

*Psychological Trauma and Therapy  
after Sports Injury*



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# Defining Trauma

- Events/experiences that are shocking, terrifying, overwhelming to the individual – experienced or witnessed
- Result in feelings of fear, horror, helplessness
- DSM-IV-TR (2000) definition & criterion A (1): “actual or threatened death or serious injury, or other threat to one’s physical integrity; witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate”.

# *PTSD: Diagnostic Criteria*



- **A. Exposure to a traumatic event**
  - Objective seriousness
  - Subjective response
- **B. Traumatic event is persistently reexperienced**
- **C. Persistent avoidance of stimuli associated with the trauma**
- **D. Persistent symptoms of increased arousal**
- **E. Duration of B, C, & D > 1 month**
- **F. Clinically significant distress or impairment**

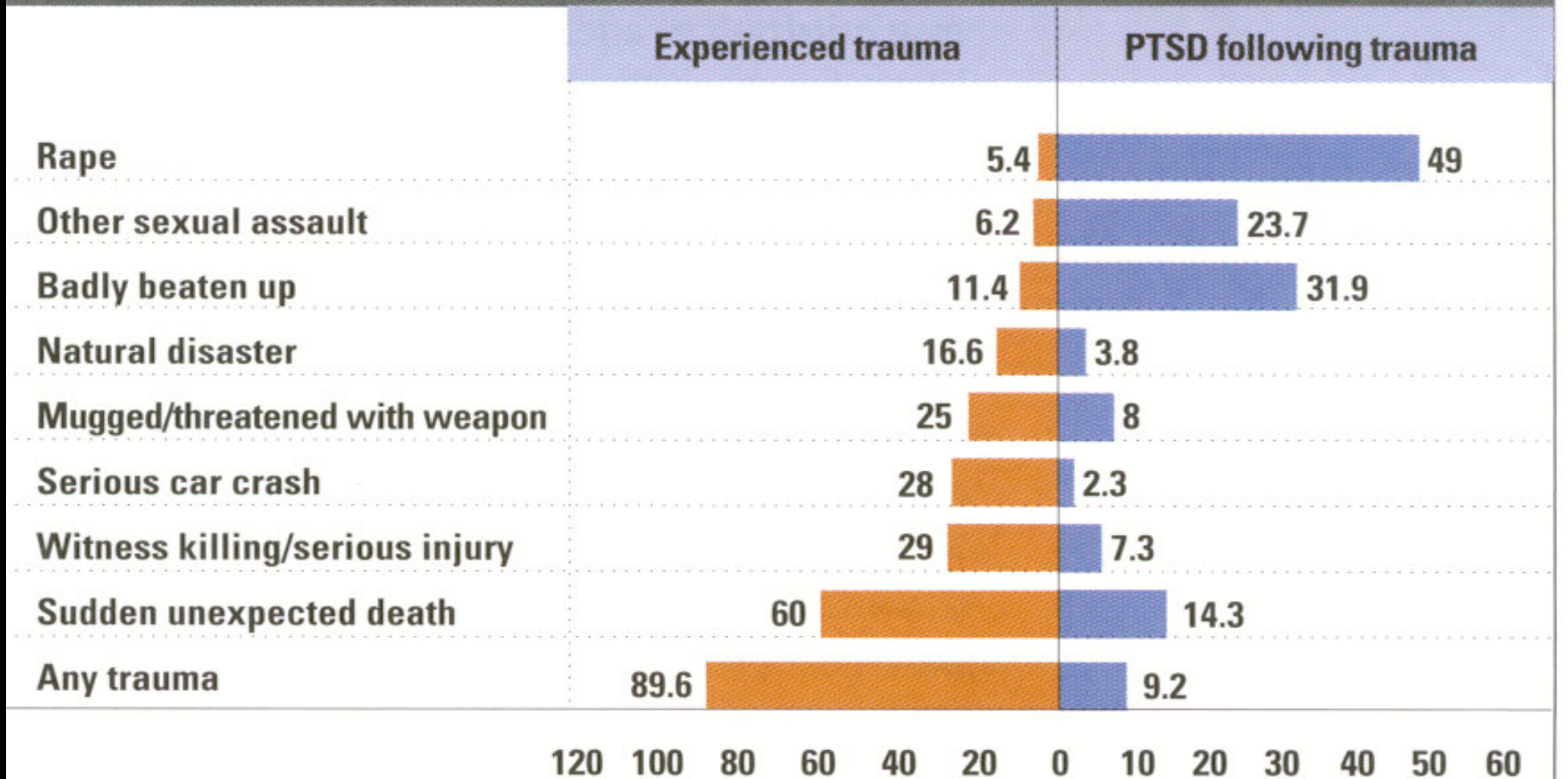
# *Known traumatic events*

- **Emergency worker exposure to Trauma**
- **Sexual Assault**
- **Domestic violence**
- **Torture**
- **Child Abuse**
- **Natural and human-made disasters**
- **MVA's and other serious accidents**



# Traumatic Events and the Risk for PTSD

Breslau et al. (1998). *Archives of General Psychiatry*, 55, 626-632



# *Symptom Expression*

- **Physiological** (↑HR, Respiration, BP, psycho-motor agitation, tension, exaggerated startle response etc)
- **Cognitive** (intrusive thoughts, nightmares, dissociative amnesia)
- **Emotional** (numbness, affect dysregulation, irritability, grief, fear guilt, etc)
- **Relationships** (withdrawal, lack of trust, intimacy)
- **Behavioural** (inability to return to site of trauma, substance abuse)

# *Psychosocial Responses to Sport Injury*

Clinically significant emotional distress in 5-24% of cases (various epidemiological studies)

- Complex interaction of
  - Characteristics of the individual
  - The injury itself
  - The social or situational context within which it occurs
- Considerable variability in individual responses

## *Where do we start?*



- Emotional reactions are significantly related to rehabilitation outcomes (Brewer, et al., 2002)
- The quality of the working relationship between the practitioner and the athlete is one of the key predictors of treatment compliance and positive outcome (Ray & Weiss-Bjornstal, 1999)

# **Know What to Expect: Psychological Responses to Injury**



## **Distress**

- Grief Reaction; Identity Loss; Separation and loneliness; Fear and Anxiety; Loss of Confidence and performance decrements**

## **Denial**

## **Coping**

# *Goals of a Psychological Approach to Athlete Injury*

- **Facilitation of the rehabilitation process**
- **Maintenance of emotional balance**
- **Mobilization of existing coping resources  
resources**
- **Enhancement of psychological readiness for  
performance**
- **Promotion of a sense of self-efficacy**

# *Psychologically Based Sports Injury Management Strategies*

- **Education**
- **Goal setting**
- **Social Support**
- **Psychological Skills Training**
- **Therapeutic Working Alliance**
  - **Empathic engagement**
  - **Management of transference and countertransference**



- **Transference**

- Patient transfers his/her feelings about the injury onto the treatment provider eg anger

- **Counter – transference**

- Treatment provider responds to the personalized transferred feeling instead of to the real issue

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- Do's and Don't of Therapeutic Conversations

<b>Do not say</b>	<b>Why not?</b>	<b>Do say</b>
I know how you feel	You can never really know how someone else feels. Even if you have gone through exactly the same experience, your individual experience may differ in significant ways	I am sorry this has happened to you.
You shouldn't feel that way	This is a direct invalidation of someone's lived emotional experience.	I can see that you are very upset about this.
Don't cry	No one has ever been harmed by crying!	It's OK to cry
Put it behind you and move on	There is no pre-set timetable for people to overcome and move on from distressing experiences. Implying that there is will make the person feel like a failure. This will add unnecessary, and harmful feelings of shame or guilt to the emotional distress of the injury itself.	It is very challenging, and it may take some time before you feel better.
It could have been worse	This statement is invalidating as it implies that the person's distress is somehow unreasonable. Considering hypothetically worse scenarios or comparing with other's distress does not alleviate personal pain. Additionally, this might very well be the worst thing that has happened in this athlete's life.	I am sorry this has happened to you. It must be very challenging for you. Let's work together and see how we can get the best outcome possible.

## *Back to the Start*



- The quality of the working relationship between the practitioner and the athlete is one of the key predictors of treatment compliance and positive outcome (Ray & Weiss-Bjornstal, 1999)

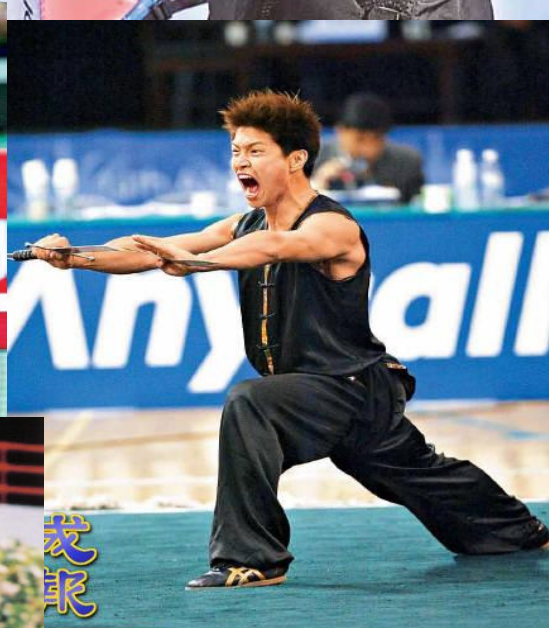
*Front line workers are a high risk group for  
Stress and Secondary traumatisation*

- **Symptoms**
  - **Sleep, eating, sexual disturbances**
  - **Anxiety, fear, hypervigilance**
  - **Depression, despair**
  - **Anger, irritability**
  - **Hyperarousal**
  - **Intrusive symptoms**
  - **Numbing**

# *Self-help for Front line Workers*

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- De-stigmatize your stress/distress reactions
- Psychotherapy
- Maintain boundaries between work and private life:
- Have a life outside of work!!!!
  - develop and use a personal support network
  - diversity of activities, have fun
  - exercise/physical care
  - take regular vacations (even if you stay at home)



*Thank*

*You!*



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