



# **Training 8: Specialized Visit Training**

The background features a smooth horizontal gradient from a deep purple on the left to a bright pink on the right. Scattered across this gradient are numerous small, white, circular dots of varying sizes, creating a starry or particle-like effect.

Video

# Interacting with a child

## Approach slowly

- ★ Approach a child slowly and calmly. Some children may need more time to accept strangers and may need to make the first move

## Sit or Stoop

- ★ When speaking to children, stoop or sit at their level. Don't be afraid to sit on the ground if need be

## Introduce

- ★ Introduce yourself to the child as your character. Ask if they have seen your movie

## Choose your words

- ★ Listen actively and with respect. Make sure to use language on the child's developmental level



# Interacting with a child

Do not assume gender

Come prepared with information  
and knowledge

Do not ask information about  
their treatment

Do not bring up negative  
situations to the child

# Conversation Starters

- ★ What is your name?
- ★ What is your favorite color?
- ★ What is your favorite movie?
- ★ Have you seen my movie? What was your favorite part?
- ★ What is your favorite song? Do you want to sing it together?
- ★ Do you have any pets? What are their names?
- ★ If you had a superpower what would it be?
- ★ Do you have any brothers or sisters? Are they older or younger? What are their names?



# Inappropriate Conversation Starters

- ★ What are you in the hospital for?
- ★ How long have you been in treatment?
- ★ Do you get nervous or scared in the hospital?
- ★ What is your favorite thing to do when you're not in the hospital?
- ★ Do you miss your friends at school?
- ★ Do you know who I am?.....  
(long uncomfy pause)

# Visit Activities

- ★ Arts and Crafts
  - [On visit Activities](#)
- ★ Games
- ★ Singing and Dancing
  - [Playlist](#)
- ★ Book-Readings
- ★ Storytelling





**Part Two:**  
Specific Visit Training

# Specific Visit Training



- ★ Being able to communicate in a number of different ways is important
- ★ People often dismiss children from certain situations and these populations aren't always as readily served
- ★ Be gentle, kind, and soft
- ★ It is NEVER your job to discipline a child
- ★ The best way to show your empathy and respect to a child or family is to treat them as you would any other child or family

# Working with Children Who Do Not Speak English



- ★ More than 20 percent of U.S. residents speak a language other than English at home
- ★ In the first year, volunteers get an in-depth training on language. In the second year, trainings are broken up into a phrase per week
- ★ Never assume a child doesn't speak English based on how they look
- ★ With a little patience and some creativity, it is possible to communicate with someone, regardless of whether or not you speak the same language
- ★ If your bilingual skills escape you, it's okay to continue speaking in English

# Working with Children with Varying Individual



- ★ **Children living in long term care facilities usually have a complex medical history and multiple diagnoses** (may include physical impairment, developmental delays or disabilities, and/ or chronic illnesses) and require specialized “around-the-clock” care
- ★ **You may see varying degrees of developmental disabilities or delays** that have potential to impact your encounter if you have not had substantial amount of experience or exposure

# Working with Children with Varying Abilities

*Key things to keep in mind...*

- ★ It is **OKAY** to initially feel taken back or uncomfortable at first.
- ★ Be mindful of your **BODY LANGUAGE!**
- ★ Do **not infantilize** the children.
- ★ **LEARN** about the child's likes or interests beforehand:
- ★ Display your empathy & respect by **treating them as you would any other child!**



# Mastering Non-Verbal Communication

*\*EXPERT TIP: **Perfect** practice makes perfect!*



- **PRACTICE!** Out loud, in a mirror or with a buddy. Keep the topics light and flowing (even if random).
- Be mindful of the child's **developmental age** when speaking to or selecting appropriate activities & toys.
- Don't underestimate the power of "**nurture**".
- Use tools such as toys, key word charts, or singing

**Part Three:**  
Working with Children in  
Foster Care

# Working with Children in Foster Children



- ★ Research shows that the greatest success factor is having a positive mentor.
- ★ So YOUR presence, especially magic makers for older kids, will be making a HUGE difference.
- ★ Be sensitive
- ★ Prioritize their preferences
- ★ Choice
- ★ Voice

# Working with Children in Foster Care



- ★ Children placed in foster care have either been **neglected, abused, or removed from severely unstable domestic conditions and are forced to live with strangers**, often moving around to different households.
- ★ These experiences with **the lack of control and stability** have potentially affected these children's minds, bodies, and behaviors for the long-term.

# Working with Children in Foster Care



## Commonly observed negative effects:

- ★ Anxiety
- ★ Insecurity or low self-esteem
- ★ Depression
- ★ Trust issues
- ★ Defiance
- ★ Aggression

# Working with Children in Foster Care

## Problematic situations:

- ★ Children in foster care are more likely to develop a mental health condition including depression and suicidal ideations
  - If this happens:
    - If you feel comfortable: Ask for clarification and tell them that you care about them
    - **ALWAYS TELL A SUPERVISOR**

## Problematic situations:

- ★ Allergies
- ★ Pregnancy emergencies
- ★ Panic Attacks
  - If any of these, or any other medical emergencies happen:
    - If they can, ask them to explain their symptoms
    - Get in contact with a medical professional and stay with them
    - Do not move anyone with bodily injury



When things get difficult remember this statistic:

90% of children in the foster care system have had something traumatic happen to them.

focus on treating them NOT as being *"bad kids"* but rather *"kids whom have had bad things happen to them"*. **All these children need is to feel loved, important, and valuable.**

## **Part Four:**

# Working with Siblings of Children who are Medically Vulnerable

# Working with Siblings



- Research evidence shows us that siblings of children living with chronic illnesses or special needs experience **more negative psychosocial effects** than those with healthy siblings.
- Siblings may receive **less attention** from family and others.
- Stay mindful of dividing your attention **equally** and **make sure they feel just as special and valuable** as their brother or sister!
- Working with siblings of children that have passed is especially important.

# If Things Go Wrong

Maintain a **calm & gentle** tone, change the subject, suggest another activity, or remove a known trigger.

Always match your body language to what you say & **keep wording positive.**

It is **never** your responsibility to discipline any child under any circumstances!

If a child talks about their negative or painful experience, offer **support and affirming phrases.**



**Part Five:**  
Children with Critical or  
Terminal Illnesses

# Terminal

An incurable condition that will eventually lead to death

The amount of time left is only an **estimate** and varies amongst patients and their diseases.

Some kinds of medical treatments may be appropriate, such as **treatment to reduce pain** or **ease breathing**

# Palliative Care

Addresses patient's needs after diagnoses

While palliative care is **not disease treatment**, it addresses patients' physical needs, such as pain, emotional support, caring for the patient psychologically and spiritually, and helps patients build support systems that can help them get through difficult times.

**Palliative care can also help patients make decisions** and come to understand what they want regarding their treatment goals and **quality of life.**

# Hospice Care

Improve patient's quality of life  
when treatment is ended

While hospitals focus on treating the disease, **hospices focus on improving patient quality-of-life until death.**

A common misconception is that hospice care hastens death because patients "give up" fighting the disease. However, **patients in hospice care often live the same length of time as patients in the hospital.**

# What to Expect

Terminal patients experiencing pain, especially cancer-related pain, **are often prescribed opioids** to relieve suffering.

A common symptom that many terminal patients experience is dyspnea, or **difficulty with breathing**.

Some terminal patients **opt to continue extensive treatments** in hope of a cure, whether by participating in experimental treatments and clinical trials or seeking more intense treatment for the disease.

Some patients opt for a **DNR (Do-not-resuscitate)**. This means that if the patient's heart stops, CPR and other methods to bring back heartbeat would not be performed.

# Symptoms

Symptoms will vary largely depending on the disease

Patients usually will **reject food and water** and will also **sleep more**, **choosing not to interact** with those around them

Their bodies may behave more irregularly, with **changes in breathing**, sometimes with longer pauses between breaths, irregular heart rate, low blood pressure, and coldness in the extremities.

It is important to note, however, that **symptoms will vary per patient**.

# Appropriate Responses

- ★ Plan the visit ahead of time, because it will be a challenge
- ★ Be sure to ask their families beforehand to identify what their likes and dislikes are
- ★ Do inform the families of the other services we provide: such as setting up meal trains, babysitting, etc. and let them know that we are here for them.
- ★ Do pay attention to the siblings of the child.
- ★ Do your best in accommodating and being present for the date requested
- ★ These visits require your ALL and the epitome of our organization's values/standards.
- ★ Do stay in touch with the family, if they want that
- ★ Do have a care of action plan for after visits.

# Inappropriate Responses

Never ask about a child about their illness

Do not promise anything you are not absolutely sure will happen

Don't ask about the status of the child to the family or to the child

Don't say "feel better" or "get well soon"

Do not offer medical advice. EVER.

Never cry in front of the family or child

It is important that your body language doesn't **portray** any feelings that the end is near.

# When a Child Passes Away

You do not have to automatically cut off all communication with the family or even cease to talk about their child, but just be mindful to not overstep boundaries

Be professional in your communication

You can attend the services, but be mindful of your emotions and the way you speak to the family and NEVER take photos unless directly asked by the family. Some families want to capture every moment of the day, others wish to keep it private. Never assume.

Let us know. We have implemented a new program to honor the children that

# Emotional Fatigue

It is normal to experience emotional fatigue in these situations.

It is important to communicate with all volunteers regarding how they are feeling.

A Moment of Magic can provide emotional resources for characters who are feeling overwhelmed or emotional.

[Emotional Resources](#)