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It's good to talk... Injury

Rich

During 2015/16 my role as a (very) part-time sport psychologist within a rugby team has been one of supporting the injured players within the support team set up. I have been scheduled infrequently in the evenings and on weekends to be at the rugby club venue for the following reasons: 1) being an outlet for the performers to support their adherence to medic, physiotherapist, strength and conditioning coach, or performance analyst directed/agreed goals; 2) being an outlet for any issues that the performers may be experiencing at different stages of the rehab process; and, 3) working with the performers to identify strategies to improve confidence and mental preparation on their return to rugby.

Underpinning my work is the well-being of the player, collaborating with a fantastic support team who attempt to have one eye on the person along with another on the performer – one factor that attracted me to work in the set-up. When meeting with the players, I aim to consider their eudaimonic (personal growth aligned to self) and hedonic (happiness/life satisfaction) well-being. Such a perspective can help the players adhere to their rehabilitation programme and be more confident and comfortable on return to play from their injury. To elaborate, working with the players on strategies that can maintain or achieve the above objectives in order to improve well-being. Also, improving well-being will help the players to feel better about their injury situation and maintain progress towards recovery. Given the salience of maintaining and developing hedonic and eudaimonic states it is important for support staff to monitor the social and personal predictors of well-being to intervene at appropriate times. These predictors can include, for example, feelings of isolation from the group (relatedness), lack of perceived progress (growth), lack of perceived purpose within the environment (purpose in sport), inability to cope (mastery), lack of desire to commit to, and perceived control over, a programme (autonomy), and frustration at being unable to train or compete – sometimes underpinned by a

lack of information about current injury status (acceptance). The main concern I have with this role, however, is how to continue monitoring and supporting with such an infrequent exposure to the players – due to the competing responsibilities we have as academic practitioners.

Focusing on one example, Jon (pseudonym) was 4 months into a 6 month rehabilitation period and was worried about his progress (he was behind on initial return to play projections), with the potential of having to have another operation (he was still feeling slight pain). I'd met Jon a couple of times over a two month period just to get to know him better, so at this stage he was quite open with his concerns. We discussed his home life, lifestyle, experiences at the rugby club, and other factors that may have an influence on his feelings about, and adherence to, rehabilitation. Due to his lack of progress and worry about the pain – the uncertainty was underpinned by not seeing the surgeon for another two weeks to obtain more tangible information – unprofessional lifestyle habits with friends outside of rugby were starting to creep in. These were, in turn, having an affect on Jon's energy and behaviour at the rugby club. Jon acknowledged that it was something that could become a major issue, but highlighted it made him feel a lot better *at the time*. Jon also discussed that even though the support staff ensured that he was kept in the team environment, he suggested that it wasn't the same as preparing for the matches. Consequently, this loss of purpose and relatedness resulted in Jon seeking such factors elsewhere. We discussed what Jon used to do within the team environment when fully fit and a number of behaviours were identified. One key behaviour was being part of his units' decision-making process. Specifically, working with other players in his position and unit to analyse the oppositions' tactics, identifying perceived 'weaknesses', and discussing ways to take advantage of these. When asked how he'd feel if he was involved once again in this process, Jon suggested he would be happy to do this now as it would feel like he's closer to returning – as he is working on his rugby brain. We then discussed what the impact would be on him, with the reality that he couldn't do anything about the outcomes from this process – as he couldn't yet play. The reply was that he could cope with it, as it would give him motivation to stick to his rehabilitation programme and get back playing. Despite this rebuttal, I arranged telephone

calls (I did offer SKYPE too) after each analysis session. I told Jon it was to get an update on how it was going, but I did also want to gauge how this process would be affecting him *and* be there should he want an outlet to speak.

Since this discussion, the performance director has liaised with the head analyst and Jon has been invited to future sessions. The analyst had previously invited Jon to the sessions, but Jon was not ready to be involved. Jon has also had confirmation that the operation was a success – interestingly, the pain has since gone! Despite arranging the phone calls, they never happened. I always feedback to the performance director and rest of the support team – only articulating what is agreed with the player – and I highlighted the need to monitor any changes in mood and behaviour. I didn't receive any concerns from the support team regarding Jon and I did meet him again a month later. He was forthcoming with information due to the in-person meet and he continues to make strides towards recovery. His lifestyle and well-being was also reported to be fine. The particular challenge that I have here, which is underpinned by the infrequent contact, is to find a way to still be available to support the players.

I now pass this on to Steve and Ross for their opinions. Steve has been a mentor of mine for over 10 years and someone who I've regularly discussed cases with for verification and advice. Steve also has extensive knowledge of rugby being a past player. Ross has also been a long time colleague of mine and is an expert in the injury rehabilitation process.

Steve

My current applied practice involves working with a professional rugby union franchise. One of my roles within the organisation is working with, and supporting, the ongoing influx of long term injured players (LTI) that enter the medical department of the organisation and help them on their journey as they attempt to navigate the various challenges to full recovery from post-op injury management, limited mobility and function, through to return to training and eventually return to play. Rugby union is a sport where the risk of acute injury is high due to the contact-based nature of the game, and the likelihood of chronic injury is also prevalent due to the accumulated fatigue associated with the demands of week-to-week matches across a long competition season. Recent

statistics suggest that nearly a third of a professional union club's training squad are unavailable for selection at any one time across a competition season. A large part of professional rugby union teams' budgets and resources are therefore invested in efforts to minimise injury risk or rehabilitating the current injured players in their squad.

The high likelihood of injury and the unavailability of squad members to be fit for training and selection places great demands on all personnel within such a high performance environment. Coaches are constantly challenged to prepare the team without access to the full quota of players, and naturally aspire to have as many players fit as possible. Given that medicine, and the process of rehabilitation from injury, is not an exact science, there are many grey areas that constantly have to be negotiated between the player, coach and medic when making calls on whether an individual is fit to train or play. This itself places demands upon both medics and players, as well as the coaches, to make the right call. The challenges of working with injured players from a coaching and support staff perspective, therefore, not only present performance-related demands around making the appropriate decision in the short term (i.e., is player X fit and available for selection for the next game next week?), but also extend to longer term decisions to be made around whether the injury will allow a player to eventually return to their previous performance standards, and the impact that may have for their longevity within the team, and their place on the payroll. In both these short and long term contexts the wellbeing of the player is paramount, whether this be in helping them to rebuild or restore a robust confidence mindset about their ability to return to play, or to help them negotiate the threats that come to their identify associated with a potential change of club within the sport, or an exit from the profession altogether.

Given the multifaceted context of injury, such as the one described above, Rich's excellent commentary resonated very strongly with me, and nicely reflects the challenge of working with injured athletes in the professional environment. Specifically, how to ensure the athletes and the rest of their entourage are fully supported in providing an environment which facilitates the maintenance and

development of the described hedonic and eudaimonic states. Akin to the players available for selection and training, injured players have their own weekly schedules and daily programs, often working one-to-one on their rehabilitation with medical and conditioning staff. Here, I seek to adopt a systems perspective in this context to attempt to maximise player (and staff) well-being. In working with the 'team' within the team I find a lot of my role is working indirectly through the medic or conditioner offering counsel or an ear for reflection to provide solution-focused support to help them to help the athlete. I find a simplified self-determination framework offers a nice 'user-friendly' approach to locate an understanding of how to support the player. Similar to Rich's perspective of considering the personal and social perspectives that impact on the athlete, at all times I will encourage the support staff member to consider the degree of autonomy, competence and relatedness surrounding the athlete's environment. For example, we will seek to work with the athlete to ensure they have a degree, or perceived degree, of autonomy, in shaping their rehabilitation, and the various decisions that are made around their rehabilitation program as it develops. Programs are structured such that opportunities are provided where possible through relevant exercises, drills and activities to rediscover not only their physical competencies but also their game-related technical, tactical and mental skills. Lastly, we also seek to consider the individual players' need to affiliate within the team/club environment. For many, even though they are unable to play, their athlete identity is such they feel the need to affiliate with the group and the environment as much as possible, to avoid isolation. For others, potentially more comfortable with their identity, the preference is to spend the minimum time around the training environment until they are ready to re-enter and re-integrate with their surroundings and team-mates fully.

For me, therefore, in a similar way to Rich, I see keeping 'in the loop' with the 'system' or 'team within the team' one of the biggest challenges in my role. Like Rich I work one to one with players at the various stages of their rehabilitation, but unlike him I also have more day to day contact time and dealings with the coaches and support staff of the professional team. This allows me the opportunity to garner the perspective not only of the injured player, but also that

of the medical staff treating or working with that player, and the coaches within whose environment the athlete must eventually be delivered back for duty.

Here, an additional benefit of my role is to be able to attend the weekly multi-disciplinary team meetings where the status and progress of the current injured players on the roster are discussed. Again, I seek to encourage all staff in the meeting to look at the player from a broader wellbeing perspective. This may be related to ensuring the players have sufficient support in the initial phases of their post injury diagnoses, to emphasising the bespoke treatment of an individual in the latter stages of their return to performance. We are then able to develop tailored intervention strategies around the players' medical treatment, conditioning, technical and tactical development, and general wellbeing. These interventions consider the player's overall welfare and very much fit the concept of maintaining and developing hedonic and eudaimonic states Rich has described.

Perhaps it's too crude to see it simply as an ongoing battle to strike a balance between the health or wellbeing of an individual (player, coach, support staff member or other) and the delivery of performance, as that is, when all is said and done, ultimately the primary role of all the staff on the roster, be they players, coaches or conditioners. But I would like to think that having such a wellbeing system-based perspective at least allows for greater parity and the potential for that individual, and the staff supporting them, to grow as part of their injury experience... and that is probably a good time to hand over to Ross for his thoughts...

Ross

Thanks for passing on the 'baton' Steve. And, thanks for opening up this dialogue Rich and for sharing your personal reflections of your professional practice, which, for me, sport and exercise psychologists still don't do enough. For the past 10 years, I've been – and continue to be – fascinated by injury, the rehabilitation process, and everything else that comes with it. I've had the pleasure of hearing hundreds of injured athletes' stories; their tales of the good,

the bad, and the ugly. Whether it's at their home, a coffee shop, or the training ground, I love nothing better than sitting and listening to their stories. No two stories are ever quite the same.

Under the supervision of Dr. Lynne Evans, I did a lot of consultancy with injured athletes and their support networks during and immediately following my studies. These experiences were invaluable, and offered me lots of opportunities to better understand how to work with (and not work with) injured athletes. I made a lot of mistakes. On reflection, these mistakes were largely the result of me trying too hard and not *really* listening to Lynne's feedback or the injured athletes themselves. 'I' was too focused on solving 'their' problems with the battery of psychological skills I had in 'my' armoury. After a while, I fell out of love with consultancy, and in particular the use of psychological skills, and decided to focus my efforts on research. After all, when I was collecting data from injured athletes, I would sit there and listen, which I enjoyed; but when I was doing consultancy I would sit there and offer advice. At that time, I couldn't see what I was doing wrong.

Today, I'm an active researcher and work with hospitals, clinics, and charities to enable them to better understand their patients' / members' responses to and rehabilitation from various sporting and non-sporting injuries. I am also extremely lucky to have a number of PhD students / friends who continue to teach me so much about this area. I haven't ventured back into consultancy yet, but I do regularly meet with sport psychologists to discuss with them the challenges they are facing when working with injured athletes. And, Rich provides an excellent account of one such challenge practitioners may face: how to facilitate lines of communication with injured athletes. This is a challenge I've experienced myself, and debated with practitioners about before. From my experience, the issue largely stems from the injured athletes who prefer to be away from the training environment, thereby making it challenging for sport psychologists to plan scheduled meetings and occasionally 'bump' into them. When they're in the training environment, it's much easier to enable unscheduled conversations to occur. I always used to think about where I need to position myself: Where should I sit? Where should I stand? It was about providing them with the opportunity to talk to me if they want. The challenge

however comes when the athletes don't come into training. Rich suggested using Skype and talking over the phone, two great ideas. As well as this, I try to empower them to monitor themselves (e.g., using diaries) and provide them with some 'friendly nudges'. For example, I'll send them a text saying, 'I'm visiting your local area today, fancy grabbing a quick coffee?' I used to like having coffee at the athletes' homes ideally, if invited. I found this a great way of understanding the challenges they are facing day-to-day. I was able to assess who was in their social support network, and other more mundane things like: What are the transport links like? Where's the local newsagent? Do you they need anything that will make their lives a little easier? A friendly nudge is sometimes all they need. Other than that, once they knew I was available to chat and I had heard nothing of concern from any of the support staff, I did nothing.

Another potential reason for the infrequent contact with athletes might be that he or she doesn't want to talk about their problems with someone they don't really know or connect with. In a rehabilitation context, there sometimes isn't a great deal of time to develop rapport with athletes – unless you've managed to work with them prior to their injury like Steve and Rich. So, the first few sessions are critical for developing an effective practitioner-client relationship. And, if those early meetings don't go well, maintaining subsequent lines of communication will be challenging or a futile endeavour. I used to beat myself up about this (e.g., What am I doing wrong?), but now in my research endeavours I just accept that not everyone is going to want to share their story with me, and that's fine. Alternatively, it might just be that the injured athlete is coping well and doesn't believe they need to see a sport psychologist. Time after time, I've met injured athletes who cope well. Although I believe many injured athletes would benefit from seeing a sport psychologist, often I find we undermine how resilient human beings actually are. Athletes have often experienced a great deal of adversity throughout their sporting career leading up to their injury, and overcoming injury is simply not a challenge for them. They then often perceive they don't need help, because of their interpretation of our profession. I used to challenge them by saying that sport psychologists aren't just interested in your problems; they are also interested in *you*. Some were curious and stayed in contact, others I never heard from again.

Other challenges I interpreted from reading Rich and Steve's commentary were: identifying and working on strategies to improve confidence and mental preparation, athlete's reporting lack of progress (real or perceived), and athletes engaging in unprofessional lifestyle habits. For me, I see injury as an amazing opportunity. Athletes' often never take the time to stop, think, and reflect. And, injury provides them with the time to do just that. Time is a valuable resource, and injured athletes often don't know what to do with the extra free time they have. I used to always encourage them to come up with their own ideas, but if they were struggling to find any I always used to have an endless list of suggestions 'up my sleeve' so to speak: You could go to the gym and work on other aspects on your training? You can seek out more information about your injury and the rehabilitation process? You could spend more time with your friends and family? You could reflect on who you are and where you are going? You could help your coach and/or teammates in training? You could engage in your other passions and interests or seek to develop new ones? There's an endless list of choices available to them. The more options the better. After all, we don't all want the same things. And the great thing with these choices is that they can turn into acts of self-creation (or you can call it 'eudaimonic' wellbeing; I personally hate words like this, just another example of academics making their work inaccessible to others). Indeed, participating in these activities may lead to what Abraham Maslow referred to as 'self-actualisation' or what Carl Rogers referred to as 'becoming a person'. As well as the self, I always keep in mind the importance of relationships. I didn't want my applied work back then to develop self-absorbed, narcissists! I don't believe you can't go through life satisfying one's own desires. I encourage injured athletes to also think what they can do for others. It was a great to read Rich and Steve's comments on the importance of relatedness during rehabilitation and how they've achieved this in their professional practice.

In terms of identifying and working on strategies to enhance confidence and mental preparation, like I said earlier – I'm not a massive fan of psychological skills. Yes, they have their role, but they are not be-all and end-all. However, if an athlete is an advocate of them, sometimes they are unaware they can apply the skills they've learned in a sporting context to a rehabilitation

context, which always surprises me. If I do go back to consultancy, I would likely embrace a more 'client-centered' approach where I'll try and ask the 'right' questions to allow athletes to tell their story and identify their own solutions to any issues they may be experiencing. After all, I'm not the expert, far from it. They know themselves and their circumstances far better than I. I would see my role as listening and asking challenging questions, and being honest and truthful in my observations. By doing so, I hope they will feel cared for and it'll make a positive difference in their lives. Far too often we're talking, but we're not speaking. We're hearing, but we are not listening. Sounds simple, but these are skills that take a long time to master. I hope I master them one day. Drawing from solution-focused brief therapy, one question that I always encourage sport psychologists to ask injured athletes is the million-dollar or miracle question:

After our chat, you're going to leave here and get on with the rest of your day. You may go to the training ground, do your rehabilitation exercises, sit down and watch T.V., and so on. Sooner or later it'll be time for bed. I want you to imagine that while you're asleep a miracle happens, and the problems we've discussed today are a step closer to being solved. But because this happens while you're sleeping, you have no way of knowing that there was an overnight miracle that started to solve your problems. So, when you wake up tomorrow morning, what will be different that will tell you that the miracle has taken place?

There's lots of different ways of phrasing this question, which often depends on the context and the client. I always find it interesting where the conversation goes after this. Give it a go, what have you got to lose? At the very least, you'll make them laugh!

I'll leave it there for now. All in all, injuries are complicated and as Steve rightly says, rehabilitation is not an exact science. There are lots of dilemmas to debate, and I think this is a great forum to do so. If you're reading this commentary and it's provoked a thought, I'd welcome any feedback – good or bad. Anyway, I'd pass the baton back to Rich.

Rich

Thanks to both Steve and Ross for their thoughtful insights into the challenge I posed at the start of this written piece. They've made a number of great points here that link to the challenge of being available within a small time period and also working with injured athletes in general. Selecting a few of these themes, the following resonate:

- 1) *Remind the players when you're available.* Ross made a great point that a reminder of visibility could simply be a text to the player stating that you're around and available. I've been guilty in the past of making the mistake by thinking that a player will always remember the comment 'drop me a line when you need to talk.' As my time with the team is infrequent, I could use this simple 'nudge' more outside of session times;
- 2) *Some won't need support.* Many performers don't need support, and I was pleasantly impressed by one response from a young player recently who said, 'I wanted to come and speak to you Rich, when I was injured, but, and I hope you don't mind, I chose not to in the end as I wanted to work out how I could / should cope myself... as this is a physical game and I'll get injured a lot, and you may not be working with us then!' I've known this lad for a while and he is a resilient character. Others may not be. So the attempting to build rapport with players to know who will and won't need support is important – and challenging within a small window of time;
- 3) *Listening is more powerful than doing.* This will raise an interesting quandary for new sport psychologists (I know it did for me) – we may not have much time afforded to us, yet we abide by a humanistic, client-centred philosophy. So how can we 'listen well.' My grandfather gave me a piece of advice when I was younger, 'when people talk, they like to go on a journey, so let them get to their destination... if they want to go to New Zealand, don't stop them in Spain!' With my current challenge in mind, my question to my grandfather would now be, 'what if the plane only has enough petrol for a 3 hour flight?'... What I'm getting at, again, is that I need to continue to get better at navigating the discussions I have with performers in a timely fashion towards an end destination where they

feel they have got something out of the exchange – summarising and concluding the session is, therefore, vital.

- 4) *Working with and through the support staff.* Steve made a great point about using the support staff to support the development of the injured athlete. I do make the point to physio's, soft tissue therapists, strength and conditioners etc., that they are the ones who the players will probably open up to more – as they are the ones who see them the most and build a very good rapport. Consequently, developing the 'listening' skills that Ross alludes to is important for these support staff;
- 5) *The Well Being of Support Staff.* Aligned to the previous point, the process of supporting an injured athlete can impose additional demands on the already overworked support staff. Interestingly, the well-being of these individuals is often overlooked within academic literature. In much of my work now, I do challenge support staff (and coaches) about how they prepare for and cope during their 'performances'. This is something I challenge myself too – what do I need to do to in my preparation to be the best performer possible? Am I doing? If not, what needs to change?

We do hope this exchange will be of value to the readership.

Rich, Steve and Ross