

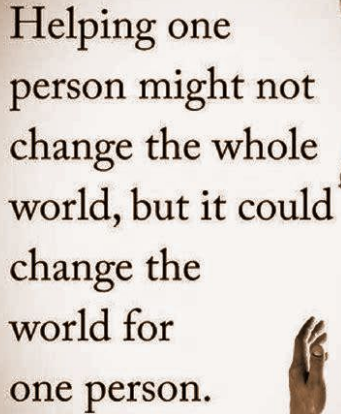


**Every Child!
Every Chance!
Every Day!**

Volunteer Training Program

Last edited June 2021

Purpose



Helping one person might not change the whole world, but it could change the world for one person.

The image shows a person's profile on the right, with a string of beads hanging from their mouth. Below, two hands are shown, one holding a bead. The background is a plain, light color.

The purpose of this volunteer training program is to inform volunteers about Community Connections volunteer experience, expectations, and roles & responsibilities. This one-time training is required prior to starting the volunteer experience, however, can be referred back to if needed. It is essential for volunteers to be educated, trained, and confident in providing children and families in the community with the care they need. We hope this resource provides you with information that will be useful and interesting during your time as a Community Connections volunteer.

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Welcome to *Community Connections!*

Dear volunteer,

Thank you for your interest in serving alongside us to provide a fun and encouraging environment for these very special children! I know it can be intimidating, but it is needed in our community and is very rewarding. These programs give kids a sense of belonging and accomplishment through participating in activities with their peers. Our programs are such a blessing in the lives of many children with special needs and their families. They would not be possible without great assistance and help from community volunteers. We hope that this volunteer training will empower and encourage you to partner with children of special needs and their families. I guarantee that you will get more from participating than the kids!

Thank you so much for your willingness to volunteer and make a difference!

Sincerely,
Courtney Leach
Executive Director



Objectives

This volunteer Training Program is designed to informally educate individuals about the volunteer experience.

This one-time training is required prior to starting the volunteer experience, however, can be referred back to later if needed.



By the end of this training, volunteers will be able to...

- **Identify** Community Connections organization and mission.
- **Understand** the importance and benefits of volunteering in the community.
- **Understand** Community Connections volunteer expectations, policies, procedures, roles and responsibilities, and code of conduct.
- **Execute** appropriate procedures for safety and emergency situations.
- **Recognize** how to develop positive relationships with children and families by interacting in a positive yet professional manner,
- **Provide** trained, quality care to families and children with special needs in the community.

After completing this Volunteer Training Program, please take the quiz provided to demonstrate that you understand your roles and responsibilities. We just want to make sure you are comfortable with and informed about all the aspects of serving as a volunteer for Community Connections.

—
What is

“Community Connections”?



Organization: Community Connections is a 501c3 organization dedicated to providing extracurricular activities for children with special needs and support for their families. Many children with special needs live in a cycle of school and therapy with little opportunity for extracurricular activity. We believe that ALL children deserve the opportunity to participate in activities like sports and the arts!

Background: Community Connections was established in 2005 when Todd and Amy Denton, owners of Pediatrics Plus Therapy Services, realized a need to provide activities for children with developmental disabilities and support for their families.

Mission: It is our mission to provide quality extracurricular activities for children with special needs as well as support for their families by providing programs and resources that promote:

“Every child... Every chance... Every day!”



Community Connections currently offers many programs, services, and resources across the state of Arkansas. Each program varies in location based on availability in the community.

**PROGRAMS OFFERED
VARIES IN
LOCATION BASED ON
AVAILABILITY IN
THE COMMUNITY.**

Programs

ACE Tennis

ACTS Jr.

Art

Art Ceramics Summer Camp

Basketball

Bowling

Cheerleading

Conway Kids' Triathlon

Golf

Martial Arts

Neighborhood Pets Kid's Club

RUFL Football

Sports Clincis

Super Science Saturday

Swim

Teen Game Group

TOP Soccer

Virtual Race

Volleyball

Young Adult Social Group

Locations include Conway, Little Rock, Fort Smith, Russellville, Morrilton, Sherwood, Batesville, and online

Benefits of Volunteering

community
connections

A word cloud of terms related to volunteering and community service. The words are arranged in a roughly rectangular shape and vary in size and color. The colors include shades of orange, green, purple, and brown. The words are: GENEROUS, GIVING, AWARENESS, SERVICES, ASSISTANCE, MORAL, CARE, AID, MISSION, RESPECT, TOGETHERNESS, CHARITY, LIFE, VOLUNTEER, TIME, ALTRUISTIC, COMMUNITY, RESCUE, DONATIONS, CONTRIBUTION, SUPPORT, HOPE, TEAMWORK, ADULT, ASSISTED, RESCUE, SUPPORT, HOPE, TEAMWORK, PERSON.

Being involved in the community gives a sense of **BELONGING.**

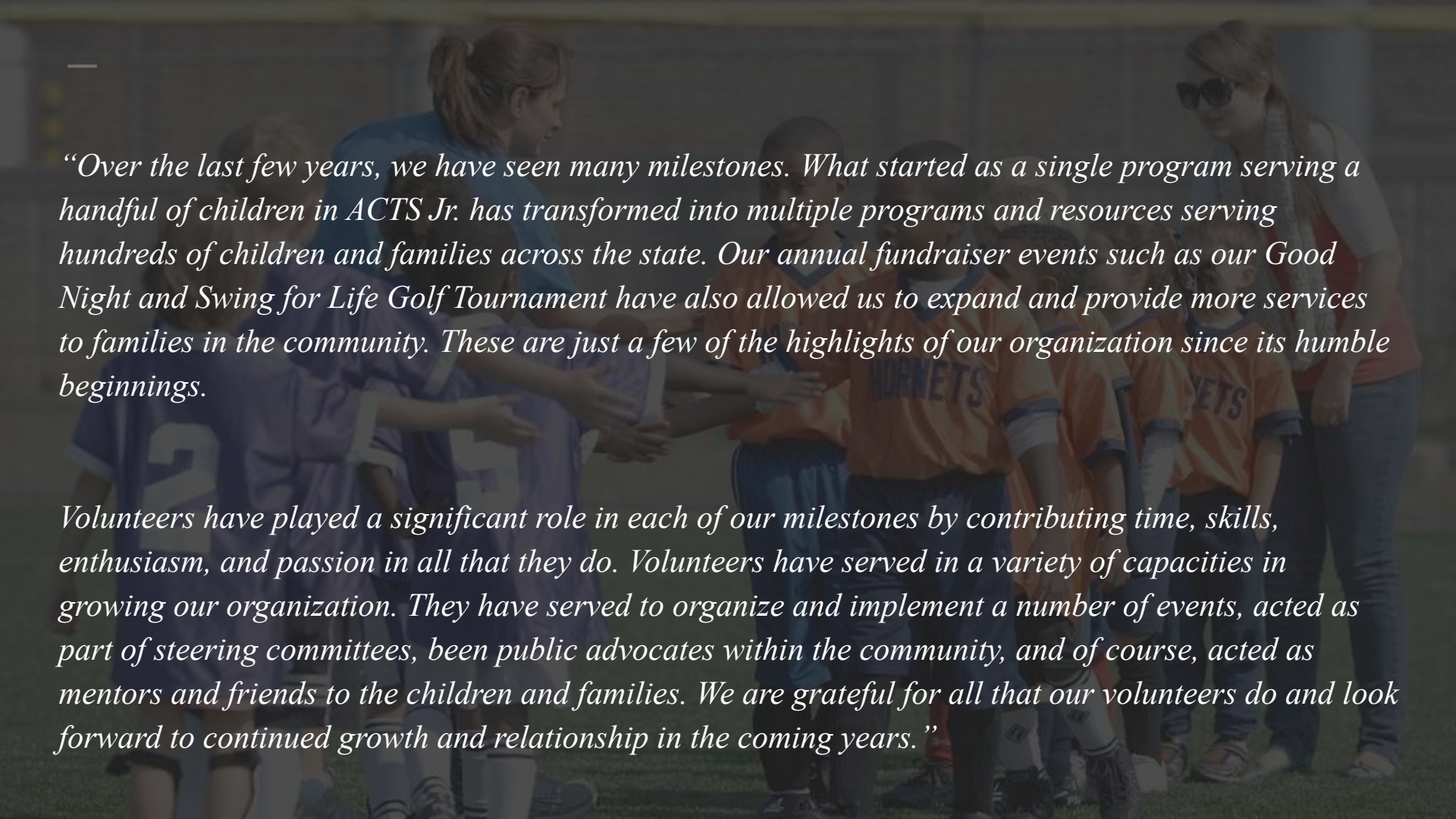
It enables us to share **RELATEDNESS** and **SUPPORT** the perpetual **GROWTH** of each other, ourselves, and our **ENVIRONMENT.**

Community Connections believes that having a strong sense of community creates **OPPORTUNITIES** to lean on its members in making their dream a reality.

Volunteers are the **BACKBONE** of non-profit organizations such as Community Connections.

VOLUNTEER





“Over the last few years, we have seen many milestones. What started as a single program serving a handful of children in ACTS Jr. has transformed into multiple programs and resources serving hundreds of children and families across the state. Our annual fundraiser events such as our Good Night and Swing for Life Golf Tournament have also allowed us to expand and provide more services to families in the community. These are just a few of the highlights of our organization since its humble beginnings.”

Volunteers have played a significant role in each of our milestones by contributing time, skills, enthusiasm, and passion in all that they do. Volunteers have served in a variety of capacities in growing our organization. They have served to organize and implement a number of events, acted as part of steering committees, been public advocates within the community, and of course, acted as mentors and friends to the children and families. We are grateful for all that our volunteers do and look forward to continued growth and relationship in the coming years.”

Volunteer involvement...

Fosters civic responsibility, participation, and interaction

Strengthens communities by promoting change and development by identifying and responding to community needs

Mutually benefits both the volunteer and the organization

Promotes relationship building by acting with integrity and respect when interacting with others



Common Reasons People Volunteer.

To meet new people or make friends

To help another person

To share my passion

To meet potential employers and network

To build confidence and self-esteem

To test/challenge myself

They believe in the cause/goals/mission of the organization and want to support it.

To fulfill a community service requirement for school, work, church, etc.

To do something you love and have fun

As therapy or a break from other life stresses

To try out a new career

To spend quality time with their family and friends

To get out of the house and into the community

To feel useful/needed

To do something different than their regular job



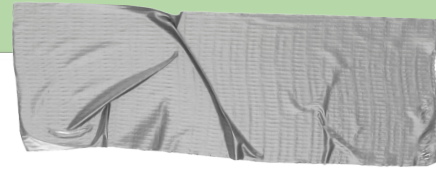
Volunteer Policies

At this time Community Connections does not require any additional certifications or training (CPR, First Aid, etc.). However, if you would like to become certified in these, click one of the resource links below:

[American Red Cross](#)

[American Heart Association](#)

[CPR Certification Institute](#)



Below is the process for volunteer involvement with Community Connections. Each volunteer must complete these steps in order to volunteer and assist with programs.

- **Complete** the volunteer application by registering online at www.communityconnectionsar.org/volunteer
- **Agreement** to the volunteer roles and responsibilities and code of conduct per completion of the Volunteer Training Program
- **Evaluation** of competency per passing the 10 question quiz at the end of the Volunteer Training Program

Roles & Responsibilities

- **Always be consistent.** Every child with special needs is paired with a “buddy” who accompanies that child for the entirety of the program. These children thrive on being involved in these activities each week and it is important that you stay a consistent part of their lives throughout the program.
- **Get to know your buddy before the activities start.** Try to engage them in conversation early to form a sense of trust with them.
- **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.
- **Supervise your “buddy” and make sure they are being safe and having fun.** Do not let a child go anywhere unattended. If you lose track of your child, find the Program Director immediately!
- **Be encouraging and motivate your “buddy”** as much as possible, every child enjoys it! Praise from an older child or adult means the world. Find ways to constantly encourage!
- **Assist with participation and mobility during activities,** as needed. Activities include, but are not limited to, games, crafts, movies, and sports.
- **Set boundaries 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. Please check with a parent/guardian to make sure water is okay or if they are providing their own beverage.
- **Have fun!** Your buddy will often have fun simply if you are enjoying yourself.

— What volunteers should NOT do

- 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.
- Do not change or adjust a child's equipment without permission. If you are unsure or have questions about using the equipment, just ask.
- Do not take photos of any child unless given permission by a parent or guardian.
- Disrespect any families culture and/or belief system.
- 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 ever allow yourself to be alone with a child. This is for the safety of yourself as well as the child. If your buddy needs to use the restroom and their parent is not there to take them, make sure you and another volunteer take the child together. As a volunteer, we do not change diapers over the age of 3 years old. For children under 3 we will help assist with bathroom needs ONLY if the parent is unavailable and ONLY if you are under the supervision of a Community Connections employee or another volunteer.
- NEVER EVER leave your buddy! If they run from an activity- run with them. You may have to sit out with your buddy for a bit, just stick with them from start to finish.
- Don't be afraid to ask parents or therapists if you are unsure about a situation. Parents are your best resource- ask questions at the beginning of the session & throughout if necessary!

Safety & Emergency Procedures

Emergencies take many forms and may require a number of different actions. Minor “emergencies” are to be expected with all kids. The program director will be available at each and every event/program to answer any questions you may have. Find the program director or the child’s parent or guardian to handle an emergency or injury. The following are general instructions that are designed to guide volunteers regarding safety and emergency procedures for just a few types of actual and potential emergencies.

This document should not be considered a substitute for informed decisions and common sense when an emergency occurs





Emergencies

→ **Earthquake**

A sudden and violent shaking of the ground, sometimes causing great destruction

→ **Tornado**

A sudden and violent rotating column of air touching the ground, usually attached to the base of a thunderstorm.

→ **Fire**

An fire can ignite unpredictably, spread uncontrollably in seconds, and can destroy a building within minutes.

→ **Injuries/ First Aid**

Medical emergencies are a sudden injury or serious illness that, if not treated right away, could cause death or serious harm.





Earthquakes & Tornadoes

During an earthquake or tornado...

→ **Stay calm**

Remain where you are, whether indoors or outdoors.

→ **Find shelter**

If you are inside a building, sit against a wall or crouch under a desk or table. Stay away from windows or glass. If you are outside, stand wavy from buildings, trees, and telephone or electrical lines.

→ **Check for injuries**

Check-in with parents, staff, and children to make sure everyone is safe.





Fires

In the event of a fire alarm...

- **Evacuate**
Leave the building using the nearest safe emergency exits marked by the lit "EXIT" signs.
- **Check-in**
Have a "safe location" designated to meet once outside. Check-in with parents, staff, and children to make sure all children are safe and accounted for.
- **Seek help**
Call 9-1-1 if the fire is not put out or if all people are not accounted for.





First Aid

First aid is available at every Community Connections program in case of a disastrous occurrence or accident. In the event of a medical emergency..

→ **Stay calm**

Reassure the individual that help is on the way

→ **Seek help**

Call 9-1-1 if necessary or seek out a staff member who is trained in first-aid if you are not trained yourself

→ **Seizures**

If you suspect a child is having a seizure, contact a program director or parent/guardian immediately. Note the start and end time and symptoms observed (i.e. blinking, starting, or shaking) for the medical team.



Volunteer Code of Conduct



community
connections

Code of Conduct

We ask that you act in a **professional** manner towards clients at all times.

Take your commitment to our organization to heart, performing your duties to the **best of your ability**.

Honor families' confidentiality.

Respect the mission and goals of Community Connections.

Deal with conflicts or difficulties in an **appropriate** manner as outlined in this manual.

Do **not** accept valuable gifts or money from families.

Be **courteous, friendly, and cooperative**.

Follow through on **commitments** and advise your program director if you are unable to volunteer as scheduled.

Demonstrate **respect** for the direction and decisions of your program director.

Treat other volunteers, children, and families **fairly** and **without discrimination**.

**This list is not exhaustive and may not cover every situation or provide you with a set of absolute standards*



Professional Behavior & Appearance

Always wear a nametag when volunteering

Wear clothes and shoes appropriate for the program and activity. It is always best to wear clothing that is comfortable and durable.

Makeup and jewelry should be minimal. Avoid dangling earrings or necklaces.

Do not wear clothing that reveals any cleavage, midriff, or buttock.

Do not smoke or drink alcoholic beverages on-site or prior to engaging in volunteer activities.

Use as little fragrance as possible, some children have sensitivities.

Keep your child in your line of sight at all times.

Use extra patience!

Volunteer Agreement

By continuing this volunteer training, you agree to serve as a volunteer and commit to the following:

- *To perform my volunteer duties to the best of my ability.*
- *To adhere to the volunteer code of conduct and policies and procedures, including families confidentiality.*
- *To meet time and duty commitments or provide adequate notice so that alternate arrangements can be made.*

Conflict Procedures

Your buddy might experience frustration at some point during the program because of communication difficulties, as a response to the the fun yet busy environment, etc.

It will be easier for them to maintain **appropriate behavior** when they are **reminded what they are doing well.**



Tips

See next slide for some interaction tips to prevent or reduce problem behaviors in children

Conflict Procedures:

Interaction tips on how to handle problem behaviors

Use a timer if needed

Children can't argue with a timer and it provides a concrete boundary. "The timer says all done!"

Reward positive behaviors instead of punishing bad ones.

All children are different and rewarding your child with praise and encouragement such as "you ran so fast" or giving your buddy a high-five.

State clear expectations

Tell the child what to expect instead of asking. Say "we are going to pick up the ball" instead of "will you pick up the ball please?"

Redirect problem behaviors

If a child uses inappropriate words or actions, respond by saying "use kind words" or "we don't talk about that here"

Stay calm

Avoid overreacting and remain calm.

Always be positive

Try to provide 4 positive phrases for every redirection or correction.

Allow them space to relax

Allow your buddy to leave a situation that appears to be causing distress. Let the child take a break and try something else or go to a more quiet environment.



If a child continues to have problem behaviors, talk with your program director regarding the participant Behavior Policy

Behavior/Discipline Policy

The safety of children and volunteers is imperative to Community Connections. Our goal is to create a safe, accepting, encouraging environment for children of all abilities to experience sports, arts, support, and growth. In order to maintain a safe place to foster emotional and physical health for everyone involved, below is the discipline policy.

First offense: Verbal warning and parent notified

If a child exhibits behavior that can cause physical/emotional harm to a fellow participant or volunteer, the program director will meet with the child and parent to explain concern and why the behavior must be modified, which constitutes a verbal warning.

Second offense: Director will ask participant to leave the session and sit out for the next session of the program

If a child continues to display unsafe behavior after verbal warning, the program director will talk with the parent and child and ask them to leave the session and to sit out for the next session. We ask that the caregiver discuss the behavior with the child and help them understand how their behavior negatively impacts others.

Third offense: Director will ask participant to withdraw from the semester program

If/when the child returns to the program after the second offense and displays unsafe behaviors once again, the program director will meet with the child and parents and ask that they withdraw from the program at that time for the rest of the semester. Explain that children tend to mature over time, and they are welcome to try the program again the following season.

******At any point the director has the right to administer the first, second, and/or third offense to keep the safety of others in mind. These offenses apply to the participants and the attendees on the sidelines.******

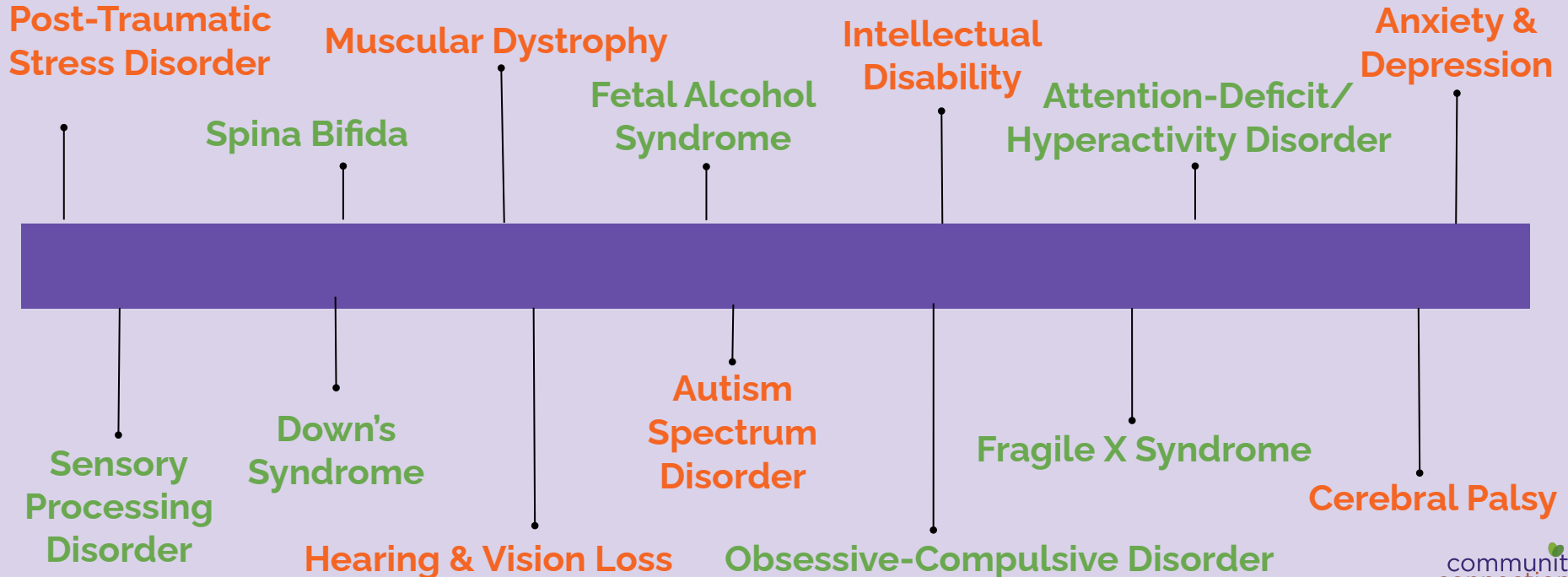
Volunteer Interaction Tips

For positive interactions with the children and families

- **Use Person First Language.** This demonstrates good manners and shows respect and dignity. People with disabilities are first and foremost, PEOPLE who have individual abilities, interests, and needs. When you meet your child and parents, remember “words” matter. Always refer to the person first, and not the disability.
 - Say “the girl with autism.” Not “the autistic girl”.
 - Say “the boy who uses a wheelchair.” Not “the wheelchair kid.”
 - For siblings, say “typical child” or “child without a disability.” Not “the normal or healthy” child.
- **When interacting with a child with a disability, you should always presume competency.** This means that you assume they are capable of doing something unless you learn otherwise.
- **Allow them extra processing time.** Don't use a lot of words, keep the language simple, and wait for a response before you give more instructions (counting to 10 in your head is a good way to know how long to wait for a response). If needed, show them instead of telling them.
- **Look at how they are communicating by their actions, not just their words.**
- **Simplify the environment.** Limit distractions such as objects that are competing for their attention (other balls, distractions, other kids).
- **Help the child follow directions and accomplish the task at hand.**
- **Give your buddy some sort of role** no matter how small to keep them involved.
- **Gradually require more responsibility** for regulation and gradually introduce competition for attention and complexity.
- **Do not talk about children to others as if they aren't there.** Many kids are able to understand language at a much higher level than they can speak.
- **Provide a heads up when transitioning from one activity to another.** Providing information about where you are going, what you will do, and what to expect can help children transition.
- **Be empathetic.** Get down on their level (kneel down, sit with them) and talk in a calm voice.
- **Nonverbal praise is more effective.** Give your buddy a smile, thumb-up, or high five!
- **Be mindful of your tone.** Do not use sing-song or baby talk, just communicate.
- **When communicating with parents, be positive!** Share a positive experience you had with their child or why you enjoyed caring for their child. Do not share any negative experiences with them.

Definitions & Symptoms of Common Disabilities

The children enrolled in Community Connections activities and programs have a variety of disabilities and disorders, as well as sensory needs. Below are a few of the disabilities you may see in our special needs children. The following slides provide definitions and symptoms of each disability, as well as ways you as a volunteer can help them be successful. Please do not ever hesitate to ask the child's parent, the program director, or any of us at Community Connections if you have questions regarding your buddy.



Anxiety

Anxiety is your body's natural response to stress. When a child does not outgrow the fears and worries that are typical in young children, or when there are so many fears and worries that they interfere with school, home, or play activities, the child may be diagnosed with an anxiety disorder. Examples of different types of anxiety disorders include:

- Being very afraid when away from parents/guardians (separation anxiety)
- Having extreme fear about a specific thing or situation, such as dogs, insects, or going to the doctor (phobias)
- Being very afraid of school and other places where there are people (social anxiety)
- Being very worried about the future and about bad things happening (general anxiety)
- Having repeated episodes of sudden, unexpected, intense fear that come with symptoms like heart pounding, having trouble breathing, or feeling dizzy, shaky, or sweaty (panic disorder)

Anxiety may present as fear or worry, but can also make children irritable and angry. Anxiety symptoms can also include trouble sleeping, as well as physical symptoms like fatigue, headaches, or stomachaches. Some anxious children keep their worries to themselves and thus, symptoms can be missed.

What volunteers can do to help

Children with anxiety tend to lack confidence in their abilities and feel overwhelmed easily. They are also driven to avoid things that cause them anxiety, and in doing so, don't get the chance to learn that what they fear will usually not happen. You can help your buddy by:

- **Starting slow:** Encourage your child to take some slow, deep breaths to calm the physical effects of anxiety. Practice together by breathing in for 3 seconds, holding for three seconds, then out for three seconds. Once they feel calmer you can talk through what's worrying them.
- **Set small goals:** If your child is anxious about participating in a certain activity, break down their worries into manageable chunks and gradually work towards the goal. For example, if they are afraid of playing with other children, create some mini-goals to build their confidence. Start out by just sitting and watching other kids play. Then as they feel more comfortable get them to try walking over to the kids and just listen, then say hi to them, and so on.
- **Encourage positive thinking:** Many times kids worry about the worst-case scenario or the “what-ifs” of a situation. Help them shift these negative thinking patterns by reminding them of similar issues and how they handled them successfully, help them to challenge the scary thoughts with facts and evidence, and make a plan for how they'll respond if things don't go as they'd like.
- **Have a go:** If they are worrying or avoiding situations or activities, emphasize giving new things a try and having fun whether it is a success or failure.
- **Help model coping:** Show the kids how you cope with situations when you get stressed or anxious by verbalizing how you overcome emotions. For example “ this looks a bit hard and scary, but I'll give it a go”.

ADHD

Attention-Deficit/Hyperactivity Disorder (ADHD) is a chronic behavioral condition that affects millions of children and often persists into adulthood. Children with ADHD have a persistent pattern of having trouble paying attention (inattention), controlling impulsive behaviors (impulsivity), or being overly active (hyperactive). Children with ADHD also may struggle with low self-esteem, troubled relationships, and poor performance in school. Most children get diagnosed when their symptoms begin to interfere with school and learning expectations, along with age-appropriate activities. Although ADHD can't be cured, it can be successfully managed and some symptoms may improve as the child ages.

What volunteers can do to help

Be clear and specific: Let your child know you are listening by describing what you heard them say. Use clear, brief directions when they need to do something.

Help your child plan: During complicated activities help break them down into simpler, shorter steps.

Create goals and use praise: Set small goals for your buddy during the activities and let them know they have done well by telling them or rewarding their efforts with a high-five or thumbs-up. Be sure to set small realistic goals, like to participate in an activity with good-listening ears!

Create positive environments: Children with ADHD might find certain situations stressful. Find out what your buddy likes and encourage what your child does well, like throw a ball or run really fast, to help create positive experiences.

Manage distractions: Some children may learn and focus better if moving around or listening to background noise. Watch your buddy and see what works for them best during activities.

Limit choices: To help your buddy not feel overwhelmed or stimulated, offer choices with only a few options, like having them choose between playing with this toy or that one.

Autism Spectrum Disorder

Autism spectrum disorder (ASD) is a developmental disorder that can cause significant social, communication, and behavioral challenges. There is often nothing about how children with ASD look that sets them apart from their peers, but children with ASD may communicate, interact, behave, and learn in ways that are different due to differences in their brains. A diagnosis of ASD now includes: autistic disorder, pervasive developmental disorder not otherwise specified (PDD-NOS), and Asperger syndrome. The learning, thinking, and problem-solving abilities of children with ASD can range from gifted to severely challenged. The abilities of children with ASD can vary significantly. For example, some people with ASD may have advanced conversation skills whereas others may be nonverbal. Some children with ASD need a lot of help in their daily lives; others need less. Children with ASD might have symptoms that impact social communication and interaction skills, restricted or repetitive behaviors or interests, and other characteristics that are symptoms of ASD, such as those listed:

Social Communication and Interactions

- Avoids or does not keep eye contact
- Appears unaware when others are talking to them, may not respond to name
- Does not show facial expressions like happy, sad, angry, and surprised
- Does not play simple interactive games or take turns with others
- Uses few or no gestures
- Does not share interests with others
- Does not notice the emotions or feelings of others
- Does not engage in “pretend” play (e.g., not pretend to “feed” doll)
- Have trouble relating to others or not have an interest in other people at all
- Has trouble understanding other people's feelings or talking about own feelings
- May be very interested in people, but not know how to talk, play, or relate to them

Restricted or Repetitive Behaviors

- May line up toys or other objects and gets upset when order is changed
- Repeats words or phrases over and over (echolalia)
- Plays with toys the same way every time
- Is focused on parts of objects (e.g., wheels instead of the car)
- Gets upset by minor changes
- Has obsessive interests
- Must follow certain routines, has trouble adapting when a routine changes
- Flaps hands, rocks body, or spins self in circles
- Has unusual reactions to the way things sound, smell, taste, look or feel

Other characteristics

- Delayed language skills, movement skills, and/or cognitive/learning skills
- Hyperactive, impulsive, and/or inattentive behavior
- Epilepsy or seizure disorder
- Gastrointestinal issues, unusual eating and sleeping habits
- Unusual mood or emotional reactions, such as anxiety, stress, or excessive worry
- Lack of fear or more fear than expected

*It is important to note that children with ASD may not have all of the symptoms listed as examples here. All children with ASD have unique strengths and challenges and present differently**

What volunteers can do to help

With appropriate interaction and expectations, children with ASD can successfully participate in a variety of environments and form meaningful relationships with peers. You can help your buddy participate in activities by:

- **Structure the environment:** Children with ASD thrive in an environment that is structured, therefore, try to attend each week and greet your buddy each time so they can predict the daily routine.
- **Structure the activity and transitions:** When transitioning from one activity to another, provide the child with visual or verbal information that informs them what will be happening and in how much time. This will help them be prepared for the next activity.
- **Be prepared:** You may run into difficult or uncomfortable situations that you cannot change. Planning ahead and having an alternative plan is important, like redirecting the child back to the activity or finding a peer for them to play with. If these do not work, find someone to assist you if needed, like the program director, an experienced volunteer, or parent/guardian.
- **Provide opportunities for social interactions:** Provide opportunities for your buddy to interact with their peers, even for short periods of time. Structure activities to promote peer interaction, such as taking turns passing a ball. During activities try to engage with your buddy, whether they are verbal or non-verbal. Interact with them using equipment during activities, through surprise, and don't be afraid to break routines. Add an unusual element to a known routine or activity so the child has something new to communicate about.
- **Motivate using their interests:** It is helpful to ask parents about the child's interests and use it to your advantage.
- **Pay attention:** Children with ASD can easily become overstimulated or overwhelmed by various sensory stimuli. If you notice your buddy becoming overstimulated by the environment, try to help them tune into the present rather than getting carried away by their emotions. This can include going to a more quiet environment, taking deep breaths, stretching and moving around, or providing sensory toys to allow them a break from the sensory stimulation.
- **Offer accommodations:** Some children with ASD may have difficulty performing some activities more than others. Be creative and find alternative ways for your buddy to be successful, like using a larger and lighter ball to kick into a goal. It is always a good idea to reach out to the program director or the child's family to determine the best accommodations for the child.
- **Be patient:** Remember children with ASD process and respond differently to certain social situations, may engage in behaviors, or react in a way that we do not understand. Extreme patience is required when interacting with these children.

Cerebral Palsy

Cerebral palsy is a motor disorder that affects a child's ability to move and maintain balance and posture. *Cerebral* means having to do with the brain. *Palsy* means weakness or problems with using the muscles. CP is caused by abnormal brain development or damage to the developing brain that affects the child's ability to control his/her muscles.

The symptoms of CP vary from person to person. Symptoms are usually first noticed in infants and toddlers. These children typically experience a variety of motor impairments including but not limited to: using too little or too much force during movements, difficulty with movement, impaired or delayed reflexes, poor muscle control, and decreased or limited muscle strength and coordination. They also may have additional problems, such as seizures, vision/hearing/speech problems, learning disorders or behavior problems, intellectual or developmental disabilities, respiratory problems, gastrointestinal and nutritional issues, bowel and bladder problems, and bone abnormalities (scoliosis and hip dysplasia).

Each child with CP is unique and they have varying levels of abilities according to the type of CP. Some children with severe CP need special equipment to walk, like crutches or walkers, or might not be able to walk at all and use a wheelchair. Some children with a mild CP might be able to walk a little awkwardly but not require any help.

Types: Cerebral palsy is classified according to the type of muscle tone and distribution of limb involvement. The types of CP include spasticity (stiff muscles and/or increased muscle tone), ataxia (decreased coordination and balance), and dyskinesia (involuntary and uncontrollable movements and force during movements). CP can also be described as monoplegia (only one limb is affected), diplegia (involves the trunk/lower limbs), hemiplegia (primarily one side of the body is affected), and quadriplegia (involvement of the trunk, face, and all four limbs). The most common type is spastic CP that affects about 80% of children with CP.

What volunteers can do to help

Help them perform activities: Your buddy may require physical assistance to perform various physical activities. Do not perform the activity for them, but instead perform activities together while letting them remain independent. For example, if they can stand using a walker but cannot balance while shooting a ball, hold and steady their torso while they let go of the walker to shoot.

Be creative with accommodations: Always find creative ways to adjust the task or activity to allow your buddy to be successful. You may try using lighter weighted balls when shooting or using a hula hoop for a goal. When in doubt it is always a good idea to reach out to the program director or the child's family to determine the best accommodations for the child.

Motivate and encourage: Like all children, they can become discouraged or embarrassed if they cannot perform tasks like their peers. Always provide encouragement and praise for performing an activity and motivate them to try their best even if it is difficult.

Depression

Occasionally being sad or feeling hopeless is a part of every child's life. However, some children feel sad or uninterested in things that they used to enjoy or feel helpless or hopeless in situations they are able to change. When children feel persistent sadness and hopelessness, they may be diagnosed with depression. Examples of behaviors often seen in children with depression include:

- Feeling sad, hopeless, or irritable a lot of the time
- Not wanting to do or enjoy doing fun things, appearing unmotivated
- Showing changes in eating patterns – eating a lot more or a lot less than usual
- Showing changes in sleep patterns – sleeping a lot more or a lot less than normal
- Showing changes in energy – being tired and sluggish or tense and restless a lot of the time
- Having a hard time paying attention
- Feeling worthless, useless, or guilty
- Showing self-injury and self-destructive behavior

Some children may not talk about their negative and hopeless thoughts, and may not appear sad. Depression might also cause a child to make trouble or act unmotivated, causing others not to notice that the child is depressed or to incorrectly label the child as a trouble-maker or lazy.

What volunteers can do to help

If your buddy doesn't seem to themselves, try to talk about what is going on and how they are feeling. You can suggest some feeling words and see if any hit the mark with them. You can help your buddy by:

- **Provide time and space to talk:** If your child seems distressed about something, make time and space for them to talk to you. Step aside from the activities with just you and your buddy and engage in a conversation while engaging in an activity with just you two. This might distract them and help them open up, and works best when you can be unhurried or uninterrupted.
- **Listen openly without judgment:** Let your child have whatever emotion they need to express what's on their mind. Listen carefully and ask questions before responding helps to show your child you understand them.
- **Revisit the problem:** When a child shares a problem or negative experience, gently ask whether there may be another explanation for things happening the way they did. Try to help them see that it is not as awful as they might think, and work on some problem-solving strategies together.
- **Get social and focus on having fun:** When a child is experiencing depression they can dwell on problems and issues and become bigger worries. Spending time with friends or other children engaged in the activities can help distract kids from negative thinking patterns. If they seem reluctant to spend time with or talk to others, start small and suggest a fun activity that doesn't require too much talking, like throwing a ball.

Down's Syndrome

Down's syndrome, also known as trisomy 21, is a genetic disorder caused by the presence of an extra chromosome. Chromosomes determine how a baby's body forms and functions as it grows during pregnancy and after birth. Typically, a baby is born with 46 chromosomes (23 from the mother and 23 from the father). Babies with Down's syndrome have an extra copy of one of these chromosomes, chromosome 21. This chromosome change changes how the baby's body and brain develop, which can cause both mental and physical challenges for the child. This disability is characterized by physical growth delays like muscle hypotonia (low muscle tone), cognitive delays (ranging from moderate to severe), abnormal facial features, and other distinctive physical abnormalities. However, it should be noted that not all children with Down's syndrome experience the above-mentioned symptoms. Even though children with Down's syndrome might act and look similar, each person has different abilities. These children can be expected to attend school, hold down a job within a sheltered work environment, and actively participate within their community. Some children with Down's syndrome also experience other health problems, such as hearing loss, obstructive sleep apnea, ear infections, eye diseases, and heart defects.

What volunteers can do to help

Create goals and use praise: Set small goals for your buddy during the activities and let them know they have done well by telling them or rewarding their efforts with a high-five or thumbs-up. Be sure to set small realistic goals, like to participate in an activity with good-listening ears!

Be specific and provide demonstrations: Children with Down's syndrome are typically visual learners and need help remembering instructions or directions. Try to show them how to do something instead of just giving directions and use shorter phrases and visual clues to help them perform activities.

Speak clearly and calmly: So they can learn from you and take in everything you say.

Set rules and routines: Try to have the same routine each week so they feel settled and confident. For example, give your buddy a high five after performing each activity successfully.

Pay attention: Make sure to monitor changes in mood or behavior, they may not be able to tell you something's wrong or they're unwell.

Help them perform activities: Your buddy may require physical assistance to perform various physical activities. Do not perform the activity for them, but instead perform activities together while letting them remain independent.

Be creative with accommodations: Always find creative ways to adjust the task or activity to allow your buddy to be successful. You may try using lighter weighted balls when shooting or using a hula hoop for a goal. When in doubt it is always a good idea to reach out to the program director or the child's family to determine the best accommodations for the child.

Motivate and encourage: Like all children, they can become discouraged or embarrassed if they cannot perform tasks like their peers. Always provide encouragement and praise for performing an activity and motivate them to try their best even if it is difficult.

Fetal Alcohol Syndrome

Fetal alcohol syndrome is a congenital condition as a result of excessive maternal alcohol consumption during pregnancy. Children with FAS can have central nervous system problems, abnormal facial features, and growth problems as a result from prenatal exposure to alcohol. They also can have deficits with learning, memory, attention/focus, communication, vision, or hearing. There are a range of effects from mild to severe that can affect each child in different ways. A child with FAS might have the following symptoms:

- Poor coordination
- Hyperactive behavior, difficulty with attention, and poor memory
- Difficulty in school (especially with abstract concepts like math, time, money, etc) and other learning disabilities
- Speech and language delays
- Intellectual disability or low IQ
- Poor reasoning and judgment skills
- Sensory issues that may affect their mood or behavior in certain environments, as well as their preferences for lighting, food, noise, or clothing
- Vision or hearing problems
- Problems with the heart, kidneys, or bones
- Shorter-than-average height and low body weight
- Small head size and abnormal facial features, such as a smooth ridge between the nose and upper lip (called the philtrum)

What volunteers can do to help

Teach appropriate behavior: Often children with FAS struggle connecting consequences to their actions. Concentrate on providing praise if they respond appropriately or show them how to achieve the desired outcome rather than correcting inappropriate behavior.

Structure the environment: Children with FAS need an environment that is structured. Try to attend each week and establish a routine so they can predict expectations. Establish predictable routines and so the child can begin to see and learn patterns in the activities and feel settled.

Be prepared: You may run into difficult, unsafe, or uncomfortable situations that you cannot change due to impulsivity. Be aware of danger or distractions in the environment and redirect the child back to the activity or finding a peer for them to play with. If these do not work, find someone to assist you if needed, like the program director, an experienced volunteer, or parent/guardian.

Be clear and specific: Give no more than one direction at a time and use clear, brief directions when they need to do something.

Help your child plan: During complicated activities help break them down into simpler, shorter steps.

Create positive environments: Children with FAS might find certain situations stressful. Find out what they like and encourage what your child does well to help create positive experiences. It is helpful to ask the parents about the child's interests and use it your advantage.

Structure the activity and transitions: When transitioning from one activity to another, provide the child with visual or verbal information that informs them what will be happening and in how much time. Transitions can be difficult and this will help them prepare for the next fun activity.

Provide opportunities for interactions: During activities try to engage with your buddy. Provide opportunities for your buddy to interact with their peers, even for short periods of time. Structure activities to promote peer interaction, such as taking turns passing a ball.

Pay attention: Children with FAS can become overstimulated or overwhelmed by various sensory stimuli. If you notice your buddy becoming overstimulated by the environment, try to help them tune into the present rather than getting carried away by their emotions. This can include going to a more quiet environment, taking deep breaths, stretching and moving around, or providing sensory toys to allow them a break from the sensory stimulation.

Be patient: Remember children with FAS engage in behaviors that are different or react in a way that we do not understand. Teach boundaries, redirect if problems arise, and maintain extreme patience when interacting with these children.

Fragile X Syndrome

Fragile X syndrome (FXS) is a genetic disorder caused by changes in a gene that results in a lack of a specific protein needed for normal brain development. This can result in developmental delays (not sitting, walking, or talking at the same time as other children the same age), learning disabilities (trouble learning new skills), and social and behavior problems (such as not making eye contact, anxiety, trouble paying attention, hand flapping, acting and speaking without thinking, and being very active). Fragile X syndrome affects both boys and girls. However, females often have milder symptoms than males. Boys with FXS usually have some degree of intellectual disability that can range from mild to severe, while females with FXS can have normal intelligence or some degree of intellectual disability..

What volunteers can do to help

Create goals and use praise: Set small goals for your buddy during the activities and let them know they have done well by telling them or rewarding their efforts with a high-five or thumbs-up. Be sure to set small realistic goals, like to participate in an activity with good-listening ears!

Model activities and provide demonstrations: Children with FXS typically have trouble initiating activities. Try to show them how to do something first instead of just giving directions and use shorter phrases and visual clues to help them perform activities. This teaches them how to interact, follow directions, and perform instructions.

Set rules and routines: Try to have the same routine each week so they feel settled and confident. For example, give your buddy a high five after performing each activity successfully.

Help them perform activities: Your buddy may require physical assistance to perform various physical activities. Do not perform the activity for them, but instead perform activities together while letting them remain independent.

Be creative with accommodations: Always find creative ways to adjust the task or activity to allow your buddy to be successful. You may try using lighter weighted balls when shooting or using a hula hoop for a goal. When in doubt it is always a good idea to reach out to the program director or the child's family to determine the best accommodations for the child.

Motivate and encourage: It is helpful to ask parents about the child's interests and use them to your advantage. Like all children, they can become discouraged or embarrassed if they cannot perform tasks like their peers. Always provide encouragement and praise for performing an activity and motivate them to try their best even if it is difficult.

Pay attention to needed sensory breaks: Children with FXS can easily become overstimulated or overwhelmed by various sensory stimuli. If you notice your buddy becoming overstimulated by the environment, try to help them tune into the present rather than getting carried away by their emotions. This can include going to a more quiet environment, taking deep breaths, stretching and moving around, or providing sensory toys to allow them a break from the sensory stimulation.

Hearing Loss

Hearing loss or deafness can happen when any part of the ear is not working in the usual way. Causes can be genetic, complications, injuries, or infections either before, during, or after birth, head trauma, or the result of another condition. This can affect a child's ability to develop speech, language, and social skills. The signs and symptoms of hearing loss are different for each child and can range from mild to profound. It can occur in one or both ears, occur before or after the child has learned to talk, severity can be the same or different in both ears, or can fluctuate or remain stable.

What volunteers can do to help

Every child with hearing loss is different. They all have different levels of deafness, hearing aids or implants, technology, and communication preferences. The tips below are useful for communicating and interacting with all children who experience hearing loss.

- **Find out how they communicate:** Not all children use sign language. Every child with hearing loss will have a preferred way of communicating, so find out if they use speech, gestures, sign language, or a combination. If they do use sign language, ask the program director if they can provide an interpreter or know of anyone who can volunteer to help.
- **Get their attention:** To get a child with hearing loss' attention you can wave, knock at a table, or tap their shoulder lightly.
- **Face them when you're talking:** Try to get down to their level so that they can see your face clearly. Don't move around while you're talking as this will make it difficult for the child to hear your voice and lip-read.
- **Speak clearly and naturally:** Children with hearing loss will try to lip-read, so they need you to say words as you normally would. Speaking slowly or too loudly makes lip-reading much more difficult. Also be aware of covering your mouth with your hands, eating, or chewing gum as this can make lip-reading very difficult. It will also muffle any sound you're making.
- **Use visual cues, when possible:** Point to what you're talking about, and don't be shy about using gestures to support your communication. For example, if you're telling your buddy they are about to play kickball, you can do a kicking and running action and point to the bases.
- **Make it clear what the topic of conversation is:** The child will find it easier to guess your words if they know what you're talking about. Make sure your buddy knows when the topic changes.
- **Speak one at a time:** Group conversations can be difficult for children with hearing loss to follow. Make it easier by asking everyone to take their turn talking and to make a sign if they want to speak next.
- **Reduce background noise:** Hearing aids and cochlear implants amplify a child's hearing, which means they have to concentrate very hard on your voice to hear it over everything else. Background noises such as traffic or the radio can make it difficult for a child to listen. Block out unnecessary noise by closing windows, doors and turning machines off.
- **Continue to encourage interaction:** Never give up or say "I'll tell you later". Children with hearing loss want to be involved just like their friends, so if one method doesn't work, don't be scared to improvise. You can try texting on your phone, emailing, or good old fashioned pen and paper.

Intellectual Disability

Intellectual disability (ID) is a condition that limits a child's ability to learn at an unexpected level and function in daily life. Levels of ID vary greatly in children. Children with intellectual disabilities might have a hard time letting others know their wants and needs and taking care of themselves. An intellectual disability could cause a child to learn and develop more slowly than other children of the same age. It could take longer for a child with an intellectual disability to learn to speak, walk, dress or eat without help, and they could have trouble learning in school.

Intellectual disability can be caused by injury, disease, or a problem in the brain. For many children, the cause of their intellectual disability is not known. Some of the most common known causes of intellectual disability – like Down syndrome, fetal alcohol syndrome, fragile X syndrome, genetic conditions, birth defects, and infections – happen before birth. Others happen while a baby is being born or soon after birth. Still, other causes of intellectual disability do not occur until a child is older; these might include serious head injury, stroke, or certain infections.

Usually, the more severe the degree of intellectual disability, the earlier the signs can be noticed. However, it might still be hard to tell how young children will be affected later in life. There are many signs of intellectual disability. For example, children with intellectual disability may:

- Be delayed meeting developmental milestones such as crawling, walking, or talking.
- Have poor memory and trouble remembering things
- Have trouble understanding social rules
- Have trouble seeing the results of their actions
- Have trouble solving problems

What volunteers can do to help

Since children with ID have a variety of symptoms that can vary from each child. It is best to ask the child's parents about what areas they may need assistance with. Some ways to help include:

- **Create goals and use praise:** Set small goals for your buddy during the activities and let them know they have done well by telling them or rewarding their efforts with a high-five or thumbs-up. Be sure to set small realistic goals, like to participate in an activity with good-listening ears!
- **Be clear and specific:** Children with an intellectual disability may struggle learning new concepts, so it is important to use clear, brief directions and instructions when they need to do something. Teach them how to participate in activities using different methods and have them practice multiple times in order to learn and remember it.
- **Help your buddy plan:** During complicated activities help break them down into simpler, shorter steps.
- **Create social interactions:** During activities try to engage and interact with your buddy. Provide opportunities for your buddy to interact with their peers, even for short periods of time. Structure activities to promote peer interaction, such as taking turns passing a ball.
- **Be patient:** Remember children with an ID process and respond differently to certain social situations or respond in a way that we do not understand. Extreme patience is required when interacting with these children.
- **Model activities and provide demonstrations:** Children with an ID can have trouble initiating and performing activities. Try to show them how to do something first instead of just giving directions and use shorter phrases and visual clues to help them perform activities. This teaches them how to interact, follow directions, and perform instructions.
- **Help them perform activities:** Your buddy may require physical assistance to perform various physical activities. Do not perform the activity for them, but instead perform activities together while letting them remain independent.
- **Motivate and encourage:** It is helpful to ask parents about the child's interests and use them to your advantage. Like all children, they can become discouraged or embarrassed if they cannot perform tasks like their peers. Always provide encouragement and praise for performing an activity and motivate them to try their best even if it is difficult.
- **Be creative with accommodations:** Some children with ID may have difficulty performing some of the activities more than others. Find creative ways to adjust the task or activity to allow your buddy to be successful. You may try using lighter weighted balls when shooting or using a hula hoop for a goal. When in doubt it is always a good idea to reach out to the program director or the child's family to determine the best accommodations for the child.

Muscular Dystrophy

Muscular dystrophy (MD) is a genetic disorder that results in muscle weakness and a loss of muscle mass over time. Over time the muscles grow weaker due to the production of proteins needed to form healthy muscle decreasing. This results in decreased mobility, making everyday tasks difficult. There are multiple types of muscular dystrophy, each affecting specific muscle groups, with signs and symptoms appearing at different ages, and varying in severity. Symptoms of the most common type begin in childhood, mostly in boys. Some types don't begin to show symptoms until later in adulthood. There may be several different genetic types within each kind of muscular dystrophy, and children with the same kind of MD may experience different symptoms. Depending on the type of muscular dystrophy, symptoms can include decreased mobility, muscle pain and stiffness, learning disabilities, breathing problems, scoliosis, heart problems, swallowing problems, contractures, and delayed growth. There is no cure for muscular dystrophy, but medications and therapy can help manage symptoms and slow the course of the disease. .

What volunteers can do to help

Help them perform activities: Your buddy may require physical assistance to perform various physical activities.

Do not perform the activity for them, but instead perform activities together while letting them remain independent. For example, if they can stand using a walker but cannot balance while shooting a ball, hold and steady their torso while they let go of the walker to shoot.

Create goals and use praise: Set small goals for your buddy during the activities and let them know they have done well by telling them or rewarding their efforts with a high-five or thumbs-up. Be sure to set small realistic goals, like to participate in an activity and try his/her best!

Be creative with accommodations: Always find creative ways to adjust the task or activity to allow your buddy to be successful. You may try using lighter weighted balls when shooting or using a hula hoop for a goal. When in doubt it is always a good idea to reach out to the program director or the child's family to determine the best accommodations for the child.

Motivate and encourage: Like all children, they can become discouraged or embarrassed if they cannot perform tasks like their peers. Always provide encouragement and praise for performing an activity and motivate them to try their best even if it is difficult.

Obsessive- Compulsive Disorder

Obsessive-compulsive disorder (OCD) is a disorder where children have recurring, unwanted thoughts, ideas or sensations (obsessions), and they might feel like they have to do something about those thoughts repetitively, even if their actions don't actually make sense (compulsions). For example, they might worry about having bad luck if they don't wear a favorite piece of clothing. For some children, the thoughts and the urges to perform certain actions persist, even if they try to ignore them or make them go away. Children may have OCD when they have unwanted thoughts, and the behaviors they feel they must do because of the thoughts, happen frequently, take up a lot of time (more than an hour a day), interfere with their daily activities, or make them very upset. Examples of obsessive or compulsive behaviors and symptoms include:

- Having unwanted thoughts, impulses, or images that occur over and over and which cause anxiety or distress.
- Having to think about or say something over and over (for example, counting, or repeating words over and over silently or out loud)
- Having to do something over and over (for example, handwashing, placing things in a specific order, or checking the same things over and over, like whether a door is locked) according to certain rules to make an obsession go away.

Children do these behaviors because they have the feeling that the behaviors will prevent bad things from happening or will make them feel better. However, the behavior is not typically connected to the actual danger of something bad happening, or the behavior is extreme and impairs functioning.

What volunteers can do to help

Manage symptoms: If a child experiences symptoms during activities, help the child change negative thoughts into more positive, effective ways of thinking that leads to effective behavior. For example, if a child is performing a compulsion due to fear of getting hurt, gradually expose the child to their fears in a safe setting by saying “I promise that you will not get hurt, I am right here beside you to protect you. Let’s stop dribbling and see how you will stay safe”. This helps them learn that bad things do not occur when they don’t do the behavior, which eventually decreases their anxiety.

Starting slow: Encourage your child to take some slow, deep breaths if they start to appear anxious due to symptoms. Practice together by breathing in for 3 seconds, holding for three seconds, then out for three seconds. Once they feel calmer you can talk about the child’s worries.

Have a go: If they are worrying about situations or activities, emphasize giving new things a try and having fun whether it is a success or failure.

Help model coping: Show the kids how you cope with situations when you get stressed or anxious by verbalizing how you overcome emotions. For example “My body is really worried about playing this game, see how I play with my hair when I get nervous? Let’s try to stop our nervous actions together and go play with everyone”.

Create goals and use praise: Set small goals for your buddy during the activities and let them know they have done well by telling them or rewarding their efforts with a high-five or thumbs-up. Be sure to set small realistic goals, like to participate in an activity without getting nervous.

Create positive environments: Children with OCD might find certain situations stressful. Find out what your buddy likes and encourage what your child does well, like throw a ball or run really fast, to help create positive experiences.

Set small goals: If your child is anxious about participating in a certain activity, break down their worries into manageable chunks and gradually work towards the goal. For example, if they are afraid of playing with other children, create some mini-goals to build their confidence. Start out by sitting and watching the other kids play. As they feel more comfortable get them to try walking over to the kids, listen to them talk, say hi to them, etc.

Encourage positive thinking: Many times kids worry about the worst-case scenario or the “what-ifs” of a situation. Help them shift these negative thinking patterns by reminding them of similar issues and how they handled them successfully, help them to challenge the scary thoughts with facts and evidence, and make a plan for how they'll respond if things don't go as they'd like.

Be patient: Remember children with OCD process and respond differently to certain social situations or respond in a way that we do not understand. Extreme patience is required when interacting with these children.

Post-Traumatic Stress Disorder

All children may experience very stressful events that affect how they think and feel. Most of the time, children recover quickly and well. However, sometimes children who experience severe stress, such as from an injury, from the death or threatened death of a close family member or friend, or from violence, will be affected long-term. Events that can cause PTSD include physical, sexual, or emotional maltreatment, being a victim or witness to violence or crime, serious illness or death of a close family member or friend, natural or manmade disasters, or severe car accidents. The child could experience this trauma directly or could witness it happening to someone else. When children develop long-term symptoms (longer than one month) from such stress, which are upsetting or interfere with their relationships and activities, they may be diagnosed with post-traumatic stress disorder (PTSD). Examples of PTSD symptoms include:

- Reliving the event over and over in thought or in play
- Nightmares and sleep problems
- Becoming very upset when something causes memories of the event
- Lack of positive emotions
- Intense ongoing fear or sadness
- Irritability and angry outbursts
- Constantly looking for possible threats, being easily startled
- Acting helpless, hopeless or withdrawn
- Denying that the event happened or feeling numb
- Avoiding places or people associated with the event

The symptoms of traumatic stress can be confused with symptoms of attention-deficit/hyperactivity disorder (ADHD) because the child may seem restless, fidgety, or have trouble paying attention and staying organized.

What volunteers can do to help

Start slow: Encourage your child to take some slow, deep breaths to calm the physical effects of anxiety from PTSD. Practice together by breathing in for 3 seconds, holding for three seconds, then out for three seconds. Once they feel calmer you can talk through what's worrying them.

Pay attention and listen: Children with PTSD can easily become overwhelmed or triggered by their trauma or may want to discuss their trauma. If you notice your buddy becoming overwhelmed or anxious, try to help them tune into the present rather than getting carried away by their emotions. This can include going to a more quiet environment, taking deep breaths, stretching and moving around, or providing sensory toys to allow them a break from the sensory stimulation. If they want to discuss their trauma, accept their feelings and let them know all feelings are okay.

Set small goals: If your child is anxious about participating in a certain activity, break down their worries into manageable chunks and gradually work towards the goal. For example, if they are afraid of playing with other children, create some mini-goals to build their confidence. Start out by just sitting and watching other kids play. Then as they feel more comfortable get them to try walking over to the kids and just listen, then say hi to them, and so on.

Encourage positive thinking: Let the child know it is okay to laugh and have fun. Many times kids worry about the worst-case scenario or the past trauma. Help them shift these negative thinking patterns by keeping them engaged in the various activities.

Have a go: If they are worrying or avoiding situations or activities, emphasize giving new things a try and having fun whether it is a success or failure. If they become anxious or worrisome, allow them to remove themselves from the activities and monitor signs of distress.

Model helping coping: Show the kids how you cope with situations when you get worried or anxious by verbalizing how you overcome emotions. For example “ this looks a bit hard and scary, but I’ll give it a go”.

Create positive environments: Children with ADHD might find certain situations stressful. Find out what they like and encourage what your child does well, like throw a ball or run really fast, to help create positive experiences.

Sensory Processing Disorder

Sensory processing disorder (SPD) is a condition that causes difficulties with organizing and responding to information that comes in through the senses. A child with SPD finds it difficult to process and act upon information received through the senses (smell, taste, touch, sound, sight, vestibular, proprioceptive, etc.) which creates challenges in performing countless everyday tasks. Examples of sensory issues would be a child who thrives on tactile senses and loves to touch objects, hug, and climb or jump constantly. These children are often referred to by their peers as the “hyper” child. Just the opposite can happen with a child who has over-response to sensory needs, this child may have issues with textures when eating or playing outside, as well as any physical touch. This child is often referred to as the “cautious” child. Some kids may be both sensory avoiding and sensory seeking. They may be oversensitive to some sensations, and under-sensitive to others. A child’s reactions can also change from one day to the next, or even throughout the day, depending on the environment or situation. Most children who have SPD or related disorders are able to thrive in their environment when they have active involvement and advocates to help them through their struggles. It is also important to remember that most children that have a disability will most likely have their own sensory needs. Always try to help your buddy with his/her sensory needs, this will help you establish and form a good relationship and bond!

What volunteers can do to help

With appropriate interaction and expectations, children with SPD can successfully participate in a variety of environments and form meaningful relationships with peers. You can help your buddy participate in activities by:

- **Structure the environment:** Children with SPD thrive in an environment that is structured. Try to attend each week and greet your buddy each time so they can predict the daily routine.
- **Structure the activity and transitions:** When transitioning from one activity to another, provide the child with visual or verbal information that informs them what will be happening and in how much time. This will help them be prepared for the next fun activity.
- **Be prepared:** You may run into difficult or uncomfortable situations that you cannot change. Planning ahead and having an alternative plan is important, like redirecting the child back to the activity or finding a peer for them to play with. If these do not work, find someone to assist you if needed, like the program director, an experienced volunteer, or parent/guardian.
- **Provide opportunities for social interactions:** Provide opportunities for your buddy to interact with their peers, even for short periods of time. Structure activities to promote peer interaction, such as taking turns passing a ball. During activities try to engage with your buddy, whether they are verbal or non-verbal. Interact with them using equipment during activities, through surprise, and don't be afraid to break routines. Add an unusual element to a known routine or activity so the child has something new to communicate about.
- **Motivate using their interests:** It is helpful to ask parents about the child's interests and use it to your advantage.
- **Pay attention:** Children with SPD can easily become overstimulated or overwhelmed by various sensory stimuli. If you notice your buddy becoming overstimulated by the environment, try to help them tune into the present rather than getting carried away by their emotions. This can include going to a more quiet environment, taking deep breaths, stretching and moving around, or providing sensory toys to allow them a break from the sensory stimulation.
- **Offer accommodations:** Some children with SPD may have difficulty performing some activities more than others. Be creative and find alternative ways for your buddy to be successful, like using a larger and lighter ball to kick into a goal. It is always a good idea to reach out to the program director or the child's family to determine the best accommodations for the child.
- **Be patient:** Remember children with SPD process and respond differently to certain sensory stimuli. They may engage in unusual behaviors, or react in a way that we do not understand. Extreme patience is required when interacting with these children.

Spina Bifida

Spina bifida is a neural tube defect that encompasses a variety of abnormalities involving the development of the spinal cord and vertebrae, often resulting in varying degrees of weakness to the legs. Spina bifida can happen anywhere along the spine if the neural tube does not close all the way, resulting in damage to the spinal cord and nerves. The exact cause of spina bifida is not known at this time. Spina bifida can cause both physical and intellectual impairments that range from mild to severe depending on the type of spina bifida.

The three most common types of spina bifida are myelomeningocele (most serious and debilitating type), meningocele (minor disabilities), and occulta (usually does not cause any disabilities).

Children with SB can experience life to its fullest in a variety of contexts. Children with spina bifida may have the following difficulties during 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
- Possible learning problems, difficulty paying attention or working slowly, restlessness, or tendency to lose things. Sometimes they may also have an intellectual disability.

*It is noted that not all children with spina bifida experience these complications depending on the severity of the neural tube defect**

What volunteers can do to help

Help them perform activities: Your buddy may require physical assistance to perform various physical activities. Do not perform the activity for them, but instead perform activities together while letting them remain independent. For example, if they can stand using a walker but cannot balance while shooting a ball, hold and steady their torso while they let go of the walker to shoot.

Create goals and use praise: Set small goals for your buddy during the activities and let them know they have done well by telling them or rewarding their efforts with a high-five or thumbs-up. Be sure to set small realistic goals, like to participate in an activity and try his/her best!

Be creative with accommodations: Always find creative ways to adjust the task or activity to allow your buddy to be successful. You may try using lighter weighted balls when shooting or using a hula hoop for a goal. When in doubt it is always a good idea to reach out to the program director or the child's family to determine the best accommodations for the child.

Be clear and specific: Children with an intellectual disability may struggle learning new concepts, so it is important to use clear, brief directions and instructions when they need to do something. Teach them how to participate in activities using different methods and have them practice multiple times in order to learn and remember it.

Motivate and encourage: Like all children, they can become discouraged or embarrassed if they cannot perform tasks like their peers. Always provide encouragement and praise for performing an activity and motivate them to try their best even if it is difficult.

Vision Loss

Vision loss means that a child's eyesight is not corrected to a "normal" level. It can vary greatly among children and can be caused by many things. It can be caused by damage to the eye itself, incorrect eye shape, or even a problem in the brain. Children can be born unable to see or vision loss can occur later in the child's life.

Some examples of symptoms of vision loss include the child covering or closing one eye, squinting, complaining of blurry vision, having trouble reading or doing other close-up work, or holding objects close to eyes in order to see.

What volunteers can do to help

Introduce yourself even if you are wearing a nametag.

Speak directly to them and use your normal tone and speed.

Address them by their name and say their name to get their attention. Let the child know you are present before touching them to assist with activities.

Provide specific directions like “the ball is 5 feet to your right” as opposed to “the ball is over there”.

Name and describe people and objects so they are aware of who is present and what is happening. Use vision-related words when describing things to them.

Vision motivates us to interact, so you may need to encourage the child to interact with peers.

Children with visual impairments often need extra time to think and respond. Be patient and allow that extra time for them to respond to what you say.

Encourage them to be as independent as possible even though it may be tempting to do things for them. It is important to provide opportunities for them to participate in activities with their peers.

Children with visual impairments may need to use “the sighted guide technique” to move safely in unfamiliar places. Your buddy might need to hold your arm while moving while you guide them gently and describe where they are going.

Some children may use a cane to help them move safely from place to place. Help them find a place to put it when not in use and keep other children from playing with it.

Remember that children with visual impairments are **children** first and that their visual impairment is just one of their characteristics. If you have questions that the children cannot answer for themselves, talk with their parents or a staff person.

Final Takeaways...

We are committed to serving families in our community by providing trained and educated volunteers that are confident in providing their children with the care they need.

We pride ourselves in providing opportunities for children and families to participate in various activities in an environment that is safe and encouraging.

Communication with the family is key! The child's parents and guardians are your best resource and can tell you what the child likes and dislikes. Each and every child is unique and we must remember this when we help them.

We hope this resource provides you with information that will be useful and helpful during your time as a Community Connections volunteer!

You're almost done!

To complete your training and to demonstrate that you understand your roles and responsibilities as a volunteer for Community Connections, please click the "Take Quiz" link below in orange.

"Take Quiz"

We thank you from everyone here at Community Connections for your willingness to **make a difference!**

