

Athlete Behavior Characteristics & Strategies to Improve Learning

Provided by Special Olympics North America

The goal of the chart below is to provide coaches with information (not labels) and strategies regarding different functional and learning behavioral characteristics (not labels) of athletes. The goal is for coaches to teach and coach Special Olympics athletes more effectively. However, a coach may have certain expectations of an athlete that may not be realistic...not because the coach does not care, but because the coach does not understand or appreciate the differences that may exist.

When an athlete exhibits what is generally perceived as inappropriate behavior(s), the inappropriate behavior(s) may not be defiance, acting out or silliness. These behaviors may simply be a reflection or part of the person and/or what is operating at the moment.

When possible, talk with parents, providers, teachers, former coaches, etc. about an athlete's characteristics and the successful strategies used to affect learning. Use the characteristics as a checklist. Ensure that one or more of the strategies opposite the respective characteristics are employed in each practice.

Athlete Behavior	Strategies to Improve Learning
Learning occurs at a slower rate	<ol style="list-style-type: none"> 1) Provide structure and train more frequently. 2) Provide repetition and review. 3) Break skills down into smaller parts.
Short attention span	<ol style="list-style-type: none"> 1) Train for short periods of time; provide numerous activities focusing on same task. 2) Provide repetition and review (key to gaining new skill). 3) Work one-on-one (gain full attention).
Resistance to change; stubborn	<ol style="list-style-type: none"> 1) Structure training with clear rules, consistent routines, smooth transitions and signals for changing activities. 2) Establish routines (provide flexibility within routine). 3) Identify motivating factors; build on successes.
Behavior problems – acting out; mood swings	<ol style="list-style-type: none"> 1) Set clear rules, expectations and limits;; specify location for individual to regain self control. 2) Speak calmly, enforce rules but provide conditions for coming back. 3) Reinforce acceptable behaviors.
Verbal expression difficulties	<ol style="list-style-type: none"> 1) Allow for additional time to express thoughts. 2) Use picture boards / other assistance devices. 3) Ask him/her to demonstrate or show what he/she means.
Verbal interpretation difficulties	<ol style="list-style-type: none"> 1) Provide the appropriate level of instruction beginning with demonstration followed by physical prompt and physical assistance. 2) Keep verbal instructions to a minimum. 3) Use key words/cues, sign language or pictures to communicate.
Prone to seizures	<ol style="list-style-type: none"> 1) Know signs and symptoms of different types of seizures. 2) Control atmosphere/triggers (heat, sun, sugar, loud noise, etc.) of seizures; respond appropriately. 3) Prepare teammates to respond appropriately should a seizure occur.
Poor muscle tone	<ol style="list-style-type: none"> 1) Provide specific exercising and strengthening programs. 2) Stretch within normal range of motion. 3) Uneven surfaces increase risk of injury.
Lower pain threshold; sensitive to touch	<ol style="list-style-type: none"> 1) Establish eye contact when talking, unless individual is autistic 2) Use softer/adaptive equipment; minimize loud noises like whistles. 3) Forewarn if any touch is necessary; respect wishes.
Failure to form social bonds	<ol style="list-style-type: none"> 1) Work in small groups. 2) Have each individual work in pairs (same two people for several weeks). 3) Provide highly structured and least distracting environment; expose to individual or dual sports.
Easily over-stimulated	<ol style="list-style-type: none"> 1) Remove or lessen distracting stimuli (dim lights; soften sounds; remove unnecessary objects). 2) Train in separate room or smaller group; gradually add people. 3) Train with athletes who tend to be nonverbal.
Difficulty with balance or stability	<ol style="list-style-type: none"> 1) Provide physical support, as needed, via partner or other

	<p>assistive device.</p> <p>2) Broaden base of support such as sitting down or leaning against wall; minimize uneven surfaces.</p> <p>3) Allow for extra time to complete a task.</p>
Compulsive eating	<p>1) Remove food from practice/competition sites.</p> <p>2) Do not use food as reward (especially for individuals with Prader Willi)</p> <p>3) Provide structure and routine for eating.</p>
Poor coordination	<p>1) Break skills down into sequential tasks; substitute easier movement patterns such as walking instead of running.</p> <p>2) Progress for athlete's current level of performance.</p> <p>3) Allow additional time with one-on-one support.</p>
Physical limitations or impairments	<p>1) Utilize those skills or parts of skills athlete can perform.</p> <p>2) For those skills or parts of skills an athlete is unable to perform, allow athlete to substitute other skills, have partner execute those skills or use assistive device.</p> <p>3) Focus on activities that develop mobility and stability.</p>
Visual impairments	<p>1) Use verbal cues, physical prompt and physical assistance.</p> <p>2) Utilize sound or physical devices such as beep balls, guide rope along lane line, tether when running with partner, etc.</p> <p>3) Provide precise and action-specific feedback.</p>
Hearing impairments	<p>1) Establish eye contact when talking.</p> <p>2) Use signs, pictures or sign language; keep cochlear implants dry.</p> <p>3) Demonstrate what is desired.</p>
Autism spectrum disorders	<p>1) Minimize verbal; emphasize visual (Board Maker) because of difficulty in processing sensory stimuli (over-arousal); provide only one item per picture.</p> <p>2) Individualize schedule with known start and known finish (predictability); use clear, consistent cues and prompts; cue transition from one activity to next.</p> <p>3) Reduce sensory overload like whistles (some athletes are hypersensitive to noise).</p>
Hyperactivity	<p>1) Use three or more sensory channels – tactile; kinesthetic; visual; auditory.</p> <p>2) Set clear rules, consistent routines and smooth transitions with signals for changing activities with motivating reinforcement.</p> <p>3) Keep directions simple; minimize information.</p>
Lethargy (due to disability or medication)	<p>1) Provide frequent rest intervals.</p> <p>2) Expose to sports that provide natural rest periods such as bocce, bowling, golf, etc.</p> <p>3) Slowly progress to longer periods of activity.</p>
Lack of motivation to push self	<p>1) Be aware that the greater the intellectual disability, the less motivated to continue activity once the individual feels uncomfortable.</p> <p>2) Add positive consequence/reward to continue activity(such as peddling on stationary bike to drive power to TV or music player); transition to sport</p> <p>3) Reward even small improvements in performance.</p>