

***Supporting Children and Youth:
Mentor Training for Senior Corps Volunteers***

Module 6

**Serving Children and Youth
with Special Needs**

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Volunteers***



**Serving Children and Youth
with Special Needs**

Trainer:

Date:

Module 6. Serving Children and Youth with Special Needs

INTRODUCTION

Foster Grandparents and RSVP volunteers are the caring adults that provide one-on-one attention and encouragement to children and youth with special needs. In this module, the term “special needs” refers to the individual’s challenges, such as a learning disability, as well as situational circumstances that put them at a disadvantage, such as poverty. This workshop provides an introduction to some of those needs.

You do not need to use this workshop “as is.” It is recommended that you tailor this workshop to focus on the special needs your volunteers will most often see. This module includes a handout with recommended resources for more information on different needs. You may also want to invite a guest speaker with knowledge of a particular special need to talk to your volunteers. Stations/supervisors will likely provide additional on-site child- and disability-specific training to volunteers.

This workshop includes a brief lecture, a small group exercise, and a short reflection activity. It is recommended that you do a full 2-hour workshop to allow more time for group discussion.

Objectives

By the end of the session, participants will better understand:

- Some key special needs of children/youth that volunteers serve
- Situational or family circumstances that can contribute to challenges that children and youth face
- How volunteers can help children and youth build resilience

Visual Aids (Power Point) and Facilitator’s Notes

If you are using the PowerPoint slides included with this curriculum, Facilitator’s Notes are provided under each slide. These notes provide the same information as the Facilitator’s Notes included in this document, however they are not as detailed.

It is recommended that you use easel paper, a whiteboard, or a chalkboard to note responses to some of the “callout” questions and important points that participants make during the exercise “debrief.” This validates participants’ knowledge and reinforces learning. You may want to write the headings on sheets of easel paper in advance to save time.

This symbol will cue you as to when you might jot down responses:



Handouts

The handouts for this session follow the Facilitator's Notes and Instructions. Handouts 1-5 should be distributed during the session; this symbol in the Facilitator's Notes will cue you as to when: . The last handout, *Training Feedback Survey*, is recommended for the end of the session.

1. What are Learning Disabilities? (optional)
2. Exercise Role Play Cards
3. Tips for Helping Children and Youth Build Resilience
4. Reflection: Use Your Past Experience for Inspiration
5. Recommended Resources for Volunteers Assisting Children and Youth with Special Needs (optional)
6. Training Feedback Survey

How to Modify the Workshop to Expand or Add a Special Need Topic

This module provides an introduction to several special needs that volunteers may see during their service. You may wish to modify the workshop to expand on a particular special need introduced here, or include a new issue not addressed here. Below are some tips for revising this workshop, if you choose to do so:

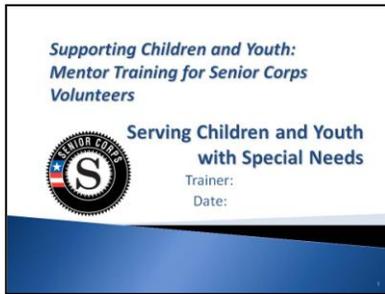
1. Review the module's facilitator notes and determine which special needs you would like to expand on, and which needs you do not want to include.
2. You may want to add lecture content for a new special needs topic, or expand on the information already included here. For each need you want to discuss, assume you will need 10-15 minutes for a mini-lecture. The "Recommended Resources" handout included in this module lists websites that you may find helpful.
3. Because a large percentage of the children served by Senior Corps have learning disabilities, this module does go into more detail in that section than the other special needs introduced. You may want to view that section as an example if you plan to add a new mini-lecture.
4. As you develop or expand a mini-lecture, include large group "call outs" or pair sharing to keep the group involved in the discussion. Example: "Has anyone worked with a child or youth with ___? What did you do to assist this child or youth? Share one thing with your partner."
5. As an alternative to putting together a mini-lecture on a topic, consider inviting a guest speaker who has expertise in the special need you want to talk about. Ask the speaker to bring written materials (a simple handout) that can be distributed.
6. If you decide to use the PowerPoint slides, don't forget to modify them to fit your lecture.
7. You may want to modify the resiliency "role play" exercise included here. The role play cards for the exercise offer eight different examples. Determine which role play cards are appropriate for your group and the special need(s) you want them to think about, and modify or add new role play cards as needed.

8. This module has a handout on assisting children/youth with learning disabilities. You may wish to provide additional handouts on other special needs. Talk to stations about using the materials they distribute to the public. If you are developing your own written material, you may find websites that develop information for the general public helpful (e.g. National Association of School Psychologists: <http://www.nasponline.org/index.aspx>)
9. If your volunteers serve children with many special needs or they serve both children and youth, consider repeating this workshop but focusing on different special needs or age groups each time.

SESSION AGENDA

Activity	Estimated Time	Method	Slide Numbers
I. Welcome	20 min.		1
A. Learning Objectives	5 min.	Lecture	2
B. Warm-up: Working with Children and Youth with Special Needs	15 min.	Large group discussion	3
II. Special Needs	30 min.		--
A. Individual Needs <i>☞ What are Learning Disabilities? (optional)</i>	15 min.	Lecture	4-5
B. Challenging Circumstances/Family Situation	15 min.	Lecture	6
III. Resilience	45 min.		--
A. What is Resilience?	5 min.	Lecture	7-8
B. Exercise: Role Play <i>☞ Exercise Role Play Cards</i> <i>☞ Tips for Helping Children and Youth Build Resilience</i>	20 min. 20 min.	Small groups of 3-4 Debrief, large group discussion	9-11
IV. Reflection: Use Your Past Experience <i>☞ Reflection: Use Your Past Experience for Inspiration</i>	15 min.	Individuals, pairs	12
V. Closing <i>☞ Recommended Resources for Volunteers Assisting Children and Youth with Special Needs (optional)</i> <i>☞ Training Feedback Survey</i>	10 min.	Lecture	13

FACILITATOR'S NOTES AND INSTRUCTIONS



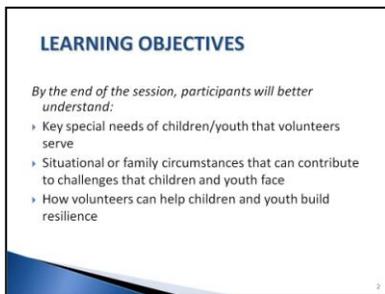
If you are using the PowerPoint slides, have slide 1 up on the screen.

I. Welcome

Welcome participants and introduce the workshop: “Foster Grandparents and RSVP volunteers are the caring adults that provide one-on-one attention and encouragement to children with special needs or challenging situational circumstances. This workshop provides an overview of some of those needs and how you can help.”

A. Learning Objectives

Show slide 2.



Describe the learning objectives. In this workshop, participants will be introduced to and discuss:

- Key special needs of children/youth that volunteers serve
- Situational or family circumstances that can contribute to challenges that children and youth face
- How volunteers can help children and youth build resiliency

B. Warm-up: Working with Children and Youth with Special Needs

Show slide 3.



CALLOUT: “What do you think of when you hear the term ‘special needs’? What do we mean by children or youth with special needs?”

Participants may think of “special needs” in terms of limitations. Emphasize the importance of seeing each child/youth as an individual first, rather than the need or label. Participants should get to know their child/youth’s unique and individual personality and abilities so they can effectively mentor.

CALLOUT: “When you were in school, how were kids with special needs educated? Were they in your class?” “How is it different now?”

Participants may say that children with special needs were in a different school, not integrated into the school or classroom. This is one important change in public school education in the last 30 years. The Individuals with Disabilities Education Act (IDEA) requires that all eligible children and youth with disabilities have access to a free public education. The thinking behind this is that regardless of a child's special needs, they want and deserve opportunities to learn, make friends, to be included and accepted. Many students are mainstreamed into the general population with supplemental instruction to address additional specific needs. This also helps children without disabilities learn about and be comfortable around their peers with different abilities.

CALLOUT: "What concerns or worries do you have about serving these children and youth?"

Participants might be concerned that the child/youth has needs that are beyond their skills to help. Assure them that station staff or supervisors will be there to provide support and advice on individual children/youth.



TIP: Note participants' concerns on a sheet of paper for future reference. You may want to debrief with station supervisors after the workshop and let them know some of the concerns you heard from participants. You may also want to note particular misconceptions repeated by participants so that you can talk directly to them or give stations a "heads up" about the misconceptions they might encounter.

"Let's talk about some of the children and youth with special needs you may be serving..."

II. Special Needs

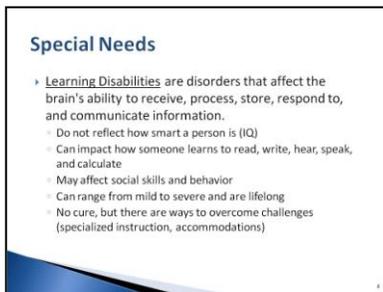
Tell participants that Foster Grandparents and RSVP volunteers serve children and youth with a wide range of special needs, including multiple challenges. Note that we are using the term “special needs” to refer to the individual’s challenges, such as a learning disability, and circumstances that are challenging, such as poverty.

“First, let’s talk about special needs like disabilities that affect individuals; then we will talk about circumstances that affect children and youth.”

A. Individual Needs

Learning Disabilities

Show slide 4.



Tell participants almost half (43%) of students receiving special education services in the public schools have learning disabilities. In fact, of children with special needs served by Foster Grandparents, the most common need is learning disabilities; 25% of children served in 2008 had learning disabilities (*Foster Grandparent Program (FGP) National Overview 2008*).

TIP: Use local information. Talk about the numbers of children and youth with learning disabilities – or any other special need discussed in this module— that volunteers in your community serve. This gives the participants some context as to the extent of the issue in your community and how volunteers are assisting.

 (Optional) Distribute the handout *What are Learning Disabilities?*

What are learning disabilities?

People with learning disabilities may struggle to keep up with their peers in basic academic skills and other daily functions.

- Learning disabilities are more than a difference or difficulty with learning; they are actually a group of neurological disorders that affect the brain's ability to receive, process, store, respond to, and communicate information.
- A learning disability may affect listening, speaking, reading, writing, reasoning, math, and social skills.
- Most people with learning disabilities have trouble reading.

- People may have one or more learning disabilities.
- Learning disabilities vary from person to person and they can range from mild to severe.
- Learning disabilities are more common in boys than girls.
- Learning disabilities are not the same as mental retardation or autism. People with learning disabilities are of average or above-average intelligence.
- Many people with learning disabilities (about one-third) are also diagnosed as having Attention-Deficit/Hyperactivity Disorder (AD/HD).
- A learning disability is not something that can be outgrown; it is a lifelong challenge that, with help, can be managed. Children with learning disabilities become adults with learning disabilities.

What causes it?

Learning disabilities tend to run in families, so some types may be hereditary. Injuries before birth or in the early years may also account for some learning disabilities. However, research still has a long way to go in understanding the causes.

How do people experience learning disabilities?

Learning disabilities tend to affect spoken language (listening and speaking), written language (reading, writing, spelling), arithmetic (doing math, understanding basic concepts), reasoning (organizing and putting together thoughts), and memory, including remembering instructions.

TIP. Provide an exercise so participants can experience disability.

For example, have participants put something in their mouth, such as a marshmallow, and try to repeat a statement to experience speaking difficulties. Or give participants a short worksheet of easy math problems; in pairs. Have one person try to complete the math problems while the other person tries to distract them by talking or shouting.

CALLOUT: “How many of you know someone with a learning disability, or may have a learning disability yourself?” “How did it affect that person/you?”

Validate participants' experiences. If not mentioned, note the following examples of how people experience learning disabilities:

- Spoken language/listening: People may need more time to process language, or may not be able to listen and take notes at the same time.
- Written language/reading: Visual perception (the meaning you assign to what you are looking at) might be affected. Decoding letters and other symbols might be difficult, so this adds to the time it takes to read. People may struggle to understand what they are reading because of all the effort they are taking to decode the text.
- Written language/writing: Visual-motor coordination affects writing ability; if the eyes and hands are sending mixed messages to the brain, it is extremely hard to write.

How is it treated now?

Tell participants that learning disabilities cannot be “cured” by medication, therapy, or expert tutoring. However, as awareness and screening improve, assistance with specific skills or accommodations can be improved.

At school, students can get specialized instruction that is tailored to their needs. They can get accommodations (e.g. more time to take a test, readers, note takers, audio recordings) or modifications (e.g. shorter tests or different assignments).

Volunteers can help students with learning disabilities by working with the teacher to find out exactly what type of support the student needs. For example, a student may need to break down an assignment's tasks or directions into steps, or s/he may need reminders and memory aids for certain things.

How does this affect the children and youth we serve?

It is important for mentors serving these children and youth to understand how they may feel.



CALLOUT: “How might a learning disability affect a child/youth? What are some of the challenges and emotions a child/youth with a learning disability might experience?”

Examples:

- Children and youth with learning disabilities learn differently, and it can impact everything they do, not just school. Tasks that look simple to some may become demoralizing hurdles to others.
- Children and youth with learning disabilities can feel very anxious about their academic and social performance, which makes it even harder to do things. They may have low self esteem, feel “different” from peers, and have difficulty making friends and developing social skills.
- Some adults may not understand the situation and believe the child/youth isn’t trying hard enough. Adults may feel frustrated and lose patience with them, adding to the child/youth’s anxiety and low self esteem.

TIP: If you prefer more show and less tell... Check your local library for Richard Lavoie’s “F.A.T. City Workshop” DVD’s (PBS Video), created for educators and parents to help them understand how students with learning disabilities experience the classroom. Volunteers serving in schools might find it eye-opening.

Keep in mind...

Remind participants that learning disabilities do not have to stop a person from achieving goals. There are ways to overcome the challenges by learning new or different ways to do things. People who had learning disabilities included: Albert Einstein, Ludwig Von Beethoven, Louis Pasteur, Agatha Christie, and Winston Churchill.

In addition, some researchers believe that healthy social and emotional skills (e.g., coping skills, ability to develop meaningful relationships) are the most likely predictors of success for people with learning disabilities, even more than academic skills.

Volunteers and other caring adults can help children and youth develop these skills.

TIP: Remind participants that words matter, especially when you are a role model to children. We are living in a label-obsessed time which can be both hurtful and limiting to those who are the object of the label. Of course, you would always speak of someone by name, not by calling forth their disability. However, when you do need to identify someone with a special need, put the person first. This way, the need does not define that person. For example, a “youth with Asperger’s syndrome” is better than saying an “Asperger’s youth”. This is important for the children without special needs to hear as well, because they are learning how to relate to others.



Show slide 5.

(NOTE TO FACILITATOR: The remainder of this section contains a very brief overview of other special needs: Attention Deficit (Hyperactivity) Disorder (ADHD), Autism Spectrum Disorders, Intellectual Disability, Emotional Disturbance, and Physical Disabilities. Discuss only those that are most relevant to this group of participants; there will not be time to discuss all of them. For each special need you do discuss, check in with the group and ask: “Has anyone worked with a child or youth with ___? What did you do to assist this child or youth?”)

Attention Deficit (Hyperactivity) Disorder (ADHD)

- Attention deficit hyperactivity disorder (ADHD) is one of the more common childhood disorders and can continue through adolescence and adulthood.
- Symptoms include: difficulty staying focused and paying attention, difficulty controlling behavior, and hyperactivity (over-activity).
- It may be treated with medication and some type of behavior therapy that involves teaching the child how to monitor his/her behavior, improve organization, or social skills.

How volunteers might help

- Volunteers can assist a child/youth with ADHD by being patient, being clear and consistent with instructions or rules, and positive reinforcement.
- Some children with ADHD have a hard time with transitions (e.g. at school, between activities), so you may want to especially make yourself available at these times to help the child stay on task.

TIP: Expand on sections that interest your participants. The handout included in this module, *Recommended Resources for Volunteers Assisting Children and Youth with Special Needs*, contains a list of websites where you can find a wealth of information written for the general public on different special needs topics. Consider repeating this workshop with different special needs.

Autism Spectrum Disorders

- Autism Spectrum Disorders (ASD) can affect a person's communication skills, social skills, intelligence, and there can also be physical problems.
- Symptoms almost always start before the age of 3 and it is more common in boys than girls.
- There is no “typical” person with autism; the symptoms present differently in different people and can range from mild to severe. For example, people may repeat words, phrases, or behaviors, or they may be very sensitive to lights or sounds, or they might feel overwhelmed in an environment where a lot of things are happening.
- Treatment might include medications and different therapies (speech, behavior, and social skills training).

How volunteers might help

Volunteers can help a child/youth with ASD by trying to understand how that individual experiences the world, including anxieties and stressors. For example, the child/youth may:

- Become overwhelmed when presented with too many choices or when suddenly surrounded by a lot of activity
- Have trouble controlling their emotions
- Be very intelligent but have difficulty demonstrating it
- Be unable to read social cues
- Not want to be touched or held

Volunteers can help calm a child who is experiencing sensory overload or model appropriate social behaviors and provide gentle reminders as needed. However, they should keep in mind that it may take some time to make a connection.

TIP: Autism and vaccines. A belief persists that childhood vaccines cause autism, especially the MMR vaccine for measles-mumps- rubella. To date, studies have **not** shown any link between vaccines and autism (“Journal Retracts 1998 Paper Linking Autism to Vaccines”, New York Times, February 3, 2010). **Learn more about autism:** The PBS series, “Autism Now”, explains what is known about autism at this time for a general audience. The website also contains resources, personal stories, and project ideas: <http://www.pbs.org/newshour/news/autism/>.

Intellectual Disability

- Intellectual disability is also known as a cognitive disability, developmental disability, or mental retardation.
- People with intellectual disability score below-average on a test of mental ability and are limited in areas needed for daily functioning, such as communication, self-care, and getting along in social situations and school activities.
- There may also be physical issues, such as speech impairments, vision or hearing problems, or epilepsy.
- The disability can range from mild to profound. Mild can mean a lack of curiosity and quiet behavior; profound is associated with infant-like behavior.
- Many people with intellectual disability lead productive lives and live on their own; others will always need care.
- Special education and training may include social skills to help the person function as normally and independently as possible, and develop to their potential.

TIP: More information on intellectual disabilities. It is expected that volunteers serving people with profound intellectual disabilities will receive extensive support and training from stations where they serve. For more information on intellectual and developmental disabilities, see the Eunice Kennedy Shriver National Institute of Child Health and Development: http://www.nichd.nih.gov/health/topics/developmental_disabilities.cfm.

How volunteers might help

- Volunteers can help by working with the teacher or supervisor to address the child/youth's individual needs.
- A volunteer might assist the child in group activities and with social skills, for example.
- Breaking down a task into steps can be helpful. Provide encouragement and allow time for the child/youth to learn something new.

TIP: If bullying is an issue at your schools... Bullies often target children and youth who "stand out" or seem different. This can be devastating for anyone, but it can be a real setback for children who are struggling to fit in already. Consider distributing information to participants on warning signs and how to help, or conducting a separate workshop on this serious problem. For more information, see <http://www.stopbullying.gov/>.

Emotional Disturbance

Some children and youth suffer from emotional disturbances such as depression and anxiety.

Depression

It is normal to feel down or sad at times, especially for teens. However, when the painful feelings do not go away, and interfere with a person's ability to function, it can be diagnosed as depression. For adolescents, treatment for depression can include medication and therapy.

Volunteers can help by understanding the child/youth's situation and letting him/her know you care and are listening. You can also try to encourage physical activity and healthy eating, which can improve mood.

Anxiety

Everyone feels anxious from time to time and nobody likes it. As children, we learn to prepare for life's challenges by dealing with anxious feelings. However, when someone obsessively worries with no apparent cause, they may have an anxiety disorder.

- Children and youth with an anxiety disorder do not realize that they are overreacting because the threat feels real to them.
- Symptoms might include constant fears about personal safety or the safety of loved ones, worries about school, physical symptoms related to stress such as stomach aches, difficulty sleeping or concentrating.
- Treatment usually involves therapy to help the child learn skills to manage anxiety, and sometimes medication.

Volunteers may be able to help children and youth develop the skills and confidence to overcome or manage fears.

- Take the fear seriously and ask if the child/youth would like talk about it. Let the child know you believe in him/her.
- Some things that have helped people deal with anxiety are: repeating positive statements ("I will be okay", "I will do well"); visualizing something pleasant (calm blue waters); and deep breathing exercises.

TIP: Mentor versus counselor. Remind your audience that they are not the professionals in charge of the child/youth's treatment plan but they are an important, caring adult. Make sure the volunteers know to whom they might talk if they are concerned about something the child/youth did or said and want to inform a professional.

Physical Disabilities

Children and youth may have physical disabilities that limit coordination, mobility, speech, vision, hearing, or other body functions.

- The physical disability can range from mild to severe.
- Individuals with physical disabilities may use “assistive technology” to help them perform daily tasks. This could be something as simple as a pencil grip or something more complex like a motorized wheelchair or computer.

Volunteers should try not to make assumptions about the child/youth's needs, but rather, find out from the child/youth and the supervisor how best to assist and when.

- It might be helpful to know how the assistive technology works (e.g. how to break down a wheelchair or maneuver it).
- There may be times when you want to assist but the child needs to learn how to do it on his own, or would prefer to do it on his own.
- Get to know the child/youth and you will better understand their needs and how they experience their surroundings.

Communication tips:

- Talk directly to the child/youth, at their level and using eye contact.
- Language changes so fast. Ask the child/youth how they describe themselves/their disability and use those words.
- To communicate with a child or youth *with a hearing disability*, always face the child and keep your mouth uncovered, use facial expressions and body language, and have a paper and pencil ready if needed.
- To communicate with a child or youth *with a visual disability*, speak clearly and be aware that the tone of your voice is also sending a message, face the person when you are speaking, announce your presence and when you are leaving, describe what you are doing and the surroundings to help them adjust, if necessary.

- Children and youth *with speech difficulties* may use pictures, facial expressions or gestures, or assistive technology to speak. Pay attention and be patient.

TIP: Distribute a list of tips for working with children/youth with physical disabilities. If a lot of the participants serve children and youth with physical disabilities, you may want to develop a handout with a list of tips (do's and don'ts) on how to assist. The University of Illinois Extension is a good resource: <http://urbanext.illinois.edu/specialneeds/> .

Remind the participants that station staff (supervisor, counselor, classroom teacher) can advise on activities and strategies for supporting individual children and youth while helping them maintain as much independence as possible. For example, volunteers might serve at a school's "resource room" where they work with special education teachers who are following individual educational plans for students identified as having a disability.

"Let's take a few minutes to talk about some of the challenging circumstances that can affect the children and youth we serve. Keep in mind that some of the children and youth we serve have both disabilities and challenging circumstances."

TIP: Bring in the experts. Ask a speaker from one of the stations, or another local organization, to talk about how individuals with special needs are supported in your community. What resources are available to children and families?

B. Challenging Circumstances/Family Situation

(NOTE TO FACILITATOR: This section contains a very brief overview of some common challenging circumstances: Children/Youth in Poverty, Family Trauma, Active Duty Military Families, and English Language Learners. Discuss only those that are most relevant to this group of participants. For each area, keep them engaged by asking the group questions to consider: “How do you think this situation affects children and youth? What would a mentor need to keep in mind?”)



Show slide 6.

“These are just a few of the challenges that can affect the health and well being of children and youth we serve.”

Children/Youth in Poverty

Many of the families that Senior Corps programs serve are struggling financially.

- Nationwide, over 15 million children live in families with incomes below the poverty line, which is very low (\$22,050 a year for a family of four).
- Disproportionate percentages of African American, Hispanic, and American Indian children are living in poor families, as are children in immigrant families.
- Most people who experience poverty do not stay poor; only a small minority of people live in poverty that is ongoing and long lasting.
- However, millions of people are one crisis away from poverty (e.g., a divorce, job loss, or health emergency).
- Children and youth who live in poverty experience hunger and family stress due to economic hardship, which might include poor housing or homelessness, and lack of health care.
- These children are more likely to have poor health in adolescence and as adults, drop out of school, and have trouble finding work.
- The children at the greatest risk are those that live in poverty when they are young, and those who experience chronic (ongoing) severe poverty.

How volunteers might help

- Volunteers can help by spending time with a child/youth in poverty through ongoing, one-on-one mentoring.
- Mentors can provide things like: moral support (I believe in you), a sympathetic ear and non-judgmental feedback, encouragement to stay in school, among other positive support.
- Volunteers may be in a position to advocate for the child/youth and help put them in touch with resources or services in the community.

TIP: Talk about your service area. Replace or supplement the U.S. data provided here with information about the community you serve. How many children are living in poverty? How many do your volunteers support? What characteristics are important to know about the families you serve (e.g. a recent plant closure put hundreds out of work; lack of transportation is a major problem for those living in __ County)?

Family Trauma

- Many children and youth experience a traumatic or unstable home life where the adults they need cannot care for them. They may live with domestic violence, abuse, a parent with mental illness, a parent who is incarcerated or abuses alcohol or drugs.
- Children and youth who experience trauma are at risk of mental health problems. Those who have a parent that abuses alcohol have an increased risk of alcohol abuse.
- They are also at higher risk for depression, anxiety disorder, problems with cognitive and verbal skills, and parental abuse or neglect.
- Children of parents who abuse drugs or alcohol are at high risk of trauma, separation from parents, abuse and neglect.
- Children who have a parent in jail often suffer from feelings of fear, anxiety, anger, sadness, depression, and guilt that may cause emotional withdrawal, failure in school, and delinquency.
- Some children and youth may be living with overextended grandparents or another guardian or in foster care because their parents cannot raise them.

How volunteers might help

Children and youth who manage to cope in these situations often rely on support from another caring adult.

- Volunteer mentors can help by being available to listen and support their efforts to make new friends and have positive experiences outside the home.
- Volunteers can also assure them that they are not responsible for the problems of the adults in their lives, and that their lives can be different and better than their parents.

TIP: Mentor time commitments. You may want to remind participants of the importance of honoring their mentoring time commitment. Children and youth who do not have reliable adults in their lives need to know that they can depend on the mentor at least for the time period the program has promised them (e.g. a school year).

Active Duty Military Families

A child/youth who has a parent deployed during wartime is coping with that parent's absence and worry for their safety. This stress can cause depression, anger, acting out and behavior problems, and academic problems.

The deployed parent's absence puts additional stress on the remaining caretaker, especially if they do not have a strong support system. This may include economic stress as well as the responsibilities of a single parent.

How volunteers might help

- A volunteer can help by providing support to the child/youth and respite to the parent at home.
- The child/youth may need a lot of reassurance and want to talk about the deployed parent. Mentors can help younger children write letters to the parent; older children may just want someone they can talk with honestly. They may feel they can't bring up worries about the deployed parent without upsetting the parent at home.
- The most important thing is to let the child/youth know you care and are there for them.

TIP: Continue the conversation. There is another module in this series for volunteers serving military families that goes into more detail (Module 8). You may also want to distribute a list of local support services for military families, if available in your area.

English Language Learner

- Schools are working with more and more children who are beginning school with limited English language proficiency.
- Children and youth who are learning English as a second (or even third) language may be learning to read, write, listen (understand), and speak English all at one time.
- Preschool children are learning to speak, listen, and recognize letters in their family's language and English.

How volunteers might help

- Volunteers can help by first recognizing that it is not easy to learn another language.
- Volunteers should respect the child/youth's culture and show an interest in their home language (e.g. ask them to teach you a few phrases).
- If tutoring the child/youth, talk to the teacher. S/he will know the student's English language ability and be able to provide specific guidance.

The child/youth may be dealing with issues other than learning English. For example:

- New immigrants and refugees are learning how things work in a new place; some may be experiencing culture shock; others may be recovering from trauma.
- Children of migrant workers may have had their education and social ties interrupted multiple times as the family moves around.
- In some cases, the child may be the interpreter for older members of the family and feel the pressure of adult responsibilities.

A mentor may be able to provide some respite from this pressure, help the child get involved in positive youth activities, or suggest resources to ease the family's transition.

TIP: Emphasize respect for other cultures. Are there new immigrants in your community? Do some of the participants feel uneasy about changes they are seeing in the community? If yes, you may want to set aside time to have an honest but respectful discussion about their concerns, some of which may be based on lack of knowledge or fear of change. It is important that volunteers, role models to the children and youth they serve, are *not* expressing negative or disrespectful attitudes about other cultures.

III. Resilience

“Research has shown that many children and youth who experience hardships can cope and grow to become happy, productive adults. This is called resiliency.” (Participants may point out, correctly, that children and youth who experience severe or ongoing trauma, or trauma at a very young age, will need more than a mentor to help them pull through.)

A. What is Resilience?

Show slide 7.

Resilience

Resilience is the ability to bounce back after difficult times.



Traits of resilient people:

- › Social competence
- › Problem-solving skills
- › Autonomy
- › A sense of purpose and the future

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Resilient people tend to have these traits:

- Social competence (able to develop positive relationships)
- Problem-solving skills (the ability to plan, think creatively, and ask for help if needed)
- Autonomy (e.g. a strong sense of personal identity and ability to act independently)
- A sense of purpose and future (e.g. goals, purpose, optimism, hope for the future)

Show slide 8.

Resilience

Resilience is the ability to bounce back after difficult times.

What makes the difference?

- › A positive connection with another person
- › Caring relationships
- › High expectations
- › Support
- › Opportunities to contribute



Substance Abuse and Mental Health Services Administration. Response to Disclosure and Treatment from Mental Health Services.

For people who have come through hard times, these things made the difference:

- Most importantly, a positive connection with another person (someone who listen to them, believed in them)
- Caring relationships
- High expectations
- Adequate support
- Opportunities to contribute

“You, as a caring adult in the child/youth’s life, are in a unique position to make a difference.”

B. Role Play Exercise

“Let’s do a short role play exercise to practice building the traits that will help children and youth build resilience.”

YOU WILL NEED: Copies of the *Exercise Role Play Cards*, one *Role Play Card* per person, easel paper and a marker for taking notes during “debrief”.

TIP: Revise the Role Play examples if needed. The *Exercise Role Play Cards* contain examples of children and youth with special needs and challenging circumstances. However, you know the real situations these participants will see. Revise the *Role Play Cards* to reflect the conversations you want these mentors to practice.

Role Play Exercise

Instructions:

- › Get together in pairs for this role play. You should each have one Role Play Card.
- › One person will be the mentor; the other person will be the child/youth described in the Role Play Card.
- › After 5 minutes, switch roles with your partner. The person who was the mentor should use their Role Play Card and be the child/youth described.
- › Be ready to discuss your experience.

Show slide 9.

INSTRUCTIONS

1. Ask participants to get into pairs.
2.  Distribute one *Role Play Card* to each person and the 1st page to *Tips for Helping Children and Youth Build Resilience*. Explain that each card represents a child or youth that they will be playing. For the first card, the pair should quickly determine who will be the mentor and who will be the child/youth and then both should take a minute to read the role card and the tip handout. The mentor can try out one of the tips. (Each person will have a chance to play both roles.)
3. Assure the participants that when they play the mentor role, there is no “right” or “wrong” answer: “Don’t over-think it; be your warm, kind self.”
4. Ask the pairs to take 5 minutes for the role play. One person plays the child/youth described in their *Role Play Card*; the other person is the mentor. The mentor should greet the child/youth to start (“Hi Gracie, how are you doing today...”).
5. After 5 minutes, ask the pairs to switch roles. The person who was playing the mentor now plays the child/youth, using their own *Role Play Card* this time.
6. After 5 minutes, bring the group back together for discussion.

TIP: Alternative to role play. Role playing is recommended for new mentors especially, so they can prepare for conversations with children and youth and develop confidence. While you may get some eye rolls, impress on the group how valuable it is to practice saying the words. However, if it looks like a role play is not going to work with this group, ask them to get into pairs and talk about things they would say to the child/youth described in the *Role Play Card*.

Show slide 10.

Role Play Debrief

Participants who played the “mentor” role:

- › Which tip from the handout did you try out? How did it work?
- › What would you do differently? What more did you want to know to help the child/youth?

Participants who played the “child/youth” role:

- › What did the mentor say or do that helped? What is the message that you got from the mentor?
- › What would have improved the talk?



DEBRIEF

For each *Role Play Card* that your group used:

1. Ask the participants who played the mentor: “Which tip from the handout did you try out? How did it work? What would you do differently? What more did you want to know to help the child?”
2. Ask the participants who played the “child/youth” role: “Did you feel heard? What did the mentor say or do that helped? What is the message that you got from the mentor? What would have improved the talk?”
3. Jot down common themes on the easel board.

The role play conversations (what the mentor said and how it was said) should get at some of these themes. The child/youth should get the message that:

- The mentor believes in him/her.
- The mentor won’t judge or leave the child/youth if s/he does something wrong.
- The mentor can be trusted; the child/youth can talk through a problem or bad feelings, and be open with the mentor.
- The mentor can help the child/youth put things in perspective or think through the problem.

Show slide 11.

Keep in Mind...

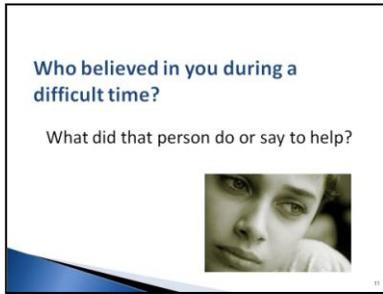
- › Be a cheerleader. Let the child/youth know you believe in him/her.
- › Know his/her strengths and interests and build on them.
- › Provide encouragement but let the child accomplish things on his/her own.
- › Create an environment where s/he can talk honestly with you; don’t judge.
- › Talk to your supervisor to find out how best to assist the child/youth.
- › Talk to your supervisor if you need help or advice.

Here are some key points to remember:

- Children/youth will live “up” or “down” to adults’ expectations. Mentors can convey high expectations and help children develop self confidence through encouragement and specific positive reinforcement, and by letting them accomplish things for themselves. The mentor should take care not to express low expectations verbally or unconsciously, through body language.
- Build the relationship so the child/youth feels comfortable telling you what is on his/her mind. Try not to judge. Try to give the child/youth the benefit of the doubt.
- Build the relationship so you know their strengths and interests (be careful not to project what you think their strengths and interests should be).
- The mentor should always talk with the supervisor (e.g. the child/youth’s teacher, program staff person, caseworker) to find out the best ways to help, and if s/he believes the child/youth needs additional help.

IV. Reflection: Use Your Past Experience

Show slide 12.



Tell participants that research has shown that children and youth are responsive to older mentors who have overcome hardships such as strained family relationships or other major challenges (i.e. resilient seniors).

 Distribute the handout *Reflection: Use Your Past Experience for Inspiration*. Ask participants to take a few minutes to think of an obstacle or difficult time in their life, and answer the questions about how someone helped them.

Afterward, encourage them to share age-appropriate stories about their own resilience with the children and youth they serve, if they feel comfortable.



V. Closing

Show slide 13.

Remind participants that their individual attention and support is the most important contribution to the children and youth they serve.

 Optional: Distribute the remaining handout; *Recommended Resources for Volunteers Assisting Children and Youth with Special Needs* is a list of resources that participants can investigate on their own.

TIP: Offer a few “hard copy” options. Depending on program resources and participant interest, you may want to bring a few copies of some of the information from the websites in the recommended resource handout for people who don't have online access.

 Last, ask participants to complete a *Training Feedback Survey* to help you improve the next workshop.

Ask participants if there are any more questions or last words before you close. Make any final announcements and thank participants for coming.

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