Psychological Barriers to Injury Recovery: Identification and Appropriate Referral

Luke Patrick, Ph.D., BCB
Wildwood Psychiatric Resource Center
www.wildwoodpsych.com
lukepatrickphd@gmail.com
facebook.com/PDXSportPsychologist
Twitter.com/@MindfulEdge
SITUATIONAL FACTORS

• Timing
• Severity
• Life stress
• Social support (lack thereof)
• Life impact
• Chronicity of symptoms/pain
INDIVIDUAL/ATHLETE FACTORS

- Prior injury history
- Coping skills
- Athletic identity
- Recovery beliefs
DEPRESSION SYMPTOMS

• Sleep disturbance
• Appetite disturbance
• Weight change
• Loss of energy/motivation
• Feelings of worthlessness, helplessness, hopelessness
• Excessive tearfulness/sadness
• Increased irritability/anger
• Thoughts of “giving up”/escape/suicide
ANXIETY SYMPTOMS
(Cognitive, behavioral)

• Excessive worry about the future
• Racing thoughts
• Nightmares or flashbacks
• Avoidance of injury-related situations
ANXIETY SYMPTOMS
(Somatic)

• Increased heart rate, blood pressure
• Excess sweating (outside of exertion)
• Muscle tension
• Recurrent headache
• Stomach upset/loss of appetite
EATING/BODY IMAGE ISSUES

• Failure to maintain healthy body weight
• Failure to make expected gains in body weight (children/adolescents)
• Disturbance in one’s own perception of body weight or shape
• Amenorrhea
• Recurrent episodes of binge eating
• Inappropriate compensatory behaviors
• Preoccupation with imagined defect in appearance
FACILITATING A REFERRAL TO A SPORT PSYCHOLOGY PROFESSIONAL: R.E.F.E.R*

- RECOGNIZE the signs of distress
- EXTEND KNOWLEDGE about available resources
- FACILITATE a conversation with the person
- EVALUATE the experience and the person’s receptivity to a referral
- REVISE and REVISIT; it often takes more than one conversation

*supportforsport.org
Talking to Athletes about Referral to a Sport Psychologist
Recognize:

- They already see you as a trusted professional and expert
- You set the tone in talking about mental health concerns
- Patients will respect you for defining the boundaries of your expertise and referring
- Providing a confidential setting is key to open, effective discussion
Frame the discussion in familiar, athlete-friendly language

• Many athletes may prefer somatic terms to emotional terms
• Show empathy for symptoms, even if they seem excessive or inconsistent
• Appeal to athletes’ performance drive, and apply it to psychological support
Provide a sense of continuity when referring

- Discuss referral as a consultation; possibly a one-time visit, or possibly multiple
- Use the language of “We.” This is a team process
- Note the emphasis sport psychologists place on confidentiality
Discuss what a sport psychologist DOES

- Reviews basic history
- Offers whole person problem solving strategies
- Helps consider the impact of thoughts and beliefs on recovery
- Facilitates goal setting: PROCESS goals to achieve OUTCOMES
- Helps recruit social support
Discuss what a sport psychologist DOESN’T do

- Doesn’t assume the difficulties are caused by being (crazy, mentally weak, etc.)
- Doesn’t try to tell you it’s “all in your head.”
- Doesn’t necessarily focus on a lot of past/childhood history
- Doesn’t devalue or overlook the role of other health professionals
EXUDE CONFIDENCE!

• Challenge athletes’ unhelpful beliefs (go for supportive, not confrontational)
• Know your referral sources
• Remind patients there are treatments for the psychological side of recovery, delivered by specialists in that area
• Help athletes overcome psychological stigma
Online resources:


• UM Athlete depression video
  https://vimeo.com/104990949

• UM Athlete eating/body image video
  https://vimeo.com/106777370