



THE JOURNAL OF PERFORMANCE PSYCHOLOGY

CENTER FOR PERFORMANCE PSYCHOLOGY NATIONAL UNIVERSITY SYSTEM



© 2011 NATIONAL UNIVERSITY AN AFFILIATE OF THE NATIONAL UNIVERSITY SYSTEM

WWW.CENTERFORPERFORMANCEPSYCHOLOGY.ORG E-MAIL: CPP@NU.EDU • PHONE: 760.268.1584













RESPONDING TO CRITICAL INCIDENTS IN SPORT

THE 6 "CS" OF CRITICAL INCIDENT RESPONSE IN SPORT:

A guide for parents, coaches, and administrators

Amy B. Athey, Psy.D., University of Oregon • John Heil, D.A, Psychological Health Roanoke

It's the call no parent, coach, or administrator expects, much less wants to receive. Yet, each year, sporting communities face critical incidents and traumatic events, both off the field and on the field.

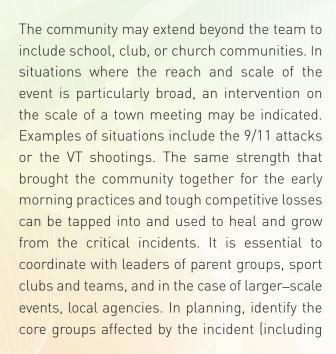
In a time of crisis, individuals and organizations look to their leaders for support and guidance. Critical incidents are defined as events that have the potential to create significant human distress and can overwhelm one's usual means of coping. Our society has become increasingly exposed to traumatic events both through the advancement of technology and the rapid availability of information. Research suggests that over 80% of Americans will be exposed to a traumatic event in their lifetime. In sport, the most cited critical incidents are catastrophic and fatal injuries during practice or competition. Athletic communities are also faced with off-the-field incidents, such as suicides, motor vehicle accidents, and assaults. The following "6 Cs" are points to consider for parents, coaches, and administrators when preparing for and/or managing a critical incident in their community.



© 2011 NATIONAL UNIVERSITY AN AFFILIATE OF THE NATIONAL UNIVERSITY SYSTEM







those with close ties to the traumatized or who were present at the event) as well as those with less direct association (for instance, members of the affected club team or school) and develop programs accordingly.

PSYCHOLOGY

CENTER FOR PERFORMANCE

NATIONAL UNIVERSITY SYSTEM

If media is involved, create an environment for the affected group, which is protected from intrusion of reporters asking questions of those impacted by the events. At some point, communicating with the media may serve as one means of connecting with the community. Take caution at being too quick to give out information until you have communicated directly with the groups influenced by the event in the community.





















Information too quickly disseminated could end up being erroneous, or even if correct could be more disruptive than beneficial. Most significantly, it can be extremely painful for family and friends of those injured or deceased to learn of such events through media outlets. Because the community has a need and a right to know of critical events, it is important to develop a working relationship with the media. This needs to be established with clear attention to boundary issues, offering timely access to accurate information, but with clear attention to sensitivity of the information released. The central question is "Whether information shared will yield a healing effect or be a disruptive influence?" It may also be prudent to provide some guidance on interacting with the media (information on this is in the VT report).

In responding to the event, remember that as a leader, you are likely coping with your own personal reactions to the critical incident. Being a member of the "inner-circle" aids you in responding to those in need; yet, it also renders you vulnerable to the trauma. Consequently, you need to consider how your own reactions may influence your response. Take time to reflect and confide in trusted colleagues in an effort to increase your awareness during this time and optimize your performance in your given role. School administrators, religious leaders, medical professionals or first responders may offer guidance and support for coordinating the response.









John Wooden has been quoted as saying that "a coach is first of all a teacher." During times of crisis, the community will look to coaches and administrators for guidance. It is in this moment that education can be very helpful for those coping with traumatic stress. Information has the power to decrease anxiety and restore normative functioning following a traumatic event. Withholding accurate information from those impacted by a traumatic event due to fear of how some will react is strongly discouraged. Information comes in many forms, including rumors and misinformation - with correct information from a trusted source being the best antidote. Creating an environment where the community can reconnect and put the incident in proper perspective is critical.

As a leader in the community, gather the facts and clearly communicate the information in a community setting, if possible. During this meeting, be prepared to give a succinct, yet accurate description of the critical incident that occurred. Secondly, take the opportunity to educate and normalize common reactions to traumatic events. Below are some common stress reactions:

PSYCHOLOGY

CENTER FOR PERFORMANCE

NATIONAL UNIVERSITY SYSTEM

PHYSICAL/SOMATIC: Fatigue, weakness, nausea, headaches, muscle aches

COGNITIVE: Confusion, poor problem solving, hyper vigilance, nightmares, poor concentration, intrusive images, uncertainty, blaming someone

EMOTIONAL: Fear, guilt, grief, anxiety, denial, intense anger, emotional shock, feeling overwhelmed or fear of being overwhelmed by feelings, irritability, agitation





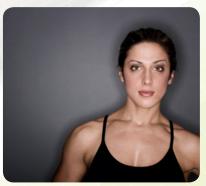














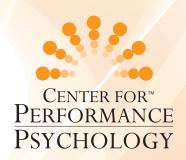


BEHAVIORAL: Withdrawal, inability to rest, hyperalertness to the environment, increased consumption, loss of/increased appetite, aggressiveness or restless behavior, shifts in social/interpersonal behavior.

Remind the community that some people may have the aforementioned reactions and some may not experience them at all. Additionally, it is important to note that children, adolescents, and adults may cope with the events differently. These are to be considered "normal reactions to abnormal events." Offer contact information and educational materials on support resources, such as school counselors, religious leaders, and mental health professionals should others need additional support.

CONSIDER THE PROCESS

This is just the beginning of the recovery and growth process. The acute phase may include memorial events or funeral(s) as those involved may experience traumatic stress. The community will engage in a transition as they begin to return to life as usual. This return to normal routines can aid in restoration of normative functioning. As time passes, individuals and communities may experience a more chronic phase of reactions. This full cycle will typically take a full year with renewed awareness on the anniversary of the event. For more significant traumatic reactions, the full cycle of adaptation may extend over several years.















Thus, it is important to be aware and be prepared to appropriately respond to significant reactions as they occur. For example, significant anniversary dates, such as the event anniversary or birthdays, may elicit traumatic stress. From a management perspective, it is important to anticipate these dates and be prepared for any renewed reactions that surface. Again, being mindful that individuals process these reactions differently, and be open to the needs of individuals as they process their reactions at their own course.

CONSULT WITH PROFESSIONALS

This is not the time to reinvent the wheel.

Professionals with experience coping with critical

incidents can offer you support and guidance on coordinating memorials, dealing with the media, and strategically responding to the critical incident in a way that promotes healing and growth. Typically, most individuals recover from a traumatic event and regain their normal functioning. Yet, some individuals impacted by the experience may need ongoing support or professional treatment. As a leader in the community, you have the opportunity to bridge a trusting relationship with outside professionals who can support those involved. Local professionals may be contacted through school counselors or mental health professionals. Additionally, national organizations, such as the Association for Applied Sport Psychology









CONSIDER RETURN TO PLAY CAREFULLY

community impacted by the traumatic events.

Following a traumatic event, administrators and coaches often face crucial and time-urgent decisions regarding when to return to competition. Returning to normal routines is one way individuals can positively cope with traumatic events. Consider the extent to which the sporting event can be considered entertainment (e.g. Professional sport) versus education (e.g., Youth sport). The entertainment aspect of sport may serve as a distraction from negative reactions and a feeling of normalcy in that the community has returned to typical routines. Yet, for youth sport, consideration of the messages taught to the youth in coping with adversity should be considered.

























It is suggested that the focus for return to competition de-emphasize sthe outcome. Rather, focusing on "playing well" or competing in a manner that emulates those affected by the critical incident is recommended. Lastly, leaders are encouraged to trust the team and their feedback as to their preparedness to return to play.

CARE FOR YOURSELF

As mentioned, sporting community leaders, whether coaches, parents, counselors, or administrators, are charged with a large task of caring and supporting others while coping with their own reactions to the critical incident. Self-care is crucial in mitigating your own responses and also in having the resources to be present and supportive of others. Taking efforts to maintain a healthy diet, sleep routines, and exercise can all help in your ability to effectively respond and cope with any traumatic or grief reactions you may experience. Also, ask yourself what you may need during this time. Do you need a break for some "me-





CENTER FOR PERFORMANCE PSYCHOLOGY NATIONAL UNIVERSITY SYSTEM

EDITOR-IN-CHIEF

Charles "Mac" Powell, PhDCenter for Performance Psychology

MANAGING EDITOR

Sarah Castillo, PhD
Associate Professor
Department of Psychology
National University

REVIEW PANEL

Doug Barba, Ph.D.

Associate Faculty
Department of Psychology
National University

Pierre Beauchamp, Ph.D.

Peak Sport Performance Mindroom

Shane G. Frehlich, Ph.D.

Associate Professor & Chair Department of Kinesiology California State University, Northridge

Charles H. Hillman, Ph.D.

Associate Professor Departments of Kinesiology & Community Health, Psychology, and Internal Medicine University of Illinois at Urbana-Champaign

David Ricciuti, Ed.D.

Performance Enhancement Specialist Army Center for Enhanced Performance

Wes Sime, Ph.D.

Professor Emeritus Department of Health and Human Performance University of Nebraska- Lincoln

