



TOPSOCCER 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!

THE ROLE OF A BUDDY

A buddy monitors and interacts with coaches and parents for the players safety.

- Aware of player noises, likes/dislikes
- Aware of Safety zones around the player (Walkers, wheelchairs, crutches)
- Adjusts level of attention in order for the player to be successful
- Never be alone or out of sight with a player

Continuously monitors the player for:

- Fatigue
- Water Breaks
- Melt-downs

Assists/Creates/Dire/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
- A buddy does NOT score goals but creates opportunities for the player to score
- If the buddy is having fun, the player will too!

Role of Buddies and Coaches

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

PLAYERS

- No two will be the same
- Some will need 1-on-1 assistance
- Some will have multiple disabilities
- Some may have little or no concern for team activities
- Some may have short attention span
- Some may tire easily
- Commitment to play may vary 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
- If you see something that concerns you, tell someone (Coach or Parent)
- The players and parents are counting on you to look after a player who may not be able to look after themselves.
- 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 defect*
- *Paraleptic heroes* who *struggle* to become *normal* again
- *Victims* who *fight* to *overcome* their *challenges*
- Nor are they *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 – they’re 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 Down Syndrome.....He's a Downs, a Down's person, Mongoloid

Nora uses a wheelchair.....She's confined to/is wheelchair bound

She needs/or uses.....She has a problem with/She has special needs.

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

ASSISTANCE

Assisting Players with Cognitive Needs

- Provide instruction directly during play
- Model the desired skill
- Help to define the space and strategies
- ("We are the blue team""We are going this direction")

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 with player by holding buddy'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
- Crying
- Avoiding
- Touching
- Hitting
- Screaming
- Impulsive
- Spitting
- Aggressive
- Selfish
- Biting
- Non-Compliance

HOW TO DEAL WITH IT

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

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 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 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 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 or other players perform the skill they are trying to learn.

Feeling: By touching the part of the body which 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.

Imitating: By attempting to perform the skill observed.

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 and phrases
- Have one-on-one talks with players
- Make feedback specific to performance – explain how to do the task correctly, not emphasizing what they did wrong
- De-emphasize winning and focus on participation and learning
- 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 I have some control
- Please don't talk down to me
- Challenge me
- Let me try to do things on my own
- 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 assume
- 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 my behavior may be telling you what I can't vocalize
- Understand all people have bad days
- Have fun with me and laugh with me, not at me

WHAT TO DO IF YOU SUSPECT A PLAYER MAY BE ABUSED

- 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

COMMON DISABILITIES/BEHAVIORS AND COGNITIVE DISABILITIES/CHARACTERISTICS

<p><u>Attention Deficit Hyperactivity Disorder (ADHD)</u></p> <ul style="list-style-type: none"> • Inattention, poor listening skills, restlessness • Impulsive • Hyperactive • Inappropriate excessive motor activity <p><u>Autism</u></p> <ul style="list-style-type: none"> • Impairment in social interaction • Impairment of verbal and nonverbal communication • 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 <p><u>Behavior Disorders</u></p> <ul style="list-style-type: none"> • Poor coordination • Refusal to practice • Loss of emotional control • Hostility • Non-cooperative behavior • Disorientation in space and time • Destructive 	<p><u>Learning Disabilities</u></p> <ul style="list-style-type: none"> • Poor spatial orientation • Clumsiness • Figure-background problems • Rhythmic problems • Problems with body awareness • Difficulty with motor proficiency <p><u>Mental Retardation</u></p> <ul style="list-style-type: none"> • 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
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PHYSICAL DISABILITIES/CHARACTERISITICS

<p><u>Cerebral Palsy</u></p> <ul style="list-style-type: none">• Slow to develop reflex actions• May also: have Mental Retardation, convulsions, Speech problems, Oculomotor defect , hearing loss, vision loss <p><u>Cystic Fibrosis (CF)</u></p> <ul style="list-style-type: none">• Coughs frequently due to mucus buildup in their lungs• Prone to overheating• Very susceptible to coughs and colds from other children <p><u>Hearing Impairments</u></p> <ul style="list-style-type: none">• Balance may be affected• Information processing time is longer• Physical fitness may be lower• Possible delay in social/emotional development• Speech can range from intelligible to none <p><u>Mobility and Orthopedic Disabilities</u></p> <ul style="list-style-type: none">• Impairments could be result of congenital abnormality, disease or injury• May need aids such as walkers, wheelchairs or crutches• May need individual buddy assistance <p><u>Spina Bifida</u></p> <ul style="list-style-type: none">• Affected by incomplete closure in spinal column• Mobility depends on severity	<p><u>Multiple Sclerosis (MS)</u></p> <ul style="list-style-type: none">• Affects nervous system• Weakness in coordination• Speech disturbances• Vision impairments <p><u>Muscular Dystrophy (MD)</u></p> <ul style="list-style-type: none">• General muscle weakness• Possible joint deformities <p><u>Seizure Disorder/Epilepsy</u></p> <ul style="list-style-type: none">• 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 or emotional activities <p><u>Visual Impairment</u></p> <ul style="list-style-type: none">• Physical fitness is below those of sighted peers• Balance development is impaired• Fundamental motor patterns and skills are delayed• Physical growth and maturation may be impaired• Wide variation in residual vision
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