Buddy Art

Buddy Handbook
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THIS CENTURY ART GALLERY
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A Virginia Museum of Fine Arts Partner

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People with Disabilities in the Community

A disability is a physical or mental impairment that restricts one or more aspects of a person's activity. Most of us experience some kind of "disability" in our lives through difficulties such as serious short-term medical condition, a broken leg or arm, depression, or other circumstances.

For people with permanent or long term disabilities, the importance is a more significant factor in their lives and plays a role in shaping their lifestyles, ***but the disability does not define them as a person***. Most people with disabilities are limited in a narrow range of activity, not heir wider scope of social, mental, or other behavior. ***They can-and do-participate in all aspects of life.***

Disability is Widespread

Disability affects between 15-20% of people in the United States and the world population. It touches people of all backgrounds and ages. Many children with disabilities or special needs in our area are not involved in sports programs. It is important that we include them in our league so that *they can enrich our community with their abilities, talents, and gifts.*

Disability Vs. Handicapped

A disability stems from an impairment that is congenital or the residual effect of a disease or injury. A handicap, by contrast, is not a physical or mental condition. It is a barrier of architecture or attitude that blocks people (with or without disabilities) from functioning in the environment. In other words, there are no "handicapped" individuals; they are "handicapped by" a barrier or obstacle that exisist or is put up by someone else.

Don't Stereotype or Pity

The biggest barrier for people with disabilities is the ignorance and misunderstanding of others. Many people feel uncomfortable around someone who has a disability, or feel sorry for them because they believe they have poor quality of life. This common misperception discourages social interactions and the development of true relationships.

People with disabilities do not want pity, nor do they want to be patronized or unduly glorified for "courageously" coping with everyday life. People with disabilities experience a positive quality of life to the same degree as other people. Disability is not the deciding factor. People with disabilities want to be treated with respect and as equals with their non-disabled peers.

Introduction to "People First" Language

People with disabilities, like all of us, want to be accepted by their communities as equal members who actively participate in and contribute to all aspects of community life. ***They want to be recognized as full members of society and respected as a whole person who has much to give.*** Children in our Buddy Ball program have the same aspirations.

Think about how you would introduce a friend to someone . . . you would give their name; mention where they live, what they do, or what they are interested in. It is important to do the same thing for a person with a disability. Every person is made up of many characteristics – mental, physical, and personal – that make them who they are. Most of us what to be know as a ***whole person,*** not just by one or two facts.

When interacting with someone who has a disability, particularly one of our Buddy Ball players, remember that they are like everyone else; except that they happen to have a disability. ***Let your words emphasize their worth and abilities, not the disabling condition.*** Common courtesy puts the emphasis on the individual first. Here are a few tips for improving the way you interact with and speak to a person with a disability:

- Speak of the person, then the disability. Think, "people first."
- Emphasize abilities, not limitations.
- Do not label people as part of a disability group.
- Don't give excessive praise or attention to a person with a disability; it can sometimes come across as patronizing. When working with a Buddy Ball player, be specific about the accomplishment or behavior that you're praising.
- Choice and independence are important to us all. Allow your buddy to do and speak for himself/herself as much as possible.
- When working with your buddy, look at and speak to them directly, not just their parent, caregiver, or someone else who may be accompanying them.
- Be careful not to change your tome of voice, choice of words, and non-verbal language with someone who has a disability. This can come across as demeaning. Interact with Buddy Ball players as you would with other children or players.
- Use positive "people first" language. Negative terms such as "wheelchair bound," "crippled," "disfigured," "afflicted by," "deaf/mute," "retard," etc. are not appropriate. As Mark Twain said, "The difference between the 'right word' and the 'almost right word' is the difference between lightening and the lightening bug."

Practicing People First Language

Person-First Language	Words or Phrases to Avoid
Uses a wheelchair	Wheel chair-bound / Confined to a wheelchair
A child with a disability	Handicapped child
Accessible parking	Handicapped parking
He has an intellectual disability	He's retarded.
Girl with Down Syndrome	Mongoloid girl
Has mental illness/mental health issues	Mental, crazy, insane
Doesn't speak/use words	Mute
Has a hearing impairment	Hard of hearing
Is deaf/doesn't use spoken language	Deaf/dumb
Has a physical disability/doesn't walk/ Uses a wheelchair/crutches	Crippled
Little Person	Midget/dwarf
	Suffers from .... Victim of...... Afflicted with....
Person with a Seizure Disorder	Epileptic
Has a learning disability or difference	Learning disabled
Congenital Disability	Birth defect

Connecting With a Child: Seven Qualities of an Effective Buddy

Consistent. As a buddy, you need to be committed to attending games on your assigned day and trying constantly to understand and befriend the players. The most basic part of fulfilling your responsibility is by showing up – and with a willing attitude.

Open. Be authentic and honest about yourself so that your buddy gets to know the real you. Try to be open to learning new ways of communicating and working with children.

Nurture. Provide an atmosphere of acceptance and openness. You and your buddy will both benefit from the positive environment.

Notice. Tune in to the things that interest the players. Listen and observe their verbal and non-verbal cues. Spend more time listening than talking, and talk about things that interest the players. Notice how individual Buddy Ball players display and communicate their thoughts and emotions.

Encourage. Look for opportunities to affirm the players' accomplishments and positive behaviors in genuine and specific ways.

Care. Demonstrate kindness by being patient and understanding. Being a good baseball buddy is more about caring than imparting skills or information about the game.

Talk. Focus on your buddy's abilities and skills and talk about the things that interest him/her.

Fact Sheets on Disabilities

Asperger Syndrome

First described by Dr. Hans Asperger in 1944, Asperger Syndrome (AS) is characterized by impaired social interaction that ranges in severity from mild to profound. AS is categorized as a pervasive developmental disorder and falls within the autistic spectrum. Children with AS follow typical patterns of language and cognitive development and are likely to grow to be independently functioning adults. Treatment of AS focuses on minimizing symptoms through medication, psychotherapy, behavior modification, social skills training, and educational interventions.

Common Symptoms and Features:

- Difficulty with non-verbal communication (i.e. body language, facial expressions, eye-to-eye gaze)
- Repetitive routines or rituals
- Social impairment, very focused on self
- Uncoordinated motor movements, clumsiness
- Unusual preoccupations and behaviors

Cause:

- The exact cause of AS is unknown but there is some indication that it may be hereditary. Currently, there is no specific course of treatment or cure for the disorder.

Strengths:

- Excellent rote memory and sometimes musical ability
- Exceptional skill or talent in a specific area
- Rich vocabulary

Limitations:

- Difficulty with social interactions and peer relationships
- Intense interest in one or two subjects, sometimes to the exclusion of other topics

Attention Deficit Disorder

Attention Deficit Disorder (ADD) is a neurobehavioral disorder that interferes with an individual's ability to sustain attention or focus on a task. In some cases, ADD may also result in an inability to control impulsive behavior. Symptoms of the disorder typically arise during early childhood. Males are affected more frequently than females. Treatment for ADD may include medication (such as Ritalin), behavioral therapy, and tutoring.

Common Symptoms and Features:

- Difficulty remaining seated
- Difficulty awaiting turns in games
- Failure to listen to instructions
- Fidgeting with hands or feet
- Impulsive behavior
- Inattention
- Interruption conversations and speaking excessively
- Shifting from one uncompleted task to another

Cause:

- It is believed that ADD is caused by altered brain biochemistry. A landmark study in 1990 revealed that the rate at which the brain uses glucose is lower in individuals with ADD, especially in the area of the brain responsible for attention, handwriting, motor control, and inhibition responses. There is no cure for ADD.

Strengths:

- Ability to learn is not impaired
- Serious emotional disturbances are unlikely

Limitations:

- Greater likelihood of grade retention, school drop out, and academic under-achievement
- Difficulty developing friendships due to behavior excesses and deficits of ADD
- Usually excel in many areas such as math, reading, and science

Attention Deficit Hyperactivity Disorder (ADHD) is similar to ADD but includes the additional symptom of hyperactivity.

Autism

First described in 1944 by Leo Kanner, autism is a developmental disorder of brain function that affects males four times as often as females. The disorder is characterized by three main symptoms: impaired social interaction, difficulty with verbal and non-verbal communication and imagination, and unusual or limited activities or interests. These symptoms typically surface during the first three years of life. Treatment generally focuses on medication and behavior therapy but may also include the use of facilitated communication.

Common Symptoms and Features:

- Absent or delayed language development
- Absent or impaired imaginative and social play
- Development of epilepsy by adulthood
- Impaired ability to initiate or sustain a conversation with others
- Impaired ability to make friends with peers
- Inflexible adherence to specific routines or rituals
- Mental retardation
- Preoccupation with parts of objects
- Repetitive movements such as clapping, hand flapping, rocking, swaying
- Restricted patterns of interests that are abnormal in intensity or focus
- Stereotyped, repetitive, or unusual use of language
- Unable to maintain eye contact

Cause:

- Autism does not have any one single cause. It is suspected that several genes and environmental factors such as viruses and chemicals contribute to the development of the disorder. Research has shown that abnormalities are present in several regions of the brain including the cerebellum, amygdala, hippocampus, septum, and mamillary bodies. Neurons in these regions of the brain are smaller than usual and have stunted nerve fibers. At present there is no cure for autism.

Strengths:

- May have unusual talents such as exceptional rote memory, lightning calculation, musical or drawing gifts

Limitations:

- Difficult to shift or divide attention
- Expresses little interest in others
- Prefers solitary, repetitious play
- Unable to engage in make-believe play

Cerebral Palsy

Cerebral Palsy (CP) is a term used to describe a group of chronic disorders impairing control of movement. The four different classifications of CP are spastic, anthetoid, ataxic, and mixed forms. Of the four classifications, spastic is the most common, affecting over 50 percent of CP patients. Symptoms and the severity of symptoms vary widely across classifications and individuals but do not worsen over time. Treatment of CP often involves physical, psychological, and behavioral therapy, medication, surgery, and braces.

Common Symptoms and Features:

- Delayed motor development
- Failure to thrive (delayed growth and development despite adequate nourishment)
- Hearing abnormalities
- Mental retardation in 20% of cases
- Muscle contractions
- Seizures or epilepsy
- Sensory impairments
- Spasticity
- Speech impairments
- Vision impairments
- Writhing movements

Cause:

- The exact cause of CP is not fully understood. It was long believed that the condition was a result of difficult deliveries and lack of oxygen at birth. However, more recent research suggests that CP may be caused by an infection. Premature births and maternal infections also raise the likelihood of CP.

Strengths:

- Enjoy music
- Incredible capacity to strive for and meet goals
- Very social and love being with people

Limitations:

- Significant motor impairments

CHARGE Syndrome

CHARGE Syndrome or Association refers to a specific set of birth defects or condition. A diagnosis of CHARGE is based on finding several of these and possibly other features. CHARGE is an acronym that stands for the six most common features seen in children with the syndrome:

Coloboma –a cleft or failure to close of the eyeball. It may result in abnormalities in the pupil, retina, or optic nerve, leading to loss of vision or defects in the field of vision. Children with CHARGE are often very sensitive to light. Many wear sunglasses, even indoors.

Heart Defects -- some of which are minor, but many require treatment or surgery.

Atresia of the choanae – a blocking or narrowing of the passages from the back of the nose to the throat that make it possible to breathe through the nose. Many surguries may be required to correct the defects.

Retardation of growth and development – due in part to nutrition or heart problems or growth hormone deficiencies. Developmental delays are also caused by sensory deficits and frequent hospitalizations as infants. Some children catch up after the severe medical problems and feeding problems have been resolved.

Genital and urinary abnormalities – including small genitals and undescended testes. Girls may be affected in some way as well. Hormone therapy may be required to activate puberty. Kidney or urinary tract abnormalities, especially reflux, may also be present.

Ear abnormalities and hearing loss – notably short, wide ears with little or no earlobe, often with a "snipped off" appearance to the outer fold of the ear (helix). Soft cartilage gives the ear a floppy appearance. Hearing problems range from mild loss to profound deafness.

Cause:

- CHARGE syndrome usually occurs sporadically with no other affected individuals in a family.

Strengths:

- Although children with CHARGE may have many problems, they can become healthy, happy citizens. Many of the structural abnormalities can be surgically corrected and appropriate therapies and educational intervention help in other areas.

Down Syndrome

First described by Dr. John Langdon Down in the 19th century, Down Syndrome (DS) is the most commonly occurring chromosomal anomaly. Most individuals with DS have some degree of mental retardation, generally ranging from mild to moderate. Infants with the disorder are generally diagnosed after birth due to the distinct physical characteristics of DS. Early intervention services are the primary means of treatment.

Common Symptoms and Features:

- Delayed speech development
- Dysplastic ears (abnormal shape of ear)
- Flat facial profile, depressed nasal bridge and small nose
- Hyperflexibility (excessive ability to extend joints)
- Lowered resistance to infection resulting in increased respiratory infections
- Mental retardation
- Muscle hypotonia (low muscle tone)
- Slanting eyes with folds of skin at the inner corners

Cause:

- DS is also known as Trisomy 21 because of the presence of an extra partial or complete 21st chromosome. This additional chromosome causes DS and results in a total of 47 chromosomes, rather than the standard 46.

Strengths:

- Ability to participate in the workforce
- Developing friendships
- Reaching developmental milestones such as walking, talking, and toilet training only slightly later than other children of the same age

Limitations:

- Slowed physical and intellectual development

Fragile X Syndrome

Fragile X Syndrome is the most common genetically inherited form of mental retardation. The disorder affects males four times as often as females. Children with Fragile X appear typical during infancy but develop symptoms over their lifetime. The characteristics of Fragile X may be treated with medication, speech, physical, and occupational therapy, structured education, and counseling.

Common Symptoms and Features:

- Digestive disorders
- Double-jointed fingers
- Echolalia (repeating verbalizations of a previous speaker)
- Flat feet
- Hyperactivity
- Large or prominent ears
- Long, narrow face
- Mental impairment ranging from a learning disability to severe mental retardation
- Perseveration (inability to complete a sentence due to continuous repetition of words at the end of a phrase)
- Puffy eyelids
- Sensory integration (difficulty processing external stimuli that can result in hypersensitivity to noise, sound, light, or odors)
- Tactile defensiveness (negative response to being touched)

Cause:

- Fragile X is caused by a mutation in the Fragile X mental retardation (FMR-1) gene that causes it to increase in length. However, researchers do not yet fully understand the mechanism of transmission. While the vast majority of males with the mutated FMR-1 are affected by Fragile X, one-fifth are unaffected or only mildly affected.

Strengths:

- No serious physical problems
- Positive outlook on life
- Strong visual memory
- Very social, love people

Limitations:

- Simultaneous processing of information, resulting in difficulty with skills requiring sequential processing of information such as reading
- Speech problems (worsens when anxious or eye contact is needed)

Learning Disabilities

A learning disability is a chronic disorder in one or more of the basic psychological processes required for understanding and using spoken or written language. Difficulties may be manifested by a child's inability to listen, think, organize, speak, read, write, spell, and/or complete mathematical calculations. There are many kinds of learning disabilities and the symptoms are manifested in children uniquely. There are usually wide scatters of strengths and weaknesses noted in a child's ability to learn and function. Conservative estimates suggest that about five percent of the school-age population are affected by learning disabilities

Common Symptoms and Features:

- Delays or difficulties in listening and speaking
- Difficulties with reading, writing, spelling
- Difficulties with comprehending basic math concepts
- Difficulties in organizing and integrating thoughts
- Difficulty in organizing/sequencing body movements and materials to complete tasks
- Hyperactivity, inattention, impulsiveness
- Perceptual impairments
- Low tolerance for frustration, avoidance of challenging tasks
- Clumsiness, motor skill delays
- Difficulties managing social interactions

Mental Retardation

Mental Retardation (MR) is a condition characterized by below average intellectual functioning. Symptoms must be present during childhood and be accompanied by deficits in adaptive behavior.

Common Symptoms and Features:

- Intelligence quotient (IQ) below 70
- Significant limitations in adaptive skill areas such as social skills, leisure, functional academics, self-care, communication, home living, health and safety, and work

Cause:

- MR is most often caused by genetic conditions such as Phenylketonuria (PKU) and Fragile X Syndrome. Other causes of the disorder include problems during pregnancy (e.g. maternal infections), at birth (e.g. prematurity), and after birth (e.g. childhood diseases).

Strengths:

- Maintain capacity to learn and grow
- Most become productive and full participants of society

Limitations:

- Learning is slowed and impaired
- May require varying degrees of adaptive support throughout lifetime

Pervasive Developmental Disorders

Pervasive Developmental Disorders (PDDs) refers to a group of disorders characterized by delays in the developmental several basic functions including socialization and communication. Disorders identified as PDDs are Autism, Rett Syndrome, Childhood Disintegrative Disorder, Asperger Syndrome, and PDD Not Otherwise Specified. The onset of symptoms typically begins after 30 months of age but before 12 years. Treatment may include prescription of medication, behavior therapy, speech therapy, counseling, occupational therapy, and structured education approaches.

Common Symptoms and Features:

- Communication impairments such as difficulty using or understanding language
- Difficulty relating to people, objects, and events
- Difficulty with changes in routine or familiar surroundings
- Repetitive body movements or behavior patterns
- Unusual play with toys or other objects

The Causes, Strengths, and Limitations of PDDs vary depending on the specific disorder.

Understanding and Dealing with Inappropriate Behaviors

Children, especially younger children and children with disabilities, communicate their needs, wants, and desires through their behaviors. There are always reasons for a child's inappropriate behaviors, but it is not always clear why they behave the way they do. Our challenge is to figure out why. Younger children and children with special needs often display the same behaviors for different reasons because they have not learned alternative ways to express themselves.

For example, a child's behaviors may be telling you:

- I'm bored. I need stimulation or activity.
- This is too easy. I want to do something else.
- This is too hard. I'm getting frustrated.
- I don't want to do this. I want to do something else or I need a break.
- I don't know this rule or I haven't learned how to act appropriately.
- I'm anxious because I don't know what's going to happen.
- I need more attention.
- There's too much noise and people. I'm overstimulated.

There may also be biophysical reasons for a child's behaviors – for example, medications and their side effects, a child may not be feeling well or may have allergies, they may need motor sensory stimulation, they may be hungry or have a sugar imbalance, or may simply be tired.

Age Makes A Difference

In addition to understanding the unique behavioral challenges that attend some disabilities, we must also adjust our expectations to a child's developmental age, individual needs, and abilities.

- A **six-year-old** is sociable, sometimes bossy in play, loves power games, and may test the limits of the rules or people. He/she may value quantity over quality, may speed through activities, and may display noisy and sassy behaviors.

- A **seven-year-old** is likely to be more self-absorbed, cling to routines, avoid changes, and want to everything right and well. He/she may be less attentive when someone else is taking a turn, may be very competitive and hate to lose, and may try to boss and bully other children.

- **Eight- and nine-year-olds** tend to compare themselves to others, complain more frequently "that's not fair," or call other children names or be cruel. They begin to separate by gender, form cliques and clubs, often avoid things that they are not good at or find hard, and complain more frequently, "I hate . . . "

- **Ten- and eleven-year-olds** are likely to test limits and routines, challenge and criticize adults and rules, and hesitate to offer ideas or give opinions. They may identify some children scapegoats and begin to pick on or exclude them. They may complain that some things are babyish. Girls may avoid some physical activities and boys may avoid crafts and handwork. They may have intense peer conflicts.

Making Transitions Can be Difficult

More behavior problems occur during transitions than at any other time, so you should expect that some Buddy Ball players will have difficulty when they arrive at the field and before game activities are get under way. Help guide them through transitions by:

- Giving them a preview of the afternoon's activities.
- Having them explain what will happen next or what they're looking forward to.
- Asking what they (or the team) need to do to finish something.
- Asking what they need to do to prepare for the next inning or stage of the afternoon.

Dealing with Inappropriate Behaviors

It is imperative that you talk to a player's parent or caregiver about what to expect regarding behaviors that you might have to manage during a Buddy Ball game. They should be able to give you some tips on what to watch for and how to handle it. We will also provide player information forms for each child, written by their parents, that will introduce you to the child and give you some insights into the child's behaviors and effective responses.

If a player does something inappropriate, you should first address it with a verbal instruction or response, such as:

- "Stop" or "No . . . (child's name)."

- "I don't like . . . (name the behavior)."

- "It makes me feel . . . (name your feeling)."

- "You can't do that" or "you need to . . . (name or show what they are doing)."

It is important to demonstrate or model the positive behavior that you want from them.

Sometimes you can redirect a child's energy by giving them choices of appropriate activities. For example, "You can't run on the field right now. You may sit on the bench and get a drink or stand at the fence and cheer for our batter."

- If your efforts to stop a behavior do not appear to be working after two or three attempts, inform the coach and/or parent and ask about a more effective approach.

Effective Communication – Up Close and Personal

Proximity, volume, and tone are key to communicating clearly and positively with a child. Here are some basic tips for ensuring you make a good connection:

- Come to them, don't shout instructions or corrections from a distance.
- Get on their level, make and politely ask them to look at you
- Lower your voice and speak in a patient and respectful tone.
- Be firm when giving important instructions or dealing with unsafe or inappropriate behaviors.

Do as I do . .

Modeling is absolutely necessary when instructing a player in an action or skill. Demonstrate something before you ask them to perform it.

- For example, show them how to set a wide base, bend their knees, lower their body, raise their head, open their glove and extend and lower it to the ground before you ask them to field a ball.

- Do not use long, involved sentences or complicated instructions to teach a skill. Don't focus on the theory or explain baseball mechanics.

- Use short, descriptive, and simple phrases to accompany the action you're performing. For example, as you show a player the fielding position, say "spread your feet, lower your body, get your head up, and your glove out and down."

Enhance Your Speech with Signs

Some children who are non-verbal, have delayed language development, or a speech impairments use sign language or cued speech to enhance communication. Learning a few simple American Sign Language signs for simple commands, requests, or actions will sometimes make it easier for your buddy to understand you. Before you come to a Buddy Ball game, take some time to learn and practice the signs for:

Yes	No	Please	Thank you
Stop (stop it)	Go	Run	Walk
Sit	Come	Here	There
Baseball (sport)	Catch	Fun	Happy
Good	Wow	Drink (vb.)	Water

General Tips for Buddies

Get to know your player buddy

- Take time to get to know and be a friend to him/her. Recognize what they can do, what they like to do in their spare time, the kinds of foods they like, and the kinds of toys they like to play with.
- Be encouraging, especially if you know they are trying.
- Have a sense of humor and laugh with them. Don't let other kids laugh at your buddy.
- Think about what makes a good friend, and try to be one to your buddy

Help in appropriate ways

- Help your player buddy when necessary, but not too much. After instructing them, let them try to perform skills and actions on the field themselves. Don't do everything for them. Remember that they can only learn new things if they try.
- Be patient and understanding.
- Never do or say anything that will make your buddy feel bad.

Be a positive role model

- Adopt a positive coaching model and allow your own behavior to show them what is appropriate and positive behavior.
- Give your buddy feedback – let him/her know when they have achieved something or behaved well.

Endnotes and Resources

People with Disabilities in the Community

Straight Talk About Disability: A Guide to Basic Understanding and Common Courtesy, Rehabilitation Institute of Chicago, 2000 edition.

Welcoming Those With Disabilities, used with permission from ACCESS, McLean, VA, 2005 edition.

The Differently-Abled Handbook, used with permission from ACCESS, McLean, VA, 2005 edition.

US Census Bureau, Census 2000, Table DP-1. Profile of General Demographic Characteristics: 2000, Geographic area: Herndon town, Virginia, p. 2, "Disability Status of the Civilian Noninstitutionalized Population." According to the US Census 200 data, the overall population of the town of Herndon in 2000 was 21, 655. The overall population of people 5-20 years old was 4,868. Of these, 397 (8.2 percent) had a disability.

People First Language

Welcoming Those With Disabilities, used with permission from ACCESS, McLean, VA, 2005 edition.

Connecting with a Child

"Connecting With a Child: Seven Qualities of Effective Mentoring," Generation to Generation, Heritage Builders, October 2004.

Fact Sheets

The Differently-Abled Handbook, used with permission from ACCESS, McLean, VA, 2005 edition.

CHARGE Association, The CHARGE Syndrome Foundation, Inc. 2005