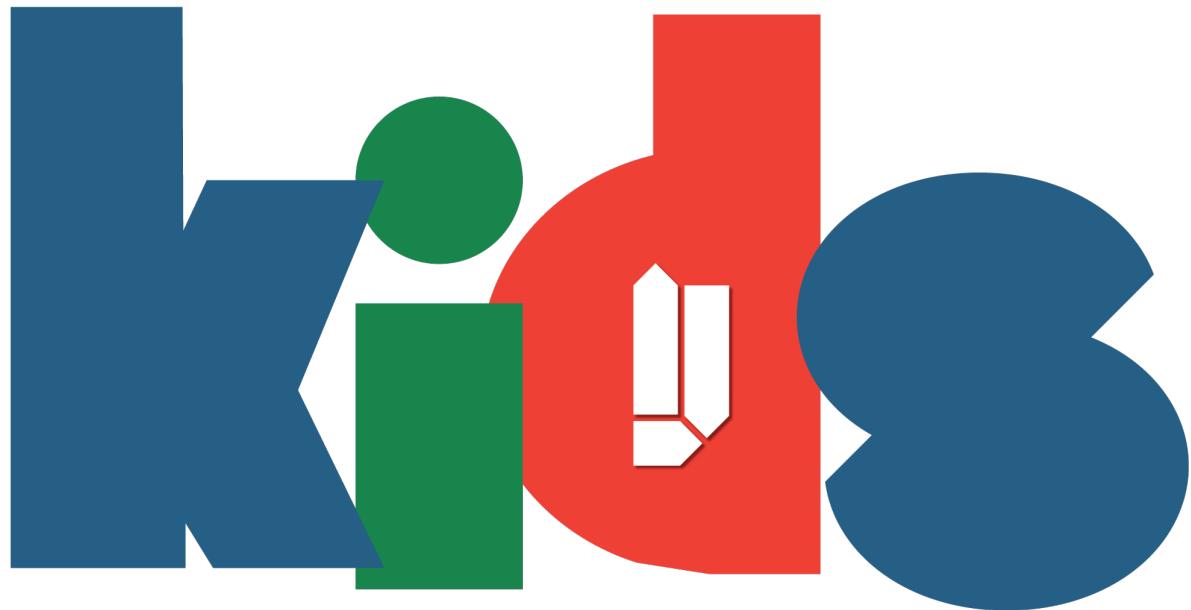


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**Special Needs Ministry  
Volunteer Guide**



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## **Why is it important?**

- 75% of Jesus' miracles were performed on people with disabilities. Jesus was the first special needs Pastor. Every individual with special needs is created in the image and likeness of God.
- 90% of individuals with special needs don't attend church. The main concern families have is that the staff and volunteers at the church will not be able to adequately care for the needs of their child or they just don't feel accepted.
- Children with special needs are in educational, therapeutic and intervention settings all week long pushing themselves, striving to achieve, and working on their areas of weakness. We want to model a day of rest and acceptance just as they are.
- Their parents spend their weeks managing therapy schedules, doctor's appointments, education plans and seldom, if ever make time for themselves or their marriages. Little things like scheduling a sitter for a date night is so overwhelming that it is rarely attempted. Sundays should be a day of rest and worship together without concern for their family member with special needs.

## **Our Approach**

Our church provides a personal buddy to accompany and assist the child with special needs inside the typical ministry setting and among peers. This assigned and trained volunteer may adapt an activity on the spot, remind the child of upcoming transitions, or provide familiarity and comfort to the participant with additional needs.

The “buddy system” provides a concrete picture of the personal relationship Jesus desires with each of us and reminds us of the relationship He modeled with His disciples.

### Sensory Room/ Special Needs Classroom

This room provides a relaxed setting with alternate seating and activities that the participant with special needs may enjoy such as sensory rich or calming toys and games. This environment is set up to be loving, accepting, and meet the child's individual needs. The student is free to be who they are and fully engage in the Bible lesson in the individual's native language: play! While full inclusion inside our church is ideal, that goal is secondary to making the gospel fully accessible.

### Hybrid Approach in Hope Point Kids

By offering both options, students may participate in the environments best suited to their abilities and needs at a given time. Some students may actually participate in both settings (typical classroom and sensory room) in the same day. Utilizing the buddy system, this “partial inclusion” strategy is the most flexible, allowing freedom to select the most comfortable environment for the child to best learn about Christ.

## **How can I help?**

### **Requirements:**

- Application and Background Check
- Child Protection Policy Training
- Special Buddy Training

### **Serving:**

- Volunteers, called buddies, will be assigned to a child or activity
- Please review the Plan of Care and familiarize yourself with the needs and expectations of the child you are placed with.
- Take special note of any dietary restrictions the child may have.
- If you have any questions or concerns regarding the child you are placed with, please communicate this with the director
- Please respect the family's privacy and do not discuss the child or their disabilities outside of the program.

# **What is a buddy?**

## **Buddy Roles:**

- To share the love of Jesus with your individual
- To ensure the safety of the individual
- To be a guide on the side
- To allow for independence when appropriate
- To help the individual get the most out of the teacher generated curriculum
- Encourage your individual to interact with their peers
- Focus on their abilities not disabilities
- Be positive – especially when talking with parents
- Never be isolated 1:1 alone
- Have Fun!

Buddies are expected to play an active role in admitting and dismissing their children. This very important process allows the parents to give special instructions to the buddies and allows the buddies an opportunity to let the parents know how the day went.

Children with medical needs may have special dietary, physical or assistance needs. If you were unable to talk with the parents of a child regarding his care, please check with the Director or medical personnel before feeding, changing diapers, etc.

Men are not permitted to change diapers. If your child needs a diaper change, please contact the Director.

If you are asked to do anything you don't feel comfortable doing, decline and let the Director know your feelings.

## **What to wear/bring:**

Please wear comfortable and appropriate clothes and shoes. Children may be frightened of people in white because it reminds them of feelings toward doctors. Avoid dangle earrings, bracelets, necklaces. Use perfume with moderation. Many children are sensitive to fragrances.

# Hope Point Job Description

## SPECIAL BUDDY

<b>Position</b>	<i>Special Buddy</i>
<b>Ministry</b>	<i>HP Kids</i>
<b>Role Type</b>	<i>Serving</i>

At Hope Point Kids we strive to teach kids WHO GOD IS (leading them to applaud God), WHO THEY ARE (leading them to follow Christ) and WHAT THEIR RESPONSIBILITY IS (leading them to live on Mission). We do this on Sunday Mornings during small group and large group time, using The Gospel Project as our curriculum. During a child's time in our children's ministry they have the opportunity to systematically walk through the Bible 3 complete times. Preschoolers first learn the stories of scripture on their level. Our younger elementary students focus on how those stories connect to Christ and our older elementary students are introduced the essential doctrines of our faith as they walk through the Bible a third time.

### Expectations

- Consistent church attendance
- Complete annual background check requirements and Child Protection Training
- Serve on a 3 week rotation

### Competencies

- Maturing Christian who possesses a desire to minister to children on a personal level
- A personal spiritual life growing toward the biblical mandates for leaders (1 Timothy 3:1-7)
- Gaining a working knowledge of God's word and supportive of the Church's vision and doctrinal statement.
- Energetic and engaging, friendly and inviting

### Responsibilities

- Utilize Planning Center Online services for communication with Director regarding scheduling, lesson prep, and blocking out unavailable dates.
- Participate in training to gain confidence in working one on one with a child and become familiar with resources and activities available.
- Arrive early, touch base with Children Ministry director or Hallway attendant about expectations and possible needs for the day
- When on call, attend worship in a location easily accessible if needed
- When needed, enter a classroom to shadow a child with special needs, assisting them with classroom activities. OR if appropriate for the child's needs, take child to Sensory Room to play games, complete tasks and activities.
- Ensure a safe environment for all children by following all Child Protection Guidelines
- Return child to small group classroom prior to dismissal, unless communicated from the director or hallway attendant.
- Return all special buddy supplies to tub/cart for storage, clean classroom if needed

## Special Needs Helpful Considerations

- People First Language

Definition: respectfully puts the person before the disability

Examples:

Instead of: Autistic—Use: has Autism

Instead of: Mentally Retarded—Use: has an Intellectual Disability

Instead of: Downs—Use: has Down Syndrome

Instead of: Crippled—Use: has a Physical Impairment

To families, we are saying “we see your child, not just their disability”

- Listen to what parents say about his abilities and needs; ask questions if you need more information than the parents give
- Identify their abilities and strengths – find activities they can achieve
- Give short clear instructions
- Use extra patience
- Be encouraging and give praise frequently
- Use first/then charts, reward charts, or treasure box to encourage participation
- Be firm with limits which are set to provide safety to the individual and others
- Limit choices to 1 to 3 specific activities/items
- Help them if they are frustrated, but let them do what they are able to do themselves
- Engage them in activities with their peers
- Play – have fun! Enjoy yourself!
- Don't talk about the individual in front of them as if they are not there or in front of other people
- Teach other children/students to be accepting and loving by setting a good example
- Recognize when the child might need a break or benefit from time in the Sensory room
  - Sensory issues during an activity (ex: distress with loud noises, inability to self-regulate, overstimulation, sensory seeking)
  - The child may not connect with materials and activities (ex: the need to take a break, go on a walk, retreating to a more individualized environment, cognitive level)
  - A pattern of disruptive behaviors in the typical classroom or when additional safety supports are required. (ex: frequent and predictable behavior problems are a child's way of communicating frustration because they are unable to actively participate, tendency to run away or bolt)
- Accept individual as a child of God who is uniquely and wonderfully made!

# Sample Action Plan



## Hope Point Kids Action Plan

(Special Need)

Child's Name: Sample Birthdate: 10.10.10

Special Need: High Functioning Autism, Emotional/Behavioral Concerns

Family Member's cell phone number: Sample's Mommy 864.316.8566

Church Address: Oakbrook Prep School, 190 Lincoln School Rd., Spartanburg, SC 29301

Church Location Phone: 864-587-2060 (for 911 purposes)

### Developmental Awareness/Special Need

Billy Bob has been diagnosed with mild High Functioning Autism. He shows significant weakness in social awareness and reciprocal social interaction. He struggles specifically with being unaware of what others are thinking and feeling, has inflexible behavior patterns that seem odd, seems overly sensitive to certain stimuli, gets frustrated trying to get ideas across in conversations, does not know when invading someone's personal space, and exhibits anxiety and odd behaviors in social situations.

Billy Bob is involved in occupational therapy which is helping him to problem solve and giving him strategies to deal with sensory issues as well as a behavior intervention program to learn appropriate social skills.

### Plan of Action

When Billy Bob is involved in an activity or game he is enjoying, he has an incredibly difficult time transitioning to the next activity. This often will be something he has gotten fixated on, like completing a drawing he has started, finding the exact crayon he used previously, finding/wanting to keep a bug he found. He generally will be quietly defiant, as if he did not hear you. When forced to transition before he is ready, he will become very argumentative and will likely lead to a meltdown/temper tantrum.

When he is struggling, it is best NOT to draw additional attention to him but give extra time to transition. You could make a plan with him to come back and finish \_\_\_\_\_ after he does A and B, with a happy heart. If you have an assistant teacher, they could go sit by him & explain that he has 2 minutes before we have to \_\_\_\_\_ and maybe even let him have a choice. Example: "Billy Bob, would you like 2 minutes or 3 minutes to finish \_\_\_\_\_?" Anything visual is helpful: Use a phone timer, let him select the number of minutes and press start so he is actively agreeing to the transition. (If additional time is not the issue or he is being disruptive to the class in any way, skip this and go directly to next step.)

# Challenging Behaviors

A crisis can be defined as a moment in time when an individual in your charge loses rational, and at times even physical, control over his or her own behavior. This can be very challenging and anxiety producing for those responsible for intervening. It is vital that buddies stay calm and proceed with a plan to reduce the behavior.

These moments do not sprout into being without roots; there are almost always warning signs that let you know an individual's behavior is escalating. By following some basic procedures it is often possible to intervene before the behavior becomes dangerous or out of control. **Remember the moment you feel uncomfortable- ask for the director!!!!**

## Some Signs of Escalation:

- Pacing/Eloping/Running
- Stemming Behaviors Increase
- Verbal Outbursts
- Self-Injurious Behaviors
- Non-Compliance/ Refusal to complete Task/Transition to a new task

Possible Reasons for Behavior	How should I react?
Escape/Avoidance of Tasks or Requests	Allow them to leave that situation
Attention	Ignore- most individuals will up their ante if attention is brought to the behavior
Power/Control	Allow them to <b>feel</b> in control- let them make choices (this or that)
Communication	"show me what you want" "use your words"
Stress/Frustration	Give the individual a break
Self-Stimulation/Sensory Stimulation	Allow the student to seek the sensory activities that we have listed below.

# Crisis Prevention Techniques

**Be proactive – act before the behavior is out of control!**

- **Be empathetic:** pay attention (get down on their level and talk in a calm quiet voice)
- **Clarifying messages:** repeat what they are expressing to show that you understand how they are feeling. Ask them to tell you what they want or show you what they want
- **Sensory stimulation:** the individual may need a sensory break (deep pressure or weighted blanket as directed in Action Plan, swing or spinning, quiet/sensory room, take a walk)
- **Set and enforce reasonable limits:** set limits clearly and give choices (if/then or first/then statements)
- **Ignore challenging questions:** redirect the individual when possible
- **Avoid overreacting:** remain calm (walk with the individual or try distracting them/re-engaging them)
- **Use physical techniques as a last resort:** call for help first! Use the least restrictive method of intervention possible – used only when there is a threat of harm to themselves or others
- **Reminder of reinforcement:** if they are “working” towards something (something they want or like)

# **Policies and Procedures**

## **Infection Control:**

- Please notify us for a replacement if you or anyone in your household has a contagious illness. Volunteers must be fever free for 24 hours.
- In all areas, wash hands often. Use gloves to change diapers for all children. This can be difficult to remember, so feel free to remind each other!
- Toys should not be shared among children who have medical concerns. If needed, toys can be cleaned with disinfectant solution, dried and reused immediately.

## **Child Protection Policy:**

- Please complete this training with HPKids Director
- Do not put yourself in a position where you are alone with one or more children. There should always be at least two adults present in secluded situations (such as the restroom). If the child you are mentoring requires assistance in the restroom, ask the Director in your area to assist.

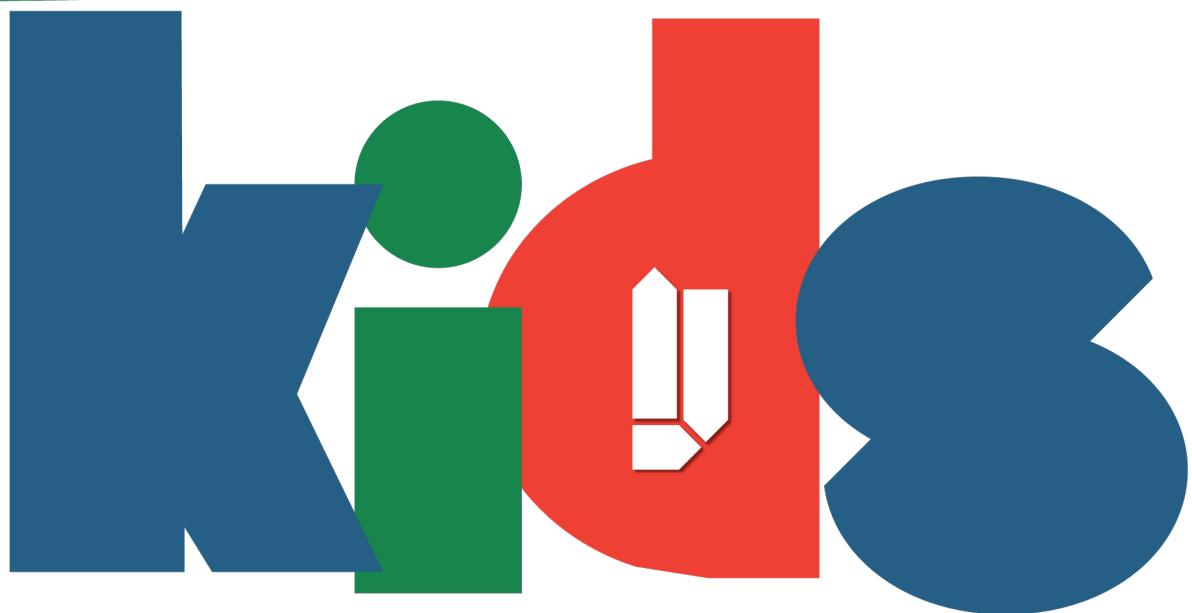
## **Emergency Procedures:**

- Minor “emergencies” are to be expected whenever children are involved. We have a first aid kit to use in case of a minor emergency. In case of a life-threatening emergency, 911 will be called.
- The Director must be notified of any incident involving a child and will make the decision whether to page the parents and will call for our in house medical personnel. In all cases of incident or minor injury, parents will be notified upon their return. The director and medical personnel will make the decision if 911 is needed.
- Seizures can be a common problem for children with medical conditions. Seizures which last more than 5 minutes constitute an emergency. If you suspect that a child is having a seizure, notify the Coordinator or medical personnel at once AND note what time it is (most important thing you can do). See page 18 for additional information.

## **Feedback:**

- Listen to comments from parents on their return. If they indicate any concern, notify the Coordinator.
- There will be times of miscommunication or unavoidable incidents. These events are more easily dealt with at the time of the occurrence.

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## Appendix 1: Training Scenarios

# **Special Needs Scenarios Notes:**

## SENSORY INTEGRATION

### **Scenario 1**

THE TEACHER INSTRUCTS THE CLASS TO HAVE A SEAT BECAUSE IT IS TIME FOR CIRCLE/GROUP DISCUSSION. THE STUDENT THAT YOU ARE WORKING WITH REFUSES TO HAVE A SEAT AND STARTS TO GET AGITATED. WHAT DO YOU DO?

## POSSIBLE SOLUTION

- Get down on child's level
- Stay calm, talk them through what is going on
- Use simple language by letting them know what is expected
- Use first/then language so child can understand the activity from beginning to end
- If child is verbal: have the child repeat first/then statement
- Use carpet squares & set on the floor or chair to sit on – let them chose between 2 colors

## TRANSITIONING BEHAVIORS

### **Scenario 2**

THE GROUP COMES IN AFTER PLAYING OUTSIDE OR DOING GROSS MOTOR ACTIVITIES AND YOU SEE THAT THE CHILD YOU ARE WORKING WITH IS WAY TOO REVVED UP TO SIT QUIETLY FOR A GROUP ACTIVITY AND THIS IS A PATTERN THAT YOU NOTICE WEEKLY. WHAT CAN YOU DO TO PREVENT IT?

## POSSIBLE SOLUTION

- While still engaged in the activity, give the child a couple reminders about time (5, 3, & 1 minute warnings)
- Allow them to come in before everyone else – give time to quiet their body and cool down before they are expected to sit quietly with the rest of the class
- Take a little walk to calm down
- Use first/then language - allow wait time for the child to understand what is expected of them

## SENSORY INTEGRATION

### **Scenario 3**

THE GROUP IS HAVING WORSHIP AND THE STUDENT THAT YOU ARE WORKING WITH IS ROCKING, COVERING THEIR EARS AND SEEMS TO BE GETTING UPSET. WHAT SHOULD YOU DO?

#### POSSIBLE SOLUTION

- Try to figure out what is making the student upset (noise, lights, over crowded room, smell)
- Move to a different location within the room to see if that helps
- Introduce a sensory toy (fidget) to help them focus on something. This toy must be small, make no noise, and not harmful if thrown. We want consistency for the child on what is available to be taken to large group.
- If in Action Plan, give deep pressure squeezes to the student to help them feel safe
- If noise – get head phones
- Allow them to step out of that environment while the overstimulation is occurring (view through a window or stand outside the door)

## SENSORY INTEGRATION

### **Scenario 4**

YOU HAVE A CHILD WHO KEEPS PUTTING ITEMS IN THEIR MOUTH, WHAT DO YOU DO?

#### POSSIBLE SOLUTION

- This is possibly a sensory seeking behavior: the child may need some movement
- Use your sensory box with a vibrating or larger toy that will not fit into the child's mouth
- If you do snacks, this could be a good time to ask the child if they want a snack
- A simple verbal or physical reminder to the child will sometimes work (no mouth, quiet hands, what goes in your mouth?)
- If a continual problem, talk with parents to see if they have a chew toy they use at home and encourage them to bring it in a baggy labeled with the child's name

## BEHAVIOR INTERVENTION

### **Scenario 5**

THE CHILD YOU ARE WORKING WITH IS IN A FULL MELTDOWN (KICKING, SCREAMING) AND IS IN DANGER OF HURTING THEMSELVES OR OTHERS. HOW DO YOU HANDLE THIS?

#### POSSIBLE SOLUTION

- Create distance between the child and their peers to ensure the safety of everyone – remove a class (bathroom break) or remove the child
- It may be easier and safer to remove an entire class than it is removing the individual
- Before being able to work through the behavior, you need to figure out what the trigger was, the trigger will often times change the solution. You might be the trigger. Don't be offended!
- Remind them of something they are looking forward to (reinforcement, snack, outside play, parent coming, etc...)
- Deep pressure (if in Action Plan) and diminished lighting can be helpful
- Weighted lap pad may be helpful
- Physical restraint is a last resort – call for help first! Restraint is only used when other techniques don't work and they are self-injurious or a danger to others

## BEHAVIOR INTERVENTION

### **Scenario 6**

IF YOU HAVE A STUDENT THAT IS A RUNNER AND TAKES OFF OUT THE CLASSROOM DOOR, WHAT DO YOU DO?

#### POSSIBLE SOLUTION

- You want to keep the student safe – so go after them, however, you do not want to make it a game where it is fun that you are chasing them. Be careful!
- Try to figure out the trigger of why they are running – are they trying to escape a task, are they trying to get attention from someone else or are they just wanting to go do something else
- If this persists, you may tell the child they need to hold your hand because they are not able to be safe
- If it is any of the triggers we mentioned, you may also use a "first/then" statement so the child knows the expectations
- Reminding the child of their reinforcement system prior to or after movement so they realize their going to get something when they are staying on task and showing "Christ-like behavior"

## BEHAVIOR INTERVENTION

### **Scenario 7**

WHAT DO YOU TELL THE PARENTS IF THE CHILD YOU ARE WITH HAS NOT BEEN COMPLIANT ALL SERVICE AND YOU ARE IRRITATED WITH HOW THE DAY WENT?

#### POSSIBLE SOLUTION

- When talking with the parents always try to stick with the positives and let them know what their child did well that day
- Parents frequently receive all of the negative things that happened at school or other places
- Strangers are always telling the parents what their child did wrong
- Church needs to be a place of refuge and where they know their child is being loved on
- If you are frustrated and are worried about how you are going to tell the parents, get the director involved in the process so that way you are not sharing your raw emotions with the parents at pick up time
- Try to determine if the negative issue is something that really needs to be told to the parents
- If this is completely out of the norm for the individual, you will want to inform the parents
- When you share a negative event with the parent, make it a “sandwich”: Positive – Negative – Positive. When saying negative use only facts, then follow it with another (different) positive

## LANGUAGE

### **Scenario 8**

A CLASSMATE WANTS TO PLAY KITCHEN AND WANTS TO INCLUDE THE CHILD WITH SPECIAL NEEDS IN THE ACTIVITY. THE CHILD IS NON-VERBAL. HOW CAN YOU ASSIST SO THAT THE CHILD IS INCLUDED AND ENCOURAGE THE PEER TO KEEP INVOLVED WITH THE CHILD WITH SPECIAL NEEDS?

#### POSSIBLE SOLUTION

- Peers frequently direct questions to the adult helper with the child, be sure to include the child in your response
- To make the peer comfortable with the student, make sure you too are having verbal interactions with the peers
- You can verbalize to the peer what the non-verbal child is doing and ask questions towards the peer about what the child who is non-verbal is doing so they can see they are similar
- Have the peer use yes/no questions if the non-verbal student has any sign language skills or that they are able to make choices
- Make sure that the peer is sharing with the non-verbal student
- Encourage and promote ANY social interactions

## LANGUAGE

### **Scenario 9**

YOU ARE IN KIDS WORSHIP WITH THE CLASS AND THE CHILD THAT YOU ARE ASSIGNED TO IS SITTING OR LYING ON THE FLOOR QUIETLY, BUT NOT ENGAGED IN WORSHIP. WHAT CAN YOU DO?

#### POSSIBLE SOLUTION

- Be a model to the student and follow the actions that are happening
- For children with autism, worship may be highly stimulating and they are on sensory overload so just sitting there is the best they can do
- Realize that even though they don't appear involved, they are still able to learn and understand what is happening
- If the child does not appear to be sensory overloaded then you can:
  - Vocalize to the student that it is fun and they should do it too
  - If this doesn't work, try hand over hand with the student engaging them in worship
  - IF this is not working or going well, allow the child to sit on the floor and engage in worship their own way

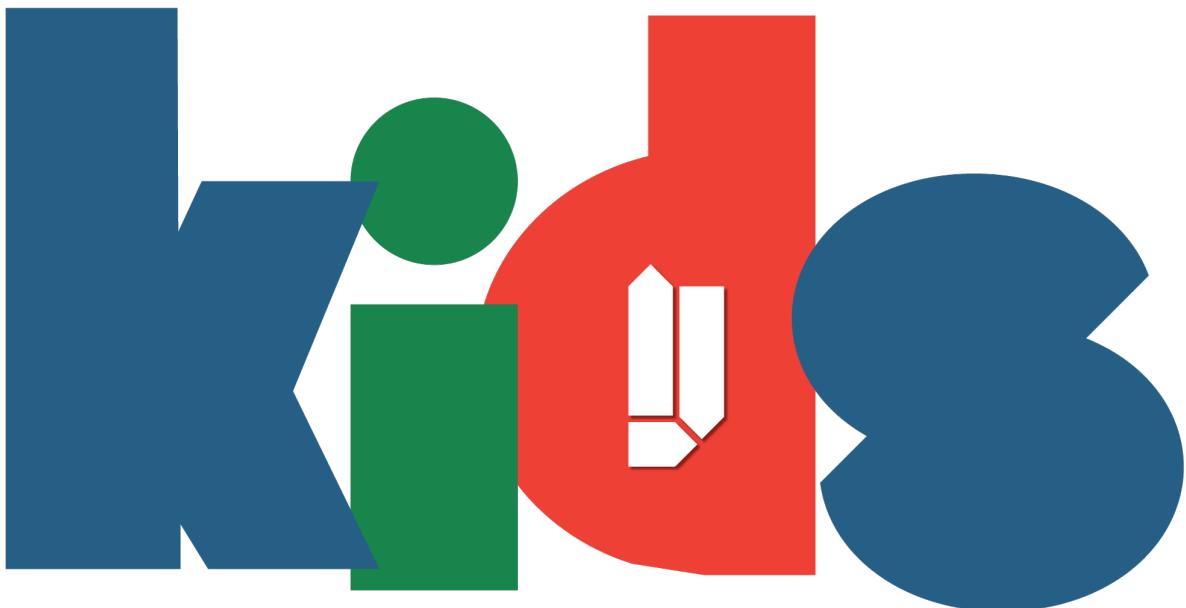
## MEDICAL

### **Scenario 10**

YOU HAVE A STUDENT WHO IS HAVING A SEIZURE, WHAT DO YOU DO?

- FIRST – check a clock – note the start time of the seizure! The length of a seizure is the most important item for the medical team, seizures over 5 minutes are emergent
- Next make sure the student is safe – away from a wall, lying on the ground (Do NOT put anything in their mouth!)
- Call for help (another volunteer and ministry director)
- Director will get the AED from teacher workroom and first aid bag to have on hand.
- If this is a first time for a child to have a seizure, the director will call the parents immediately. If this happens on a regular basis and is within the instructions documented in the Action Plan, we will inform parents immediately upon their return.
- For privacy remove the rest of the class from the room or area. We want a calm and quiet environment for the person waking up after a seizure.
- After a seizure, the student may be lethargic and tired, unable to keep their balance
- Other times the student wants to get right up and get away, make sure there is someone on either side of the child to ensure their safety

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## Appendix 2: Diagnosis Overviews

# **Autism**

## **Definition**

A specific type of developmental disorder that causes many various language, social, and behavioral problems for affected infants and children. It is often described as a tendency of the child to withdraw into oneself, ignoring much of what goes on in the environment. Asperger's Syndrome is high functioning autism.

## **Common Characteristics**

- Moderate to severe speech problems (unusual speech volume, rate or pitch, speaking in monotone, repetitions)
- No imaginative play
- Problems making friends or interaction with others
- Making unusual, repeated movements (spinning, head banging, rocking, etc)
- Becoming attached to a specific object
- Often some intellectual disability, from mild to severe; some have average or above average intelligence but have some distortions of thinking

## **Considerations**

1. If physical contact upsets the child, avoid touching him
2. Allow child to have favorite object
3. Encourage good behavior by providing a reward such as a favorite food treat or a desired privilege
4. Don't force child to play with others but encourage the awareness of and interaction with others as he is able
5. Don't expect the child to participate when imagination is required
6. Social interactions are difficult; don't take it personally if there is a lack of "connection" or warmth

# **Cerebral Palsy**

## **Definition**

A group of various disorders that cause problems for individuals in the areas of posture and movement; which results in abnormal muscle tone and poor coordination in these individuals. Individuals may be wheelchair bound.

## **Common Characteristics**

- Poor Posture and movement (trouble walking, running , and sitting up)
- Trouble with eating, speaking, and drooling
- Vision and hearing problems
- There may be some degree of intellectual problems also
- Problems with daily activities and self-care (bathing, dressing, etc)

## **Considerations**

1. Assist the child with movement and keep him safe from falling or injury (no rugs or toys or other objects left on the ground, use caution with steps or uneven ground, etc)
2. Help the child with eating as needed
3. Find out the child's self-care limitations and help him with these activities as needed
4. Encourage the child to participate in activities he is capable of doing
5. Help the child to "fit in" and to be accepted by other children
6. Speak clearly and allow him to see your face if he has hearing problems

# **Developmental Disabilities**

## **Definition**

Any physical or mental condition which causes an infant or child to develop more slowly in the areas of language development, thinking, personal, social or movement skills. The delay may be severe or mild and may be in one area or several. Specific examples in each area include delays in movement skills (such as standing, walking, holding), language, (talking) personal and social (interacting normally with other people), and/or self-help (brushing teeth, dressing, etc).

## **Common Characteristics**

It is not unusual for the child to have challenges in feeding and eating, toilet training, language, development, behavior, hearing, vision, muscle strength or coordination, and socialization.

## **Suggested Helps**

1. Ignore temper tantrums
2. Praise good behavior
3. Teach skills through playing with toys and games
4. Provide opportunities to use all 5 senses and to use more than one sense at a time
5. Provide play which involves the higher functioning senses of the individual child

# **Down syndrome**

## **Definition**

A genetic disease also called Trisomy 21 that is caused by having one extra chromosome (group of genes)

## **Common Characteristics**

- Low muscle tone (muscles are relaxed and “floppy”)
- Eyes that slant upwards and have small skin folds on the inner corners (can have problems with vision)
- Tongue that protrudes from the mouth
- Flattened nose
- Only 1 creased-line on the palm
- Soft, fine, sparse hair
- Medical problems with the heart and bowels are common
- Some degree of intellectual disability
- A social and friendly nature

## **Considerations**

1. Focus on the child's strengths and not weaknesses
2. Find tasks and activities in which the child will be able to succeed to reduce frustration
3. Help the other, 'normal' children to accept the Down Syndrome Child
4. Help the child's development of physical abilities by involving him or her in games that practice running, skipping, jumping or arts and crafts with painting, drawing, and cutting (with blunt scissors)
5. Encourage play opportunities with other children

# **Fragile X Syndrome**

## **Definition**

A genetic disease with a mutation on the X chromosome.

## **Common Characteristics**

- Speech delay or disturbance
- Intellectual disability — most males and one third of affected females, mostly mild to moderate but can be severe.
- Learning disabilities
- Co-ordination and motor problems, low muscle tone
- Physical Characteristics (often subtle and can be overlooked and less evident in women)
  - Large or prominent ears, long face
  - High broad forehead, high palate, prominent jaw
- Attention-deficit disorders, often with hyperactivity, distractibility, impulsiveness and poor concentration
- Hand mannerisms – hand or wrist biting, hand flapping
- Speech pattern disturbances
- Shyness, social avoidance, poor eye contact
- Autistic-like stereotyped behaviors, pre-occupation with objects, echolalia
- Aversion to touch, bright lights, loud noises, strong smells
- Emotional instability – outbursts of anger and aggression , especially in post-pubertal males

## **Considerations**

1. Focus on the child's strengths and not weaknesses
2. Avoid overstimulation with noise, lights, and smells.
3. Praise good behavior
4. Help the child with eating as needed
5. Find out the child's self-care limitations and help him with these activities as needed
6. Remember that the child might not respond to his name or to simple requests (be patient)
7. Don't force child to play with others but encourage them awareness of and interaction with others as he is able
8. Speak clearly and allow him to see your face if he has hearing problems
9. Social interactions are difficult; don't take it personally if there is a lack of "connection" or warmth (be patient)
10. They succeed in highly structured activities and following routines – find out from parents what his normal routine is.

# **Sensory Integration Disorder**

## **Definition**

Sensory integration describes the brain's ability to process information from the senses (touch, smell, taste, vision, hearing and movement). In the condition known as Sensory Integration Disorder, the brain and the senses cannot connect in the normal manner. It may be compared to a traffic jam in the brain, where some of the sensory information gets stuck in traffic, and the brain does not get the information it needs to function correctly.

## **Common Characteristics**

Sensory Integration Disorder involves very complicated parts of the brain that control coordination, attention, emotions, memory and higher level functions. All of these areas may be affected, making it difficult to form a list of symptoms. The more common problems include: distractibility, hyperactivity, uninhibited behavior, sensitivity to light or sound, playing repetitively, clumsy behavior, asking about sounds that most people ignore (refrigerator hum, fan, distant airplane, etc), difficulty with sleeping patterns, inability to calm or control themselves when worked up, mood swings, an abnormal response to sound or touch, and movement difficulty (not wanting to climb up steps or stand on uneven ground)

## **Considerations**

- Remember the child can be awkward – try to keep him from falling (no rugs or toys laying on the ground)
- Don't touch the child if he dislikes being touched, or learn the method of touch that is comfortable to the child
- Remember that the child might not respond to his name or to simple requests (be patient)
- Help the child to regain control if he starts to lose it (suggest a time out, talk to him calmly, remove him from the situation)
- Try to keep the environment free of excess noise and odors; turn down the lights if they are too bright
- Expect mood swings and irritability (again be patient)