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## Volunteer Youth Sport Coaches' Efficacy Beliefs for Working with Athletes with ADHD

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### Abstract

The prevalence of Attention Deficit Hyperactivity Disorder (ADHD) is between 2%-10% of children (Center for Disease Control, 2003). Participation in organized sports is beneficial to children with ADHD by increasing self-esteem, self-efficacy, peer acceptance, and social skills (Armstrong & Drabman, 2004; Bagwell, Brooke, Pelham, and Hoza, 2001). Little research exists as to preparation for youth sport coaches with regard to coaching athletes with ADHD. The study's purpose was to investigate coaches' efficacy beliefs for coaching athletes with ADHD. Two hundred nineteen volunteer coaches completed a questionnaire designed to measure their beliefs. The results showed that overall coaches reported fairly high feelings of efficacy for working with athletes with ADHD. However, results also indicated that coaches reporting experience with athletes with ADHD reported higher efficacy for coaching athletes with ADHD than their less experienced peers. Implications for coaching education include the incorporation of behavior management techniques into course content and the creation of ADHD resources such as weblinks and pamphlets.



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Increasing opportunities for children and youth with disabilities to participate in sports supports the well-being of the whole community by promoting acceptance and appreciation of individual differences. The portrayal of individuals with disabilities who participate in organized sports and the research literature focus on children and youth with physically apparent disabilities such as orthopedic impairments and mental retardation (Bishop, Rizzo, & Silva, 1999; DePauw & Gavron, 1991; Gavron & DePauw, 1989; Kozub & Porretta, 1998; Rizzo and Bishop, 1995; Stewart, McCarthy, & Robinson, 1988). Less literature exists regarding coaching young athletes with more subtle disabilities such as Attention Deficit Hyperactivity Disorder (ADHD). A review of the literature revealed one study involving coaches' knowledge and attitudes toward athletes with ADHD (Duplantis, 2005).

Although there is little research about coaching this population, it is estimated that the prevalence of ADHD in the United States is between 2%-10%, amounting to 4.4 million children with a diagnosis of ADHD (Center for Disease Control, 2003). ADHD is characterized by one or more of the following behaviors: (a) inability to focus or concentrate for age appropriate times; (b) the inability to control one's behaviors or responses on a reflective level; and (c) excessive motor movement. Within the context of sports, children and youth with ADHD display behaviors that interfere with socialization and lead to poor peer relations and peer rejection (Bagwell et al., 2001). Individuals with ADHD may also be experiencing learning challenges that makes it more difficult for them to process information necessary for understanding and following directions, remembering plays or strategies, and sustaining attention (Barkley, 1990; Harvey & Reid, 1997).

Participation in organized sports is beneficial to children and youth with ADHD by increasing their self-esteem, self-efficacy, peer acceptance, and social skills (Armstrong & Drabman, 2004; Bagwell et al., 2001). Children with ADHD's successful participation in youth sports activities may lead to increased well-being and achievement outside of the sports arena in daily life (Lullo & VanPuymbroeck, 2006), therefore, continuing to enhance community well-being. However, volunteer youth sport coaches may be unaware or overlook the needs of those with ADHD. Since ADHD is not physically apparent, deficits may be ignored or young athletes' behaviors or mistakenly interpreted as unmotivated, lazy, oppositional, or defiant (West, Taylor, Houghton, & Hudyma, 2005). This may lead to unsuccessful experiences which counteract the benefits of sport participation.



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Deficits associated with ADHD can be counterbalanced thereby creating high-quality educational opportunities for children and youth with ADHD through the use of research-validated strategies such as token economy (Hupp, Reitman, Northup, O'Callahan, and LeBlanc, 2002; Reitman, Hupp, O'Callahan, Gulley, and Northup, 2001). Hupp et al. implemented a token economy with youth ages 4 through 7 with ADHD who participated in a summer sports program. The athletes received verbal praise and delayed reinforcement (in the form of a token) for behaviors such as following directions and encouraging their fellow athletes. This behavioral intervention increased sportsmanlike behaviors across all of the participants. Reitman et al. found that the use of a token economy was more effective than medication in decreasing disruptive behavior in a youth sport setting. Peer reinforcement has been shown to increase children with ADHD's on-task behavior (Flood, Wilder, Flood, and Masuda, 2002). Flood et al. implemented an intervention in which peers provided attention for on-task behavior and found that on-task behavior increased as a result. Another strategy found successful for children with ADHD is differentiated reinforcement of alternative behavior using a menu of rewards (Gulley et al., 2003). Gully et al. provided children with a menu of preferred rewards contingent upon appropriate behavior and found this intervention to be successful across all participants. These strategies for increasing on-task and appropriate behaviors could be incorporated into practice sessions and other sports activities with some professional development. However, such professional development is not included in coaching education (Cushion, 2001; Tinning, 1997).

This lack of coaching education is further validated by Duplantis (2005) who surveyed high school coaches' knowledge and efficacy toward coaching athletes with ADHD. Although most of the coaches reported holding Bachelor's or Master's degrees, the majority of the coaches reported no training (formal or informal) with regard to characteristics of athletes with ADHD or strategies for working with such athletes. The majority of the coaches (70%) reported that they could not identify athletes with ADHD and few (30%) of the coaches reported that they were competent in teaching and coaching athletes with ADHD. The coaches who participated in this study had a minimum of a bachelor's degree and experience working with children and youth as classroom teachers. Unfortunately, the requirements of volunteer youth sport coaches within the community are even less rigorous.

Volunteer youth sport coaches are often selected on the basis of availability and willingness to assume a coaching position (McCallister, Blinde, & Kolenbrander, 2000).



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Furthermore, these volunteer coaches typically do not have formal coaching training even though research has shown that teams with coaches trained in positive coaching retain almost all (95%) of youth sport participants, whereas untrained coaches retain only 73% each year (Barnett, Smoll, & Smith, 1992). As well, research has consistently found that such training resulted in a more positive experience for youth sport participants which in turn increased their self-esteem and sport enjoyment (Smoll, Smith, Barnett, & Everett, 1993).

While multiple organizations have begun to offer and/or require coaching education, some have suggested that the course content does not provide adequate information for coaches (Tinning, 1997) and typically focuses on performance enhancement (Campbell, 1993; Cushion, 2001). Currently, there is a need for not only more coaching education, but also for more education relevant to the characteristics and needs of today's children (Wiersma & Sherman, 2005). Relevant coaching education will also impact coaching efficacy. Coaching efficacy is considered to be the extent to which coaches believe they are able to impact the learning and performance of their athletes (Feltz, Chase, Moritz, & Sullivan, 1999). Researchers have found that coaching education programs are able to increase participating coaches' efficacy levels (Lee, Malet, & Feltz, 2002; Malet & Feltz, 2000), which is important as increased perceptions of coaching efficacy may positively impact athletes' perceptions of efficacy (Vargas-Tonsing, Warners, & Feltz, 2003). As well, since individuals with higher perceptions of efficacy are more likely to persist when struggling (Bandura, 1997), coaches with higher efficacy may be more willing to work with "difficult" athletes and overzealous or unresponsive parents. This may then help lower the high attrition rates of volunteer coaches. Certainly, much more research is needed within this area and the assessment of coaches' efficacy provides insight into the coaching dimensions that require improvements within coaching education (Fung, 2003). While previous research has explored relationships between the original coaching efficacy construct and athlete efficacy (Vargas-Tonsing, Warners, & Feltz, 2003), and the techniques coaches use to enhance athletes' efficacy (Vargas-Tonsing, Myers, & Feltz, 2004), we are unaware of research exploring the specific construct of coaches' efficacy beliefs towards working with athletes with ADHD. Therefore, the purpose of this study was to begin filling this void. Specifically, the study sought to gather introductory information on coaches' efficacy towards working with athletes with ADHD, an area that to the best of our knowledge, has largely gone ignored within the sport literature.



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## Method

### *Participants*

Participants for this study included 219 volunteer youth sport coaches. There were 185 male and 26 female participants; eight individuals did not indicate a gender. Their ages ranged from 15 to 57 ( $M = 36.14$ ,  $SD = 7.04$ ). Participants reported an average of 4.72 years ( $SD = 4.97$ ) of coaching experience. Participating coaches primarily represented the sports of football ( $n = 155$ ), cheerleading ( $n = 14$ ), and baseball ( $n = 21$ ). Remaining coaches were involved in basketball, soccer, wrestling, and multiple sports. Of those participating, 43 coaches reported having a child/children with ADHD in the household and 139 coaches reported having some experience with children with ADHD as a coach, relative, or teacher.

### *Procedure*

Permission to conduct this study was obtained from the institutional review board for human subjects. Questionnaires were administered to participants prior to an introductory coaching clinic. As coaches arrived at the clinic site and registered, they received a survey to complete. Upon the completion of the survey, it was returned to the investigators. All questionnaires were anonymous and were collected as participants left the registration site.

### *Dependent Measure*

Participants completed a questionnaire designed by the investigators. This 16-item survey consisted of questions adapted from the Coaching Efficacy Scale (CES; Feltz et al., 1999) while others, which were loosely based on CES concepts, were finalized through consultation with ADHD and self-efficacy experts. Initial pilot testing of the scale revealed a reliability of .92.

Coaches were given two descriptions, one describing ADHD and another describing coaching confidence. The description of ADHD was as follows: A player with ADHD displays one or more of the following behaviors: (a) inability to focus or concentrate for age appropriate times; (b) the inability to control one's behaviors or responses on a reflective level; and (c) excessive motor movement. An inability to focus or concentrate may result in an inability to follow directions, execute skills taught, and lack of attention. An inability to control one's responses may result in impulsive behaviors or acting without thinking about the potential consequences of one's actions. Excessive motor movement may result in constant or excessive movement. An athlete with ADHD may display one or a combination of these behaviors. The



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description for coaching confidence was: Coaching confidence refers to the extent to which coaches believe that they have the capacity to affect the psychological and skill development of their athletes regardless of their background.

Coaches were then asked to rate their confidence on 16 different aspects of coaching athletes with ADHD on a 5-point Likert scale from 1 (not at all confident) to 5 (extremely confident). These aspects included recognizing signs of ADHD, preventing ADHD issues from becoming a distraction, treating all athletes in a similar manner, communication with parents and athletes, discipline, preventing feelings of isolation for athletes with ADHD, identifying resources, motivation, preventing ADHD stereotypes from affecting coaching, remaining unbiased in the team selection, dealing with parental concerns and complaints about ADHD issues, modifying coaching techniques to better coach athletes with ADHD, and their overall confidence in their ability to coach athletes with ADHD.

Participants also responded to several demographic questions assessing their age, gender, and coaching experience. As well, participants were asked to dichotomously indicate whether they had experience with children with ADHD, and whether their own child/children had been diagnosed with ADHD.

## *Data analysis*

To determine whether volunteer youth sport coaches differed in their efficacy beliefs according to experience with ADHD individuals, principle component factor scores were calculated and used in a one-way analysis of variance with a p-value of .05. However, prior to this analysis, a principle components analysis with varimax rotation was first conducted on the 16 ADHD items to determine how many factors were represented. Decisions regarding factor retention were based on eigenvalues above the angled descent on the scree plot and factors that had eigenvalues > 1.0. Any item that indicated a loading of > .35 on more than one factor was not included. With these guidelines in place, the analysis yielded two factors accounting for 62.89% of the variance. The first factor included the coaches' beliefs in their ability to recognize signs of ADHD, prevent ADHD issues from becoming a distraction, identifying ADHD resources for athletes, and identifying ADHD resources for coaching. The second factor included the coaches' beliefs in their ability to treat all athletes the same, regardless of ADHD, discipline those who make fun of athletes with ADHD, refrain from treating athletes with ADHD



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differently, and remain unbiased in the selection of team members. Alpha coefficients for Factor 1 and Factor 2 were .80 and .79 respectively.

Eight items were not included in the final instrument. These items included coaches' confidence in their ability to: 1) communicate with parents of ADHD children; 2) prevent feelings of isolation for individuals with ADHD; 3) communicate effectively with individuals with ADHD; 4) motivate athletes with ADHD; 5) prevent ADHD stereotypes from affecting their coaching; 6) deal with parental concerns about ADHD; 7) modify coaching techniques to coach athletes with ADHD; and 8) coach athletes with ADHD. Due to the overall coaches' reported lack of experience with individuals with ADHD, it is possible that this population was not familiar enough with the potential barriers and issues that might otherwise have been indicated through these questions. The resulting two factors seemed to better reflect the introductory needs of volunteer coaches. Thus the final scale might best be utilized with such a population; however, additional testing of this scale is necessary for coaches at more advanced levels.

Descriptive statistics were used to provide a summary of the amount of confidence coaches feel in various aspects of coaching athletes with ADHD.

## Results

Descriptive statistics of the amount of efficacy coaches feel when dealing with different aspects involving athletes with ADHD are presented in Table 1. Of the eight aspects included in the final analysis, volunteer youth sport coaches reported the highest levels of confidence in their ability to *discipline other athletes who make fun of, or mock, athletes with ADHD* and in their ability to *treat all athletes, regardless of ADHD in a similar manner*. Coaches reported less confidence in their ability to *identify ADHD resources for coaching and for their athletes*, as well as in their ability to *recognize signs of ADHD*. Average coaches' efficacy scores ranged from 3.79 to 4.67 on a five point scale.

A one-way analysis of variance revealed that coaches who reported experience working with children with ADHD were significantly more confident than their peers with no reported experience in both Factor 1,  $F(1, 206) = 18.65, p = .00$  and for Factor 2,  $F(1, 206) = 6.80, p = .01$ .

## Discussion

The present study served as an exploratory analysis of youth sport volunteer coaches' efficacy beliefs in their ability to coach athletes diagnosed with ADHD. The findings of this



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study found: 1) coaches were most efficacious in their ability to discipline, and to be fair and unbiased; 2) coaches were less confident in their ability to recognize signs of ADHD and locate resources about ADHD; and 3) coaches with experience with athletes with ADHD reported higher efficacy for coaching athletes with ADHD than their less experienced peers.

Given the prevalence of ADHD, it is likely that youth sport coaches will work with athletes diagnosed with ADHD. However, this study demonstrated that there are a number of youth sport coaches who are not as confident in their skills and abilities to recognize characteristics of ADHD and locate resources about ADHD as they are in their other coaching abilities. However, while they were less confident in this area, coaches still reported relatively high confidence. This would seem to suggest one of two possibilities—either coaching athletes with ADHD presents no new difficulties to coaches than coaching athletes without ADHD or coaches' confidence was inflated. We are inclined to suspect it is the latter as it is very possible that coaches have been previously unaware if or when they have coached athletes with ADHD. This might be a reasonable possibility as the majority of participating coaches reported no experience with children with ADHD yet the CDC (2003) noted that 2-10% of American children have ADHD and it seems reasonable to assume that a similar statistic might be present on athletic teams.

Coaches also indicated that they were confident in their abilities to provide discipline and fair practices regardless of athletes' diagnosis. This is a promising finding and would suggest that all athletes are treated equally. However, without further research examining actual coach practices, it is possible that coaches' perceptions do not match that of their athletes or of their actual coaching behaviors. Previous research has certainly found this to be true (De Marco, Mancini, & Wuest, 1997; Kenow & Williams, 1999; Vargas-Tonsing, Myers, & Feltz, 2004, Weinberg, Burke & Jackson, 1997). Interestingly, coaches who reported previous experience with individuals with ADHD showed higher levels of confidence than their non-experienced peers. Perhaps then, volunteer coaches' confidence could be increased through exposure to athletes with ADHD. This could be done through continuing coaching education, or more likely, simply through parent cooperation. It is possible that the key to much of improved coaching for children with ADHD may start with improved communication through parents and coaches—a topic which could be explored through communication segments of coaching education.





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## *Practical Implications*

Volunteer youth sport coaches generally are not required and do not receive formal training (McCallister, Blinde, & Kolenbrander, 2000; Tinning, 1997). However, when formal training is provided, it is important that coaches are given the basics for creating a safe and fun environment for youth sport participants. Therefore we are not advocating for the inclusion of large segments of material regarding ADHD characteristics and behavior management into coaching education. However, we are suggesting that there are many options for improving coaching behaviors and the youth sport experience for all children, including those with ADHD. To begin, coaching education seminars could consider incorporating segments on token economy (Hupp et al., 2002), peer reinforcement of on-task behavior (Flood, et al., 2002) and differentiated reinforcement of alternative behavior using a menu of rewards (Gully, et al., 2003). Such practices would be beneficial to all children. In doing so, coaching education seminars could also provide coaches with this experience through video modeling, role playing, and scenario or case-based instruction on these same techniques. In order to do so, partnership between colleges of education within local universities and coaching education agencies might be advantageous.

Specific to children with ADHD, coaching education agencies, as well as other appropriate agencies, could provide web resource links on these behavior management techniques as well as on ADHD. Pamphlets describing this information as well as offering coaches a list of available resources on ADHD and behavior management would also be helpful. Lastly, helping coaches communicate with parents would be instrumental and this is an area in which coaches are interested in learning more (Vargas-Tonsing, 2007). Improved coach-parent communication would help coaches turn to parents for suggestions on techniques that might help motivate and reinforce their child appropriately.

## *Conclusion*

Limitations were present within this study. To begin, it is important to note that participants for this study were predominately male (87.7%). It is possible that female coaches might report different levels of efficacy. As well, due to time constraints the questionnaire was short and directed. Coaches did not have the opportunity to expand on their answers or beliefs. Future research should consider combining quantitative and qualitative methods to ascertain a clearer picture of volunteer coaches.



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While this study did have its limitations, it has begun to lay the foundation for much needed research in this area. Future research should attempt to gain further understanding into coaches' attitudes and beliefs towards working with athletes with not only ADHD, but with other learning disabilities. It will also be necessary to assess how coaches know they have worked with athletes with ADHD such as self diagnosis or through disclosure by parents. Similarly, overall coaches seemed highly confident in their ability to coach athletes with ADHD. The coaches' high confidence is contrary to DuPlantis' (2005) findings in which only 30% of the high school coaches felt confident in their teaching and coaching abilities. However, as the volunteer youth sports coaches were less confident in even being able to recognize signs of ADHD, it is possible that these coaches are overestimating their confidence levels and may not have full awareness of their behaviors towards individuals with ADHD. Coaches who are unable to recognize ADHD may misinterpret an athlete with ADHD's behaviors and label him or her as oppositional, defiant, unmotivated, and disrespectful. Coaches who are confident in their abilities to discipline athletes, but are unaware of ADHD and related strategies may provide discipline inappropriately. All of these factors could lead to negative team sport experiences for athletes with ADHD and therefore counteract the benefits of participation. Understanding coaches' educational background may also help guide research and coaching education practices. As well, future research should not only assess actual coaching behavior, but should also present coaches with signs of ADHD and vignettes of athletes with ADHD to truly understand their knowledge and coaching practices.

Coaching education research should continue to be a focus. The efficacy of research validated strategies for behavior management should be assessed within the sport arena. This will help refine the coaching education content needs. Coaching behaviors and efficacy should also be measured pre- and post-coaching education seminars. As well, it will be important to further explore coach demographics within these studies. Specifically, coach experience, both positive and negative, with coaching education would be interesting to factor into subsequent studies.

It is possible that through continued efforts to improve coaching education and coaching efficacy, positive youth sport experiences will be increased and hopefully, volunteer coach attrition lessened. Researchers and coaches should work together to continue to improve the sport environment for all participants, including coaches.



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Table 1

*Coaches' Reported Efficacy in Working with Athletes with ADHD*

Coaches' beliefs in their ability to...	Experience		No Experience		Total	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Discipline athletes who make fun of athletes with ADHD <sup>†</sup>	4.74	.46	4.50	.69	4.67	.56
Treat all athletes, regardless of ADHD, in a similar manner <sup>†</sup>	4.60	.61	4.42	.84	4.53	.70
Remain unbiased in selection of team members regardless of ADHD <sup>†</sup>	4.57	.67	4.21	.82	4.45	.75
Refrain from treating athletes with ADHD differently from athletes without ADHD <sup>†</sup>	4.5	.68	4.17	.92	4.40	.78
Prevent ADHD issues from becoming a distraction to your team <sup>*</sup>	4.14	.77	3.69	1.08	3.99	.92
Recognize signs of ADHD <sup>*</sup>	4.06	.90	3.42	1.06	3.85	1.00
Identify ADHD resources from your athletes <sup>*</sup>	3.99	.89	3.47	1.11	3.82	.99
Identify ADHD resources for coaching <sup>*</sup>	3.97	.88	3.46	1.03	3.79	.98

Note. Scores were on a 5-point scale and could range from 1 (not at all confident) to 5 (extremely confident). Factor 1 items are indicated with an \*, factor 2 items with †.

