

## Mental Performance in Athletics (Part 2)

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Goal setting, I think we know a little bit more about goal setting. I mean, most of us kind of understand it, we've used it in our lives. But it really motivates people to action. OK, and sometimes these goals are different than results, because we're looking for the action, not necessarily the end result.

We use the goals to focus our attention on certain things. We're pretty well set on that. But goal setting is very important, particularly for young athletes and for families, where there's so many distractions going on. You have a family that may have certainly more than one child. And there has to be ways to be able to consult with parents to understand what their child is going through, how it intermediate goes with the other family duties and actions.

Elements that effective in goal setting-- the athlete is motivated to attain. It's hard to establish goals when athlete isn't motivated or willing to be taught setting, accomplishing the goal. Goals should be stated in positive terms and not negative terms. And goals are specifically defined, so not be too general.


For example, oftentimes when-- I was a wide receiver. Oftentimes, when you talk to two wide receivers, and they have a goal of trying to get as many catches as possible. But oftentimes, you're not going to be able to, because that can't be determined until you get the pass.

But every play is determined by the down and distance. So it's really more about not really figuring out how many balls I'm going to catch today, but how many-- maybe how many times I'm going to be able to get a first down with a catch. That makes it a little bit more simple. Or whether I can talk about having less misses versus how many catches.

But oftentimes, there are roadblocks. And let's just think a little bit about those individuals that you see as clients, as injured clients, or those who have need for adjustment. You know, sometimes they're just not going to be able to do it. Maybe their body's just not at that particular stage where their goals can be achieved at this particular visit.

Maybe it is that they need a little bit more knowledge about why they're hurting, for example. Maybe they just lack the courage or see being seen by an athletic medicine professional as being pretty stressful. That might be a roadblock. Now maybe they don't have the right amount of social support that would encourage them to go see someone or to continue on to plan of rehabilitation.

One of my favorite strategies is called imagery. It's also can be called visualization and mental practice. And I've used it quite a bit when I was playing. I use it now, because I'm always thinking about the next opportunity. And I'm recreating this experience in my mind.



So in some respects, athletes can create or recreate these opportunities in their mind. So they're visualizing, and they use this in various forms. You can picture events in your mind. And you're always doing this. Sometimes, you're always seeing yourself doing things constantly.

Some of the skills, why do we do this? So we use the mind senses-- sight, sound, taste, touch, hearing, kinesthetic muscular fees to recreate or create this experience. And sometimes it's based on prior experiences as well.

For example, I can still remember it, I've been retired 26 years, but I can still remember the fact when I would return punts the day before game or throughout the week before the game. And I'm always recreating what that might look like. Because when we have a play on to return a punt, I can visualize what it might look like.

And certainly, recreate the fact that I have to wait a certain time when that ball is in the air to determine whether I need to call a fair catch or not. I'm also recreating, before I go out on the field, on fourth down, recreating what that might look like, depending on where we are on the field. so I'm recreating these experiences before they happen.


So that's a strategy that you can use. What does it do? It improves concentration, it helps build confidence, because if you do have experience, it gives you more confidence that things might happen the way you believe them to happen. And it helps you to practice sports skills, as well as it does control your responses to this.

So if you have experience in these activities, then you're able to be able to understand how you feel the last time you did this. So you can recreate those experiences in that way. One of the most important things I think we do all the time. And it doesn't necessarily have to be taught, but it certainly can be witnessed as a strategy for human performance in sports.

Most of the time, we do talk to ourselves negatively and positively, mostly negatively. Because we're pretty confident at certain times of the day when things are what we expect them to be, and they go positively. So when we start talking to ourselves, it's usually in a negative fashion. But anyway, we do prompt a specific behavior.

And most of the time when we do use self talk, and me as a practitioner, we want to make sure that this self talk is always in positive terms. It does give us some motivation, because we can then have some expectations in place. And when I talk about potential focus, and focus is probably one of my most favorite strategy, but it is about how we can get ourselves psyched up emotionally, as well.

But we can get ourselves psyched up and be more focused on what we're doing. And certainly, it does help us perform better, if we use it in positive terms. One of the things I think is important also is communication and team building, which I won't go into today, but will continue, because I want to make sure we get all this other in.



It also leads to free competition planning, where routines are important. Many people believe warm up is important. Some don't, believe it or not. Even preparation for travel to a contest, or practicing competitive tasks, which athletes do before the game starts.

And one of my favorites that I talk to individuals probably more than anything, not only about performance termination, but the preparation for competition or transition. We do have a lot of positive issues regarding transition. A high school athlete, anticipating getting a scholarship and moving to the college level, certainly some exemplary college athletes are expecting to be drafted in the next NFL draft, or NBA draft in the summer.

So there are transitional issues that are very positive. But just one time, we'll talk about the definition, one that's really long in belief, and that is a better life transition, which just really is a process. So it happens over time.

So let's get to these factors that moderate mental responses to injury. So looking at your model, we find out that there are some pre-injury factors. It really does determine-- when we talk about demographics, we talk more about size, ability, gender, for example. There is psychological issues that we'll talk about as well, as well as the physical.

And then there's also post-injury factors, how someone is actually going to respond to the circumstances they're in. And those are social, and physical, environmental changes as well. So talking about the prior experiences of the injury, which are very important.


Maybe if you had this injury before, you've kind of going through this again, that helps you appraise the injury, for example. And your emotional response may be the same as it was before, maybe not.

The perceived recovery and the status, is certainly negatively-- we found, negatively relating to the mood disturbances of severely injured athletes. So as the perceived recovery status is negative, the mood disturbance rises.

And then the perceived cause of the injury may influence the emotional response. So there's various ways that a person is going to respond. Maybe it depends on the severity, but also the perceived cause. Maybe this was an injury that you didn't expect. Most injuries are. But if you're playing football, you're going to expect certain things to happen in this collision sport.

Maybe it's a case where a person tripped on the steps, like I did one time, and messed up his knee. I didn't expect that. So my emotional response is going to be a little bad. It's not going to be good, OK? Whereas, if I get injured in a football game, for example, that's kind of expected. I didn't want it, but it goes with the territory, for example.

There's some psychological, obviously, strategies. You're going to find a client is going to have a pessimistic explanatory style when they look at their injury. They're going to always be negative



certainly. You're going to come across a client like that where they never think it's going to get better.

When they have this dispositional optimism, where they're optimistic, and this may be their first time having this injury, but they're still pretty optimistic about it, their mood disturbances are going to be as bad. And then you're going to have that client who has the hardiness of anyone, who has done this before, or expects that they're going to get through this really quickly.

And one of the things, I think, that we find with individuals, as well as athletes, is that there's this athletic identity that athletes particularly hold on so strongly to. Because this is where they feel that they have done their best as a person or individual. And if that is broken, that is tainted in any way, there will be an obviously more emotional response.

We also understand that people have various degrees of pain tolerance. And so that's a function of the cognitive appraisal and whether you believe that this pain will pass really quickly. And then, also, whether you have coping skills that will deal with the notion of how long this pain is going to last and what you can do to remedy it emotionally.


Situational factors you see on your model, the affect of post-injury, cognitive, and emotional, and behavioral responses. So at the higher level of play, the more stress and mood disturbances is really indicative that we find in the athletes. So I'm at a professional level. Obviously, you're messing with my money.

If I'm off the field, I'm not making any money. And the chances of me staying on the team is a mood disturbance that is greatly adhered to during these times when you're off the field. Relationships with coaches and teammates are influential. So having that relationship with the coach really does affect your emotional behavioral responses to your injury.

And whether you can continue involvement in team activities despite your injury, really helps your mood and behavioral response. The fact that support from family members is certainly key, particularly for amateur athletes. Not just the family members, but also other coaches and friends.

And again, athletic medicine professionals and coaches are considered less important, based upon the literature, less important than social support from family members and friends. So make sure you understand that. But you'll find out that your persuasiveness on the accuracy of the injury and the prospects are more important.

Let's talk about the emotional response on your model. Really, it's evaluating mood states, tension, and anxiety, depression, and frustration. And you can see all of those in some of your clients. I know when I had a fractured condyle on my right femur-- this is in the old days, when they didn't have MRIs. So I played hurt for a whole season. It wasn't until after the season that they found out that I fractured my condyle. But I got the hero award.



Nowadays, it's a little bit more systematic. The guys are worth a lot more than they were back then. But there was a lot of frustration, not only in the pain, but the fact that I wasn't able to perform as well throughout the year. Anxiety, yeah, toward the end of year, you're thinking, oh, man am I going to make it, am I going to be able to be on this team next year-- of course.

But then also, there could be a positive response, some relief. Sometimes athletes are relieved that they're injured. There's a sense of relief, because then they don't have to go out there and be evaluated. Sometimes there's a relief because they feel maybe their skill level is going down. Or that they're just not ready to compete at this particular time. So sometimes injuries can prompt a positive response.

But more than likely, sometimes that pressure to return and the fact that you think that you're going to come back at the same level that you did before you were injured, it also puts pressures on the athletes. So behavior response, there's and adherence behavior, and active involvement in rehab, which we all like. I believe the benefits of rehab are going to outweigh the costs, which we all expect out of our clients.

And then there's that malingering behavior, deceptive behavior about their injury. You might find that your clients will kind of fake-- not necessarily fake, but deceive you in terms of how they really feel, or how much it really does hurt, or the fact that faking symptoms are put in place to maybe avoid practice or competition. Maybe they look at a reduction in playing time because of their injury, or loss of status, or maybe this was due to poor-- maybe it came at a time when they were exhibiting poor performance.

OK, so recommendations and we end here. Recommendations for medicine personnel. Improving communication skills with the injured. I think it's very important. Objective aspects of rehabilitation is part of this communication approach. Making sure you understand the athlete's frame of reference.

I think sometimes, yes, we see another client in, but we're not understanding a little bit about how it came to be, that this person is emotionally and cognitively at a level that could be disturbing or could be accepted. We had to be aware of that.

Certainly, I think with this process of injury, there is an opportunity to have a short-term and long-term goal, well established and communicated with that. And to establish some type of rehabilitation strategy. So when that person comes in, they understand what's expected of them maybe at that particular time, or before they come to see you.

So some of the takeaways. A complete picture should include communication between athletes and the members of the sports medicine team. Not just that person who's the practitioner with the athlete, but the entire team that is reviewing this circumstance. The assessment of the athlete's post-injury responses are helpful and may be more accurate than the estimation of the athlete.

I'm talking about-- I put athlete twice, but I meant the athletic medicine personnel's assessment is going to be mostly accurate, compared to the athlete's assessment.