Parameters of Sports Psychiatry Consulting

In any athletic contest things happen that can not be explained by hard work or talent. Surprising achievements and unexpected failures during competition evoke reference to intangible factors, among them subterfuge, divine intervention, and psychology. Over the years, the athletic community has developed ways of talking about, understanding, and attempting to influence these intangible factors, especially psychological ones. The entire community, in fact, has a lively interest in things mental, and this has created a fertile environment for the work of sport psychiatry. The essentially intangible nature of mental process, however, is disconcerting to many. In sports it is what you do, not what you think and feel, that counts. Thus, the sport psychiatrist consulting to a team or sports organization will be greeted with a paradoxical blend of receptivity and discomfort. Here are some things to keep in mind when entering this complex arena:

Most of the athletes you encounter will be receptive, even hungry, for your services.

No one knows better than the person on the field that what is happening off the field or in the mind affects performance. But opportunites for athletes to process thoughts and feelings are limited by the availability of trained professionals. Those closest to the athletes, including coaches, administrators, families, business partners, and so on, are often devoted to the athlete's overall well-being and are interested in discussing personal and performance issues. They have given you a head start. But as untrained persons they may harbor a naive idea that by telling a person what to think and feel that person will think and feel it. Feelings and thought are a matter of self-regulation. Lay people, moreover, are generally unprepared for how their own needs for career, reputation, redemption, and self-esteem may subtly retard the listening process. This is especially true in sports, where feelings and needs often run high. The result is that much of what an athlete feels is private but pressing for expression. It is a great relief to most athletes to have a professional person ask the right questions without prior assumptions or self-interest, and to be thereby given an opportunity to talk.

• You will be viewed with caution or suspicion by coaches and administrators, no matter how receptive they may appear to be.

As a sport psychiatrist you will invevitably be stepping on the coach's toes. Next to winning, the greatest satisfaction a coach can have is promoting the personal maturation and happiness of their athletes. The best coaches understand their athletes well and work hard to foster a trusting, helpful relationship. Keep in mind that the coach's role is a powerful one. Coaches act as surrogate parent, role model, confidant, and source of inspiration and knowledge. A coach's decision is to be obeyed without question. Enter the psychiatrist, stirring up feelings, establishing a private dialogue, promoting autonomous judgement, encouraging people to talk about matters often swept under the rug. Smart coaches understand that this is all a necessary part of the process of removing encumbrances to performance and freeing the athlete and the team to express itself. Nevetheless, unknown forces have unknown consequences, and this ambiguity will make coaches and administrators cautious about your presence.

• As sports psychiatrist you will be involved with everyone associated with the team.

Sport psychiatry is community psychiatry. As team psychiatrist you may, at various times, attend practices, hang out in the training room, attend banquets and social functions, and have a variety of conversations with administrators, owners, coaches, medical personnel, families, agents, cops, lawyers, and journalists, as well as the athletes themselves. You may be called upon to give presentations the whole team from time to time. All of this is an important part of the job. The entire team can be considered your patient, and to help an individual within it will often require that the team act as co-therapists as well. Two problems immediately arise in this circumstance. First, because a good part of your work is public, your personality, idiosyncracies, and areas of ignorance will be exposed. Keep your sense of humor. Second, because there are so many random conversations with a variety of people confidentiality will inevitably be compromised to some degree. Be careful about

what you say. Keep your opinions to a minimum.

Be alert to temptation.

In earlier times we spoke of "countertransference," the tendency in a helping relationship for the helper to perceive the person being helped as an object of gratification. In sport psychiatry countertransference may take many forms. Among them are mentioning the names of well-known athletes you have worked with, taking credit for a team or athlete's success, revealing confidential information in an attempt to enhance one's standing, and using athletes to meet ones's social or emotional needs. The pull of countertransference is especially strong in sports because of its inherent beauty, physicality, and drama. But beyond whatever income sport psychiatry consulting may provide, the only clinically appropriate personal gratification is the pleasure of helping others achieve good health in their work and their play, just as always. Be skeptical of the temptations and thrills that may come your way.

Know, and be ready to explain, your services, your limitations, and your point of view.

A significant portion of a sport psychiatrist's work involves teaching. Most of us have developed our own philosophy within the biopsychosocial perspective of our field. This philosophy may be embellished with spiritual elements, concepts from physics, history, or politics, and various scientific or ethical prejudices. No one will want to know eveything you think, however. Each person will want to know what pertains to them, and so you may find yourself explaining, say, mindfulness techniques or recovery options, repeatedly and in various ways. Your conversations will be more like those with family, friends, private patients, and casual acquaintances than like presentations to a large audience. Explaining your methods and viewpoint freely to the team and its associates is important. It shows respect for the other's intelligence, reassures the community that you have reasons for what you do, and, most of all, it creates a shared vocabulary for talking about mental and emotional experience, promoting a culture of helpfulness within the team.

Think twice when prescribing, or not prescribing medications.

The athletic community is inherently skeptical of psychopharmacology. The idea that central nervous system drugs will impair physical performance, dampen aggression, and render athletes timid is widely held. In prescribing medication for an athlete it is important to think about the requirements of their sport and possible effects on endurance, vision, coordination, emotional intensity, and other athletic functions. Controlled studies of sport-specific side effects are few to nonexistent, so you will have to rely on your own experience, the experience of other sport psychiatrists, and, of course, the athlete's report of subtle effects. Explaining the range of possibilites and establishing an equal collaboration are important for helping an athlete overcome a threshold of resistence to a needed treatment. An exception to the general skepticism toward pharmacology pertains to drugs that may have performance-enhanning properties. Invevitably you will be asked to precribed a stimulant, anabolic agent, or other potentially performance enhancer. This may come as a direct request or it may be hinted at in the course of an athlete's shopping for a willing prescriber. Decide in advance what you think about the therapuetic use exemption for athletes in Olympic sports.

Be ready to act and to change.

Sports are both instinctual and sublime. They tap every instinct with which we are endowed, including the athletic instinct itself, and they encompass, as well, a rich intelligence and history that touches all aspects of life. This confluence of knowledge with force will be certain to challenge your your professional vanity, your intellectual preconceptions, and your sense of personal security. It is best to welcome this challenge. Unlike the office, where you are boss, on the team you are just another player. You will be called upon to act spontaneously when the ball is metaphorically thrown your way. Innocuous encounters will become clinical. You will be perplexed from time to time by things said and done and you will discover new clinical options even at moments of high anxiety about

your work. In being open to this process, the experience of consulting to an athletic team will expand your clinical abilities in ways that will have an impact on your work outside of sports as well.

References:

- 1. Burton, RW, "Psychiatric Consultation to Athletic Teams," in Begel, D., and Burton, W, eds. <u>Sport Psychiatry: Theory and Practice</u>, WWNorton, New York, 2000, pp229-248.
- 2. Currie, A and Owen, B, Sports Psychiatry, Oxford University Press, Oxford, UK, 2016.
- 3. Reardon, C. and Factor, R. "Sport Psychiatry: A Systematic Review of Diagnosis and Medical Treatment of Mental Illness in Athletes," <u>Sports Medicine</u>, 2010; 40(11): 961-980.