

Chapter 11: Psychosocial Intervention for Sports Injuries and Illnesses

Overview

Sports training requires the athlete to have mental discipline. An athlete becomes great not only because of physical endowment but also because of dedication and tenacity of purpose. However, outside stresses and frustrations can affect even the best athlete.

Psychological conditioning is just as important and as much the responsibility of the athletic trainer as physical conditioning or rehabilitation. The athletic trainer must be aware of the stress involved in athletics and the response an athlete may have to that stress. In addition, the psychological response to injury is one in which every athletic trainer has dealt with. During the rehabilitation process it is necessary to understand the psychological as well as the physiological healing process.

Although athletic trainers are not typically educated as professional counselors or psychologists, they can contribute much to the emotional stability and the psychosocial maturity of students who come under their care.

Learning Objectives

After completing this chapter, the student will be able to:

- Analyze the patient's psychological response to injury.
- Recognize the importance of social support for the injured athlete.
- Explain the relationship of stress and overtraining to the risk of injury.
- Describe the role of the athletic trainer as a counselor to the injured athlete.
- Identify the psychological factors important to rehabilitating the injured athlete.
- Compare and contrast the mental training techniques that are used to manage the psychological aspects of injury.
- Recognize the different mental disorders and the appropriate referral and treatment techniques.

Visit connect.mcgraw-hill.com for further exercises:

- Clinical application scenarios covering psychological response to injury, social support, relationship of stress and overtraining, athletic trainer as a counselor, psychological factors in rehabilitation, mental training techniques, and mental disorders
- Click and drag questions covering psychological response to injury, and the athletic trainer as a counselor
- Multiple choice questions covering social support, relationship of stress and overtraining, psychological factors important in rehabilitation, mental training techniques, and mental disorders

Key Terminology

Stress - The positive and negative forces that can disrupt the body's equilibrium

Anxiety - A feeling of uncertainty or apprehension

Catecholamine - Active amines, epinephrine, and norepinephrine, which affect the nervous and cardiovascular systems.

Other Terms

Kubler-Ross reactions - 5 stages of psychological reaction to injury, Denial, Anger, Bargaining, Depression, and Acceptance

Eustress - Positive beneficial stress

Distress - detrimental responses or negative stressors

Burnout - A syndrome related to physical and emotional exhaustion that leads to a negative self-concept, negative job or sports attitudes, and loss of concern for the feelings of others.

Extended Lecture Outline

- Introduction:
 - The injured or ill athlete experiences physical disability, but the psychological and sociological consequences of injury can be as debilitating as the physical injury itself
 - Athlete's all react to serious injury and illness in a very personal way
 - Many psychosocial and physical factors can interact to predispose an athlete to injury as well as influence the effectiveness of the rehabilitation process
 - Athlete's that are risk takers seem to be more prone to injury
- **The Psychological Response to Injury**
 - The severity of the injury determines the length of rehabilitation
 - Short-term (less than four weeks)
 - Long-term (more than four weeks)
 - Chronic (recurring)
 - Terminating (career ending)
 - Three reactive phases of injury and rehabilitation process
 - Reaction to injury
 - Reaction to rehabilitation
 - Reaction to return to competition or career termination
 - Kübler-Ross's Model of reactions to death and dying
 - Denial
 - Anger
 - Bargaining
 - Depression
 - Acceptance
- **The Athlete and the Sociological Response to Injury**
 - The Athlete's need for Social Support
 - After injury the athlete needs support of teammates to prevent feelings of negative self-worth and loss of identity
 - Support groups need to stress the importance of the injured athlete as a person and as a team member
 - The Athletic Trainer's Role in Providing Social Support
 - Be a good listener
 - Find out what the problem is
 - Be aware of body language
 - Project a caring image
 - Explain the injury to the athlete
 - Manage the stress of the injury
 - Help the athlete return to competition
- **Predictors of Injury**
 - The Injury-Prone Athlete
 - Characteristics: Risk takers, reserved, detached, tender-minded, apprehensive, overprotected or easily distracted players
 - Other factors include lack of ability to cope with the stress associated with risks and their consequences
 - Continuing to be injured due to fear of failure or guilt over unobtainable or unrealistic goals
 - Stress and the Risk of Injury
 - Stress
 - Stress is not something that an athlete can do to his or her body, but it is something that the brain tells the athlete is happening

- Stress is caused or triggered by stressors that may be physical, social or psychological and that may be positive or negative
 - Positive stress (eustress) stress that is beneficial
 - Negative stress (distress) detrimental responses
 - Physical response to stress
 - Physiologic responses to a stressor are autonomic, immunologic, and neuroregulatory
 - Hormonal responses are reflected by an increase in secretion of cortisol
 - Acute Stress: the threat is immediate and the response is instantaneous – primary reaction is produced by release of epinephrine and norepinephrine from the adrenal medulla
 - Chronic Stress: Increase in blood corticoids from the adrenal cortex
 - Emotional response to stress
 - Peripheral stressors can be imposed on the athlete – unreasonable expectations by the athlete, the coaches or parents, worries that stem from work, school, and family
 - Athlete’s who are not well adjusted emotionally, are more prone to injury
- Overtraining
 - Staleness
 - Attributed to emotional problems stemming from daily worries, fears and anxieties
 - Anxiety is one of the most common mental and emotional stress producers
 - Symptoms of anxiety: heart palpitations, shortness of breath, sweaty palms, constricted throat, and headaches
 - Symptoms of staleness (See Focus box 11-2: “Recognizing signs of staleness in athlete’s”)
 - Sudden exercise abstinence syndrome (See Focus box 11-3)
 - Burnout
 - Related to physical and emotional exhaustion that leads to a negative self-concept, negative job or sport attitudes, and loss of concern for the feelings of others
 - Symptoms include: frequent headaches, gastrointestinal disturbances, sleeplessness, chronic fatigue, increased emotional exhaustion, reduced sense of accomplishment, cynicism and depressed mood
- **Reacting to Athlete’s with Injuries (See Table 11-1, Emotional First Aid)**
 - The Catastrophic Injury
 - The Psychological Effects of Injury on the Athletic Trainer
- **Psychological Factors in the Rehabilitation Process**
 - Establish rapport
 - A sense of cooperation
 - Exercise rehabilitation as an educational process
 - Competitive confidence
- Psychological Approaches During the Various Phases of Rehabilitation
 - Immediate Post-injury Period
 - Early Post-operative Period
 - Advanced Post-operative or Rehabilitation Period
 - Return to Full Activity

- Goal Setting as a Motivator to Compliance During Rehabilitation (See Focus Box 11-5 “Nine factors to incorporate into goal setting for the athlete”)
- **Mental Training Techniques**
 - Techniques for reducing Tension and Anxiety
 - Meditation (See Focus Box 11-6 “The meditation technique”)
 - Progressive Relaxation (See Focus Box 11-7 “Jacobson’s progressive relaxation)
 - Techniques for Cognitive Restructuring
 - Refuting Irrational Thoughts (deals with a person’s internal dialogue)
 - Thought Stopping (Used to help athlete’s overcome worries and doubts)
 - Imagery (Uses the senses to create or recreate an experience in the mind)
 - Techniques for Coping with Pain
 - Tension Reduction (Use Benson or Jacobson techniques of stress reduction)
 - Attention Diversion (Divert attention away from the injury)
 - Altering the Pain Sensation (Use of imagination)
- **Mental Disorders**
 - Mental Illness: Any disorder that affects the mind or behavior
 - Neuroses: unpleasant mental symptom in a person who has intact reality testing
 - Psychosis: disturbance in which there is disintegration in personality and loss of contact with reality – delusions and hallucinations
 - Mood Disorders
 - Depression: Disease in which individual goes from feeling normal to feelings of helplessness and misery, loss of energy, excessive guilt, diminished ability to think, changes in eating and sleeping habits and recurrent thoughts of death
 - Bipolar (manic) depression: going from exaggerated feelings of happiness and great energy to extreme state of depression
 - Seasonal Affective Disorder: Mood disorder characterized by mental depression related to a certain season of the year – occurs most often in the winter due to decreased amount of sunlight
 - Anxiety Disorders
 - Panic Attacks: unexpected and unprovoked emotionally intense experience of terror and fear
 - Phobias: Persistent and irrational fear of a specific situation, activity or object that creates an intense desire to avoid the feared stimulus
 - Personality Disorders
 - Paranoia: having unrealistic and unfounded suspicions about specific people or things
 - Obsessive-Compulsive Disorder: Combination of emotional and behavioral symptoms
 - Symptoms of obsessive behavior involve recurrent, inappropriate thoughts, feelings, impulses or images arising from within that a person cannot eliminate by ignoring or neutralizing them
 - Compulsive behavior involves engaging in unreasonable repetitive acts, such as washing hands or counting in response to obsessive thoughts or actions
 - Post-traumatic Stress Disorder: Re-experience a tragic event through nightmares or an exaggerated startle response