

The 6 “Cs” of Critical Incident Response in Sport:
Guidance for Parents, Coaches, and Administrators

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It’s the call no parent, coach, or administrator expects, much less wants to receive. Yet, each year sporting communities face critical incidents and traumatic events, both off-the-field and on-the-field. In this time of crisis, individuals and organizations look to their leaders for support and guidance. Critical incidents are defined as events that have the potential to create significant human distress and can overwhelm one’s usual means of coping. Our society has become increasingly exposed to traumatic events both through the advancement of technology and the rapid availability of information. Research suggests that over 80% of Americans will be exposed to a traumatic event in their lifetime. In sport, the most cited critical incidents are catastrophic and fatal injuries during practice or competition. But, athletic communities are also faced with off-the-field incidents such as suicides, motor vehicle accidents, and assaults. The following “6 Cs” are points to consider for parents, coaches, and administrators when preparing for and/or managing a critical incident in their community.

Connect with the community. This community may extend beyond the team family to include school, club or church communities. In situations where the reach and scale of the event is particularly broad an intervention on the scale of a town meeting may be indicated – for instance in situations reflecting the 9/11 attacks or the VT shootings. The same strength that brought the community together for the early morning practices and tough competitive losses can be tapped and used to heal and grow from the critical incidents. It is essential to coordinate with leaders of parent groups, the sport clubs and teams, and in the case of larger scale events, with local agencies. In planning, identify the core groups affected by the incident (including those with close ties to the traumatized or who were present at the event) as well as those with less direct association (for instance, members of the affected club team or school) and develop programs accordingly.

If media is involved, create an environment protected from intrusion of reporters asking questions of those impacted by the events. At some point, communicating with the media may serve as one means of connecting with the community. Take caution at being too quick to give out information until you have communicated directly with the groups influenced by the event in the community. Information too quickly disseminated could end up being erroneous, or even if correct could be more disruptive than beneficial. Most significantly, it can be extremely painful for family and friends of those injured or deceased to learn of such events through media outlets. Because the community has a need and a right to know of critical events, it is important to develop a working relationship with the media. This needs to be established with clear attention to boundary issues, offering timely access to accurate information, but with clear attention to sensitivity of the information released. The central question is “Whether information shared will yield a healing effect or be a disruptive influence?” It may also be prudent to provide some guidance on interacting with the media (information on this is in the VT report).

In responding to the event, remember that as a leader, you are likely coping with your own personal reactions to the critical incident. Being a member of the “inner-circle” aids you in responding to those in need; yet, it also renders you vulnerable to the trauma. Consequently, you need to consider

how your own reactions may influence your response. Take time to reflect and confide in trusted colleagues in an effort to increase your awareness during this time and optimize your performance in your given role. School administrators, religious leaders, medical professionals or first responders may offer guidance and support for coordinating the response.

Coach with information. John Wooden has been quoted saying that “a coach is first of all a teacher.” During times of crisis, the community will look to the coaches and administrators for guidance. It is in this moment, education can be very helpful for those coping with traumatic stress. Information has the power to decrease anxiety and restore normative functioning following a traumatic event. Withholding accurate information from those impacted by a traumatic event due to fear of how some will react is strongly discouraged. Information comes in many forms, including rumors and misinformation – with correct information from a trusted source being the best antidote. Creating an environment where the community can reconnect and put the incident in proper perspective is critical.

As a leader in the community, gather the facts and clearly communicate the information in a community setting, if possible. During this meeting, be prepared to give a succinct, yet accurate description of the critical incident that occurred. Secondly, take the opportunity to educate and normalize common reactions to traumatic events. Below are some common stress reactions:

Physical/Somatic: Fatigue, weakness, nausea, headaches, muscle aches

Cognitive: Confusion, poor problem solving, hypervigilance, nightmares, poor concentration, intrusive images, uncertainty, blaming someone

Emotional: Fear, guilt, grief, anxiety, denial, intense anger, emotional shock, feeling overwhelmed or fear of being overwhelmed by feelings, irritability, agitation

Behavioral: Withdrawal, inability to rest, hyperalert to the environment, increased alcohol consumption, loss/increase appetite, aggressiveness or restless behavior, shifts in social/interpersonal behavior

Remind the community that some people may have the aforementioned reactions and some may not experience them at all. Additionally, it is important to note that children, adolescents, and adults all may cope with the events differently. These are to be considered “normal reactions to an abnormal event.” Offer contact information and educational materials on support resources such as school counselors, religious leaders, and mental health professionals should others need additional support.

Consider the Process. This is just the beginning of a process of recovery and growth. The acute phase may include memorial events or funeral(s) as those involved may experience traumatic stress. Yet soon, the community will engage in a transition as they begin to return to life as usual. This return to normal routines can aid in restoration of normative functioning. As time passes, individuals and the communities may experience a more chronic phase of reactions. This full cycle will typically often take a full year, with renewed awareness on the anniversary of the event. For more significant traumatic reactions, the full cycle of adaptation may extend over several years.

Thus, it is important to be aware and be prepared to appropriately respond to significant reactions as they occur. For example, significant anniversary dates such as the event anniversary or birthdays, may elicit traumatic stress. From a management perspective, it is important to anticipate these dates and be prepared for any renewed reactions that surface. Again, being mindful that individuals process these reactions differently, and be open to the needs of individuals as they process their reactions at their own course.

Consult with Professionals. This is not the time to re-invent the wheel. Professionals with experience coping with critical incidents can offer you support and guidance on coordinating memorials,

dealing with the media, and strategically responding to the critical incident in a way that can promote healing and growth. Typically, most individuals recover from a traumatic event and regain their normal functioning. Yet, some individuals impacted by the experience may need ongoing support or professional treatment. As a leader in the community, you have the opportunity to bridge a trusting relationship with outside professionals who can support those involved. Local professionals may be contacted through school counselors or mental health professionals. Additionally, national organizations such as the Association for Applied Sport Psychology (www.appliedsportpsych.org), American Psychological Association's Division of Exercise and Sport Psychology (www.apa47.org), and state psychological associations may offer resources for the sporting community impacted by the traumatic events.

Consider Return to Play Carefully. Following a traumatic event, often administrators and coaches face crucial and time urgent decisions regarding when to return to competition. Returning to normal routines is one way individuals can positively cope with traumatic events. Consider the extent to which the sporting event can be considered entertainment (e.g. Pro sport) versus education (e.g., youth sport). The entertainment aspect of sport may serve as a distraction from negative reactions and a feeling of normalcy in that the community has returned to typical routines. Yet, for youth sport, consideration of the messages taught to the youth in coping with adversity should be considered. It is suggested that the focus for return to competition de-emphasize the outcome. Rather, focusing on "playing well" or competing in a manner that emulates those affected by the critical incident is recommended. Lastly, leaders are encouraged to trust the team and their feedback as to their preparedness to return to play.

Care for Yourself. As mentioned previously, sporting community leaders, whether coaches, parents, counselors, or administrators, are charged with a large task of caring and supporting others while coping with their own reactions to the critical incident. Self-care is crucial in mitigating your own responses and also in having the resources to be present and supportive of others. Taking efforts to maintain a healthy diet, sleep routines, and exercise can all help in your ability to effectively respond and cope with any traumatic or grief reactions you may experience. Also, take time and ask yourself what you may need during this time. A break for some "me-time?" Or, grabbing a coffee with a trusted friend or family member just to connect for yourself? Remember, this too, is a long process for you.

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Dr. Amy Athey is a clinical and sport psychologist and works for the Department of Athletics at the University of Oregon. She earned a doctorate degree in clinical psychology from Loyola College in Maryland and has provided sport psychology services for over 10 years. In addition to practice, Dr. Athey has taught undergraduate and graduate courses in departments of kinesiology and psychology, respectively. Dr. Athey's professional work has also included consultation with local, state, and federal emergency responders, social service agencies, and universities on crisis intervention, trauma and psychiatric emergencies. She has responded to large-scale critical incidents such as the 9/11 New York City terrorist attacks, Hurricanes Katrina and Rita, and the Virginia Tech shootings as well as local events such as suicides, sudden deaths, business robberies, and house explosions. Dr. Athey currently serves on the executive board of APA's Division 47 and the Association for Applied Sport Psychology's (AASP) Certification Committee. She also serves as the Special Interest Group (SIG) coordinator for the "Critical Incidents in Sport SIG" in AASP. Dr. Athey is an AASP Certified Consultant, and is listed on the USOC Sport Psychology Registry (2008-2012).

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Dr. John Heil is a clinical psychologist and sport psychologist with Psychological Health Roanoke. Dr. Heil has provided critical incident stress interventions with police and public safety professionals for over 15 years. He has also served as psychological responder to mass casualty events including 9/11 and the Virginia Tech shootings. With Keith Henschen, he is author of *A retrospective study of the effect of an athlete's sudden death on teammates* published in Omega (Journal of Death & Dying) in 1982. In addition, he is lead author of *Psychological Intervention with the Virginia Tech Mass Casualty: Lessons Learned in the Hospital Setting* and *Implementing Lessons Learned in Response to the VT Shootings: Sports Medicine Team Perspectives*. Dr. Heil is a lecturer for the Virginia Tech Carilion School of Medicine. He is also an instructor with the Roanoke City Police Academy. He is the author of *The Psychology of Sport Injury*, as well as numerous papers on sport, pain, and injury rehabilitation. Dr. Heil served as Director of Sports Medicine for the Commonwealth State Games of Virginia for over 20 years, and as a member of the Virginia Amateur Sports Board of Directors for over 25 years. He has also served as Chair of Sports Science & Medicine and as Sport Psychology consultant for USA Fencing. He is an AASP Certified Consultant and member of the USOC Sport Psychology Registry.

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