



**To:** All Islanders Aquatics Membership; re: Coaching Athletes w/Disabilities

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**ISLANDERS AQUATICS POLICY ON INCLUSIVENESS: Coaching Athletes with Disabilities**

Coaching athletes with disabilities is no different than coaching athletes without disabilities. It is your job to help them grow as athletes and experience accomplishment. Similarly, the Safe Sport policies and considerations are no different. By following Safe Sport policies and best practice guidelines, you can protect yourself and your athletes from potentially risky situations. Implementing the Safe Sport practices, however, can feel different when working with athletes with disabilities, therefore Safe Sport has provided more explicit guidelines below.

- **Individuals with disabilities:** are often accustomed to relying on others for their needs, in some cases including very intimate needs. This can result in a very trusting demeanor and relaxed physical boundaries, making these individuals particularly vulnerable to abuse. The following are recommended best practices to reduce the risk of abuse.
- **For all swim instructors and coaches: Two-Deep Leadership and Open and Observable Environments.** Two-deep leadership should be maintained whenever possible. Coaches should avoid private, one-on-one situations with athletes. If a meeting inadvertently begins in private, the coach should move it to an open area or invite others to join. Parents/caregivers should be encouraged to observe lessons/practice. General Interactions Avoid relying on nonverbal communication

or “social cues” to reinforce boundaries. Athletes may misinterpret or lack the ability to read social cues.

- **Verbally define boundaries:** Set the expectation that any violation of boundaries will be discussed.
- **Locker Rooms/Showers/Toileting:** If an athlete is unable to dress themselves, shower alone, or use the restroom independently, the family should designate a trusted individual to assist them as they would in any other setting (i.e., school). It should never be the expectation that the coach carries out these functions. In the event that the coach has to step in to assist an athlete, the coach should notify the parents/caregivers about the extenuating circumstances and discuss ways to eliminate the situation in the future.
- **Suiting:** All athletes should wear appropriate, properly fitting swimming attire. When necessary, show pictures of appropriate swimsuits. Swim trunks or athletic shorts with a tight-fitting waistband are permissible for males. Rash-guards are permissible for all genders in a practice setting.
- **Family Meeting/Intakes:** Prior to an athlete’s first practice, coaches should have a meeting with the athlete and his/her parents/caregivers to discuss what, if any, accommodations need to be made. All parties should express their expectations for the athlete’s participation on the team, and the coach should be given a basic understanding of the disability and/or limitations of the athlete.
- **Handling episodes:** Parents/caregivers should provide guidance to the coach of how to handle emotional or acting-out episodes. If the athlete needs physical restraining or grounding techniques, proper conduct should be demonstrated. A

protocol should be set to notify the parents/caregivers in the event of an episode. In order to best protect yourself and your athletes, it is strongly recommended that you take a training in proper restraining techniques.

- **Transitioning from Learn-to-Swim to Club Team:** Parents/caregivers should express their expectations for the athlete’s trajectory (learn-to-swim to club team or Special Olympics). Coaches should be made aware of any foreseeable issues with such a transition, recognizing that getting a swimmer with a disability “settled” on a club team may take a longer adjustment period.
- **Family rules for privacy and touching:** Parents/caregivers should tell the coach what rules the athlete is accustomed to with regard to privacy and physical touching. The athlete may be used to being physically assisted in everyday life and therefore have different boundaries. Parents/caregivers should provide a list of appropriate touches, explicitly define the boundary, and set expectations for the coach.
- **Medical conditions that require touching:** If the athlete has a medical condition that could require physical contact by the coach (i.e. seizures), parents/caregivers should disclose that information and provide the coach with any necessary information. A protocol should be set to notify the parent/caregivers in the event of a medical episode. Transition Times Individuals with cognitive disabilities are often sensitive to changes in routine or structure. Therefore, prior to any changes, the coach should discuss the upcoming disruption in routine with the athlete. Tell the athlete what to expect, if/when the familiar routine will return, and what is expected of the athlete. Reporting If you suspect or witness any abuse of an athlete, immediately notify the appropriate parties (i.e., Child Protective Services,

Adult Protective Services, law enforcement, parents/caregivers, USA Swimming Safe Sport). Ensure that the athlete is not in the care of the abuser.

- **For coaches: Practice vs. Meets:** All athletes feel a different level of stress in a competition environment compared to a practice environment. For athletes with disabilities, this stress may be difficult to cope with. Prior to the competition, talk with the athlete about what to expect. Help them visualize the environment and the races. Work with the athlete to make a plan for if they get overwhelmed (i.e., where to go to calm down, designate a person to check in with periodically, self-soothing techniques).
- **Team Dynamics:** With permission from the athlete and/or his/her parents/caregivers, discuss your new member with the team. Encourage respect and compassion, as they would display for any new person joining their team. Share only the necessary details about the new athlete's disability. Go over the team's anti-bullying policy. For swim instructors: In-water Interactions Whenever possible, keep a kickboard or piece of equipment between you and the athlete. Physical contact is okay, however, never touch part of an athlete's body that is covered by the swimsuit.
- **Avoid full-body contact (front-to-front, back-to-front):** Always communicate clearly what you are doing before, during, and after the physical contact. If an athlete needs help entering or exiting the water, use hand-to-hand or hand-to-arm contact.
- **Normal Sexual Development Ages 3 to 5:** Children become very curious about their bodies and the differences between boys and girls and enjoy talking about body

parts and functions. Children at this stage of development find adult bathroom activities very interesting. They may ask questions about pregnancy and birth, as well as learn words related to sex and attempt to use them in conversations. Children might begin to masturbate.

- **Ages 6 to 8:** Children increase their ideas about male and female roles and have a basic sexual orientation and identity. They frequently engage in name-calling and teasing. Children will continue body exploration activities, including masturbation.
- Ages 9 to 12:** This age range marks the onset of puberty. Children grow more modest and want privacy. They will start to experience increased sexual feelings and fantasies and develop romantic feelings toward the others. They begin to explore sexual activities with peers, masturbate to orgasm, and face decisions about sex.
- **Ages 13 to 18:** Most teens reach sexual maturity during this age range, experience increased sexual feelings, and want physical closeness with a partner. They may choose romantic relationships over close friendships. Sexual Play is normal, exploratory, and spontaneous. It occurs occasionally and by mutual agreement. It takes place between children of similar age, size, and development levels. Sexual play decreases when children are told the rules, are mildly restricted, are well supervised, and are praised for appropriate behaviors. Problematic sexual behavior is a frequent, repeated behavior that interferes with normal childhood activities. Problematic behavior is between children of different ages, sizes, or developmental levels, and is often aggressive, forced, or coerced. Such behaviors do not decrease when the child is told to stop. Individuals with disabilities' bodies

and hormones develop at the same rate as their mainstreamed peers, however they are often cognitively, socially, and emotionally delayed in their sexual development. It is common for individuals with disabilities to display sexual behavior that is inconsistent with their chronological age. For example, a 15-year old might be very curious about the differences between boys and girls, which is a more appropriate behavior for a 5-year old. It is important to remember that sexual expression is normal and healthy, and adults should never shame individuals with disabilities for displaying sexual behavior. Many individuals with disabilities are unable to process the appropriateness of their behavior and therefore need to be taught. In your role as coach or swim instructor, first gently intervene and ask the individual to stop the behavior. Next, talk to the caregivers and ask them to address it. It is not your job to teach healthy sexual expression, but you should inform the caregivers that the behavior occurred. Work with the athlete and caregivers to set and enforce appropriate boundaries. Identifying staff who are comfortable and skilled in working with individuals with disabilities is an important part of making a positive and inclusive environment for all athletes on the team. All coaches/instructors on staff should have a baseline of skills and knowledge about the particular vulnerabilities of athletes with disabilities. Safe Sport Scenarios

- **Scenario #1:** A 14-year old girl on the Autism spectrum has joined your team. She is smart and loves swimming, but she has had trouble fitting in with the other girls on the team. Before this individual joined, you gained permission from the athlete and her parents to talk with the team about the social struggles individuals with autism often experience. You encouraged respect and compassion among the team.

Yesterday, however, the girl's mom came to you and told you that the other girls were picking on her, calling her names, and telling her that no boys would ever want to go out with her. This made her very upset, which only egged the girls on. How do you handle this situation? - Recommendations: Refer to your team's anti-bullying plan and follow the steps outlined. Thank the mom for bringing this to your attention and inform her of the plan to address the situation. Ensure safety first. Meet with the victim and the bullies separately and listen to their stories. Remind all those involved that this kind of behavior is unacceptable on this team. Follow through with an action, whether that be apologies or suspensions. Scenario

- **Scenario #2:** You have an athlete with a disability on your team. You are constantly having to reinforce physical boundaries with this athlete, because she stands too close to you and bear-hugs you. You have brought it up with the parents, but they tell you that it's just the way their daughter is. They tell you that you should feel good that she likes you well enough to hug you. Your explanations of why this is inappropriate get dismissed. Last weekend at a meet, the athlete ran up to you on deck and tackled you into a hug after her race. Other coaches and the officials stared at you skeptically. How do you get the parents to take this issue seriously? –
- **Recommendations:** Get creative. Make a secret handshake with the athlete or some other appropriate way to celebrate with them. Talk to the parents again and let them know that hugging between a coach and an athlete is never okay on your team. Let them know that you and their daughter have come up with other ideas to celebrate with each other after good races. (*See Athlete Protection Policies 305.1*)

- **Scenario #3:** A 15-year old male athlete with a disability is on your team, and he has been making the girls on the team uncomfortable by commenting on their bodies. He asks questions such as, “Why are your boobs bigger than hers?” and “Do you have to sit down when you go to the bathroom?” What do you do? –
- **Recommendations:** Ensure safety and intervene immediately. Take the boy aside, and gently explain to him why he can’t ask the girls those questions. Notify the boy’s parents/caregivers and ask them to help you come up with a plan to reinforce the boundaries of the team. Next, speak with the girls and ask them to tell you any time any of their teammates makes them feel uncomfortable. Finally, notify the families of the girls, explaining that there was an incident, and there now is a plan to address it. Offer to speak with any of the parents if they have particular concerns.
- **General Team Dynamics Scenarios: Scenario #4:** A 10-year old male athlete with a cognitive disability is on your team. You have experienced success in coaching this child by establishing a consistent routine with him. His teammates, particularly those who swim in his lane, have been supportive of his participation and help out by explaining sets and including him in team activities. Due to an unexpected facility issue, practice groups are combined one day, and the break in routine rattles the athlete with a disability. He becomes overwhelmed by the change and his teammates trying to talk to him about it, and he becomes physically violent, throws himself on the ground, flails his arms, and starts kicking anyone or anything in close range. What do you do? –

- **Recommendations:** Ask an assistant coach to begin practice and draw the attention away from the individual. If the family/caregivers provided you with information on what to do in such a situation, follow that. Otherwise, in a calm, quiet voice, start talking to the athlete and ask him to take deep breaths. If he is a danger to himself (banging his head on the ground or wall) or others (attacking someone), physically intervene by getting behind him, crossing his arms over his chest, and wrapping your arms around his torso. Continue to talk softly and calmly, narrating what you are doing.
- **Scenario #5:** Parents of an 8-year old boy with Down's Syndrome approach you about having their son join your team. You know of this family from the pool's swimming lesson program. The parents explain that their son is a natural in the water, which you, too, have observed. They inform you that while their son is nonverbal, they want him to be on a team with his mainstreamed peers. He is in special education classes at school, and they believe that being on a swim team will be a positive way to interact with his peer group. You express your concern to the parents about coaching a nonverbal athlete and say that you will need to speak with their son's swim instructor first. You ask if they've considered enrolling their son in Special Olympics swimming, and they vehemently object to that suggestion, saying that they want their child in mainstreamed sports. What do you do? What factors influence this decision? What would you need to hear from the swim instructor to either allow this child to participate or suggest that they try another program? –

- **Recommendations:** Follow through by speaking with the swim instructor. Ask about the processes the instructor used and his/her perception of the child's ability to take instruction. Ask about how the child behaved with his classmates and what concerns the instructor might have about this child joining a team. Assess your own capabilities as a coach with regard to this situation and reflect on what outcome is in the best interest of the child. Circle back with the parents and tell them the outcome of your conversation with the instructor.
- **Scenario #6:** An 11-year old child with Asperger's Syndrome is on your team. The child is a talented swimmer, but he frequently refuses to swim the set and is constantly telling you what would make the set better. In the beginning you validated, and even used, several of his suggestions, but the situation is escalating to the point that it is disruptive to practice. You have tried to reason with the child, but you have been unsuccessful.
- **What do you do? - Recommendations:** Hold a meeting with your coaches, the child, and the child's parents. Calmly explain the situation and the ways in which he is disrupting practice. Explain that while the child is talented and shows promise, he will not be able to improve by interfering with the coaching practices. Suggest that the parents implement a reward system. This would help keep the lines of communication open between the coach and family and would reward the child for good behavior on a weekly basis. Ask the family for other suggestions in handling the situation.