Community Connections

Volunteer Manual

Facebook Group: I support Community Connections
Follow on Twitter: 4specialkids
History of our Organization:

Community Connections is a 501c3 non-profit organization dedicated to improving the lives of children with disabilities and their families. Many children with special needs live in a cycle of school and therapy with little opportunity for extracurricular activity. Community Connections was established in 2005 through Pediatrics Plus Therapy Services to provide greatly needed activities for children and support families. We currently offer 5 programs, which include theatre, soccer, football, dance, and the autism services. These programs are in Conway, Little Rock, and Russellville.

Our Mission:

It’s our mission to positively impact the lives of children and families in Arkansas by providing programs and resources that promote:

“Every child... Every chance... Every Day.”
Dear Volunteer,

Thank you for your interest in serving alongside us in providing a fun and encouraging environment for these very special individuals. The various programs that we offer give the children a sense of pride and accomplishment as they compete in a team sport or perform on stage. It also allows the parents to enjoy watching their children in a community-based program that is not therapy related.

The overall goal for your experience with the kids will be to help them have fun and enjoy yourself as well. Your role as a volunteer is very important and also very rewarding. Your participant or “buddy” will depend on you to assist them at their own level, whether that be in a wheelchair or running independently. Every child is special and requires unique assistance based on their needs. A therapist will be available at each and every event/practice/game to assist with questions you may have. On the next few pages there are a few guidelines that should be helpful in making your experience as successful and rewarding as possible. Once again, thanks from everybody here at Community Connections for your willingness to help!

Volunteer Do’s and Don’ts

Do

• Assign specific roles or jobs for your buddy. Give them something that requires them to stay on task, the role can be big or small. If they do not want to participate at first, slowly build them into the group as the event progresses.

• Set boundaries. Do it up front and make them specific. It often helps to have volunteers display and then enforce the boundaries.

• Keep the kids well hydrated. Children with special needs tend to burn even more calories, so frequent water breaks are often necessary.

• Encourage as much as possible, every kid enjoys it! Praise from an older kid or adult means the world. Find ways to constantly encourage.

• Have fun! Your buddy will often have fun simply if you are enjoying yourself.
**Don’ts**

- Don’t assume that the child you are with doesn’t understand or is incapable. Treat them like a normal person, and then make adjustments if they are needed.

- Don’t let your buddy get away with everything just because they have a special need. Give clear instructions, communicate on their level, and do your best to keep them on task.

- Don’t be scared or intimidated. Jump right in. Most of these kids have had therapy so they are used to physical touch.

- Don’t abandon your buddy. You may have to sit out with your buddy for a bit. Get to know your kid before the activities start and try to engage in conversation early.

- Don’t be afraid to ask parents or therapists if you are unsure about a situation.

**Three Keys to Remember**

**Communication:**

- Role Assigning. Give your buddy some sort of role no matter how small to keep them involved
- Don’t use a lot of words: Show them and don’t just tell them.
- Get down on their level: Kneel down, sit with them, just be on their level.
- Look at their communication, not just their words.

**Pacing:**

- Simplify the environment
- Slow down while engaging in everyday activities: Slow down and clarify whatever is going on.
- Help the child accomplish the task at hand
- Gradually require more responsibility for regulation.
- Gradually introduce competition for attention and complexity.

**Guiding**

- You are the child’s primary focus of attention
- Limit objects that are competing for their attention (other balls, distractions, other kids)
- Limit child-initiated variations: Have them follow directions and stick to the script/drill as closely as possible.
The Children enrolling in Community Connections activities have a variety of disabilities. T.K. Roseburry, and occupational therapist, has outlined five of the most common disabilities.

**Down’s syndrome**

Down’s syndrome is attributed to an extra copy of the chromosome Trisomy 21. Down’s syndrome is thus also referred to as Trisomy 21. This extra copy causes the person to have 47 chromosomes instead of the typical 46. This disability is characterized by muscle hypotonia (low muscle tone), cognitive delays (ranging from moderate to severe), abnormal facial features, and other distinctive physical abnormalities. These physical abnormalities include flattened nasal bridges, almond eye shape, protruding tongue due to a high arched palate, Simian crease (transverse palmar crease), and shortened limbs. These children can often experience congenital heart disease, duodenal atresia, tracheosophageal fistula, absence of a kidney, and other various sensory impairments. However, it should be noted that not all children with Down’s syndrome experience the above mentioned conditions. They also typically experience delays in gross motor, fine motor, and language development. Down’s syndrome is the most common inherited chromosome disorder and occurs 1 in every 700 live births. The incidence of Down’s syndrome rises with maternal age and there is a 2% risk of recurrence for a couple who has had one child with Down’s syndrome. The life expectancy for people with Down’s syndrome is higher than ever before due to recent advances in medical sciences. These children can be expected to attend school, hold down a job within a sheltered work environment, and actively participate within their community. Their quality of life is as rich as the environment they are placed within.

**Spina Bifida**

Spina Bifida is a congenital neural tube defect that encompasses a variety of abnormalities. Spina bifida occurs in utero when the neural tube fails to close around the spinal cord and spinal nerves. This can affect any or all parts of the spinal cord. However, the most common areas are in the lower regions of the spinal column. The exact cause of spina bifida is not known at this time. However, it is believed that environmental factors, genetic predisposition, and maternal deficiency of the vitamin folic acid are attributed to causation. This neural tube defect can cause the following difficulties during a child's growth and development: hydrocephalus (fluid on the brain), paralysis (typically at and below the area of the lesion), poor or absent bowel/bladder control, various musculoskeletal abnormalities, and sometimes mental retardation. It is noted that not all children with spina bifida experience these complications and vary depending on the severity of the neural tube defect. Many children undergo surgery immediately following their birth to close up the lesion on their spinal cord. These children can experience life at its fullest in a variety of contexts. They often participate in a variety of therapies such as occupational, speech, and physical therapy to maximize their quality of life.
Cerebral Palsy

Cerebral palsy is a non-progressive lesion of the brain that causes interruption of normal movement patterns and voluntary movements. It is classified according to the type of muscle tone and distribution of limb involvement. The types of CP include: hypotonia (low muscle tone), hypertonia (high muscle tone), ataxia (poor muscle control), and dyskinesia (involuntary writhing movements and poor muscle gradation). CP can also be described as monoplegia (only one limb is affected), diplegia (involves the trunk and lower limbs), hemiplegia (primarily one side of the body is affected), and quadriplegia (involvement of the trunk and all four limbs). The exact cause of CP is unknown and the rate of incidence has remained steady for several years. Several risk factors for causing CP are: prematurity, obstetric complications, neonatal infections, environmental toxins, low birth weight, cerebral anoxia (lack of oxygen to the brain) during birth or pregnancy, hemorrhage during pregnancy or delivery, maternal infections, and other traumatic accidents that can occur during birth or pregnancy. These risk factors can be broken down into three categories. These categories include events that occur during the prenatal, perinatal and postnatal periods. CP is the second most common neurological condition diagnosed in children, the first being mental retardation. Although the initial cerebral lesion is non-progressive, the effects of the lesion are progressive throughout the child's growth and development. These children typically experience a variety of motor impairments including but not limited to: poor force gradation during movement, difficulty with movement, impaired or delayed reflexes, poor muscle control, and decreased or limited muscle strength and coordination. These children typically have normal life spans, depending on the type of CP. Each child with CP is unique and they have varied levels of deficits according to the type of CP.

Autism

Autism is classified as a part of a group of disorders under the pervasive developmental disorders (PDD) umbrella. Autism is the most well documented form of PDD. Autism is characterized by severely impaired social interactions and communication in addition to the presence of stereotypical behavior, interests, and activities. In addition to autism, PDD includes the following diagnoses: atypical autism, Rett syndrome, Asperger’s syndrome, other childhood disintegrative disorders, and pervasive development disorder-unspecified (PDD NOS). Children with autism have severely impaired social skills and demonstrate a pattern of ritualistic/stereotypical behaviors. These children have impairments that interfere with their progress in a variety of environments and social contexts. The cause of autism is unknown at this time. Although, popular claims about the causation of autism are on the rise, there is no scientific evidence that suggests the disorder is correlated with diet or vaccinations. It is currently characterized as a biological disorder of neurological development. The rise in this diagnosis can be attributed to early detection and incidence is currently at every 6 per 1,000 live births. Autism is approximately four times more likely in boys than girls. It is important to remember that when working with an individual who has autism, or one of the above mentioned PDD conditions, that these individuals do not communicate in typical patterns. They find it
difficult to interpret meaning from normal social interactions. Extreme patience is required when interacting with these children. Their behaviors such as self abuse, rocking back and forth, and avoiding eye contact are all characteristics of this disability. However, with appropriate interaction and expectation, these children can successfully participate in a variety of environments and form meaningful relationships with peers and adult around them.

Sources listed below.

Bibliography