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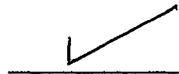
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Basic Principles of Counseling in Athletic Training:

An Educational Guide and Assessment of Ability

by

Wesley Wood, ATC

B.S. Northern Arizona University, 1998

Presented in partial fulfillment

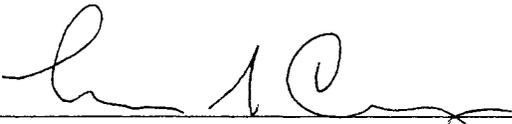
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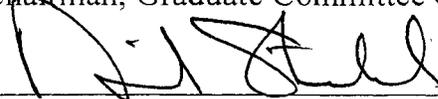
Master of Science

The University of Montana

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## Abstract

Wood, Wesley M.S. May, 2001

Health and Human Performance: Exercise and Performance Psychology

Basic Principles of Counseling in Athletic Training: An Educational Guide and Assessment of Ability

 Committee Chair: Lewis A. Curry, Ph.D.

The National Athletic Trainers' Association has identified basic principles of counseling as an educational competency, (NATA, Inc. Athletic Training Educational Competencies, 1999). Research also indicates that Certified Athletic Trainers (ATC's) recognize this competency as important and under-addressed, (Cramer Roh et al, 2000). This educational guide is designed to provide a tool for educators and a reference for athletic trainers at all levels and in all settings. No such guide was found in the literature addressing precise counseling competencies for the athletic trainer.

The focal points of the handbook are to provide education and to enhance care given to athletes. The information is presented in a simple manner, organized and concise. Following the guide is an assessment tool and instructions for its use. It can be used in a classroom or in the athletic training room as a method for peer teaching.

*My success in life is because of her devotion, sacrifice, and love.*

*I dedicate this work to my mother.*

## **Acknowledgments**

I would like to take this opportunity to thank those who have supported me throughout my graduate studies at the University of Montana. For the last two years I have worked hard to complete this guide and my degree. I would not have had such success without each of you.

First, I would like to thank my professional paper committee, Doug Beed, Lew Curry, and Dennis Murphy. Your guidance and advice was instrumental in the guide's successful completion.

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I would also like to thank the students and staff at Northern Arizona University for showing me the importance of this topic. I would further like to thank Greg Pott, my first Head Athletic Trainer, who inspired me to begin my studies in athletic training. Thank you for introducing me to this great profession.

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THANK YOU!

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# Section 1

## Introduction

## **Introduction**

This handbook has been designed for the athletic trainer, student or certified. It will educate them in basic principles of counseling, helpful communication skills, confidentiality issues, and referral practices. Literature has suggested that these competencies are vital to athletic training. The competencies described in this handbook have been selected specifically from the National Athletic Trainers' Association, Inc. (NATA) Athletic Training Educational Competencies, (1999). The competencies reside within the Psychosocial Intervention and Referral content area. In accordance with the NATA Educational Competencies, this guide provides information for all athletic trainers.

Information has been presented in such a way that it is conducive to a classroom environment for the teaching Certified Athletic Trainer, (ATC). The guide can be used as a supplement to other texts, or alone in any Athletic Training Educational Program, (ATEP). The assessment of ability may be used for proficiency testing once the handbook has been studied and the skills practiced (Section 4, pgs. 17-21).

For the practicing ATC, the handbook may be used as a guide and reference when dealing with athletes in need of counseling. The booklet outlines boundaries of competence and qualifications to encourage prompt referral. The ATC is not formally trained in counseling and, therefore, should not manage the task alone.

Consultation and referral are crucial elements of adequate care when athletes experience emotional and psychological distress, symptoms athletic trainers must be able

to recognize.

The handbook is organized such that objectives are listed initially. These objectives are goals for study. Mastery of the competencies will fulfill the objectives. The first competency is helpful prior to a counseling situation, to form a plan of action. Competencies two through six are useful to the ATC while he or she is in a counseling role. Lastly, competency seven is important during the end stages of counseling and post-counsel.

The goal of this handbook is to educate athletic trainers and to enhance the emotional care given to athletes. The emotional and psychological components of sport and injury are indescribably important. Complete success and recovery are only possible if all aspects of injury have been resolved. Please note that physical injury management will not be discussed in this handbook.

## Section 2

### Objectives of the Guide

### **Objectives of the Guide**

Below are objectives to be learned using this educational handbook. Objectives of the handbook include performing the following competencies:

1. Describe and discuss ethical obligations of the ATC in a counseling role.
2. Describe appropriate confidentiality practices when in a counseling role.
3. Describe four basic principles of counseling that can be used in athletic training.
4. Describe helpful communication and listening skills.
5. Describe an appropriate counseling atmosphere that can be used by an ATC.
6. Describe counseling roles that the ATC should avoid.
7. Describe reasons for referral, the process of referral, and confidentiality following the referral.

# Section 3

## Competencies

## Competencies

### **Competency 1: Ethical obligations of ATC's in a counseling role.**

Certified athletic trainers must recognize the boundaries of competence in the area of mental health. They are not the most qualified healthcare professional to manage a counseling situation. The ATC has a moral and ethical responsibility to intervene in situations of mental, emotional, and/or personal conflict in the athlete, (NATA. Athletic Training Educational Competencies, 1999). However, athletic trainers must proceed with extreme caution when becoming involved. They should consider the following when in a counseling situation:

- Relevant professional codes of ethics, i.e., National Athletic Trainers' Association, American Psychological Association (APA, 1992).
- Recognition of boundaries.  
“Psychologists recognize the boundaries of their competence and the limitations of their techniques. They only provide services and only use techniques for which they are qualified by training and experience.” ( APA in Sachs, 1993).  
The NATA, Inc. encourages the same recognition of limitations and competence for its membership.
- Recognition of situations where ethical concerns may be present.
- Consultation whenever possible with mental healthcare professionals, (sport psychologists, counselors, psychologists, psychiatrists, social workers).

- Referral when ethical or counseling concerns are beyond the athletic training scope of practice or competence, (further examples are located in Competency 6, pgs. 11-12).
- Documentation when an ethical or counseling situation arises. The most trivial details may become crucial. These will help the athletic trainer remember and may be used in court, (Ray et al., 1999).
- Follow one's conscience and use one's professional intuition. Investigate strange behavior.
- Disclosure of ATC roles. The athlete must understand that the athletic trainer has a responsibility not only to the athlete, but also to the safety of the team. The athlete must also understand that the ATC has legal responsibilities to act if a dangerous situation exists.
- Do not impose a situation or solution on the athlete. Whenever possible, allow the fully informed athlete to make his/her own choices in a counseling relationship.

**Competency 2: Appropriate confidentiality practices of the athletic trainer in a counseling role.**

During psychological and emotional strife, athletes may feel extremely vulnerable (Pargman, 1999). The situation must be handled gently and confidentially. The athlete may not wish to have personal problems exposed to other athletes, coaches, or athletic trainers. When involved in a counseling role with an athlete, consider these aspects of

confidentiality:

- Discuss the problem with the athlete only. Do not speak with other athletes, student athletic trainers, co-workers, coaches, or friends concerning the issue. Peer support is acceptable when the situation is guaranteed as confidential and never discussed outside of a professional setting.
- Request that the athlete allow you to refer him/her to a more appropriate healthcare provider (supervising ATC, physician, sport psychologist, counselor, psychologist, etc.)
- If the athlete refuses referral, a more qualified professional will need to be consulted regarding an adequate course of action. Do not reveal the name of the athlete unless the situation is unavoidable or dangerous.
- If the athlete accepts referral, discuss only the athlete's ability to participate and general health with the new provider. Do not expect or ask for details about the case.

**Competency 3: Basic principles of counseling for the athletic trainer.**

The athletic trainer will be better prepared in a counseling role with the following basic principles of counseling:

- **Empathy.** Empathy is the ability to project oneself into the situation of another person and thereby understand the feelings and thoughts of that person, (The Oxford Dictionary of Sport Sciences and Medicine, 1994).
- **Warmth and respect to develop rapport.** Conveying a sense of acceptance

and respect may yield a feeling of comfort from the athlete, (Ray et al., 1999).

- **Authenticity.** Exude a genuine attitude. Do not falsify or force emotions that are not genuine.
- **Trust.** Explain confidentiality. The athlete will understand that the athletic trainer is bound by ethics. The athletic trainer will not discuss the case with anyone and the athlete will have trust.

**Competency 4: Helpful communication skills, attending (verbal and non- verbal) and obstacles to effective listening.**

The ATC must possess adequate communication skills to successfully participate in a counseling role. Included below are skills that may aid the athletic trainer in effectively managing a counseling situation:

**a. Helpful communication skills**

- Practice active listening (see “b.” and “c.” below) and fight the urge to talk.
- Suspend judgement. In order for the meeting to be successful, the athlete must feel as comfortable as possible. The athlete will disclose more if he or she does not feel threatened by judgement.
- Separate personal experience from the athlete’s experience. Do not give instances of personal experience unless the two are extremely similar.

Additionally, it is usually not appropriate for the athlete to have information about the athletic trainer’s personal life.

- Set personal expectations aside. It is natural for the athletic trainer to encourage the athlete's success. Unfortunately, in many counseling situations, setbacks are often inevitable. If the athletic trainer is dissatisfied with the athlete's rate of progress, a referral is necessary.
- Realize that what one hears as an athletic trainer may produce emotional effects. In most cases, the athletic trainer is close to the athlete emotionally. Understanding and recognizing the pain of another person can often be overwhelming.

**b. Nonverbal attending skills**

- Use eye contact.
- Use physical posture that indicates interest. Lean forward, face the athlete, etc.
- Be aware of physical distance and height. Sit about three feet away from the athlete and at equal heights. Neither the athletic trainer nor athlete should be positioned superiorly to the other.
- Use body movements and gestures. For example, nodding the head indicates understanding and interest, (Ray et al., 1999).

**c. Verbal attending skills**

- Use continuing responses such as "yes," "ok," "go on," and "I understand." This displays a sense of understanding and encourages the athlete to continue.

- Use open-ended questions and allow the other person to answer. Don't be afraid of a pause. People often need time to speak about themselves, be the focus of attention, and not be interrupted.
- Paraphrase. After the athlete is finished explaining a feeling, use one's own words to describe one's perception of the meaning. This will give the athlete the opportunity to see that the athletic trainer understands. The athlete will also have the chance to explain further if the paraphrase was inaccurate.
- Reflect the athlete's feelings. This is similar to paraphrasing in that one is conveying understanding. With this technique, use phrases such as "That must have made you feel . . .," or "You must be feeling . . ."
- Have the athlete finish "what if" statements. Through this, the athlete can visualize and contemplate his/her next course of action. As he or she realizes solutions are possible, the situation may become less overwhelming.

**d. Obstacles to effective listening**

- **Giving advice.** Often times, people just need to talk. The only advice that should be given in a counseling situation by an athletic trainer is referral. If advice is given and subsequently backfires, the athlete may lose trust.
- **Being aggressive.** Aggressiveness may lead to a sense of being attacked.

The athlete may not ask for help.

- **Competitive attitude.** A competitive attitude may intimidate the athlete and create resistance to intervention. A warm accepting attitude is more effective.
- **Being defensive.** If the athlete expresses anger about a situation, it is most likely not the fault of the athletic trainer. The athlete may need to experience anger to reveal the underlying issue.
- **Preaching or moralizing.** It is inappropriate for the athletic trainer to impose personal moral convictions upon the athlete. The athlete, in most cases, does not need or want to be lectured regarding the behavior.
- **Being evaluative.** It is not the responsibility of the athletic trainer to evaluate the emotional and psychological stability of the athlete. If the athlete needs a diagnosis, the referral should be made to a physician.
- **Inappropriate responses.** The athletic trainer must take great caution when choosing words. The athlete may be extremely sensitive, (Cramer Roh et al., 2000).
- **Interrupting.** The athletic trainer should refrain from interrupting the athlete when serving in a counseling role. Let the athlete convey thoughts and emotions completely.
- **Scolding.** The athlete will not approach the athletic trainer for help if scolding is known to occur. The athlete is in search of help rather than punishment.

- **Suspicious attitude.** If the athletic trainer is suspicious of the athlete's behavior, a referral should be made immediately. Suspiciousness interferes with the athlete's sense of trust in the athletic trainer. If the athlete notices the suspicion, chances of a successful intervention will be decreased.

**Competency 5: Appropriate counseling atmospheres to be used by an athletic trainer.**

When beginning to discuss an issue with an athlete, the athletic trainer must create an accepting and non-judgmental atmosphere. The atmosphere must also exude a sense of trust and mutual respect. Some suggestions on creating an appropriate environment are:

- Use chairs of the same size and avoid "power" seats. In a counseling situation, no person should be perceived by either party as "in charge".
- Make sure the athlete is physically comfortable. Warm lighting, comfortable temperature, and elevate the injured extremity if necessary.
- Angle the two chairs toward each other to encourage eye contact and interest.
- Demonstrate respect. The athletic trainer can demonstrate respect by avoiding disruptions. Phone calls and pager alarms can be distracting to the session and make the athlete feel ignored.
- Ensure privacy. The meeting or discussion should be in a room without possibility of interruption. Only the athletic trainer and athlete should be involved in the meeting, (Ray et al..1999).

**Competency 6: Counseling roles the athletic trainer should avoid.**

As stated earlier, the ATC should have knowledge of basic principles of counseling, (NATA Athletic Training Educational Competencies, 1999). However, this knowledge does not make the ATC qualified or competent to be the sole counselor for athletes. The athletic trainer can observe the athlete and recognize psychological and emotional problems, but can not manage the conflict alone. Some examples of situations in which the athletic trainer should refer immediately are:

- Substance abuse
- Eating disorders
- Depression
- Suicide attempts
- Phobias
- Grief
- Any situation in which the athletic trainer is unqualified to address, (Anderson et al., 2000).
- Any situation in which the athlete or athletic trainer is uncomfortable.

**Competency 7: Appropriate reasons for referral, the referral process, and confidentiality after the referral.**

When making a counseling referral for an athlete, the ATC must consider the following: reasons for referral, the referral process, and confidentiality after referral.

- a. Some reasons for referral:
- The injured athlete requests a counseling or psychological referral.
  - The athlete displays signs of a psychological disturbance (anxiety, depression, eating disorders, substance abuse, etc.).
  - The injured athlete exhibits or reports difficulties in relationships, school, work, or other social and personal functioning.
  - The injured athlete spends an inordinate amount of time in the training room or displays an inappropriate dependence on the athletic trainer.
  - Suspicions of intentional injuring or malingering exist.
  - Major setbacks in rehabilitation, non-adherence, and/or chronic pain have occurred, (Pargman, 1999).
  - If the athletic trainer encounters situations that exceed his/her training, competence, or comfort level.
- b. The counseling referral process includes:
- **Assessment-** The ATC should observe the athlete's psychological response to injury. The thoughts, feelings, and behaviors of the athlete can be assessed during this phase of the process.
  - **Consultation-** Consultation occurs when the ATC has noticed a reason for referral. It is helpful if the athletic trainer connects with a local mental healthcare professional before a referral is needed. The possibility of consultation is made clear at this point and referrals are

much easier to complete.

- **Trial intervention-** This phase is in place to help the injured athlete form a new coping mechanism. If the athlete is experiencing difficulty with a certain exercise, the mental healthcare professional may suggest imagery or visualization exercises that can be used by the athletic trainer in order to help the athlete.
- **Referral-** This phase should be initiated by the ATC in a very sensitive manner. The athletic trainer should explain the reason for the referral in plain language as well as describe what a session will involve. Some positive examples of referrals can also be mentioned, (Ray et al., 1999).

c. Confidentiality practices after the referral process:

- After the referral, it is common practice for the new provider to maintain confidentiality. Details usually are not discussed with the athletic trainer. The topics should be limited to the athlete's ability to compete and the general condition of the athlete's emotional and psychological health.

# Section 4

Conclusion

## **Conclusion**

The goal of this handbook is to facilitate improvements in athletic mental health care and to enhance athletic training education. Athletic trainers can use this guide to achieve the goal. The ATC can learn and teach these techniques to students and colleagues. As stated previously, information presented in this text are officially listed as competencies by the NATA. Due to the identified importance of these issues by the NATA, this guide was created to aid the ATC in fulfilling these competencies.

ATC's experience extensive course work in many areas of athletic care prior to the NATABOC Examination. In some cases, psychological/emotional issues and counseling principles are either mentioned briefly or not at all, (Cramer Roh et al.,2000). However, literature (and the NATA) has suggested the importance of these issues in athletic training. Since courses in this area are unlikely to be universally included in athletic training curricula, this guide could be used in order to ensure competency. It may be used in classes already in place as a supplement, or as an independent requirement.

Despite the method of use, it will serve a purpose in athletic training education. The ATC and student will be better prepared to aid the athlete in all aspects of injury. This background can also be used to improve communication between athletic trainers as well as helping those who are experiencing emotional distress. The information presented here can be used in our everyday lives, when not acting in a counseling role, but being a good friend and listener. We can be more aware of our own feelings and be willing to help others who are suffering emotionally.

# Section 5

Instructions for the Assessment

### **Instructions for the Assessment**

A modular assessment of ability checklist has been presented to encourage mastery of competencies in communication, counseling skills, and referral. After the handbook has been studied, the ATC can use the module to evaluate students' proficiencies in these areas. Included in the module are:

1. Objectives
2. Competencies
3. Mastery and Demonstration

The "Objectives" and "Competencies" sections exist as an outline form of the handbook. This can be used as a guide for the proctor during the "Mastery and Demonstration" section. If the student can successfully discuss and describe each section in the outline, he or she is proficient in mastery and demonstration of these competencies. The actual "Assessment of Ability" is as follows:

# Section 6

## Assessment of Ability

## **Assessment of Ability**

### **Objectives:**

The ability to:

1. Describe and discuss ethical obligations of the athletic trainer in a counseling role.
2. Describe appropriate confidentiality practices when in a counseling role.
3. Describe four basic principles of counseling that can be used in athletic training.
4. Develop helpful communication and listening skills.
5. Describe an appropriate counseling atmosphere that can be used by an athletic trainer.
6. Describe counseling roles that the athletic trainer should avoid.
7. Demonstrate knowledge of appropriate mental healthcare referrals.

### **Competencies:**

1. Describe and discuss ethical obligations of the athletic trainer in a counseling role.
  - Professional Codes of Ethics
  - Ethical situations
  - Consultation
  - Referral when situations are out of scope of practice
  - Documentation

- Conscience and instinct
  - Disclosure of roles
  - Do not impose
2. Describe appropriate confidentiality practices when in a counseling role.
- Discuss with the athlete only
  - Request referral
  - Refusal of referral
  - Post-referral discussion with new provider
3. List and describe four principles of counseling.
- Empathy
  - Warmth and respect
  - Authenticity
  - Trust
4. Describe helpful communication skills, including attending (verbal and non-verbal) and obstacles to effective listening.
- a. Describe helpful communication skills:
- active listening
  - suspend judgement
  - separate personal experience
  - set aside personal expectations
  - personally affected

b. Describe non-verbal attending:

- eye-contact
- physical posture
- physical distance
- body movements

c. Describe verbal attending:

- continuing responses
- open-ended questions
- paraphrase
- reflection of feeling
- “what if” statements

d. Describe obstacles to effective listening:

- advice giving
- being aggressive
- competitive attitude
- being defensive
- preaching, moralizing
- being evaluative
- inappropriate responses
- interrupting
- scolding

- suspicious attitude
5. Describe an appropriate counseling atmosphere that can be used by an athletic trainer.
- Chair space and height
  - Physical comfort
  - Avoid disruptions
  - Ensure privacy
6. Describe counseling roles that the athletic trainer should avoid.
- substance abuse
  - eating disorders
  - depression
  - suicide attempts
  - phobias
  - grief
  - athletic trainer is unqualified
  - athletic trainer or athlete is uncomfortable with the situation
7. Demonstrate knowledge of appropriate reasons for referral, the referral process, and confidentiality after the referral.
- a. Reasons for referral:
- athlete requests referral
  - psychological disturbance

- athlete reports social difficulties
- athlete spends inordinate amount of time in the athletic training room
- suspicions of intentional injuring or malingering
- major setbacks in rehabilitation
- situation exceeds athletic trainer competence or comfort level

b. Referral process:

- assessment
- consultation
- trial intervention
- referral

c. Confidentiality after the referral process:

- do not attempt to discuss details with the new provider

**Mastery and Demonstration:**

Master the above psychosocial intervention and referral competencies through study, discussion, and research. When prepared, demonstrate your knowledge to a peer teacher or ATC.

## Section 7

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# Section 8

## Appendix: Professional Paper Proposal

## **Chapter 1**

### **Introduction**

#### **Statement of Problem**

Athletic trainers are responsible for the primary health care of injured athletes, and are therefore, in the ideal position to begin handling psychological and emotional aspects of injuries. At high school and university levels, athletic trainers are often the only medical personnel immediately available at the time of injury and usually, they do not have access to a sport or clinical psychologist. Additionally, the athletic trainer is seen almost daily by the injured athlete during recovery.

Some ATC's (certified athletic trainers) are inexperienced and have not had previous education regarding psychological and emotional issues that arise in athletics, (Larson et al. 1996). Neither the NATA (National Athletic Trainers' Association) or CAAHEP (Commission on Accreditation of Allied Health Education Programs) require that student athletic trainers have formal education in these areas. Some textbooks, (Arnheim and Prentice, American Association of Orthopaedic Surgeons) review injury coping mechanisms and are of assistance to the student. However, use of sources that include counseling skills, communication skills, basic psychology issues, or student athletic trainer emotional health are not required for certification. Due to the role of the athletic trainer in the lives of athletes, basic education in sport psychology could enhance care given to athletes. Specifically, poor performance in rehab may improve, emotional disorders may be better identified, and stronger interpersonal skills can enhance student

athletic trainer effectiveness.

### **Purpose of Study**

The purpose of this research is to create an educational module to be used in the career preparation of student athletic trainers at the collegiate level. The module material will identify care needed by athletes specific to psychological and emotional issues. In addition, information will be included regarding burnout, drug and alcohol abuse, and counseling skills (effective listening, etc.) for student athletic trainers (SAT's).

### **Significance of Study**

Research has indicated that neither the NATA nor CAAHEP require any formal education with regard to psychological or counseling issues, (Moulton et al., 1997). CAAHEP and the NATA both recognize psychology as one of the 112 competencies in the role delineation study, performed to set the scope of practice of the athletic trainer. Basic principles of counseling are recognized in this study. Though psychology is one of the domains, no guidelines are stated explaining where this education should take place. No coursework is required, therefore it is the responsibility of the supervising ATC to teach his/her students regarding psychological, counseling, and emotional issues in athletic training. The educational module will assist the ATC in teaching students about these issues, each being specified explicitly for the athletic training profession only.

### **Limitations**

This study has not included any original data collection and will only be used for the development of an educational module. The module will contain information

provided by previous research. The completion of the educational guide and module will be an original contribution to the literature.

In many instances, anger, panic, and personality differences may cause problems in professional settings. The educational module can only help prepare the student, and may not help every student equally.

### **Delimitations**

The educational module is directed towards student athletic trainers and some certified athletic trainers at the high school and collegiate levels. The module information is specifically for the athletic training profession and is not generalizable to other populations.

### **Basic Assumptions**

The educational module will be created with some assumptions in place. The idea that performance enhancement techniques will improve athlete responses to rehabilitation will be displayed as tips and strategies, not as proven therapeutic methods.

Another assumption is that the NATA and CAAHEP do not have any plans to change the current curriculum format for athletic training any time soon. Therefore, no required psychology or counseling coursework for the SAT will be created. This includes the assumption that some ATC's will teach these domains in some form, where the module would be helpful.

Lastly, it is assumed that the previous research was conducted through sound data collection and that the recommendations from the research will be reflected in the

educational module.

### **Definition of Terms**

Certified athletic trainer- The certified athletic trainer (ATC) is a highly educated and skilled professional specializing in the prevention, treatment, and rehabilitation of injuries. In cooperation with physicians and other allied health personnel, the ATC functions as an integral member of the athletic healthcare team in secondary schools, colleges and universities, sports medicine clinics, professional sports programs, industrial settings, and other healthcare environments,

(<http://www.nata.org/Departments/communications>).

NATA, Inc.- National Athletic Trainers' Association, Incorporated, founded in 1950, the NATA is the governing board for athletic trainers in the United States,

(<http://www.nata.org>).CAAHEP- Commission on Accreditation of Allied Healthcare Education Programs, governing board for appropriate education in the athletic training profession as well as other allied healthcare professions.

Sport Psychologist- A professionally trained person who observes, describes, and explains the various psychological factors that influence diverse aspects of sport and physical activity, (The Oxford Dictionary of Sports Science and Medicine, 1994).

Emotional Intelligence- The ability to understand one's own feelings, have empathy for the feelings of others, and to have regulation of emotion in a way that enhances living, (Gibbs, 1995).

Empathy- The ability to project oneself into the situation of another person and thereby

understand the feelings and thoughts of that person, (The Oxford Dictionary of Sports Sciences and Medicine, 1994).

Burnout- A complex psychophysiological syndrome characterized by feelings of anxiety, tension, fatigue, exhaustion, and a loss of concern for the people with whom one is working, (The Oxford Dictionary of Sport Sciences and Medicine, 1994).

## **Chapter 2**

### **Literature Review**

The athletic trainer, being responsible for the physical aspects of injury, is also partly responsible for the psychological aspects of injury as well, (Larson et al., 1996). The athletic trainer is often times “part of the team” and is counted upon during difficult emotional times. The athletic trainer is also a part of his/her own team, the athletic training staff, where difficult time also often arise interpersonally and intra-personally, (Curtis et al.,1998). The interaction between supervisors and students can affect SAT growth and development both positively and negatively. Though some athletic trainers possess some psychology and counseling background, many do not, making it more difficult for them to adapt to the situations mentioned above.

### **Psychology Education for the SAT**

Basic psychology education usually includes an overview of different theories and theorists, some disorders, and a few of the most commonly used treatments. Many student athletic trainers do not take this basic course in college and thus have no formal education with regard to any psychological issues. Students will not be required to do so by the NATA or CAAHEP despite the findings of Larson, Starkey, and Zaichowsky, (1996). In the study, 482 ATC's completed the ATSPQ (Athletic Training and Sport Psychology Questionnaire). 47% of them reported that athletes suffer from psychological trauma when injured and the authors suggested that existing information in textbooks might need to be expanded. In another study, the conclusion was made that successful

rehabilitation of injured athletes includes an understanding of the athletes' psychological response to injury. Responses such as denial, anger, frustration, bargaining, depression, and acceptance can be recognized by the athletic trainer, (Wiese et al., 1991). This recognition, as well as knowledge of intervention strategies, can optimally facilitate rehabilitation, (Tuffey, 1991). Some sport psychology interventions such as listening and support, goal setting, positive self-talk, and imagery may help the athlete recover from the injury emotionally. Should the athletic trainer not feel comfortable with these techniques or see an absence of improvement, referral to the sport psychologist may be needed.

### **Recognition of Disorder**

In many instances, athletes, whether injured or not, may suffer from psychological disorders. Depression, eating disorders, and other emotional disturbances can influence not only the athlete, but their family, friends, and teammates as well, (Barefield et al., 1997). Rape, suicide, serious illness or sudden death of a teammate often yield aftermaths that affect the entire team. A study by Vernacchia, Reardon, and Templin (1997) showed that stages such as shock, confusion, denial, realization of loss, and memorialization result following these traumatic events.

Due to the athletic trainer's close involvement with the team, he/she is in a position to recognize problems and refer these athletes to whether a sport psychologist or a clinical psychologist, (Larson et al., 1996). The athletic trainer can also fall victim to emotional problems, especially following an emergency situation that may have been life threatening. The athletic trainer often sees injuries that grossly deform the athlete, and

these memories will remain. In any of these situations, the athletic trainer may also need to seek professional assistance from a psychologist, (Curtis et al., 1998).

### **Communication, Counseling, and Emotional Intelligence in the SAT**

In many situations, the athletic trainer can recognize psychological and emotional problems via communication and basic counseling skills. With methods like effective listening and emotional support, a relationship between athlete and athletic trainer can be developed and based on trust and respect, (American Academy of Orthopaedic Surgeons, 1991). Athletic trainers who can give emotional support through understanding one's own feelings, empathy for the feelings of others, and a regulation of appropriate emotions are said to have emotional intelligence, (Gibbs, 1995). The education of student athletic trainers regarding emotional intelligence and its importance. Communication skills can also be improved and hopefully the early recognition of emotional distress in the athlete will occur. These skills could also enhance relations between SAT's, ATC's, doctors, and especially coaches. Choosing the appropriate moment to approach a coach with information about his/her athlete is vital to the success of the relationship between athletic trainer and coach, (Curtis et al.,1998).

With knowledge of communication skills (listening, encouragement, support) basic counseling practices can be applied. Moulton, Molstad, and Turner (1997) found that athletic trainers felt as though their roles went beyond the prevention and care of athletic injuries and into the realm of counseling. However, the athletic trainers in their study did not feel qualified in this role and athletes were appropriately referred to a counselor

Some issues that were expressed to athletic trainers in the study included coach/player conflicts, career decisions, eating disorders, and social pressures. The recommendation made by these authors was that the NATA and CAAHEP require counseling coursework in initial preparation as well as credit for continuing education units. They suggested that these opportunities for education would improve and accelerate the delivery of psychological services to the athlete. Since many athletic trainers are in rural areas and do not have access to sport or clinical psychologists, counseling courses would be beneficial, (Moulton et al., 1997). Some methods to use to begin the counseling process are concepts such as empathy, genuineness, and unconditional support. The objective is not to create a professional counselor in the athletic trainer, but rather to educate the athletic trainer with methods to help the athlete find his/her path through troubles, or to a professional. If the SAT can learn these strategies early, better care can be provided to the athlete.

### **Encouraging Education**

In order to learn about counseling strategies, communication skills and psychological issues, the student athletic trainer must rely on their supervising ATC. Though some information exists with regard to psychological response to injury, little is available pertaining to other emotional distresses, communication skills, and counseling strategies, (American Association of Orthopaedic Surgeons, 1991). This leaves the students with the option of observing the behaviors of their supervisors in order to learn. They must also read on their own to learn. Curtis, Helion, and Domsohn (1998) found

that supervising athletic trainer behaviors had profound effects on the professional development of SAT's. Due to the likelihood of supervisor modeling, the impact on the career of the student is large. The supervisor has the opportunity to positively affect the career of his/her student. Encouraging students to take counseling and psychology courses can enhance their careers. In addition, the educational guide suggested by this proposal can supplement course work and athletic training education.

### **Student Athletic Trainer Emotional Health**

When the supervisor encourages the education mentioned previously, the SAT can also learn about his/her own emotional health, (Moulton et al., 1997). The SAT may then be able to recognize emotional distress in him/herself and in co-workers throughout his/her career. One problem, burnout, is prevalent among both student athletic trainers and certified athletic trainers. Burnout is an adverse stress reaction with psychological, psychophysiological, and behavioral components, (Greenberg, 1990). Burnout affects athletic trainers especially due to their large workload, (60-70 hrs/week). For a relatively low income. Many athletic trainers can be saved if they are aware of burnout at early stages in their careers. Knowledge of the three stages of burnout, (stress arousal, energy conservation, exhaustion state) can help the student identify signs and symptoms.

The SAT can also learn about preventing burnout, (awareness of boredom, frustration) and intervention strategies, ( realistic goal setting, exercise, time management, delegating authority) in order to help each other (Greenberg, 1990). Understanding burnout, emotional health, communication/counseling skills can initiate

good career habits and help the student succeed as a certified athletic trainer.

### **Discussion and Conclusion**

The focal points of this research are: psychological issues, communication skills, counseling skills, and emotional health. A substantial amount of literature exists on the subject of injury coping and rehabilitation, most of which can be found in athletic training textbooks (Arnheim & Prentice, 1993, and American Academy of Orthopaedic Surgeons, 1991). A need has been expressed by many ATC's for more information and requirements for educational competencies. Hopefully this request can be met by an educational guide. Since the athletic population is a unique one, certain communication and counseling skills can be used to help athletes with emotional stresses. (Moulton et al., 1997). The care given to athletes can improve as student athletic trainers learn about psychological and counseling issues.

The purpose of this research is to create an educational guide that incorporates psychological care of the athlete, communication and counseling skills, and awareness of emotional health of the student athletic trainer. No such compilation was found in the literature. With this information, the student can recognize problems, encourage psychological healing, and recognize appropriate referral techniques.

## **Chapter 3**

### **Methodology**

#### **Research Procedures**

To conduct research and review literature, a review methodology was used. Preliminary research was conducted on ERIC and PsycInfo databases as well as the Journal of Athletic Training website. After searching these databases, the NATA and CAAHEP requirements for education were reviewed for mention of psychological issues. Following the finding that no formal education is required for student athletic trainers in psychology, counseling, or interpersonal skills, the search on ERIC and PsycInfo narrowed to those topics specifically. Original research was found that suggested a need for more education as well as sources for tips and guidelines. The findings from this research yielded recommendations that will be incorporated in the educational module that will hopefully enhance the education of student athletic trainer.

The module format will be followed with regard to psychological and emotional issues. The existing module format consists of a stated objective for the student, competencies, references, and mastery demonstration. The “objective” component of the module includes a description of the skills that is to be learned by the student when the module is completed. The “competency” section asks the student to describe the proper techniques to perform the skill. The “references” section identifies the source in which the information can be found in order to answer questions in previous section. The “mastery and demonstration” section encourages students to discuss skills with peers and

supervisors for more insight and then students are evaluated on the skill by peer teachers, usually upperclassmen. The module uses a check-off list with blanks for grade, date, and approval signature, (Knight, 1998).

### **Treatment of Research**

This section contains an outline of the educational module on psychological issues in athletic training. The outline will be as follows:

#### **I. Title Page**

Psychological, Counseling, and Emotional Issues in Athletic Training: A  
Proposal for More Education in the Student Athletic Trainer

#### **II. Table of Contents**

#### **III. Instructions for Using the Module**

This section will give instructions for use such as understanding the objective, using the competencies as guides, using references to find the information required to complete the module, and the use of the demonstration component for the evaluator and student.

#### **IV. About the Author**

#### **V. Body of Paper**

This section will contain information that the student athletic trainer can reference when studying to complete the actual module. It will include the following sections:

**1. Psychology education in the student athletic trainer.**

**a. Grief response/ Injury coping skills.** This section will describe the psychological stages that the athlete may experience when injured. This section may become quite large since information in this area is substantial.

**b. Performance issues in rehabilitation.** This component will include sport psychology techniques such as goal setting, journal writing, imagery, and relaxation, in order to improve the skills used by student athletic trainers when rehabilitating injured athletes.

**c. Recognition of psychological disorders.** This portion will describe signs and symptoms of some of the most common psychological disorders seen in athletics. Depression, eating disorders, and drug and alcohol abuse are a few that will be discussed.

**d. Assisting athletes psychologically during emergency situations and following emotional trauma.** Topics such as panic and fear of both athlete and athletic trainer will be discussed as well as examples of how to control the situation. Methods on how to offer emotional support and possibly community authority

involvement following rape or physical abuse that athlete may encounter.

**e. Referral.** This section will describe the importance of referral when the situation is out of the athletic trainer's control. The athletic trainer must be able to recognize these problems early and move the athlete toward the best care possible.

**2. Communication, Counseling Skills, and Emotional Intelligence.**

This portion will include the description of effective communication and listening skills that can be used by the student athletic trainer before and after certification to enhance his/her career. This section will also include a description of emotional intelligence with hopes to remind student athletic trainers that injured athletes suffer both mentally and physically.

**3. Student Athletic Trainer Emotional Health.** This section will examine burnout and methods that the student athletic trainer can use to recognize and recover from burnout.

**4. Discussion and Conclusions.**

**5. Modules 1, 2, and 3.** This section will include the actual modules themselves. The first module will have objectives, competencies, references, and mastery demonstration portions for psychological issues. It will follow the existing module format for other competencies in athletic training. Communication, counseling skills, emotional intelligence will

have a separate module, as will student athletic trainer emotional health.

**6. Suggested Readings.** Here the student athletic trainer can find

resources for more education in the module topics.