

## **THE GAME IN THE CHILD**

The mission of the National Youth License and the State Youth Courses is to provide the most current and advanced information on growth and development of the youth soccer player. The youth soccer player is defined as any child from pre-school through adolescence. The course takes the approach that the ***GAME WITHIN EACH CHILD*** is at the center of all belief, decisions and actions taken by the child, coach and organization. It is the ultimate goal of youth soccer development within the United States to unlock the ***GAME WITHIN EACH CHILD*** to reach their full soccer potential.

## **UNDERSTANDING WHO YOU ARE COACHING**

### **U8 Player**

**Psychomotor Development** (the process of acquiring physical skills as related to mental ability to recognize cues and respond with the appropriate reaction)

- ❖ Skeletal system is still growing; growth plates are near joints, thus injuries to those areas merit special consideration.
- ❖ Cardiovascular system is less efficient than an adult's; a child's heart rate peaks sooner and takes longer to recover to full resting rate.
- ❖ Temperature regulation system is less efficient than adults; children elevate their core body temperature more quickly with activity and take longer to cool down than adults.
- ❖ There is perceivable improvement in pace and coordination from U6 to U8, however the immaturity of a U8's physical ability is obvious.

**Cognitive Development** (mental development - includes not only memorization, but also creativity and problem solving)

- ❖ Limited ability to attend to more than one task at a time; the simple task of controlling the ball demands most of their attention capacity, thereby leaving little or no capacity for making additional decisions.
- ❖ Concept of time and space relationship is just beginning to develop and will be limited by capacity to attend to multiple tasks.
- ❖ Limited experience with personal evaluation; effort is synonymous with performance, "if I try hard, then I performed well" regardless of the actual performance.

**Psychosocial Development** (development of the sense of self in relation to others. It covers a range from individual awareness, to pairs (playmates), to small groups and to large groups)

- ❖ Self-concept and body image are beginning to develop; very fragile.
- ❖ Great need for approval from adults such as parents, teachers and coaches. They like to show individual skills.
- ❖ Easily bruised psychologically by both peers and adults; negative comments carry great weight.
- ❖ Like to play soccer because it is “fun”; intrinsically motivated.
- ❖ Their universe is expanding from home to the neighborhood.
- ❖ True playmates emerge with the inclination toward partner activities.
- ❖ Team identity is limited; “I play on coach Dave’s team” or “I play on the Tigers” - club and league concepts are non-existent.
- ❖ There is desire for social acceptance; they want everybody to like them.
- ❖ The influential person is most likely their father or significant parent.

### U10 Player

**Psychomotor Development** (the process of acquiring physical skills as related to mental ability to recognize cues and respond with the appropriate reaction)

- ❖ Gross and small motor skills become more refined.
- ❖ Boys and girls begin to develop separately.
- ❖ Ability to stay on task is lengthened.
- ❖ Greater diversity in playing ability and physical maturity, physically mature individuals demonstrate stronger motor skills.
- ❖ More prone than adults to heat injury.
- ❖ Accelerated heat loss, increased risk of hypothermia

**Cognitive Development** (mental development - includes not only memorization, but also creativity and problem solving)

- ❖ Lengthened attention span, ability to sequence thought and actions.
- ❖ Pace factor becoming developed (starting to think ahead).
- ❖ More inclined towards wanting to play rather than being told to play.
- ❖ Demonstrate increased self-responsibility, bring ball, water, tuck in jersey, pull socks up.
- ❖ Starting to recognize fundamental tactical concepts, such as changing direction of ball, but not always sure why.
- ❖ Repetitive technique very important, but it must be dynamic not static.

**Psychosocial Development** (development of the sense of self in relation to others. It covers a range from individual awareness, to pairs (playmates), to small groups and to large groups)

- ❖ More likely to initiate play on their own.
- ❖ Continued positive reinforcement needed.
- ❖ Explanations must still be brief, concise and indicate purpose.

- ❖ Becoming more serious about “their play.”
- ❖ Still intrinsically motivated.
- ❖ Peer pressure starting to be a factor.
- ❖ Prefer identification with team, i.e. uniform, balls, equipment.
- ❖ Adults outside of family may take on added significance.

## **TEAM ADMINISTRATION & RISK MANAGEMENT**

### **DEVELOPING A PHILOSOPHY OF COACHING**

- ❖ Player Development
- ❖ Fun and Purpose

### **PRINCIPLES OF YOUTH COACHING**

- ❖ Developmentally Appropriate
- ❖ Clear, Concise and Correction Information
- ❖ ***Simple to Complex:*** There should be a flow that is appropriate to the age of the players and the topic of the practice - in some instances this will process from a warm-up to individual activities to small group activities to large group activities (The Game). While the progression may vary, every practice should start with a warm-up with stretching, finish with “The Game” followed by a cool-down and stretch. (see sample lesson plan)
- ❖ Safe and Appropriate training area
- ❖ Decision Making
- ❖ Implications for the Game (when would I use this?)

### **PRE-SEASON PARENT/COACH MEETING**

- ❖ Discuss Coaching Philosophy and goals
- ❖ Discuss what is expected of parents (transportation, communication, sportsmanship) and players
- ❖ Obtain information; medical information, parent’s skill inventory, contact information
- ❖ Consider Coach-Player meeting on both an individual and group basis as appropriate

### **EQUIPMENT NEEDS**

- ❖ Players should be encouraged to take responsibility and care of their equipment from the beginning to include: ball, shin guards, proper shoes, clothing appropriate for training and climate, and water bottle (labeled).
- ❖ Coaches should be responsible for: cones, bibs/vests, extra balls, air pump, first aid kit, ice, water, nets, portable goals (if used). Coach can delegate duties as needed.

### **GAME ORGANIZATION**

- ❖ **Pre-Game** - proper warmup, energized and ready to go (hydrated)
- ❖ **Halftime** - give positive feedback and use the Sandwich Method - “This is what we are really doing well, this is where I think we need to improve and let’s continue doing x because you are great at it.
- ❖ **Postgame** - give them time to unwind as group, talk to them as a group praising their efforts regardless of win, loss or draw and then finish with a team cheer so everyone goes home feeling good (note any injuries and follow up with parents)

## **COACHING ACTIVITIES CHECKLIST**

- ❖ Are the activities fun? (would you be having fun?)
- ❖ Are the activities organized (how many times did you have to explain?)
- ❖ Are the players involved in the activities?
- ❖ Is creativity and decision making being used?
- ❖ Are the spaces used appropriate?
- ❖ Is the coach’s feedback appropriate?
- ❖ Are there implications for the game?

## **RISK MANAGEMENT**

*Accepting a coaching position means accepting responsibilities:*

- ❖ To provide proper instruction for the activity
- ❖ To provide proper equipment for the activity
- ❖ To make reasonable selection of players
- ❖ To provide proper supervision of training and games
- ❖ To take proper precautions to guard against post-injury aggravation

## **IMPORTANT POINTS TO REMEMBER**

- ❖ Never leave a player alone after training or games
- ❖ Be certain that players depart with their parents or designated individual
- ❖ Avoid being left alone with players who are not your children

## **SOCCER INJURIES: PREVENTION AND CARE**

### **PREVENTION**

The first line of defense in the treatment of athletic injuries is to prevent them. This is accomplished by a well-planned program; competition among equal ability groups, proper warm-up and cool-down and adherence to the Laws of the Game. Other factors that can lead to the prevention of injuries:

- ❖ Proper use of equipment (shin guards, no jewelry, uniforms designed for climate)
- ❖ Upkeep and monitoring of playing surfaces
- ❖ Proper fitting shoes, proper type of shoe for surface
- ❖ Ample water supply and breaks to give players rest

- ❖ Avoid scheduling training during the hottest periods of the day and when there is intense humidity
- ❖ Full rehabilitation of an injury prior to return to play, determined by physician
- ❖ Recommendation of a physical exam by qualified personnel prior to participation

The coach or assistant should be responsible for assisting with injuries, which should include attending a certified first aid course and knowledge of state and local ordinances. Parents should also understand the protocol of when it is appropriate to attend to their child.

It is recommended that the coach or assistant should follow-up with a phone call about a players' injury to the parents whether or not the parents were in attendance at the game or practice.

Each coach should have and know how to use a First Aid Kit that includes, but is not limited to: Team Safety and Information Card, plastic bags and ties for ice, ice, tape, band-aids, antiseptic, sterile pads, towelettes, gauze pads, elastic wrap, antibiotic cream and rubber gloves (care should be given to avoid contact with blood and body fluids and to use proper disposal of items soaked with such fluids.)

## **CARE**

The care of the injured athlete will begin the moment an injury occurs. Immediate care will reduce the severity of the injury and the possibility of long term disability. The coach, upon seeing an injured player on the field should:

- ❖ Make sure the airway is clear
- ❖ Determine if the player is conscious
- ❖ Ask how the injury occurred (player, teammates, officials)
- ❖ Ask the player where it hurts
- ❖ If the player is unable to continue, player should be checked to determine the extent of the injury

After determining that the injury **IS NOT** life threatening, the nature of the injury can be further determined.

- ❖ Note the position of the injured part
- ❖ Look for swelling or deformity
- ❖ Compare to the opposite side
- ❖ Ask the players and/or teammates what happened

**R.I.C.E.** - treatment for minor injuries such as sprains, strains and contusions is referred to as R.I.C.E. (Rest, Ice, Compression, Elevation). The R.I.C.E. treatment is the only first aid treatment that is safe treatment for a sports injury without professional advice. The treatment helps in three different ways. R.I.C.E. treatments, limited to 20 minutes, can do nor harm to any type of injury. Almost anything else (including heat applications) can cause harm in some instances.

- ❖ Applying ice chills the injured area causing the blood vessels to contract, closing circulation to the injured area.
- ❖ Applying pressure with an elastic bandage inhibits the accumulation of blood and fluids in the area, thereby minimizing pain and swelling.
- ❖ Elevating the injured area decreases fluid accumulation to the injured area, puts the area to rest and helps to reduce painful muscle spasms.
- ❖ **FOLLOW-UP** care should be considered if gross swelling or deformity is present, the player is unable to bear weight on the injured part or severe pain or discomfort is present.

### **WHAT'S THE DIFFERENCE?**

Sprain vs. Strain | Contusion vs. Abrasion | Heat Exhaustion vs. Heat Stroke

### ***General Principles when handling an injured player:***

- ❖ Avoid panic - use common sense - calm the player and seek professional help
- ❖ Check for breathing, bleeding, consciousness, deformity, discoloration and shock
- ❖ Dependent upon the nature of the injury, avoid moving the player
- ❖ Inspire confidence and reassure the player - determine how the injury occurred
- ❖ Use certified athletic trainers or parents who are doctors when available
- ❖ Always **ERR** on the side of caution
- ❖ It is recommended that if a player has had medical attention, he/she must have written permission from the doctor to return to activity