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**Organization and conduct of
rehabilitation and adaptation
camps for military and civilians with
vision loss after injuries and
traumas: methodological
recommendations**

Organization and conducting of rehabilitation and adaptation camps for military and civilians with vision loss after injuries and traumas: methodological recommendations / Compiled by: O. Perepechenko, M. Dubov, Y. Kopytina, T. Kostenko. - Kyiv, 2023. - 30 p.

The manual was prepared by a group of specialists who summarized the national experience and their own long-term practice in organizing and conducting rehabilitation and re-adaptation camps for military and civilians with vision loss after injuries and traumas.

The guidelines are intended for employees of government agencies and rehabilitation centers, specialists of multidisciplinary teams, rehabilitation teachers for visually impaired persons, orientation and mobility instructors, teachers of higher education institutions who train occupational therapists, physical therapists, psychologists, social workers, optometrists, representatives of public associations of persons with disabilities, and all interested persons.

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Contacts of the All-Ukrainian League of Organizations of Persons with Visual Impairments "Modern View":



website: <https://gssp.org.ua/>

e-mail: gssp2013@ukr.net

uagssp@gmail.com

phone: +380 66 443 4336

Contacts of the NGO "National Assembly of People with Disabilities of Ukraine":



address: 8/5A, Reitarska St., Kyiv, 01054, Ukraine, room

110 website: www.naiu.org.ua

e-mail: office-naiu@ukr.net phone: +380 44

279 6182

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Introduction

According to the World Health Organization, there are about 2.2 billion visually impaired people in the world, and more than 1 billion are forced to live with preventable or curable diseases because they cannot get the help they need.

According to available information, before Russia's full-scale invasion, there were more than 50,000 visually impaired people in Ukraine, and more than 10,000 of them were children. However, no ministry reports accurate data on the number of visually impaired people in Ukraine. According to experts, the number of such people can reach up to 100,000.

Every year in Ukraine, more than 3,000 people were recognized as persons with disabilities due to injuries, diseases, and congenital disorders of the visual analyzer. Today, this group includes a large number of military and civilians who sustained injuries and wounds to their eyes as a result of the war.

Visual impairments have a significant impact on the quality of life, but they can be mitigated through timely access to quality eye care and comprehensive rehabilitation.

Rehabilitation of persons¹ during rehabilitation camps who have suffered injuries or wounds to their eyes as a result of the war and are potentially disabled is a necessary step in returning them to a full life and socialization in society.

Rehabilitation and rehabilitation are understood as the restoration of the physical, social, and psychological status of persons with visual impairment, as well as the increase of their adaptive capacities in everyday life.

Each stage of rehabilitation during the camps involves performing certain tasks to achieve a single goal: overcoming post-traumatic stress disorder, as well as social adaptation and integration of people with profound visual impairments.

These guidelines can be used for people who have lost their vision after the age of 18 as a result of injuries, toxic poisoning, and who have concomitant diseases.

The main objectives of the camp:

- Formation of knowledge and skills that facilitate social adaptation and integration in different social conditions using specialized methods and practices.
- Stimulation of the process of compensation for lost visual functions by forming the skill of active conscious use of preserved analyzers.

¹This refers to social, psychological, and physical rehabilitation.



- Creating a psychological microclimate for the formation of positive motivation for further life.
- Habilitation, increased mobility using a tactile cane for orientation in micro and macro space, ability to act independently in the environment, mastering the techniques of orientation with the help of tiftotechnical means.
- Using physical culture and sports to improve the rehabilitation process.
- Developing knowledge and skills for protecting rights, encouraging education, advanced training, and acquiring a new profession.
- The use of recreational facilities to improve the effectiveness of rehabilitation and adaptation measures.
- Provide recommendations for the adaptation of premises.
- Provide psychological support to families.

An integrated approach to the organization of the rehabilitation process is used, and training methods and techniques are selected based on individual characteristics and capabilities.

It takes into account:

- Social status of a person;
- Psychometric parameters;
- Causes of vision loss;
- The rate of onset of blindness or visual impairment;
- The duration of vision loss;
- The presence of residual vision;
- Diagnosis;
- About related violations;
- the preservation of the polysensory sphere;
- the prospects for medical rehabilitation;
- marital status, family composition;
- Peculiarities of residence (city, village);
- Education, profession, previous work experience.



Section 1.

Features of the camp structure for military and civilians with vision loss after injuries and traumas

Camps are an additional form of rehabilitation and habilitation for people who have lost their sight and their families.

A special feature of camps for people who lost their sight during the war or emergencies is the mandatory participation of a family member.

Practical experience in conducting camps for people who have lost their sight shows that it is advisable to plan camps in the following sequence:

- The first camp lasts 14 days.
- The number of participants is 8 people and 8 accompanying family members.

It is planned to involve specialists (14-16 people). Taking into account the specifics of the camp participants, the coaching staff should include at least 30% of specialists with visual impairments.

- The second camp lasts 8-10 days. It should be held in 3-6 months for participants who have completed the first camp.
- The number of participants is 8 people without accompanying persons and 10-12 specialists involved.

The intensive rehabilitation program² is designed for 320 hours, including 38 hours of group classes, 234 hours of individual classes, and 48 hours of mixed classes.

Support and rehabilitation measures include several types of activities, which can be classified according to the following criteria:

- 1) by the composition of participants: classes for people who have lost their sight; classes for people who accompany them; combined classes for both of these groups;
- 2) by the number of participants: group and individual classes;
- 3) by content: classes are divided into physical education and sports, orienteering and individual mobility; social and household orientation; familiarization with sensory devices, computer equipment and GPS navigation, etc.
and family members who accompany them; legal advice; training in the use of auxiliary rehabilitation devices; classes on accompanying blind persons for family members; arrangement of premises, etc.

²This manual refers to social, psychological, physical, and sports rehabilitation.



At all stages of rehabilitation activities, safety rules for all participants must be observed; ethics of communication among participants; confidentiality policy; accessibility; and principles of independent living.

After the first and second camps, participants and trainers should be surveyed to evaluate the results of each participant and improve the organization of the camps.

1.1. The composition of the camp participants

As a rule, loss or severe visual impairment occurs suddenly. Neither the war veteran or affected civilian nor their relatives have previously interacted with the blind, so it is important to involve both the person with visual impairment and someone close to them (wife, mother, family members) in rehabilitation activities.

That is, at least one loved one should master the skills of interaction with a blind person (accompaniment, home improvement, and domestic rehabilitation).

Based on the proposed program of classes, the optimal number of camp participants is 30-32 people, including participants, their accompanying persons, and coaches.

The small number of camp participants is mainly due to the individual nature of the classes, the comfortable number of participants in group classes, and the rational distribution of the workload for each camp participant and trainer, taking into account the high intensity due to the limited duration of the event.

The organization of camps necessarily involves an administrative team: a camp leader and a manager.

1.2. Coaching staff of the camp

The coaching staff that will work with the participants of the rehabilitation camp should consist of specialized professionals with relevant education and practical experience.

Specialists involved in the rehabilitation process should include:

- vision rehabilitation therapists;
- psychologists, including military ones;
- lawyer;
- specialists in spatial orientation;
- rehabilitation specialist
- physical therapists;
- occupational therapists.



- a Nordic walking coach;
- an instructor of recreational classes;
- specialist in non-visual accessibility, sensor devices, satellite navigation, and the use of specialized software;
- medical professional;
- mentor from among the veterans who have already completed the camps.

All team members must be able to work together to achieve a certain result, and complement and replace each other, if necessary.

The tasks of the trainers are quickly coordinated and complemented to achieve a common goal.

In addition to purely professional knowledge and skills, trainers should have high-level skills in communication, establishing friendships, and solving interpersonal problems and situations.



Section 2.

Arranging and organizing your stay

21. Locations of the rehabilitation process and accommodation of participants

Regional rehabilitation centers, rehabilitation, and sports centers located outside the city can be used for the first stage of the rehabilitation camp.

The base should be physically accessible for visually impaired persons: and equipped with paths, routes with different types of surfaces (asphalt, paving stones, gravel of different sizes, pavinglabs, etc.).

You can add elements of urban infrastructure that will serve as obstacles or aids to orientation in space (rails, fences, stairs, water drains, etc.).

The surrounding landscape should be well-suited for recreational activities and Nordic walking classes.

Rehabilitation measures are necessary:

- Halls/rooms equipped with tools for physical therapy, ergotherapy, social adaptation, physical education and sports rehabilitation;
- premises with equipped kitchens for self-cooking; premises for meals; sanitary facilities with laundry rooms
- machines, places to dry clothes, irons and ironing boards, etc.

It is necessary to provide for a trip to the nearest settlement to conduct practical training on orientation and mobility in the conditions of urban infrastructure.

The second stage of the comprehensive rehabilitation camp requires greater interaction with the city infrastructure, various types of public transport, trade, social, cultural and medical facilities.

For this reason, the second stage of rehabilitation should preferably be carried out in large cities, with independent accommodation for participants of the rehabilitation camp.

A general recommendation is to place participants in the first stage with their accompanying persons, and in the second stage, preferably with a member of the coaching team who also has a visual impairment. During classes, it is necessary to separate camp participants and their accompanying persons as much as possible, planning classes in such a way that they do not intersect in the same locations at the same time.



Given the poor adaptation of participants to everyday life, it is advisable to place them in the most comfortable conditions that take into account the needs of people with visual impairment to gain certain experience and apply it at home.



The formation of practical skills in blind people is based on the active participation of thinking, attention, and memory. It should be remembered that the adaptation of a blind person to the world and lifestyle of the sighted is possible only when there is understanding and assistance from the sighted, which contributes to the development of independence and freedom.

You should also consider the possibility of accommodating participants who arrive at the camp with a guide dog.

22. Technical support of the rehabilitation process

For the rehabilitation of military and civilians with sight loss after injuries and traumas to be highly effective, it is essential to provide them with the necessary equipment and materials.

The list should include:

1. Tactile canes. The canes should be of different types and from different manufacturers, and their number should be no less than the number of participants in the rehabilitation camp.
2. Eye patches (individual). They are necessary both for the participants of the assembly and for persons accompanying them to avoid the use of a visual analyzer
3. during training.
4. Poles for Nordic walking. The number of poles should correspond to the number of participants in the training camp, including persons accompanying the blind and some coaches.
5. Swiss balls are selected according to the user's height, so they should be of different sizes.
6. 4 - 5 smartphones on different operating systems (Android, IOS) - touch and button. With screen access programs, a set of other necessary applications, and GPS navigation programs.
7. Two portable computers for training with additional programs.
8. A projection screen or TV with a large screen diagonal and the ability to connect external storage media and a printer.
9. Rehabilitation aids: watches, blood pressure monitors, a thermometer with speech support, a color detection device, and others.



10. Tableware sets: plates for first, second courses and desserts; assorted forks, knives, spoons; a mechanically controlled microwave oven; an electric kettle; glasses, cups, jugs. It is advisable to have a mini-kitchen with a push-button electric stove, refrigerator, sink, shelves, etc.
11. A set of necessary adapted tactile games: checkers, chess, dominoes, etc.
12. A vehicle to transport all participants of the training camp, including accompanying persons, trainers and guide dogs.



In addition to visual impairment, camp participants may have concomitant injuries, such as amputation of a limb or spinal cord injury. This should be taken into account when planning the camp and its technical support.



Section 3.

List of recommended rehabilitation disciplines

3.1. Conducting a diagnosis of psychological and physical condition of the participants

In order to achieve the goal of rehabilitation measures and increase their effectiveness, it is necessary to collect, process and summarize information about each participant of the camp.

This process includes:

- survey,
- phone interview,
- An individual interview with a psychologist (held on the first or second day of the rehabilitation camp);
- Checking the physical condition of the participants (conducted on the first or second day of the rehabilitation camp).

Based on these data, a program of individual classes is drawn up with each participant of the rehabilitation event, physical activity is differentiated, and the number of individual classes in specific disciplines is increased or decreased.

3.2. Psychological support of the rehabilitation process. Individual and group sessions with a psychologist

Psychological rehabilitation is an important part of the rehabilitation process for camp participants. Classes are mostly conducted individually, although in some cases and on specific issues they can be implemented in the format of group sessions. It should also be noted that not only military and civilian victims who have lost their sight need psychological rehabilitation, but also the people accompanying them.

One of the key problems that arises in the process of implementing this area of rehabilitation is the activation of the desire to live in new conditions, the search for motivation for self-realization, education, employment, family formation, and, in the absence of such, creative activities and sports.

An important area of psychologist's activity is also work on self-control, bringing people with disabilities out of a depressed state, and getting rid of post-traumatic stress disorder.



Other aspects of the impact are identified and implemented during individual sessions.

The main psychological problem of people who accompany people with visual impairments is overprotection and fear of losing their importance if the rehabilitation process is successful.

The focus of classes in these conditions is to develop trust in the capabilities of a blind person and to increase self-esteem, shifting attention from the status of a necessary person to the status of a person of value.

The task of psychological rehabilitation of visually impaired people is to help them overcome the behavioral and emotional consequences of vision loss or deterioration as quickly and efficiently as possible.

The first stage of providing quality psychological assistance involves diagnosing the psychological state, personal characteristics and capabilities of the participants.

The second stage involves the selection of psychological rehabilitation measures, taking into account the state of mental health and psychological well-being, as well as a rehabilitation prognosis.

At the third stage, a complex of individual and group psychotherapy (trainings) is conducted, depending on the results of the diagnosis, aimed at overcoming the personality crisis, eliminating feelings of inferiority, anxiety, and forming an adequate understanding of the psychological consequences of vision loss or impairment, holistic attitudes with an awareness of their importance and social fullness.

At the fourth stage, the effectiveness of psychological rehabilitation measures is evaluated.

Methods of psychological rehabilitation include rational psychotherapy, positive psychotherapy, relaxation methods, music therapy, art therapy, and more.

The main criteria for assessing the effectiveness of psychological rehabilitation measures are the achievement of a stable positive dynamics of the main psychological indicators that reflect the state of mental health and psychological well-being of participants.

3.3. Orientation and mobility classes (orientation in small and large spaces, orientation with a cane, orientation using GPS navigation)

One of the priority tasks of the rehabilitation camp for visually impaired people is to help them develop their orientation and mobility skills. These skills provide the highest possible level of personal freedom, and for this reason, much attention is paid to such classes.



Classes are divided into theoretical and practical, as well as group and individual.

Classes begin with theoretical material that explains the basic principles of orientation and mobility, the importance of freedom of independent movement, and an overview of means and methods, equipment for orientation and mobility.

Separate attention should be paid to the types of canes and the importance of their proper selection.

During the first group lessons, the participants learn how to hold the cane correctly, how to move while exploring the surrounding space, and pay attention to the types of surfaces and natural tactile strips (curbs, green spaces, grass, fences).

In the future, most classes are conducted on an individual basis, taking into account the physical condition of the person, the speed of information assimilation, and overcoming psychological barriers.

Classes are held with a gradual increase in the duration and complexity of the routes, adding elements that complicate orientation (roads that do not intersect at right angles, stairs, different types of pavement, natural and artificial obstacles, such as cars and poles).

In the process of learning to navigate in large and small spaces, it is necessary to pay attention to auxiliary mechanisms for determining one's location. In some cases, natural and artificial sound landmarks (tree noise, birdsong, the sound of water flowing, the rumble of a car, people talking or walking, etc.) play a significant role. Also, in urban areas, it is necessary to use specially installed sound beacons and traffic lights with sound.

Another way to determine your absolute and relative position in space is through echolocation, which is the ability to recognize and use sound reflected from various objects.

The possibility of using certain odors should not be neglected, some of which are quite easy to identify and can provide information about the location of a person or a particular object (bakery, catering establishment, pharmacy).

In addition to the cane and the senses, technical rehabilitation aids, such as a smartphone with a built-in GPS, should be used in the training process. A number of apps for both the most popular Android and IOS operating systems allow you to track your location and plan your route on foot, by car, or by public transport.

The most effective method is to combine different methods of orientation in space, based on the specific situation, environment, route, etc

Given the importance and complexity of mastering spatial orientation and mobility skills, GPS navigation classes are separate from mobile device classes, as GPS navigation requires, among other things, practical training on the ground and, importantly, in populated areas.



Classes are most effective in cities with an extensive network of different types of public transportation (bus, trolley, tram, subway). Navigation apps are also very useful in locating socially important facilities, such as healthcare facilities, pension funds, pharmacies, transport stops, etc.

The software also allows you to create walking routes with tracking of streets, intersections, and neighborhoods.

Another important function is the ability to plan different routes to the final destination using different transport routes, taking into account the existing traffic and rolling stock schedule.



Special attention should be paid to classes for people with visual impairments and additional injuries. For example, hearing loss or amputation of arms or legs, where the methods of teaching orientation need to be changed.

3.4. Classes on social and household orientation (cooking, personal hygiene, organization of life)

At the initial stage of rehabilitation, it is equally important to work on organizing a safe space in a particular home. With the loss of visual analyzer functions, the perception of the environment changes, ordinary household skills become quite difficult to perform, and existing obstacles (furniture, shoes, pets) can cause serious injuries.

That is why these classes should be conducted together with those who live directly with a person with visual impairments, because creating a safe and comfortable space is possible only if all residents of the premises follow the established rules.

You should try to model the situation of each participant and provide specific recommendations on how to arrange the room.

An important component of social and domestic rehabilitation is teaching the ability to navigate the dinner table. Here, the ability to locate individual elements of dishes using the principle of a clock face is useful. This means that the location of certain objects on the table is explained based on the direction to a certain number on the dial of a mechanical watch. This skill can also be useful for spatial orientation, especially since some specialized software products already use a similar principle of indicating the direction to a specific object. This is a skill that should be mastered by both visually impaired people and those who are in constant or regular contact with them.

Another group of practical skills that usually causes serious problems is the ability to use various household appliances without the involvement of authorities.



of vision. In this context, the first step is to find out what kind of devices are in the home, what type of control and interface they have.

The main requirement for household appliances should be their complete safety for the user, which is most often manifested in the application of universal design principles. That's why a family with a visually impaired member should be very careful when choosing household appliances. At the same time, in most cases, people with disabilities do not need specially adapted appliances, but only in some situations is the presence of such an appliance justified.

In the context of social and domestic rehabilitation classes, participants should be introduced to a variety of special typhlodevices that greatly facilitate the daily life of blind people: fluid level meters, thermometers, blood pressure monitors, glucometers with speech output, NFC tags, etc. Such devices are auxiliary tools in the realization of daily household tasks (cooking, minor repairs, health monitoring).

3.5. Rules for accompanying persons with visual impairment

As a rule, people who do not have relatives, friends, or colleagues with profound visual impairments have neither theoretical knowledge nor practical skills in supporting the blind. When such a person appears in the family, these skills become extremely important.

Emphasizing independence, independence in movement and orientation, there are situations where the help of outsiders is essential. Such situations include transportation, complex multi-story buildings with an extensive system of internal premises, premises with objects that can be easily damaged or destroyed.

That's why a lot of time is allocated to the classes on accompanying blind people for family members / accompanying camp participants, because these skills affect safety, speed, comfort of movement, and behavior in various situations.

- Important components of the learning process are: Learning to travel on the street and in public places; Moving up and down stairs and escalators;
- Passing through doors, moving through narrow architectural spaces;
- Boarding and disembarking from different types of transport, behavior in transport;
- techniques for exploring space without using a cane;
- How to identify a free chair in public places or in transportation, etc.

Theoretically, grounded techniques must be consolidated by repeated repetitions at locations that include all or most of these elements.



3.6. Classes on studying modern mobile devices and computer equipment

People with visual impairments can use computers, telephones, and other electronic devices in the same way as sighted people. However, people with visual impairments have different ways of accessing these devices. To interact with high-tech products, people with visual impairments use so-called assistive technologies, such as screen readers, updated Braille displays, and digital screen magnification.

That is why familiarizing yourself with the capabilities of modern computers or expanding and deepening your existing knowledge is important in the process of comprehensive rehabilitation of people with visual impairments.

In addition, in many jobs offered on the labor market to blind people, very often one of the main requirements is the ability to use a computer at the level of a confident user: MS Office, e-mail, the Internet, use of the most common social networks and some other programs.

Individual and group sessions held during the rehabilitation camp are aimed at acquiring this knowledge and practical skills.

Taking into account previous experience and level of computer use, individual programs are created for each participant. From using a simple text editor to specific tools for promoting goods, services, and advertising on specific social networks.

In classes on the use of mobile devices, special attention is paid to the additional special features that such devices provide to blind users.

Firstly, it is an additional tool for gaining individual mobility and independence, which, along with a tactile cane, helps visually impaired people explore the surrounding area, plan a convenient route, determine their location, and navigate the direction of movement. In this regard, we are studying the programs that most successfully solve these problems and are as accessible as possible for blind people.

Secondly, the smartphone provides the ability to record, recognize, and voice various texts to the owner. This is very convenient in situations where there is no one nearby to help, or the information is quite confidential.

Thirdly, modern mobile devices provide the ability to recognize banknotes, the color of objects, and search for lost items.

Fourthly, a smartphone can almost completely replace a personal computer in a situation where the latter is not at hand or cannot be used for various reasons.



Fifthly, a smartphone can help ensure health safety by noting the time of medication and other medical procedures, and in cooperation with, for example, a smartwatch, measure heart rate, blood oxygen level, and blood pressure, track sleep phases, etc.

And, of course, we shouldn't forget about the ability to make voice calls, send and receive messages, use mobile banking, and more.

All tasks are performed with the help of a number of programs, but only some of them are accessible to blind users, and these software products have their own peculiarities during operation and setup.

Classes also take into account the presence of the two most common operating systems for mobile devices - IOS and Android.

This factor and the current level of a particular user determine the plans for group and individual lessons.

3.7. Physical education and sports activities (morning exercises, gym, walking tourism, swiss balls, Nordic walking)

When organizing physical education and sports activities, the following must be taken into account: ophthalmological diagnosis, concomitant diseases, lesions of other parts of the body, systems and organs, initial level of physical fitness, warnings in medical documents and an individual rehabilitation program.

Morning exercises are held mainly outdoors and only in case of extremely unfavorable weather conditions (heavy precipitation, low air temperature) indoors. The class lasts from 5 to 15 minutes with a gradual increase in the number of exercises, the duration of their implementation and the duration of the exercise itself. The main goal of the class is to ensure an effective transition from the rest phase to the daytime activity phase, bring all muscle groups into normal working condition, intensify blood circulation and ensure the campers' cheerful mood.

Gym classes are held in specially adapted rooms or, if available and weather conditions are favorable, on exercise equipment located on the outdoor sports ground.

Safety training is provided beforehand, as well as familiarization with the available simulators and their operation, demonstration of moving parts and traumatic design features.

At least two coaches are required to be present at the classes, who can visually monitor the entire room and participants, warning of potential injury.



Exercise sets depend on the individual characteristics of the participants, and the loads are constantly adjusted with their gradual increase.

Hiking is walking off-road or in areas with poorly developed infrastructure. Hiking develops almost all muscle groups and the ability to move on different types of surfaces, non-visual control of the environment, proper breathing, and enables direct contact with wildlife.

Hiking trips are carried out throughout the rehabilitation program with a gradual increase in the duration and complexity of the routes. The only caution is adverse weather conditions (fog, ice, rain, snowfall), which can make hiking too dangerous.

Swiss ball classes are held in a special room and serve to develop coordination, balance, equilibrium, and the vestibular system. Such classes can be held for camp participants and their accompanying persons, as well as in a mixed group.

The required number of Swiss balls is determined by the number of participants in the class, and the size of the ball should be appropriate for the height. At least two coaches should be involved in the class to be able to explain the technique to each participant.

Nordic walking is a relatively new type of physical activity that has gained considerable popularity due to a fairly simple set of equipment (special poles for Nordic walking), unpretentiousness in terms of the place of training (any open space without dangerous areas), and intensive impact on almost all muscle groups. A significant advantage is that Nordic walking classes have virtually no contraindications.

Classes can be held individually, in subgroups of 2-4 people, or with the full camp participants. One trainer is enough to conduct individual classes; with an increase in the number of participants, the required number of assistants is additionally involved.

The load dosing is determined by the length of the selected route and the angle of inclination/climb of the route, as well as the speed of movement.

3.8. Legal classes

An important part of the rehabilitation process is to familiarize its participants with legal issues related to social protection, disability, rehabilitation, medical services, employment, etc.

In many cases, people are practically unaware of the opportunities provided in the current legislation. This primarily concerns basic benefits and social guarantees: benefits for housing and communal services, travel, sanatorium and resort treatment, technical and other rehabilitation equipment, and compensation for their independent purchase.



Another important component in covering legal issues is legislative support for the right to work, guarantees of labor rights for people with disabilities, opportunities to find suitable work with the help of employment centers, and unemployment benefits.

In the context of education, the participants of the rehabilitation camp should be aware of the right of persons with disabilities to obtain a second education and retraining.

In addition to questions about existing rights for people with disabilities, legal mechanisms for protecting these rights need to be clarified: free primary and secondary legal aid, appeals to the Ukrainian Parliament Commissioner for Human Rights, ministries and agencies, appeals to specialized public associations, involvement of the media, social networks, etc.

3.9. Classes on professional orientation, education, and advanced training and retraining

In vocational rehabilitation classes, it is necessary to emphasize that visually impaired people can realize themselves in almost all areas: pedagogical, psychological, legal, journalistic, creative activities, IT technologies, online business, civil service, work in local government, and massage.

Modern technology has almost completely removed the barriers for visually impaired people who want to realize themselves in a wide range of professions. And in the context of the legally established standard for jobs for people with disabilities and the availability of appropriate education, knowledge and practical skills, the scope of professional realization for blind people has expanded significantly.

An important component of the social activity of persons with disabilities is their participation in the public and political life of the country. Participation in local, national, and international public associations is an effective way to defend their interests and protect their rights protected by law. At the same time, this format of civic engagement does not exclude, but rather requires a certain level of education that facilitates professional activities within public associations.

Another area of application of their skills and knowledge is the participation of visually impaired persons in advisory bodies at state and local governments, which ensures a direct dialogue with government officials to address the urgent needs of the reference group.



3.10. Classes on learning techniques for physical and psychological relaxation, stress relief, and improving communication confidence, increase of resistance

In the process of implementing the rehabilitation camp program, its participants accumulate physical fatigue, experience psychological stress associated with a change in the usual environment, a sharp increase in the circle of friends, and a constant change in various activities, which over time causes overload and leads to stress.

In order to eliminate these negative consequences, it is necessary to carry out various activities aimed at bringing the participants of the rehabilitation camp closer to each other and to the coaching staff. Such activities may include :

- About joint excursions;
- Hiking;
- Music evenings;
- Watching movies together, dancing parties, etc.

Such events remove the last barriers between camp participants and trainers, promote resilience³, and psychological relief, create an atmosphere of close interaction in the team, and transform relationships from formalized to friendly, which further positively affects the situation in the classroom, especially in individual psychology classes.

³ Resilience is a set of inherent traits that make an individual able to overcome stress and difficult periods in a constructive way.



APPENDICES

Appendix 1

Questionnaire for social history

(Activities of Day Living/Instrumental Activities of Day Living
(ADL/IADL)

n/a	Types of activities	Answers.			
		I do it without assistance (3 points)	I have difficulties, but I cope on my own (2 points)	I can cope with a little help from others (1 point)	I do not carry out without assistance (0 points)
1	Food.				
	1. Procurement of foodstuffs				
	2. Preparing drinks				
	3. 3. Cooking				
	4. Table setting				
	5. Eating liquid foods				
	6. Eating solid foods				
	7. Eating out, outside of your own home				
2	Personal hygiene				
	1. Taking a bath / shower				
	2. Using the toilet at home				
	3. Use of a public toilet				
	4. Oral cavity hygiene				
	5. Nail hygiene				
	6. Implementation of dressing/undressing				
	7. Ability to choose clothes/shoes				



n/a	Types of activities	Answers.			
		I do it without assistance (3 points)	I have difficulties, but I cope on my own (2 points)	I can cope with a little help from others (1 point)	I do not carry out without assistance (0 points)
3	Work around the house				
	1. Dry cleaning				
	2. Wet cleaning				
	3. Use of mechanical household tools (brush, broom, rag, sponge, scoop, etc.)				
	4. Use of automated home appliances (washing machine, dishwasher, iron, vacuum cleaner, etc.)				
	5. Work in the garden/vegetable garden				
	6. Caring for other family members (children, elderly)				
4	7. Caring for pets				
	Social component				
	1. Reception/visiting guests				
	2. Visiting religious institutions and participating in religious rituals				
	3. Participation in public meetings				
	4. 4. Participation in cultural events				
	5. Traveling in your own locality				
5	6. Traveling to other cities				
	7. Using the telephone				
	Health				
	1. Take care of your own health				
	2. Use home health monitoring devices (thermometers, blood pressure monitors, glucose meters, scales)				
	3. Read the instructions for use of medicines				
	4. Take medications in the right single and daily doses				
	5. Making visits to the right doctor				
	6. Implementation of planned treatment				
	7. Visits to gyms, clubs, and sections				



n/a	Types of activities	Answers.			
		I do it without assistance (3 points)	I have difficulties, but I cope on my own (2 points)	I can cope with a little help from others (1 point)	I do not carry out without assistance (0 points)
6	Finance.				
	1. Payment in cash				
	2. Payment through the terminal				
	3. Payment by phone				
	4. Payment through the clock				
	5. Use of mobile applications of banks				
	6. Control over utility bills (paper or electronic format)				
	7. Use of bank services				

Food____/ 21 points

Social component_____/ 21 points

Personal hygiene_____/ 21 points

Health_____/ 21 points

Work around the house____/ 21 points

Finance____/21 points

Other difficulties: _____

Personal factors: _____

Environmental factors: _____

SMART goals: _____



Appendix 2

Questionnaire of subjective indicators of mental health (Initial examination)

Instructions. Below is a series of statements designed to assess various indicators of your psychological health at the moment. Each group of statements consists of several subscales (well-being, anxiety, sleep, etc.) and is labeled with a capital letter (A, B, C, D, E, F). In each of these subscales, select and mark the statement that best describes you. Before selecting an answer, please read the statement carefully and familiarize yourself with the options. Remember that you can choose only one option for each of the subscales (*the psychologist can read and mark your answers*).

Scale	n/a	Statement.
Emotional sphere		
A	1	<i>General well-being</i> a) I feel good; b) my health is quite satisfactory; c) I feel the same as I always do; d) I feel a little worse than usual; e) I feel bad.
	2	<i>Mood.</i> a) I am in a very good mood; b) In general, I am in a normal mood; c) My mood is the same as usual; d) I am somewhat depressed; e) I am in a bad mood
	3	<i>Activity</i> a) I feel cheerful and full of energy; b) I am generally quite active; c) I am as active as ever; d) I feel weak and tired; e) I feel that I have no energy to do anything
	4	<i>Anxiety level</i> a) I am completely calm; b) I do not feel any serious signs of anxiety; c) I am no more anxious than usual; d) I feel some increase in anxiety; e) I feel serious anxiety, worry
	5	<i>Mental stress</i> a) I am completely calm and relaxed; b) I do not feel any serious signs of mental stress; c) I am not more tense than usual; d) I feel a little tense; e) I note serious signs of mental stress



Scale	n/a	Statement.
	6	<i>Irritability</i> a) I do not consider myself an irritable person; b) I am rarely irritable; c) I am no more irritable than usual; d) I am a little more irritable than usual; e) I feel irritable all the time
	7	<i>Sleep</i> a) I sleep well, I feel rested, I get enough sleep; b) I generally sleep well; c) I sleep as usual; d) Sometimes I have difficulty sleeping; e) I have poor and restless sleep and have serious difficulty falling asleep
	8	<i>Appetite</i> a) I have a very good appetite; b) I generally have a good appetite; c) I have the same appetite as always; d) I don't enjoy eating; e) I have a poor appetite
Personality characteristics		
B	9	<i>Self-confidence</i> a) I consider myself a confident person; b) I am generally confident in myself; c) I don't know; d) I lack confidence in certain situations; e) I am an insecure person
	10	<i>Attitude to life's difficulties</i> a) ready to overcome them; b) I try to overcome them whenever possible; c) I have not thought about it; d) feel confused in the face of difficulties; e) feel annoyed and irritated
	11	<i>Attitude to own failures</i> a) I am trying to find a way out of the situation on my own; b) I am quite calm; c) I am indifferent; d) failures often cause confusion; e) failures make me very sad
	12	<i>Attitude towards yourself</i> a) I am quite satisfied with myself; b) I am generally satisfied with myself; c) I treat myself the same way as before; d) I start to feel disappointed in myself; e) I feel disgusted and disrespected

	<i>Attitude to your own health</i>
13	a) I consider myself a completely healthy person; b) my health is not a serious concern for me; c) I am indifferent to my health; d) I have been worried about my health lately; e) I am very worried about my health; I cannot think about anything else



Scale	n/a	Statement.
	14	<i>Determination</i> a) I consider myself a determined person; b) I am generally a determined person; c) I make decisions. as always; d) it has become much more difficult for me to make decisions than before; e) I can no longer make decisions on my own
	15	<i>Self-esteem</i> a) I look very good; b) In general, I look good; c) I look the same as I always have; d) I don't look very good anymore; e) I am concerned that I have become very bad-looking
Communication activities and communication		
C	16	<i>Attitude towards others</i> a) My attitude is friendly and sincere; b) I treat the people around me well; c) I am indifferent to the people around me, d) I want people around me to leave me alone; e) People around me are tiring and annoying
	17	<i>Attitude towards family and friends</i> a) I like and respect him a lot; b) in general, I have a good attitude; c) I am indifferent; d) I try to be patient, but it doesn't always work out; e) my family doesn't understand me and seems to be strangers
	18	<i>In a conflict situation, I prefer to</i> a) I try to find a compromise; b) I try to avoid conflict; c) I will wait for a gradual solution; d) I try to convince the other person that I am right; e) I persistently seek to achieve my own goals
Attitude to life		
D	19	<i>Degree of satisfaction with your life</i> a) I enjoy my life; b) I am generally satisfied; c) did not think about it; d) I am generally dissatisfied and no longer enjoy life as much as I used to; e) dissatisfied
Attitude towards the future		

E	20	<p>a) I hope for a happy future;</p> <p>b) I have no serious reason to worry about my future;</p> <p>c) I do not care about my future;</p> <p>d) I feel some anxiety and concern about my future;</p> <p>e) When I think about my future, I feel sad and irritated</p>
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Scale	n/a	Statement.
Family relationships		
F	21	a) My family relationships are very friendly; b) In general, I am satisfied with my family relationships; c) Myfamily relationships are the same as they have always been; d) My family relations are quite tense; e) Myfamily relations are very bad

Processing of results

The questionnaire contains the following scales:

A - the emotional sphere includes the following subscales: general health, mood, activity, anxiety, mental stress, irritability, sleep, appetite.

C - personality traits: self-confidence, attitude to life's difficulties, attitude to failure, attitude to oneself, attitude to one's health, determination, self-esteem.

C - communication activity and communication: attitude to others, attitude to family and friends, type of behavior in a conflict situation.

D - attitude to life: the degree of satisfaction with your life.

E - attitude to the future.

F - family relationships.

Answers are scored as follows:

- a) positive mental health indicators - 1 point;
- b) partially positive mental health indicators - 2 points; c) neutral or uncertain indicators - 3 points;
- d) partial negative mental health indicators - 4 points; e) negative mental health indicators - 5 points.

Key.

After the examination, the total number of points is calculated and the mental health indicators of visually impaired persons are assessed.

0 - 27 points - Mental health group I: includes answer options "a" for all subscales, possible answer options "b" for subscales 6, 10, 11, 13, 18, 20.

28 - 48 points - Group II mental health: includes answer options "b" for all subscales, possible answer options "c" for subscales 9, 10, 11, 13, 18, 19.

49 - 66 points - undecided state: includes options "c" for all subscales, possible answer options "d" for subscales 7, 9, 18.

67 - 88 points - group III mental health: includes answer options "d" for all subscales, possible answer options "e" for subscales 3, 18, 16, 20.

Mental health group IV is 89 points and above.

Interpretation of the results

The results of the subjective indicators are divided into the following groups:

Group 1 - no signs of psychological distress.

Group 2 - mild signs of psychological distress, psychological stress reactions.

Group 3 - signs of psychological distress of moderate severity, borderline psychological states.

Group 4 - neurotic mental disorders.



Appendix 3

Camp program for rehabilitation and re-adaptation

Name of the section	Group classes	Individual lessons	Classes of mixed type
Collection and processing of primary information, questionnaires, interviews. Evaluation and analysis of the results of rehabilitation impact. Drawing up an individual rehabilitation plan (partially completed before the meeting)	0	24	0
Social and household orientation	4	8	4
Psychological training and support of a military psychologist in the process of rehabilitation	3	42	3
Spatial orientation with the use of a cane and technical rehabilitation devices	4	42	2
Physical training and sports rehabilitation (gym, swiss balls, Nordic walking)	20	0	14
Legal classes, professional orientation	4	0	3
Recreational activities (tourism)	1	0	6
Classes on social adaptation (computers, sensory gadgets)	2	38	2
Creative space (watching movies with audio commentary, songs, audio games)	0	0	14
Therapeutic massage	0	80	0
Total	38	234	48



**Organization and conducting of
rehabilitation and adaptation camps
for military and civilians with vision loss
after injuries and traumas:
methodological recommendations**



Public Union
MODERN VIEW
League of Organizations of Persons with Visual Impairment



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