**CORE STRANDS and Standards**

**Strand 2 Students will describe principles of sports psychology**

**Standard1** Identify the psychological implications of an injury to an athlete.

* + - Describe the five psychological phases an athlete experiences following an injury.
      * Denial
      * Anger
      * Bargaining
      * Depression
      * Acceptance
    - Compare and contrast athletes that deny pain and loss of function or view injury as a source of relief.

**Standard 2** Identify effective psychological intervention skills.

* + - Describe the importance of goal setting.
      * Performance goals
      * Outcome goals
      * SMART goals
    - Examine different relaxation techniques and how they can help performance.
      * Focused breathing
      * Progressive muscle relaxation
      * Visual Imagery

**Standard 3** Identify potential problems associated with overtraining.

* + - Compare and contrast staleness and burnout.
    - Identify interventions to prevent or treat staleness or burnout.
      * Remove from activity
      * Time off
      * Allow athlete to have more control
      * Decrease emotional and stressful demands
      * Avoid repetition
      * Sufficient attention to complaints and small injuries
      * Supportive and caring environment

**Standard 4** Anxiety

* + - Trauma Induced
    - Stress Related
    - Phobias

**Standard 5** Depression

Strand 2 – SPORTS PSYCHOLOGY

Lecture Notes

**Standard 1: Identify the psychological implications of an injury to an athlete.**

1. **Describe the five psychological phases an athlete experiences following an injury.**
   1. Denial – An athlete will commonly deny the seriousness of the condition: “nothing is really wrong” or “this can’t happen to me”
   2. Anger – An athlete may often become angry with themselves, those around them, and everything in general. Athletes may ask “why me”, “what did I do wrong”, “it’s not fair”. The athlete may lose interest in their own rehabilitation.
   3. Bargaining – The athlete becomes aware of the real nature of the injury and begins to have doubts and fears about the situation, which leads to bargaining. Pressure may be put on the therapy staff to “work miracles.”
   4. Depression – As an athlete becomes aware of the nature of the injury and recovery time, depression may set in.
   5. Acceptance – Gradually the athlete becomes resigned to the situation. They apply maximal effort to rehabilitation. The athlete accepts the limitations and focuses on getting back to participation.
2. **Compare and contrast athletes that deny pain and loss of function or view injury as a source of relief.**
   1. Athletes who deny pain or loss of function
      1. Some athletes can tolerate high levels of pain
      2. They believe that it is to their advantage not to acknowledge discomfort; they may be taken out of the competition if others realize they are hurt.
   2. Athletes who view injury as a source of relief
      1. An injury can provide a socially acceptable reason to avoid the pressure to succeed.
      2. If an athlete is hurt, they don’t have to deal with the realities of not “being the best.”

**Standard 2: Identify effective psychological intervention skills**

1. **Describe the importance of goal setting**
   1. General Guidelines
      1. Goals allow athletes to have long term vision and short term motivation
      2. It enables athletes to see and tract their forward progress.
      3. Raises self-confidence by recognizing their ability to achieve goals.
      4. Setting goals makes it easier to separate what is important for the athlete to achieve from what is irrelevant.
      5. Goals help organize the quality of daily training.
      6. Goals should be written down, positive, and have a reward attached to achievement.
   2. Performance Goals
      1. Directed toward achieving individual skills or behavior.
      2. Allows the athlete to set goals over things they have control over.
      3. These types of goals are more effective and should be used more often.
   3. Outcome Goals
      1. Directed towards the end result.
      2. Usually based on the reward of winning
      3. Athletes generally have little or no control over how other athletes will perform, which will affect outcome goals.
      4. These types of goals can increase pressure the athlete feels to be the “best.”
   4. SMART Goals
      1. A procedure used to write goals that will increase an athlete’s chance of achieving the goal.
      2. **Specific –** well defined – what, why, how.
      3. **Measureable** – a way to know when the goal is achieved (times, distances, measurements, etc.).
      4. **Adjustable -** goals can be changed as the athlete works toward them.
      5. **Realistic –** a goal must represent an objective toward which the athlete is both willing and able to work to accomplish. A goal should be both high and realistic.
      6. **Time based** – A goal should be grounded within a time frame.
2. **Examine different relaxation techniques and how they can help performance.**
   1. Focused Breathing
      1. Can help reduce stress and anxiety.
      2. Breathing is consciously monitored and controlled.
      3. Bring breaths to a slow rhythmic pace.
      4. In through the nose, out through the mouth.
      5. Use “belly” breathing – deep breathing so the belly extends instead of the chest rising.
   2. Progressive Muscle Relaxation
      1. This is a technique in which an athlete reduces stress by learning to relax. This is done by alternately flexing and relaxing muscle in a particular muscle group and then progressively relaxing other muscle throughout the body.
      2. Progressive relaxation may be practiced in a reclining position or while seated in a chair.
      3. Each muscle group is tensed from 5 – 7 seconds, and then quickly relaxed
      4. In most cases, one repetition of the procedure is sufficient, however, if tension remains in the area, repeated contraction and relaxation is permitted.
      5. Although there are many different sequences of tensing and relaxing muscles, the most common progressions either start at the toes and work up the body or start at the head and work down.
      6. Throughout the session a number of expressions for relaxing may be used: “let the tension dissolve”, “let go of the tension”, or “let the tension flow out of the body.”
      7. A short progressive program can be developed that helps the athlete become better aware of the body and where tension is held in the body.
3. **Analyze the use of visual imagery in sport**
   1. General guidelines
      1. Definition - imagining a specific environment or performing a specific activity
      2. Athletes should imagine performing skills very well and successful.
      3. During visual imagery athletes should use as many senses possible: sight, hearing, touch, smell, and kinesthetics.
      4. To have the most success, athletes should be calm and relaxed during imagery.
      5. Both internal and external perspectives should be used (the athlete being themselves or watching from the outside).
      6. Athletes should strive to control their mental images, making sure they see and feel themselves perform as they want to.
   2. Imagery in the aid of rehabilitation and healing
      1. The imagination of athletes can greatly influence their response to an injury.
      2. Athletes can be taught to control their visual images and to direct them to productively aid in rehabilitation and healing.
      3. Athletes should imagine the injured tissue healing.
      4. Athletes should mentally practice returning to activity and the feeling of being healed and regaining full movement.
   3. Imagery in the improvement of performance
      1. Athletes “see” themselves being successful and achieving goals.
      2. Performing skills at a high level.
      3. Seeing desired performance outcomes.
      4. Used to facilitate learning and refinement of skills or skill sequences.
      5. “See” and “feel” themselves performing perfect skills, programs, routines, or plays.
      6. Set the stage for performance – complete a mental run through of the performance before the actual event.
      7. Manage energy level – calming images to relax or energizing images to “psych” up.
      8. Refocus – imagining what to focus on can often help an athlete back on track, helping to remind what is important.
      9. Evaluate performance – replay performance, reinforce what was done well, evaluate aspects that need to be improved.

**Standard 3:** **Identify potential problems associated with overtraining**

1. **Compare and contrast staleness and burnout**
   1. Staleness – loss of vigor, initiative, and successful performance, may be the beginning of burnout. This situation can be attributed to a wide variety of influences:
      1. Long seasons or extended seasons
      2. Monotony in practice and program structure
      3. Abusiveness, both verbal and physical, especially in environments that are highly structured and controlling.
      4. High and constant levels of stress
      5. Poor eating habits – the athlete may not be eating enough carbohydrates to store glycogen for adequate fuel
      6. Rewards of efforts are minimum – a losing season commonly causes many athletes to experience signs of staleness.
   2. Burnout – state of physical, mental, and emotional exhaustion where an individual has their abilities to cope with minor daily frustrations decreased and their ability to cope with major problems paralyzed. It is characterized by loss of motivation and interest.
2. **Identify interventions to prevent or treat staleness or burnout.**
   1. Remove from activity
   2. Take time off from sport
   3. Allow athletes to have more control
   4. Decrease emotional and stressful demands
   5. Avoid repetition
   6. Sufficient attention to complaints and small injuries
   7. Create a supportive and caring environment

**Standard 4: Anxiety**

1. **Generalized Anxiety Disorder** -- People with generalized anxiety disorder display excessive anxiety or worry for months and face several anxiety-related symptoms.
   1. Symptoms Include
      1. Restlessness or feeling wound-up or on edge
      2. Being easily fatigued
      3. Difficulty concentrating or having their minds go blank
      4. Irritability
      5. Muscle tension
      6. Difficulty controlling the worry
      7. Sleep problems (difficulty falling or staying asleep or restless, unsatisfying sleep)
2. **Anxiety Induced by Trauma – Posttraumatic Stress Disorder (PTSD):** A serious potentially debilitating condition that can occur in people who have experienced or witnessed:
   * 1. War
     2. Natural disaster
     3. Serious accident
     4. Terrorist incident
     5. Sudden death of a loved one
     6. Violent personal assault such as rape
     7. Other life-threatening events
   1. Most people who experience such events recover from them, but people with PTSD continue to be severely depressed and anxious for months of even years following the event
   2. Women are twice as likely to develop posttraumatic stress disorder as men, and children can also develop it. PTSD often occurs with depression, substance abuse, or other anxiety disorders
3. Anxiety Induced by Stress
   1. Stress is how the brain and body respond to any demand
      1. Every type of demand or stressor, such as exercise, work, school, major life changes, or traumatic events, can be stressful.
      2. Stress can affect your health. It is important to pay attention to how you deal with minor and major stress events so that you know when to seek help.
   2. 5 Things to know about stress
      1. Stress affects everyone
      2. Not all stress is bad
      3. Long-term stress can harm your health
      4. There are ways to manage stress
      5. If you’re overwhelmed by stress, ask for help from a health professional
4. **Anxiety brought on by Phobias**
   1. Phobia – An extreme, irrational fear of a specific object or situation.
      1. Phobias are thoughts to be learned emotional responses. It is generally held that phobias occur when fear produced by an original threatening situation is transferred to other similar situations, with the original fear often repressed or forgotten.
      2. People with specific phobias work hard to avoid common places, situations, or objects even though they know there’s no threat or danger. The fear may not make any sense, but they feel powerless to stop it.
      3. Having phobias can disrupt daily routines, limit work efficiency, reduce self-esteem and place a strain on relationships because people will do whatever they can to avoid the uncomfortable and often-terrifying feelings of phobic anxiety.
      4. While some phobias develop in childhood, most seem to arise unexpectedly, usually during adolescence or early adulthood. Their onset is usually sudden, and they may occur in situations that previously did not cause any discomfort or anxiety.
         1. Common phobias focus on animals, insects, germs, heights, thunder, driving, public transportation, flying, dental or medical procedures and elevators.
         2. Although people with phobias realize that their fear is irrational, even thinking about it can often cause extreme anxiety.

**Standard 5**

1. Depression – A common but serious mood disorder. IT causes severe symptoms that affect how you feel, think and handle daily activities, such as sleeping, eating, or working. To be diagnosed with depression, the symptoms must be present for at least two weeks
   1. Types
      1. Persistent depressive disorders
      2. Perinatal depression
      3. Psychotic depression
      4. Seasonal affective disorder
      5. Bipolar disorder
   2. Risk Factors
      1. Personal or family history of depression
      2. Major life changes, trauma, or stress
      3. Certain physical illnesses and medications
   3. Treatment
      1. Medications
      2. Psychotherapy (talk therapy; AKA Couseling)
      3. A combination of the two.

\*\*\*If these treatments do not reduce symptoms, electroconvulsive therapy (ECT) and other brain stimulation therapies may be options to explore.

* + 1. No two people are affected the same way by depression and there is no “one-size-fits” for treatment. It may take some trial and error to find the treatment that works best for each individual
  1. Beyond Therapy – the things you can do
     1. Try to be active and exercise
     2. Set realistic goals for yourself
     3. Try to spend tie with other people and confide in a trusted friend or relative
     4. Try to not isolate yourself, and let others help you
     5. Expect your mood to improve gradually, not immediately
     6. Postpone important decisions, such as getting married or divorced, or changing jobs until you feel better
     7. Discuss decisions with others who know you well and have a more objective view of your situation
     8. Continue to educate yourself about depression