Career Ending Injuries: A Psychological Perspective

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My Background

- BA in Psychology from East Carolina University
- MA in Counseling/Sport and Health Psychology from Adler University
- Current PsyD student in Clinical Psychology/Primary Health Psychology
- Athletics: Soccer, basketball, softball
  - Why psychology/sport psychology

- LPC at private practice in Naperville, IL
  - Wide range of clients
Career Ending Injuries: Emotional Response

- **There is** a normal emotional response to injury!
- **Common emotions:**
  - Sadness, isolation, irritation, lack of motivation, anger, frustration, changes in appetite, sleep disturbance, disengagement
- **Becomes problematic** when symptoms are **persistent, worsen** over time, become **excessive**
  - Disordered eating
  - Sadness leading to depression
  - Lack of motivation leading to apathy
  - Alienation/isolation
  - Excessive anger or rage
  - Frequent crying
  - Substance abuse
Depression & Injury

- Depression is a significant warning sign & can magnify other responses to injury
  - Depression and alcohol use are highly correlated
  - Gambling, legal problems and fighting

- Symptoms of Depression:
  - Feelings of sadness, emptiness, irritability lasting longer then 2 weeks
  - Impaired function in social, occupational, educational settings
  - Decreased interest or pleasure in daily activities
  - Significant weight change or loss of appetite
  - Change is sleep patters
  - Fatigue or loss of energy
Depression & Injury

- Depression symptoms continued:
  - Feelings of guilt or worthlessness
  - Diminished ability to concentrate, indecisiveness
  - Suicidality- Thoughts of suicide, plan or intent

- Are they completing self care tasks? Shower, brushing teeth, dressing appropriately, brushing hair
- What is their affect? Tone? What do they talk about? Do they talk?
- Do they have support?
  - Family, home life, friends
5 Factors

- 5 factors of suicidality in athletes after injury:
  - Their success prior to injury
  - Serious injury (requiring surgery)
  - Length of rehabilitation (long, restricted play)
  - Inability to return
  - Replaced by teammate

- Greatest factor = Severity of injury
  - Jeopardizes athlete identity

(Putukian, 2016)
Barriers in Seeking Care

- Athletes are less likely to seek help compared to non-athletes
- May see counseling as a weakness
- Accustomed to working through pain
- Unhealthy coping mechanisms in dealing with failure
- Stigma
  - In a study of elite athletes aged 16-23, stigma was the most important perceived barrier to seeking help (Gulliver, Griffiths & Christensen, 2012).
  - Help break the stigma-talk openly about seeking care
What Works

- Gulliver, Griffiths & Christensen (2012) also noted what was helpful and encouraging to athletes when needing to seek care
  - Encouragement from others
  - Having an established relationship from a provider (could be you)
  - A positive previous experience with a provider
  - Positive attitudes of others, especially coaches

- Encourage and Empathize
Detect issues early by using screening questionnaires that address mental health concerns

- Generalized Anxiety Disorder screen (GAD-7)
- Patient Health Questionnaire (PHQ-9)- Anxiety and Depression

Incorporating these early on will diminish stigma and give a baseline for athletes’ mental health
Referring Athletes

- Find out who the mental health professionals are in the area
  - Private practices, outpatient behavioral health settings
  - [Www.psychologytoday.com](http://Www.psychologytoday.com)
  - Do they have a sport psychology background?
  - What is their education? Not all sport psychology trainers are qualified
- State that you are concerned and that you care for them
- Diminish the stigma
- Provide them with a name, number, website...they will not do it on their own
