

Sports Psychiatry Portable Didactic Elective Curriculum

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on behalf of the International Society for Sports Psychiatry

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Intended Learners:

- Psychiatry residents desiring an elective in sports psychiatry
- Psychiatry fellows (especially child and adolescent, addiction, or sleep) desiring an elective in sports psychiatry
- Primary care (family medicine, internal medicine, pediatrics) residents desiring an elective in sports psychiatry
- Sports medicine fellows desiring an elective in sports psychiatry
- Senior medical students intending a career in psychiatry, sports medicine, or primary care and desiring an elective in sports psychiatry

Introduction:

Sports psychiatry is the sub-specialty within psychiatry largely focusing on diagnosis and treatment of psychiatric illness in athletes. While utilization of psychological approaches to enhance performance may also be part of the work of the sports psychiatrist, it tends to be less so as compared to addressing actual mental illness in this population. The work of sports psychiatry may also involve the use of exercise as a therapeutic or preventative intervention for mental illness. The field is relatively new, such that most medical schools and residency/fellowship programs do not have curricular offerings dedicated to the topic. Moreover, with the population of sports psychiatrists relatively small, and with a relatively small research base, when health care providers do deliver psychiatric care to athletes, they may do so without a full understanding of the diagnostic and therapeutic issues

unique to this population. Thus, this curriculum aims to enhance the knowledge base of physicians and physicians-to-be in the science of sports psychiatry, and to increase the skill with which these clinicians provide psychiatric health care to athlete populations.

Resources Required:

Faculty: Ideally, an on-site psychiatrist with expertise in sports psychiatry would supervise this elective experience. However, it is acknowledged that the field of sports psychiatry is relatively small, such that medical schools and residency programs may not have a faculty member/attending who identifies as an expert in sports psychiatry. In that case, a local faculty member with an interest in the field, even if little experience in it, could supervise the curriculum. A final option is that a faculty member/attending from an institution different than that at which the trainee taking the curriculum is enrolled could remotely supervise the didactic portion of the curriculum. In the latter case, there would be no direct clinical aspect to the rotation. In any case, ideally there would be regular (e.g., weekly) meetings between the learner and supervisor for discussion of readings and writing assignments.

Patient population: A clinical population of athlete-patients could provide a clinical component to this elective. Care of such patients would be supervised by an on-site faculty member/attending. However, this elective can also be completed as simply a didactic/reading elective, in which the learner completes the “Readings and assignments” and “Final project” described below. If the latter, a faculty mentor/attending should still be available to review assignments with the learner and to provide accountability in that manner.

Materials: The literature articles listed in the “Readings and assignments” section below are available on PubMed. The two assigned book chapter articles are available in the text “Clinical Sports Psychiatry: An International Perspective” (Wiley, 2013). If the learner does not have access to this text, either through their institution’s library lending system or their own or their mentors’ book collections, then these topics may be skipped or completed in modified form, as there are no equivalent journal articles in the literature. Of note, any proceeds from the Wiley, 2013 text go to the International Society for Sports Psychiatry and not to individual editors or authors.

Layout of the elective: The elective centers around a didactic/reading component (see “Readings and assignments” below). The rate with which the learner goes through the readings/assignments will depend on the time allotted for, and duration of, the elective, as well as whether or not the learner has clinical requirements that also must be completed during the time of the elective. For example, if the learner is solely completing a didactic/reading elective during ½ day per week of protected time, they might complete 2 topic “blocks” per week (reading and accompanied assignment), and spend the remainder of the time during that ½ day each week working on their final project and meeting with the supervisor. If the learner is

completing a sports psychiatry clinical experience along with the didactic/reading component, they might complete just 1 “block” per week, and spend the remainder of the time during the elective each week seeing patients, working on their final project, and meeting with their supervisor. Depending on the duration of the elective, the learner and faculty supervisor might select an appropriate number of topics (those felt to be of greatest individual interest or of highest relevance) to be covered during that time, omitting the others. Detailed time keeping by early learners demonstrated that each topic (including time for reading the full article(s) and answering the questions thoroughly) takes between 30 minutes and 2.5 hours for the learner to complete (most in the 1-2 hour range).

Goals and Objectives of the curriculum:

Goals: By the end of this rotation, learners will:

1. Understand the epidemiology of, risk factors for, and unique manifestations of a variety of psychiatric disorders and psychosocial stressors in athletes.
2. Understand how treatments for psychiatric disorders in athletes may be similar to and different from treatments for psychiatric disorders in the general population.
3. Appreciate that there are individual level treatments as well as system wide interventions to address mental illness in athletes.
4. Develop familiarity with the medical literature on a variety of topics related to sports psychiatry.

Objectives:

Specific objectives are covered by the reading assignment questions. By the end of this rotation, learners will be able to answer all of the questions posed in the reading assignments.

Final project: Learners completing this elective are to produce a scholarly product relevant to the field of sports psychiatry. The topic and format of the product is subject to approval by the supervising faculty member/attending. Options include a manuscript (e.g., a standard research study, review paper, opinion piece in a journal, American Journal of Psychiatry Residents’ Journal article, etc.), poster presentation (local, regional, national, or international), a presentation, talk, or workshop (local, regional, national, or international), educational session (e.g., a one-hour didactic session for other learners in their academic program, or a Grand Rounds), or educational column (e.g., in the International Society for Sports Psychiatry newsletter, state psychiatric association newsletter, etc.). The exact project chosen depends on interest of the learner, duration of the elective, time available for work on the project, mentorship available at the time of the elective, and scholarly opportunities at the time of the elective.

Evaluation of the learner: See attached for a sample evaluation form that may be especially relevant to psychiatry residents, as it is written to align with the ACGME Milestones for psychiatry residents (available here: <https://www.acgme.org/Portals/0/PDFs/Milestones/PsychiatryMilestones.pdf>).

Thus, this evaluation form can be part of an overall Milestones-based assessment of a resident, as that is the approach that most residency programs are now taking. Note that Milestone levels on this evaluation form only go up to level 4, as level 5 is regarded by the ACGME as “stretch” goals that many/most residents will not have achieved by the time of graduation, and this curriculum is not designed to achieve level 5 Milestones. The evaluation form is mostly based on specific answers provided by the learner to various reading assignments, and thus, it would be helpful for the supervisor to collect the assignments as the rotation goes on, so as to be able to reference them when completing the evaluation. This evaluation form can be supplemented with or replaced by any standard evaluation forms used for learners completing other rotations/electives at a learner’s institution.

Answer key: Upon a learner completing this curriculum, they may email Dr. Reardon (creardon@wisc.edu) to request an answer key, if desired, for their own learning purposes. In making such a request, they should attest that they have completed their elective and should cc their attending supervisor (to ensure answers are not given out prior to completing the curriculum). If an attending supervisor desires the answer key prior to their learner completing the curriculum, they may email Dr. Reardon with that request. Please do not disseminate the answer key beyond the current learner and attending supervisor without permission from Dr. Reardon.

Evaluation of the curriculum by the learner and by the attending supervisor: When you have completed your sports psychiatry elective, the learner and attending supervisor are asked to please complete anonymous, approximately 5-minute, evaluations of the curriculum. These will help shape future iterations of the curriculum. Curriculum authors will not view survey results until at least 5 responses are collected. The links to the surveys are as follows:

Learner survey:

https://uwmadison.co1.qualtrics.com/jfe/form/SV_cSkILWffb7RIJRj

Attending supervisor survey:

https://uwmadison.co1.qualtrics.com/jfe/form/SV_dgqInTEZhJDcvZP

Readings and assignments:

Block #	Topic	Reading/assignment
1	The field of sports psychiatry	<u>Reading:</u> Reardon CL, Factor RM. Sport psychiatry: a systematic review of diagnosis and medical treatment of mental illness in athletes. Sports Medicine 2010;40(11):961-980.

		<p><u>Writing assignment:</u></p> <ul style="list-style-type: none"> • What is the field of sports psychiatry? How does it differ from sports psychology? • List 3 causal relationships between sport and mental illness, and at least 1 example (either from this article or from any other information you have) of each of those relationships.
2	Depression in athletes	<p><u>Reading:</u> Wolanin A, Hong E, Marks D, et al. Prevalence of clinically elevated depressive symptoms in college athletes and differences by gender and sport. British Journal of Sports Medicine 2016;50:167-171.</p> <p><u>Writing assignment:</u></p> <ul style="list-style-type: none"> • What NCAA sport had the highest rates of depression in this study? List at least 3 reasons why this sport might have higher rates of depression than other sports in the study. • Find at least one other research article that discusses differences in rates of depression between individual and team sport athletes. Give the citation for the article, and write 2-4 sentences to summarize any hypotheses discussed in the article about why there might be such differences.
3	Anxiety in athletes	<p><u>Reading:</u> Reardon CL. Psychiatric comorbidities in</p>

sports. Neurologic Clinics 2017;35:537-546.

Writing assignment:

- Imagine you have a patient who is a 19 year old collegiate swimmer who has developed sport-related performance anxiety. She becomes very anxious leading up to all competitions to the point that she has feigned illnesses and injuries to avoid having to compete. When she does compete, she feels that her performance suffers related to the anxiety. This anxiety seemed to have started when she had a single poor performance much below that expected of her. She does not have significant anxiety outside of the athletic sphere. How would you treat her anxiety in this situation? Comment on any psychotherapeutic, psychopharmacologic, or other approaches you might take.
- Describe why panic disorder sufferers may experience a worsening of symptoms during acute exercise.
- Find 2 examples from the lay press that illustrate what you would consider superstitious rituals in athletes (as opposed to actual obsessive-

		<p>compulsive disorder). What psychological role do you suppose these rituals play for the athletes?</p>
4	<p>Post-traumatic stress disorder and other trauma-related disorders in athletes (*Note: The assigned reading is from a textbook to which learners might not have access through their institution's library lending systems or their own or their mentors' book collections. If the learner has no access, then this topic may be skipped, as there is no equivalent journal article in the literature).</p>	<p><u>Reading:</u> Posttraumatic stress in athletes. Wenzel T, Zhu LJ. In: Baron DA, Reardon CL, Baron SH, eds. Clinical Sports Psychiatry: An International Perspective. United Kingdom: Wiley, 2013.</p> <p><u>Writing assignment:</u></p> <ul style="list-style-type: none"> • List events that may lead to PTSD symptoms in athletes, and why some of these same events may be less likely to cause PTSD symptom in non-athletes. • Describe how PTSD symptoms in an athlete can specifically interfere with athletic performance. • You have a 25 year old male professional track and field athlete who tripped over a hurdle in a major international competition, suffered a serious leg injury requiring several surgeries and a year of recovery, and has now completed all necessary rehabilitation to be able to fully return to sport. However, he is exhibiting PTSD symptoms and is having great difficulty returning to sport. When he tries to practice, he clears the hurdles with hesitation and does not

		<p>get low enough to the hurdles. Describe your general treatment approach, including psychotherapy and psychopharmacology as appropriate.</p>
5	Eating disorders and other body image disorders in athletes	<p><u>Reading 1:</u></p> <ul style="list-style-type: none"> • Joy E, Kussman A, Nattiv A. 2016 update on eating disorders in athletes: a comprehensive narrative review with a focus on clinical assessment and management. British Journal of Sports Medicine 2016;50:154-162. <p><u>Writing assignment 1:</u></p> <ul style="list-style-type: none"> • Which sports are associated with the highest risk for development of eating disorders? • List at least 5 factors that should be taken into account when considering clearance/return to play for an athlete with an eating disorder. • Find 1 research article on the female athlete triad and 1 research article on Relative Energy Deficiency in Sport (RED-S). Give the citations for the articles, and write 1 paragraph comparing and contrasting the concepts of RED-S and the female athlete triad. It is not universally accepted that 1 of these constructs is

		<p>more valid than the other, but which do you find more compelling?</p> <p><u>Reading 2:</u></p> <ul style="list-style-type: none"> • Murray SB, Rieger E, Touyz SW, et al. Muscle dysmorphia and the DSM-V conundrum: where does it belong? A review paper. Int J Eat Disord 2010;43:483-491. <p><u>Writing assignment 2:</u></p> <ul style="list-style-type: none"> • Muscle dysmorphia is not an official diagnosis included in the Diagnostic and Statistical Manual of Mental Disorders. However, list the <i>proposed</i> diagnostic criteria for this condition. • Describe ways in which muscle dysmorphia is <i>similar</i> to: body dysmorphic disorder; obsessive-compulsive disorder; and eating disorders.
6	Substance use disorders in athletes: Part 1	<p><u>Reading:</u></p> <ul style="list-style-type: none"> • Reardon CL, Creado S. Drug abuse in athletes. Substance Abuse and Rehabilitation 2014;5:95-105. <p><u>Writing assignment:</u></p> <ul style="list-style-type: none"> • List at least 4 reasons why athletes as a unique population may use substances. • A 21 year old female collegiate basketball player has been referred to you by her team

		<p>trainer for anxiety. She reports using high doses of Adderall (mixed amphetamine salts) from a friend, as it seems to help her speed and focus on the court. She does not notice it to be causing any problems for her. Her ultimate goal is to go to medical school to become an orthopedic surgeon or sports medicine physician. List four statements, using each of the 4 important elements of motivational interviewing that are mentioned in the article, that you might make to her as part of a motivational interviewing approach to her substance use. For example, to illustrate the use of clinician empathy, you might state, "It goes without saying that you have so many pressures and demands on your time, that I can just imagine when you find something that seems to help and doesn't seem to cause any problems, one would be hard pressed not to want to use it."</p>
7	Substance use disorders in athletes: Part 2	<p><u>Reading:</u> Hainline B, Bell L, Wilfert M. Chapter 3. Substance use and abuse. In: Mind, Body, and Sport: Understanding and Supporting Student-Athlete Mental Wellness. NCAA. 2014. Available at: http://www.ncaa.org/sport-</p>

		<p>science-institute/introduction-mind-body-and-sport (scroll to see specific chapter sub-topic assigned)</p> <p><u>Writing assignment:</u></p> <ul style="list-style-type: none"> • How do rates of alcohol and marijuana use by college student-athletes compare to use by non-athlete college students? • List at least 3 potential negative effects on sports performance for student-athletes for use of each of the following substances: alcohol, stimulants, and marijuana.
8	Gambling disorder in athletes	<p><u>Reading:</u> Derevensky J, Paskus T. Chapter 3. Gambling among student-athletes: cause for concern. In: Mind, Body, and Sport: Understanding and Supporting Student-Athlete Mental Wellness. NCAA. 2014. Available at: http://www.ncaa.org/sport-science-institute/introduction-mind-body-and-sport (scroll to see specific chapter sub-topic assigned)</p> <p><u>Writing assignment:</u></p> <ul style="list-style-type: none"> • Describe the demographics of gambling in collegiate student-athletes by answering the following: 1) what percentage of male and female student-athletes exhibit clinical signs of problem gambling?; 2) athletes from which sport are at greatest risk for problem

		<p>gambling?; 3) in what type of gambling are student-athletes relatively more likely to participate compared to their peers?</p> <ul style="list-style-type: none"> • Describe NCAA regulations surrounding student-athlete participation in gambling. What do you think is the point of having these regulations? Can you think of 1 possible way to try to improve compliance with these regulations? • Describe at least two ways technology has influenced trends in gambling.
9	Bipolar disorder in athletes	<p><u>Reading:</u></p> <ul style="list-style-type: none"> • Sylvia LG, Friedman ES, Kocsis JH, et al. Association of exercise with quality of life and mood symptoms in a comparative effectiveness study of bipolar disorder. Journal of Affective Disorders 2013;151(2):722-727. <p><u>Writing assignment:</u></p> <ul style="list-style-type: none"> • What is the relationship between frequency of exercise and mood states as described in this study, and what are at least 2 possible explanations for this finding? • Do you think the above finding would be compelling enough to change your practice in

		any way when working with athletes who have bipolar disorder? If so, in what way(s)?
10	Attention-deficit/hyperactivity disorder in athletes	<p><u>Readings:</u></p> <ul style="list-style-type: none"> • Reardon CL, Factor RM. Considerations in the use of stimulants in sport. Sports Medicine 2016;46:611-617. • Garner AA, Hansen AA, Baxley C, et al. The use of stimulant medication to treat attention-deficit/hyperactivity disorder in elite athletes: a performance and health perspective. Sports Med 2018;48:507-512. <p><u>Writing assignment:</u></p> <ul style="list-style-type: none"> • List 3 arguments for and 3 against stimulants being prescribed to elite athletes. • With which of the above articles do you agree more when it comes to prescription of stimulant medications for elite athletes? Write 1 paragraph with your rationale.
11	Sleep in athletes	<p><u>Reading:</u> Halson SL. Stealing sleep: is sport or society to blame? British Journal of Sports Medicine 2016;5:381.</p> <p><u>Writing assignment:</u></p> <ul style="list-style-type: none"> • List at least 5 reasons why athletes may be at unique risk for sleep deprivation. • You are working in administrative leadership

		<p>at a Division I college athletic department and have been put in charge of developing initiatives to improve overall sleep of the student-athlete population at your institution. Describe 2 initiatives you might undertake, and barriers that might exist to implementation of each one.</p>
12	Suicide in athletes	<p><u>Reading:</u> Lester D. Chapter 3. Suicidal tendencies. In: Mind, Body, and Sport: Understanding and Supporting Student-Athlete Mental Wellness. NCAA. 2014. Available at: http://www.ncaa.org/sport-science-institute/introduction-mind-body-and-sport (scroll to see specific chapter sub-topic assigned)</p> <p><u>Writing assignment:</u></p> <ul style="list-style-type: none"> • What is the relative risk of suicide in college student-athletes compared to the general college population? Describe specific demographic variables within that generality. • List 6 risk factors for suicide in professional athletes.
13	Mental health impact of concussions in athletes: Part 1	<p><u>Reading:</u> McCrory, Paul, Meeuwisse W, Dvorak J, et al. Consensus statement on concussion in sport—the 5th international conference on concussion in sport held in Berlin, October 2016. <i>British Journal of Sports Medicine</i></p>

2017;51:838-847.

Writing assignment:

- Define sport-related concussion, including several clinically defining features as laid out by the 5th international conference on concussion in sport.
- Return-to-sport and return-to-school strategies following sport-related concussion have evolved over time. This paper notes that after a brief period of initial rest (24-48 hours) following a sport-related concussion, symptom-limited activity can be begun. Once concussion-related symptoms have resolved at a given level of activity, the athlete should continue to the next level. Generally, each step should take a minimum of 24 hours. List the 6 aims (levels) of a graduated return-to-sport strategy and the 4 aims (levels) of a graduated return-to-school strategy (specific activities and goals of each aim need not be listed).
- List 6 clinical domains that can lead to a suspected diagnosis of sport-related concussion.
- The manuscript notes that the large majority of athletes with sport-

		<p>related concussion recover, from a clinical perspective, within the first month, though there are definite exceptions. List at least 5 risk factors for delayed recovery, including specific mention of the strongest and most consistent predictor of slower recovery from sport-related concussion.</p>
14	Mental health impact of concussions in athletes: Part 2	<p><u>Reading</u>: Rice SM, Parker AG, Rosenbaum S, et al. Sport-related concussion and mental health outcomes in elite athletes: a systematic review. Sports Medicine 2018;48:447-465.</p> <p><u>Writing assignment</u>:</p> <ul style="list-style-type: none"> • Describe the level of evidence for any association between sport-related concussion and depression, and between sport-related concussion and anxiety. • Describe a biopsychosocial model for negative outcomes in sport-related concussion.
15	Relationship between injuries and mental illness	<p><u>Reading 1</u>: Putukian M. Chapter 4. How being injured affects mental health. In: Mind, Body, and Sport: Understanding and Supporting Student-Athlete Mental Wellness. NCAA. 2014. Available at: http://www.ncaa.org/sport-science-institute/introduction-mind-body-and-sport (scroll to see specific chapter sub-topic assigned)</p>

		<p><u>Writing assignment 1:</u></p> <ul style="list-style-type: none"> • Describe how an eating disorder may result from an athletic injury. • Provide 3 reasons why being injured with a concussion is different from other injuries in how/why it may affect mental health. • Describe one potential negative impact of increased media attention on chronic traumatic encephalopathy among athletes. <p><u>Reading 2:</u> Psychological issues related to illness and injury in athletes and the team physician: a consensus statement-2016 update. Current Sports Medicine Reports 2017;16(3):189-201.</p> <p><u>Writing assignment 2:</u></p> <ul style="list-style-type: none"> • Describe at least 2 ways in which psychological stress may predispose to athletic injury. • List 3 prominent psychological factors that have been shown to be important in illness and injury treatment and outcomes. For each of these, explain the impact in 1-2 sentences. • List 9 characteristics of poor progression of recovery from injury.
16	Medication use for psychiatric disorders in athletes	<u>Reading:</u> Reardon CL, Creado S. Psychiatric medication preferences of sports

psychiatrists. The Physician and Sportsmedicine 2016;44(4):397-402.

Writing assignment:

- List 3 important variables to consider in prescribing psychiatric medications to athletes.
- Considering the results described in the assigned reading, as well as your own clinical experiences with medications, what would be your first choice for a psychiatric medication for an athlete in each of the following categories: depression without anxiety and without bipolar spectrum disorder; generalized anxiety disorder; insomnia; ADHD; bipolar spectrum disorders; psychotic disorders? For residents/fellows only (this would be an advanced question for medical students): What would be your first choice for a psychiatric medication, and why, for an athlete in the following diagnostic categories not considered explicitly in this article: OCD; PTSD; panic disorder?
- How, if at all, do your first-line choices in all of these categories differ from your first-line choices for general, non-athlete patients? If there

		<p>are differences, are they justifiable (in other words, do any differences suggest that we wouldn't be treating athletes "aggressively" enough with medication, or that we are too tolerant of side effects in non-athlete patients?)?</p>
<p>17</p>	<p>Psychotherapy for psychiatric disorders in athletes</p>	<p><u>Reading:</u> Stillman MA, Brown T, Ritvo EC, et al. Sport psychiatry and psychotherapeutic intervention, circa 2016. International Review of Psychiatry 2016;28(6):614-622.</p> <p><u>Writing assignment:</u></p> <ul style="list-style-type: none"> • List at least 1 reason why each of the following types of psychotherapy, in certain circumstances, may be uniquely helpful and/or comfortable for athlete-patients: CBT; marital/family psychotherapy; group psychotherapy. • A 21 year old female swimmer is referred to you for psychiatric assessment and treatment for symptoms of severe anxiety and possible eating disorder. You contact her to schedule an intake appointment, and offer her a variety of time slots in which you see patients (8:30-4 pm, except for 12-1 for lunch break/meetings) and during which your college counseling center is open.

		<p>However, the swimmer, who is in the midst of a very heavy swim practice schedule as she prepares for the Olympic Trials, says that it would be very difficult for her to see you during your open time slots, and she wonders if you could see her at 4 pm. How would you deal with this situation? What are the pros and cons to a variety of options for scheduling?</p>
18	Exercise addiction	<p><u>Reading:</u> Freimuth M, Moniz S, Kim SR. Clarifying exercise addiction: differential diagnosis, co-occurring disorders, and phases of addiction. International Journal of Environmental Research and Public Health 2011;8:4069-4081.</p> <p><u>Writing assignment:</u></p> <ul style="list-style-type: none"> • List 7 proposed criteria for exercise addiction that parallel DSM-5 criteria for substance use disorders. • Distinguish primary exercise addiction from secondary exercise addiction. • List the 4 proposed phases of exercise addiction. Write one sentence to describe each phase (4 sentences total).
19	Harassment and abuse (non-accidental violence) in sport: Part 1	<p><u>Reading:</u> Diamond AB, Callahan ST, Chain KF, et al. Qualitative review of hazing in collegiate and school sports: consequences from a lack of culture,</p>

		<p>knowledge and responsiveness. British Journal of Sports Medicine 2016;50:149-153.</p> <p><u>Writing assignment:</u></p> <ul style="list-style-type: none"> • Define sports-specific hazing. • List the 3 main categories of hazing, and provide 1-3 specific examples of hazing activities within each of those categories. • Table 2 lists possible roles for administrators, coaches, student athletes, and team captains to play with regards to hazing awareness and prevention. Are there any possible roles in this regard for the sports psychiatrist and/or sports medicine physician? If, as the physician, you would talk to your athlete-patients about this issue, share example language that you might use.
20	Harassment and abuse (non-accidental violence) in sport: Part 2	<p><u>Reading:</u> Marks S, Mountjoy M, Marcus M. Sexual harassment and abuse in sport: the role of the team doctor. British Journal of Sports Medicine 2012;46: 905-908.</p> <p><u>Writing assignment:</u></p> <ul style="list-style-type: none"> • Define sexual harassment and sexual abuse. • Risk factors for sexual abuse/harassment in sport can be broken down into athlete, coach, and sport variables. List 1-3 specific risk factors

		<p>within each of these categories.</p> <ul style="list-style-type: none"> • List several potential psychological consequences of sexual harassment and abuse in sport. • You have been asked to give a talk to the primary care sports medicine physicians at a Division I NCAA institution on the topic of sexual harassment and abuse in sport. List at least 6 key tenets to share with the team physicians as to how they should respond and deal with a situation in which an athlete has disclosed sexual abuse or harassment in sport.
21	Child and adolescent sports psychiatry	<p><u>Reading:</u> Conant-Norville DO. Child and adolescent sports psychiatry in the US. International Review of Psychiatry 2016;28(6):556-563.</p> <p><u>Writing assignment:</u></p> <ul style="list-style-type: none"> • Define physical literacy, including definitions of the 3 components of it. List at least 4 groups of youth who, under the current model of youth sports in the US, have insufficient opportunities for development of physical literacy. • List 8 challenges, identified by the Aspen Institute’s Project Play workgroup, that limit youth sports involvement in the US. Imagine you are tasked with

		<p>developing a summer youth sports program for 5-6 year olds in your community. How would you structure the program, keeping in mind some of the 8 challenges you listed.</p> <ul style="list-style-type: none"> • Distinguish “early specialization in sport” versus “sport sampling” in youth, and list at least 3 benefits of the latter.
22	Retirement in athletes	<p><u>Reading:</u> Knights S, Sherry E, Ruddock-Hudson M. Investigating elite end-of-athletic-career transition: A systematic review. Journal of Applied Sport Psychology 2016;28:291-308.</p> <p><u>Writing assignment:</u></p> <ul style="list-style-type: none"> • Distinguish between the 2 types of transitions that athletes will face throughout their athletic career, and give examples of each. • List at least 3 factors that may lead to a more difficult time transitioning, and at least 3 factors that may be protective against a difficult transition. • List at least 3 strategies that might help athletes to transition more smoothly.
23	Exercise as a treatment for mental illness	<p><u>Readings:</u></p> <ul style="list-style-type: none"> • Cooney GM, Dwan K, Greig CA, et al. Exercise for depression. Cochrane database of systematic reviews 2013.

		<ul style="list-style-type: none"> • Ensari I, Greenlee TA, Motl RW, et al. Meta-analysis of acute exercise effects on state anxiety: an update of randomized controlled trials over the past 25 years. Depression and Anxiety 2015;32:624-634. <p><u>Writing assignment:</u></p> <ul style="list-style-type: none"> • List at least 4 hypotheses as to why exercise might have an antidepressant effect. • In 3-4 sentences, summarize the results of the Cochrane review on exercise as a treatment for depression. Based on these results and any other information you have, do you find it justified to recommend exercise for your patients as a treatment for depression? Why or why not? • In 1-2 sentences, summarize the results of the Ensari study on an acute bout of exercise as a treatment for anxiety. Based on these results and any other information you have, do you find it justified to recommend exercise for your patients as a treatment for anxiety? Why or why not?
24	Overtraining syndrome	<p><u>Reading:</u> Reardon CL. Psychiatric comorbidities in sports. Neurologic Clinics 2017;35:537-546.</p>

		<p><u>Writing assignment:</u></p> <ul style="list-style-type: none"> • List 2 ways to help distinguish overtraining and depression in athletes. • Find one other scientific article on overtraining syndrome that provides definitions of relevant terms. Specifically, list the article citation and provide definitions from that article for: 1) overtraining syndrome, and 2) overreaching/nonfunctional overreaching.
25	Barriers to athletes accessing mental health resources	<p><u>Reading:</u> Gulliver A, Griffiths KM, Christensen H. Barriers and facilitators to mental health help-seeking for young elite athletes: a qualitative study. BMC Psychiatry 2012;12:157..</p> <p><u>Writing assignment:</u></p> <ul style="list-style-type: none"> • List at least 5 potential barriers for athletes when it comes to seeking mental health treatment. • How does the role of stigma differ when it comes to athletes seeking help for clinical conditions versus for athletic performance concerns? • In what concrete ways could a mental health professional help improve facilitative factors when it comes to athletes seeking mental health treatment?

		<p>Specifically, list one way the mental health professional could do so that might involve coaches, one that might involve administration, and one that might involve the athletes directly.</p>
26	The role of culture in sports	<p><u>Reading:</u> Gill D. Gender and cultural diversity in sport, exercise, and performance psychology. Oxford Research Encyclopedia of Psychology. 2017. Available at: http://psychology.oxfordre.com/view/10.1093/acrefore/9780190236557.001.0001/acrefore-9780190236557-e-148</p> <p><u>Writing assignment:</u></p> <ul style="list-style-type: none"> • Describe how gender stereotypes and differential media coverage of men’s versus women’s sports may influence sports performance and/or participation. • Describe how stereotype threat might impact athletic performance for athletes of racial or ethnic minorities. • List at least 3 barriers to sports participation for people with physical disabilities. • Find at least one other research article that discusses any mental health risks or concerns within an LGBTQ athlete population. Provide the citation, and write 2-4

		<p>sentences to summarize the findings described in the article.</p> <ul style="list-style-type: none"> • Reflect on your own cultural background and, if applicable, your own history of sports participation. Write a paragraph on how this background might affect interactions with athlete-patients from a variety of demographic groups.
27	<p>Ethical issues in sports psychiatry (*Note: The assigned reading is from a textbook to which learners might not have access through their institution's library lending systems or their own or their mentors' book collections. If the learner has no access, then this topic may be completed without referencing the assigned chapter, knowing that it will be more difficult to do so, but will still generate reflection on and discussion of the topic).</p>	<p><u>Reading:</u> Sports psychiatrists working in college athletic departments. Morse ED. In: Baron DA, Reardon CL, Baron SH, eds. Clinical Sports Psychiatry: An International Perspective. United Kingdom: Wiley, 2013.</p> <p><u>Writing assignment:</u></p> <ul style="list-style-type: none"> • Describe how you would handle the following ethical challenges: <ul style="list-style-type: none"> a) You are a salaried employee in the athletic department at a Division I university, employed to treat student athletes. You are treating a female softball player for recurrent major depressive disorder, PTSD, and borderline personality disorder. She has had 3 hospitalizations in the last 18 months, and this has proven disruptive to her team. The athlete's

		<p>athletic trainer and coach contact you to ask about prognosis and likelihood of future decompensations and hospitalizations, as they are considering cutting her from the team due to her mental health absences. Comment on this specific situation, as well as any larger strategies for addressing the potential conflict of interest in roles you fill.</p> <p>b) You are treating a football player at a Division I university for generalized anxiety disorder and alcohol use disorder. You are aware that it is common knowledge among the football players that internal drug testing happens on Monday afternoons. He recently admits to having been using a friend's methylphenidate to help with studying. He is aware of NCAA prohibitions against this, in the absence of an official diagnosis and appropriate documentation. He asks if you are able to make that diagnosis,</p>
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		<p>as he believes it is present, and in the mean time, he asks about the half-life of methylphenidate so that he can avoid testing positive on Monday afternoons.</p> <p>c) You are treating a sprinter at a Division I university for panic disorder and major depressive disorder. She wins the NCAA National Championship 100 meter dash. She would like to give you her track jersey to add to your office decor as a token of her appreciation (she observes that you have some generic sports decorations but nothing related to track and field, and it would make her feel good to have her sport represented on your walls). She points out that nothing on the jersey will indicate from whom it came.</p> <p>Now that you have completed the curriculum, the learner and attending supervisor are asked to please complete brief evaluations of the curriculum. See above for web links to do so.</p>
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Other information: Membership in the International Society for Sports Psychiatry (ISSP) is available to medical students, residents, and fellows who are interested in the field, at discounted rates for trainees. More information is available at: <https://sportspsychiatry.org>. The ISSP holds its annual Business Meeting and Scientific Session in conjunction with the American Psychiatric Association Annual Meeting every May, and anyone with interest is invited to attend (information about this event posted on the ISSP website in advance of the meeting). Additionally, a mentorship program is available to interested medical students, residents, fellows, and early career psychiatrists as part of ISSP membership.

Additional reference for those interested in further reading:

Baron DA, Reardon CL, Baron SH, eds. *Clinical Sports Psychiatry: An International Perspective*. United Kingdom: Wiley, 2013.

Begel D, Burton RW, eds. *Sport Psychiatry*. New York: Norton Professional Books, 2000.

Glick I, Kamis D, Stull T, eds. *The ISSP Manual of Sports Psychiatry*. New York: Routledge Press, 2018.

McDuff DR, Garvin M. Working with sports organizations and teams. *International Review of Psychiatry* 2016;28(6):595-605.

McDuff DR. *Sports Psychiatry: Strategies for Life Balance and Peak Performance*. Arlington (USA): American Psychiatric Publishing, 2012.