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Team USA track and field athlete Shakima Wimbley takes part in a training session June 23, 2020 in Miami Beach, Florida. (Photo by Cliff Hawkins/Getty Images)

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Message from the Director of Coaching Education

Chris Snyder

Hello, and welcome back to *Olympic & Paralympic Coach*.

We are once again less than a year away from the Olympic and Paralympic Games – which may operate in never-before-seen conditions in this changing environment. The year 2020 has brough so many new and unforeseen challenges, and to say that it has been taxing on the world of sport would be an understatement. Yet many of our athletes have found ways to stay focused and stay on track to make the most out of an uncertain situation. I am reminded of an amazing podcast I heard during quarantine – Way of Champions – that featured Dr. Jerry Lynch and Dr. Wade Gilbert speaking with John O'Sullivan about the mental agility needed to thrive and survive in these unprecedented times. Dr. Lynch said, "The only certain thing about today, is complete uncertainty."

For so many athletes and coaches, the uncertain roads to Tokyo 2021 and Beijing 2022 provide an opportunity to be agile. Making order out of chaos isn't something that comes easy. It can be a stressful mental battle and something that requires attention to mind, body and soul to be able to perform and execute. This is important for elite athletes, as well as coaches, leaders, communities and families across the world.

This issue of the *Olympic & Paralympic Coach* is focused on the mental health and well-being side of sport an area the USOPC has been working hard to make resources available. We are excited to introduce Dr. Jessica Bartley, the USOPC's new director of mental health services, as well as members of the USOPC Mental Health Task Force. Several task force members have contributed articles and insights that can help coaches continue to learn and grow in this space. Asking our athletes to be mentally fit is one thing – and working as a network to drive well-being is another. It is important we raise the understanding and attention to such a vital part of sport and life. We hope this issue contributes to growth, understanding and awareness. We know this can sometimes be a tough topic to read about. Please reach out with any questions. Together, we can work to elevate the well-being of our athletes, coaches and each other.

Chris Snyder
Director, USOPC Coaching Education

Hello! I am Dr. Jess Bartley and have recently started as the new USOPC director of mental health services. I am transitioning from a faculty role at the University of Denver in the sport and performance psychology program and also wrapping up as a contracted sport psychologist with USA Track & Field and USA Karate. In addition, I have also been providing mental health and sport psychology with Professional Bull Riding athletes. Prior to my time at the University of Denver, I directed a program for athletes with eating disorders at the Eating Disorder Center of Denver and provided mental health as well as sport psychology services at the University of North Carolina and The Ohio State University.

Before this role was created, the USOPC Mental Health Task Force and the USOPC Internal Mental Health Working Group were created to build upon the excellent foundation that the USOPC sport psychologists had laid in the mental health space. With the focus on mental health and well-being from a clinical perspective, it was decided to house mental health services within the sports medicine department. As I work with sport psychology and sports medicine to create a comprehensive program for mental health services at the USOPC, I look forward to hearing about the needs of athletes and coaches in this space and working together to provide valuable solutions.

As we continue to develop the program, we are initially working to build the infrastructure for mental health services. One key component in development is the USOPC Mental Health Registry, which will be located on TeamUSA.org and will house a list of vetted mental health providers. All providers listed on the registry will have significant experience in working with elite athletes and will have completed background screenings, as well as trainings from the U.S. Anti-Doping Agency and the U.S. Center for SafeSport. For additional resources related to mental health provision, we are also looking to engage a new tele-therapy platform that would specifically cater to athletes and the sport environment.

A subcommittee of the USOPC Mental Health Task Force, in concert with USOPC sport psychologists, also worked to create an emergency action plan (EAP) that would address mental health crisis/emergency at the centers/sites. In addition to this EAP, a template has been created to assist National Governing Bodies with creating NGB-specific mental health EAPs. USOPC athlete services is also planning to contract with a crisis hotline who will be able to address mental health emergencies with senior national team athletes, coaches and staff. The crisis hotline also partners with an app that can provide basic information about mental health and could link an athlete or coach back to the crisis hotline if needed. We are also planning to hire additional mental health providers in the coming months and start providing more targeted trainings around mental health and suicide. If you are interested in learning more about USOPC Mental Health Services please check out the USOPC Mental Health Hub at https://www.teamusa.org/mentalhealth. You may also reach out directly if you have any additional feedback or questions I can assist with at Jessica.Bartley@usopc.org.

Dr. Jessica Bartley
USOPC Director, Mental Health Services

USOPC Mental Health Task Force:

Team USA athletes – and the coaches, officials and administrators who serve them – have access to an external Mental Health Task Force to address mental health concerns and promote sustained and holistic well-being throughout their complete athlete journey.

The 13-member task force is comprised of U.S. Olympians, Paralympians, coaches, medical and mental health professionals who are charged with developing best practices, resources and action plans to support the mental health needs of Team USA athletes – before, during and after competition – and advise USOPC staff who frequently engage with athletes, on and off the field of play. The group was organized in February 2020 and meets on a monthly basis with additional touch points, as needed.

We are pleased to introduce you to the task force members, some of whom have contributed their expertise to this issue of *Olympic & Paralympic Coach*.

Eileen Carey
Director U.S. Paralympics Nordic Skiing

Eileen is in her seventh season with the U.S. Paralympics Nordic Program (USPN), her second as the program's director. Before that, as head coach, she and the USPN staff led the team to a record 16 medal performance at the Paralympic Winter Games Pyeong Chang 2018 through a focus on athlete-centered coaching and innovation.She co-chairs the WPNS Coaches' Advisory Group.

Irene Gardner, MS, RD, CSSD
Elite National Team Athlete

Irene is the USOPC AAC Representative for Rugby and serves on the USA Rugby board as an athlete director. She represented Team USA at the 2015 Pan American Games (silver medalist) and played in the 2013 Rugby World Cup Sevens (bronze). Gardner represented the USA Rugby sevens national team from 2011-2016. She now coaches rugby for the Berkeley All Blues.

She is a registered dietitian, specialist in sports nutrition, and her work includes a focus on the treatment of eating disorders.

Rachael Flatt
Olympian

Rachael is an athlete representative for the USOPC Mental Health Task Force. During her 18-year figure skating career, she competed at the Olympic Winter Games Vancouver 2010 (finished 7th), was the 2010 U.S. national champion and 2008 World Junior Champion, and won four medals on the grand prix circuit. After retiring from competitive skating in 2014 and graduating from Stanford University in 2015, she worked with Dr. Barr Taylor on researching digital mental health tools, with a specific focuson eating disorders. Sheis currently pursuing her Ph.D. in clinical psychology under Dr. Cynthia Bulik at UNC Chapel Hill as she researches eating disorders in athletes and technology-based mental health tools and services.

Kensa K. Gunter, Psy.D., CMPC
Gunter Psychological Services, LLC

Dr. Kensa K. Gunter is a licensed psychologist and a Certified Mental Performance Consultant (CMPC). In her Atlanta based private practice, she provides mental health and mental performance services to athletes competing at high school, collegiate, & professional levels. She also serves as a consultant for various sport organizations and has provided lectures at various conferences on topics including, but not limited to, athlete mental health, coaches mental health, clinical work with athletic populations, mental skills for elite performance, and cultural diversity in sport. Dr. Gunter is listed on the USOPC Sport Psychology Registry, she's a member of APA Division 47, and she is currently the President-Elect for the Association for Applied Sport Psychology.

Shannon Decker
Executive Director & Co-Founder, The Speedy Foundation

Shannon Decker, executive director and co-founder of The Speedy Foundation, holds a master's degree in educational leadership from the University of Idaho and has over ten years of private and public teaching and administrative experience in Idaho, Nevada, and California. She is a Mental Health First Aid, QPR, and safeTALK facilitator who facilitatestrainings to further the foundation's mission of promoting mental health education and advocating for suicide prevention.

Stanley Herring, MD
Clinical Professor, Departments of Rehabilitation Medicine, Orthopaedics and Sports Medicine, and Neurological Surgery University of Washington

Dr. Herring,is a board-certified physical medicine and rehabilitation physician who has been in practice over 36 years. He is a clinical professor in the Departments of Rehabilitation Medicine, Orthopaedics and Sports Medicine, and Neurological Surgery at the University of Washington. Dr. Herring holds the Zackery Lystedt Sports Concussion Endowed Chair.

Dr. Herring is a co-founder of the Sports Institute at UW Medicine where he serves as senior medical advisor, and he also serves as co-medical director of the UW Medicine Sports Concussion Program, a partnership of UW Medicine and Seattle Children's Hospital. He is medical director of Sports, Spine and Orthopedic Health for UW Medicine, and he is one of the team physicians for the Seattle Seahawks and Seattle Mariners. Dr. Herring's practice focuses on the diagnosis and management of neurological and musculoskeletal injuries, particularly focusing on spinal disorders in active people and athletes as well as sports-related concussions.

Dr. Herring has held many national leadership positions, including president of the North American Spine Society, member of the Board of Trustees of the American College of Sports Medicine, and board member of the Foundation for Physical Medicine & Rehabilitation. He is also a founding member of the American Medical Society for Sports Medicine and the Physiatric Association of Sports, Spine and Occupational Rehabilitation.

Dr. Herring is on the editorial boards of professional journals and has been an editor of nine textbooks as well as an author of 92 peer-reviewed journal articles and 55 textbook chapters. He was a major contributor to the successful passage of the Zackery Lystedt Law in Washington State, and his continued work helped pass similar youth concussion legislation in all 50 states and the District of Columbia.

Adam Krikorian
Olympic Coach

Since taking over as the head coach of the USA Water Polo Women's Senior National Team in 2009,Team USA has competed in 21 major FINA championships and come away with gold in 18. This includes the 2012 and 2016 Olympic Games, 2009, 2015, 2017 and 2019 FINA World Championships. He's helped the United States maintain a number-one world ranking for the majority of his tenure and recently guided the team to a record breaking 69 game winning streak.

Following the 2012 Olympic Games, Krikorian was honored with the USOC National Coach of Year Award and was the 2013 Jack Kelly Fair Play Award recipient.

Following the 2016 Olympic Games, Krikorian was again named Coach of the Games by the USOC at the Team USA Awards.And in early 2017, Krikorian was also honored by the Los Angeles Sports Council and the LA Sports Awards by receiving the first ever “Extraordinary Achievement in Olympic Sport” honors.

Krikorian was named head coach of the USA Water Polo Women’s Senior National Team on March 27, 2009. He had previously been head coach of the UCLA men’s and women’s programs for 10 years prior. As a student-athlete, assistant coach, and head coach, Krikorian has been a part of 15 national championships.

A standout player at UCLA from 1992 to 1995, Krikorian captained the squad in his final two years, leading UCLA to the 1995 Men’s NCAA Championship, the school’s first title in 23 years.He was voted “Most Inspirational” in each of his final three seasons at UCLA from 1993-1995.And in 2016, was inducted intothe UCLA Hall of Fame.

Krikorian graduated from UCLA with a psychology degree and a business administration emphasis in June 1997. In May 2001 Krikorian married Anicia Mendez, a four-year Bruin letter-winner in varsity tennis who completed her MBA at UCLA. Adam and Anicia reside in Manhattan Beach, CA, with their son, Jack and daughter Annabel.

Chris Murphy
Paralympian

Chris Murphy is a Paralympic Cyclist with a concentration on the discipline of racing on the velodrome. After experiencing complications during the birthing process damaging the brachial plexus in his left shoulder, his left arm and shoulder was left with permanent nerve damage, a condition known as Erb’s Palsy. As a track cyclist, Chris has earned 6 world championship medals, including 2 world championship gold medals in 2017, as well as competing at the 2016 Paralympic Games in Rio. Chris moved to Colorado Springs from Southern California in 2014 after earning an undergraduate degree in music performance at CSU Fullerton in 2007 and enjoyed a career as a freelance musician before turning his attention to cycling, full-time.

William Parham, PH.D., ABPP
Sports Psychologist

Dr. Parham is a professor in the Counseling Program and Interim Associate Dean of Faculty at Loyola Marymount University. He has devoted his professional career to teaching, training, clinical, administrative, and organizational consultation venues. He is a licensed psychologist, Board Certified in Counseling Psychology by the American Board of Professional Psychology (ABPP) and Past-President of the Society of Counseling Psychology of the American Psychological Association where he also is recognized as a Fellow in Divisions 17 (Society of Counseling Psychology), 45 (Society for the Study of Culture, Ethnicity and Race) and 47 (Exercise and Sport Psychology). In addition, Dr. Parham serves currently as the Directorof the Mental Health and Wellness Program of the National Basketball Players Association (NBPA).

For most of his professional career, Dr. Parham has focused on working with athletes across organizations (e.g., National Basketball Association; National Football League; Major League Baseball; United States Olympic Committee; United States Tennis Association; Major League Soccer, UCLA, UC Irvine) across levels (e.g., professional, elite, amateur, collegiate and youth) and across sports (e.g., basketball, football, gymnastics, softball, baseball, track and field, tennis, golf, swimming, volleyball, figure skating). He also has worked with performance artists in drama, theatre and music.

Dr. Parham's emphasis on personal empowerment, discovering and cultivating innate talents and looking for hidden opportunities in every situation are trademark foci. He is widely known through his scholarship and conversations with domestic and international audiences for his work on the interplay between sport psychology, multiculturalism/diversity, trauma, and health psychology. His participation on local, state and national boards, committees, task forces, and positions of governance adds to the visible ways in which he has tried to make a difference.

Theresa Nyugen
Chief Program Officer, Mental Health America

As MHA's Chief Program Officer and Vice President of Research and Innovation, Theresa works to improve access to mental health care through data and digital based innovations. Her areas of special interest include prevention, early intervention, education,and building a full recovery-oriented mental health system of care. Theresa manages MHA's programs including MHA Screening, The State of Mental Health in America, and Workplace Wellness. She oversees MHA's research which explores the integration of peers into research, the use of technology to support people in the earliest stages of recovery, and how large-scaledata provides insight into

gaps in supports systems across the country.

As a Licensed Clinical Social Worker, she has over 15 years of experience in mental health as a clinician, educator,and advocate. Her clinical experience focused on working with children and adults with serious mental illness, homelessness, dual diagnosis treatment, and early intervention of psychosis. As an advocate she worked to build a consumer based mental health workforce, to improve access to treatment through community based and recovery oriented mental health programs, and to address needs of underserved communities. She is an adjunct professor in California and has taught courses covering Mental Health Recovery, Psychosocial Rehabilitation and Social Welfare Policy. Prior to joining MHA National, Theresa worked at both MHALA (Los Angeles, CA) and MHAOC (Orange County, CA).

Keenan Robinson
Athletic Trainer – NGB Medical & Mental Health

Keenan Robinson joined USA Swimming as the Sports Medicine & Science Director in 2016. Keenan is responsible for evaluating injury epidemiology in national team swimmers, identifying risk factors, and streamlining medical care for Team USA swimmers to reduce training time loss or surgical procedures.

An NATABOC certified athletic trainer and NSCA certified strength and conditioning coach, Keenan brings 16 years of direct swimming support at the club (North Baltimore Aquatic Club), university (Michigan and Arizona State), and international level. He has served on Olympic and world championship medical staffs. Keenan is believed to be the only strength coach to have programmed and coached three different swimmers to world championship titles while they were in high school, college, and then post-graduate careers. He has provided day-to-day performance medicine care forteams across the USA Swimming membership spectrum that have won sectional, junior national, NCAA, and national titles. Keenan also serves on the 8-member USOPC Sports Medicine Standards Advisory Group.

Keenan's extensive experience in evaluating and implementing physiological and biological measures have led to performance improvements in swimming. Keenan is a proud father of two amazing children, 5-year-old Regan Molly and 2-year-old Roch Ignatius.He has been published in the *Journal of Athletic Training*, Current Sports Medicine Reports, and is in the process of co-authoring of two textbooks.

Margot Putukian, MD, FACSM, FAMSSM
Director of Athletic Medicine, Head Team Physician and Assistant; Director of Medical Services, Princeton University; Associate Clinical Professor, Rutgers-Robert Wood Johnson Medical School; Chief Medical Officer, Major League Soccer

Dr. Margot Putukian is the Director of Athletic Medicine, Head Team Physician and Assistant Director of Medical Services at Princeton University. In addition, Dr. Putukian serves as Major League Soccer's Chief Medical Officer. She has been working with MLS as a consultant since 2014 and was named Chief Medical Officer in November 2018.

Dr. Putukian completed her undergraduate work at Yale University where she played soccer and lacrosse and attended Boston University School of Medicine. She is board certified in Internal Medicine and Sports Medicine.

Dr. Putukian is a past president of the American Medical Society for Sports Medicine (AMSSM) is the Team Physician coordinator for US Soccer's U-20 Women's Team andhas served as a Team Physician for the World Champion US Men's Lacrosse Team.

Dr. Putukian has been a co-author on several journal articles, including several Team Physician Consensus Statements, as well as theAMSSM Position Statements on Mental Health Issues and Psychological Factors in Athletes, and Concussion. She serves currently on the IOC Task Force for Mental Health Issues andcontributed to the NCAA Mental Health Statements and Handbook. She has also been an invited expert and co-author for the Berlin & Zurich International Concussion Conference documents. She serves on the Medical Advisory Committee for US Soccer, the National Football League's Head Neck and Spine Committee.

Victor Schwartz, MD
Psychiatrist

Dr. Victor Schwartz is CEO and Director of Mind Strategies, LLP, a mental health,and suicide prevention advising and consulting practice and is a clinical associate professor of psychiatry at NYU School of Medicine. Previously he was Chief Medical Officer ofThe Jed Foundation. He served as university dean of students after establishing and serving as director of the Counseling Center at Yeshiva University in New York City. Dr. Schwartz was medical director and chief psychiatrist at the NYU Counseling Servicefor 14 years. He is a Distinguished Life Fellow, was a member of the Presidential Task Force on College Mental Health, and co-chair of the working group on law and college mental health of the American Psychiatric Association. He was also a co-chair of the Committee on the College Student

of the Group for the Advancement of Psychiatry. He has written and lectured extensively on college mental health and suicide prevention; particularly concerning the management of mental health crises in colleges, legal issues in college mental health, suicide prevention in the media and the mental health of athletes. Dr. Schwartz co-edited (with Dr. Jerald Kay) the text, Mental Health Care in the College Community (Wiley, 2010). Dr Schwartz has worked on mental health programming with SAMHSA, the NBA, NFL, the NCAA, MTV, HBO, Facebook, the National Council for Suicide Prevention, the Higher Education Mental Health Alliance, and the Clinton Health Matters Initiative. He is also a frequent contributor to popular media reportsabout college mental health, suicide prevention, and mental health in teens and young adults.

Nicole Ross
Olympian

Nicole Ross is a 2012 Olympian and 2018 World Champion fencer from New York City. Nicole has represented the U.S. on 10 consecutive senior national teams and world championships, two Pan American Games, and has been ranked as high as #4 in the world. Nicole earned her undergraduate degree in art history from Columbia University. While at Columbia, Nicole was the 2010 individual NCAA champion, an Ivy League champion, and 2x captain of the varsity fencing team.

Nicole has extensive experience in both coaching and education. She is a graduate of the USOPC “CAP” program. Nicole has worked with adolescents and youth, both as a fencing coach and an educator. Most recently she served as a Learning Coach at U.S. Performance Academy, an online school for elite student-athletes. From 2016-2018 Nicole was the head assistant coach for Cornell University’s Varsity fencing team and is currently the foil volunteer assistant coach at Harvard University.

Nicole is pursuing her MA in psychology at the New School for Social Research, while also training for a spot on the Tokyo 2021 Olympic Team. Nicole splits her time between New York City and Colorado Springs.

Approaching Your Athlete about Mental Health Concerns

Rachael Flatt, 2010 Olympian - Figure Skating, Ph.D. Candidate - Clinical Psychology, University of North Carolina - Chapel Hill

Athlete success requires both physical and psychological health. Coaches are typically comfortable with physical injury prevention, but less so with psychological injury prevention. You may have a lot riding on the success of your athlete; however, remember that the health and well-being of athletes is of paramount importance. There are very real dangers to ignoring warning signs and to waiting until the season (or even the next competition) is over.

If you are concerned that your athlete may be suffering from poor mental health, the most important thing is to **observe and listen**. The goal of these conversations is not to treat the mental health concern or for you to offer medical advice. Rather, the goal of these conversations is to express your concern in a supportive manner and encourage the athlete and/or family (if athlete is under age 18) to seek an evaluation. Your perspective and words carry significant weight with athletes, and it is best to approach such important topics as you would with a family member or your own child. We hope that the following points help you feel more comfortable with approaching an athlete about your concerns:

1. **Respect confidentiality**. Express your concern in a ***private place***, not where other athletes and coaches can overhear you. Remember that when discussing any mental health concern, you are discussing personal health information, and you must respect the athlete's and fam ily's confidentiality.

2. **Maintain a neutral and non-judgmental tone**. Remember, psychological disorders are biologically based medical illnesses, not choices. Approach athletes in the same way you would approach athletes with asthma or diabetes.

3. Express your concern and **be clear about the observations** you have made. Do so in a neutral and caring way by **using "I" statements**.

EXAMPLE OF WHAT TO SAY: "*I am concerned about you because you are important to me, and I have been worried about your weight loss." "I have heard some of the comments you have been making about being unhappy and depressed, and I am concerned about how you are feeling*."

4. Do not fall into the trap of thinking that you can solve the problem. **Know the limitations of your expertise** and do not try to act as dietitian, psychologist, or physician. Your job is to express concern and encourage the athlete and/or family to seek a referral, not diagnose and treat.

5. Understand that mental health problems are complex psychological-medical problems. **Avoid simplistic comments** that are rooted in misunderstandings of the illnesses.

EXAMPLE OF WHAT NOT TO SAY: "*If you would just eat more/less this wouldn't be a problem." "This is all about control." "You're a smart person, you know better*."

6. **Avoid any type of "Aha!" expressions** or accusations if you find someone engaging in a behavior related to their mental health concern. Do not provide negative judgments on weight, appearance or eating behavior.

EXAMPLE OF WHAT NOT TO SAY: "*I heard you vomiting in the restroom, I knew you had an eating disorder*." "*Stop being so anxious*." "*You look anorexic*." "*You can choose to not be moody or depressed. Just be happy*."

7. Give clear guidance on **how to schedule a professional evaluation with an experienced provider.** Clarify that the first goal is to get a comprehensive evaluation in order to have a knowledgeable professional understand what kind of support and treatment (if any) is nec essary for the athlete's health. The type of professional could vary depending on the prob lem and the comfort level of the athlete and/or family if the athlete is under 18.

EXAMPLE OF WHAT TO SAY: "I have done some research/have some experience with excellent and experienced providers in the community who can conduct a thorough examination. I would also encourage you to reach out to your physician or a professional in the USOPC Sports Psychology Registry by going to the TeamUSA.org/mentalhealth page or by emailing cs.sportscience@usopc.org."

The most important outcome of the conversation or series of conversations is to refer your athlete for a professional evaluation. To do that effectively, you need to be prepared. Before the conversation, do your homework. Use the Team USA mental health page (www.teamusa.org/MentalHealth) and reputable national resources such as Mental Health America (www.mhanational.org). Find resources in your area and professionals in your community who are licensed professionals with a background in treating psychological disorders in athletes. Have printed information to give to your athlete or parents.

Finally, ***don't let the subject drop***! Follow up. Remember how important coaches are in the lives of athletes. Years later, they will remember lessons they learned from you, not only about skating, but also about life. This might be one of the most important ways you can help them. Tell the athlete/family that you will follow up the next lesson to see if they have scheduled the evaluation. If they have not done so, reinforce how important it is and ask what stood in the way of making the appointment. Be clear and firm regarding how serious you are about them following through on your recommendation.

EXAMPLE OF WHAT TO SAY: "I am just checking in to see if you got in touch with any of the providers I mentioned to schedule an evaluation." If yes, then praise them for being so responsive. "I am so glad to hear that! We will all feel so much better knowing that a professional is involved." If no, then express your concern and expectations. "I am really disappointed/sorry to hear that. What got in the way of you reaching out this week? I need to stress how concerned I am with

your/your athlete's health. I realize this can be difficult to do, but from my perspective it is absolutely critical that you do so this week."

Occasionally, it may come to the point where you do not feel safe continuing to coach someone who is clearly ill and not seeking treatment. In such cases, you should strongly consider asking the patient/family to obtain a doctor's release certifying that the athlete is fit to train. Whenever possible, seek permission from the athlete or family for providers to share information and contribute to discussions about training and return to play if time off for recovery is required.

If you are nervous or anxious about broaching this conversation with an athlete and/or their family, **practice what you are going to say** and using the appropriate tone. If something comes up in the conversation that you do not know how to answer, it is best to say you don't know rather than giving incorrect medical advice that may be inadvertently harmful.

Remember, if you have any questions, we encourage you to consult with a Team USA provider. Mental health and wellness are incredibly important pieces of the athlete experience in sport and to their general livelihood outside of sport. We hope you keep these points in mind when talking about mental health, and we thank you for supporting the health and well-being of Team USA athletes!

Olympic hopeful and USA Swimming National Team member Phoebe Bacon (R) trains as her coach Tim Kelly writes workouts on a board amid the coronavirus pandemic at a family friend's covered, 15-meter pool. Bacon, a high school senior and PanAmerican gold medalist, qualified for the U.S. Olympic swimming trials and is using the small-sized pool to continue to train in the water after COVID-19 closed pools. The U.S. trials and the Tokyo 2020 Olympics have been postponed due the coronavirus, but that hasn't deterred athletes like Bacon from finding non-traditional ways of training. (Photo by Patrick Smith/Getty Images)

Question, Persuade, Refer Training

Shannon Decker, Executive Director & Co-Founder, The Speedy Foundation

Training is training.

Whether your goal is to develop skills for the slope or learn calculus, it all comes down to practice and execution. Decisions need to be made into habits, which allow us to instinctually translate components of training into real-time performance.

Situations outside of the locker room and off of the podium are no different. And when it comes to learning to respond to friends and family in times of emotional crisis, training becomes critical.

QPR—**Question, Persuade, Refer**—is a proven interpersonal practice for helping people who are presenting suicidal behaviors. Developed by the QPR Institute, this highly valuable, three-step process is designed to be learned easily, deployed quickly, and most importantly, to save lives. And you can learn how to use it.

The Basics

Question - Don't be afraid to ask. Comments and behaviors are often more obvious than you might think, and rarely is it "just talk." These are your athletes, friends, family members, and co-workers – not strangers. Ask them directly about suicidal thoughts and encourage conversation.

Persuade - Help your person understand how valuable they are to you and their loved ones. Be honest, don't judge and don't analyze. Ask them if you can help and act quickly when they respond.

Refer - Provide a local resource for your person to seek assistance. A person can also text "HOME" to the Crisis Textline 741-741, or call the National Suicide Prevention Lifeline 1(800)273-8255. Help them take this action to the best extent possible.

The Outcomes

After QPR training, you'll have at your disposal knowledge of just how widespread this health crisis has become, why it's commonly misunderstood, and how it can be prevented. Other critical skills you'll come away with include:

- How to recognize unique verbal, behavioral, and situational suicide warning signs and how to respond to and ask about those distress signals
- Know what warning signs and risk factors to look for
- Recognize at least three protective factors against suicide
- Demonstrate increased knowledge, skills, self-efficacy and intent to act to intervene with sui-

cidal athletes and others
- Describe “means reduction” and life-saving action steps
- Know materials, phone numbers, and referral resources, such as online resources
- Engage in an interactive and helpful conversation with someone who has attempted suicide
- Engage in an interactive and helpful conversation with the loved ones or family members of someone who has died by suicide

How to Train

In conjunction with The Speedy Foundation and the QPR Institute, the U.S. Ski & Snowboard Association has required this valuable skillset be learned by all staff, and encourage others to do the same. The Speedy Foundation will provide training at no cost. One hour of your time can mean a lifetime for another. Here’s how to do it:

- Visit, www.qprtraining.com/setup
- Use code, SPEEDYFOUND to register
- Select, Create Account
- Complete and submit your registration form
- QPR will display (and email you) the newly created username and password
- You can then log in to begin training at qprtraining.com

We encourage you to complete the training in a single session. It’s highly valuable, and more than worth the short commitment.

This crucial training will create a better organization from top to bottom, one that recognizes the value of a person’s entire well-being, not just their athletic performance. Like success in all forms of sport, it’s about more than one person. This is a team endeavor, and our team is Team USA. Learn more here: www.TheSpeedyFoundation.org/QPR.

QPR For Suicide Prevention | US SKI & SNOWBOARD | THE SPEEDY FOUNDATION thespeedyfoundation.org

Jeret Peterson of the United States celebrates winning the silver medal during the freestyle skiing men’s aerials final on day 14 of the Vancouver 2010 Winter Olympics at Cypress Mountain Resort on February 25, 2010 in Vancouver, Canada. (Photo by Streeter Lecka/Getty Images)

Managing Anxiety Before It Manages You

William D. Parham, Ph.D., ABPP

Anxiety is a widely studied phenomena. Despite differences in definition, there appears to be some agreement regarding its key features. Anxiety is a natural, adaptive, self-protective, emotional and physiological survival response. It is experienced by people globally and influenced by a combination of factors including, but not limited to, gender, age, culture, race, ethnicity, sexual orientation, disability, faith-based practices and other dimensions of personal identity. Lived experiences of anxiety play out within contexts of everyday life challenges. Some life challenges are experienced as minor inconveniences, daily hassles and situations people choose to put up with temporarily. When seen in this way, anxiety may be experienced as 'normal' with minimal physiological arousal and, overall, clearly manageable.

At the other end of the spectrum are life challenges that can surface as fear, dread, confusion, emotional disequilibrium, obsessive ruminations, increased irritability, compromised decision-making, and a host of physiological reactions including, but not limited to, nausea, muscle tension, and increased blood pressure. When this latter constellation of symptoms emerges – also known as the "fight or flight" response – it represents evidence that people are perceiving their immediate environment and personal space as being attacked, under threat and in danger. The body, having received signals that danger and harm are immanent, prepares to engage the threat or flee from the scene. Either decision is fueled by increased energy (e.g. adrenalin, increased heart rate, increase flow of blood to deep muscles, increased production of white blood cells) to accomplish the chosen goal.

It is important to note a person's perception of threat relative to an event triggers the kind, strength, intensity, and duration of the emotional and physiological reaction that is subsequently experienced. Further, the accuracy of a person's perception of threat to an event is not a prerequisite for the innate fight or flight system to be activated. Athletes' believability about the immediate situation or circumstance in which they find themselves, and the real or perceived threats and dangers therein, represents the stimuli which triggers the fight or flight response.

For example, an athlete's poor performance during competition might be experienced as unfortunate and seen as a learning experience. Alternatively, that very same athlete could interpret a poor athletic performance in the same event as devastating and evidence that they need to lower future performance expectations. The meaning athletes assign to situations, coupled with their assessment of the availability of internal and external resources believed to be sufficient to meet the demands imposed by the event, determines the level of stress athletes are likely to experience. In short, athletes have the power to manage emotional ups and downs. They have the cognitive wherewithal to change how they think, the affective mechanisms to regulate their emotions, and the behavioral repertoire to execute actions that are consistent with handling both the psychological and physiological responses.

Anxiety manifests in various ways. With respect to athletes, anxiety can be disruptive at home, work, school, prior to and during competition, while managing injury, in anticipation of flying to and from competition, while initiating, maintaining and ending interpersonal relationships, when acknowledging health challenges, when needed to manage family problems, or during any other life challenge that

demands an athlete's focused attention. Symptoms of anxiety might include sensitivity to worrying, difficulty concentrating and staying focused, increased irritability, feeling agitated, scattered, and on edge, sweating, shortness of breath, light headedness, difficulty falling and staying asleep, increased muscle tension, and appetite disturbance and stomach distress.

The complex and ongoing interaction of several factors contribute to athletes feeling vulnerable to experiences of anxiety. Environments (e.g., athletic, familial, social-political) wherein athletes learn, develop, and mature, and from which they draw emotional nourishment and find life's purpose, represent one category of factors that shape how they think, feel, and behave in response to life's challenges. Coaches, teammates, health, fitness and nutritional personnel, referees, fans, booster clubs, sports journalists, and athletic department/program administrators represent athletic environment factors. Parents, siblings, extended family, community, and spiritual/religious/devotional upbringing are examples of familial environmental factors. Visual, auditory, print, and social media as well as local, regional, national and global economic and political climates collectively represent social-political environmental factors that influence responses to life challenges. Early-age traumatic experiences occurring within any of the above environmental contexts, left unaddressed, manifest as anxiety and surface symptoms of decreased performance inviting further exploration by trained mental health professionals.

It is important to note anxiety surfaces as symptoms that may feel problematic and intrusive in athletes' lives. If left unchecked, symptoms of anxiety could lead to further adverse consequences. While anxiety may be problematic, however, it is never the problem. Anxiety is a symptom that other concerns and issues need to be addressed. Assessment by trained mental health professionals can be helpful relative to confirming diagnostic impressions about anxiety and ruling out other co-occurring mental health challenges, such as depression, that may be adding to the symptom profile. The good news about anxiety is that it is treatable. Ample evidence-based interventions exist providing choices relative to tailoring treatment plans that meet athletes' needs. Interventions include individual counseling, deep breathing exercises, cognitive reframing, progressive relaxation exercises and autogenic relaxation exercises. These examples of interventions are employed to rouse and inspire mental and physiological peacefulness. Mindfulness meditations, the practice of stillness, Tai Chi and Qigong are reputable interventions.

Physical exercise, sound nutritional practices, quality sleep, balancing life with hobbies or other outlets, and developing and maintaining social support systems and spiritual practices are parts of a holistic mental health and wellness regimen. When the above options are implemented in combination and as lifestyle practices versus as techniques to use when feeling overwhelmed emotionally, athletes are then in position to reap maximum benefit.

Medications represent viable options for treating anxiety. Because some medical conditions produce symptoms that mimic anxiety, healthcare personnel will rule out the presence of medical conditions (e.g., hyperthyroidism, low blood sugar), other medications, including prescription and over the counter and withdrawal from illegal substances as factors in the current reactionary profile. Decisions to treat anxiety as a preventative measure or as a remedy for managing symptoms are also considered. Some types of anxiety drugs are habit-forming, necessitating consideration of either a short-term prescription or prescribed to be taken on an as-needed basis.

Athlete Mental Health: How Coaches can Help

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When thinking about mental health, athletes – and especially elite athletes – present us with a complicated story. On the one hand, research carried out by the NCAA suggests that in many respects, from a mental health perspective, competitive athletes are a robust and resilient group. Rates of mental health problems among college student-athletes are similar to or lower than college students in general. There are a few exceptions, such as having higher rates of gambling and, among women athletes, higher incidence of eating disorders. Nevertheless, elite/competitive athletes experience unique stressors that put them at higher risk for emotional challenges. Intense competition, risk and experience of potential career-ending injuries, long periods of travel away from home and sleep disruptions, the stresses of intense training can all present athletes with significant challenges. Coaches and trainers have close relationships with athletes and, thus, are uniquely well placed to notice, support and refer athletes who might be experiencing an emotional challenge. This does not require deep technical knowledge or skill and whether you realize it or not, you already know how to do this.

How do you know when someone is having an emotional problem?

Think for a moment about the last time you or someone close to you had a stomach ache. Did you call your doctor or go to an emergency room? In all likelihood, you did not. How did you know you did not need to? If you did call or go to an ER, what made you decide to do that? In fact, we intuitively make decisions about our physical health and when we need professional care all the time. If you stop to think about it, you'll realize that you are likely going through a decision tree without really overtly going through this. Do I have an idea why I am having this pain (maybe that last slice of pizza was a bad idea)? How bad or intense is it? Is it easing up after a bit of time or getting worse? Does it fit a pattern of stomach aches I've had under similar circumstances before? Are there associated symptoms (nausea, fever, etc.)? Is it interfering with my ability to function: sleep, concentrate, do my work? Is it recurring repeatedly? These are, more or less, the questions we automatically or intuitively consider when deciding whether we call our doctor or go to an ER. Note that typically most of us when making these decisions are not thinking about whether the problem might be appendicitis, a kidney stone, an obstructed intestine or a gall bladder problem –you do not need to have technical knowledge or a "diagnostic theory" to make these decisions.

This same intuitive analysis can be applied to mental health or emotional problems too. While around physical problems we can observe or experience fever, swelling, pain or bruising. In considering mental health problems, the indicators of trouble would be problems or disruptions in:

- feeling,
- thinking or
- behaviors.

For example, feelings of sadness or anxiety, or erratic feelings (too up or down), or feeling too happy

or irritable (in situations in which this not appropriate), difficulties concentrating or bizarre and disorganized thinking and behavior problems like problem substance use or eating, self-harm or uncontrollable repetitive behaviors are all indicators of emotional problems and are often observable to others. As with the stomach ache, if the problems in any of these areas are:

- too intense,
- last too long,
- getting worse or not getting better,
- disrupt functioning (sleep, appetite, ability to perform at work or to enjoy things) or
- have other associated problems (sadness+ inability to function or thoughts of self-harm).

Just like with physical problems, this would indicate a need for professional assessment or intervention. The best way to identify these kinds of problems in yourself or other people is to look at two important areas:

Look for changes in:

- Appearance (someone looks disheveled or fatigued)
- Speech (different from usual patterns, slower or faster)
- Speech content (disorganized or full of odd content)
- Concentration problems or distraction
- Facial expression (person appears tense or sad)
- Self-care (someone who is usually meticulous now seems not to be showering or dramatic changes in weight)
- Level of activity (dramatically less or more active than usual)
- Evidence of self-harm like cutting or burning oneself

Look for problems in functioning:

- Athletic performance
- Interactions with others
- Self-care

Note that these are not exclusive categories and you don't need to remember these lists. This is just a way of organizing your observation. And again, you don't need to have an idea what is wrong, just an idea that something is not what it should be. You should trust your gut and if you feel something is off, even if you can't quite articulate it, it is worth following up.

Having the Conversation

There is no right or wrong way to express concern. If you are concerned about an athlete (or anyone else for that matter), it is best to find a quiet place and a time in which there are no distractions and simply express your concern. "I'm worried about you because you… seem distracted in practice… look tired a lot of the time…seem sad…are not spending as much time with your teammates as you used too...are you okay? Is there anything I/we can do to be of help?" It is helpful to be specific about what you've observed because that makes it harder to simply dismiss your question with an "I'm

okay".

Remember that simply being there, listening and showing concern are all helpful and supportive. You don't have to solve the problems. People often feel some relief just with the chance to talk. If the problem feels serious or concerning beyond just a routine concern, it is important to be aware of the support services within your system. Is there a mental health clinician associated with your team or training site? If you are unsure how to proceed after the conversation, consult with the mental health clinician in the system. Unless there is some concern the person is in acute danger (if they are talking about wanting to harm themselves or someone else or seem really disorganized or can't care for themselves) you can always check back in in a day or two.

If you are concerned someone may be in acute risk, you should know the protocol within your system for dealing with mental health emergencies. If you suspect that there is some acute danger to someone's life or safety you should either immediately call 911 (or the local equivalent) or your local suicide prevention hotline. In the U.S., the National Suicide Prevention Lifeline is 1-800-273-TALK (8255). For international listing see: https://www.iasp.info/resources/Crisis_Centres/.

For more information about having a conversation about mental health visit https://seizetheawkward.org/.

Olympic hopeful boxer Richard Torrez Jr. goes for a run during a training session. The 20-year-old has won numerous international tournaments, and is currently ranked fifth in the world in the super heavyweight weight class. The training center in Colorado is currently closed so Torrez Jr. continues to train at home with his father, who is his coach. His father has implemented many different types of training methods, such as hitting cement rocks with a sledge hammer, filling up wheel barrels with sand, and flipping over tractor tires. Athletes across the globe are now training in isolation under strict policies in place due to the Covid-19 pandemic. (Photo by Ezra Shaw/Getty Images)

Athlete Mental Health: Responding on the Front Lines

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We are all responsible for athlete mental health. "*What*?" you say, "*I am not a mental health professional. How do I help with athlete mental health?*" That may be true, but we all have a role to play, and we are in this together. When athletes are struggling with anything, including mental health concerns, they will most likely go to someone they trust, and often that is you, their coach. Coaches are on the front lines and need to be prepared to listen and help. You don't have to know how to treat a mental health concern. You do need to know how to talk about it and refer to the right resources. Mental health concerns can arise for anyone in the sport world, so it may not be only the athletes who need support. It could be coaches, support staff, parents or medical staff. No one is immune to the pressures of life and sport, and we need to be aware of signs and symptoms that can affect anyone.

This article will outline the process of recognizing, talking about and finding resources when someone you know is facing a mental health concern. We'll (a) examine some facts and statistics about mental health, (b) discuss mental health and mental illness, (c) review symptoms of common mental illnesses, (d) learn how to ask about symptoms, including thought of self-harm and suicide, and (e) know how to find the necessary resources for anyone in need. You may be on the front line, but you don't have to face this alone.

Before we dive into this material, recognize that this is a difficult topic. Reading, thinking, and talking about mental health and mental illness can sometimes trigger memories and emotions related to your own or a loved one's struggles. I hope you are willing to read on…..in the process take care of yourself and find the necessary support you need.

Mental Health Statistics

Here are a few numbers to get us started in understanding the prevalence of mental health concerns:

- In the USA, 20% of adults experience a mental health problem annually.
- 30% of 18-25 year olds experience mental health problems.
- We are seeing increases in adult suicidal ideation and youth mental health issues.
- There are increases in serious mental illness and suicidal thoughts/attempts in Black/African American population.
- The prevalence of diagnosable psychiatric disorders in athletes is unclear.
- Some studies indicate that elite athletes are just as likely as non-athletes to experience anxiety or depression (Rice et al, 2016; Gulliver et al, 2012).

Although we do not have research studies on Olympic and Paralympic athletes specifically to draw upon, we do have information from college athletes. The National College Health Assessment offers some comparisons between athletes and non-athletes in the college setting. Below are two charts outlining information on depression and anxiety. Students were asked two questions about their mental health in the last 12 months: "Have you ever felt so depressed that it was difficult to function?" and "Have you ever felt overwhelming anxiety?" Below are the results. For both depression and anxiety,

a lower percentage of athletes than non-athletes answered “yes” to these questions. It is important to note, however, that between 20% - 52% of athletes (depending on gender and race) answered “yes” to one of these questions. Even though lower than non-athletes, there are still a substantial number of athletes facing mental health concerns.

Depression-NCHA Data

Have you ever felt so depressed that it was difficult to function?
(Yes, in the last 12 months)

	STUDENT-ATHLETE	NON-ATHLETE
Female	27%	36%
Male	20%	29%
White	23%	32%
Black	23%	33%
Other	29%	37%

Within gender and within race differences are statistically significant, chi-square, $p < .01$

Anxiety-NCHA Data

Have you ever felt overwhelming anxiety?
(Yes, in the last 12 months)

	STUDENT-ATHLETES	NON-ATHLETES
Female	52%	61%
Male	33%	43%
White	45%	57%
Black	34%	48%
Other	46%	54%

Within gender and within race differences are statistically significant, chi-square, $p < .01$

The COVID-19 pandemic has increased the incidence of mental health concerns in the US. Mental Health America (MHA) is an organization devoted to promoting mental health and preventing mental illness for the general population. MHA offers mental health screening on their website https://screening.mhanational.org/screening-tools and reports an increase in incidence of mental health concerns since the pandemic began (annual conference).

More specific to athletes, the NCAA conducted a Student-Athlete COVID-19 Well-Being Study (NCAA, 2020) and reported the following:

- The majority of athletes reported experiencing high rates of mental distress since the pandemic began.
- Over 1/3 reported sleep difficulties.

- Over 1/4 reported sadness and a sense of loss.
- 1 in 12 reported feeling so depressed it has been difficult to function, “constantly” or “most every day.”
- The majority of athletes turn to coaches for information on many issues, including mental health.

Not only are we facing general mental health concerns in our athlete population, but these concerns have increased since the onset of the pandemic. Even while we are physically distanced and interacting less, we need to take the time to check in with athletes, coaches and staff to assess their well-being during these times of uncertainty.

What is it that our athletes are facing that may be affecting their well-being? While physical activity has documented benefits to health and well-being, elite athletes have specific risk factors (in addition to life issues) that can reduce mental health. These risk factors include:

- Pressures of high-level competition.
- Travel away from family/friends.
- Consequences of injury.
- Financial stress.
- Trauma/disability (for Paralympians especially).
- And now, cancellations and postponements of competition.
- Challenges of returning to training in a COVID world.

Athletes also face a stigma around acknowledging mental health issues. Athletic culture celebrates “mental toughness” and consequently athletes may under-report their experience with mental health concerns. As well, athletes may not seek mental health resources. There are gender and racial/ethnic differences in help seeking –with women asking for assistance more than men, and people of color seeking assistance less than white people.

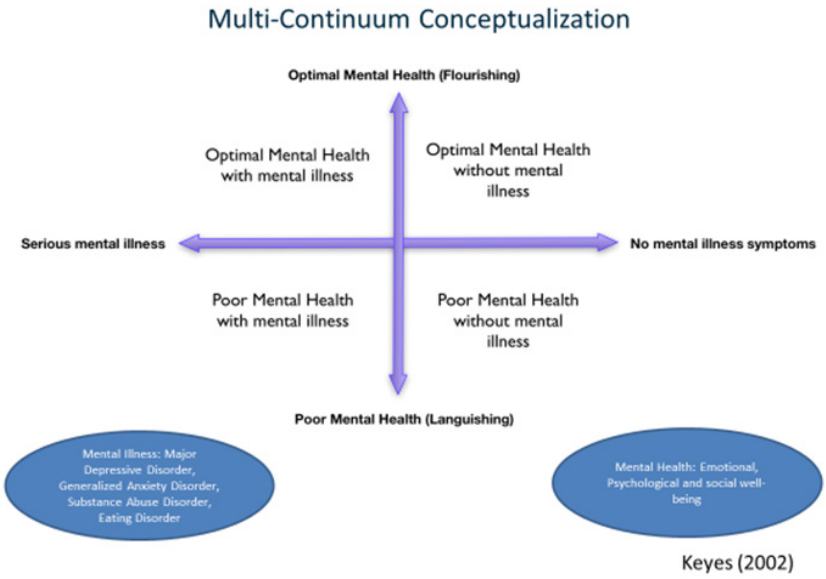
The USOPC hosted the International Mental Health Think Tank in 2019 to address areas of athlete mental health. Out of these discussions came several conclusions:

- The Olympic and Paralympic Games environment is not conducive to good mental health.
- We need to BOTH teach athletes to cope with this environment and work to change the environment.
- We can support before, during and after the Games. The article in the references section outlines what can be done at each of these three points.
- We need to make mental health “cool.” We need to help athletes see that mental health discussions are not something to be avoided but, instead, embraced.

Mental Health and Mental Illness

We often use the term “athlete mental health” in talking about any psychological concern an athlete faces. It has become such a common term that we are unlikely to move away from it, but it is important to recognize that “mental health” and “mental illness” are different. These are two different constructs and each has its own continuum. When we bring them together, we see two intersecting

continuums as presented below in Keyes (2002) model.



On the vertical continuum is mental health, which included emotional, psychological and social well-being. Optimal mental health is described as flourishing, and poor mental health is described as languishing. On the horizontal continuum is mental illness, which includes diagnosable psychiatric disorders such as Major Depressive Disorder (MDD), Generalized Anxiety Disorder (GAD), Substance Abuse (SA) and Eating Disorders (EDs). This continuum ranges from no mental illness to serious mental illness. Individuals can fall in any of the four quadrants. Optimal mental health without mental illness is, of course, desirable and where we all hope to be. Athletes can also experience optimal mental health with mental illness (upper left) in which they have a diagnosable disorder but are managing it and living with good mental health. Athletes could also experience poor mental health without mental illness (lower right) and be struggling with day to day stressors or family concerns. Finally, athletes can experience both poor mental health and mental illness which is cause for great concern. Interestingly, athletes can still perform well in competition experiencing poor mental health and/or mental illness but if not treated, these conditions can absolutely affect their athletic performances. The relationship between mental health and mental illness is more complicated than we might realize at first glance. The remainder of this article will focus on mental illness and how to help someone in distress. Please understand that I can't begin to cover every component of athlete mental health and mental illness in a single article, but this overview should give you information and tools. Additional resources and websites are included at the end if you want further information.

There are many mental illnesses that athletes can face, including:

- Anxiety (Panic Attacks, OCD)
- Depression (MDD)
- Suicide
- Self-harm/injury
- Abuse (sexual, physical, psychological)
- Eating Disorders

- Substance Abuse

For the purposes of this article, I will focus primarily on anxiety, depression, self-harm and suicide. The other areas are important as well but are beyond the scope of this paper and rightfully deserve their own article.

1. Anxiety

Anxiety disorders differ from normal stress and anxiety that many of us feel off and on. The symptoms of an anxiety disorder are more severe and can cause impairment in daily life (i.e., work and relationships). Symptoms are physical, behavioral and psychological in nature.

Physical	Behavioral	Psychological
pounding heart	avoidance of situations	mind racing/going blank
chest pain	obsessive compulsive behaviors	decreased concentration
shortness of breath	distress in social situations	irritability
dizzy	phobic behaviors	anger
sweating		confusion
dry mouth		sleep disturbances
nausea		
muscle aches		
shaking		

Panic attacks are one type of anxiety disorder. Often the terms “panic attack” and “anxiety attack” are used interchangeably, but they are different. Panic attacks are a diagnostic category in the Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5), whereas anxiety attacks are not recognized as a diagnostic category. Panic attacks are much more intense, and during the experience the individual often fears he/she is dying. Usually panic attacks appear to come out of nowhere.

Panic attacks include the following signs and symptoms:

- Palpitations, pounding heart, rapid heart rate
- Sweating
- Trembling and shaking
- Shortness of breath, sensations of choking or smothering
- Chest pain or discomfort
- Abdominal distress or nausea
- Dizziness, light-headedness, feeling unsteady
- Feelings of being detached from oneself (unreality)
- Fear of losing control or “going crazy”
- Numbness or tingling
- Fear of dying

How to help

Panic attacks can look like heart attacks. Often when someone experiences a panic attack for the first time, it is difficult to tell if it is physical or psychological. If you are not a medical professional and believe it could be a medical condition, then err on the side of caution and assist the person in getting to the nearest medical facility.

Some people learn over time that they are having a panic attack rather than a heart attack and can tell you that. When someone is experiencing a panic attack (and you know it is a panic attack) you can help in the following ways:

- Use a calm and reassuring approach.
- Speak slowly and clearly.
- Be patient.
- Acknowledge that the terror feels real.
- Remind the person that while a panic attack is frightening, it is not life threatening.
- Reassure the person that he or she is safe and that the symptoms will pass.
- Use distraction (visual cue, verbal descriptions).

The experience of a panic attack tends to pull attention to the very uncomfortable physical sensations of panic (tightness in chest, difficulty breathing, sense they might die). As those sensations build, the focus increases until that tightness is all the person feels. It is helpful to move the focus away from the physical sensations. One strategy is to ask the person to verbally describe in detail everything they see in the room around them. This moves them from focusing on the physical sensation of the panic attack to using their other senses and can allow the panic to diminish.

2. Depression

Major depressive disorder lasts for at least 2 weeks and affects a person's:

- Emotions, thinking, behavior, and physical well-being
- Ability to work and have satisfying relationships
- Ability to carry out usual daily activities

As with anxiety, it includes physical, behavioral and psychological symptoms

Physical	Behavioral	Psychological
fatigue	crying spells	sadness
sleeping more or less	withdrawling from others	anxiety
over or under eating	loss of motivation	guilt
headaches	no interest in personal appearance	anger
	use of alcohol/druggs	mood swings
		irritability
		confusion
		thoughts of death/suicide

How do we talk about Depression?

Talking about mental health concerns is often difficult. We aren't sure what to say or what to ask. It is all right not to know the exact words to say each time, and you can admit that. The important thing is to make an effort to show your concern. Here are some ideas for talking about depression.

- Ask."*It seems you have been feeling down (or sad, or quiet, or less involved) lately. What is going ?*"
- Then Listen. Don't feel pressed to say too much as the person talks. If they get to the end of the story and there are areas you are still curious about you can say: "*Tell me more about*… (fill in the topic)."
- You don't need to fix anything or give advice.
- Look for symptoms listed above (mood, appetite, sleeping, motivation, loss of interest in enjoyable activities).
- You will also want to ask: "*Have you thought about suicide*?" (More on this later in the article under "Suicidal Risk Assessment.")
- If the person's answer is "*yes*" for many of those symptoms, then consider the possibility of depression and making a referral.

3. Assess for Risk or Suicide or Harm

With severe depressive and anxiety symptoms it is important to assess for:

- Non-suicidal self-injury
- Suicidal thoughts and behaviors

Self-Injury is not the same thing as suicide. Self-injury involves deliberately inflicting physical damage to one's body, such as cutting or burning. The intent is not to die by suicide. Instead, self-injury is done to:

- Escape unbearable emotional pain.
- Get the attention of others.
- Show desperation to others.
- "Get back at" other people.
- Gain relief from tension.
- Seek help.

To help a person who self-injures, consider the following suggestions:

Do:
- Recognize that self-injury is usually a symptom of serious psychological distress.
- Avoid any negative reactions to the self-injury.
- Discuss the situation calmly.
- Focus on ways to stop the emotional distress.
- Refer to a trained mental health provider or sport psychologist.

Do Not:
- Focus on stopping self-injury.
- Trivialize the feelings or situations that have led to self-injury.
- Punish the person.
- Threaten to withdraw care.

4. Suicide Risk Assessment

Suicide is one of the most stressful and frightening crises to face when you're on the front line. Having knowledge and tools can help you develop a plan when someone you know expresses a desire to die. Let's start with some risk factors. In examining gender and age, we see some trends. Women are more likely to attempt suicide; men are more likely to complete a suicide. The highest rates of suicide are for ages 45-54 and 55-64 (20 per 100,000). Rates have been increasing in the 15-24 age range over last 10 years (14 per 100,000). The highest rates are among middle aged white men. Other risk factors include: chronic physical illness, a history of mental illness, use of alcohol or other substances, less social support, a previous suicide attempt, and having an organized plan.

Warning Signs of Suicide

Some warning signs of suicide are fairly obvious, such as when someone definitively says they want to kill themselves. Others are more subtle but need to be taken seriously as well. Here are some things to look for:

- Threatening to hurt or kill oneself
- Seeking access to means
- Talking, writing, or posting on social media about death, dying, or suicide
- Feeling hopeless, worthless, guilty
- Giving away possessions
- Acting recklessly or engaging in risky activities
- Dramatic change in mood
- Increasing alcohol or drug use
- Withdrawing from family, friends or social activities
- Demonstrating rage and anger or seeking revenge
- Appearing agitated
- Comments about not being here

Talking About Suicide

Suicide is understandably difficult to talk about. It is easy to wonder if you might say or ask the wrong thing and then ask nothing at all. This is a topic we must find ways to address. It may be uncomfortable, but we need to practice asking the uncomfortable questions. It can literally save a life. Here are some guidelines below:

Express your concern and ask questions:

- One concern that emerges in workshops on suicide is that by saying the word "suicide" we can cause someone to consider suicide when they never have before. I want to assure you that you can't put the idea of suicide into someone's head. You are not giving them a new idea. More likely, you are putting to words what they have been thinking all along.
- It is best to be direct and ask the question (examples below).
- If you can't ask the question, find someone who can.
- Asking directly about thoughts of suicide can help in the following ways:
  - It may be a relief to the person to know they are not alone and you care enough to bring it up.
  - It may be comforting that you aren't afraid to help them face their problems.
  - It will help you figure out how urgent it is for you to get help – If they have a plan to harm themselves and/or intent to act on a plan, get help immediately.

Questions to ask

Ask directly whether the person is suicidal:

- "*Are you thinking about suicide*?"
- "*Are you thinking about killing yourself*?"

Sometimes those on the front lines feel it is uncomfortable to be that direct and more comfortable to ask, "*Are you thinking of harming yourself*?" That is also a good question to ask but needs to be followed by a direct question such as "*Are you thinking about suicide*?" As outlined above, self-harm can be self-injury and that is different than suicide.

If someone answers yes to either of the above questions, then…

Ask whether the person has a plan:

- "*Have you decided how you are going to kill yourself*?"
- "*Have you decided when you would do it*?"
- "*Have you collected the things you need to carry out your plan*?"

Check for two other risk factors that may make suicide more likely:

- Has the person been using alcohol or other drugs?
- Has he or she made a suicide attempt in the past?

How to talk to a person who is suicidal. This may feel like a daunting task, but here are some strategies for approaching the conversation:

- Let the person know you are concerned and willing to help.
- Listen and be present.

- Discuss your observations with the person (e.g., what you have seen in their behaviors that concerns you).
- Ask the question(s) without dread.
- Be mentally prepared for a "yes." Don't avoid the question because you aren't sure what to do if you hear a "yes." As you read on you will find information and resources so you will know what to do.
- Don't let it go.
- Get consultation.
- Get support for yourself.

Trust Your Gut

If your instincts tell you that someone is in crisis and needs immediate help or if you believe that they are at imminent risk of hurting themselves:

- Stay with them while you assist them in getting help.
- Call 911.
- You can also Text HOME to 741-741 or call 1-800-273-TALK(8255).
- Contact a Mobile Crisis Unit. Many cities have mobile crisis units with police officers and mental health professionals who travel together and form an interdisciplinary team to address mental illness calls.
- Accompany them to the nearest Emergency Department.
- If someone is agitated or potentially violent, avoid putting yourself in a personally dangerous situation – call 911 rather than bringing someone to the hospital yourself.

Ensuring Safety

The goal is to ensure safety of the other person (and yourself) and provide support in the process.

Do:
- Provide a safety contact number. This should be included in your plan. See Emergency Action Plan template in next article.
- Help the person identify current supports in their lives.
- Involve them in decision making.
- Call law enforcement immediately if the person has a weapon or is behaving aggressively.

Do Not:
- Leave an actively suicidal person alone.
- Use guilt and threats to try to prevent suicide.
- Tell them "You will go to hell."
- Tell them "You will ruin other people's lives if you die by suicide."
- Agree to keep their plan a secret. This is one area that we cannot keep in confidence. You may need to explain that you care about them, you are not an expert in mental illness and need to pull in someone who can help.
- Tell the person to "snap out of it."

- Act hostile or sarcastic.
- Blame the person for his/her symptoms.
- Nag the person to do what he/she normally would do.
- Belittle or dismiss the person's feelings and experiences.
- Try to "cure" the person.

Throughout the entire process you want to offer reassurance and information. Understand that symptoms are an expression of distress and part of an illness. Offer consistent emotional support and understanding, and give the person realistic hope for recovery. You don't need to assure them that everything will be alright because it might not be. But assure them you will work through this with them and connect them to practical resources that can help. It's alright to admit if you don't know something…and then offer to get help from someone who does.

It can be difficult to talk about topics of mental health, mental illness and suicide. We all need to find our own way of starting those conversations. The "Seize the Awkward" website has examples of how to talk about these difficult topics so you can find a way that works for you. Check it out at https://seizetheawkward.org/

Practical Steps

If a mental health/mental illness issue is identified, get in contact with your sport psychology, mental health, and/or sports medicine providers. They can help determine the severity of the concern and give direction on next steps. Any sport organization or training site should have an Emergency Action Plans (EAP). I have provided a template for an EAP flow chart. You can determine who will be the contact(s) for mental health/illness emergencies and circulate this contact information among your organization.

Resources: There are a number of resources available to you. Clinically trained sport psychology providers can assist with education, consultation, and treatment. Sports medicine providers can also help coordinate care and find referrals for mental health providers. Many health insurance plans offer mental health benefits, so check to see if an athlete or staff member in need is covered by medical insurance or has access to an Employee Assistance Program.

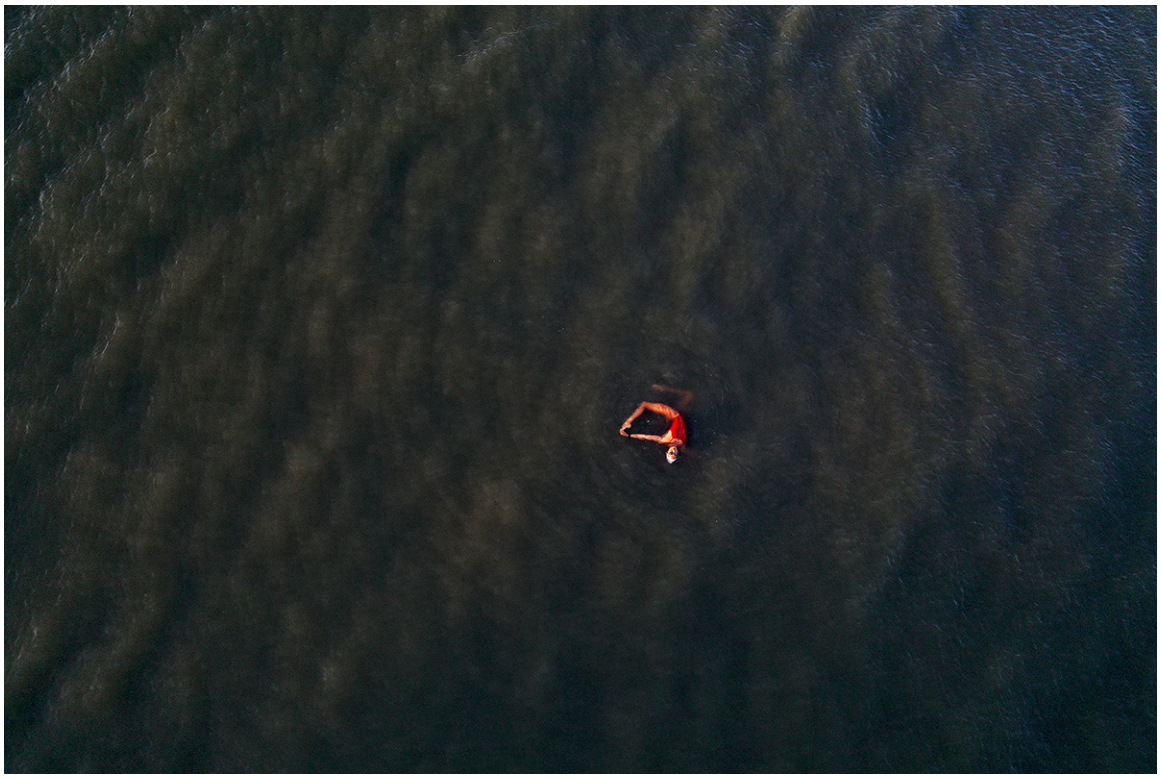
Some additional helpful websites for general information and crisis intervention are listed below:

https://www.mhanational.org/
https://www.nami.org/Home
https://suicidepreventionlifeline.org/
https://seizetheawkward.org/
https://www.jedfoundation.org/
https://www.thespeedyfoundation.org/
https://teamusa.org/mentalhealth

(A Mental Health Registry of Providers is coming soon to the Team USA website.)

Concluding Thoughts

Mental health and mental illness are on two intersecting continuums, and we want to be aware that athletes who struggle with mental illness can still perform up to their potential with the right care. As well, athletes who struggle with mental health (general life issues rather than diagnosable disorder) may see a negative impact on their performance. Athletes who are experiencing mental health and/or mental illness issues need support, and you may be the first one they go to. We all need to be prepared for these conversations, but if you are not a mental health professional, you do not have to treat or resolve these issues. You do need to know how to talk to someone in crisis and offer support. There are many resources available as outlined in this article and having an established Emergency Action Plan in place will allow everyone in your organization to know how to help as efficiently as possible. Let's all do our part to support our athletes and sport families together!

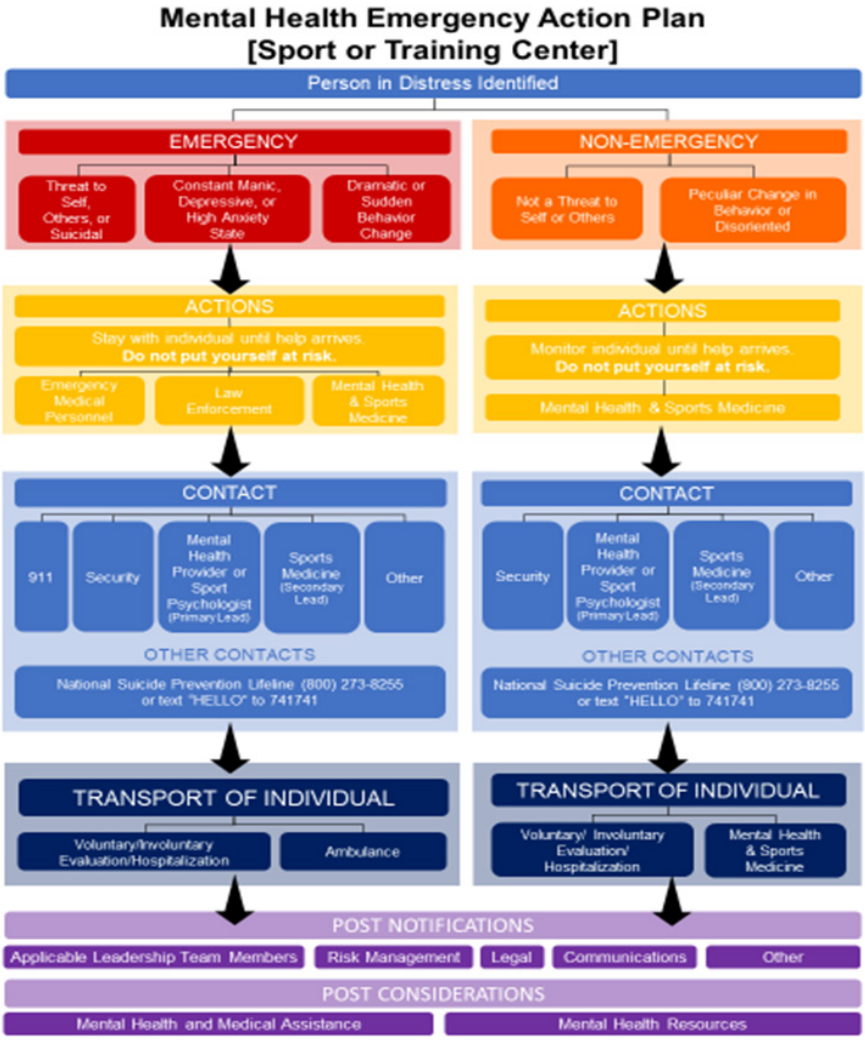


Olympic synchronized swimmer Anita Alvarez trains in Berkeley, California. Alvarez placed ninth at the 2016 Olympics in Rio in the duet competition. In 2019, she was named the USA Synchro Athlete of the Year. Alvarez was recently able to start training back in a pool with her team, but during the shutdown, she trained in the marina. Athletes across the globe are now training in isolation under strict policies in place due to the Covid-19 pandemic. (Photo by Ezra Shaw/Getty Images)

Emergency Action Plan (EAP) Model

Below is a template for an Emergency Action Plan (EAP). It is helpful to think through how best to handle crises before they arise. Crises are stressful, and we often don't think clearly when under stress. Having a process and contact names and numbers in place can allow coaches and staff to quickly and effectively move into action.

This plan has two columns, one for an emergency (red zone) and one for a non-emergency, although still serious, situation (orange zone). Under each column are the actions to take (yellow zone) and people to contact (medium blue zone). Some sport organizations may have only one person to contact (fewer boxes in the medium blue zone) and others may have more than one office that needs to be looped in. This chart outlines how to transport an individual if needed (dark blue zone) and the follow ups afterwards (purple zone). You are welcome to use this as a model and edit to fit your particular sport organization.



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A general view of the new National Stadium prior to a media tour of Tokyo 2020 Olympic venues in Tokyo, Japan. (Photo by Matt Roberts/Getty Images)

Mindfulness and Well-being

Peter Haberl, Ed. D. USOPC Senior Sport Psychologist

In her popular class on the science of well-being, Yale psychologist Laurie Santos cites a counterintuitive study that looked at levels of happiness in Olympic medalists. The study found that silver medalists are less happy than bronze medalists, even though coming in second means they are objectively better off.

Santos uses the findings of this study, and other related research on happiness and well-being, to demonstrate how our own minds come with what she labels "*annoying features*" that easily get in the way of well-being and happiness. For example, rather than thinking in terms of absolutes –silver is objectively better than bronze – medalists might fall prey to the mind's *annoying features* of looking for relative reference points. The silver medalist uses the gold medalist as a comparative reference point; second is good, but first is better. This leads to less happiness than the bronze medalist, whose reference point is the fourth-place finisher – someone who came away empty handed. This mental bug may be particularly pronounced for team sport athletes. As both teams compete against each other in the gold-medal final, one of them literally will lose gold (at least that will be the felt experience in the minds of the athletes).

Another *annoying feature* is the mind's tendency to fixate on a particular goal based on a strong intuition about what will make us happy – even though those intuitions can be completely wrong. We think achieving a high salary, working to a perfect body, buying luxury items or winning the lottery (or perhaps the Olympic Games!) will make us permanently happy. Well-being researchers label this as *mis-wanting* .

Connected to mis-wanting is the trap of *impact bias* – the tendency to overestimate the emotional impact of a future event, both in terms of intensity and duration. Examples of impact bias in the world of Olympic sport include believing a gold medal will lead to euphoric and lasting happiness or believing that failure to qualify for the Games – or failing to win a medal – leads to crushing existential depression and inescapable misery.

Our minds also suffer from *hedonic adaptation*; our minds are built to adjust quickly. We actually adapt to success or failure and return to an equilibrium of happiness, regardless of what happens. What makes this trap a bit insidious is that we don't notice when we fall into it. This lack of awareness can prevent us from enjoying the moment and savouring the present.

Speaking of being present in the moment, our minds are also designed to wander off, particularly when we are not engaged in a specific task. Neuroscientists label this the "default mode network" of the human mind. Our minds wander into the future or the past, often getting stuck in a ruminating, judgmental story about ourselves that can greatly impair our well-being. Unfortunately, not only is a wandering mind an unhappy mind, it is also an unfocused mind. From a competitive standpoint, an unfocused mind is a performance-impaired mind.

Given these *annoying features* and their impact on well-being and performance, what is one to do? As it turns out, we can do plenty. For starters, Santos advises us to prioritize and practice healthy habits, such as sleep and exercise, both of which have major impacts on well-being. But beyond rest and working out, how can we work with a mind that seems so full of distractive dissatisfaction?

The practice of *mindfulness* directly tackles dissatisfaction, along with the other *annoying features* identified by professor Santos.

Because mindfulness, along with psychological flexibility, addresses the wandering mind, it has become my guiding paradigm in my own work with Olympic athletes and coaches as a USOPC sport psychologist. Let's define mindfulness and psychological flexibility before returning to their application in regard to working with the wandering mind.

One of the most widely used definitions of mindfulness comes from Jon Kabat-Zinn, who initiated the mindfulness revolution in the western medicine and psychology when he started his Mindfulness-based Stress Reduction program (MBSR) in 1979. He defined mindfulness as "the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience." Another definition comes from Bishop and colleagues, a team of psychologists who said "mindfulness is the self-regulation of attention with an attitude of curiosity, openness and acceptance." Both definitions point to awareness and attention processes that highlight the attitudinal quality of curiosity about the felt experience.

Mindfulness itself is a key ingredient of psychological flexibility, which is defined as "the ability to be in the present moment with full awareness and openness to our experience, and to take action guided by our values". Mindfulness encapsulates the attention and awareness piece in this definition of psychological flexibility. Values are defined as desired global qualities of ongoing action. Values are different than goals. Goals are about a destination, and values are about how we want to be on an ongoing basis. Goals are about getting somewhere, and values are about how we want to carry ourselves in this very moment. Goals are about what we want to get, and values are about how we want to be.

What is captured by these definitions and concepts is highly relevant to performance ***and*** well-being. Through my personal lens, mindfulness is about understanding how the mind works, so we can work with it and perform to our potential. How does the mind work? Well, it works as a factory that produces thoughts and emotions, every day, all day. This can be super helpful (this is why we are on top of the food chain), but many times it is not. For instance, the factory's endless stream of production comes with a built-in thief that steals something very precious for athletes (and for coaches). What is it that the thief steals, that is so precious?

The thief steals attention! I argue that, rather than thoughts and feelings, *attention is the currency of performance*. In order to perform our best, we have to be present in this moment. That is an attention process, not a thinking or feeling process.

Look back at the definition of mindfulness – the self-regulation of attention – aiming attention, sustaining attention and inhibiting elaborate processing, inhibiting getting lost in the story in our heads. The *thought- and emotion-producing factory* that is the human mind has a tendency to keep us stuck in

the past or transport us to the future, hijacking our ability to stay in the present moment. The mind likes to wander off! It is at this juncture where awareness comes in and is so beneficial. Awareness allows us to notice our wandering mind, to notice when we get lost in the story in our head, and to notice when we are overcome by emotions. Awareness allows us to bring our attention back to the present moment. Awareness also allows us to be in tune with our values and to use our values to guide our actions, irrespective of our thoughts and feelings.

When we can tap into the present moment, when we can be open to our thoughts and feelings, and when we can take actions guided by our values, we are psychologically flexible. My personal theory of performance excellence is guided by mindfulness and psychological flexibility and anchored by three questions. What is on your mind? Where do you want to put your mind? Why do you do what you do? Question one captures awareness (simply noticing), question two captures attention (actively focusing), and question three captures values.

When I talk to my coaches and athletes about mindfulness and psychological flexibility, I do my best to connect awareness, attention and psychological flexibility to performance and well-being. The performance aspect becomes apparent fairly quickly, given the importance of attention to athletic/competitive outcomes and the mind's tendency therein to wander off. This is helpful when it comes to teaching mindfulness because athletes and coaches care deeply about performance, as they should. Remember, attention is the currency of performance. When we perform to our potential and our attention is all dialled-in, it often means winning. Winning is an outcome goal, and winning generally creates feelings of happiness.

Yet that feeling of happiness, like every other feeling, simply doesn't last, and it is not meant to. Recall what Professor Santos says about the *annoying features* of the mind, such as impact bias and hedonic adaptation. Since mindfulness is about understanding how the mind works, we can use awareness to detect these *annoying features*. We can notice the story our mind offers up about, say, the perceived emotional impact of an outcome. Another thing we notice when we practice mindfulness is the transient nature of thoughts and feelings. Feelings, just like thoughts, come and go, often all on their own. We don't have that much control over our thoughts and feelings, and we can easily get caught up in them, losing touch with the present moment.

In the Olympic world, loss of contact with the present moment often comes when we get too caught up in the outcome goal (in winning), and subsequently, performance will suffer. Similarly, if athletes get too caught up in the perceived joy of success or thinking that winning leads to happiness, they are

stepping into a ready-made-trap that will undermine future well-being. Olympic athletes, caught up by the narrow focus on winning gold, fall into this trap all too easily. They believe that winning an Olympic medal is equivalent to achieving permanent happiness and well-being. Olympic Gold medalist David Boudia provides an honest description of falling into this trap early on in his Olympic career in his autobiography.

"*With a singular focus that never wavered, I pursued this dream of Olympic glory not for some noble purpose but because of what I thought it could deliver. My only desire in life was to please myself and do everything I could to make my life better, and I believed a gold medal would achieve that. A gold medal would mean fame and adoration. A gold medal would mean success. It would mean acceptance. It would mean happiness and joy*."

Another illustrative case study is Michael Phelps, America's most decorated Olympian, who courageously shared his mental health struggles publicly. Phelps teaches us that winning does not guarantee lasting happiness or guarantee psychological well-being. A rigid focus on achieving a specific outcome can impact performance negatively by narrowing our repertoire of behaviors. Working unskillfully with the mind's annoying features in this way can also impair our long-term well-being. Mindfulness and psychological flexibility help us navigate these annoying features of the mind more skilfully. For example, these skills help us avoid falling into the trap the mind presents by allowing us to recognize when we get too caught up in the future (the outcome), then allowing us the ability to reconnect with the present moment and take actions guided by our values.

Recently, I had the pleasure to listen to Austrian Nordic Combined three-time Olympic Gold medalist Felix Gottwald at a conference in Austria, where he addressed the mindset of Olympic champions. One line in his speech stood out poignantly as he described how the Austrian high-performance system prepared him and his teammates to be and become "*Weltmeister*,"– as he put it in German – to be and become a *world champion*. The literal translation of Weltmeister is "master of the world". This is where Gottwald made his point linguistically. He stressed that the system should perhaps prepare the athletes not just to be world masters but to actually master the world – '*die Welt zu meistern*' in German. Now, "world master" and "mastering the world" don't quite have the same ring to them as "*Weltmeister*" and "*die Welt zu meistern*," but the point remains. In order to master the world, we have to master our inner world. To master our inner world, we have to understand how the mind works, so we can skilfully work with that thought and emotion-producing factory.

We can think of mental health as falling on a continuum, where psychological well-being is on one end and ill-being is on the other end. The more likely we are to get caught up in our own thoughts and feelings in an unhelpful way, the closer we are to psychological ill-being. At one end of this continuum, thoughts and feelings – often negative, dark, gloomy, and stuck in a ruminative spiral – begin to control our behavior rather than inform it. When we are stuck in that rut, neuroscientist Richard Davidson, from the University of Wisconsin, suggests we face four challenges to our psychological well-being:

1. Distractibility
2. Loneliness
3. Negative self-talk and depression
4. Loss of purpose and meaning

Distractibility fits right in with my argument that attention is the currency of performance. When we become distracted, performance suffers. As mentioned earlier, Harvard researchers have shown that the wandering mind is an unhappy mind, and unfortunately it wanders off plenty. The research shows that we are not focused on the task at hand 47% of the time, and this was before the smartphone hijacked our attention even more. Being in charge of our attention is key to well-being. Training our mind to notice when we lose focus and to refocus on the present is the work of mindfulness. Mindfulness is a practice, and when we practice it, it can become a way of being.

When the mind wanders off, and we lack awareness and psychological flexibility, the mind often gets stuck in self-referential processing, in the story about me, in the story about the self. That story often paints a dark ruminative picture. During depression that picture is one of hopelessness and despair. During anxiety, that picture is one of impending existential threat. In a *Player's Tribune* article, USA Basketball Olympic gold medalist Kevin Love openly described his mental health challenges with social anxiety and depression in a way that aligns along the four challenges to well-being that Davidson outlined. Love paints a clear picture of the trap posed by the wandering mind, by this self-referential process, the dark, ruminative loop, and its negative impact on well-being.

"*...my entire identity was tied to one thing in a really unhealthy way. Way before I was in the NBA or even in college, my self-worth was all about performing. I was what I did...I didn't really know how to be comfortable in my own skin. I could never just be unapologetically Kevin, walking into a room. I was never in the moment, alive. It was always the next thing, the next game, the next, next,* **next***. It was like I was trying to achieve my way out of depression. And so, I guess it's not surprising that some of the darkest moments of my life happened when that crutch of basketball got taken away - (due to injury) - ...My identity was gone. My emotional outlet was gone. All I was left with was me and my mind. I was living alone at the time, and my social anxiety was so bad that I never even left my apartment. Actually, I would rarely even leave my bedroom. I would have the shades down most of the day, no lights on, no TV, nothing. It felt like I was on a deserted island by myself, and it was always midnight*."

Reading this passage, as raw as it is, one can't help but be impressed by Love's courage in vulnerability. Suffering from depression and social anxiety, Love finds himself on the ill-being side of the continuum, where the focus needs to be on mental health rather than performance. Love ends his reflections with the suggestion to fellow athletes to talk to somebody, to seek help, and to have the courage to be vulnerable and see it as a strength.

Talking to a trained professional is helpful and is not a sign of weakness but rather the beginning of a training process. This is a training process in understanding how the mind works and learning to work with it skilfully. When we can work with the mind, we can take active steps toward our own psychological well-being, irrespective of where we find ourselves on the well-being-ill-being continuum. This is the training process of mindfulness and psychological flexibility. Training is what athletes know, what they are familiar with. Athletes may not be familiar with training mindfulness and psychological flexibility, but the same principles apply. We can train the mind just like we can train our muscles and our cardiovascular system. The mind, too, responds to training stimuli. As you can see in Kevin Love's next quote, working with a therapist helped him to work more skilfully with his own mind and take active steps toward improving his well-being.

"One of the best days of my life happened after I started working through my issues with a therapist, and I walked into a room for the first time and I was just 100% my authentic self. I was comfortable in my own skin. I was alright with just being Kevin. I wasn't thinking about the next thing. I was just in the moment, fully alive. And I can tell you from experience that you can live for years, but not be really alive and fully present for 30 seconds at a time."

Being in the moment, being fully alive, being our authentic self, in the presence of strong thoughts and feelings, while taking actions guided by our values, is what mindfulness and psychological flexibility offers. Rather than a silver bullet or a magic solution for every problem, these are trainable skills that can benefit performance and more importantly, our psychological well-being. The emphasis is on trainable skills. Professor Santos alerts us to watch out for the GI Joe Fallacy. The GI Joe Fallacy (from the cartoon series GI Joe, who always proclaimed at the end of the program that knowledge is half the battle) reminds us that knowledge itself is not enough – we need to train skills. Fortunately, this type of training is already happening, as more and more therapists and sport psychologists incorporate mindfulness and psychological flexibility into their approaches and as excellent applications such as Headspace and Healthy Minds come online. Training can begin with as little as one minute and then grow to days and weeks. For example, for the last couple of years, the USOPC coaching department offers the NTLECP coaches a three-day mindfulness retreat at scenic Glen Eyrie in Colorado Springs. And USA Water Polo Women's Senior National Team Head Coach Adam Krikorian took the training of mindfulness to a completely new level in the world of Olympic sports by putting his team through a seven-day silent retreat at Bison Peak in the mountains of Colorado. Truly a training camp for the mind (imagine - seven days in silence, no cell-phones) for the two-time Olympic champions.

NTCLEP Cohorts during Mindfulness seminars in Colorado Springs, CO

The historian Yuval Harari, author of the bestselling books *Sapiens, Homo Deux* and *21 Lessons for the 21st Century* considers the challenges the future poses for us to be mainly psychological. In order to master those challenges and transitions we will need to invest in being psychologically flexible. Let's train the mind, let's train well-being, let's train healthy habits, let's make that investment!

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See ESPN: Michael Phleps’ Final Turn by Wayne Drehs

Also CNN: MIchael Phelps: I’d like to be able to save a life if I can

“Olympic Games - Mindsets of successful aathletes, teams and officials” by Felix Gottwald

How mindfulness changes the emotional life of our brains, RIchard J. Davidson TEDxSanFrancisco

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GQ: The Most Important Survival Skill for the Next 50 Years is not What You Think

Team USA Olympic Women's Hockey Gold Medalist, Haley Skarupa gets weights out of her basement before she trains in the back-yard of her home. Skarupa, who works as the Hockey Ambassador for the Washington Capitals NHL team, has temporarily traded her ice skates for rollerblades as she continues to maintain her fitness and skill during the COVID-19 pandemic. With ice rinks and arenas closed, and practices, camps and games postponed or canceled, she is using her home to assist with the team's efforts to continue to develop and engage with the youth hockey community, as well as stay fit. (Photo by Patrick Smith/Getty Images)

ON THE COVER: Despite the postponement of the Tokyo 2020 Olympics due to the coronavirus, Team USA Kayak athlete Tyler Uthus Westfall trains in the Potomac River. Officials announced that the 2020 Summer Olympics and Paralympics in Tokyo are being postponed by one year due to the global COVID-19 outbreak. (Photo by Patrick Smith/Getty Images)

Current and past issues of *Olympic & Paralympic Coach* are available at https://www.teamusa.org/About-the-USOPC/Coaching-Education/Coach-E-Magazine