt to put anything in the person's mouth; stand by and wait until the seizure subsides (Do not worry about a person swallowing their tongue!)
- turn the person on their side so that saliva can run down and away from their mouth
- do not give them anything to eat or drink during or immediately following a seizure

### ***When all seizures stop:***

- be aware of how the customer may feel
- use a calm voice to tell the person where he is, what you think may have happened (i.e., "I think you may have had some sort of seizure...")
- offer assistance if necessary

### ***When a seizure is over expect the person to:***

- be confused and tired
- be easily frightened, upset or aggressive
- be unable to communicate
- be disoriented
- remember little or nothing of the seizure itself

***IF A SEIZURE LASTS LONGER THAN FIVE MINUTES, BE SURE TO CALL FOR HELP. CALL DISPATCHER AND 911.***

## TIPS FOR ASSISTING CUSTOMERS WHO HAVE ALZHEIMER'S DISEASE

- Notice if the person is wearing a medical identification bracelet marked "memory impaired."
- Consider whether the person may have started out on a *bona fide* journey and simply become disoriented or whether the person may have wandered from home and is lost.
- Call the police, your dispatch, or other appropriate service to see if someone may have been reported missing.
- If a person that potentially has Alzheimer's is disoriented, upset, or acting angry or aggressive you should:
  - use a calm, reassuring voice to tell the person you will help; don't argue or pressure the individual
  - do not startle the person by approaching unexpectedly with raised hands or in any way that appears threatening
  - change the subject to help the person refocus; for example, if a person seems to be increasingly agitated for no apparent reason you could hand them a schedule or brochure, and in a courteous, matter-of-fact way, say "Have you seen our latest schedule?", "It might be of interest to you."

# **MOBILITY IMPAIRMENT**

## **TIPS FOR SERVING CUSTOMERS WITH MOBILITY IMPAIRMENTS**

- Ask the customer what type of assistance he/she needs and how you can best provide it.
- Never grab a customer who is using a cane or walker by the arm. His/her balance is usually very unstable.
- Always prepare customers in wheelchairs for movement by telling them you are ready to move them or asking if they're ready to go. They cannot see you behind them and it can be frightening or painful to be jolted unexpectedly.
- When assisting customers in wheelchairs, it is safer to go up a ramp or curb facing forward and down a ramp or curb backward. You are then always on the "down" side of the chair and better able to control its movement and prevent an accident.

## **WHEELCHAIR HANDLING TECHNIQUES**

Proper wheelchair handling techniques insure the safety and comfort of the occupant. You should always observe the following tips when assisting a wheelchair user:

- Give a verbal cue to prepare the passenger for movement (e.g., "Here we go", or "Are you ready?", etc.).
- Move the chair slowly and smoothly, avoiding jolts and quick movements which can be uncomfortable and/or painful.
- Grip the wheelchair firmly and make sure the hand grips are secure.
- Use good body mechanics by keeping your back straight, bending at the knees and leaning your body into the chair to increase control.
- Be sure of your footing, especially on wet or icy surfaces, and wear shoes that are tied tightly and will not cause you to trip or turn your ankle.
- Never attempt to lift a wheelchair by its wheels or armrests: the wheels will spin and the wheelchair will tip over on its back and armrests are often removable and may come off in your hands.