



Parks & Recreation

6.3.1.C LOPR_ Inclusive Recreation Handbook

Focus on the Person and the Ability

**How LOPR Provides Reasonable
Accommodations for Including
Special Needs Program Participants**

Staff Guidelines & Resources

City of Lake Oswego
Parks & Recreation Department

2017
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Parks & Recreation Inclusion Handbook

Section I:

Philosophy

Lake Oswego Parks & Recreation Philosophy

Inclusion Statement:

The City of Lake Oswego believes that including all people in the fabric of society strengthens community, strengthens individuals, and enhances quality of life. Persons who experience disabilities should have a continuum of choices, opportunities, and services provided in the community. The City of Lake Oswego promotes inclusion and opportunities to enhance the quality of life for its residents, including persons who experience disabilities. Lake Oswego Parks & Recreation makes reasonable accommodations to include those with special needs into programs and activities.

The Lake Oswego Parks & Recreation Experience:

Lake Oswego Parks & Recreation welcomes those whose learning or physical disabilities may limit their activities but not their hopes and achievements. Our programs are designed to make reasonable accommodations for youth ages 4 to 17 and LOSD Transition Program High School students ages 18-21 of any ability so they can participate.

Our inclusion companions/aids are typically scheduled to work one-on-one with participants who have a documented behavioral or developmental special needs that impede their ability to participate in a program or activity without additional support.

LOSD Transition Program High School students and Adults ages 18-49 who have special needs/disabilities can benefit from appropriate, enriching and interesting recreational activities. These adults may be referred to the Lake Oswego Adult Community Center (LOACC), 505 G Avenue, for determination regarding how to best support and serve that individual through the Lake Oswego Department of Parks and Recreation.

Referral Source: The individual may recognize this need and self-refer, or the person can be referred by parent, friend or family member; medical or other professional; educator, social worker, etc. The designated LOACC staff person will meet with the individual and their selected support system, by appointment, in order to best understand the needs of the person and what other resources they may be able to access and/or be eligible.

What Does Inclusion Mean?

The practice of inclusion as it relates to Lake Oswego Parks & Recreation means the effort to provide support and guidance to participants experiencing a developmental or behavioral disability that would impede their ability to participate otherwise. The goal is to ensure that each participant is able to experience a registered activity in a group setting with their peers in a way that respects their abilities and needs.

Exactly What /s a Special Need?

A special need could include an individual with a **disability** which is defined by the **ADA**, (Americans with Disabilities Act) as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment. A disability is something that substantially limits one or more major life activity: walking, talking, reading, writing, eating, dressing or bathing yourself or any of the everyday things people do for themselves and others. A disability may affect only a small part of a person's life, or it may affect **every** part of a person's life. Some disabilities are obvious: a person uses a wheelchair or walker, has a guide dog or white cane, or communicates using American Sign Language.

A special need could also include other issues which are "invisible" – you can't tell just by looking that a person has an autism disorder, a seizure disorder, a behavior disorder, a learning disability, a mental health disorder, chronic heart disease or Cystic Fibrosis.

Who Can Participate in an LOPR Program or Activity?

Sometimes parents and even program volunteers assume that if a youth has a disability – or a certain kind of disability – they cannot participate. Not true!

Participation is granted to anyone who:

- completed the registration form or signed up online;
- has paid activity fees;
- meets the age requirements of the activity; age requirement may be manually overridden by staff based on the needs and abilities of the participant;
- is able to meet the Inclusive Recreation Behavioral Standards

Youth with developmental delays are registered in activities as closely as possible to their chronological age.

There are occasions where we need to modify an activity that supports the ability of the participant. So be prepared to welcome a youth with a disability to your program or activity. It's also ok to remind parents that, as a program leader, you may not have the same resources that their classroom teachers might have, and that you may need their help, since they are the experts on their kids. When a child is registered for an activity, the parent/guardian needs to complete the ***Inclusive Recreation Intake Form*** to begin the process of obtaining assistance. The form is forwarded to the Program Manager who contacts the customer and makes necessary arrangements.

Advice From a Child With a Disability

- Please don't worry about me. I'm a lot tougher than you think.
- Most of my needs are just like those of other kids even though my physical or mental development is different.
- Give me what you naturally give to all the other kids: your love, your praise, your acceptance, and especially, your faith in me.
- Help me to have a successful experience in your program or activity. When there are a variety of activities, I will always find at least one thing I can do well!
- Encourage me to do things for myself, even if it takes me a long time.
- If the program or activity has a regular meeting-time routine, I will know what to expect.
- Like other kids, I remember instructions best if they are short and clear.
- Give me opportunities to help others.

Written by: Carole Carlson

Adapted by: Ginny Thornburgh



Parks & Recreation Inclusion Handbook

Section II:

Intake Procedures

Communication Pointers for Participants

- Talk directly to the child with the disability, not to the near-by family member, aide or interpreter.
- Offer assistance, but do not impose – allow a child to do things on their own, even if it takes longer. Do not impatiently take over doing things for the child which they can do on their own. (True for non-disabled youth as well!)
- Ask the child with the disability about the best way to be of assistance. Personal experience makes the child the expert!
- Do not pretend to understand if the child's speech or ideas are not clear. Ask the child – politely of course – to repeat or clarify. Continue speaking to the child rather than asking a companion to answer on behalf of the child.
- If a child uses a wheelchair, sit when talking to the child so that you are at eye-level. Do not move a wheelchair, crutches or walker out of reach. Ask if assistance is needed – and wait for the answer! Do not lean on the wheelchair or otherwise invade the child's personal space. Work to control reactions of personal discomfort when someone behaves in an unexpected way or looks different.



Labels Go on Jars and Cans, Not People: People First Language

Labels Not to Use...(they are deemed offensive by many)	People First Language...
the handicapped or the disabled	people with disabilities
the mentally retarded or, he's retarded	people with developmental disabilities, or, she has a cognitive impairment
my friend is autistic	my friend has autism
He's or she's a Down's; he's or she's mongoloid	He/she has Down Syndrome
birth defect	has a congenital disability
epileptic	a person with epilepsy
wheelchair bound or confined to a wheelchair	uses a wheelchair or a mobility chair or is a wheelchair user
The child is developmentally delayed	The child has a developmental delay
he's crippled; lame	he has an orthopedic disability
she's a dwarf (or midget)	she has dwarfism; or is a little person.
mute	is nonverbal; has selective mutism
is learning disabled or LD	has a learning disability
afflicted with, suffers from, victim of	person who has ...
she's emotionally disturbed; she's crazy	she has an emotional disability
normal and/or healthy	a person without a disability (neurotypical)
quadriplegic, paraplegic, etc.	he has quadriplegia, paraplegia, etc.
he's in Special Ed	he receives Special Ed services
handicapped parking	accessible parking

Always make sure the child is comfortable with the “people first” language

Other Considerations for Intake

General Health Accommodations: A parent may require their child to take medication while participating in a camp program. Parents are required to complete **Medical Authorization Form** that will be kept on-site and includes dosage, timing and permission to administer. LOPR administers medication (including Epi-Pens) if requested and authorized by the parent/guardian. Make sure to receive adequate training from the parent, particularly in the case of measured dosages or other specialty interventions. LOPR does not currently administer medications that require injections (exception: Epi-Pen) or suppositories. Medications may be kept on-site or can go home each day with the participant. Medications kept on-site should be kept with the first-aid kit and taken on all trips outside the classroom. A program leader or inclusion aid leader should speak to the Program Manager if they are uncomfortable administering medications.

Food Accommodations: It is common to have a participant with a nut allergy, gluten sensitivity, special diet, or food restrictions for religious reasons. If a participant has complicated dietary needs, the simplest solution is to have the participant bring food from home in any food-related activity. While certain camp programs may be “nut-free”, the LOPR sites are not and cannot be guaranteed to be allergen-free. Be sure the parent/guardian has written down food allergies and restrictions on the **Inclusive Recreation Intake Form** and **Medical Authorization Form**. Exercise care whenever the food allergies are potentially life-threatening, notify all staff and volunteers who may come in contact with the participant. Close communication with the parents is essential to assure safety in these situations. Also, if the participant cannot be in the presence of others eating that food item (as is sometimes the case with a peanut allergy), then completely “banning” that food item is the only safe alternative.

Other Considerations for Intake (continued)

Inclusive Recreation participation is determined by Lake Oswego Parks & Recreation on an individual/situational basis.

Code of Conduct: Participants in Inclusive Recreation @ LO Parks are required to obey the **RAP** Rules:

1. **Respect** their own and others' life spaces. This rule encourages participants to treat themselves, their fellow group members, the staff, and anyone else we encounter in our travels with courtesy and consideration. Name-calling, fighting, and general disrespect of individual dignity are included in this category. Also included is the requirement that participants obey the rules and directives of the staff at any facility/organization we visit.
2. Maintain a positive **Attitude**. The quality of any experience is affected by our frame of mind. Participants are encouraged to approach their experiences, as well as the individuals they meet, with enthusiasm and open mindedness.
3. **Participate** in all planned activities. We encourage all participants to be active participants in life. Learning and growth occur when we make efforts in all areas, even those in which we feel inadequate or uninclined. The programs or activities we offer are about exploring alternatives and learning new things, and this requires everyone's willingness to try.

Consequences:

On occasion, we experience behavioral problems that cannot be resolved through simple redirection or mediation; and when so, we do follow the sequence of events listed below should difficulties be encountered:

1. A first infraction of any rule or directive will result in a time out not to exceed, in minutes, the age of the child. The child will be counseled about appropriate choices.
2. A second infraction shall result in the above as well as forfeiture of a privilege.
3. A third infraction shall result in the above as well as an immediate phone conference with the parents to discuss an appropriate behavior modification plan.
4. A fourth infraction will result in the child being removed from activities. The parent/guardian will be contacted to pick up the child at the earliest possible time. A meeting will be scheduled between the parents, the child, and the Program Manager before the child is considered for readmission to the program or activity.

Fighting or any aggressive behavior which willfully endangers the safety of another participant or staff member will result in immediate expulsion from the activity. Any behaviors that endanger the safety of the participant (running away from the group or other risk taking actions) will result in immediate expulsion from the activity. The parent/guardian will be contacted to pick up the child at the earliest possible time.

Intake Procedures

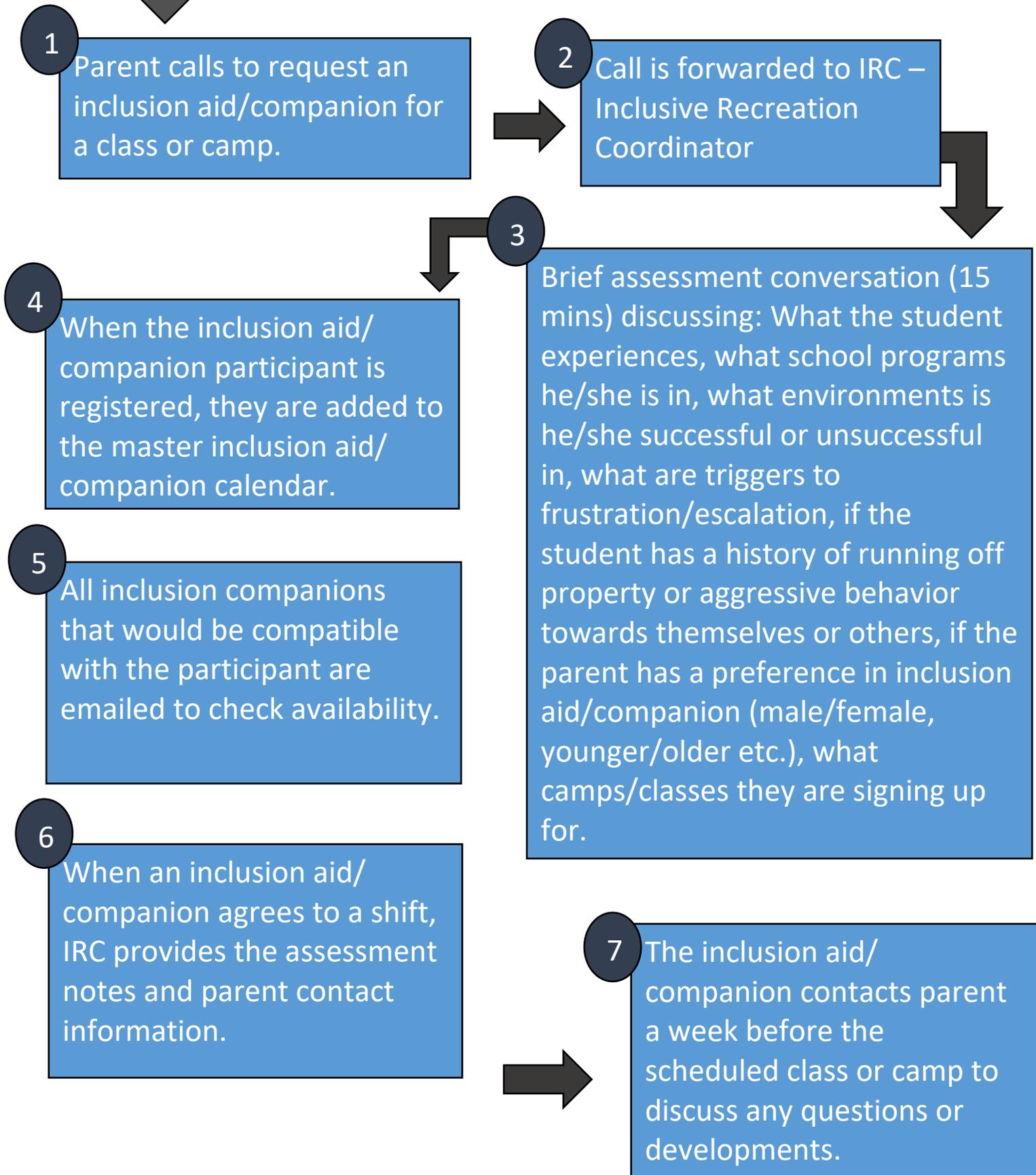
PRIOR KNOWLEDGE INCLUSIVE RECREATION PROCEDURE

- 1: Parent calls to request an inclusion companion for a class or camp.
- 2: Call is forwarded to Inclusive Recreation Coordinator (IRC).
- 3: Brief assessment conversation (15 mins) discussing: What the student experiences, what school programs he/she is in, what environments is he/she successful or unsuccessful in, what are triggers to frustration/escalation, if the student has a history of running off property or aggressive behavior towards themselves or others, if the parent has a preference in inclusion companion (male/female, younger/older etc.), what camps/classes they are signing up for.
- 4: When the inclusion aid/ companion participant is registered, they are added to the master inclusion aid/companion calendar.
- 5: All inclusion companions that would be compatible with the participant are emailed to check availability.
- 6: When an inclusion aid/companion agrees to a shift, IRC provides the assessment notes and parent contact information.
- 7: The inclusion aid/companion contacts parent a week before the scheduled class or camp to discuss any questions or developments.

DISCOVERY OR NON-DISCLOSURE INCLUSIVE RECREATION PROCEDURE

- 1: Participant is discovered to need an inclusion aid/companion.
- 2: Camp instructor/coordinator or staff person contacts IRC as soon as possible.
- 3: An inclusion companion is scheduled using one of these three methods:
 - Contact the parent first and notify them of the need to schedule and inclusion companion
 - Schedule an inclusion aid/companion first and notify parent before the following class/camp day
 - Schedule an inclusion aid/companion and discuss with parent AFTER the first inclusion aid/companion shift to discuss improvements
- 4: The program coordinators/contractors:
 - Discuss with parent after the first day of challenging behavior. This establishes a report.
 - A participant should only be removed from a program after all other efforts to ensure successful participation have been exhausted.

Prior Knowledge Inclusive Recreation Procedure



Discovery or Non-Disclosure Inclusive Recreation Procedure

1 Participant is discovered to need an inclusion aid/companion.

2 Camp instructor/coordinator or staff person contacts IRC as soon as possible. (Inclusive Recreation Coordinator)

An inclusion aid/companion is scheduled using one of these three methods:

- Contact the parent first and notify them of the need to schedule and inclusion companion
- Schedule an inclusion aid/companion first and notify parent before the following class/camp day
- Schedule an inclusion aid/companion and discuss with parent AFTER the first inclusion companion shift to discuss improvements

The program coordinators/contractors:

- Discuss with parent after the first day of challenging behavior. This establishes a report.
- A participant should only be removed from a program after all other efforts to ensure successful participation have been exhausted.
- A participant may be removed prior to the addition of an inclusion companion if he/she:
 - Displays violent or aggressive behavior to staff/participants
 - Displays behavior that requires physical intervention by staff (running into the street, etc.)
 - Is unable to participate in the program even with the addition of an inclusion aid/companion.

INSERT INCLUSIVE RECREATION INTAKE
FORM PDF



Lake Oswego Parks & Recreation
503-675-2549



Inclusive Recreation Intake Form:

Notice: This form must be submitted at least 15 business days prior to your first day of the program. Inclusion services requires that this form be completed/updated annually. Information will be shared on a need to know basis for optimal participant experience. Please fill out all applicable information completely.

Thank You,
Lake Oswego Parks Inclusive Recreation

Section One: Participant Information

Name: _____ Phone Number: _____
 Address: _____

 Gender: _____
 Age: _____ Date of Birth: _____

*If still in school: School Name, School District Name: _____

Section Two: Parent/Guardian Information

Name 1: _____	Name 2: _____
Address 1: _____	Address 2: _____
_____	_____
Phone 1: _____	Phone 2: _____
E-Mail 1: _____	Email 2: _____
_____	_____

Section Three: Alternate Emergency Contact Information

Name 1: _____	Name 2: _____
Relationship: _____	Relationship: _____
Phone 1: _____	Phone 2: _____

Photo ID will be requested, prior to release of the participant
 If there are agreements regarding the custody arrangements, the documentation must be on file.
 (If participant is under the age of 18).

Section Four: Accommodation Request / Participant History

Participant's primary needs for inclusion:

Regular Medical Care Provider: Name: _____
 Address: _____
 Phone: _____

Medical Information and/or History:

- | | | |
|--|--|--------------------------------|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Seizures | <input type="checkbox"/> Other |
| <input type="checkbox"/> Balance Challenges | <input type="checkbox"/> Sensory Challenges | |
| <input type="checkbox"/> Behavioral | <input type="checkbox"/> Service Animal | |
| <input type="checkbox"/> Food Restrictions | <input type="checkbox"/> Physical Challenges | |
| <input type="checkbox"/> Physical Challenges | <input type="checkbox"/> Walker | |
| <input type="checkbox"/> Physical Challenges | <input type="checkbox"/> Wheelchair | |
| <input type="checkbox"/> Been exposed to or has contagious or infectious disease | | |

If you checked any box above, please explain:

Does your child require any medication to be administered during program hours? If yes, please complete the Medical Authorization Form.

Child/Participant's Current Medications.:

Name of medication:	Dosage	Purpose of medication	Side effects

How will the participant be getting to and from Parks activities (rides from family, TriMet Lift, regular TriMet, etc)?

Please explain any applicable behavior needs

Describe the participant's recreational goals: Describe the participant's strengths:

Describe the participant's likes:

Describe any unusual fears or concerns:

Does the participant require supervision? Distant or Close

Has the participant ever:

Expressed physical or verbal aggression to others?

Expressed physical or verbal aggression to self?

Had a history of running out of classroom, or off property, or away from groups?

Describe information that may enhance the positive behavior & safety of participant:

Describe any environmental, situational, or other triggers that may upset the participant:

Describe any strategies that may help the participant calm down when they are upset or frustrated?

What kind of redirection does the participant respond well to?

Does the participant have a Behavior Management Plan?

Yes or No

Does the participant prefer a male or female companion? _____

Please check any applicable statements about the participant, and explain if necessary:

Lake Oswego Parks & Recreation does not currently provide assistance with toileting, dressing/undressing, and transferring from/to wheelchair. Participants with these needs are requested to provide their own care.

Needs assistance eating/ drinking

Needs assistance communicating needs

Needs assistance to walk or move wheelchair

Needs assistance with reading/writing

Needs assistance in using money

Needs assistance in protecting self

Needs assistance anticipating safety needs

The participant may run away from the group

The participant may wander away from the group

Uses Sign Language

Uses hearing aid/device

Precautions in heat/ cold

Needs assistance in orientation to people/place/times

List any: Known limitations to recreational activities

Needs assistance with swimming pool entry

Does the participant need to wear a life jacket while in the swimming pool? Yes or No

Is there anything else we should know?

ACKNOWLEDGEMENTS, AGREEMENTS & RELEASES ON NEXT PAGE

Section Five: Acknowledgements, Agreements & Release Lake Oswego Parks & Recreation

I, the undersigned, state that I am the parent(s) or legal guardian(s), or Participant.

Acknowledgements:

I understand:

- it is my responsibility to inform Lake Oswego Parks & Recreation (LOPR) for each program my child/dependents signs up for in which I wish to have his/her accommodation in place with 15 business days' notice of program or activity start date.
- It is my responsibility to inform LOPR about additions or changes to the schedule as soon as a change occurs.
- The participant can only sign up for activities within the appropriate range of age unless otherwise approved by LOPR.
- LOPR does not provide inclusion services for drop – in activities or programs (Yoga, Nia, Teen Lounge, Rec Zone, etc.)
- Personal care must be provided by family/caregiver when needed.
- It is my responsibility to provide the respective Program Manager with the most current information on my child/dependents & his/her abilities to assist in making accommodation to meet his/her needs. The Program Manager will then communicate this information to the Inclusion Aid.
- The participant's Accommodation Plan does not exempt him/her from following the Lake Oswego Parks & Recreation Inclusive Recreation Behavioral Standards.
- in case of an Inclusion Aid emergency, every effort will be made to secure a substitute, if a substitute cannot be found, alternate arrangements may be made for the participant, including schedule changes, other modifications, &/or refunds.

Agreements & Release:

I hereby state that I am voluntarily allowing my/our participant to participate in Lake Oswego Parks & Recreation programs, and that I recognize that there are certain risks & dangers inherent in their participation in this type of activity.

I understand Lake Oswego Parks & Recreation cannot and does not guarantee or insure the safety of my/our participant. I am willing to assume any risk, on behalf of myself/ourselves alone, of personal injury or property damage to my/our participant in order to allow him/her/self to participate in this program, except that caused by the sole negligence of Lake Oswego Parks & Recreation. I therefore release, Lake Oswego Parks & Recreation, its officials, administrators, employees and agents from all liability, claims & causes of actions arising or in any way connected with my/our participation in the above named program, except that caused by the sole negligence of Lake Oswego Parks & Recreation.

I hereby freely and voluntarily authorize Lake Oswego Parks & Recreation to request and obtain emergency medical care from such medical care provider as is immediately available in any situation which department employees or agents determine such care is required.

I understand that an LOPR Inclusion Aid is prohibited from physically restraining my participant unless my participant is posing an immediate threat to themselves or others. If my participant displays such behavior or requires restraint, I acknowledge that my participant may be removed from the program or activity.

I give permission to LOPR to provide intake information to the Inclusion Aid.

I certify that the above information that I provided is true and correct, and that I have read the above consent to participate and hold harmless agreement and agree to all the terms and conditions of this agreement.

Parent/Guardian signature: _____

Date: _____

Parent/Guardian Name: _____

INSERT MEDICAL AUTHORIZATION FORM PDF



Lake Oswego Parks & Recreation RECREATION PROGRAM MEDICATION AUTHORIZATION FORM

I give Lake Oswego Parks & Recreation staff permission to administer _____

to my child _____
(Child's Name)

This is to be continued from _____ to _____
(Date) (Date)

Child/Participant's Current Medications.:

Name of Medication	Dosage (Amount & When)	Purpose of Medication	Side Effects

Signature of Parent/ Guardian

Date

Administration Given? Time: Staff Initials:

Monday: _____ _____ _____

Tuesday: _____ _____ _____

Wednesday: _____ _____ _____

Thursday: _____ _____ _____

Friday: _____ _____ _____

Note: A new form must be completed for each program or activity.

**INSERT MEDICATION/EPI-PEN
ADMINISTRATION INFORMATION**



Procedures for Medication/Epi-pen Administration Information

Background:

Occasionally, a parent of a youth program participant in a Parks & Recreation activity requests the service of simple (one of two doses or liquid or pill form per activity) medication administration or there is a parent request to administer an epinephrine (epi-pen) using an auto-injector device for a severe allergic reaction. The program Supervisor has the authority to agree to the service provision on a case-by-case basis.

Parks & Recreation process includes:

An Emergency Contact Form is required for any participant that requires this service. Also required is a medical authorization form that effectively checks in the medication and notifies staff that students will (or may) need to administer. Epi-pens can be self-administered or trained City staff can be allowed to administer. All program staff are alerted of and notified of allergy and/or medication conditions and of all medication/epi-pen protocols. The medication(s) must be labeled with participant's name and medication is stored and locked in program first aid kit (more common with things like daily lunch time meds) and/or parent brings labeled medication for participant and parent checks medication in and out each day.

Parent permission sample form attached.

Anaphylaxis and Epinephrine Auto-Injector - Online Training Course:

<http://www.redcross.org/take-a-class/course-dowbt000000000011096>

Opinion from City Attorney Office

Evan Boone

Deputy City Attorney

503-635-0225v

Below are the "good Samaritan" statutes. I boil them down, for our purposes, to:

A person that needed emergency medical care could sue regarding the administration of an Epi-pen:

- **Not within employee duties to administer emergency medical assistance: if the employee was "grossly negligent". [Gross negligence: a defendant acted with indifference to the probable consequences of the defendant's actions. Emerson v. Mt. Bachelor, Inc., 273 Or.App. 524 (Or.App.,2015)]**
- **Within the employee's duties, i.e. police, fire: employee did not act with "reasonable care."**

So, for employees that do not have rendering emergency medical treatment as part of their job duties, the liability to the City is remote, and we have insurance. Based on that, you could conclude, from a policy perspective, not to prohibit such employees from rendering emergency medical assistance. (I wouldn't require them to do so because it is not part of the primary function of the

employee for the City, and it would put them in a second category, where “reasonable care” is needed.)

=====

30.800. Emergency medical assistance

(1) As used in this section and ORS 30.805, “emergency medical assistance” means:

(a) Medical or dental care not provided in a place where emergency medical or dental care is regularly available, including but not limited to a hospital, industrial first-aid station or the office of a physician, physician assistant or dentist, given voluntarily and without the expectation of compensation to an injured person who is in need of immediate medical or dental care and under emergency circumstances that suggest that the giving of assistance is the only alternative to death or serious physical aftereffects; or

(b) Medical care provided voluntarily in good faith and without expectation of compensation by a physician licensed under ORS chapter 677, a physician assistant licensed under ORS 677.505 to 677.525 or a nurse practitioner licensed under ORS 678.375 to 678.390 and in the person's professional capacity as a provider of health care for an athletic team at a public or private school or college athletic event or as a volunteer provider of health care at other athletic events.

(2) No person may maintain an action for damages for injury, death or loss that results from acts or omissions of a person while rendering emergency medical assistance unless it is alleged and proved by the complaining party that the person was grossly negligent in rendering the emergency medical assistance.

(3) The giving of emergency medical assistance by a person does not, of itself, establish a professional relationship between the person giving the assistance and the person receiving the assistance insofar as the relationship carries with it any duty to provide or arrange for further medical care for the injured person after the giving of emergency medical assistance.

30.800. Emergency medical assistance, OR ST § 30.800

30.802. Automated external defibrillator; use in public setting; immunity from liability

(1) As used in this section:

(a) “Automated external defibrillator” means an automated external defibrillator approved for sale by the federal Food and Drug Administration.

(b) “Public setting” means a location that is:

(A) Accessible to members of the general public, employees, visitors and guests, but that is not a private residence;

(B) A public school facility as defined in ORS 327.365;

(C) A health club as defined in ORS 431A.450; or

(D) A place of public assembly as defined in ORS 431A.455.

(2) A person may not bring a cause of action against another person for damages for injury, death or loss that result from acts or omissions involving the use, attempted use or nonuse of an automated external defibrillator when the other person:

(a) Used or attempted to use an automated external defibrillator;

(b) Was present when an automated external defibrillator was used or should have been used;

(c) Provided training in the use of an automated external defibrillator;

(d) **Is a physician, physician** assistant licensed under ORS 677.505 to 677.525 or nurse practitioner licensed under ORS 678.375 to 678.390 and **provided services related to the placement or use** of an automated external defibrillator; or

(e) **Possesses or controls** one or more automated external defibrillators placed in a public setting.

(3) The immunity provided by this section does not apply if:

(a) The person against whom the action is **brought acted with gross negligence or with reckless, wanton or intentional misconduct**; or

(b) The use, attempted use or nonuse of an automated external defibrillator occurred at a location where emergency medical care is regularly available.

(4) Nothing in this section affects the liability of a manufacturer, designer, developer, distributor or supplier of an automated external defibrillator, or an accessory for an automated external defibrillator, under the provisions of ORS 30.900 to 30.920 or any other applicable state or federal law.

30.803. Licensed emergency medical services provider acting as volunteer

A person may not maintain a cause of action for injury, death or loss against a **licensed emergency medical services provider** who acts as a volunteer without expectation of compensation, based on a claim of negligence unless the person shows that the injury, death or loss resulted from willful and wanton misconduct or intentional act or omission of the emergency medical services provider.

30.805. Emergency medical assistance by government personnel

(1) **No person may maintain an action for damages for injury, death or loss that results from acts or omissions in rendering emergency medical assistance unless** it is alleged and proved by the complaining party that the acts or omissions **violate the standards of reasonable care under the circumstances** in which the emergency medical assistance was rendered, if the action is against:

(a) **The staff person of a governmental agency or other entity if the staff person and the agency or entity are authorized within the scope of their official duties or licenses to provide emergency medical care**; or

(b) **A governmental agency or other entity that employs, trains, supervises or sponsors the staff person.**

(2) As used in this section, “emergency medical care” means medical care to an injured or ill person who is in need of immediate medical care:

(a) Under emergency circumstances that suggest that the giving of assistance is the only alternative to serious physical aftereffects or death;

(b) In a place where emergency medical care is not regularly available;

(c) In the absence of a personal refusal of such medical care by the injured or ill person or the responsible relative of such person; and

(d) Which may include medical care provided through means of radio or telecommunication by a medically trained person, who practices in a hospital as defined in ORS 442.015 and licensed under ORS 441.015 to 441.087, and who is not at the location of the injured or ill person.

CIS Insurance Opinion

CIS does not have any exclusions in its coverage documents for AED or EpiPen's so liability coverage is available if needed. As long as employees have been well-trained in the use of AEDs and epi-pens, there should be no significant liability issues. The good Samaritan law does afford protection in such circumstances.

As for specific epi-pens for specific children, I would be certain to have a process in place to identify who's epi-pens are who's i.e. masking tape with the person's name in big black letters or the like but otherwise. Ideally only those that are trained intend to use the epi-pen and every effort is made to always have a staff person present who trained in the use of the epi-pen.

Amy J. Waltz, [CIC CRM](#)

Vice President – Property & Casualty

WSC Insurance

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Lake Oswego Parks & Recreation LO EXPLORERS SUMMER CAMP MEDICATION AUTHORIZATION FORM

I give Lake Oswego Parks & Recreation staff permission to administer _____

to my child _____
(Child's Name)

This is to be continued from _____ to _____
(Date) (Date)

Dosage/Instructions: _____

Signature of Parent/ Guardian

Date

Administration Given?

Time:

Staff Initials:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____



Parks & Recreation Inclusion Handbook

Section III:

Staff Resources

Tools for Staff

What Do I DO With a Child Who Has a Disability?

The same thing you do with a child who *doesn't* have a disability: help the child grow in courage, confidence and character so the child can make the world a better place.

You'll model the Lake Oswego Parks & Recreation philosophy, but you'll also help the child choose the activities they want to do...show the child how to stay safe and healthy...help the child make friends...teach the child how to live outdoors... share fun parks & rec traditions... and share your expectations for good behavior!

You might not be sure what to DO and that's ok because...

Neither did the child's parents, when their child was born with a disability, or when the disability was incurred. It takes time to get comfortable with new and unfamiliar situations. And we're not asking you to become an expert or nurse or therapist – just a program leader. Your responsibility for a child with a disability is the same as it is for the other youth in your program or activity.

Sometimes it helps to have the child's parent come to a meeting prior to starting the program or activity, to explain the child's disability and answer any questions. The program leader may also feel more secure if the parent comes with the child for the first session of the program or activity. These are all things to talk over with the parents or guardian of the child with a disability.

AND THERE ARE BENEFITS!

Including youth with disabilities into youth programs and activities having youth *without* disabilities has advantages for both groups. Everyone will learn the child is much more alike than different, and the child with disabilities learns to function in a group of non-disabled people that is more like the world they will live in as adults. They learn to use their assets and learn that they can contribute to society.

Youth without disabilities learn to focus on what a person can do rather than on what a person cannot do. They learn that each person is an individual, they learn not to stereotype people with disabilities, and to identify the barriers in the physical, social, and emotional environment that limit the ability of people with disabilities to become part of society.

Bridging the Gap *(When developmental levels vary widely within your program or activity)*

Lake Oswego Parks & Recreation has a longstanding tradition and policy of allowing youth to participate in the programs or activities at the level that fits their chronological age, regardless of their developmental level. The reasons for this are many, and include...

For the child:

- A clear message is sent that the child is a maturing young adult, and all the dignity that goes along with that.
- Even though the child's mind and interests may be similar to those of a younger child, the child's body is still aging. The child still has to deal with adolescent issues such as puberty, and the social climate of middle and high school... even the decision whether or not to start dating, or preparing for a career, to name a few.
- Removing a child from a program or activity is not a decision to be taken lightly. Youth with special needs in particular experience rejection and exclusion in many areas of their lives. Lake Oswego Parks & Recreation should not be "one more place" where this happens, unless all support options have been exhausted.

For the other program or activity participants:

- Being in a culture where everyone has a place, no matter who they are, can send a powerful message to the others in the group. Conversely, a child leaving the group because of who they are, does not convey a positive, supportive message.
- A child with special needs has so much to offer to neurotypical peers.

There are several perspectives to be considered when developmental levels differ widely in a program or activity. The adult perspectives and needs to consider include not only that of the program or activity leader, but also the perspectives and needs of the parents of the child with special needs. The participants to consider not only include the child with special needs, but also the other youth in the program or activity.

One place to start is to look at the school situation for the child with special needs. Is the child currently in an integrated school setting, or more of a self-contained setting with *reverse integration*? (*Reverse integration* refers to a self-contained classroom where "typically developing" students from that school spend time with the students in that classroom – usually as a *teacher's aide* type of scenario, or other *peer tutor* type of situation.) Having conversations with the parents of the child (and the child) with special needs about the school set-up can not only help you to gain information about how others are accommodating needs, but what the family's philosophy is about integration. Family cultures vary widely on this topic.

Some seek integration across all environments, while others evaluate the ideal environment on a case-by-case basis, while others are somewhere in between.

From there, it is best to survey all of the stakeholders of the situation to gain insights as well as to brainstorm ideas. This is a good time to *think outside the box*, if at all possible. It is important to note that in all instances, the child retains the identity of the program or activity level that fits the child's chronological age.

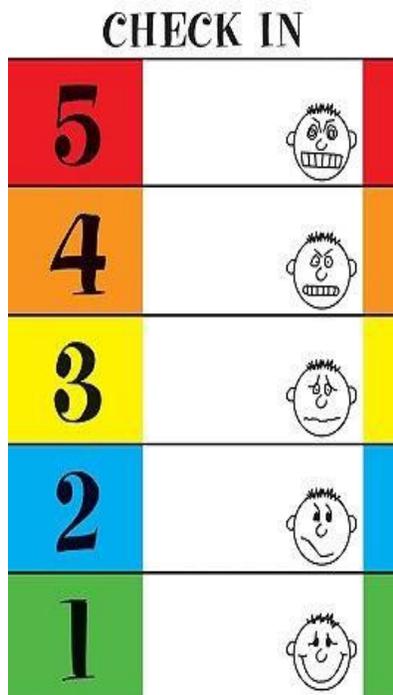
Preventing and De-Escalating a Crisis

The first step of preventing a crisis starts with understanding the root of the negative behavior that the girl with special needs is experiencing. This topic is discussed at length in the *Moving from Negative to Positive Behaviors* section of this manual.

Even with the best prevention program, sometimes a participant might become unusually agitated – for a variety of reasons. Sometimes the source of the child’s agitation may or may not be readily apparent, or able to be removed quickly enough to prevent the child from escalating in their emotions. Still, a good place to start when you see a crisis building is with awareness. If you can get the child to recognize that they are developing negative emotions, often you can help the child use self-calming activities to de-escalate the impending crisis. (See the Promoting *Calm Attentiveness* section of this manual for more details on self-calming behaviors.)

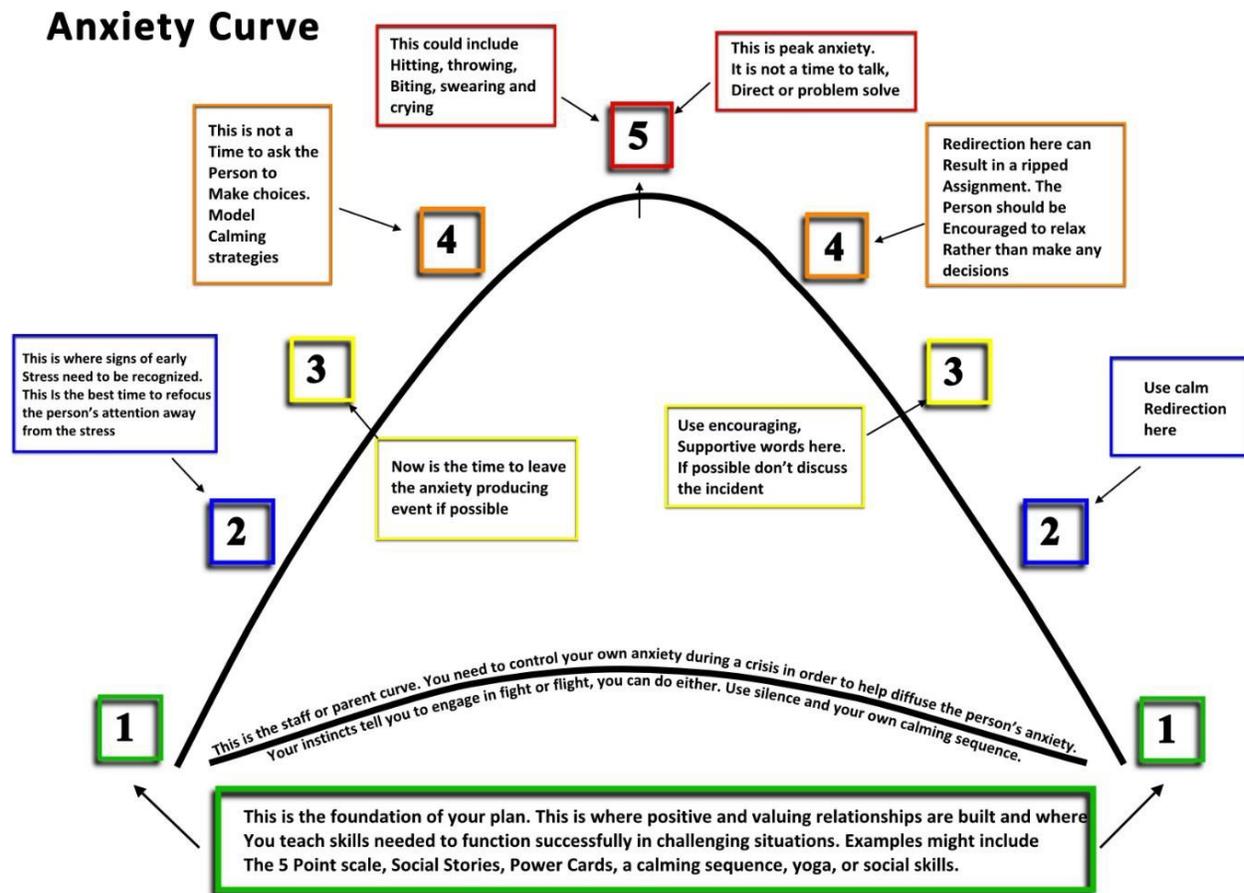
The Incredible 5 Point Scale and the Anxiety Curve

“The Incredible 5 Point Scale is used to assist students in becoming aware of their emotions, such as anger or pain, and the stage or level of the emotion. The scale can be used with a variety of students but can be particularly effective for students with Autism Spectrum Disorder.”



Rating	What makes me feel this way?	How can I tell?
5 I have lost control!		
4 This can really upset me		
3 This can make me nervous		
2 This bugs me		
1 This never bothers me		

The diagram below is one way to look at the build-up, crisis, and recovery of an emotional melt-down. It also shows the best interventions a program leader can give at various stages along the way. If at all possible, refrain from touching the child when they are in an agitated state, as this will likely cause further escalation?



As you can see, the best points of intervention are early on in the crisis. The good news is, most people who experience these sorts of anxiety curves have a fairly predictable set of behaviors that they show in the first few stages of their own *anxiety curve*.

Identifying what these behaviors are can greatly help the participant with anxiety issues recognize the need to use self-calming activities. It's not enough for others to tell the participant he/she is escalating – the participant needs to be led in the process where he/she can see it. This is a huge life skill for those who experience this challenge to gain, which will have tremendous positive implications for the rest of their life. The trick is for the program leader (and others in supportive roles to the child) to maintain a sense of calm in the situation, and to not take the negative behaviors personally.

Moving from Negative to Positive Behaviors

Understanding behaviors can make your program leadership easier! A simple way to summarize the behaviors we all experience, is to categorize them as either behaviors we engage in to gain something, or behaviors to avoid something. As we mature, we find socially acceptable ways to navigate these desires and needs that we have.

There are a variety of reasons why a person experiencing special needs might have trouble gaining positive experiences, or avoiding negative experiences. Below is a list of needs and desires that we all share, along with possible reasons why a person with special needs may have trouble obtaining what they need or desire.

We all seek to gain...

- *approval and acceptance.* But youth with special needs often don't experience this, because they are unable to keep up with what everyone else is doing. Also, some youth with special needs can't read facial expressions or body language, or have concrete thinking and can't *get* jokes, so they are awkward in social situations.
- *orderliness, calm, and predictability.* But youth with special needs often don't experience this, because they don't have the attention to keep up with the leader's verbal instructions. Or they don't have the filters to filter out sensory input (visual, auditory, sometimes even tactile, taste, and smell) in order to be in tune with what they need to focus on. Their inner worlds are often very chaotic because of this.
- *achievement, and rewards for accomplishment.* But youth with special needs often don't experience this, because they are delayed in the skills that they need to accomplish tasks at the same level as their peers. This includes not only large body movements, dexterity and coordination, but also spatial, sequencing, and/or organizational skills, or attentiveness, or strength/endurance. Or sometimes it takes them longer to show their skills, but no one gives them the time to do so.

We all seek to avoid...

- *embarrassment.* But youth with special needs often feel embarrassed, for the same reasons they have trouble gaining approval or acceptance, or because they were unable to become proficient in an area in their lives.
- *chaotic feelings.* But youth with special needs often feel like the world is a chaotic place, for the same reasons they have trouble gaining orderliness, calm, and predictability.
- *failure, rejection, and punishment.* But youth with special needs often have negative experiences in these areas, for the reasons listed above.

Of course there are many more needs and desires we all have, and many other ways in which someone with special needs might not reach them... this is only a partial list. In some instances, a child with special needs might start to develop a negative set of behaviors in their desire to gain positive experiences, or to avoid negative ones. This is where participating in Parks & Recreation programs or activities can be very useful to them. You see, a big part of the Lake Oswego Parks & Recreation program involves teaching youth the skills that they can use to be successful in life.

This idea can be applied in situations where youth with special needs are showing negative behaviors as well. **The FIRST STEP however, is to figure out the root cause of the behavior... what the child is trying to gain or avoid by the behavior they are showing?** Here are some helpful steps...

- If at all possible, it is helpful to have a team discussion with the key players in the child's life. At the very least this should include parent(s), but also anyone else that can provide insight. (For tips on working with parents, refer to the section on *Utilizing Parents as a Resource*.)
- From there, it is often helpful to look at what are the hopes and dreams for this child in their parks & recreation experience. In other words, what would an ideal activity meeting look like? Answering this question needs to factor in the child's potential in various areas, but it should also factor in how the child's particular strengths can be elevated.
- After that, one can begin to ask questions to further sort out the root cause of the negative behavior. These questions can include...
 - What types of settings does this behavior occur in?
 - Is there a particular event that always seems to set off the behavior?
 - What does the behavior look like? Any noteworthy features about it?
 - What always happens as a result of the behavior? Are there ways in which the results or consequences bring about the gain of something positive, or the avoidance of something negative?

Once you suspect what might be the root of the negative behavior, it's time to figure out (and then teach) what a socially acceptable way would be for the child with special needs to accomplish their goals, to gain something positive, or avoid something negative, without having to show the negative behavior. Keep in mind what limitations the child may be experiencing that are contributing to the behavior. For example...

- *If the child is experiencing feeling overwhelmed by sensory input, or overly active,* refer to the **Maintaining Calm Attentiveness** section of this manual.
- *If the child is having trouble focusing, or is experiencing feeling disorganized or out of tune with the expectations of the activities or schedule,* refer to the **Program or Activity Structures that Promote Success** section of this manual.
- *If the child is experiencing a lack of mastery over the tasks being asked of the child,* refer to the **Adapting Programs or Activities for Youth with Special Needs** section of this manual

Promoting Calm Attentiveness

According to the *Alert* program by *Therapy Works* <http://alertprogram.com/> our level of attentiveness can be likened to a car's engine. We are either *revved too high*, or *idling too low*, or *idling just right*. It is when we are *idling just right* that we can achieve a state of calm alertness which is necessary to follow directions and stay on task. They believe that there are five ways that help us get into this *just right* level of alertness, whether you are *revved too high*, or *idling too low*. They are...

- Large body movements
- Fiddle with something in your hands
- Put something in your mouth and manipulate it
- Change the visual (sight) parts of the environment
- Change the auditory (hearing) parts of the environment.

We all have, after all, experienced this. How many of us need to get up and take a movement break when we have been working long hours at the computer, or when we are particularly anxious? Or we twiddle our pen or doodle to keep focused on a lecturer, or squeeze a stress ball to calm down? Or we chew on gum, or munch crunchy snacks to either wake up or relieve anxiety? Or we turn up the lights to wake up, or dim them to help us relax? Or we dial up our favorite music to get us in the mood we need to achieve... to activate us when we are down, or calm us when we are stressed? We all have our favorite *go to* way of improving our attention. Often you can tell what a person's preferred way of doing this is by the habits they've developed.

With the first three items on the above list, it is particularly helpful if the movement is done with great force, such as bouncing vigorously on your large body joints, or squeezing things hard in your hand, or chewing on things that are crunchy or chewy.

Some types of special needs result in people having particular challenges with staying in a calm, alert state of being. There are a variety of reasons for this, but the bottom line is that their need for these techniques is even greater than for most of us. As with everyone, one can often quickly tell which technique is their preferred method by the habits they have developed. Some of these habits are socially acceptable, and some of them may not be quite as socially acceptable (or unsafe). In the case of less desirable methods to become attentive, the trick is to help the person substitute a different form of sensation that is within the same category, but more appropriate. For example, a child who can't seem to stay in their seat, or who gives hugs or high fives with too much pressure might be assigned to carry around heavy supplies or run errands for the program leader. A child who picks at the upholstery of the couches at the meeting site or peels off the paper of the crayon supply might be given some other form of fiddle toy for the hands. A child who chews on a pencil or on the strings of a coat hood, might be encouraged to chew gum, or to carry around a drinking straw that is chewed on.

Below are some modifications that would work well, for each of the various forms of attention regulation...

Large Body Movements:

- Use wiggle seats (something that a child can move on without disrupting others)
- Tie surgical tubing or a latex exercise band around the bottom of a chair so a child can push their feet against it.
- Place a weighted blanket over the child's shoulders or on the lap

Fiddle with Something in Your Hands:

- Give children fidget toys like stress balls to hold while listening
- Allow doodling during activities

Place Something in Your Mouth:

- Chewing on a drinking straw, or surgical tubing (in a necklace around neck)
- Being allowed to chew gum, or suck on a (sugar free?) sucker

Visual Elements of the Environment:

- Provide a calm space if a child needs to remove themselves to avoid or recover from a meltdown, such as a bean bag in the corner or a tent (blanket draped over a table)
- Be aware of fluorescent lights... the flicker of these can be particularly agitating.

Auditory Elements of the Environment

- Use ear muffs to cancel out excess noise
- Be aware of, and try to eliminate excessive environmental noise. This could mean asking a neighbor to mow during a different time of day, or turning off music when youth need to focus.

You will likely find that incorporating these techniques will work with ALL the youth in your program or activity... and you are welcome to try them for yourself as well!

Group Structures that Promote Success for All

Always Seek Knowledge: ASK!

- Before your first program or activity meeting, talk to the child's parent(s) or caregiver about special needs and any adaptive equipment needed to bring to program or activity. See *Parent as a Resource* section for more details.
- Ask the child about their needs – what he or she can do for himself/herself and when they need help.
- Ask for help when you need it – from your team, division, department, or outside resources.

When Teaching or Leading Activities...

- Make sure activities start on time, are organized, and have structure, and volunteers are prepared (plans, materials) and ready to have fun.
- Be patient. Give instructions slowly, in short sentences, one step at a time. People have fears for reasons that are real to them. It is important to respect this fact and not rush someone into a situation that they are not ready for. However, don't assume, just because someone has a disability, that they can't understand.
- Allow youth to try tasks on their own, to make mistakes, take a longer time and to persevere. Do not impatiently take over doing things for the child which the child can do alone. Lack of coordination or a poor motor ability may increase the need for repetition and patience on the part of the program leader or volunteer.
- Be direct and specific in conversation and in teaching. Give instructions simply. Be sure to maintain eye contact so that you know you are being listened to and understood. However, understand if it is difficult for a child to maintain eye contact with you. This is common with youth who are on the autism spectrum and does not mean that they are not listening.
- Use teaching techniques that appeal to different senses and different learning styles (visual, auditory, and kinesthetic or *learning by doing*.)
- The comprehension level of the youth will determine the best teaching approach to use. Not everyone will learn at the same rate. This is not a reflection on the program leader's ability to teach and motivate.
- Have realistic expectations. For example, leaders should keep in mind that if a child does not regularly engage in physical activity, they are likely to fatigue easily.
- What appears to be stubbornness may actually be a fear of a new situation. Nobody wants to fail.
- Be flexible. End an activity at the high point of enthusiasm; don't wait for participants to get bored. (Good advice for all program or activity leaders.)
- Show enthusiasm in what you are doing in order to maintain a high level of interest from the participants.
- Make sure that everyone has an equal chance to participate.
- Encourage youth to try, while respecting their right to refuse.
- Arrange activities so everyone can develop appropriate social behaviors. For example, learning to be a courteous spectator when one is not a participant.
- Be positive - try to prevent youth from encountering repeated failures. Make your meeting place an NPD (No Put Downs) Zone.
- New or complex activities should be planned for the early part of a session, while participants are fresh and alert. Another factor to consider is that there is a greater chance for injury after fatigue has set in.

Take small steps

- Break a project or activity down into lots of little steps.
- Explain or demonstrate one step, then let youth do it before going on to the next step.
- Some youth will always finish or complete what they're doing sooner than others. Have printed instructions so they can go on to the next step, or ask them to help someone who's having trouble, or have another project for them to do when they finish this one – something they can keep coming back to, if possible.

Demonstrate

- Show the youth what to do, demonstrating step-by-step and explaining exactly what you're doing. (See above.) For youth with visual disabilities, show them by feel and description. For youth with hearing impairments, have written instructions and pictures or samples. (This helps youth with cognitive disabilities, too.)
- Let youth show you what they've learned (or think they've learned!)
- Have youth sit in a circle whenever possible, and be sure they can see and hear you.

Use Visual aids

- Some youth will learn better or stay focused longer if they have something to look at: an illustration, sample, directions or a diagram or all of the above.
- Youth with hearing disabilities are often helped by written instructions and pictures.
- Youth who are blind or have low vision may need large print or Braille instructions. Examples are also helpful.
- Youth with developmental delays often understand better if there are pictures, examples, or models, or picture schedules. Visual timers are often helpful.

Transition Tricks

- Never move abruptly from one activity to the next – give 10 and 5 minute warnings or hold up amber, red and green signs. Avoid whistles, yelling or screaming.
- At the 10 minute warning, tell youth what will happen next. If you have *get-ready* instructions (cleaning, packing), give them one step at a time. Use a friendly voice.

Participant Involvement

- Make sure activities and projects are chosen by participants with the help of a m e n t o r , advisor or leader. Activities are fun, interesting, exciting or adventurous.
- Make sure leaders communicate: they set clear expectations about what is and is not acceptable behavior during activities. Implement consequences fairly and calmly.
- Help youth develop, write and post their own guidelines/rules - concrete examples of how to behave during the program or activity.

Adaptations for Specific Special Needs

Adapting Programs or Activities for Youth with Special Needs

The CDC (Centers for Disease Control) groups special needs into some useful categories: **Communication, Social Relationships, Learning, Movement, Vision, and Mental Health**. You don't need to know what a child's specific diagnosis is; if you see the child struggling in one or more of the areas below, you can use the suggestions that follow to help the child enjoy participating in programs or activities alongside other participants.

- **Communication Differences:** Communication differences can be categorized into *receptive* (auditory comprehension and the ability to understand what is said) and *expressive* (ability and willingness to speak, or express oneself to others). There are two main causes for difficulty expressing oneself to others: how well a child can come up with the words they want to use in their mind, and how well they can use the muscles of their mouth, and throat to make those words come out. These are all separate issues, and it's important to realize that just because a person has trouble in one area, does not mean that they have trouble in the other area. There are a variety of ways that the person can express themselves: language(s), American Sign Language, adaptive technology (e.g. keyboards), charade-type communication, drawing what they want, or even pointing. Even a child who can speak but chooses not to (e.g. shy, or socially challenged) may try communicating in a different way to increase the child's comfort level.

If the child has a limited range of words they can say, asking questions to clarify can often help. Frame your questions in short, concrete (tangible) "yes/no" sentences. Don't try to ask more than one question at a time, and refrain from "double negative" questions. If they have a more expansive vocabulary, ask them to describe the situation in which the topic of concern happens. By "talking around" the issue, they often eventually can come up with the words they need to say (or you can guess what they are trying to communicate).

If the child has difficulty using the muscles of their mouth and throat to form words (including the mute child, or the child who stutters or has another form of dysarthria), get advice from the child's parents. Sometimes the child might use sign language or a communication device that they type in to. Sometimes they can answer "yes/no" questions or two-option questions by looking at (or pointing at) either to the left or right (or your left or right hand) to indicate their choice.

You have a "child-led" opportunity. When the child's preferred language of communication is sign language or other foreign language, the program or activity leader would do well to learn (from the child or parent) a set of common words. Words like "yes," "no," "hi," "good-bye," "come," "stop," "go," "eat," "drink," "more,"

“all done,” “bathroom,” “good job,” “please,” and “thank-you,” is a good set of words to start with. Start a conversation with a child who’s deaf or hard of hearing by walking in front of the child, not by tapping the child on the shoulder (which could startle the child).

The challenge of non-verbal communication. Sometimes a child may have trouble reading body language, facial expressions, tone of voice, or “non-concrete” communication. This can show itself in a variety of ways. The child might have trouble knowing what other people are feeling if they don’t specifically communicate feelings in words. The child may have trouble with detecting sarcasm, since this skill depends upon the communicator’s tone of voice. Or the child may not “get it” when someone tells a joke or uses a metaphor, if the child engages only in “concrete” thinking patterns. In these cases, working with both the child with special needs and the others in the group is the best way to bridge the gap. Suggest to the child with special needs to “check in” with others when the child’s unsure of what communication is happening. And the other youth can learn to incorporate explanations into their communication, especially when misunderstandings arise. Awareness is key for all involved. Some groups have come up with a code word like “Cheerios” when the meeting needs to pause for some communication clarification.

- **Pro-Social Behavioral and Relational Differences:** Some youth will not have the same level of social skills such as: the ability to show empathy, put themselves “in other people’s shoes,” take turns, and other forms of reciprocity. Sometimes a child will react in an unexpected way to a crowded or stimulating environment or to a hug from another participant. Youth with an Autism Spectrum Disorder, Sensory Integration Disorder, Oppositional Defiant Disorder, or ADD/ADHD are examples of those facing special challenges in group settings. Scientists have found differences in the frontal lobes of the brain in children suffering from difficulty in forming positive relationships. The frontal lobes of the brain, which continue to develop until age 25, guide a child’s judgement, impulse control, interpreting others’ body language, among many other things. The child with social/behavioral/relational challenges often experiences rejection and isolation from peers. The child may appear to be “in his/her own world”, may exhibit repetitive motions, or too much energy. The child may try to be the center of attention, or may be the one who runs out of the meeting room. The child may challenge the rules, and refuse to cooperate. Trust us: these kids want to be like the others.

With extra patience, you can still help the child experience the program or activity with minimal disruptions to the rest of the group, and the others will build empathy at the same time. Try a few tips from experienced volunteers; also ask the parents/guardians for advice. It helps to remember the child’s frontal lobes are probably different than yours; the child is not “out to get you.” The child is desperate for friendship like every other person, but some situations we consider “normal” are causing intense fear or pain.

Best Practices: You will quickly be able to discern whether a child is an attention-seeker, or needs to avoid certain kinds of attention or stimulation (aversion behaviors). For youth who need a high level of attention, it helps to remember that if they don't get enough positive reinforcement, they will go for negative attention (acting out) over no attention at all. Over-stimulated youth may withdraw or act out. Some are particularly sensitive to touching sticky, messy, rough textures. They may avoid certain projects because of this. This challenge should be treated with respect, as the child's experience of these sensations is often described as painful or revolting.

You have an opportunity to be child-led. We have found that a non-stigmatizing, non-punitive "time out" with another adult or buddy is helpful. If possible, let the child choose a "personal space bubble" to do an activity or craft, and give the child 1:1 supervision. The child will know when ready to re-join the group. Make sure the child feels welcome when rejoining the group. As the child gets a little older, the child can take cues from volunteers or other participants when feelings are escalating a bit, and take a "self-time out" early on. For the child with sensory challenges, give a choice of wearing non-latex gloves or perhaps using tweezers to manipulate the objects, or just observing someone else doing the "icky" part of the task.

Also in your toolbox of accommodations for social/behavioral/relational disabilities are extra layers of communication to "grease the wheels" of social interactions. Slow the instructions down and feed them piece-by-piece. Modify or shorten the activity or simplify the craft to something manageable. Always reward attempts at positive behavior, social interaction, and group participation even if the child is not successful. What's important is that they tried. Their fellow participants will soon find ways to help them be successful. Children are surprisingly good at encouraging each other, especially when we thank them for "being a mentor to every participant."

- **Accommodations for Learning Differences:** We all have preferred ways of learning, and they generally fall into three groups: Visual Learners, Auditory Learners, and Kinetic/Hands-On/Learn-By-Doing Learners. Youth with a learning difference (LD) are part of a broad category that includes those with intellectual and developmental disabilities as well as those with dyslexia, or a learning disability in a specific subject, such as Math. Learning differences are quite common, and the child's parent/guardian may have set up an Individual Education Plan (IEP) or 504 Plan with her school. These documents tell teachers how to best adapt curriculum so the learner can get maximum benefit. If the parent/guardian is willing to share excerpts from the child's plan, you can see how that information would greatly benefit a program leader! Some youth with LD wear special glasses, some read under a colored filament, some use cards that show a portion of a sentence at a time. Special Ed and General Ed teachers are very clever with "work-arounds." We recommend you be child-led. Work with the child to discover how he/she learns best (visually, by listening, or by doing). Let the child opt in or opt out of activities if you can't adapt the activity.

For example, ask the child if they are comfortable reading aloud, or would like to pass. Use small teams of youth to work together to problem solve in group work, so your child with LD can participate without being singled out. Praise courage and confidence when the child takes a risk and reads aloud, presents the group's solution, or participates in the skit even though the child needed prompts to remember lines.

- **Movement Differences:** We all come in different shapes and sizes, and we all vary in the degree that we can use our limbs. Some youth may have large body size, rheumatoid arthritis, cerebral palsy, gross or fine motor skill challenges. The child may have movement tics or Tourette's syndrome. The child may use a wheelchair, crutches, or a walker to ambulate. ***Let's start with the choice of meeting place.*** If you are welcoming a child who uses a wheelchair or has difficulty navigating steps, and your meeting location is not wheelchair accessible, creative problem-solving is called for. Depending upon the region you live in, finding an alternate meeting location may be a challenge, as private buildings may not be legally required to be accessible. Look to public buildings as a resource, or try "mission-based" groups (such as churches or synagogues) who might waive the rental fee due to your special circumstances. The child's parent, or other resources in your area might also have "leads" on places you can utilize. Also, be aware that there are resources out there where local carpenters donate their time and materials to build ramps for individual homes and other "worthy causes."
- **Mobility accommodations during the program or activity:** Ask the child or parent/guardian what kinds of terrains present challenges: pathways outside, door thresholds, 90 degree turns in narrow hallways, etc. Can table legs or chairs trip the child? If a child uses a walker, crutches, a gait belt, or cane make sure it is always near. Find out from the child or parent what kinds of assistance (if any) is needed for getting up from the floor, in/out of chairs, or whether assistance is needed in the bathroom. During an activity, consider movement differences where youth sit/stand during the activity, and develop ways to make games and crafts inclusive. Your group can brainstorm ways to modify the rules of a game so all can play. Let's say there is a game on the floor, or your special needs person has fallen onto the floor. Many youth with mobility challenges find it easier to use a chair or other stable object to push up off of, to get themselves to a standing position. Encouraging the child to get into a crawl position, and then into a kneeling position, often helps. For everyone's safety, avoid "picking the child up" off the ground.

Best practices for accommodating fine motor skill challenges: The most common ways in which fine motor difficulties affect a program participant are with writing and using scissors. In most instances, giving the child an opportunity to speak their answers instead of writing them (perhaps with a scribe) is a good substitute. If the writing IS the activity (such as drawing on a poster, or creating thank-you cards), you can try a couple of accommodations. First, see if the child can copy the words to write from a separate page where you have written out what the child wants to say. Alternately, try writing the words in, say, yellow ink (or light pencil) for the child to

trace over what needs to be written. Other options include the use of stencils, either for letters, or creating a stencil of the shape that needs to be drawn and colored in. As for cutting with scissors, try modifying the shape to be more square-ish, which is easier to cut. The easiest form of a scissor project is “fringe” (snipping along a long strip of paper), so perhaps the child can make either fringe or grass for the project? Sometimes laying the paper on the table makes it easier to cut rather than holding in the air... or try making the cut lines thicker? Otherwise, pre-cutting the shapes may be necessary, while still having the child responsible for applying the glue, or sticking together the pieces. If there are activities that involve many steps and the child is getting overwhelmed, try breaking up the steps into smaller pieces. If it is necessary for someone to help the child with a few of the steps, make sure the helper gives back “control” of the project, as soon as the difficult steps are completed. Organizing the task such that (at the very least) the final step is accomplished by the child with special needs, is particularly helpful to promote the child feeling successful.

- **Blind and Low Vision Accommodations:** To promote safety, try to keep the layout of the meeting room consistent (i.e., furniture position and where to get snack and craft supplies from) and uncluttered. If the child reads Braille, perhaps they would like to instruct the class in how to read the alphabet the child’s way. The child can still participate in crafts, games and badge work with modifications. If the child uses a service animal, the child may still be able to play a relay race, for example, at a slower pace. Adapt creatively and ask other participants to come up with ideas so they gain empathy. If a craft is on the agenda, your blind participant may still be able to complete some or all of it by feel. Involve the parents frequently for advice in advance of the next session.
- **Including Youth with Mental Health Disorders:** According to the National Institute for Mental Health, about 13% of children aged 8 to 15 had a diagnosable mental disorder in the previous year. About 8-9% had ADD/ADHD, which we have already discussed in another section. But the rest of the children in this category come to your program or activity suffering from mood disorders (for example bipolar disorder), depression, anxiety, panic disorder, PTSD, or perhaps an eating disorder. In our experience, very few parents disclose this information initially on the child’s medical form. You will likely notice some abnormal behavior during your program or activity and not know the cause. Report symptoms and observations to the parent/guardian. Do not attempt to make a diagnosis. Build trust with the parents and try to partner with them in helping their child feel comfortable at troop meetings. Since many mental disorders worsen at night, we will discuss this more in the camping section. Often that’s when the tears flow or a child is more likely to have a panic attack. If you EVER encounter an irrational/obstructive/verbally abusive parent OR a child is afraid to go home after an activity, call your Program Manager immediately for advice.

Final thought: We have never met a parent/guardian that wasn’t delighted to receive your call on how to make their child feel valued, respected and included during programs

and activities. If at any time you feel overwhelmed accommodating a child's special needs, reach out to the parent/guardian honestly and openly with your questions, compliments and concerns. Get advice from your Program Manager. Lake Oswego Parks & Recreation not only has a philosophical obligation, but in some instances a legal obligation to make reasonable accommodations "that don't fundamentally alter the program being offered." As program leader, you have the right to request that a parent come help their child participate in the program or activity. Be firm with your boundaries, while simultaneously celebrating your personal growth and watching the youth become more inclusive, sensitive, caring and compassionate human beings.

Program Leader Resources

Program Leader Self Care

It is important for the program leader to be in a *good place* from which to lead. We can only share compassion with the participants in our activities if we are compassionate with ourselves. Below are some words of wisdom from other program leaders that hopefully will help you to **take care of yourself**, **set boundaries**, and **resolve conflicts**.

- **Practice the calming techniques on yourself when you feel stressed!** Everyone can benefit from ways to reduce stress, and keep calm! Feel free to incorporate into your routine the tips and tricks presented in this manual whenever you feel stressed.
- **Ask for help!** We mentioned this already, but it bears repeating here. Leading a group of diverse needs can be challenging, so you have a right to ask for help! **Looking to the parents of the child with special needs, or your department or division or another group are good places to start. Be creative, and *think outside the box*.** Contact your Program Manager as soon as you feel that you are in over your head! They are available to help you manage conflict.
- **Knowledge is power!** Taking a few moments to read up on the types of challenges the child in your group has, and/or meeting with her parents can be very empowering. Not only will you be equipped with options to try, but you can gain insights into the child's inner world, which can help with empathy and creative problem-solving.
- **Let the participants you work with know what you expect.** If you expect someone to be polite and listen when you are giving instructions and then you get interrupted, let that individual know your expectations. Early in the program, set limits on behavior you will or will not accept. Even if certain behaviors are accepted at home, you can say, "*At Parks & Recreation, we do not yell at each other. We do our best to be friendly and helpful. That is part of the Parks & Recreation philosophy.*"
- **We usually get what we expect.** If we go into a situation dreading it because it might be difficult, it usually will be. The more positive we are the more positive the result will be. When a child says "I can't" or "You do it" (as opposed for asking for specific help) it's time to bring out, "*At Parks & Recreation, we each put our own chairs away. Put your chair by the wall next to the other chairs.*"
- **How we react can set the pattern for behavior.** If a situation arises that is unpleasant, try to remain calm and react positively. Keep in mind you are a role model for how you want that child to react to their own negative experiences.

- **Frame your instructions using the *mannequin rule*.** Tell the participants what you want them TO do, rather than what you want them NOT to do. If a mannequin can do it (be quiet, stop touching your neighbor), it's **not** a helpful instruction. Instead, look for actions to have them do that are inconsistent with them being able to do the negative behavior (cover your mouth, sit on your hands, etc.)
- **Try to deal with one situation at a time.** If Dana steps on someone's toe and later drops her towel in the pool, try to keep each incident separate. Try to avoid letting a number of events build up and thereby influence your reactions.
- **Try to see the situation as the child sees it.** If we try to put ourselves in the other person's position, we might be able to understand why the child is reacting this way. A child may be trying to *test the limits*. On the other hand, the child may not realize that they are causing a problem: for example, Fred may already know how to swim, and he may want to practice his strokes by swimming up and down the entire length of the pool. He may not realize that this distance is too advanced for him.
- **In conflict situations, use "I" statements**, such as "I am feeling overwhelmed," or "I have limits on what I am able to do in this situation" to avoid blaming.

When and How to Set Limits on Behaviors in the Group

When a child's disability causes constant outbreaks of unacceptable and disruptive behavior, adult leaders and volunteers have to make a hard decision: is the behavior so consistently disruptive that the group is unable to function? Is the child's behavior a danger to themselves or others? If either of these is true, it's acceptable to remove the child from the program, activity or group setting however, contact the Program Manager to be sure you are following the correct procedures.

Before a child is removed as a participant, it's important for these things to happen **first:**

- Program leaders talk with the child's parents/guardians/care-givers on a regular basis about the specific undesirable behaviors, and have tried simple behavior modification tips recommended by them, a teacher, or other experienced person.
- Program leaders let their Program Manager know what is happening, and document the child's actions and their own (talked with parents, tried different techniques to change behavior.)
- Program leaders talk directly with the child, being sure the child understands the consequences of their actions.
- Program leaders and Program Managers meet with the parents/guardians (and child-if appropriate) to summarize the experiences and explain why the child may no longer attend the program or activity.

Utilizing Parents as a Resource

The parents of a child with special needs can be a great resource! They often have good ideas of what works, as well as what to avoid. They can also help fill in background information about the child, to help with insights and empathy. They can help you identify the child's strengths and interests, so that the child can be celebrated as a unique individual. And they can often help point you in the direction of resources, information, places to ask for help, or equipment used at home that can be utilized at a program or activity.

Depending upon the circumstances or needs, they can provide 1:1 help during a program or activity with their child (or with others in the group so that your staff can assist more closely with the child with special needs, depending upon what works best). When connecting with the parent of the child with special needs, you will be able to share a common bond, in terms of the commitment we have as people who cheerlead our youth. And yet, there is an additional layer of complexity that parents of children with special needs face that most others who relate to neurotypical youth don't experience.

Below is a partial list of issues that parents of children with special needs often experience that are either unique to their situation, or much more intense compared to those who parent neurotypical youth.

- Large amounts of time devoted to advocating to make sure their child's needs are met, and rights are respected.
- Repeated experiences of seeing their child rejected and excluded from various social situations.
- Desiring to accept and celebrate their child's accomplishments in a world that has a different definition of success, and extends only pity/judgement towards their child.
- Worry about the future... will my child be able to be independent when they grow up? What happens when I am no longer around to take care of him/her?
- Feeling scrutinized by people: extended family members, the child's teachers, the stranger at the grocery store (to name a few)... who all have an opinion of what the parent is *doing wrong*.
- Large amounts of time devoted to therapies, medical appointments, therapeutic diets or other interventions, taking up all the family's financial and emotional resources.
- Grief from the loss of their "dream child" – the one they envisioned when they first became a parent. Various life events that call into question what the child will achieve in their lifetime, such as graduating from school, moving out and becoming self-sufficient, can cause the parent to grieve these losses even in advance. Feelings of denial, anger, bargaining, and depression may result, before acceptance is attained.

All of this can be exhausting, and sometimes results in families feeling socially isolated, and/or hyper-defensive about their child and how the parents are raising him/her.

The good news is, collaboration is possible! Below are some tips to consider:

- Start by acknowledging in your own mind that every child in your program or activity comes with a unique set of strengths and needs. Normalize the conversations with such phrases as “I want to explore how we can best elevate the strengths of <name of child>, and help the child to be successful in the activity.” Help the parent to see that you engage in this same process with every participant.
- Try as much as possible (when conversing with the parent) to weave into the conversation that you LIKE the child, and point out ways in which the child contributes to the troop.
- Find creative ways for the child with special needs to shine, and brag to the parent about these accomplishments!
- Keep your conversations focused around logistics and accommodations, not around (emotionally charged) labels. Labels don’t help to move forward a plan.
- When the need for assistance or accommodations is identified, include the parent in the team of people to provide (or arrange for) what is needed. Ask questions such as, “how do you propose WE accomplish that?” Identify the current resources available to meet the needs of the group. If necessary, remind the parent that Parks & Recreation strives to make reasonable accommodations. Use “I” statements when setting boundaries of how much you are able (willing) to offer help to meet the need at hand.
- If 1:1 help is needed for the child, brainstorm with the parent on options to receive help from other sources, asking the parent to take the lead on securing the necessary assistance for their child. Remember, often both parent and child need a break from each other, so thinking creatively on ways to help the child in the group without involving the parent (if possible) is a win-win for everyone. With the parent in charge of arranging the 1:1 help, if they can’t find someone else to play that role, they will usually offer to play that role themselves without anyone having to make ultimatums.
- If the parent is in denial about (or refuses to acknowledge a problem with) the need for the child to receive 1:1 help, be very specific and concrete in the feedback you give. Stay away from generalizations that may come off as you vilifying their child. Again, try to keep the conversations focused on logistics and needs. Frame it in terms of how it is in the best interest of this child to have more positive experiences than the one the child is currently having
- Validate the feelings and needs of the parent (that are the undercurrent of the discussion), without coming across as patronizing.
- If necessary, you may need to reiterate to the parent that, as a program leader, you do not have all the resources that their child might have available when in school.
- As a last resort, bring in a Program Manager to help mediate the conflict.

Forms - (located on P drive under Inclusive Recreation folder)

LOPR Inclusive Recreation Intake Form

LOPR Medical Authorization

Tri-fold Brochure: Lake Oswego Parks Inclusive Recreation

Lake Oswego Parks & Recreation Special Needs List of Acceptable Behaviors

Contact Names & Numbers

Cydney Fletcher – Cultural, Fitness & Outdoor Program Supervisor; Inclusive Recreation Coordinator 503-697-6589

Jan Wirtz – Deputy Director, Recreation Programs and Services 503-675-2546

Maria Bigelow – Lake Oswego Adult Community Center Manager 503-534-5757

Additional Resources

<http://www.autismempowerment.org/wp-content/uploads/2013/12/Incredible-5-Point-Scale-Fact-Sheet-rev.pdf>

<https://www.autismspeaks.org/>

<http://www.exceptionalfamilies.org/>

<http://www.inclusionproject.org/>

<https://kinding.org/>

www.wapave.org

Peer Coaching Handbook.pdf (located on P drive under Inclusive Recreation folder)

The City of Lake Oswego complies with all non-discrimination Civil Rights laws including Civil Rights Title VI and ADA Title II. To help ensure equal access to City programs, services and activities, the City of Lake Oswego will reasonably modify policies/procedures and provide auxiliary aids/services to persons with disabilities. Call 503-675-2549, TTY...?? or Oregon Relay Service 711 with requests, or visit <http://www.....>
