

Strategies for Mental Health Counselors Serving Clients Who are Elite Athletes with a History of Childhood Trauma Childhood Trauma

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A Seminar Paper

Presented to

The Graduate Faculty

University of Wisconsin-Platteville

***In Partial Fulfillment of the
Requirement for the Degree of***

Master of Science

in

Education

Emphasis-Counseling

Approved by (Type advisor name here)

Dr. Karen Stinson	August 4, 2022
Signature of advisor	Date Approved

Strategies for Mental Health Counselors Serving Clients Who are Professional
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2022

Abstract

Elite athletes are highly revered for their fierce play on the field or on the court. Fans love and admire the elite athlete's work ethic to become the greatest professional in their sport. Many athletes make poor decisions along the way that could change the trajectory of their careers. The poor decisions are often blamed on the elite athlete's early environment which could have included poverty, community violence, or other family trauma. The childhood trauma of the person, if left untreated, could result in depression, anxiety, substance abuse, or other negative effects. A mental health counselor could help elite athletes resolve the effects of their childhood trauma and develop a healthier approach to their future.

Keywords: elite athlete, childhood trauma, cognitive behavior therapy, mental health, trauma, counseling, stress

At a certain point in life, adults could search for answers about why they see the world or react to situations and individuals in particular ways. Sometimes, to answer those questions, one might need to look back to one's childhood for a history of trauma. Childhood trauma was defined as a developmental effect which could have had a long-term negative effect on a child's mental health (Range et al., 2018). These effects could have occurred at various levels of intensity or severity. According to Vella et al. (2019), approximately 22% of adults experienced at least one traumatic experience during their childhood. The ways that adults see themselves, see others, and respond to situations could have been affected by traumatic childhood experiences.

Elite athletes experience tremendous pressures due to high expectations for continuous excellence under stressful conditions. Elite athletes with a history of childhood trauma could have brought the long-term effects of those childhood trauma experiences to an already challenging professional environment. What are the unique issues that elite athletes who have experienced childhood trauma face? How can professional counselors assist elite athletes to process the long-term effects of childhood trauma to help them cope with the high levels of stress experienced in elite athletics?

Statement of the Problem

How do childhood trauma experiences affect adult decision making? How are professional athletes with histories of childhood trauma affected? How can mental health counselors help professional athletes address the effects of childhood trauma?

Significance of the Study

This study is important because it will provide counselors with strategies that can be employed to assist professional athletes who have experienced childhood trauma. This paper includes information for those who wish to understand the long-term effects of childhood trauma and the additional mental health challenges many professional athletes experience. This is an important topic because researchers have found that 35% of elite athletes have struggled from mental health disorders such as eating disorders, burnout, anxiety, and depression (Gouttebauge et al., 2019, Kuik & Potts, 2019). Some professional athletes could act out because of the long-term effects of childhood trauma and the pressures to function at a consistently high athletic level over numerous years. These expressions of emotional dysregulation can be signs that mental health counseling might be helpful. This research will identify the strategies that will be helpful for professional counselors to meet the unique mental health counseling needs of professional athletes who have histories of childhood trauma.

Purpose of the Study

The purpose of the study was to describe the long-term effects of childhood trauma and additional mental health stressors on adult, professional athletes. In addition, effective mental health counseling strategies are identified so that counselors can effectively support the mental health needs of professional athletes with histories of childhood trauma.

Definition of Terms

Adverse Childhood Experience (ACE) are challenges from within the home such as emotional and physical neglect (Schauss et al., 2019).

Childhood Trauma is defined as multiple traumatic assault experiences such as sexual misuse, neglect, physical and verbal abuse (Bailey et al., 2018).

Cognitive Behavioral Therapy is defined as a treatment modality that reconstructs cognitive processing, emotional regulation, and behaviors that are more stable (American Psychological Association (APA), n.d.-a).

Dialectical Behavior Therapy (DBT) is defined as a combination of behavior therapy, cognitive behavior therapy, and mindfulness (APA, n.d.-b).

Elite Athlete is defined as a person who competed on a national, international or professional level (APA, n.d.-c).

Mental Health is defined as mental condition where a person understand their own abilities, they can endure life stressors and continue to be productive (APA, n.d.-d; Robbins et al., 2020)

Mental Health Counselors is defined as professional counselors who provide services to assess, diagnose, and treat mental health conditions (APA, n.d.-e).

Mindfulness is defined as a state fully aware of one's internal beliefs and environment (APA., n.d.-f).

Prevalence is defined as a number of those in the population who meet specific criterion at one point or during a specific time (APA., n.d.-g).

Risk Factor is defined as a specific behavior or genetic, psychological, environmental, or other factor that might increase an individual's potential to have a disease or a disorder (APA, n.d.-h).

Stigma is defined as a negative characteristic by society regarding mental health issues (APA, n.d.-i).

Trauma is defined as a set of incidents where an individual experiences verbal, physical, or life-threatening situations that might cause lasting effects to that individual's mental health and wellness (King et al., 2019).

Trauma Focused Cognitive Behavioral Treatment (TF-CBT) was defined as therapeutic tool use predominantly with clients aged 3-18. TF-CBT helped children process their actions and develop an adaptive behavior to understand their traumatic circumstances (King et al., 2019).

Delimitations of Research

The sources used in this literature review were limited to those published in the last 7 years. The study was limited to governmental and professional organization sites and peer reviewed articles. Sources were identified through search engines provided by the Karrmann Library at the University of Wisconsin-Platteville.

Method of Approach

A literature review was conducted that included sources identified from a variety of search terms. The search terms used were “childhood trauma,” “counseling strategies,” “trauma that affects athletes”, “motivational interviewing,” “cognitive behavioral therapy,” “adverse childhood trauma,” “high level athlete,” “mental health counselors,” “historical facts of childhood trauma,” “professional athlete under pressure,” “historical facts for professional athlete,” “professional athletes,” and “effects of trauma.” The search was later broadened to include “stigma,” “mental health,” “athletes under pressure,” “trauma that affects athletes,” and “mental health in professional athletes.” These terms were used in various combinations to yield the list of sources used in this study. The findings were summarized and synthesized in chapter 2 of this paper. Conclusions and recommendations are included in Chapter 3.

Chapter Two: Review of Related Literature

History and Background

Many elite athletes have struggled with mental health challenges over numerous decades and sometimes these issues were developed from childhood. In the general population, 50% of adults have reported at least one childhood trauma before the age of 18 (Strohlë, 2019). Among the subgroup of professional athletes, data revealed 35% of elite athletes had struggled with mental health problems that could have led to stress, eating disorders, burnout, depression, or anxiety (Kuik & Potts., 2019).

Research has shown that elite athletes who competed in individual sports, rather than a member of a team sport, were more susceptible to depressive symptoms (Strohlë, 2019). Elite athlete interviews have shown when the athlete failed in competition, the individual athlete absorbed the negative feelings from the failure (Strohlë, 2019). Concussions also increased the negative impact of stress on the athlete (Grashow et al, 2019). Drug abuse, performance enhancement, overtraining or eating disorders also had been reported as having a negative effect with elite athletes (Strohlë, 2019). In addition, studies stated that body dysmorphia (where the individual focused on one or more of their perceived body flaws) had been discovered in weightlifters, bodybuilders, and elite college athletes (Strohlë, 2019).

Furthermore, it was estimated that over two percent of the general population including athletes, suffered from debilitating performance anxiety, referred to as social phobia. Persons most at risk to have developed anxiety disorders were young adults and adolescents (Strohlë, 2019). The issues that led to an increase in anxiety and depression were believed to have been

connected to poor coping skills, over-training, and competition-related stressors (Petito et al., 2016).

Research has shown there were specific sport-related mental health dangers. For example, elite athletes in gymnastics and figure skating could have had eating disorders such as anorexia or bulimia because of their need to remain slim. Soccer, football players, and boxers could have experienced concussions that had led to dementia pugilistica, or chronic traumatic encephalopathy. Weightlifters and bodybuilders could have been more susceptible to doping, or overtraining. In addition, study samples revealed that of the 370 elite athletes interviewed, 31% of female and 21% of males were victims of sexual abuse (Kaier et al., 2015). More than 40% of the athletes who reported abuse, stated the abuse had happened in the context of their specific sport (Kaier et al., 2015; US Congress Senate, 2018).

Many factors were calculated into the equation of childhood trauma and how it could have affected the elite athlete. Studies have shown that adversities in early development were connected to health complaints in adulthood (Kaier et al., 2015). Many elite athletes have experienced unidentified and unresolved mental health issues.

Trauma

Understanding life in context could be difficult when a person had been raised in a difficult, negative, or challenging environment. Even when a person had some positive childhood experiences, if they are severely punished when mistakes occurred, those experiences could become a life-changing situation affecting their future and how they continued to react while building personal and professional relationships.

A negative home environment could have been worsened by other negative factors such as: poverty, bullying, community violence, medical trauma or sexual, verbal, or physical abuse.

These experiences were considered traumatic experiences. The word “trauma” was developed from the same Greek word meaning “wound” which highlighted the effects of traumatic experiences on an individual (Range et al., 2018). Trauma in the home may have evolved over the years and could have indicated generational cycles of behavior.

Lower socioeconomic status was another factor that could negatively impact mental health, because of living in dangerous communities with substandard housing. Parents in poverty could have struggled to improve the quality of life for their children while they also struggled with food insecurities and other stressors. Those life stressors could have been passed down from generation to generation. Even when parents tried to protect their children through strong family, religious, or cultural support efforts, their children could still have been exposed to trauma (Buss et al., 2016).

Traumatic events have been defined as events such as death, injury or abuse that could have impacted an individual’s mental health (McLaughlin et al., 2020). As long as the cycle of community violence continues, there will be new victims of trauma. The trauma could be more prevalent in large urban areas where there would be greater population density. Society needs to ask how the risks can be reduced. How important is it to increase safety in the Latino and African American Communities?

Domestic violence has led to significant trauma as well. Twenty years ago, it was estimated that three million relationships per year experienced domestic violence while the child was still in the home. Researchers reported that in domestic violence, 85% of adolescents who were abused, were under six years of age at the time of the abuse (Buss et al., 2016). Within those abusive situations, 88% resulted with death of one or more individuals, according to Buss et al., (2016). This type of trauma could have left a long-lasting impression on a child’s brain.

The images, memories, or behaviors were frequently not addressed at the time, which could lead to future difficulties. If homes were filled with violence, then the child could be more at-risk to develop aggressive behavior due to what they learned in those situations. Adolescents who witnessed traumatic events such as suicide, loss of a loved one, domestic, sexual or community violence, medical trauma, war, or natural disasters were more prone to also experience physical trauma such as neglect or abuse themselves (Buss et al., 2016).

According to Buss et al., 2016, adolescents from low socioeconomic families were more likely to have experienced some type of violence in their community. In addition, it was common for children to experience more than one traumatic event within their communities.

Members of mass media have reported many violent community incidents on local or national news and exposure to these events could have had a negative effect on society. The reporting of traumatic shootings of African Americans could have caused a child to internalize that trauma if the child identified with the victim of the violence (Buss et al., 2016). In addition, the fatalities of African Americans have brought more attention to the need for mental health care and access to services for disenfranchised people across America.

Parents could have been reluctant to seek help for their children who experienced trauma due to the potential stigma that could surround the child. In addition, counselors could have limited knowledge of the impact of early childhood trauma and how domestic violence could negatively affect the child; so, treatment services would not have been recommended (Kristen et al., 2015). Without treatment or early intervention, the child could have developed poor behavior skills based on their earlier exposure to trauma.

Childhood Trauma

Childhood trauma could have posed many different challenges for the individual who experienced those situations. In this section, the effects of traumatic experiences and how those might change the trajectory in one's lifespan will be discussed. The environmental experiences which took place in the early stage of development were also examined in relation to how the child remembered or internalized those events into adulthood.

Early exposure to traumatic events has been influential to transdiagnostic factors that further put young adults at risk for many different mental illnesses (McLaughlin et al., 2020). Traumatizing events that occurred in the past such as bodily injury, death, or physical harm to self or others could have led to feeling incapable in adulthood (McLaughlin et al., 2020). These situations could have caused individuals to lack confidence as they grew into adulthood because of the harm they were exposed to as a young child.

Researchers also found that children could have been negatively impacted by their mother's prenatal anxiety. They found that prenatal distress in the mother could lead to hypothalamic-pituitary-adrenal axis dysfunction in the baby (Fen Tu et al., 2021). It was theorized that the mother's anxiety could have caused changes in the baby's brain that then placed that child at a higher risk of developing posttraumatic stress disorder, depression, and anxiety (Fen Tu et al., 2021). Furthermore, maternal anxiety in the 2nd trimester reduced gray matter in the brain system and included the prefrontal lobe which was important to development (Fen Tu et al., 2021). Maternal anxiety was reported as the driving factor for peripartum depression (Fen Tu et al., 2021).

From infancy, a child's tactile and auditory senses are like an adult's, which means that a child could also experience stressful events. Even at three months of age, senses are already

developed. A child as young as seven months of age could remember and reenact traumatic events. A child of 18 months of age could create their own autobiographical memory, but it is unknown if they recall memory before that age (Kristen et al., 2015). Researchers and clinicians found that infants, toddlers, and preschool children could understand trauma; furthermore, they could have developed psychopathologies in relation to those traumatic experiences (Kristen et al., 2015).

A recent child welfare study revealed that 88% of abuse and neglect deaths were among children seven years of age or younger. This same age group was also more likely to have been subjected to domestic and community violence (Kristen et al., 2015). According to Kristen et al., (2015) there has been a misconception that adolescents had limited understanding, cognition, or social maturity to remember or gain understanding of their own realities as children. However, that was shown as untrue because children could remember and were negatively impacted by childhood trauma.

In some areas of the country, violence has been particularly prevalent. For example, Chicago has experienced the most traumatic daily violence in history with most of the violence impacting younger children and adolescents. Over 800 young individuals lost their lives in Chicago since 2008, and data has shown that most of that violence has been within 22 Latino or African American communities. Many young individuals who had experienced community violence had resorted to aggressive behaviors themselves, which had led to more fatalities (Harden et al., 2014). Muggings, gang violence, and murders were on the rise post-pandemic, particularly in many urban areas (Sutherland et al., 2021).

Children were resilient for the most part, but continual exposure to trauma has been related to psychopathology which entailed mood disorders, anxiety, substance use, and disruptive

behavior. More importantly, children who experienced any type of trauma were more likely to develop some psychotic behaviors such as suicide ideation. In addition, 1 of 6 children who have experienced trauma in the past, were at high risk for posttraumatic stress disorder (McLaughlin et al., 2020). Traumatic events were influential and could evolve into different mental illnesses. When mental illnesses persisted, most individuals accessed fewer choices on how they reacted to certain situations based on the triggers from the traumatic events in their pasts. Researchers have reported that trauma in childhood could impact the developmental, psychological, and neurobiological components of a person, which could have then led to multiple mental illnesses (McLaughlin et al., 2020). Trauma exposure has been reported as harmful, especially to young children, due to the child's brain plasticity. If a child was raised in a toxic environment, the child's thought and behavior pattern could have adapted to that environment which could result in long-term negative effects (McLaughlin et al., 2020).

Professional mental health counselors recognized mannerisms of anger or fear in a child who had experienced trauma, compared to children who had not experienced trauma. The child who had been exposed to trauma developed highly sensitive threat cues which could then cause the child anxiety (McLaughlin et al., 2020). In addition, researchers observed similar patterns by using assessment to gauge the child's attention but also how they detached themselves from emotional stimuli. Researchers also found that children who had experienced trauma could understand anger but might not recognize other emotions (McLaughlin et al., 2020). At this stage of development, the brain could only identify threatening emotions based on traumatic events that the child had experienced.

Childhood trauma has been linked with heightened emotional reactivity, low emotional awareness, and different types of emotional dysregulation (McLaughlin et al., 2020). Researchers

had identified that trauma in childhood could have changed emotional responses during the child's early developmental stages. In addition to emotional reactivity, childhood trauma also changed the child's ability to learn about threatening environments because the child developed an acclimated fear response. Children who had experienced trauma were not as effective in handling emotional conflicts, a behavior process operated through the prefrontal cortex and the amygdala. In other words, it was possible that the child's brain was permanently altered because of exposure to the trauma (McLaughlin et al., 2020). These same researchers concluded that children who had experienced trauma had reduced functioning of the amygdala. Ultimately, researchers concluded that emotional changes in the child were mostly due to the amygdala adapting to the change in the child's environment caused by the early exposure to childhood trauma. These changes could impact a child throughout their lives, particularly when faced with stress such as that experienced by elite athletes.

Types of Childhood Trauma

In the section, different traumatic experiences will be examined. The list will allow readers to gain perspective on numerous ways a child could be exposed to trauma and the possible consequences of negative experiences.

Emotional Abuse. Emotional abuse has been established as a negative, non-physical contact relationship between family, friends or peers in the community that could be harmful to the individual's development (Christ et al., 2019). Parents, teachers, or coaches needed to be mindful because emotional abuse could lead to various mental illnesses that could persist in the child into the future. Researchers had found that emotional abuse was a serious detriment to the child's mental health (Christ et al., 2019). If not addressed, children who experienced emotional abuse could have suffered from depression and anxiety similar to children who had experienced

physical or sexual abuse or neglect (Christ et al., 2019). A child who experienced emotional abuse from their parent could have experienced low mood, emotional instability, eating disorders, attachment problems, impairments to learning, and low school performance (Christ et al., 2019).

Physical Abuse. When a child experienced physical abuse at the hands of parents or caregivers, the child could have developed a distrust of adults (Leeper, 2021). The betrayal that a child might have felt as a result of physical abuse by adults could have affected any early intervention treatment until the child was able to develop trust with the mental health counselor. Researchers explained that adolescents who have experienced physical or sexual abuse could respond with anger, withdrawal from any difficult situation, or extreme frustration or agitation (Leeper, 2021). According to research, physical child abuse was associated with a wide range of medical presentations ranging from non-specific complaints such as poor eating or food intolerance to severe symptoms of unresponsiveness or even cardiac arrest (Leeper, 2021).

Community Violence. The violence across the world has affected people in more than one way, but when it was close to our own community, we then saw the negative effects on our children (Sharkey & Marsteller, 2022). Community violence has been something parents cannot always control because finances could impact where a family could live or work. Researchers have found that children who grew up in urban societies were more likely to have been exposed to direct or indirect community violence and trauma which could result in the child suffering from the symptoms of post-traumatic stress (Sharkey & Marsteller, 2022). In addition, the more frequently the child witnessed community violence, the more the child developed anxiety or an overwhelming fear of death (Range et al., 2018).

Child Sexual Abuse. Child sexual abuse (CSA) prevalence ranged from 20% to 30% in women and 4% to 75% with men, according to Goldberg (2016). Researchers reported that 25% of women had experienced sexual abuse sometime in their lives in comparison to 16% of men (Goldberg, 2016). However, sexual abuse was difficult to track because survivors could have been unwilling to disclose the abuse due to fear of being judged, disbelieved, or dismissed (Daniel, 2016; Goldberg, 2016). Researchers also reported that college students who experienced CSA often had underlying depression and anxiety (Goldberg, 2016; Johansson et al., 2016). When the effects of child sexual abuse and the resulting trauma were untreated, risk factors for numerous psychopathologies such as suicidality increased. Suicide has been one of the rising causes of death in America. Persons who had experienced CSA were more likely to attempt or commit suicide in comparison to those who were not sexually abused in childhood. Furthermore, researchers also reported that CSA victims were more likely to marry individuals who struggled with substance addictions (Goldberg, 2016).

Childhood Neglect. Researchers suggested that neglect could have contributed to a system of negative factors which resulted in poor emotional regulation and attachment disorder. When a child had experienced neglect, a modified behavior regulation system could have led to more irrational outbursts in school or in the community (Bailey et al., 2018). In addition, researchers confirmed that children who experienced neglect could ultimately become perpetrators of violence themselves (Widom et al., 2017). Researchers established different theories to explain the violence. Children who had experienced violence could have learned that violence was an appropriate response to relieve stress and resolve conflict (Widom et al., 2017). Another theory, social control theory, asserted that mistreatment disrupted social bonds and increased the risks of involvement in future crimes (Widom et al., 2017).

In the following section, the association between mental health challenges and childhood trauma is explored.

Mental Health Challenges Associated with Childhood Trauma

For children/adolescents who had experienced some type of trauma, there could have been long lasting negative effects to those experiences. Furthermore, these negative effects could have carried on into adulthood if early interventions were not utilized or the trauma was left untreated.

Hallucination & Delusions. Researchers have evidence that exposure to childhood trauma, (which might have included sexual abuse, physical abuse, emotional abuse, and/or neglect), left children at high risk for psychotic disorders (Baily et al., 2018). The long-term effects of trauma included impacts to memory, cognition, and physical development.

Hallucinations, according to researchers, were linked to childhood traumas such as sexual abuse and neglect. Three meta-analysis studies were conducted that showed that hallucinations were closely linked to childhood trauma and had the highest proportion of connection at 80% (Baily et al., 2018).

A child who experienced sexual, physical, or emotional abuse or neglect could also have developed delusions. Those who experienced childhood trauma might have presented a negative understanding about themselves. Results showed that persecutory delusions could have developed as a repercussion to early maternal neglect, which could have also impacted attachment and then led to misunderstanding and a mistrust of others (Bailey et al., 2018).

Depression. Another challenge that researchers have recognized as an effect of childhood trauma was depression and how it manifested in adulthood. Clinical studies found childhood

trauma was related to sensitization of the neuroendocrine stress response, glucocorticoid resistance, increased central corticotropin-releasing factors activity, immune activation, and reduced hippocampal volume that were similar to depression (Schneider et al., 2021).

Depression was often worsened by stress. While everyone has some stress in their lives, a person who has experienced childhood trauma may become more vulnerable to harmful levels of stress. Pre-existing factors, such as childhood trauma, could have reduced a person's ability to respond to emotional challenges, thus resulting in that individual developing depression (Schneider et al., 2021). Studies have also shown that adversities in childhood that are linked to abuse, neglect, or loss typically have placed the individual more at risk of developing depression (Schneider et al., 2021).

Anxiety. Research studies reported that high levels of anxiety were associated with exposure to traumatic experiences in early childhood. Furthermore, studies implied that social and nonsocial trauma had different outcomes (Schneider et al., 2021). Researchers also found that maternal anxiety during the child's prenatal stage of development and beyond was associated with an increased risk of depression and anxiety in the child (Fen Tu et al., 2021).

Post-Traumatic Stress Disorder (PTSD). PTSD could come from different types of traumatic experiences. For example, a death in the family could cause an individual to lose a sense of security and safety or develop a fear of death, which was one of the most noticeable features of posttraumatic stress disorder (Range et al., 2018). For any individual, death could have been an awakening experience that gave that person more insight on their current stage in life, and also could also have provided them a view of how quickly life could be taken away from them. African American persons had an increased risk for PTSD (prevalence 9.1%) in comparison to Caucasians (6.7%) because of the greater exposure to a violent community,

racism, poverty, and other factors (Range et al., 2018). Researchers reported that the greater incidence of PTSD with Black Americans could be due to historical factors such as slavery, multigenerational oppression, intergenerational social and political powerlessness including having been exposed to violence (Range et al., 2018). Researchers also stated that one of the symptoms of PTSD was intrusive memories. Because African Americans have endured such hardships, they could have developed a negative outlook of the world. This world view could have grown into distrust of society and government due to historical oppression (Ennis et al., 2020; Range et al., 2018). In addition, African Americans have a higher incident rate of PTSD due to the result of witnessing domestic violence and the killing of their own family members in their communities. Community violence could have impacted African American families directly and indirectly, which could have increased the prevalence of symptoms of PTSD (Range et al., 2018).

Substance Abuse. One of the harmful behaviors for elite athletes was substance abuse, including drinking, especially drinking just to cope with the stressors of life. Researchers confirmed that individuals who had a history of adverse childhood experiences (ACE) had a greater tendency to engage in risky behaviors which included the use of drugs, such as alcohol, and involvement with multiple sexual partners (Ingvild et al., 2018). Substance abuse for athletes could have included illegal performance-enhancing substances, such as steroids, to increase their performance. Researchers have established that 14-39% of athletes participated in intentional doping throughout their career (Andreas et al., 2019). Intentional doping refers to the use of illegal, performance-enhancing substances with the knowledge that the substance was not permitted by athletic regulation organizations.

Health Challenges for Survivors of Childhood Abuse. Individuals who experienced traumatic events in childhood could also develop health complaints due to emotional challenges, medication effects, or injuries experienced. Researchers reported that Adverse Childhood Experiences (ACE) were related to many health complaints (Kaier et al., 2015). Adverse Childhood Experiences encompassed maltreatment in childhood which could include physical, sexual, and emotional abuse, along with neglect. This also could have included exposure to domestic violence or illegal substance use (Kaier et al., 2015). Researchers have identified 21 auto immune diseases that have been linked to ACE, which could then persist as challenges in adulthood (Kaier et al., 2015).

In addition, the study also revealed that the higher the Adverse Childhood Experience score, the more susceptible the individual was to Chronic Obstructive Pulmonary Disease (COPD), the need for COPD medications, and hospitalizations. High ACE scores were related to the higher levels of abuse, so the more the child had been negatively impacted by abuse, the higher they were scored on the ACE scale. Because COPD can relate to smoking, researchers controlled for smoking in the study. Evidence revealed that early ACE linked to a higher risk for the development of COPD (Kaier et al., 2015). Another health complaint that studies revealed was somatization. Somatization is not diagnosed as a separate medical condition but is characterized by general clinical complaints. Studies also revealed high rates of somatic complaints related to headaches and other unexplainable medical challenges (Kaier et al., 2015).

Challenges to Forming and Maintaining Healthy Relationships. There were numerous challenges that could have affected individuals who experienced traumatic events in their childhood. Researchers found that children who had experienced trauma had more difficulty with the development of healthy relationships. They also found it more difficult to identify and

utilize social supports (McLaughlin et al., 2020). In addition, children without strong social supports could develop psychopathologies that included depression, aggression, or destructive behavior (McLaughlin et al., 2020). Studies also revealed that children who had more support could be more resilient, maintain more positive relationships, and reduce the chances for the development of psychopathology (McLaughlin et al., 2020).

Elite Athletes

Elite athletes excelled through hard work, dedication, and sacrifice to reach a high level of success. Physical strength, stamina, and agility were needed along with mental sharpness and willingness to persevere (Markus et al., 2018). Childhood traumas could plague some elite athletes, due in part to the athlete's earlier low socio-economic environment, which also could have contributed to their inability to receive appropriate and timely mental health services. Poverty and dangerous living situations were more likely to occur with people of color (Markus et al., 2018).

African American males comprised 6% of the total U.S. population but more than 66% of the professional football population and 82% of the professional basketball population (Harris et al., 2020). Researchers established that Black males often used sports as a primary ladder to gain financial stability and political influence. Sports has enabled Black males to succeed at high levels, but in many cases, failed to equip the elite athlete with the resources to develop themselves as a healthy individual (Harris et al., 2020). When an individual's identity was interconnected to participation in a sport, the athlete's identity might have been uncertain when the athlete was no longer able to participate in the sport. Former athletes were much more successful if they could also see themselves as a productive member of society in other ways as well; as a businessman, philanthrope, teacher, coach or some other identify.

Stigma of Accessing Mental Health Counseling Services

Many families do not seek mental health services because of the embarrassment and stigma that the family may think they will experience. Researchers identified that the stigma associated with use of mental health services was the biggest deterrent for elite athletes who considered mental health counseling (Harris et al., 2020). An individual may have chosen to avoid mental health services because they had internalized their problems and did not want to disclose information because it could be interpreted as a weakness (Harris et al., 2020). Furthermore, researchers have stated that there are many cultural differences that could impact an athlete's willingness to seek mental health services. In addition, society had perceived athletes as physically and mentally tough (Gucciardi et al., 2016). Athletes were less likely to seek resources for mental health because that individual may then feel that they would be treated unfairly by their peers and coaches (Harris et al., 2020). Furthermore, athletes avoided mental health services in fear of the information being sent to the public news outlets (Florence et al., 2018). The ability for athletes to participate in mental health services might also have been limited because of athletic practice, playing, and travel schedules. The sports community could be more proactive when it comes to mental health and treatment (Florence et al., 2018) to reduce the feeling of isolation that some elite athletes feel.

Level of Stress Amongst Elite Athletes

Researchers have discovered that genetics affects how individuals deal with stress. Studies have shown that the 5-HTT short allele and neuroticism influenced the development of negative emotions, depression, and anxiety (Petito et al., 2016). Furthermore, if an individual had two copies of the allele, they might have manifested a higher level of depression symptoms

(Petito et al., 2016) so in other words if they inherit the allele from each parent, they are more likely to become depressed themselves.

Elite athletes are more likely to develop depression due to their stressful, highly competitive situations (Petito et al., 2016). The athlete could continue to display depressive behavior while their mental state deteriorates. Furthermore, researchers revealed that the more athletes experienced episodes of depression, the more they also displayed neuroticism (Petito et al., 2016). The response to stress has been shown to be connected to brain chemistry and, if left untreated, could lead to other symptoms and problematic behaviors.

Pressure to Continuously Perform at a Higher Level

Athletes learned how to acquire a set of skills that was rewarded, and they could experience stress in trying to maintain and improve upon those skills. Daily stressors for athletes could be about injuries, negative press, or playing time. These stressors could become cumulative and affect the athlete's mental health (Strohle, 2018). According to the research, the more the athlete internalized stressors, the more they are at risk for injuries. Researchers also revealed that elite athletes received a higher level of scrutiny in their professional setting from coaches, managers, and the media, and this type of pressure could lead to further negative mental health challenges (Robbins et al., 2020). In addition, studies revealed that another level of pressure was performance anxiety particularly after rejoining their sport after an injury (Robbins et al., 2020) During the recovery time and transition back to playing fulltime, players go through a tremendous number of evaluations. The data would then be sent to the General Manager and the owner of the team. The more uncertainty created for the player, the more the player's game could be negatively impacted which could lead to more injuries (Robbins et al., 2020).

Playing Time

One of the most challenging factors in sports for a player, had been earning playing time. It might have affected the dynamics of the team or contributed to the loss of an athlete's confidence. As college athletes worked to earn playing time, some players became so stressed that they used performance-enhancement drugs to compete at a higher level than their peers (Sutcliffe & Greenberger, 2020). In addition, the elite college athletes reported other stressors such as peer pressure, competition anxiety, academic demands and recovering from an injury (Sutcliffe & Greenberger, 2020).

Work Environment

Every athlete spends a tremendous amount of time during their season in their sports arena with coaches, trainers, and other players. A negative or strained environment could impact how the athlete viewed the organization and themselves. Researchers looked at how adverse work environments for professionals could have impacted the athletes' mental health (Robbins et al., 2020). Job- related stress has been characterized as consistent worrying or avoidance behavior and has been linked to different forms of psychopathologies (Robbins et al., 2020).

Elite athletes had a unique work environment that could have seemed glamorous but also took a mental and physical toll with time demands, travel, irregular sleep schedules and little downtime. In addition, the major superstar of the sport had higher expectations on them as compared to others. Because the elite athlete had to perform at a high level at each event, a less than exceptional performance could have generated negative press and social media speculation which could have been harmful to the athlete's mental health. Because elite athletes had a typically short timeframe to perform at their best, this could have created additional stress for the athlete who worried about losing their competitive edge. If the player, even temporarily, did not

meet the expectation of the critics and the media, this could have created negative reactions that influenced the player's confidence. Being an elite athlete could have provided more financial and popularity gain but could have put the player's mental health at risk.

Quality of Life

An athlete's quality of life could be very challenging mainly due to the demands of always representing the sport as a positive role model. In addition, athletes must maintain a high level of professionalism with the media, staff, and team members. Athletes must manage their schedules of high intensity training which does increase performance but could also reduce the quality of life for the player (Nowak et al., 2021). Researchers have also shown that physical activity contributed to a better quality of life through the ability to remain fully active and to reduce depression and anxiety because exercise releases endorphins (Nowak et al., 2021). However, if the player became injured, they lost the opportunity to play. Because physical activity might have been helpful to maintain mental health, there could have been negative effects to the loss of activity to both physical and mental health.

Another issue, particularly for injured or recently retired athletes, could be nutritional concerns. A professional football player, soccer player or basketball player, for example, might have consumed three times the calories and three times the protein of an average person just to fuel their bodies during extreme play or workouts (Baranauskas et al., 2020). When no longer playing because of an injury, the player must reduce their calorie and protein intake to prevent obesity.

Risk Factors for a Professional Athlete

Researchers have indicated that athletes are at risk for injuries, performance failure, and over-training which can damage the body, sometimes irreparably over time. Concussions are a

major risk factor for athletes in many sports because of repeated injury to the head (Grashow et al., 2019). Even one severe concussion could negatively impact the brain and lead to lifelong negative consequences. In addition, many athletes could have sleep disorders caused by constant travel, changing time zones and different sleep and eating patterns (Purcell et al., 2021). Elite athletes needed to travel due to public appearances, business meetings, and seasonal team trips. Disruptions related to travel put athletes at risk due to inconsistent sleep conditions and poor facilities that might have affected mood or behaviors. Other prominent risk factors for mental health issues were noted when athletes were forced out of their respective sport's program due to poor performance, involuntary retirement, injuries, or poor behaviors (Purcell et al., 2019).

Pressures to Use Platform

Within the last ten-years, sports have become more visible, and the personal lives of athletes are more accessible to everyone because of the connection to the internet and social media. Athletes are widely publicized on social media as a professional athlete (Gianluca et al., 2019). These athletes are scrutinized in front of the world and are often also expected to speak out on social injustice (Beaupre et al., 2020). For example, Steph Curry provided a social media message along with Dr. Anthony Fauci on the current state of the pandemic (Beaupre et al., 2020). Other athletes were encouraged to engage the public to provide them with their warning, concerns, and information about COVID (Beaupre et al., 2020).

When the media promoted negative narratives about athletes, the media reinforced the negative stereotypes of African American males and were also emasculating the cultural integrity of Black communities that pigeonholed athletes to certain boundaries of success (Agyemang & Singer, 2022). Furthermore, researchers have shown that Black male athletes have broader expectations from society in comparison to their counterparts because there have been so many

successful Black athletes in professional and collegiate sports. Even though the pressures are high, Black male athletes have certainly exceeded the challenges, but success may have come at a cost to the athlete's mental health.

Long Term Effects of Trauma for Elite Athletes

One of the long-term challenges for athletes who have experienced trauma is depression. Studies have shown how concussions are related to depression symptoms. Research revealed that of the 39% of college athletes who have had concussions, 10.4% struggled with depression, 16.2% struggled with anxiety, 5.8% struggled with alcohol use and 2.9% admitted to substance abuse (Manley et al., 2017). Researchers have also concluded that former National Football League (NFL) athletes who struggled with mental health and depression were strongly correlated with prior concussion symptoms (Manley et al., 2017). Furthermore, researchers have also confirmed that elite athletes who sustained injuries over their careers could develop addictions to prescription medications because of the pain of their injuries, life stressors, and financial statuses (Manley et al., 2017). Coaches and trainers have been criticized for returning players to the sport before the athlete was fully healed or, in some cases, immediately after an injury (Frank & Beckman, 2016; Kroshus et al., 2015). Pressure from the team to win at all costs could make the athlete feel used and that could lead to depression (Lebrum et al., 2018; Manley et al., 2017).

Counseling Strategies to Help Professional Athletes Impacted by Childhood Trauma

Early childhood trauma experiences can affect elite athletes in adulthood if early interventions are not provided, particularly if there are many other stressors that compound the mental health challenges during athletic careers. Professional counseling strategies could be used to help reduce stress and increase an individual's functionality. These counseling

techniques could also help provide relief to athletes who are challenged with psychopathologies from early trauma experiences.

Trauma-Focused Cognitive Behavioral Therapy

Cognitive behavioral therapy is focused on the relationship between thoughts, feelings, and behaviors, and how changes in any one area could improve functioning in other areas (Sutcliffe & Greenberger, 2020). In this strategy, therapists had patients identify unhelpful thought patterns, such as negative thinking, excessive worrying, and expecting catastrophic outcomes, to more positive and realistic thinking patterns. CBT was developed to help the person think differently about their traumatic experiences and reinforced their ability to cope with future traumatic events as well as reduce avoidance behaviors (Sutcliffe & Greenberger, 2020). The goal was to return a sense of control, self-confidence, and predictability to the patient, and reduce escape and avoidance behaviors.

Managing stress, scheduled relaxation and planning for potential crises are important components of Trauma Focused-Cognitive Behavior Treatment (TF-CBT). TF-CBT taught elite athletes to have a better perception of themselves while learning how to evolve and adapt in new environments (Buss et al., 2016). TF-CBT helped athletes view the traumatic experience as an isolated event that does not need to impact them in the future.

Mind-body Based Interventions

Mind-body based interventions could include mindfulness meditation, movement, dance therapy or somatic experimental therapy (Schauss et al., 2019). The aim of mind-body based interventions was to provide a non-verbal way to express emotions and reduce stress. This therapy was created to help the patient be present and focus on their immediate thoughts and

bodily sensations. Focusing on current situations could help the patient cope more effectively with day-to-day emotions and problems.

The counselor could also include traditional talk therapy methods such as accepting and commitment therapy (Schauss et al., 2019). Talk therapy modality has been reported to help decrease the stress in the endocrine system.

Trauma-Informed Care

To help reduce the symptoms that individuals acquire after experiencing a traumatic event, trauma-informed care was developed to help the individual feel more secure. In addition, trauma-informed care was developed as a comprehensive program that worked on adherence, key principals, safety, trustworthiness, peer support, collaboration, empowerment and choices (King et al., 2019). Trauma-informed care could help elite athletes identify the negative triggers that they experienced every time they think about the event and instead use their coping skills to regulate emotions and behaviors.

Group Counseling

Group counseling, especially for Black males, could help them review their life experiences and challenges in a safe setting with peers who have had similar experiences. Group counseling has been used in professional football because players are already established as a cohort (Grashow et al., 2019). Athletes could learn coping strategies, feel supported, and develop a greater sense of self that could then decrease negative symptoms (Harris et al., 2020) This type of unique group provides a sense of belonging and could help increase social skills and emotional wellness, reduce feelings of isolation, and help players feel supported (Harris et al., 2020).

Cognitive Behavior Treatment

CBT could provide individuals with tools for cognitive reconstructing so they can further process their thoughts and work through difficult situations to ultimately make better decisions while exploring thoughts, feelings, and behaviors. CBT has been proven as an effective treatment for athletes dealing with maladaptive coping responses and could help build more effective skills while reducing mental health symptoms (Sutcliffe & Greenberger, 2020). CBT has been developed as a supportive program for individuals who need counseling and treatment for psychological problems.

Motivation Interviewing

Since it was developed as a client-centered counseling approach, Motivation Interviewing has been effective with elite athletes by use of redirection and changing behaviors. Originally developed by William Miller and Stephen Rollnick to treat alcohol addiction, Motivational Interviewing has empowered people to take responsibility for their own recovery (Sutcliffe & Greenberger, 2020). Counselors use collaboration instead of confrontation; evocation instead of education; and encourage autonomy over authority. This technique has counselors ask open ended questions, provide affirmations, employ reflective listening, and summarize the goals and targets the individual has identified.

This approach allows the client to review other possible and more effective resolutions to their challenges and encourages athletes to identify that poor behavior can lead to negative consequences. For example, in scenarios, the athletes examined negative consequences to using illegal substances and then discussed alternatives (Sutcliffe & Greenberger, 2020)

Summary

Because of unusual talent, ability, or extraordinary work effort, many young athletes can attain the status of elite athletes. From any group of elite athletes are individuals who have suffered from trauma during their earlier years of development. Childhood trauma can result from many different reasons including poverty and the insecurity caused by lack of food or safe housing, neglect, emotional, physical, or sexual abuse or community violence.

Even with family and community support, children can develop mental health issues from being exposed to childhood trauma. Mental health issues can include hallucinations and delusions, anxiety, depression, post-traumatic stress disorder, substance abuse, physical health challenges, or difficulty forming and maintaining relationships with others.

Elite athletes who have unresolved mental health issues from childhood trauma may not seek the help they need because of the stigma they perceive in receiving services. Elite athletes may experience heightened mental difficulties because of additional stressors that impact them because of their status including: the pressure to continue playing at peak performance, their concerns over getting enough playing time because of inadequacies or injuries, or their work environment.

Effective counseling strategies are available for elite athletes to address their mental health concerns. A professional counselor could help determine which strategy could be most helpful for the individual and their needs and schedule. Trauma-based cognitive therapy, mind-body based intervention, group counseling, cognitive behavior therapy, and motivational interviews are possible counseling strategies that could be employed with the elite athlete.

Chapter Three: Conclusions and Recommendations

In summary, one researcher reported 50% of the general population of adults reported having at least one childhood trauma before the age of 18 (Strohlé, 2019). Other researchers found approximately 22% of adults experienced at least one traumatic experience during their childhood (Vella et al., 2019). Childhood trauma can include physical, mental, or sexual abuse, neglect, school or community violence, or the effects of dysfunctional families (Widom & Jay (2017). Children from poverty may have experienced food insecurity, homelessness, and general fear of the future, especially if their parent was also fearful. Poverty and dangerous living situations are more likely to occur with people of color (Markus et al., 2018). Family, church, school, or community support could help the child overcome some of the negative impacts of the trauma, but if the mental health concerns are not addressed, the negative consequences could continue into adulthood (Kaier et al., 2015).

The impact of unresolved or untreated childhood trauma could result in mental health issues including depression (Schneider et al, 2021), anxiety (Fen Tu et al, 2021), PTSD, (Range et al., 2018) substance abuse (Ingvild et al., 2018), hallucinations (Baily et al., 2018), health issues (Kaier et al., 2015), challenges forming relationships (Mclaughlin et al., 2015) and other long term negative effects. Even with treatment, individuals who have been exposed to childhood trauma could experience higher levels of anxiety and concern when stress levels increase in their lives (Kaier et al., 2015). Childhood trauma could have long term negative effects that require consistent efforts to overcome.

Elite athletes may have come from situations where they experienced childhood trauma, particularly if their families were in low socio-economic situations. The individual may have been able to cope effectively with the negative mental consequences of childhood trauma during

school when they received support, but once they reach the level of elite athlete, they may not get the help they need. Stigma and fear of being viewed as weak may cause the elite athlete to resist seeking help (Kaier et al., 2015). The level of pressure to continue to perform at a peak level, fear of career-ending injuries, fear of losing playing time, and poor quality of life because of the need for constant practice and travel could have increased the stress on the elite athlete and cause previous unresolved concerns to surface (Kaier et al., 2015). In addition, some coaches have been found guilty of sexual abuse of their athletes (Johansson et al., 2016). This breaks the bond of trust between the coach and athletes and can create lifelong challenges for the athlete. Kaier et al (2015) found 35% of adult athletes have reported abuse. In that subgroup of athletes who had experienced abuse, 31% of females who reported sexual abuse and 21% of males reporting sexual abuse. Forty percent of the athletes who had been abused, reported that it had been from one of their coaches.

Based on the existing literature, the following conclusions were drawn. Childhood trauma could have long lasting, negative effects that may not surface until the child reaches adolescence or adulthood, particularly if many of the issues were not resolved when the individual was young. The impact of childhood trauma can surface as addiction, difficulties with forming and maintaining relationships, violence, anxiety, fear, or depression. Negative consequences can also include some seemingly unrelated results such as physical health concerns, such as severe headaches, or tics, sleep disturbances, or hallucinations (Bailey et al., 2018; Ingvild et al., 2018; Kaier et al., 2015; McLaughlin et al., 2015; Range et al., 2018).

Counseling could offer an effective way for elite athletes to cope with the challenges of competing at a high level and of developing and maintaining positive relationships and work life balance. Trauma-based Cognitive therapy, Mind-body based interventions, group counseling,

Cognitive Behavioral Therapy, and Motivation Interviewing (Buss et al., 2016; Grashow et al., 2019; Harris et al., 2020; King et al., 2019; Schauss et al., 2019; Sutcliffe & Greenberger, 2020) are all possible strategies for counselors to consider for the elite athlete.

Based on these conclusions, it is recommended that further research be conducted on the number and severity of elite athletes who report having experienced childhood trauma. This research could examine the effects of the trauma and the effectiveness of various strategies in treating the symptoms. In addition, coaches and other staff who work with elite athletes at the secondary, post-secondary and professional level should be trained on identifying symptoms of mental health problems in their athletes so that counseling can be provided.

Researchers highlighted three areas of depression in elite athletes that should be further examined, which are the genesis, the diagnosis and symptomatology, and finally the prevalence and accompanied stigma (Florence et al., 2018). Further research is also needed in this area to gain quantifying data so counselors, coaches and even college advisors will be prepared and equipped when working with an elite athlete. Depression in elite athletes could continue to increase based on the expectations that are created by society. Elite athletes could feel the pressure of having a poor game along with the scrutiny of sports analysis adding more stressors to their day-to-day play or off field activities. The outpouring of negative feedback can be overwhelming for most athletes, which can result in athletes turning inward and further affecting their play until they are able to rebuild their sense of worth again.

Finally, when the child's mental health needs are unmet, the child might then engage in riskier behaviors. As the sexual abuse prevalence rate continues to increase amongst men and women, government and counselors should work together to find solutions for these adolescents to help reduce or eradicate this level of trauma. In addition, child neglect, physical abuse, and

community violence also contribute to the challenges of elite athletes when their needs are unmet. Greater community outreach is needed in areas most impacted by community violence.

Elite athletes have worked tirelessly to reach this stage of their career, so they can perform at the highest level and get financially compensated. Elite athletes must continue to sacrifice their time and energy to remain at a high level of success. With that level of stress to maintain, it is a possibility that stressors can lead to triggers for unresolved struggles in childhood. To help reduce stress, it is important that work environments are developed to help reduce the level of stress and the heightened pressure to perform. The elite athlete's quality of life can change the behavior of that athlete if they are not equipped with appropriate coping tools. Once the athletes have been assessed by a professional counselor and have identified their struggles, the counselor could include techniques such as mindfulness and Cognitive Behavioral Therapy in the treatment plan. Group counseling was recommended, particularly for Black athletes in team sports to increase awareness of mental health stressors and also provide stress release within a cohort group (Grashow et al., 2019; Harris et al., 2020). Continued research in the benefits of group counseling for elite athletes should be completed as well as research on strategies to reduce sexual abuse in athletics, particularly from coaches of those athletes.

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