



Illinois Fire Juniors 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!

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

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

INSTEAD OF

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

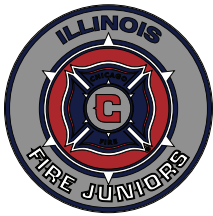
- Use each player's name during the training
- Use plenty of encouraging words/phrases
- Have one-on-one talks with players
- De-emphasize winning and focus on participation and learning
- Make feedback specific to performance – explain how to do the task correctly, not emphasizing what they did wrong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