

GardensTOPSoccer.com Buddy Manual

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WHAT IS A BUDDY

- TOPSoccer buddies are enablers. They are volunteers who participate with TOPSoccer players to enable player participation.
- Buddies should be teenagers or adults.
- Soccer experience is not necessary, the only requirement is a strong desire to enable TOPSoccer players to be successful and to have FUN!

ROLE OF A BUDDY

Monitors and interacts with player, coaches and parents for the player' safety

- Player noises, likes/dislikes
- Aware of safety zones around the player (walkers, wheelchairs, crutches, etc.)
- Adjusts level of attention in order for the player to be successful
- Never be alone or out of sight with any player

Continuously monitors the player

- Fatigue
- Water breaks
- Melt-downs

Assists/Creates/Directs/Guides in a FUN but learning environment

- Ball retrieval/control
- Balance
- Assists player to get into position to play
- Allows the player to do as much for themselves as possible
- Does NOT score goals but creates opportunities for the player to score
- If the buddy is having fun, the player will too!

ROLE OF COACHES TO BUDDY

- You are a team that works together for the sake of the player.
- The coach directs the exercises and games while the buddy participates with the player.
- The buddy is the eyes and ears for the coach, especially concerning safety.



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PLAYERS

- No two will be the same
- Some may need 1-on-1 assistance
- Some may have multiple disabilities
- Some may have little or no concern for team activities
- Some may have a short attention span
- Some may tire easily
- Commitment to play may vary greatly during the sessions
- Most will give you 100%
- Every player wants to have fun!

SAFETY

- The most important part of your job is to create and maintain a safe environment for the player.
- The players/parents are counting on you to look after players who may not be able to look after themselves.
- If you see something that concerns you, tell someone (e.g. a coach or parent).
- It's no fun if someone becomes injured. Safety first, fun is second.

LANGUAGE

Person first, disability second- Are we coaching an individual with a disability or a disabled individual?

Individuals with disabilities are not:

- People who suffer from the tragedy of birth defects
- Paraplegic heroes who struggle to become normal again
- Victims who fight to overcome their challenges
- Retarded, autistic, blind, deaf, learning disabled, etc.
- They are **PEOPLE FIRST**

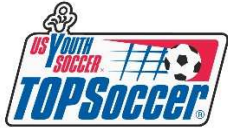
Words are powerful:

- "Handicapped" is an archaic term that evokes negative images of pity, fear and need.
- "Disabled" implies broken. People with disabilities are not broken.
- "Special Needs" – a person's special needs aren't "special" to him/her – they are ordinary.
- "Suffers from," "afflicted with," "victim of" are inaccurate descriptors. A person simply "has" a disability or medical condition.
- People with disabilities are more like people without disabilities than different.

Examples of **PEOPLE FIRST** language:

SAY	INSTEAD OF
People with disabilities.....	The handicapped or disabled
Paul has a cognitive disability.....	He's mentally retarded.
Karen has autism.....	She's autistic.
Ryan has Downs Syndrome.....	He's a Downs person.
Nora uses a wheelchair.....	She's confined to/is wheelchair bound.
She needs/uses.....	She has a problem with

DON'T BE AFRAID TO MAKE A MISTAKE, JUST KEEP STRIVING TO IMPROVE!



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ASSISTANCE

Assisting players with **cognitive needs**:

- Provide direct instruction during play
- Model the desired skill
- Help to define the space and strategies
 - “We are the blue team”
 - “We are going this way”

Assisting players with **behavioral/sensory needs** or **attention issues**:

- Provide 1:1 assistance to model desired behaviors
- Assist player to focus on the activity
- Use a quiet “time out” as needed without being negative
- Mirror play or create space around the player
- Provide stability in a chaotic environment
- Guide and direct, often not touching the player directly, but being close in proximity

Assisting players with **hearing impairments**:

- Safety awareness
- Demonstrate the activity
- Ensure the player understands instructions
- Use touch/sign language/pictures to guide and direct
- Direct the ball to the player for contact and touches

Assisting players with **vision impairments**:

- Safety awareness (field surface and environment)
- Describe the activity and environment
- If needed, provide balance and support by holding player’s forearm
- Use voice, hands, arms to direct and guide
- Direct the ball to the player for contact and touches

Assisting players with **walkers/wheelchairs**:

- Safety awareness (field surface and environment)
- Check on walker/wheelchair safety (equipment check)
- Create opportunity for walker/wheelchair player to participate (ball retrieval, feed ball to player)
- Push wheelchair for participation if necessary

TYPICAL BEHAVIOR RESPONSES

- | | | |
|------------|------------------|---------------|
| • Running | • Hitting | • Spitting |
| • Crying | • Screaming | • Aggression |
| • Avoiding | • Non-Compliance | • Selfishness |
| • Touching | • Impulsive | • Biting |

HOW TO DEAL WITH IT

- | | |
|--|---|
| • Always expect the unexpected | • Consider what is socially acceptable |
| • Be calm, be patient, be direct...NOT bossy | • Sometimes ignore, deflect, or re-direct |
| • Try to understand the person and purpose | • Involve the parents only if necessary |



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DEALING WITH SPECIFIC BEHAVIORS

Tactile defensiveness: Player does not like being touched. Allow the player to make the first move.

Abnormal fears: Encourage the player, but do not force the player to participate.

Violating personal space: Some players do not respect others' personal space or boundaries. Use buddies and/or verbal prompts as they approach other players/you to redirect the player.

Sensory overload: Some players may show signs of too much stimulation with facial grimacing, vocalizations or ritualistic movements. Have the player take a break or change the player's activity.

Tantrums/Acting out: A player who is acting out or throwing a tantrum requires a time out. Use parents to assist.

Seizures or other medical emergency: Ask parents to step in and/or call 911.

HOW PLAYERS LEARN

Observing: By watching the coach, buddy or other players perform the skill he/she is trying to learn.

Feeling: By touching the part of the body that will be involved while attempting to learn a skill.

Hearing: By listening to instructions that are repeated as necessary, particularly while performing the skill.

Visualizing: By seeing him/herself performing the skill.

Practicing: By repeating the skill and correcting errors until the skill becomes learned.

MOTIVATING PLAYERS

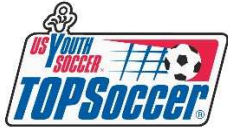
- Use each player's name during the training
- Use plenty of encouraging words/phrases
- Have one-on-one talks with players
- De-emphasize winning and focus on participation and learning
- Make feedback specific to performance – explain how to do the task correctly, not emphasizing what they did wrong
- Celebrate often

WHAT PLAYERS WANT FROM BUDDIES

- Respect me
- Encourage me, don't discourage me
- Listen to me
- Try to understand why I am upset
- Don't take it personally if I am upset
- Sometimes giving me choices helps me feel like I have some control
- Please don't talk down to me
- Let me try to do things on my own
- Challenge me
- Don't assume
- Explain things in a way I can understand
- Accept less than perfect results, but expect my best
- Understand that everyone is different and learns differently
- Don't be bossy
- Explain the reason behind a rule or what you are asking of me, please don't demand
- Be flexible
- Be aware that circumstances can change my behavior
- Don't stereotype me
- Don't show favoritism
- Know that my behavior may be telling you what I can't vocalize
- Understand that all people have bad days
- Have fun and laugh with me, not at me

WHAT TO DO IF YOU SUSPECT ABUSE

- Players with a disability are 3.8 times more likely to be abused.
- Players may receive intimate personal care from a number of caregivers.
- Players may be more vulnerable to bullying, intimidation or abuse by peers.
- If you suspect abuse of any kind, tell the coaching staff or any adult volunteer.
- Do not attempt to confront the parent(s) or make any public accusations.



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COMMON DISABILITIES/BEHAVIORS

COGNITIVE DISABILITIES AND ASSOCIATED CHARACTERISTICS

Attention Deficit Hyperactivity Disorder (ADHD)

- Inattention, poor listening skills, restlessness
- Impulsive
- Hyperactive
- Inappropriate excessive motor activity

Autism

- Impairment in social interaction
- Restricted, repetitive and stereotypical patterns of behavior, interests and activities
- Impaired imitation
- Lack of awareness of the existence of feelings of others
- Absence of imaginative activity

Behavior Disorders

- Poor coordination
- Refusal to practice
- Loss of emotional control
- Hostility/Destructive
- Non-cooperative behavior
- Disorientation in space and time

Learning Disabilities

- Poor spatial orientation
- Clumsiness
- Figure-background problems
- Rhythmic problems
- Problems with body awareness
- Difficulty with motor proficiency

Intellectual Disability & Downs Syndrome

- Learn at a slower rate
- Exhibit same range of emotions but more frequently exhibit inappropriate responses to social/emotional situations
- Do not fully comprehend what is expected of them in social situations
- Delayed development of physical skills
- May be overweight because of lower activity levels

PHYSICAL DISABILITIES AND ASSOCIATED CHARACTERISTICS

Multiple Sclerosis (MS)

- Affects nervous system
- Weakness in coordination
- Speech disturbances
- Vision impairments

Visual Impairment

- Physical fitness is below those of sighted peers
- Balance development is impaired
- Fundamental motor patterns/skills are delayed
- Physical growth/maturation may be impaired
- Wide variation in residual vision

Hearing Impairments

- Balance may be affected
- Information processing time may be longer
- Physical fitness may be lower
- Possible delay in social/emotional development
- Speech can range from intelligible to none

Mobility and Orthopedic Disabilities

- Impairments could be result of congenital abnormality, disease or injury
- May need aids: walkers/wheelchairs/crutches
- May need individual buddy assistance

Cerebral Palsy

- Slow to develop reflex actions
- May also have: Intellectual disability, Convulsions, Speech problems, Oculomotor defects, Hearing loss, Vision loss

Cystic Fibrosis (CF)

- Coughs frequently- mucus buildup in lungs
- Prone to overheating
- Very susceptible to catching coughs/colds

Muscular Dystrophy (MD)

- General muscle weakness
- Possible joint deformities

Seizure Disorder/Epilepsy

- Affected by sudden, brief change in how the brain works
- Consciousness, movement or actions may be altered for a short time
- May require a helmet
- Affected by extreme physical/emotional activities

Spina Bifida

- Affected by incomplete closure in spinal column
- Mobility depends on severity