Peer Support for Athletic Trainers After a Traumatic Event

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Have you ever....

- had a coach or colleague continually challenge what you do and the decisions you make?
- been at odds with your boss?
- had parents make your life miserable?
- had an athlete/patient with whom you work suffer a devastating injury?
- questioned your self worth and professional competence?
- been in a position where someone’s life depends on your decisions or actions?
- had an athlete for whom you have cared die?
Have you ever said....

Sometimes it feels like I’m burning myself at both ends.
I CAN’T TAKE IT ANY MORE!!!
The purpose of today’s talk is to help answer the question: Who cares for the care giver?
What is a Traumatic Event?

- **Psychological trauma** (Greek: Ψυχολογικό τραύμα - *Psychologico travma*) is a type of damage to the psyche that occurs as a result of a traumatic event. When that trauma leads to post-traumatic stress disorder, damage may involve physical changes inside the brain and to brain chemistry, which changes the person's response to future stress.
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Traditional Ideas of Critical Incident/Disaster

- Natural disaster
- Terrorist attack
- Major accident
- House fire or other personal disaster
- War

But.... Not all Traumatic Events are large scale or “newsworthy”.
Common type of traumatic events

- Homicide or Fatal Accidents
- Suicide or other sudden violent death
- Non-fatal beating or wound
- Abduction or kidnapping
- Missing student or teacher
- School violence (Threat of Witness)
- Riots, Expulsions, Suspensions
- Sexual harassment or assault
- First Amendment violations
Traumatic events you may see in the scholastic environment

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What is a critical incident?

“Any incident faced by emergency services personnel that causes them to experience unusually strong emotional reactions which has the potential to interfere with their ability to function either at the scene or later. All that is necessary is that the incident, regardless of type, generates unusually strong feelings in the emergency workers.”

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Factors that contribute to whether something is a critical incident for someone

- Training
- Professional experience
- Your emotional makeup
- Relationship with victim
- Past personal experiences
Real Life Sports Incidents....

Montclair H.S. football player dies after suffering brain hemorrhage
Published: Thursday, October 16, 2008, 6:27 PM
Updated: Thursday, October 16, 2008, 6:28 PM
The Star-Ledger

Cliffside Park High School junior dies after football practice
Published: Wednesday, August 27, 2008, 6:56 PM
Updated: Wednesday, August 27, 2008, 6:56 PM

Michigan High School Basketball Player Dies After Winning Shot
Mar 4, 2011 – 3:09 PM
Aol News
Real Life Sports Incidents....

Student Athlete Collapses During Field Hockey Game
September 28, 2011 6:31 PM
BALTIMORE COUNTY, Md. (WJZ)

Roma Athlete Collapses During Basketball Game
by Brendan Fitzgerald
Posted: 03.13.2011 at 12:19 AM

Florida athlete collapses, dies after track workout
By Jim Halley, USA TODAY
Posted 3/10/2011 3:29:46
Significant Athletic Injury Events in Northern NJ from Fall 2011 alone

- 2 fractured necks requiring surgery
- 5 athletes placed on spineboards during the fall season at a single high school
- Death of athlete in auto accident.
- Assault on students from athletes at another school
The Athletic Trainer/Patient Relationship

- The injured person is usually young, healthy and active
- Preexisting relationship with athlete
- The patient is often a minor
- You are often working in front of a crowd
- You are likely to be recorded by a bystander
- You may be called on to deal with the press
- After the incident you need to deal with other players, coaches, parents and administrators who are also probably upset.
Then everyone else goes home....

and...

Who's there for you?
Feelings that typically follow a Critical Incident

- Frustration
- Anger
- Irritability
- Numbness
- Guilt/Shame
- Helplessness
- Anxiety
- Depression
- Fear
- Sadness
- Alienation
- Vulnerability
Common After-effects

• Headaches
• Flashbacks
• Changes in eating habits
• Gastrointestinal problems
• Fatigue
• Relationship difficulties
• Difficulty sleeping
• Intrusive thoughts
• Nightmares
• Decreased sexual desire
• Mood changes
• Apathy

I'm a little stressed right now...
(just turn around and leave quietly and no one gets hurt.)
Short and Long Term Effects

- Fight or Flight
- Freezing
- Temporary cognitive distortion
- Temporary performance interruption
- Disrupted ability to self-regulate
- Alcohol or substance abuse
The results

Altered professional performance

Question one’s own decision making

Diminished perception of one’s competence

Loss of self-esteem
Cost effectiveness of rapid, professional crisis intervention

With intervention

Without intervention

Time Loss Cost

Treatment Costs

Litigation Cost

Rehabilitation Cost

Disability Cost

Study of 200 clinical cases by Barrington Psychiatric Center, EAP Digest, Sept./Oct. 1988
What is Psychological First Aid?

- Psychological support based on peer assistance
- Programs that focus on everyday experiences of typical people.
- Provides fellow Athletic Trainers with psychological and emotional support through pre-incident education, on-site support and post-incident defusing.
- For the AT it is likely to involve one-on-one interaction
PFA

- **is a relatively new concept**
- **Basically, a group of specially trained peers to assist co-workers in coping with personal or job related problems**
PFA

Tends to be preventative in nature and encourages people to seek assistance in the early stages of a problem.
Ties in well with strong mentorship
PTSM Program Types

Peers ‘Listen and Refer’

Peers Provide Basic Crisis Intervention
Self-help groups

Critical Incident Stress Management (CISM) Teams
Structuring a Peer Support Program

- Advisory Board
- Peer Support Team Coordinator
- Mental Health Professional
- Peer Support Team members

“Yea, though I walk through the valley of the shadow of death, I will fear no evil” Psalm 23
PTSM is

- Traumatic Response Model and Reconnaissance
- Psychological First Aid
- Orientation
- Stabilization Groups
- Coping Groups
PTSM is **NOT**

- PSYCHOTHERAPY
- RESEARCH
- AN EMERGENCY MEDICAL MODEL
- LONG TERM INTERVENTION
- ‘STAND ALONE’ INTERVENTION

And, what do you think will happen if you _do_ get on the couch?
Common program characteristics

• Peer CISM team members are volunteers

• Confidentiality

• Records are maintained that do not identify individuals who utilize the program

• Generally speaking, communications are privileged.

• Be aware of specific state laws.
The team is comprised of certified athletic trainers who have been specially trained in Crisis intervention and Stress Management techniques. Work in conjunction with Mental Health Professionals who specialize in providing crisis support.
Good Peer Support Team Members have

- Good rapport with fellow professionals
- Respect for all parties involved
- Good listening skills
- Sensitivity to the problems of others
- Understanding of confidentiality issues
- Able to work within team parameters
- Willing to consult with mental health professional when necessary
- Prepared to refer peer to professional services as appropriate.
1. Establish Crisis Support Committee
2. Recruit and Train the Team Leaders
3. Set up a method for contacting the Peer Support Team
   - Phone “hotline”
   - Website-email, etc.
4. Recruit and Train Team Members to provide Psychological First Aid
What is Psychological First Aid?

- Contact and engagement
- Safety and support
- Stabilization
- Information gathering,
  - Current needs and concerns
- Practical Assistance
- Link to social support and services
- Coping
Athletic trainers must be able to recognize clients/patients exhibiting abnormal social, emotional, and mental behaviors. Coupled with recognition is the ability to intervene and refer these individuals as necessary. Additionally, athletic trainers appreciate the role of mental health in injury and recovery and use interventions to optimize the connection between mental health and restoration of participation.
Why is the AT well suited to do this?

PS-13. Identify and describe the basic signs and symptoms of mental health disorders (eg, psychosis, neurosis; sub-clinical mood disturbances (eg, depression, anxiety); and conflict (eg, adjustment to injury, family problems, academic or emotional stress, personal assault or abuse, sexual assault or harassment) that may indicate the need for referral to a mental healthcare professional.
Why is the AT well suited to do this?

PS-17. Describe the psychological and emotional responses to a catastrophic event, the potential need for a psychological intervention and a referral plan for all parties affected by the event.
Common misconceptions

1. PTSD sufferers are mentally weak
2. Everyone has some sort of PTSD
3. PTSD sufferers aren’t victims
4. PTSD symptoms manifest immediately after a traumatic event
5. PTSD sufferers are always unstable and violent
6. PTSD is limited to a specific age group
7. Only one treatment is needed
8. Therapy doesn’t work
9. PTSD sufferers are unable to function in the real world
10. Recovery is impossible
Why peer support can help

• Similar education and training
• Understands what I do
• Similar experience
• “Been there”
• Does not have the stigma of “psychotherapy”
• Happens in the field
These work for me.
Final food for thought....
If you quit-someone else has to do your job.

Will your replacement do the job better than you?

If the answer to the question is no. Then you have to find a way to get through it and move on.