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The Relationship Between Sport Specialization and Coping Mechanisms in Adolescent Athletes

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OBJECTIVE

(1) To describe the coping mechanisms of adolescent athletes as emotion-focused, problem-focused, or avoidant-focused coping before and after injury or illness, and (2) to compare the perceived adolescent coping mechanisms across sport specialization levels (i.e., low, moderate, or high).

DESIGN and SETTING

A prospective cohort study using survey methods to investigate sport specialization and coping mechanisms in adolescents.

PARTICIPANTS

Adolescent athletes, 12-18 years old, were recruited from an elite soccer academy and a large public high school during the Spring and Fall 2021 seasons. To be included participants had to be on an active roster and healthy. For baseline data collection, 70 athletes (47 males, 23 females) chose to participate and completed the demographic questionnaire, Coping Inventory for Stressful Situations-Situation Specific Coping (CISS-SSC), and Sport Specialization Scale. The athletes were monitored during the duration of their respective seasons for injury or illness. Those that missed at least 3 days of sport participation, including one game, due to injury or illness completed the CISS-SSC a second time upon follow-up (n=7, 7 males). The average age at baseline was 15.31 ± 1.35 , and at follow-up was 16.17 ± 1.07 .

INTERVENTION

Qualtrics was used to administer the baseline assessment, which included a demographic questionnaire, the CISS-SSC and Sport Specialization Scale. Qualtrics was used at

follow-up to administer the CISS-SSC. The CISS-SSC is a 21-item instrument that classifies participants as avoidance, emotion-focused, or task-focused based upon the highest reported score per category. The CISS-SSC has been validated in an adult population and has reported Cronbach alpha values between 0.68-0.92. The construct reliability for the CISS-SSC has been reported greater than 0.70 with test-retest reliability between 0.51-0.73. The Sport Specialization Scale is a 4-item instrument that categorizes participants as low, moderate, or high specialization. The 4-items are scored dichotomously (i.e., yes or no). Each "yes" answer is scored as "1," with the total scores summated to categorize the specialization level. No validation or reliability measures have been reported.

MAIN OUTCOME MEASUREMENT

Demographic information was reported for the entire sample. A one-way ANOVA was conducted for each dependent variable (i.e., coping strategy) by sport specialization. For the secondary analysis the independent variable time and the dependent variable coping mechanism (i.e., task, emotion, and avoidance) were analyzed by paired t-tests. Hedge's g effect size was calculated for any significant comparisons and alpha was set at 0.05.

RESULTS

Of the 70 participants, 77.14% were male and 32.86% were female. Most participants reported specializing in soccer (39.73%), followed by volleyball (21.92%) and football (10.96%). No significant differences were identified between sport specialization levels

and coping mechanisms (Task: $F_{2,67}=1.9$, $p=0.16$) (Avoidant: $F_{2,67}=3.15$, $p=0.049$) (Emotion: $F_{2,67}=0.59$, $p=0.56$). However, those participants who identified as avoidance-focused did demonstrate a large effect size between low and high specialization levels ($g=0.81$). When assessing the impact of injury on coping mechanism, only avoidant coping demonstrated a significant difference before and after injury ($t_6=-2.00$, $p=0.04$, $g=0.71$).

CONCLUSION

No significant differences were identified in this study between coping mechanism and sport specialization level in adolescent athletes. After injury or illness, avoidance coping scores were significantly lower than before the injury. Primary coping mechanism can change throughout adolescent development and after injury or illness. Future research is needed to confirm and build on these results. All in all, sport specialization can affect the mental health of developing athletes.

KEY WORDS: *adolescent athletes, sport specialization, coping mechanisms, injury*