

The Coach's Guide to ADHD

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It can be very difficult for a coach at any level to understand how best to work with and maximize the performance of a gifted athlete with Attention Deficit Hyperactivity Disorder (ADHD). Many coaches receive extensive training in coaching theory, practice and principles, as well as education in the ethics of interacting with parents and players. Through formal education and the experience they have gained playing their sport, they are generally well equipped to build decent teams. Regardless of expertise however, coaches will often have one or two players diagnosed with ADHD on their team and lack sufficient knowledge to approach these players' situations with the appropriate strategies.

Do you have ADHD?

It is important to address whether you have ADHD, diagnosed or undiagnosed, as you begin familiarizing yourselves with these tips. If you have ADHD, it will impact the way you coach, the way you interact with your players and how athletes with ADHD respond to you. Be mindful of this if that is your situation. Seek out a thorough assessment by a competent professional organization to further investigate this issue.

Tip #1: Understand how ADHD is diagnosed

ADHD is a neurological condition. You can't diagnose it in a 5-minute office visit. At our offices, we begin with an analysis of developmental history, interviews with the person and his or her parents, and the completion of a variety of tests that recognize or rule out learning disabilities, and identify specific learning styles and intellectual gifted potential. We also use brain imaging to produce a brain image (qEEG) that is reviewed by a neurologist and brain physiologist to provide further information that may support or refute the diagnosis. A brain image is clearly not the only test or piece of information to consider when making a

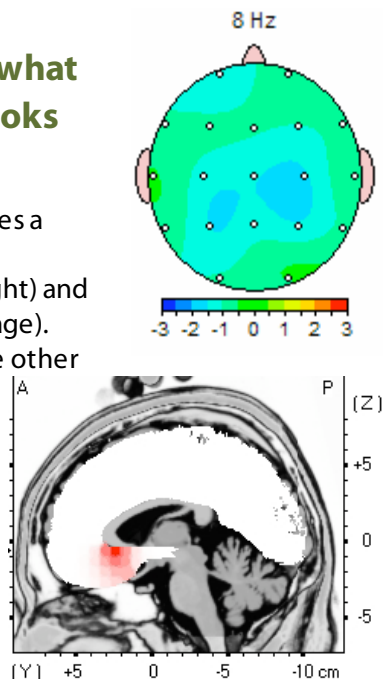
Coaching Point: Go to our website and watch the 10 minute YouTube video explaining the assessment process at www.drsvvec.com.

diagnosis, but it is a vital step in the process. After all, if ADHD is a neurological condition it only makes sense to look at a brain image?

The problem experienced when diagnosing athletes is that, unfortunately, most of them do not complete the battery of tests described above. This is usually because most parents, teachers and professionals (including coaches, until now) are unaware of the best practices for assessing children or adolescents for this condition. Traditionally, the process is not as exhaustive. The athlete, the parents and possibly a teacher complete a checklist questionnaire and then a brief interview is conducted by a health professional to "confirm" the diagnosis. While a significant number of athletes may be positively identified in this manner, many are misdiagnosed ADHD. Those misdiagnosed are told they have ADHD when their symptoms are really caused by another issue that could really be a very specific learning disability, a gifted profile, or even an undiagnosed mild traumatic brain injury from past concussions.

Tip #2: Know what a brain scan looks like

A brain scan includes a single graphic representation (right) and 3D image (other page). Combined with the other test data, this information increases the accuracy of diagnosis by the psychologist or neurologist.



Coaching Point: If you are told that an athlete you are coaching has ADHD, find out how that conclusion or diagnosis was made. What type of ADHD do they have? For more information on the topic of assessment go to our web site at www.drsvvec.com.

Tip #3: Understand the diagnosis

ADHD isn't an attitude, emotional or behavioral issue. It is a neurological diagnosis that needs to be understood. Symptoms coaches may see in practice or games include:

- Inability to play in a consistent manner (ie. great one day, but bottom falling out the next, with greater extremes than most players)
- Proneness to distraction, especially during mundane or boring tasks at practice
- Difficulty remembering verbal instructions
- A very rigid and concrete manner of thinking (ie. unable to see the other side of a statement when others are able to)
- Difficulty performing without structure

Coaching Point: What you see in practice and games will help you develop an action plan for helping your ADHD athletes. Identify to the player or the parents the areas where ADHD symptoms are getting in the way.

Tip #4: Use Structure

The need for structure has been highly prescribed for enhancing the success of ADHD athletes. Providing those you coach with written schedules concerning the beginning of their day to its end, with predictable tasks and expectations is key.

Initially, parents and coaches will create these schedules (for very young athletes), but they should become more self-imposed as the athlete moves into and through adolescence.

Coaching Point: Provide players and parents with written schedules of practices, and the breakdown of what each practice will entail, including changes in routines or structure. Whenever possible, provide advanced warning of any changes in this structure. Use tools such as www.goaltracker.com to help athletes set and achieve goals.

Tip #5: Understand the gifted side of ADHD

ADHD athletes performing at a high level are gifted in their sport and likely other areas of their life as well. Gifted children and adolescents are often oppositional (you say left and they say right for the sake of argument), which can make them difficult to manage in a coaching situation. Be sensitive to the fact that their lack of inhibitory

Coaching Point: Do a self-check. Is the ADHD athlete getting under your skin? Oppositional children and teens are often very successful as adults. Take a moment to plan how you will work with the athlete when faced with defiance. Define this ahead of time. Establish a plan and then do the plan.

response means they often just can't help themselves, and that is why comments are blurted out and inappropriate facial expressions are made.

Tip #6: Provide positive feedback and comments

ADHD athletes are often critical of themselves and respond poorly to aggressive, verbally abusive coaching strategies. They are often well on their way to destroying their own self-esteem and do not need others in authority to reinforce their negative beliefs. Calm, structured feedback without personal attack is key.

Coaching Point: Do you look for and reward positives, or do you ignore those and only acknowledge mistakes to “fix”? Use a practice to focus on providing players with only positive feedback. Ignore negative behavior or have an assistant coach deal

Tip #7: Get to know the parents

Consider that one or both parents of the athlete you’re working with may also have undiagnosed ADHD. When working with parents, coaches need to understand that parents may also have difficulty remembering dates for practices, issues with emotional control and trouble fully comprehending the condition. Do not assume that a parent exhibiting such behavior is a “bad” sports parent.

Coaching Point: When meeting with parents at the beginning of the season, invite parents to contact you directly if they can share any information that could help you understand and motivate their child better. Assume that all parents can benefit from written instructions about your expectations of their behaviour and the actual schedules. Be mindful that if a child has been diagnosed with ADHD, it is likely that one or both biological parents share the diagnosis.

Tip #8: Remember that treatment is not your decision

Teachers and Coaches are not qualified to recommend that children or teens be placed on medication for ADHD. That is a medical decision

made following a thorough assessment and consultation with parents and the athlete. It is also a private decision.

Coaching Point: While you may be asked to provide input (and please do so if invited) on how the child is performing before or after treatment is initiated, avoid making personal statements concerning the conditions of your athletes and treatments.

Tip #9: Bear in mind that ADHD may not be the only condition at play

ADHD often comes with other conditions and learning issues. If that is the case, make it a point to understand and research those conditions. Central auditory processing disorder is often seen with ADHD. Athletes with this diagnosis and ADHD will likely be unable to remember what is communicated to them verbally, especially when there are distractions around them.

Coaching Point: Make sure you provide all athletes with information in written as well as auditory formats.

Tip #10: Be cautious of addictions

Athletes with ADHD may be more prone to addiction problems. Make sure you understand this point. In some sports, such as competitive hockey or football, alcohol may be part of the “culture”.

Coaching Point: Make sure you follow the policies of your organization or school, and be especially vigilant when observing the “off-sport” social activities of ADHD athletes under your supervision during trips and travel.

ADHD can be a very complex condition. Each athlete will display different behaviors or issues reflecting the type of ADHD they have and, when applicable, their learning disabilities or gifted profile. Work to comprehend the actual diagnosis of your individual athletes, and then work with the parents and athlete to establish the right structure for success. A 3-hour training session "Coaching ADHD Athletes" is available from Dr. Svec on a limited basis. Contact him directly at drsvec@drsvec.com to schedule your group or coaching association.

ATTENTION DEFICIT DISORDER SEVERITY SCALE-ATHLETE (ADD-A)

Dear coach, this is not a diagnostic tool, but a resource to help you determine if a more comprehensive assessment is needed. Please go through the list and rate each statement on a scale from 1-10 (1=Never, 10=Almost Always) to best describe the athlete. Parents and/or guardians should also complete this assessment.

Athlete's Name: _____ Rater's Name: _____

1. Has difficulty remaining seated while not participating (fidgets or squirms on the bench or during travel) _____
2. Easily distracted during games or practice _____
3. Has difficulty waiting for his/her turn to participate _____
4. Often blurts out inappropriate comments during group activities or locker room times _____
5. Has problems following coaching instructions _____
6. Has difficulty focusing attention on a task during practice, games or competition _____
7. Becomes bored with the sport after brief experience or exposure _____
8. Experiences extreme fluctuations in performance (outstanding one day, but bottom falls out the next – extreme case compared with other players) _____
9. Often forgets equipment needed to participate _____
10. Often engages in physically dangerous play, more so than expected for the sport and in comparison to other athletes. _____

For more free copies of the ADD-A Severity Scale go to www.drsvvec.com and click on the "forms" section.