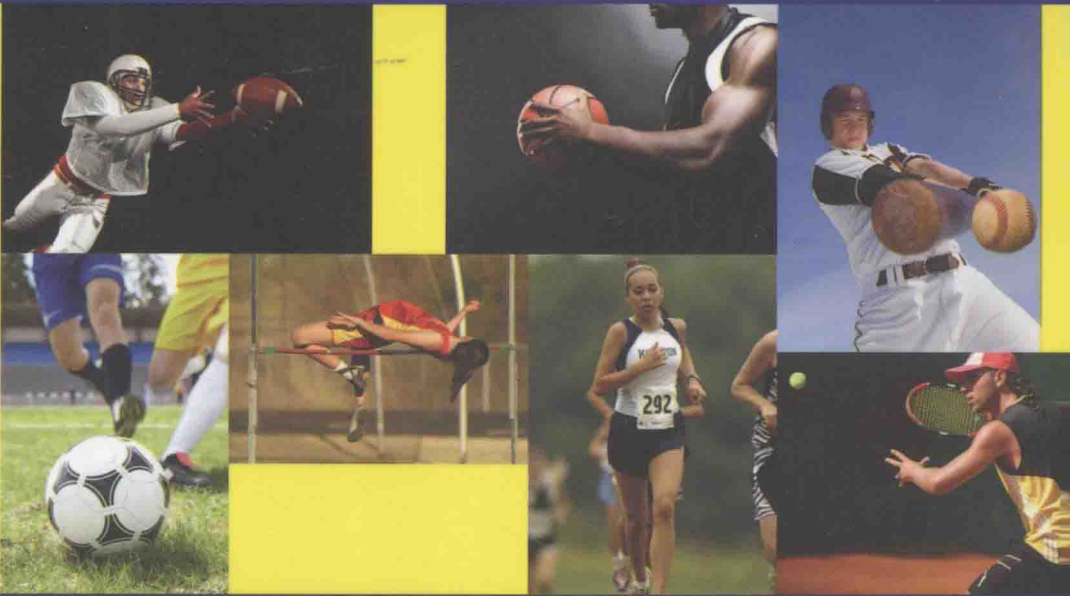


SPORTS PSYCHIATRY

Strategies for Life Balance
and Peak Performance



David R. McDuff, M.D.

Foreword by
Ozzie Newsome

SPORTS PSYCHIATRY

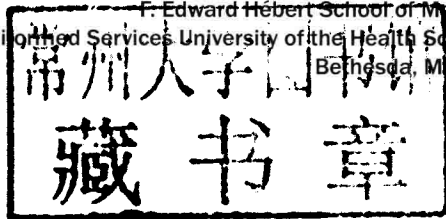
Strategies for Life Balance and Peak Performance

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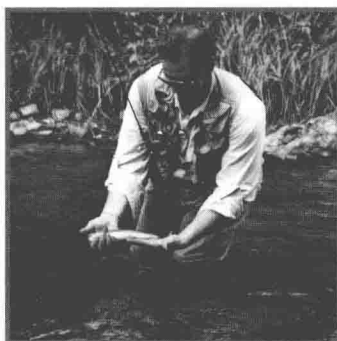
SPORTS PSYCHIATRY

**Strategies for Life Balance
and Peak Performance**



*This book is dedicated to
Michael Kendall Flanagan, 1951–2011
Husband, Father, Son, Friend, and Fly Fisherman*

Close—but Far Away



Baltimore Orioles Pitcher, Coach, Executive, and Broadcaster



Eventually, all things merge into one, and a river runs through it. The river was cut by the world's great flood and runs over rocks from the basement of time. On some of the rocks are timeless raindrops. Under the rocks are the words, and some of the words are theirs.

I am haunted by waters.

—Norman Maclean, *A River Runs Through It and Other Stories* (1976)

Foreword

One of the important things I have learned through my journey in athletics is that performing at the highest levels requires more than just physical and intellectual talent. As team members learn more about how to handle the stress of competition and everyday life, they increase their chances of success in athletic competition. Dr. David McDuff, the team psychiatrist for the Baltimore Ravens since the franchise started in 1996, has been an important member of the staff and has helped the team win, which is always a primary focus.

Having the physical and mental talent to be a professional athlete does not mean a person has the ability necessary to compete at the highest level. When I was a player with the Cleveland Browns, owner Art Modell and head coach Sam Rutigliano used a sports psychiatrist and psychologist from the Cleveland Clinic (in the late 1970s) to create a team-based inner circle of support for Browns players with issues ranging from alcohol and drugs to family and personal problems. When the Browns moved to Baltimore in 1996, Mr. Modell required that the new sports medicine group include a sports psychiatrist with expertise in addictions and stress. Dr. McDuff was hired with the initial group from the University of Maryland School of Medicine and has been in that role ever since. When Steve Bisciotti became the owner of the Ravens in 2004, he endorsed this program of assistance for players, coaches, team and front office staff, and family members, thereby continuing a culture of player, employee, and family centered support.

Dr. McDuff provides crisis and routine services in the training room and office for stress control, substance prevention, sleep and energy improvement, injury rehabilitation, pain control, mental preparation, family support, and mental disorder treatment. He is available to the organization's staff and leadership 24 hours a day, 7 days a week. Every year he helps numerous players, coaches, team staff, front office employees, and family members address problems and concerns, improve at work and home, and become better people.

Dr. McDuff has written a timely and comprehensive book on the evolving specialty of sports psychiatry. From the perspective of a front-line psychiatrist working at all competitive levels, he provides a vital road map for mental health providers, athletic trainers, and sports medicine practitioners involved in the care of athletes (as both competitors and people). He describes a set of eight core competencies and demonstrates the expert application of these with diverse case studies from many sports. Through his descriptions of working with teams, medical staffs, and leaders, he presents a model for other sports organizations to consider and adopt. *Sports Psychiatry: Strategies for Life Balance and Peak Performance* is a book whose time has come. It has valuable lessons for anyone involved in sports—and for that matter those in other businesses and corporations—and is an important read for understanding the mental and emotional dimensions of sports competition and management.

Ozzie Newsome
National Football League Hall of Fame Tight End, Cleveland Browns;
General Manager and Executive Vice President, Baltimore Ravens

Preface

I have been consistently and passionately connected to sports for 50 years and counting. As a competitor, spectator, fan, manager, parent, coach, author, lecturer, print media contributor, mental skills trainer, and sports psychiatrist, I have come to understand the intricate behavioral routines and intense emotions of training, competition, injury, mistakes, scoring, choking, winning, and losing.

My earliest memories of sports are from attending University of Alabama football games with my father, uncle, and brother. With Paul “Bear” Bryant as head coach, the Alabama Crimson Tide football team became a national powerhouse and source of pride and inspiration for an entire state and me. From 1960 to 1969, Alabama had a 60–5–1 win-loss-tie record (.923) and won three national championships. From 1970 to 1979, the team’s record was 92–15–1 (.860), and Alabama won three additional national championships.

In 1996, because of my background in sports and my expertise in addiction, military, and performance medicine, I was hired as the team psychiatrist and mental skills trainer for two professional sports teams: the Baltimore Orioles, a Major League Baseball team, and the Baltimore Ravens, a National Football League (NFL) team. Subsequently, I have worked with teams and individual athletes in other professional sports (golf and tennis) and at other levels, including collegiate, high school, and club sports. In a remarkable coincidence, I now work for Ozzie Newsome, one of Alabama’s most famous football players and an NFL Hall of Fame tight end, in his current role as general manager and executive vice president of the Baltimore Ravens.

I have encountered much during my ongoing 50-year love affair with sports. However, the last 16 years as an active sports psychiatrist have provided me with a special opportunity to stand with and learn from some of the best teams, owners, general managers, athletic directors, athletes, coaches, medical staff, family members, and front office staffs. I have taken something of value from every athlete, coach, administrator, doc-

tor, practitioner, athletic trainer, and strength and conditioning professional whose path I have crossed, and I hope to share their expertise with readers of this book. In a broader sense, I have taught and learned many of life's most fundamental lessons through the compressed time capsule of sports competition. As a parent of four athletes, I have a special commitment to the athlete's family to ensure that they say the right things, take the right steps, and stay healthy along the sports journey of their son or daughter or niece or nephew. I am motivated by a deep desire to do what I can to help athletes and coaches and those who care for them to do their best as they seek excellence and try to stay balanced and healthy in that pursuit.

I specifically want to acknowledge the influence and support of the following individuals who made this book a true narrative of my life's work.

- **My family:** Marie, DeForest, Lee, Shelley, Claire, and the Sanders family—You embraced my passions, weathered my absences, and taught me to love, to be loved, and to chill out; Charles and Carolyn—You gave me drive, creativity, conscientiousness, and a love of work; Judy, John, Carol, and Scott—You shared with me the joy and sorrow of our childhood; Oliver and Julia, Joy and Jerry, and Fred and Julie—You helped me through adversity.
- **My early friends:** Eric Blankenship, Mike Sweeting, Van Wharton, Nick Mamalis, Donna Hall, and Roy Hammock—You fueled my love of running, music, food, singing, and the arts.
- **My mentors at Spring Hill College:** Drs. MacNamara, Hemphill, Kearley, and Brandon, and Fr. Owens-Howard—You taught me a love of science and philosophy and to learn, teach, and question.
- **My medical school mentors:** Joe Sapira, Robert White, Robert Green, and Claude Brown—You gave me a love of psychiatry, neurology, and psychosomatic medicine.
- **My army mentors:** Dave Armitage, Bill Logan, Jerry Bissell, David Madison, Dan Veneziano, Tom Guyden, Bob Yaryan, Frank Abundo, Madonna Bark, Bob Sokol, Calvin Neptune, Gary Newsome, Bob Hales, Bob Ursano, Walter Reich, and Bill Boggiano—You molded my career.
- **My academic psychiatry mentors:** Walter Weintraub, George Balis, Stuart Keill, Stuart Tiegel, Jeanette Johnson, John Steinberg, Carl Soderstrom, Carlo DiClemente, and Jerry Jaffe—You encouraged my teaching, research, and writing.
- **My addiction psychiatry colleagues:** Wendy Maters, Art Cohen, Mary Klecz, Wayne Clemmons, Robert Schwartz, Tony Tommasello, Hal Crossley, Devang Gandhi, Chris Welsh, Eric Weintraub, Barbara Deluty,

Philip Hershelman, Pam Agarwahl, and Linda McCusker—You built a division and model teaching and service programs.

- **My sports psychiatry colleagues:** Don Thompson, Johannes Dalmasy, Peggy Curran Burns, Deb LeVan, Rob White, Wanda Binns, Jewell Benford, and Jessica Mohler—We all learned together.
- **My sports medicine colleagues:** Andy Tucker, Bill Goldiner, John Wilckens, Leigh Ann Curl, Bill Tessoroff, Mark Smith, Richie Bancells, Brian Ebel, Dave Walker, Tim Bishop, Jay Shiner, Alan Sokoloff, Doug Miller, and Janice Furst—You shared your knowledge, skill, energy, and compassion.
- **My sports teams' executives and staff:** Pat Gillick, Mike Flanagan, Dave Stockstill, Don Buford, Lenny Johnston, Ozzie Newsome, Dick Cass, Kevin Byrne, and Elizabeth Jackson—You are sports professionals who care about people.
- **My students, interns, residents, fellows, and the staff at Junction:** You asked the hard questions, gave me insights, inspired me, and kept me young.

Introduction

Along with music, art, religion, theater, democracy, capitalism, unemployment, violence, taxes, urban poverty, television, the Internet, texting, and military power, sports are a central part of American culture in the twenty-first century. The cultural impact of sports is at an all-time high because of rising participation rates, expanded opportunities for women, and the popularity of professional-level sports. For example, the most recent survey of the National Federation of State High School Associations (2012) showed that high school athletic participation rates increased for the twenty-second consecutive year. For academic year 2010–2011, a total of 7,667,955 participants (4,494,406 boys and 3,173,549 girls) resulted in an astounding high school athletic participation rate of more than 55%.

The numbers of teams and participants for colleges and universities have also risen. The most recent (2009–2010) participation rates report of the National Collegiate Athletic Association (NCAA; 2010) revealed that the numbers of Divisions I, II, and III championship sports teams (17,990) and participants (430,301) were at all-time highs and up substantially from the 11,025 teams (+63.2%) and 231,985 participants (+85.5%) in 1981–1982. For NCAA schools, the gender breakdown has changed substantially over the years, primarily due to the passage of Title IX of the Education Amendments of 1972. The 2008–2009 NCAA report revealed that 53% of teams (9,470 of 17,814) and 42.8% of participants (180,347 of 421,164) were women. These changes are dramatic when compared to pre–Title IX data. According to Carpenter and Acosta’s (2010) 33-year longitudinal study on women in intercollegiate sports, only 16,000 females were participating in college athletics in 1968, compared with over 180,000 just 40 years later. In addition, the average number of women’s teams per school has grown from 2.5 in 1970 to 8.64 in 2010.

Professional sports in the United States are extremely popular and dominated by four media market giants: football, baseball, basketball, and ice hockey (Plunkett Research 2010). The National Football League is undeniably the top professional league, with \$9 billion in annual reve-

nue, followed by Major League Baseball (\$6.8 billion), the National Basketball Association (\$4 billion), and the National Hockey League (\$2.3 billion). For these professional teams and all others, including college, advertisers spend an astounding \$27 billion per year. This marketing and branding power explains in part the substantial influence that professional athletes have on youth and adults in general and on athletes at all competitive levels.

From a psychiatric and psychological perspective, the most interesting part of sports does not involve the rates of participation, ratings, revenue, or results, but rather the pressure and stress that daily change the emotions and actions of athletes, coaches, parents, and spectators. The emotions of competition are what make sports great and difficult. From one critical athletic moment to another, athletes shift from positive emotions, thoughts, and actions that support consistent performance to negative ones that degrade it. The key emotions of sports are the same as for other important activities in life, but are often more intense. On the positive side, individuals feel fun, joy, pride, ecstasy, excitement, accomplishment, mastery, calm, and confidence, and on the negative side, they feel anxiety, doubt, fear, pain, sadness, disappointment, embarrassment, frustration, and anger. Each of these emotions must be controlled, and the energy that creates them needs to be channeled into consistent play. The fears of training and competition—fears of mistakes, failure, injury, collapse, disappointment, criticism, embarrassment, and success (with the added pressure that success brings)—are especially important.

Fortunately, psychiatrists and other mental health clinicians interested in sports practice already have the necessary general skills to help competitive athletes to deal with adversity, stress, competitive pressure, loss and trauma, injury and pain, transitions, family conflict, tough choices, mistakes, media scrutiny, money management, and even success. These practitioners, however, are typically lacking sports-specific knowledge and skills. Beneficial knowledge includes sports culture, team structure and function, elite competition, injuries, performance-enhancing substances, urine drug testing, and family stress patterns. Useful skills include core competencies such as mental preparation, sleep and energy management, substance prevention, injury recovery, pain management, developmental and gender competency, and organizational consultation.

Because of the broad impact and popularity of sports, I have written this book with several audiences in mind. First, the book is useful for mental health professionals (i.e., social workers, licensed professional counselors, marriage and family counselors, psychiatrists, psychologists, and advanced practice psychiatric nurses) who work with or may want to work with athletes or teams. Second, the book is intended for primary

care physicians and other general practitioners, sports medicine fellows and physicians, sports chiropractors and dietitians, certified athletic trainers, and strength and conditioning professionals who have periodic or regular contact with athletes and teams and who want to strengthen their emotional and behavioral intervention skill set. Third, the book is for athletes, who can obtain a formula for success in sports and life, as well as review and learn from the case examples. Fourth, the book can be used by owners, athletic directors, coaches, managers, front office staff, and line administrators who work in sports, to gain a broad perspective of the common struggles of athletes and teams and the resources that are available to assist them. Finally, parents and family members can read the book to help them better support their athletes' dreams of success and to help ensure a lasting joy of training and competition.

Throughout the book, I have included stories of success and failure and presented problems and solutions from many sports at all competitive levels. Unless otherwise noted, every story is a composite of many similar cases, and the details have been substantially altered to ensure confidentiality. Because the stories are universal and common, readers might think they recognize specific individuals. I have mixed the stories with clinical experience and the evidence base of sports psychiatry with the intent to inform, teach, encourage, and inspire. Indeed, I have written this book as a guide for athletes, teams, administrators, coaches, and providers to push for peak performance and success; however, the book emphasizes the type of success that preserves human dignity, moral perspective, and quality of life while also promoting unity, sound judgment, personal growth, pride, and a lasting sense of accomplishment.

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Scope of Practice

Many psychiatrists and other mental health professionals have broad and specialized skills that are useful to individuals of all ages who are involved in sports at all competitive levels—including athletes, coaches, teams, administrators, owners, sports medicine physicians, other clinicians, athletic trainers, and family members. Since the 1980s, sporadic articles and one book on the developing practice area of sports psychiatry have appeared (Begel and Burton 2000; Glick et al. 2009). In addition, in 1997 the International Society for Sports Psychiatry was founded to bring together psychiatrists with special interest and expertise in sports and to link this expertise with sports medicine, sports organizations, and the community. The earliest sports psychiatry reports focused on the diagnosis and treatment of common mental disorders in athletes, which include attention-deficit, learning, sleep, mood, anxiety, impulse control (aggression), eating, and substance use disorders, as well as the common problems of stress, risky behaviors, precompetition anxiety, choking, overtraining, fatigue, burnout, injury, and life balance. Later articles expanded into consulting with teams and organizational leaders, assisting parents, optimizing health and fitness, recovering from injury, and improving performance; however, these practitioner roles and the skills needed for them are not well defined (Gee 2010). Until recently, few descriptions of actual applied experiences or case studies have been provided. Documenting the main lessons learned from years of work in collegiate and professional sports, McDuff et al. (2005) describe various situations in which prompt assistance is effective and appreciated. This information is especially beneficial when services to athletes and the teaching to primary care sports medicine and addiction psychiatry fellows are provided where a team practices and competes.

In this chapter, I provide an overview of a broadened scope of practice for sports psychiatrists and mental health professionals. I briefly describe eight core clinical competencies and representative cases. The competencies have been developed from many years of providing on-site sports psychiatric services to athletes, coaches, family members, and team and front office staff at professional, collegiate, high school, and club levels of competition. The cases, which come directly from my practice and illustrate common problems and solutions along with various perspectives, are designed to be useful for clinicians, coaches, athletic trainers, and parents and other family members. The eight core competencies are 1) mental preparation; 2) stress control and life balance; 3) sleep and energy management; 4) substance use and misuse; 5) injury recovery and pain management; 6) mental disorder treatment; 7) working with teams, sports leadership, and medical staff; and 8) developmental, gender, and cultural skills. All of these competencies are important and routinely required during both the competitive season and the off-season. Figure 1-1 represents the relationships of these competencies to the athlete's talent, experience, athletic and fitness fundamentals, injury history, and coaching and family support. These core competencies are detailed in Chapters 2 through 9. In Chapter 10, I discuss the current evidence base for sports psychiatry and future directions.

Mental Preparation

Mental preparation and mental skills training become more important contributors to competitive consistency and positive results as the athletes' talent and competitive levels increase. Figure 1-2 illustrates the elements of mental preparation that are progressively more important for building self-confidence. Most teams and athletes focus almost exclusively on technical skills, tactical strategies, fitness, nutrition, and injury management, but neglect the mental and emotional aspects of practice and competition and of winning and losing.

Basic Mental Skills

The basic mental skills of breathing and relaxation, positive self-talk, focus and attention shifting, visualization and imagery, and motivation and persistence provide a pathway to competitive self-confidence. (Further discussion and case studies of each of these specific basic mental skills is provided in Chapter 2, "Mental Preparation.") The basic mental skills are useful before and during practice and competition to quiet the mind from distractions, relax the body to allow automatic fluid movement,