

ISSP Quarterly Newsletter September 2021

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Get to know Dr. Carla Edwards, MSc, MD, FRCP(C)
President of the International Society of Sports Psychiatry

How did you get your start in Sports Psychiatry?

Athletics were always a big part of my life, long before a career in medicine entered the picture. During high school I envisioned something in the field of sports medicine, but it wasn't until I studied Psychiatry in medical school that mental health landed on my radar. I got my highest grade in that class, and my psychiatry rotation brought the greatest rewards of all of my clinical exposures (which totally surprised me). I didn't know "Sports Psychiatry" was a discipline at the time and moved forward into my Psychiatry residency. When I attended an AACAP annual meeting during my residency, I was excited to attend a special meeting hosted by the ISSP. They had me at "Hello!" (Throwback Jerry Maguire reference for those who are puzzled!) I was instantly energized- I knew these were my people and this is what I wanted to do! I wasn't aware of anyone in Canada who had a practice in Sports Psychiatry, but I made it my mission to carve a path and start to grow the field in Canada. I presented my Psychiatry Department Grand Rounds on Sports Psychiatry, and it was the first time most people had heard of it as a topic. But they all said it made total sense! During my early career I found any opportunity possible to work with athletes, and eventually opened my first dedicated Sports Psychiatry clinic in 2012 at the McMaster University Department of Athletics. By 2016 I built a full-time practice around treating athletes of all ages and skills levels- from youth athletes to Olympians and professionals.



What excites you most about Sports Psychiatry? Do you have particular interests in the field?

I love my job. I'm not exaggerating when I tell you that I reflect almost daily and appreciate how much I love my job. It energizes me to work with athletes from different sports and different ages. I think that maintaining some diversity in the population of athletes you see is important for personal and professional growth, and helps you stay in touch with "bread and butter psychiatry." I have seen most psychiatric illnesses in athletes and enjoy the challenge of fine-tuning psychopharmacology while considering sport-specific factors. While I don't have any specific interests that I gravitate towards, I feel that having a background in child and adolescent psychiatry really helps me "see" things that may otherwise be hidden, including ADHD and family dynamic contributions. I also enjoy working with coaches and organizations to expand their understanding of mental illness and collaborate to better support the athletes in the training environment.

What are some challenges you've faced in your career or envision are challenges sports psychiatry may face in the future?

There is still a lot of resistance to recognizing mental illness in sports on multiple levels, and many barriers and obstacles still exist that restrict an athlete's access to support. Some of the biggest challenges I have faced have involved sport environments that have contributed to (or created) the athlete's psychological decline (and sometimes evolution into significant mental illness). Harassment, abuse, and neglect are still way too prevalent, and safe pathways for reporting and support are not always easy to access. Important foundational work has begun in this area, but we have much work to do.

What advice do you have for psychiatrists or students beginning a career in sports psychiatry?

Anything is possible! One of the positive aspects of the large gaps that we have in psychiatric care is that there is a lot of space to fill and grow a practice! Logistical challenges will vary based on the country and region in which you work, but there are many models of sports psychiatry practice that can be adapted to whatever stage of readiness you find yourself in! Growing it slowly, on a gradual basis, is a reasonable approach- which would allow you to increase your knowledge base in sport systems, networks, referral bases, and remuneration/reimbursement. A big thing that people in the "sport world" look for to measure credibility is whether or not the clinician "gets it" (meaning the sport environment, high performance expectations, roles, system, etc). Embedding yourself in an already-established practice or sports medicine clinic is a safe way to build your client and referral bases. Also- attend ISSP meetings! I attended every meeting since that first one at the AACAP meeting and grew with every contact I made in the organization, and every pearl of wisdom that I gleaned from our wealth of experienced sports psychiatrists. This is an amazing group!

What goals do you have for the ISSP? Do you have a specific vision or direction you'd like to take the ISSP as President?

This is great timing- we are about to embark on our next strategic plan. The sport environment is fertile for so many aspects of Sports Psychiatry right now- including mental illness in athletes; equity, diversity, and inclusion in sport; youth sports; and the "movement is medicine" platform. Our knowledge base and skill set spans all of these major areas, and we have a wealth of expertise to offer. Growth is important- many nations globally are growing their research and clinical practices in Sports Psychiatry. The ISSP is well positioned to take the lead in creating a global collaboration to join all of these forces and amplify the greater message. I think the ISSP has the potential to significantly expand its reach and influence in the coming years. It is exciting to be a part of this momentum!

Education Committee

Chair: Dr. Claudia Reardon

As its primary function, the ISSP Education Committee continues to work on items related to our ISSP portable, didactic sports psychiatry curriculum, which was originally developed to be available to medical students, residents, and fellows who were interested in doing a sports psychiatry elective but had no local resources to make that happen. We subsequently developed, using that curriculum, a Certificate Program that awards a “Certificate of Additional Training in Sports Psychiatry” to members (trainees or practicing psychiatrists) who satisfactorily complete the curriculum. Additionally, there is an “Experienced Sports Psychiatrist Pathway” for which exceptionally experienced and highly accomplished sports psychiatrists can apply in lieu of completion of the full curriculum.

Since the inception of the certificate program in May 2019, we have awarded 44 certificates of additional training in sports psychiatry. 33 of these have been via the traditional pathway, and 11 the Experienced Sports Psychiatrist pathway.

The Education Committee will be happy to consider adding as new members any ISSP members who have the time and energy to commit to getting involved. Work is entirely on your own time and via asynchronous electronic communication (i.e., there are no scheduled virtual meetings). New committee members should themselves hold an ISSP Certificate of Additional Training in Sports Psychiatry before joining the committee. Please contact committee chair Dr. Claudia Reardon (clreardon@wisc.edu) with a CV and statement of interest.

Congratulations to the following new Certificate holders over the past year:

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| David Baron, DO, MEd | Erik Levinsohn, MD |
| Christine Bartow, DO | Glenn Meggs, MBBS |
| Marie Claire Bourque, MD, MSc, FRCPC | Pratik Mehta, MD |
| Hunter Caskey, MD, MBA | Ranjit Menon, MD |
| Ankur Desai, MD | Carolyn Nahman, MbChB, MRCPsych, PhD |
| Carla Edwards, MSc, MD, FRCP(C) | Joshua Norman, DO |
| Cecilia Fitz-Gerald, MD | Christine Oh, MD |
| Patrick Ho, MD | Zachary Orlins, DO |
| Bryan Hybki, MD | Silvana Riggio, MD |
| Allan Johnston, MB BS, MRCPsych, Cert.Med.Ed(IU) | Claire M. Twark, MD |
| Eugene Koh Boon Yau, MB BCh Bao, MMed (Psych) | Reza Zarinshenas (Med-4) |

Outreach Committee

Chairs: Cindy Miller Aron, LCSW, Dr. David Harel

The Outreach committee has had a change in leadership during the last quarter. Cindy Miller Aron and David Harel have been appointed the new co-chairs, as Carla Edwards shifted into the role of ISSP President. The outreach committee had 3 new members join following the ISSP annual meeting in late April.

The committee is actively working on meaningful, collaborative relationships with a variety of organizations. Currently there are ongoing conversations, at differing stages of developing collaborative agreements with AMSSM, ACSM, ASWIS (Alliance for Social Workers in Sport), CCSPA (Collegiate Clinical Sports Psychology Association), Am Psych Assn Div 47 (exercise and sports psychology), AASP (Association of Applied Sports Psychology) to name a few. Working on developing strong relationships with BIPOC organizations is an ongoing focus. Additionally, we are looking at developing intersections with other ISSP committees, particularly the youth committee and others as it makes sense.

Wrapping up, we are mentoring "newer in the field" committee members and developing roles with members who are already in positions to "network" with organizations. The committee has been granted \$1,000 by the board to use in whatever way will best promote the outreach work.

Mentorship Committee

Chair: Dr. Alex Strauss

The ISSP mentorship program went through major changes in 2020. Due to a long waitlist and limited mentorship opportunities the organization decided to move to a group mentorship format. We have been fortunate to have 8 ISSP mentors step up and take on 39 mentees from all around the world.

We have been getting great feedback. One mentee wrote "I am very grateful for the mentorship program."

Another wrote "I highly value the mentoring meetings." And a third wrote "It's has been a very good experience."

Moving forward the list of mentees on the waiting list for the next group are beginning to grow. The mentorship program highly encourages all those who are interested apply to join a mentorship group. Additionally, if there are any sports psychiatry mentors out there, please reach out to me at alexstraussmd@gmail.com. We would really appreciate having more mentors and continuing to allow the program to grow.



Concussion Committee

Chairs: Dr. David Baron, Dr. Aaron Jeckell

The number of ISSP members interested in joining the Sport Related Concussion (SRC) Committee has grown significantly. Several meetings have taken place this year with more planned for the near future. Some of the recent highlights include:

- A session on SRC was a component of our annual virtual meeting held during the recent APA meeting.
- Members of the group have written several chapters on SRC, including a new Sports and Mental Health text being published by Springer Press. The chapter takes a translational – like approach, applying research findings to everyday, evidenced-based care. Following the theme of the text, the chapter also addresses interprofessional integration of clinical care.
- Two medical students (Lauren and Travis) working with Dave, recently published a study examining concussion education. While the initial study focused on US medical students, members of the group are expanding the results, including a Korean version being conducted by member Dong Jin Shin. Our plan is to use this information to develop a concussion education module, working with Claudia and the Education Committee members.
- A fall SRC Symposium is being planned which will focus on the most current and clinically relevant data surrounding SRC including test, imaging, treatment, and the consequences of SRC for athletes.



ISSP members interested in joining the SRC Committee should contact CEO Jim Whitehead, Dave (dbaron@westernu.edu), or Aaron (ajeckell@gmail.com) directly. We meet via zoom to coordinate our activities and are very interested in any ideas for future projects. The role of concussion in sports continues to be a hot topic, especially as advanced neuroimaging has expanded.

Scientific Committee

Chair: Dr. Alan Currie

The ISSP spring scientific symposium was hosted by our good friends at Zoom on Saturday May 1st (early Sunday morning of May 2nd for our Australian colleagues).

The symposium began with an introduction from our new president. The first hour was devoted to psychiatric aspects of concussion and mild traumatic brain injury. In a session entitled 'Concussion: what should the sport psychiatrist know?', Professor Jamshid Ghajar reported on recent advances in the description and definition of concussion and its sequelae. He was followed by Professor Jeffrey Bazarian who gave an update on diagnostic testing and evaluation and the session concluded with Professor Silvana Riggio and a review of neuro-behavioral sequelae of concussion.

The second hour was occupied by 5 short presentations from ISSP members around the world. In February an invitation had been sent to all members to submit abstracts of their work. The range of topics that are currently being studied is very wide indeed and a great reflection of the sports psychiatry community. Topics covered in this symposium included loneliness in elite athletes, using exercise during recovery from an eating disorder, some reflections on sports psychiatry practice, data on mental health in student athletes through the pandemic, and a review of sports participation and its role in cultural integration through the ages. A booklet of all the abstracts is available to members via the ISSP website.

The session was organized by the scientific committee of Alan Currie, Ira Glick and Vuong Vu. It is intended that these will become biannual events with spring and autumn (fall) events each year. The symposia are not only a way to promote the work of members but also to stimulate interest in attendees and to connect researchers to each other. With this in mind the committee also intends to begin hosting a register of members' research interests. If you would like to be included on the list, then please email alan.currie@cntw.nhs.uk and include these details:

- Researcher's name
- Institution
- Preferred email contact
- Topic
- Title of current study
- Proposed completion date
- Previously published work (up to 3)

Through the register we hope to identify ISSP members in different areas who are working on similar topics and who might like to share ideas and develop collaborations. It will also help us to identify researchers and clinicians who are leading on particular topics and who we might invite to present their work at future scientific symposia.

**ISSP CODE OF
ETHICS AND PROFESSIONAL CONDUCT
AND RELATED PROCESSES**

There are two areas of ethics and professional conduct related to ISSP that reflect the high standards envisioned for psychiatrists in general and sports psychiatrists specifically. These are (1) Clinical practice and (2) Association practice.

(1) CLINICAL PRACTICE AND PATIENT CARE

It is an expectation that ISSP members will adhere to the codes of ethics of the national psychiatric organization(s) in which they practice, and in addition will comply with the five principles of the World Psychiatric Association in regard to (a) beneficence, (b) respect for patients, (c) non-maleficence, (d) improving standards of psychiatric practice, and (e) applying psychiatric expertise to the service of society (including seeking equity in the prevention, treatment, and rehabilitation of psychiatric disorders).

If a concern arises by a member, patient, or other relevant party regarding the clinical practice of an ISSP member, the ISSP Board or a designated committee will determine whether the matter is better addressed by the member's respective national psychiatric association(s) and/or the World Psychiatric Association. If not appropriate for such referral, the ISSP Board would in a timely manner name an impartial ISSP Ad Hoc Ethics Committee to evaluate the matter and make a recommendation to the Board. Depending on outcomes and findings, ISSP may consider (1) taking no action, (2) extending advice and guidance, (3) issuing a warning, reprimand, or censure, (4) removing temporarily or permanently from ISSP roles, (5) suspending or revoking membership, and (6) considering other steps depending on the nature of the matter.

(2) PROFESSIONAL CONDUCT WITHIN THE ISSP

It is expectation that ISSP members will adhere to conduct and behavior within ISSP that aligns with the highest standards of professional conduct and ethical behavior that are the expectations of association members as defined by organizations such as the ASAE Center for Association Leadership and the Institute for Global Ethics as well as by national psychiatric organizations and the World Psychiatric Association.

These expectations of Professional Conduct include that all ISSP members will:

- Promptly disclose potential and real conflicts of interest.
- Avoid any appearance or reality of impropriety.
- Be loyal to the association and discharge responsibilities in a manner that fosters and supports the association's mission.
- Act and speak in a manner that inspires respect for the organization and enhances its prestige.

- Treat other members, the Board, committees, the media, and the public in a fair, respectful, and consistent manner that reflects well on the association.
- Abide by Roberts Rules of Order and other recognized parliamentary sources regarding process, confidentiality of information, and overall conduct, including: (1) acting and communicating in the best interests of the organization, (2) respecting and abiding by decisions made by the governing body, and (3) not breaching policies or common practice that could be unauthorized by and/or detrimental to the organization, including the use of ISSP social media platforms, content on the ISSP website, and representations made that do not reflect positions and decisions by the ISSP.
- Keep confidential all privileged and sensitive information that is gained by virtue of office or position.
- Refrain from discussing individual differences and opinions about decisions of the governing body outside of in-person or virtual meetings of the body.
- Model individual professional conduct within ISSP that would mirror the expectations of relevant organizations, such as the World Psychiatric Association, the World Medical Association, and the members' respective national psychiatric and medical associations around the world.

If a concern arises by a member, Board member, committee chair, or other relevant party regarding the conduct of an ISSP member within the association, the ISSP Board or a designated committee will assess whether the matter is material and if so, could a simple willing adjustment by the individual be a solution. If that is not deemed practical or advisable and/or if the situation continues, the ISSP Board would in timely fashion name a formal ISSP Ad Hoc Ethics Committee composed of impartial parties (not to exceed three persons) to further evaluate the matter including having a discussion with the person(s) related to the matter and make a recommendation to the Board. Depending on outcomes and findings, the ISSP Board may consider: (1) taking no action, (2) extending advice and guidance, (3) issuing a warning, reprimand, or censure, (4) removing temporarily or permanently from ISSP roles, (5) suspending or revoking membership, and (6) considering other steps depending on the nature of the matter.

Message from the Communications Committee

The Communications Committee seeks to communicate to members, potential members, and the athletic community to help establish the sub-field of sports psychiatry as a sub-specialty. The main function of the Communications Committee is to create that web of connection and outreach that helps spread the word about ISSP's activities, future projects, helps manage social media, the ISSP website, and provide an avenue and platform for members wishing to disseminate information.

Interested in getting involved and want to contribute to the quarterly newsletter? Please email Ryan Benoy at rbenoy10@gmail.com. We are looking for committed members to share their experience and expertise with the ISSP community. The mission of the newsletter is to provide an outlet for our members to share their knowledge and insights in the field, provide commentary on current events and trends in the world of sports psychiatry, and to create a stronger sense of connection among our members. Please consider sharing your passion with us! Ideas for future issues of this newsletter include member spotlights, reviews of recent academic research that may be important to the field of sports psychiatry, your perspective as a sports psychiatrist on a recent athletic event, or your approach to treating athletes in your office.

Stay connected! Please follow our Facebook, Instagram, and Twitter accounts to keep up to date on current events in the world of sports psychiatry. Our goal is to provide value to our members and entice new members to join by increasing traffic on our social media channels.

Facebook @International Society for Sports Psychiatry

Instagram @sportspsychissp

Twitter @SportsPsychISSP

