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Team Sports May Help Children Deal With Trauma

Training, working hard and learning to win and lose help children develop resilience, experts say.



By Perri Klass, M.D.
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I wrote last week about finding ways to make sure that [sports participation stays fun for kids](#), so they can enjoy the benefits of physical activity and fitness. Keeping the body healthy and active has psychological benefits as well, and a new study suggests that organized sports participation may be helpful for kids who are dealing with childhood trauma.

In a [study](#) published in May in JAMA Pediatrics, people who had experienced traumatic events as children had better mental health outcomes as adults if they had participated in team sports during adolescence.

Dr. Molly C. Easterlin, the lead author of the study, which looked at a national sample of 9,668 people, said, “Among children affected by adverse childhood experiences, team sports in adolescence was associated with less depression and anxiety in young adulthood.” The study shows association, not causation.

Dr. Easterlin, who is a pediatrician and health services research fellow affiliated with the U.C.L.A. National Clinical Scholars Program and the Cedars-Sinai Medical Center, suggested that parents and pediatricians might look to team sports for children who have been exposed to difficult and traumatic experiences.

It’s often recommended that pediatricians should screen for these adverse experiences (the [Centers for Disease Control and Prevention website](#) has information on adverse childhood experiences and the long shadows they can cast), she said, but it is not always clear what they can do to help. (Therapy may be indicated for some of these problems.)

“When patients screen positive, pediatricians could consider recommending team sports,” Dr. Easterlin said. “Something about the team environment provides psychosocial support,” and the effects of team sports were greater than for kids who were physically active on their own.

The positive effects they found didn’t seem to be associated with the duration or intensity of physical activity, Dr. Easterlin said, and the study tried to control for different family environments and a whole host of background characteristics that might affect sports participation, including personal characteristics and background mental health. Even controlling for all that, “we still see the connection between sports and mental health,” she said. “There may be something about sports that provides resilience.”

There are “a lot of life lessons that can be learned through playing team and group-based sports,” said Rochelle Eime, an associate [professor of sport participation](#) at Federation University in Australia. “You’ve got to train and work hard; you learn to win and more importantly learn to lose.” This helps children develop resilience, she said.

“They can learn so many life lessons, it can really help their social well-being and their psychological well-being as well,” Dr. Eime said. “They often have less stress in their lives, better social interactions, improved self-esteem.” She was the lead author of a [review of studies](#) which found that sports participation was associated with better self-esteem and fewer depressive symptoms. Being part of a team seemed to be associated with additional benefits because of the social interactions.

Sports medicine specialists are looking more closely at mental health, both at the ways that young athletes can benefit, and at the ways they may sometimes need help.

“Mental health is a part of physical health, a part of sports medicine,” said Dr. Alex B. Diamond, an associate professor of pediatrics and orthopedics and the director of the program for injury prevention in youth sports at Vanderbilt. “In the past we focused on physical health so much, we neglected the mental health and behavioral health aspect of our athletes.”

“These benefits we talk about — learning how to fail and get back up, teamwork, being part of something larger — only happen when the emotional foundation is strong,” Dr. Diamond said. The children and adolescents seen in a sports medicine clinic are subject to all the same mental health issues that affect 8-year-olds and 12-year-olds and 20-year-olds anywhere, Dr. Diamond said, and in addition, sports themselves can bring “a whole host of additional potential stressors which can potentially unmask something or be a trigger for something.”

That means that mental health issues should be freed from stigma, and regularly and matter-of-factly discussed at the pre-participation physical exam, Dr. Diamond said, which may sometimes be the only time that a child or adolescent sees the doctor. “Probably more important than screening for duckwalk” — used to check for knee injuries — “is asking the sex, drugs and rock ’n’ roll questions,” he said.

And the best way to have those conversations is to have the sports physical done by a provider who knows the child, at the practice where the child has always gone, he said, and not in some other venue like a walk-in clinic or at a group screening.

Normalizing these conversations is also important for the medical staff taking care of college athletes, Dr. Diamond said; mental health providers should be engaged all along and not just come in when something is clearly wrong.

The signs of emotional distress in a student athlete can be subtle, Dr. Diamond said, including changes in performance, in concentration and focus, and perhaps a loss of connection with teammates or coaches. Teams should have emergency action plans in place for mental health problems, as they do for concussion or spinal injury, he said, identifying who will respond and how the child will get help.

In a sports medicine setting, Dr. Diamond said, doctors need to think about mental health issues when physical injuries don’t seem to add up. “We look for injury patterns that are different — is this the kid who is always coming in, or has a straightforward injury which is taking much longer than it should.”

Dr. Ashwin Rao, an associate professor in the department of family medicine and the sports medicine section at the University of Washington, was one of the editors of a [2016 special issue of the British Journal of Sports Medicine](#) devoted to mental health in athletes. He said he sometimes sees “adolescent athletes present with purported musculoskeletal injury trying to find a way out, a reason not to participate at that level.”

When he senses tension, Dr. Rao said, he tries to get the child’s opinion away from the parents, he said, and he tries to talk with parents about what their goals are for their children. He also generally encourages parents to use a lot of positive reinforcement, asking children what was best about practice today.

It keeps [coming back to having fun](#). “I try to understand what a child’s own goals are for that sport,” Dr. Rao said. He may say, “I’m super excited that you’re interested in playing soccer or baseball — what are your goals?” The child may have no answer at first, he said, but over time they think about it, and he may hear, “I really enjoy being part of a team,” or “I really enjoy scoring goals.”

Overall, Dr. Diamond said, “Sports as a whole remains a positive and more than likely a protective activity for our kids and teenagers.” They need care and attention, for their physical and mental well-being, and they need the opportunity to participate in settings where they will receive that care and attention. And not all children get that opportunity.

“Making those activities accessible to all is very important,” Dr. Easterlin said. There can be disparities in sports participation, with some families not able to afford to have a child on the team.

“From a public health policy standpoint, there is some evidence sports are beneficial to children,” she said. “Child health advocates and policymakers should consider investing in these programs to make sure they are accessible, equitable and strong.”