OUR MISSION

Special Olympics provides year-round sports training and athletic competition in a variety of Olympic-type sports for children and adults with intellectual disabilities, giving them continuing opportunities to develop physical fitness, demonstrate courage, experience joy and participate in a sharing of gifts, skills and friendship with their families, other Special Olympics athletes and the community.

Quick-Reference Coaching Guide

Strategies to Improve Learning and Performance

www.SpecialOlympics.org
This is a general guide to coaching adults and children with intellectual disabilities (ID), focusing on some behaviors or characteristics commonly associated with ID.

It is a quick-reference version of the “Athlete-Centered Coaching Guide,” which was developed as part of the Special Olympics Coaching Fellowship program.

Coaches can use these proven and effective strategies to improve athletes’ learning as well as their overall experience in Special Olympics sports. In addition, whenever possible, talk with parents, caregivers, teachers or other coaches about an athlete’s characteristics and strategies that have been successful.

Remember, our athletes are unique individuals with unique interests, likes and dislikes, and varying ways of expression. Being flexible and open to new insights will ensure that, working together, everyone has a valuable and rewarding experience.

<table>
<thead>
<tr>
<th>Athlete Characteristics</th>
<th>Strategies to Improve Learning and Performance</th>
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| Prone to seizures                                 | • Know signs and symptoms of different types of seizures.  
• Control OR MODIFY atmosphere/triggers (heat, sun, sugar, loud noise, etc.) of seizures; respond appropriately. If the activity cannot be modified, find something else for the athlete to do such as take stats, collect equipment, or hand out scrimmage vests or T-shirts. He/she is still part of the team.  
• Have a volunteer/parent on sideline watch the athlete, specifically during the practice/game, for any signs that may occur.  
• Prepare teammates to respond appropriately should a seizure occur. Have a plan in place and practice it. |
| Self-injurious behaviors                          | • Become aware of cutting skin or banging head against table or wall. Work with medical personnel.  
• Control and prevent behavior. Redirect the athlete to an alternate behavior. Seek support of medical personnel or caregivers, as needed.  
• Provide a behavior support plan to manage. |
| Obsessive-compulsive behaviors (including compulsive eating) | • Become aware and monitor. Compulsive behaviors are any behaviors that are ritualized to a point that the athlete is unable to perform other functions, i.e. picking fingers until bleeding, constant eating, or repetitive statements.  
• Control situation and prevent behavior. Redirect the athlete to an alternative behavior.  
• If eating is a problem, remove food from practice/competition sites and do not use food as a reward. Redirect the athlete to an alternate behavior.  
• Provide a behavior support plan to manage. |
| Lack of motivation to push self                   | • Be aware that some athletes might tire easily or lack confidence and therefore be less motivated to continue an activity.  
• Match the athlete with a highly motivated teammate. First, select 2-3 highly motivated teammates; let the athlete choose one of the teammates with whom he or she will work. Then transition to the sport.  
• Reward even small improvements in performance. Charting progress is a great visual motivator.  
• Use incentives that are based on achieving specific goals. For example, once we finish _______ (non-preferred activity), we can do _________ (preferred activity). |
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| **Difficulty with balance or stability** | - Provide physical support, as needed, via partner or other assistive device.  
- Broaden base of support, such as sitting down or leaning against wall; minimize uneven surfaces.  
- Find the sport that fits your athlete’s abilities, such as aquatics vs. equestrian.  
- Allow for extra time to complete a task. Modify the task to fit the athlete’s ability level.  
- Speak with physical therapist if possible; brainstorm with other coaches for ideas. Caregivers may also be able to provide information/assistance. |
| **Poor coordination** | - Break skills down into sequential tasks; substitute easier movements (walking instead of running).  
- Progress from athlete’s current level of performance. Charting improvement is a great motivator.  
- Allow additional time with one-on-one support.  
- Provide a home practice plan. This will help build muscle memory as well as stamina and coordination. Using time at home for reinforcement will allow more time at practice for exposure to new drills/skills. |
| **Physical limitations or impairments** | - Utilize those skills or parts of skills athlete can perform.  
- For those skills or parts of skills athlete is unable to perform, allow athlete to substitute other skills, have partner execute those skills or use assistive device.  
- Focus on activities that develop mobility and stability.  
- Speak with outside therapists, caregivers for suggestions. |
| **Visual impairments** | - Use verbal cues, physical prompt and physical assistance as needed.  
- Utilize sound or physical devices such as beep balls, guide rope along lane line, tether when running with partner, etc. and according to the rules.  
- Provide precise and action-specific feedback.  
- Control any environmental factors which you can, i.e., lighting; colors of balls, cones, scrimmage vests or T-shirts, etc.  
- Wireless transmitter may be appropriate and available. |
| **Hearing impairments** | - Establish eye contact when talking.  
- Use signs, pictures or sign language; keep cochlear implants dry. You can even develop sport-specific signs (think third base coach in baseball).  
- Demonstrate what is desired.  
- Use hand signals; remind athletes to look to the coach for directions. During practice, a parent/coach on the other side of the field can relay messages or direct the athlete to look at the coach. BUT during competition, coaching on the opposite sideline is not permitted in all sports. |
| **Resistance to change** | - Structure training with clear expectations, consistent routines (follow same format for each practice, i.e., warm-up lap, stretching, review drills for reinforcement of previously learned material, new drills, controlled play situations in which to practice new skills) and a cool down.  
- Players should be made aware when a transition will happen. State the time to be spent on an activity and give a warning of its end 5 minutes prior; 2 minutes prior and then at close of the activity.  
- Identify motivating factors; build on successes. If there is a favorite drill, save it for the end of practice when all objectives have been met. |
| **Verbal interpretation difficulties** | - Provide the appropriate level of instruction beginning with demonstration (can be spoken, drawn or demonstrated) followed by the appropriate level of prompting. Each athlete will require different supports at different times for different skills.  
- Keep verbal instructions to a minimum.  
- Use key words/cues, sign language or pictures to communicate. |
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| Difficulty communicating | • Allow athletes additional time to express thoughts. Don’t finish the sentence or thought for the athlete.  
• If needed, use picture boards/other assistive devices. Simple sign language may also work. Speak with caregivers to gain information on how they communicate with the athlete.  
• Ask athlete to demonstrate or show what he/she means. Some athletes have their own communication devices or tools. If so, a conversation with a parent/caregiver might be useful.  

| Acting out; mood swings | • Set clear rules, expectations and limits; specify location for individual to regain self-control. Consistent enforcement of limits is a MUST. Athletes will learn quickly when you mean something and when you do not.  
• Consequences should be enforceable and short term.  
• Reinforce acceptable behaviors. Praising positive behaviors may be enough of a motivator for the athlete. Rewards can also be given in the absence of undesirable behaviors, that is, 5 minutes without cursing earns a check; five checks gets a reward specific to the athlete.  
• Help the athlete find a replacement behavior that serves the same function. All behavior serves a function. If the athlete attends school or lives in a group home, there may be a behavior plan in place. Speak with caregivers and find out what is in place.  
• A behavior (intervention) support plan is developed after collecting information about the function of a particular behavior – to get something or avoid something. A similar but acceptable behavior is then taught. The student is rewarded for using the replacement behavior and the reinforcement schedule is reduced until the replacement behavior has eliminated the inappropriate behavior.  

**NOTE:** Just because a behavior has not been noted for an extended period of time, does not mean it is gone. Be aware if it re-surfaces. |

| Lethargy (due to medication or other causes) | • Provide frequent rest intervals.  
• Expose to sports that provide natural rest periods such as bocce, bowling, golf, etc.  
• Slowly progress to longer periods of activity.  
• Modify activities for athlete success.  
• Be aware of side effects of medications. |

| Poor muscle tone | • Provide specific exercise and strengthening programs. Provide home exercises for motivated athletes. Discuss the importance of a home practice with parents and siblings. You can provide data sheets in which the athlete tracks his/her progress. Rewards can be given for goals met.  
• Stretch within normal range of motion. Each athlete’s range of motion will be different on different days. Teach athletes to listen to their bodies, and if it hurts, STOP!  
• Uneven surfaces increase risk of injury. Worn footwear can also contribute to injury. |

| Lower pain threshold; sensitive to touch | • Use softer/adaptive equipment; minimize loud noises like whistles (or gradually introduce them).  
• Forewarn if any touch is necessary; respect wishes. |

| Difficulty forming social bonds | • Work in small groups.  
• Have each athlete work in pairs (same 2 people for several weeks). Some athletes will prefer to work by themselves. Find a sport/position which will honor this preference. It may be that the athlete needs to change sports.  
• Provide highly structured social situations to allow an athlete to engage in a preferred activity with a peer. |

| Easily over-stimulated | • Remove or lessen distracting stimuli (dim lights; soften sounds; remove unnecessary objects).  
• Train in separate room or smaller group; gradually add people and other stimuli.  
• Train with athletes who tend to be nonverbal.  
• Provide planned breaks and quiet time during practice or between activities if possible. This will enable the athlete to "regroup" before moving on to another activity. |

| Hyperactivity | • Set clear rules, consistent routines and smooth transitions with signals for changing activities with motivating reinforcement.  
• Keep directions simple (2-3 steps at the most); minimize information.  
• Have athlete repeat back directions or show what has been asked of him/her to demonstrate an understanding of what has been said.  
• Use stations to shift activities in a short period of time. |