
Mustard Seed Communities Disability Awareness Guide





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Introduction

Mustard Seed Communities is dedicated to caring for the most vulnerable populations in society. One of these populations is people with disabilities in developing countries. Individuals with disabilities have extremely high rates of poverty worldwide compared to abled individuals which leads them to struggle with obtaining the services they need.

- People with disabilities in developing countries account for 1 in 5 of all people living on less than \$1 a day
- There are over 1 billion citizens with disabilities worldwide, 80% of those live in developing countries where they are often the subject of stigma and lack adequate facilities

Mustard Seed Communities cares for individuals with disabilities in Jamaica, Dominican Republic, Nicaragua, Malawi, and Zimbabwe.

Due to the lack of access to early intervention programs and therapies in developing countries, many children develop extreme presentations of their disability that when left untreated can lead to premature mortality.

This document is intended to prepare you and your group for your upcoming trip by offering information on common disabilities within our homes in Jamaica and the Dominican Republic. Hopefully, this document serves as a guide to discussions on different disabilities as well as how to best approach interacting with residents who have different abilities.



Autism Spectrum Disorder

OVERVIEW

Autism is a term for a group of complex disorders that range along a spectrum with variations in name, characteristics, and severity. Every day the brain understands the things we hear, see, smell, touch and experience but when someone's brain has trouble understanding these various senses they can have problems in the areas of development, socialization, communication, behavior, and sensory processing.

Autism is one of the most common developmental disabilities and may be diagnosed alone or with another disorder. Signs and symptoms may start before the age of 3 and begin to become obvious to parents as their child is not meeting the milestones of other children. Each individual with autism is unique and has their own set of symptoms which may change or come in cycles throughout their life.

There is no one size fits all for autism, meaning some individuals with autism may exhibit many common behaviors while others only a few. Even though there is no exact formula for how autism presents itself in all people, there are some commonalities in behavior listed below.

SOCIALIZATION & INTERACTION

- May have difficulty responding to their name and other communication as the individual may struggle to understand questions or directions
- May not like infringement on their personal space, may be very guarded of people coming too close to them
- Makes poor or no eye contact, may not smile or make other expressions, hard to tell if the individual is happy or sad
- May appear to others as being insensitive or rude as the individual may not show the correct emotional response to a situation



SENSORY ISSUES

- May have difficulty processing and regulating their sensory systems causing them to under or over react to sensory stimuli
- If an individual's sensory needs are not met they will try to provide their body with what they need to regulate their sensory system
- May be sensitive to light, sound, or touch

COMMUNICATION

- May have difficulty with speech
- Communication may be difficult to understand, however it may make perfect sense to them
- May hum or make noises
- Voice may be high pitched or an abnormal tone

Autism Spectrum Disorder

PATTERNS OF BEHAVIOR

- May perform repetitive movements or behaviors such as rocking, spinning, pacing, hand flapping, etc.
- May develop specific routines or rituals
- Moves constantly, fidgety, may not be able to stay seated for a long period of time
- May have problems with motor skills and coordination, or performs odd movements



AGGRESSIVE BEHAVIOR

- Individuals with autism may have very low coping abilities with everyday situations that can cause them to become aggressive due to sensory overload, lack of sensory input, frustration with their inability to communicate their needs and wants, or not understanding what is happening or what is expected of them
- Individuals with autism may engage in SIB, Self Injurious Behavior, including banging their head, biting themselves, picking at their skin, etc.
- May be aggressive and violent to others including their peers or care providers
- May appear driven to “fix” an item, if a door is open may be compelled to run and close the door. At times this drive or compulsion may lead to a dangerous situation

HOW TO BEST INTERACT WITH RESIDENTS WHO HAVE AUTISM

- Recognize that individuals with autism are unique with a different perspective on the world. They do not think the same way as you do. We need to adapt our thinking when spending time with them.
- Provide structure with consistent schedules and routines, individuals with autism do well with structure and like routine, it becomes a pattern and they know what is expected.
- Use clear, simple words, label what is happening, use a strong and confident voice.
- Set realistic rules and expectations to keep everyone safe and secure.
- Provide a calm, relaxed environment, remove things that cause the individual stress.
- Provide breaks, give the individual time during the day where they can relax and do what they like without expectations placed on them.
- Sometimes the individual may not want you entering their personal space but other times they will come to you and want your attention. Take your cue from the individual, do not force eye contact.
- Being proactive and trying to understand the individual’s needs can prevent aggression to themselves, you, and others. Identifying the individual’s triggers for aggression and coming up with strategies to prevent or reduce the number of incidents that occur is a great plan for positive interactions with autistic individuals.

Down Syndrome

OVERVIEW

Down syndrome is a developmental disorder where a mistake in cell division results in a third copy of Chromosome 21, which is responsible for the distinctive characteristic features and developmental issues which occur in people with Down syndrome. Down syndrome often causes learning difficulties and cognitive delays causing children who have it to reach key developmental milestones later than others.

The chance of having a baby with Down syndrome increases with the mother's age. At age 35 a woman's risk of having a baby with Down syndrome is 1 in 350 births and by age 45 the chance is 1 in 35 births.

Each person with Down syndrome is able to participate and contribute to their families and their communities, with their many strengths and talents. People with Down syndrome are usually happy, good natured and social people, who are extremely outgoing and interact well with others.

INTELLECTUAL & DEVELOPMENTAL SYMPTOMS

- Intellectual and developmental problems range from mild to moderate
- Individuals may have a short attention span making learning in a classroom more difficult and slowing their overall learning
- Individuals may have poor judgment and act impulsively
- Individuals may have delayed language and speech development
- Individuals with Down syndrome often have very strong social skills and are able to use non-verbal communication very well
- Individuals may have a verbal short-term memory, causing their ability to hold and process verbal information to be somewhat impaired

Brailin



PHYSICAL TRAITS

- Characteristically, individuals with Down syndrome have a smaller head, shorter neck, flatter nose and flattened facial features
- Many individuals have problems involving bone structure and joints, which may affect movement and coordination, the most common problems are weak muscle tone and loose ligaments which can lead to excessive joint flexibility
- The individual may have hip, knee or other joints that are unstable, slip out of place, or become dislocated
- The individual may struggle to reach the same milestones as other children, not crawling, sitting, or walking until later in their lives

Down Syndrome

VISUAL & HEARING IMPAIRMENTS

- May have vision problems, including overall vision impairment and more frequent eye infections
- May have difficulty with auditory tonal processing, making it difficult to process what is being said to them
- May have smaller ear canals which can lead to a build up of ear wax or liquids behind the eardrum which leads to hearing loss

BEHAVIORAL SYMPTOMS

- Individuals may be more stubborn and have trouble controlling impulses
- Temper tantrums may be more common
- Individuals may not know how to interact or play efficiently with their peers, this often can be upsetting and can cause misbehavior

COMMUNICATION

- Individuals with Down syndrome may be verbal, have limited or delayed speech, or may be nonverbal
- Sign language, or other adaptive communication systems may be introduced
- Some individuals use gestures or noises to communicate



HOW TO BEST INTERACT WITH RESIDENTS WHO HAVE DOWN SYNDROME

- Due to concerns with their ears and hearing, when you speak, bend to their level and make eye contact to make sure the individual can really hear you.
- Use clear, simple words. Set limits and rules and be consistent in following through with what you have said.
- Be animated when interacting! Being expressive and making gestures goes a long way to getting an individual to be interested in what you are saying and paying full attention to you.
- Be patient. The individual may take longer to respond to you. Additionally, you may need to speak slower than you usually do so that they can understand you better.
- Individuals with Down syndrome want to be treated the same way everyone else is treated, they can learn, have friends, play sports, have interests and talents, etc. Do not underestimate their abilities!

Cerebral Palsy

OVERVIEW

Cerebral palsy refers to a group of neurological disorders involving motor development, body movement, muscle tone, posture and the ability to move about while maintaining balance and posture. Cerebral palsy is a result of damage to the motor control centers of the baby's developing brain, this can occur during pregnancy, at childbirth, or even after birth up to about age 3. The severity of cerebral palsy can vary greatly from mild to the most severe. Some people walk and move about successfully and independently while others need to use assistive devices for mobility such as a wheelchair.

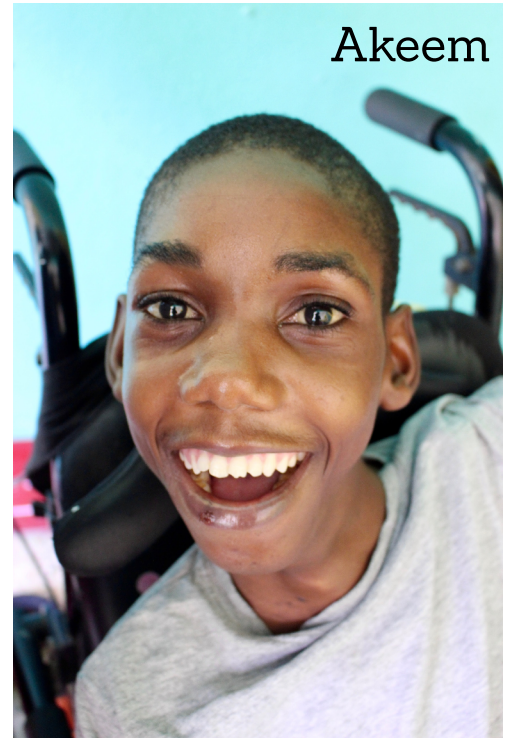
Cerebral palsy mainly affects the muscles and causes a lack of muscle tone or a lack of muscle coordination called Ataxia.

Additionally, individuals with cerebral palsy may produce involuntary spastic movements, have exaggerated reflexes, or rigid and stiff limbs. These lead to an overall floppiness of the core muscle group, including all of the muscles that keep the body stable and balanced. Additionally, tremors or shaky movements of body parts may occur which can become challenging and frustrating to the individual. Oftentimes, the individual knows what it is they want to achieve when making movements but there is a disconnect between what they are thinking and what their body actually does.

PAIN

- 1 out of 3 individuals with cerebral palsy will be unable to walk
- May favor one side of the body: with one side being stronger, the weaker side of the body may have smaller body parts than the stronger side
- Muscles may be held very tight, releasing, or relaxing the muscles can be very difficult, and may become worse over time
- Fine motor skills are affected where precision is required like picking up an object

Akeem



COMMUNICATION

- 1 out of 4 individuals with cerebral palsy are nonverbal
- Cerebral palsy can affect an individual's ability to coordinate muscles in their mouth needed for speech
- Individuals with the condition may experience language delays

MOBILITY

- 3 out of 4 individuals with cerebral palsy experience pain due to their disability
- Pain can affect an individual's behavior and their ability to do things for themselves and others
- May develop osteoarthritis, a painful degenerative bone disease

Cerebral Palsy

EATING AND DRINKING ISSUES

- Cerebral palsy can affect the muscles that open and close the mouth or move the lips and tongue causing chewing and swallowing to be difficult
- With frequent eating and swallowing problems occurring, poor nutritional intake and malnutrition can cause the individual to be severely underweight
- The inability to hold a bottle, difficulty sucking, and drinking leads to dehydration very quickly

EPILEPSY

- 1 out of 4 individuals with cerebral palsy also have epilepsy
- Epilepsy is a central nervous system disorder caused by nerve cells in the brain becoming disrupted leading to seizures
- Epilepsy is a spectrum condition with a wide range of symptoms and seizures, it varies from person to person



Brandon

HOW TO BEST INTERACT WITH RESIDENTS WHO HAVE CEREBRAL PALSY

- Individuals with cerebral palsy have a wide range of abilities, it is a physical disability that may or may not affect their cognitive abilities.
- Individuals may communicate or use nonverbal means of communication, either way they are aware and are able to understand what is happening and what is being said around them.
- Remember that people with cerebral palsy are just like other people, they have things they like and dislike, and can participate in all aspects of life: they may need an assistive device or require modifications to the environment or activity but can do everything any other person can do.
- It is important to be very patient as most things take a person with cerebral palsy just a little bit longer, success is worth the wait!
- Avoid leaning on their wheelchair, a wheelchair is an extension of them and should not be used as a support for anyone else.
- Listen attentively to what the individual is saying, some individuals with cerebral palsy may have a harder time communicating. The best thing to do if you do not understand them is to ask them to repeat what they said.

Contractures

OVERVIEW

Contractures occur when a muscle, tendon, joint, or other tissue tightens or shortens causing a deformity. Contractures cause pain and loss of movement in the joint where they occur. Some disabilities cause individuals to be predisposed to developing contractures. One of these disabilities is Cerebral palsy which causes muscle tightness and limits movement. Another of these disabilities is Muscular dystrophy which causes muscle tightness, weakness, and impaired movement. Without regular use of the muscles and access to routine physical therapy while having these disabilities, contractures are much more likely to occur.

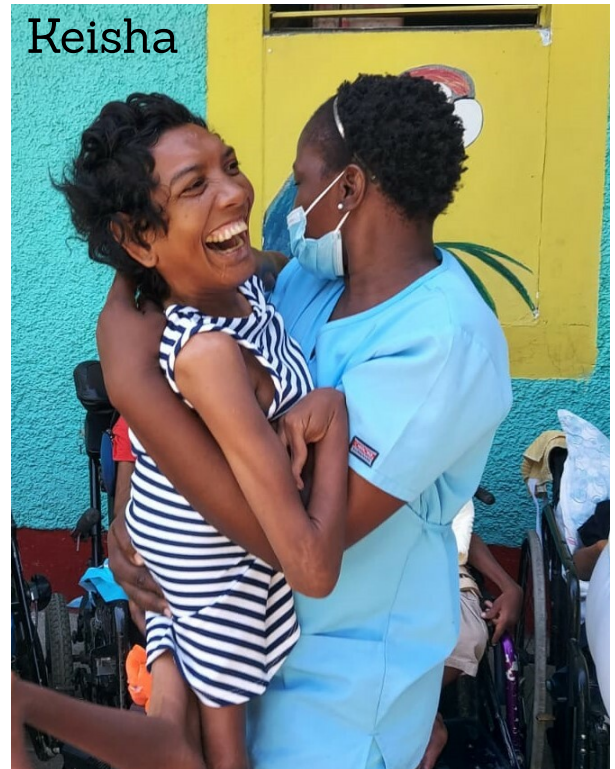
TYPES OF CONTRACTURES

- Muscle contractures involve the shortening and tightening of the muscles
- Joint contractures occur in the joint capsule where 2 or more joints connect causing a limited range of motion in that area of the body
- Skin contractures occur when there is some sort of scarring from an injury, burn, or surgery that limits the ability to move that part of your body

TREATMENT

- Physical therapy and occupational therapy are two common treatments for contractures
- Therapies help to increase range of motion and strengthen muscles
- Physical therapy requires regular attendance to receive a result, this is an issue in many developing countries as physical therapy is often seldom if ever available to individuals with disabilities who need it
- Delaying or forgoing treatment makes it difficult to ever regain full range of motion

Keisha



OCCURRENCE IN DEVELOPING COUNTRIES

Living in the United States, you probably have rarely if ever seen an individual with a form of contractures. This is because those with disabilities and other risk factors for developing contractures often do not have the resources they need to attend regular physical therapy so that they do not develop contractures. In developing countries, these resources are often not available and if they are, they are too expensive for the average person to afford. Witnessing an individual with contractures for the first time may be an eye opening experience and difficult to see. It is important to treat an individual with contractures with compassion and love, just as you would any other person, so that they do not feel different.

Microcephaly and Hydrocephalus

MICROCEPHALY

Microcephaly is a birth defect that causes a baby's head to be smaller than expected. This causes the child to have a smaller brain that may not have been developed properly.

Causes of microcephaly in most babies are unknown but certain exposures during pregnancy may cause a greater risk of developing the disorder such as infections, malnutrition, exposure to harmful substances, and Zika virus.

Microcephaly is a lifelong condition with no cure or standard treatment; however, developmental services early in life can help to maximize the individual's physical and intellectual abilities.

HYDROCEPHALUS

Hydrocephalus is the buildup of fluid in the cavities within the brain. The excess fluid increases the size of ventricles and puts additional pressure on the brain. Cerebrospinal fluid normally flows through ventricles but the pressure of too much cerebrospinal fluid caused by hydrocephalus can damage brain tissues and cause a range of brain function problems. Causes of hydrocephalus are not very well understood however inherited genetic abnormalities, developmental disorders, prenatal complications and infections have been known to cause the disorder.

Developing countries face the greatest burden of pediatric hydrocephalus as they often have higher birth rates and greater risks of neonatal infections. Surgical treatment can restore and maintain normal cerebrospinal fluid levels however this is often hard to acquire in developing countries.

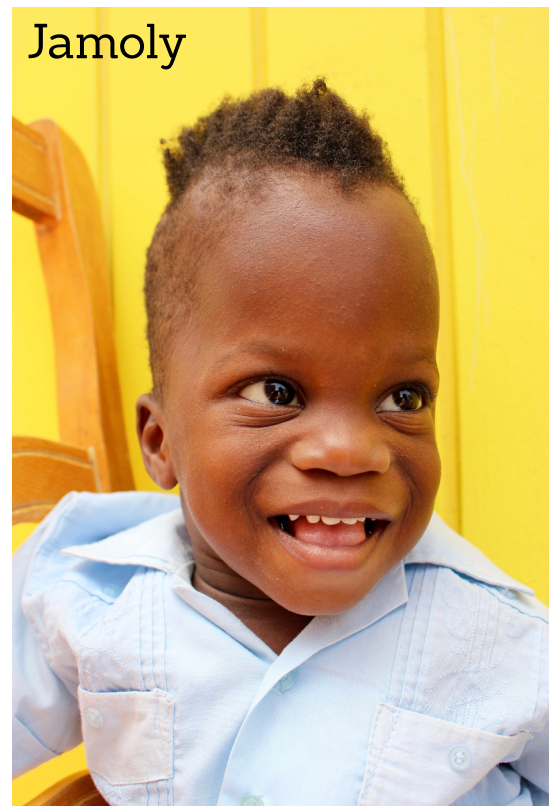
The main symptom of hydrocephalus is a larger head than average which in turn causes nausea, sleepiness, irritability, seizures, and problems with muscle tone and strength.

Different therapies are often used to manage some of these symptoms, especially physical therapy to address muscle tone and strength issues.

Bianca



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Visual Impairment

OVERVIEW

Almost 90% of blind and visually impaired individuals throughout the world live in developing countries. Poverty and blindness are linked in developing countries, with poverty often being a cause of blindness and blindness often causing greater poverty. Without access to proper healthcare and treatment, many people living in poverty in developing countries contract eye infections and diseases that could be easily treated however they are blinded. In addition to basic healthcare and treatment, individuals in developing countries often lack access to what are considered easily accessible eye surgeries and treatments in the United States including cataract surgery, trachoma treatment, and vitamin A supplements. Additionally, glasses are usually only available in urban areas for wealthy individuals and services for those with even slightly impaired vision rarely exist.

Jevaughn



HOW TO BEST INTERACT WITH RESIDENTS WHO HAVE A VISUAL IMPAIRMENT

- When providing care to an individual who is blind be extra mindful, and empathetic in thinking what it may feel like in their world. It could be very scary for an individual to experience life without sight.
- Ensure the individual is safe and secure at all times due to increased vulnerability with loss of sight.
- Talk to the individual in a calm soft voice, reassure them often.
- Greet the individual when you arrive, tell them your name each time you approach so they know who is with them. When leaving the area tell them you are leaving so all of a sudden they do not just find themselves alone.
- If the individual is in a wheelchair, speak to them before you move the wheelchair or adjust something in their environment. ALWAYS tell them what is happening before it happens to avoid the individual being surprised or scared.
- Do not move items that belong to an individual with visual impairment. If the individual has organized their bedroom a certain way, leave the room how they want it so they know where to find their items. If there is a safety hazard, have a conversation about moving the hazard to a safe place so the individual knows exactly where it is.

Hearing Impairment

OVERVIEW

Roughly 66% of individuals with a hearing impairment live in a developing country. Hearing impairment has many root causes but some of the most common include neonatal infections which cause lifelong hearing impairment as well as disabilities such as down syndrome which predispose the individual to ear infections and eventually hearing loss. In developing countries, children with hearing loss or deafness often do not receive schooling and adults with hearing loss have an extremely high unemployment rate. This means those with hearing loss are often much more likely to live in poverty. Children with hearing loss or deafness face especially difficult challenges including isolation as 90% of deaf children are born to hearing parents with little to no knowledge of how to communicate with a deaf person. Additionally, children with deafness often are the subject of stigma and hidden away from family and community life.



HOW TO BEST INTERACT WITH RESIDENTS WHO HAVE A HEARING IMPAIRMENT

- There is no one size fits all approach to communication nor is there a “typical” deaf person, each individual is unique and has their own set of communication needs and preferences.
- Determining how to communicate effectively is a joint effort between the deaf and hearing individual. Trial and error until a solution is achieved is often the best method. Flexibility and creativity are key.
- If sign language is not an option, there are other ways of communicating. Writing, gestures, lip reading, technology, and visual aids are all methods which could work and are worth being explored so that the individual does not feel as isolated from the community.
- Effective communication relies on a quiet setting. Background noise, lighting, number of speakers, accents, and other factors influence how well the individual is able to communicate and understand what is being said.
- Get the individual's attention before speaking, if they do not respond to their spoken name, then a tap on the shoulder or another visual cue can be used.
- Speak clearly and at a normal pace, do not yell or over-enunciate.
- Look directly at the individual when speaking and do not cover your mouth so that the individual is able to read your speech.
- Use visual aids, gestures, and body language to aid what you are saying.

Nonverbal Communication

OVERVIEW

Communication is a basic human need, permitting people to connect with others, make decisions or choices that affect their lives, and express their feelings. The ability to communicate these basic needs and wants allows individuals to socialize with friends, family and to be a part of the community they live in. Failure to effectively communicate can be very frustrating for the individual and may lead to feelings of isolation, depression or behavioral problems. Often, being non-verbal is often associated with autism or can occur with other disabilities such as Cerebral Palsy or Down Syndrome interfering with the way individuals interact with peers, caregivers, family and their community. We must look at each individual's abilities to find a communication strategy or method that works for each person resulting in functional communication.



Francesca

JUST BECAUSE AN INDIVIDUAL CANNOT SPEAK DOES NOT MEAN THEY HAVE NOTHING TO SAY AND CAN'T UNDERSTAND EVERY WORD YOU SAY.

EXAMPLES OF NONVERBAL COMMUNICATION

- Facial expressions convey the emotional state of an individual to an observer, they are an important way to understand feelings between each other.
- Crying may mean that the individual is stressed, sad, scared, tired, hungry, or lonely.
- Laughing may mean that the individual is happy, excited, or sometimes, nervous.
- Screaming may mean that the individual is angry, frustrated, in pain, or in need of immediate attention.
- Eye movement or gaze can convey what an individual is looking for, needs or wants. If the individual is staring or gazing at an item, object, or a person repeatedly or for an extended period of time this may indicate they want what it is they are looking at.
- Gestures are another form of communication method and are different depending on each person. For example, an individual might clap to show excitement, grasp an item to show they want it, or reach out to a person to show that they want company or attention.
- Movements are another way for an individual to express wants and needs. An individual may move toward what they want, touch or take what they want, or throw an item to the floor if they do not want it.

Nonverbal Communication

HOW TO BEST INTERACT WITH RESIDENTS WHO ARE NONVERBAL

- When interacting with an individual who is nonverbal, talk to them - label items, objects, talk about what you are doing now, what will happen next, count, say the ABC's, label colors, etc.
- Label words in routines, with short simple words or sentences. Repeat your words daily during routines and activities. The more repetition the better. If every day the individual hears you say the same words paired with the same concrete item or activity they will make the connection and understand what you are saying.
- Even if you are not getting a response back or the individual does not seem to react or understand your words, continue saying them daily.
- Offer choices to the individual, they can communicate their preferences through movements and gestures. which gives them some input and control over their own lives.
- Use both your voice and your body when communicating to an individual, when you say "yes" nod your head up and down, when you say "no" shake your head back and forth. When you say a word, touch the item.
- Give enthusiastic reactions and praise for all successful communication.
- Through communication you can learn a lot about the individual's personality, their likes and dislikes. Follow the individual's interests and talk about the things they seem to like the most.
- Playing with a non-verbal individual can stimulate speech and increase cognitive growth. Make time to play with the individual as it can aid in their overall development.
- Reading to an individual who is nonverbal can also help in their cognitive development, setting aside time to read to them each day is very important.
- When interacting with those who are nonverbal, sit down to be at their eye level as this will increase the success in communicating and caring for the individual effectively.



Glossary

These are conditions that some residents have in the Mustard Seed Community. Unlike the conditions above, these are much more rare within our homes.

- **Ataxia:** a term for a group of disorders that affect co-ordination, balance and speech
- **Equinus:** a condition in which the upward bending motion of the ankle joint is limited
- **Hypertonia:** a condition in which there is too much muscle tone causing limbs to be difficult to move
- **Juvenile idiopathic arthritis:** a form of arthritis, joint swelling and stiffness, in children
- **Lymphedema:** the buildup of fluid in soft body tissues when the lymph system is damaged or blocked
- **Muscular Dystrophy:** a group of diseases that causes progressive weakness and loss of muscle mass
- **Myelomeningocele:** the most severe form of spina bifida in which the spinal canal is open and forms a sac on the baby's back exposing tissues and nerves making the baby prone to infection and paralysis
- **Rett Syndrome:** a rare genetic mutation affecting brain development primarily in girls, causes rapid loss of coordination, speech, and use of the hands
- **Ricketts:** a condition that results in weak or soft bones in children that is caused by either dietary deficiency or genetic causes
- **Scoliosis:** an abnormal lateral curvature of the spine
- **Spina Bifida:** a birth defect that occurs when the spine and spinal cord do not form properly

Overall Guidance

1. Be **EMPATHETIC**. Be aware of how the individual you are interacting with may be feeling. Try to understand their perspective and to use that understanding to guide how you care for them and interact with them .
2. Be **PATIENT**. Try to make an effort to be extra patient by waiting for something to happen or a task to be completed without getting upset. Maintain calm, relaxed interactions with the residents throughout the day, keep a positive, flexible outlook even when faced with challenges or difficult situations. Do not respond in anger, annoyance or frustration with the resident. Sometimes you may need to take a deep breath, calm yourself and then carry on!
3. Treat all people with **RESPECT AND DIGNITY**. Show kindness and courtesy to all of the people you interact with, be aware of other people's feelings. This includes the residents, caregivers, other volunteers, and the community.
4. **ENCOURAGE** and **REASSURE** the residents. All people are valuable human beings and we should all be treated as equals. Demonstrate that you value the life of each resident and that each and every one matters to you! Increase the resident's self-esteem by telling them that they are important, special and valuable. Encourage participation by determining how each resident can be involved and participate in various tasks. Give genuine compliments and find something to praise someone for each day, little things can often make the strongest impact.



Conclusion

Mustard Seed Communities cares for and provides a home to more than 600 individuals with disabilities worldwide. These individuals have a wide variety of disabilities, many of which were described in detail on the pages above.



This guide is helpful in understanding many different and very prevalent disabilities in our homes as well as how you can best interact and care for individuals with those disabilities. It is important to keep in mind that many of our residents have multiple disabilities which may make it more difficult when trying to interact with them. If you ever feel unsure of how to best interact with an individual, our caregivers are great resources and can help guide you and teach you about the resident's abilities, likes, and dislikes.

I am the Child

I am the child who cannot talk.
You often pity me, I see it in your eyes.
You wonder how much I am aware of -- I see that as well.
I am aware of much, whether you are happy or sad or fearful,
patient or impatient, full of love and desire,
or if you are just doing your duty by me.
I marvel at your frustration, knowing mine to be far greater,
for I cannot express myself or my needs as you do.

You cannot conceive my isolation, so complete it is at times.
I do not gift you with clever conversation, cute remarks to be laughed over and repeated.
I do not give you answers to your everyday questions,
responses over my well-being, sharing my needs,
or comments about the world about me.

I do not give you rewards as defined by the world's standards -- great strides in
development that you can credit yourself;
I do not give you understanding as you know it.
What I give you is so much more valuable -- I give you instead opportunities.
Opportunities to discover the depth of your character, not mine;
the depth of your love, your commitment, your patience, your abilities;
the opportunity to explore your spirit more deeply than you imagined possible.
I drive you further than you would ever go on your own, working harder,
seeking answers to your many questions with no answers.
I am the child who cannot talk.

I am the child who cannot walk.
The world seems to pass me by.
You see the longing in my eyes to get out of this chair, to run and play like other children.
There is much you take for granted.
I want the toys on the shelf, I need to go to the bathroom, oh I've dropped my fork again.
I am dependent on you in these ways.
My gift to you is to make you more aware of your great fortune,
your healthy back and legs, your ability to do for yourself.
Sometimes people appear not to notice me; I always notice them.
I feel not so much envy as desire, desire to stand upright,
to put one foot in front of the other, to be independent.
I give you awareness.
I am the child who cannot walk.

I am the child who is mentally impaired.
I don't learn easily, if you judge me by the world's measuring stick,
what I do know is infinite joy in simple things.
I am not burdened as you are with the strife's and conflicts of a more complicated life.
My gift to you is to grant you the freedom to enjoy things as a child,
to teach you how much your arms around me mean, to give you love.
I give you the gift of simplicity.
I am the child who is mentally impaired.

I am the disabled child.
I am your teacher. If you allow me,
I will teach you what is really important in life.
I will give you and teach you unconditional love.
I gift you with my innocent trust, my dependency upon you.
I teach you about how precious this life is and about not taking things for granted.
I teach you about forgetting your own needs and desires and dreams.
I teach you giving.
Most of all I teach you hope and faith.
I am the disabled child.