

# Spring 2018 Newsletter



## Upcoming Talks:

### **The Well-Balanced Athlete**



May 15

ONS  
Stamford, CT

\*\*\*\*\*

This summer; TBD



BlueStreak Sports Training:  
Sport Psychology Talks

\*\*\*\*\*

### **New England Somatic Experiencing Practitioners Conference**

SE and the Treatment of  
Concussions

**September 8, 2018**

Unitarian Church

121 North Pleasant Street

Amherst, MA



## **Concussions: What you need to know**

Concussions, also known as a Mild Traumatic Brain Injury (mTBI), occur when there is an impact to the head and the brain hits against the bone inside of the cranium and bounces and hits the other side. Berger asserts that the brain gets scraped against any bone irregularities on the inside of the cranial bones. The impact can stretch and tear tiny blood vessels and delicate nervous tissues. The scraping on the inside of the cranium can cause bleeding and bruising to the brain. Depending on the severity of the impact, it can lead to momentary alteration or loss of consciousness, or posttraumatic amnesia.

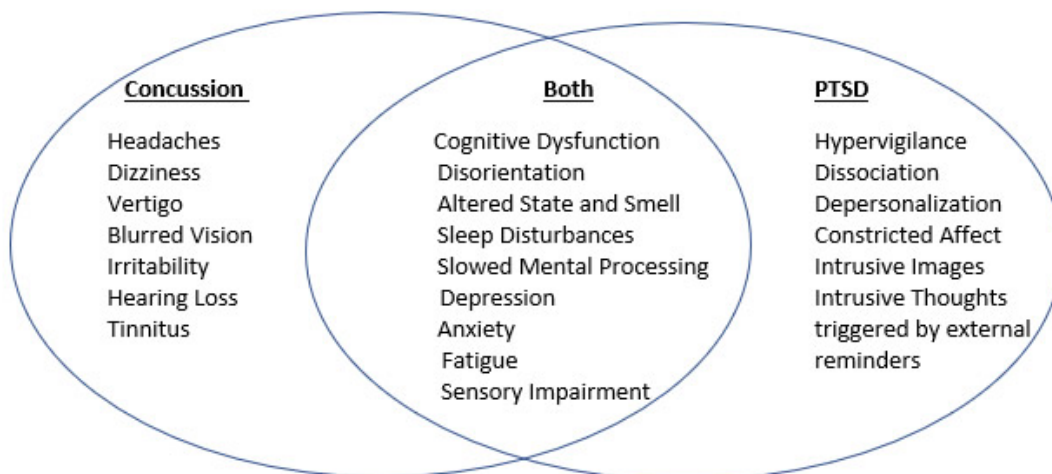


What you might have not been told is that post-concussion injuries can be accompanied by post-traumatic stress symptoms (PTSD). PTSD symptoms occur when we are exposed to an experience that overwhelms our instinctive ability to protect ourselves. When we either recall or re-experience the original traumatic event, the nervous system reacts as if we were reliving the upsetting episode. Highly charged emotions hijack our thinking as our nervous system remains stuck as implicit memory of the traumatic episode. Common PTSD symptoms are

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manifested in highly aroused anxiety, panic attacks, avoidance, flashbacks, loss of interest, social isolation or irritability. What is really important is that concussion and PTSD symptoms go hand-in-hand and both symptoms must be addressed to restore complete healing.



\*Dave Berger, LCMHC, PT, MFT

However, underreporting and/or the pressure to return to competition/class often cuts short the necessary time for the brain to rest. A May 2013 survey revealed 53 percent of high school students would continue to play even if they had a headache stemming from a head injury. Just 54 percent said they would "always or sometimes report symptoms of a concussion to their coach" as per Chris Nowinski, a former athlete **himself and co-founder** of Sports Legacy Institute.

If young athletes minimize headaches or pain symptoms, then what does this say about giving importance to the lingering emotional symptoms that remain unaddressed? The symptoms of mTBI or PTSD can mimic and overlap with one another and trigger each other. Non-trauma trained professionals may not even consider addressing PTSD symptoms, at all. Hence, individuals may present PTSD symptoms and not necessarily associate them with the concussion.

It is precisely during resting time that athletes become restless. Driven by a mental toughness culture and/or the fear of losing out on potential athletic scholarships, emotions like depression, anxiety and anger are normally experienced, but not necessarily reported. Research indicates that depression is about 8 times more common in the first year after Mtbi than in the general population.

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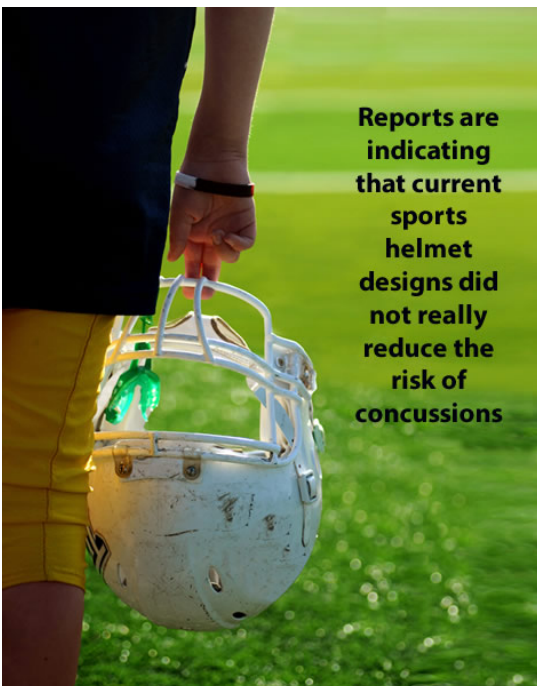


Likewise, studies are showing that ADHD symptoms may appear even 7 to 10 years after the concussion episode took place. Dr. Asarnow from UCLA indicates that children may do relatively well when are less academically challenged, but as studying becomes more demanding, ADHD symptoms become more apparent.

Another concern is that teenage athletes may turn to alcohol as a way to “cure” emotional pain. Young teens’ brains, in contrast to adults’ brains, are more susceptible to having lingering concussion effects due to not having a fully developed brain. Moreover, drugs and alcohol will only worsen depressive symptoms. Not only it reduces the effectiveness of anti-depressive medication, it can lead into addictive behavior. Recovery time treating concussions will be prolonged as painful symptoms typically remain for longer period of time.

## **What you NOW know:**

- ✓ Concussions are accompanied by PTSD symptoms;
- ✓ Underreporting emotional discomfort will only prolong healing process;
- ✓ Anger, anxiety, and depression are normal emotional symptoms that need to be addressed or athlete may find unhealthy coping skills to alleviate such a pain;
- ✓ The time to begin addressing emotional discomfort is during resting time as boredom may lead to cut short or underreport symptoms.



**Reports are indicating that current sports helmet designs did not really reduce the risk of concussions**

## **Latest Sports Blog Posts**

[\*\*New England Somatic Experiencing Practitioners Conference\*\*](#)

[\*\*An unsolicited advice to Garbiñe Muguruza – Part 2\*\*](#)

[\*\*2018 PyeongChang, South Korea Winter Olympic Games\*\*](#)

[\*\*Tenacity: A Chris Long Story\*\*](#)

[\*\*How to Become an Effective Coach\*\*](#)

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**“With the absence of pressure, it is difficult to do great things.”**

Geno Auriemma, UConn Basketball Coach



**Alex Diaz, Ph.D.**

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68 Main Street, Suite 340

Tuckahoe, NY 10707

(914) 793-9719