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# Adopting a holistic approach to health in athletic training by supplementing athletic training certification with AAASP certification

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Adopting a Holistic Approach to Health in Athletic Training by  
Supplementing Athletic Training Certification with AAASP  
Certification

by:

Amy Shirk, ATC

BS, The University of Montana, Missoula, 2003

presented in partial fulfillment of the requirements

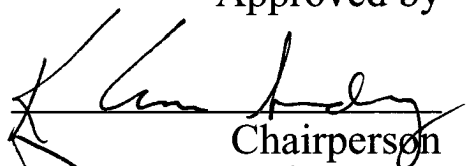
for the degree of


Master of Sciences

The University of Montana

May 2005

Approved by

  
Chairperson

  
Dean, Graduate School

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Adopting a Holistic Approach to Health in Athletic Training by Supplementing Athletic Training Certification with AAASP Certification

Chairperson: Annie Sondag <sup>KAS</sup>

In recent years, it has become apparent that many collegiate athletes are in need of counseling due to numerous stressors that are unique to them as a population (Furney & Patton, 1985; Jordan, & Denson, 1990; Moulton, et. al., 1997; Vaughn & Emener, 1994; Watt & Moore, 2001). It has been stated that athletes are more likely to self disclose psychological and behavioral concerns they have with their athletic trainers than with other rehabilitation providers (Kolt, 2000). Certified athletic trainers who do not feel qualified to discuss personal or psychological issues, especially as they relate to sport and injury, may wish to acquire basic counseling skills in order to more efficiently and ethically cope with athletes under their care (Kolt, 2000). One way that this may be done is by becoming a certified consultant through the Association for the Advancement of Applied Sport Psychology, or a CC, AAASP. The purpose of this paper is to encourage certified athletic trainers (ATC's) pursuing a Master's degree to do so in a graduate level program that will provide them with the coursework and practica experiences necessary to acquire a Master's level certification by AAASP in sport psychology. This paper is intended to help certified athletic trainers better understand the AAASP competencies and the process of obtaining certification as an AAASP consultant. The combination of athletic training with AAASP certification provides another option for athletic trainers to expand their bodies of knowledge, in addition to supplementing their practices in a manner that is relevant and applicable to the profession.

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## CHAPTER I: Introduction

### Introduction:

Athletic training, as an organized profession, has been in existence since 1950, when the National Athletic Training Association (NATA) was founded. Today, the association consists of more than 27,000 members. Due to the nature of athletic training within collegiate athletic settings, certified athletic trainers (ATC's) are required to know a little bit about a variety of topics and conditions covering the entire range of physical, emotional, and social issues that college student-athletes face on a daily basis (Arnheim & Prentice, 2000; Furney, & Patton, 1985; Moulton, Molstad & Turner, 1997). The education of certified athletic trainers, regulated by the NATA's appointed boards, reflects this need for a broad knowledge base.

Athletic Training as a profession is defined by the mission statement of the NATA which states:

The mission of the NATA is to enhance the quality of health care for athletes and those engaged in physical activity and to advance the profession of athletic training through education and research in the prevention, evaluation, management and rehabilitation of injuries (NATA, 2005).

Presently, there are many job opportunities for ATC's. Certified athletic trainers may be employed by secondary schools, school districts, colleges and universities, professional teams, sports medicine clinics or in industrial settings (Arnheim & Prentice, 2000). The focus of this paper will be on ATC's in college or university settings, also sometimes referred to as "traditional" settings.

Certified athletic trainers working in traditional settings are a vital link between the school's athletic program and the medical community (Anderson, Hall & Martin,



2000). In addition, ATC's must be able to work with a variety of support workers not only within an athletic department, but also in the surrounding community. The support staff may include doctors and specialists, counselors, coaching staff, equipment managers, facility managers and athletic directors and administration (Anderson, et. al., 2000; Arnheim & Prentice, 2000). Roles and responsibilities of ATC's at this level will vary depending on the institution, but usually involve the prevention and care of athletic injuries to the intercollegiate student-athletes. Certified athletic trainers at the college level may also be involved with teaching, either through physical education or health departments (Anderson, et. al., 2000).

Regardless of the setting, it is important for ATC's to recognize their role as an integral part of a more extensive health care team (Anderson, et al., 2000; Arnheim & Prentice, 2000).

### AAASP Competencies

As a result of the tremendous growth in sport psychology consulting in the areas of intercollegiate and top national athletics, a growing number of psychology practitioners find themselves working with athletes for both performance enhancement, personal issues and using the vehicle of sport and exercise to help enhance personal growth (Williams, 1995). The Association for Advancement of Applied Sport Psychology (AAASP) has defined essential criteria to the practice of applied sport psychology. In 1989, AAASP established and approved criteria for certification intended to demonstrate that individuals seeking certification must have obtained a minimal level of training and experience to provide professional services in applied sport psychology. Currently, AAASP is the only sport, exercise, and health psychology organization in

North America that offers certification to its members (AAASPOonline, 2005). Twelve areas of study have been identified in which certified consultants must have mastery, including 1) Professional ethics and standards, 2) Sport psychology, 3) Biomechanical and/or physiological bases of sport, 4) Historical, philosophical, social or motor behavior bases of sport, 5) Psychopathology and its assessment, 6) Counseling skills, 7) Skills/techniques/analysis within sport or exercise and related experiences, 8) Research design, statistics and psychological assessment, 9) Biological bases of behavior, 10) Cognitive-affective bases of behavior, 11) Social bases of behavior, and 12) Individual behavior (AAASP online, 2005).

### Proposed Discussion

The profession of sport psychology specializes in psychological considerations in sport injury and rehabilitation, counseling techniques with athletes, assessing talent, exercise adherence and well-being, self-perceptions related to achieving, expertise in sport, youth sport; and performance enhancement and self-regulation techniques (APA, 2004). While there is some overlap between sport psychology and athletic training, many athletic trainers do not feel competent to deal with psychological issues related to sport (Moulton, et. al., 1997). In a survey done by Southern Connecticut State University, most athletic trainers surveyed felt that their education did not fully prepare them for filling the role of counselor, citing that they had neither the time nor the experience required to deal with psychological problems (Misasi, et al., 1996).

In recent years, it has become apparent that many collegiate athletes are in need of counseling due to numerous stressors that are unique to them as a population (Furney & Patton, 1985; Jordan, & Denson, 1990; Moulton, et. al., 1997; Vaughn & Emener, 1994;

Watt & Moore, 2001). Because of this need, certified athletic trainers practicing in intercollegiate athletic settings are often asked to act in a role for which they are not proficiently trained (Larson, Starkey, & Zaichkowsky, 1996; Misasi, Davis, Morin, & Stockman, 1996; Moulton, et. al., 1997). Most commonly the role certified athletic trainers are asked to fill is that of a sports psychologist (Larson, et. al., 1996; Moulton, et. al., 1997). In fact, according to the literature, athletes are more likely to self disclose psychological and behavioral concerns they have with their athletic trainers than with other rehabilitation providers (Kolt, 2000). Bearing this in mind, not only are certified athletic trainers in an ideal position to deal with psychological issues that come with injuries (Larson, et al., 1996), they also are in an ideal position to advise on any matter that may be of concern to the athlete (Arhneim, et, al., 2000; Kane, 1982; Larson, et al., 1996)

Certified athletic trainers who do not feel qualified to discuss personal or psychological issues, especially as they relate to sport and injury, may wish to acquire basic skills in order to more efficiently and ethically cope with athletes under their care (Kolt, 2000). One way that this may be done is by becoming a certified consultant through the Association for the Advancement of Applied Sport Psychology, or a CC, AAASP. AAASP certified consultants have the educational background and training to help athletes improve performance, overcome the pressures of competition, enhance the experience of youth sport participants, provide psychological assistance with injury rehabilitation and develop exercise motivation programs (AAASP, 2005).

## Purpose

The purpose of this paper is to encourage certified athletic trainers (ATC's) pursuing a Master's degree to do so in a graduate level program that will provide them with the coursework and practica experiences necessary to acquire a Master's level certification by AAASP in sport psychology.

This paper is intended to help certified athletic trainers better understand the AAASP competencies and the process of obtaining certification as an AAASP consultant. The combination of athletic training with AAASP certification provides another option for athletic trainers to expand their bodies of knowledge, in addition to supplementing their practices in a manner that is relevant and applicable to the profession. In an effort to disseminate this information to a wide audience of athletic trainers, the final chapter of this paper will be submitted to the NATA News as a conceptual article. NATA News is distributed by the NATA to all members on a monthly basis.

## Methods

Information for this paper will be gathered from a review of the literature in the areas of athletic training and applied sports psychology. Information will be sorted by topic area and synthesized and organized into the following chapters: Introduction; NATA Competencies and Certification Process; AAASP Competencies and Certification Process; Needs and Stressors Experiences by College Athletes; Adopting a Holistic Approach to Health in the Athletic Training Profession. The article for submission to NATA News will be included as an appendix.

### Operational Definitions:

Athletic Training: Professional Practice specializing in the prevention, assessment, treatment and rehabilitation of injuries and illnesses that occur to athletes and the physically active (NATA, 2005).

Sport Psychology: For the purposes of this professional paper, the term sport psychology refers to applied sport psychology, which involves extending theory and research into the field to educate coaches, athletes, and parents with the goals of facilitating optimal sport involvement and performance. Although there are many specific concepts within applied sport psychology, the general goal is to teach athletes the mental skills necessary to perform consistently in training and competition and to help them realize their potential as people and athletes (AAASPOonline, 2005).

Counseling: For the purpose of this paper, counseling will be defined as the act of exchanging opinions and ideas or advice or guidance, especially as solicited from a knowledgeable person (dictionary.com, 2005). It is important to distinguish the act of counseling from the licensed profession of counseling. While many people may engage in “counseling,” not everyone may call themselves a counselor unless they have undergone the necessary education, training and licensure. Any references to counseling in this paper are references to the act of counseling, not the profession.

CC, AAASP (Certified Consultant, Association for the Advancement of Applied Sport Psychology): Recognition by the AAASP of attainment of a professional level of knowledge of the sub-disciplines of applied sport psychology (health/exercise

psychology, intervention/performance enhancement, and social psychology). The application of this knowledge is viewed primarily as an educational enterprise involving the communication of principles of sport psychology to participants in sports training and competition, exercise, and physical activity. The focus of the work in this specialty area is on the development and understanding of cognitive, behavioral, and affective skills in participants of all ages and at all skill levels. Certification process includes extensive exercise science and counseling competency coursework and supervised practical experience (AAASPOonline, 2005).

Student-Athlete: A student whose enrollment was solicited by a member of the athletics staff or other representative of athletics interest with a view toward the student's ultimate participation in the intercollegiate athletics program. (NCAA, 2004).

## CHAPTER II: NATA Competencies and Certification Process

### History of Athletic Training-Role Delineation Study

Athletic training has been around in some form or another for as long as organized sport has existed, although it was not until the advent of intercollegiate sport participation that it took its present form (Arnheim & Prentice, 2000). In the early stages of athletic training, there was no formal definition of the practice and many of the individuals practicing athletic training came from varied and questionable backgrounds. As a result of this, the term athletic training is still confusing to those outside of the profession (Arnheim & Prentice, 2000). In fact, at one time, the term “athletic trainer” meant a student who applied bandages and passed out water, or a coach who taped ankles and gave “rub downs” (Moss, 1991). Today, certified athletic trainers are highly educated and fully trained to understand the complexities of health and the human body (NATA, 2005).

The first athletic trainers were hired in 1881 and 1887 by Harvard and the University of Oklahoma. The first textbooks and articles on athletic injuries, sports medicine, and athletic training were published in 1916 (Moss, 1991). With the growth of college sport taking off, the National Athletic Training Association (NATA) was formed in 1950 in order to establish professional standards for athletic trainers (O’Shea, 1980). In addition, the NATA helped to unify athletic trainers across the country by setting a standard for professionalism, education, certification, and research and practice settings (NATA, 2005). A certified athletic trainer is defined by the NATA as an allied health professional who has successfully completed an undergraduate degree,

fulfilled the established requirements for taking the certification exam and passed the certification exam (Moss, 1991).

To more clearly define the profession and to ensure the validity of testing and certification procedures a role delineation project was conducted in 1999. The three phase process included defining the essential elements of the profession, surveying athletic trainers in order to review and validate the definitions, domains and tasks laid out, and finally developing test specifications for the national athletic training certification examination (NATABOC, 2005). Six specific domains of tasks, knowledge and skills were outlined for certified athletic trainers to be competent in as a result of the role delineation study. These domains are (1) Prevention of injury, (2) Recognition, evaluation, and assessment of injury, (3) Immediate care of injury, (4) Treatment, rehabilitation and reconditioning, (5) Organization and administration, and finally (6) Professional development and responsibility (NATABOC, 2005).

### Athletic Training Competencies and Proficiencies

1) *Prevention and Care of Athletic Injury*: Prevention is defined as the ability to discern, evaluate and communicate risk associated with participation in athletic and physical activities (NATABOC, 2005). While the domain of prevention is broad and overlaps with other domains, it is an important focus area and constitutes a domain in and of itself (NATABOC, 2005). Specific responsibilities within the domain of prevention include:

- Education of patients about risks associated with participation
- Interpretation of participation and other relevant screenings
- Instruction about standard protective equipment
- Application of appropriate prophylactic and protective measures



- Identification of safety hazards associated with activities, activity areas and equipment
- Maintenance of clinical and treatment areas
- Monitoring participants and environmental conditions
- Facilitation of physical conditioning by designing and implementing appropriate programs
- Facilitation of healthy lifestyle behaviors

2) *Recognition, Evaluation and Assessment of Injury*: Understanding the pathomechanics and predisposing factors assists athletic trainers in their evaluation of an injury

(NATABOC, 2005). Specific responsibilities within this domain include:

- Obtaining a history through observation, interview and/or review of relevant records
- Visual inspection of the involved area(s) to assess the pathology and extent of injury
- Palpation of the involved area(s) using standard techniques to assess the pathology and extent of injury
- Performance of specific tests in accordance with accepted procedures
- Formulation of a clinical impression by interpreting the signs, symptoms and predisposing factors
- Education of the patient about the assessment
- Sharing of assessment findings with other healthcare professionals

3) *Immediate Care of Injury*: Immediate care is defined as the ability to provide direct services rendered by members of health professions for the benefit of the patient

(Dorland's illustrated medical dictionary, 2000). The position of on-field healthcare is

unique to the profession of athletic training (NATABOC, 2005). Specific responsibilities within this domain include:

- Employment of life-saving techniques through the use of standard emergency procedures
- Prevention of exacerbation of non-life-threatening conditions
- Facilitation of timely transfer of care for conditions beyond the scope of practice of athletic trainer
- Direction of patient in standard immediate care procedures
- Execution of the established emergency action plan

4) *Treatment, Rehabilitation and Reconditioning*: Development of a treatment plan consists of determining appropriate treatment, rehabilitation and reconditioning strategies consistent with the clinical impression made during the initial evaluation, consideration of specific criteria including age, psychosocial, and environmental variables (NATABOC, 2005). Specific responsibilities within this domain include:

- Administration of therapeutic and conditioning exercises in order to facilitate recover, function and/or performance
- Administration of therapeutic modalities in order to facilitate recover, function and/or performance
- Application of braces, splints or assistive devices
- Administration of treatment for general illness and/or conditions
- Reassessment of the status of injuries, illnesses and/or conditions in order to determine appropriate treatment
- Education of the patient in the treatment, rehabilitation and reconditioning processes
- Provisions of guidance and/or counseling for the patient in the treatment, rehabilitation and reconditioning processes

5) *Organization and Administration*: In spite of the varied settings, distinct commonalities regarding organization and administration, such as institutional policy, fiscal management, legal and regulatory mandates, and the need for proper documentation exist in some manner in most settings (NATABOC, 2005). Specific responsibilities within this domain include:

- Establishment of action plans for response to injury or illness using available resources
- Establishment of policies and procedures for the delivery of healthcare services
- Establishment of policies and procedures for the management of healthcare facilities and activity areas
- Management of human and fiscal resources
- Maintenance of records using an appropriate system to document services rendered
- Development of professional relationships with patients and entities

6) *Professional Development and Responsibility*: Professional responsibility acknowledges that competent practice involves compliance with ethical, legal and other professional standards whose purpose is to protect the public (NATABOC, 2005).

Specific responsibilities within this domain include:

- Demonstration of appropriate professional conduct by complying with applicable standards and maintaining continuing competence to provide quality services
- Adherence to statutory and regulatory provisions and other legal responsibilities relating to the practice of athletic training
- Education of patients and entities about the role and standards of practice of the athletic trainer

## Athletic Training Certification Process

To become eligible to sit for the NATA Board of Certification's (NATABOC) exam, candidates must be a graduate of or eligible to graduate from an entry-level athletic training education program, accredited by The Commission on Accreditation of Allied Health Programs, or CAAHEP. CAAHEP is the largest programmatic and specialized accreditor in the health sciences field, reviewing and accrediting more than 2000 educational programs in twenty-one health science occupations across the United States and Canada. Accreditation is an effort to assess the quality of institutions, programs and services, measuring them against agreed-upon standards and thereby assuring that they meet those standards (CAAHEP, 2003). In order for an institution to obtain accreditation, an application must be submitted, a self-study of the institution completed, and a site-visit by CAAHEP completed. Results are submitted to the appropriate CAAHEP committee and finally reviewed by the CAAHEP Board of Directors, which ultimately decides if an institution is granted accreditation.

Athletic trainers become certified through the NATABOC. The purpose of the national exam is to objectively discriminate between someone who can and cannot demonstrate minimal competence as outlined in the most current Role Delineation Study (BOC, 2004). The BOC is the only nationally accredited certification agency for athletic trainers.

The NATABOC exam consists of three sections; a written multiple choice exam, a written simulation, and a practical exam. Candidates may take all three sections at once, or individually, and may retake individual sections if needed. However, a candidate does not become certified until all three sections have been passed. The

purpose of the written section is to assess knowledge and skill necessary for competent entry-level practice (BOC, 2004). This section of the exam is made up solely of multiple choice questions covering the six domains of athletic training as laid out by the role delineation study. The number of questions for each domain corresponds with the relevance of the domain in the profession of athletic training. For example, if in the most recent Role Delineation Study, it was reported that certified athletic trainers spend 43% of their time doing treatment, rehabilitation and reconditioning (Domain 4). Accordingly, 43% of the questions on the exam would cover topics under Domain 4.

The next section of the exam is the written simulation. The purpose of the written simulation is to assess clinical decision making and decision making knowledge and skill necessary for competent entry-level practice (BOC, 2004). Each section begins with a description of the circumstances at that time and is followed by section containing a series of items, actions, or decisions for candidates to choose from (BOC, 2004). The items listed under each section are weighted according to how appropriate or inappropriate the decision is at that time with the information provided (BOC, 2004).

The final section is the practical exam. The purpose of the practical portion of the NATABOC exam is to evaluate psychomotor skills as outlined in the Role Delineation Study, necessary for competent entry-level practice (BOC, 2004). Candidates' scores are based only on their demonstration of skills unless specifically asked to report a result and are scored only on the first performance of the skill they were asked to demonstrate (BOC, 2004).

Once certified, athletic trainers are required to re-certify every three years. The recertification process includes adhering to the BOC standards of practice, submission of

the annual certification fee, and completion and reporting of continuing education units (CEUs). Certified athletic trainers are required to report 80 CEUs every three years however, if an athletic trainer becomes certified in the midst of a reporting period, there is a prorated number of CEUs that they must report. Continuing education units may come in the form of acquiring additional certifications, taking additional class-work that falls under one of the six domains of the role delineation study, or through workshops and conferences put on by providers approved by the NATABOC (BOC, 2004).

In addition to becoming certified, some states require licensure with state medical boards. Currently Arkansas, California, Maryland, Maine, Montana, Washington and West Virginia are the only states not requiring licensure to practice athletic training.

## CHAPTER III: AAASP Competencies and Certification Process

### History of AAASP

The application of psychology to sport can be traced back as far as 1895 to a study by George Well Fitz in which he studied reaction times (Davis, Becker & Huss, 1995). Since then, the field of sport psychology has grown and matured. However, the practice of professional applied sport psychology, or sport psychology consulting, is a relatively new branch in the profession (Simmons and Andersen, 1995). Founded in 1986, the Association for the Advancement of Applied Sport Psychology (AAASP) has emerged as the largest applied sport, exercise, and health psychology organization in the world. The association was established to promote the science and practice of sport (exercise and health) psychology, while providing an opportunity for individuals to share information related to theory development, research, and the provisions of psychological services to consumers (AAASPOnline, 2005). AAASP has committed significant time and effort to identify essential criteria to the practice of applied sport psychology. In 1989, AAASP established and approved criteria for certification intended to demonstrate that individuals seeking certification must have obtained a minimal level of training and experience to provide professional services in applied sport psychology. Purposes of AAASP include certifying professionals, providing a scientific journal for members and the larger field of sport psychology, and providing continuing education to both members and the lay public (Brawley, 1992). Two of AAASP's goals are advancing the development of psychological theory, research and intervention strategies in sport psychology and establishing professional standards by addressing ethical and professional issues related to providing psychological services in sport and exercise

settings (Williams, 1995).

### Roles and Responsibilities of AAASP Certified Consultants

Knowing sport and the context of sport, awareness of the inseparable interactions of thought, body and emotion, and understanding the demands of learning and performance are crucial to service delivery in applied sport psychology (Simmons and Andersen, 1995). Certified consultant requirements encompass in-depth training in sport psychology, extensive interdisciplinary training in psychology and the exercise and sport sciences and an internship supervised by a qualified professional. The title, Certified Consultant, Association for the Advancement of Applied Sport Psychology, (CC, AAASP), represents recognition by the Association of attainment of a professional level of knowledge of the sub-disciplines of applied sport psychology (health/exercise psychology, intervention/performance enhancement, and social psychology) with the application of this knowledge being viewed as primarily an educational enterprise involving the communication of principles of sport psychology to participants in sports training and competition, exercise, and physical activity (AAASP, 2005).

### AAASP Competencies

As a result of the tremendous growth in sport psychology consulting in the areas of intercollegiate and top national athletics and an increasing number opportunities arising in the field, a growing number of psychology practitioners find themselves working with athletes for both performance enhancement and personal issues, as well as using the vehicle of sport and exercise to help enhance personal growth (Williams, 1995). The Association for Advancement of Applied Sport Psychology has defined essential criteria to the practice of applied sport psychology and in 1989 established and approved



criteria for certification intended to demonstrate that individuals seeking certification must have obtained a minimal level of training and experience to provide professional services in applied sport psychology. Twelve areas of study have been identified in which certified consultants must have mastery. Up to four upper-level undergraduate courses may be substituted for graduate courses, unless specifically designated as “graduate only” (Sport Psychology and Counseling Skills) (AAASP, 2003). The areas of study are as follows:

- 1) Professional ethics and standards
- 2) Sport Psychology: Coursework may include sport psychology, health and exercise psychology, intervention and performance enhancement, or sport social psychology. The equivalent of three 3-credit courses (two at the graduate level) or two courses and one independent study are required to meet this standard.
- 3) Biomechanical and/or physiology bases of sport: Coursework may include kinesiology, biomechanics, or exercise physiology.
- 4) Historical, philosophical, social or motor behavior bases of sport: Coursework may include motor learning and control, motor development, sociology of sport, or history and philosophy of sport and physical education.
- 5) Psychopathology and its assessment: Coursework may include abnormal psychology or psychopathology.
- 6) Counseling skills: Graduate coursework may include basic interventions in counseling, supervised practica in counseling, clinical psychology or industrial and organizational psychology.
- 7) Skills, techniques and analysis within sport of exercise and related experiences: Coursework may include sport skills and technique classes, clinics, formal coaching experiences or organized participation in sport or exercise.
- 8) Research design, statistics and psychological assessment
- 9) Biological bases of behavior: Coursework may include comparative psychology, neuropsychology, physiological psychology, sensation, psychopharmacology, exercise physiology, or biomechanics and kinesiology.

- 10) Cognitive-affective bases of behavior: Coursework may include cognition, emotion, learning, memory, motivation, motor development, or motor learning and control.
- 11) Social basis of behavior: Coursework may include cultural, ethnic, group processes, gender roles in sport, organizational and systems theory, social psychology, or sociology of sport.
- 12) Individual behavior: Coursework may include developmental psychology, health psychology, individual differences, exercise behavior, or personality theory.

### Certification Process

By promoting certification, AAASP encourages applied sport psychology professionals to maintain high standards of professional conduct while giving service to others (AAASP, 2005). There are three options to attain certification: Grand-parenting, Standard, and Master's level applications.

Eligibility to apply for AAASP certification under grand-parenting criteria is limited to sport psychology consultants who received their doctoral degrees prior to December 31, 1992. Grand-parenting applicants are reviewed to determine the quantity and quality of experience in the field of applied sport psychology during their professional career. Applicants must prove 1) education from undergraduate to doctorate degrees in an area clearly related to sport science or psychology; 2) three or more years of post-doctoral experience in applied sport psychology that resulted in a substantial amount of direct experience with participants or coaches in exercise, physical activity, or sport in the performance of services in the AAASP certification role definition; 3) consultation experience; 4) supervised experience; 5) a minimum of three publications in sport psychology; 6) substantial knowledge of the field of sport psychology including sport psychology course work, teaching, professional presentations and seminars at

professional meetings, attending seminars, workshops and clinics, and/or grants; 7) demonstration of significant interest in the development of professional skills and knowledge in applied sport psychology; 8) demonstration of significant interest in the development of professional skills and knowledge in applied sport psychology through attendance of seminars workshops and clinics; 9) professional honors and memberships; 10) references of individuals who have observed applicant's work in an applied setting or with whom you have worked in the delivery of sport psychology services and 11) adherence to the ethical code and objectives of AAASP.

For both standard (doctoral level) and Master's level certification by AAASP, candidates must be able to verify coursework in the twelve competency areas and complete 400 hours of supervised consulting experience, including 100 hours in direct contact hours with clients. Documentation of hours, type of setting and skills used is required for the application. Recertification must be completed every five years by certified consultants. The recertification process includes adhering to the AAASP code of ethics, verification of AAASP conference attendance, continuing education including attendance of at least one workshop or teaching one course intended to advance sport psychology knowledge or upgrade skills.

## Chapter IV: Needs and Stressors Experienced by Collegiate Student-Athletes

### Transitional Issues of College Students

Transitioning into college life is a major step for any young adult. Common issues for college students include living away from home for the first time, adjusting to the freedom and independence of campus life, developing new social groups, assuming responsibilities of self discipline, and making life and career decisions (Jordan & Denson, 1990; Petitpas, Brewer & Van Raalte, 1996). Additional issues include developing and strengthening a set of personal competencies, solidifying identities as individuals, discovering and creating ways to mature interpersonal and intimate relationships, coming to terms with a set of beliefs and behaviors consistent with emerging values and morals, formulating career goals, and deciding to pursue a future path that proves satisfying and rewarding (Parham, 1993). In addition to dealing with typical transitional issues of college life, student-athletes face their own set of unique obstacles that have been identified by many authors (Chartrand & Lent, 1987; Jordan & Denson, 1990; Parham, 1993). Academic, physical, social, mental, and emotional issues interact and overlap in ways that may adversely affect the development, growth, and overall health of student-athletes (Chartrand & Lent, 1987; Jordan & Denson, 1990; Miller, et al., 1995; Vaughn, et al., 1994).

### Specific Needs and Stressors of Athletic Community

Student-athletes are faced with balancing complex challenges in the realms of personal, academic, and athletic pursuits (Ferrante, Etzel & Lantz, 1996). Illustrating the overlapping and intertwining nature of these three arenas, Parham identifies five issues

student-athletes face in addition to issues faced by their non-athlete peers: 1) Learning to balance academic and athletic pursuits; 2) Adapting to isolation from social and “mainstream” activities; 3) Managing success or lack thereof; 4) Attending to their own physical health in a more deliberate way, and 5) Terminating an athletic career (1993). The majority of the literature reviewed mirrors these categories or provides issues that may be classified into one of these categories.

### 1. Balancing Academics and Athletics

Student-athletes are challenged to find ways to excel in both academic and athletic pursuits in effective and efficient ways (Parham, 1993). In other words, student-athletes are forced to balance two oftentimes conflicting roles in their college lives. Role conflict, a recurring theme in the literature, is identified in the literature as an occurring phenomenon when the demands of one role are incompatible with the requirements of another (Chartrand & Lent, 1987). While educational institutions promote the marriage of student and athlete, the time commitments and requirements of each sometimes prove incompatible for the student-athlete. Student-athletes often find that their athletic role encroaches on their academic role and realize they do not have the time to perform as well as they had hoped in their academic role (Adler & Adler, 1987). Attempting to maximize one’s participation in both domains tests the stamina of even the most well-balanced and committed individual (Parham, 1993).

### 2. Adapting to isolation from social and “mainstream” activities

A recurring theme in the literature is that of student-athletes simply not having enough time in the day (Jordan & Denson, 1990; Parham, 1993). With so much time being monopolized by athletics, student-athletes have little to no time to develop and

nurture relationships and activities outside of the arena and social circle of athletics (Parham, 1993). It is not surprising then, that the majority of student-athletes' social experiences are with other athletes (Adler & Adler, 1987). Student-athletes at one mid-sized university reported feeling isolated from the rest of the student body geographically (living in athlete dormitories), temporally (due to demands of practices, games, study halls and athletic functions), culturally (racially, socially and economically different from the rest of the predominantly white, middle class student body), and physically (different in size and build and sometimes considered intimidating and imposing) (Adler & Adler, 1987). For these reasons, student-athletes often report feeling estranged, left-out, and not in touch with campus life (Parham, 1993).

### 3. Managing success or lack thereof

In the case of the talented or "star" student-athlete, managing success is not as much of an issue as maintaining that success and continuing to perform at the level that coaches, teammates, media, and the community come to expect (Parham, 1993). For freshman student-athletes that were the "star" in a high school program, the issue becomes less a matter of dealing with team success or failure and more about learning to deal with decreased playing time and being equal to or below the talent level of the majority of the teammates on their university team (Vaughn & Emener, 1994). Finally, athletes are faced with not allowing their success or failure in athletics compromise their efforts to do well in other areas of their life, both academically and personally (Parham, 1993).

### 4. Attending to their own physical health in a more deliberate way

The possibility of injury while participating in athletics is enough to cause most student-athletes a great deal of distress (Parham, 1993). Conversely, life stresses affect physiology and concentration and may increase the possibility of physical injury (Vaughn & Emener, 1994). An additional point of concern is the large number of athletes that report feeling extreme pressure to ignore their physical problems (Tunick, Etzel, Leard & Lerner, 1996; Parham, 1993). Athletes also tend to generate a great deal of pressure on themselves to return to participation due to feelings of letting down their team by not being able to contribute in a feasible manner (Parham, 1993).

One of the hardest issues to deal with regarding injuries is the abrupt nature and unknown duration of disability or long term effects associated with the injury (Parham, 1993). Loss of function associated with an injury can cause considerable, sometimes unrecognized stress on a student-athlete, who is oftentimes seen as the picture of health and whose livelihood depends a great deal on their physical health (Tunick, et al., 1996). Compounding the issue is the fact that time spent on rehabilitation of an injury can sometimes be more time consuming than participation in sport itself (Ferrante, et al., 1996). Furthermore, athletic participation is not always the only aspect affected by injury in the life of a student-athlete. Injured student-athletes are often limited in their ability to participate in normal routines such as attending classes and caring for day to day responsibilities. In addition, disruption of their social status among fellow athletes and the general student body is another concern (Tunick, et al., 1996).

##### 5. Terminating an athletic career

Generally, most student-athletes realize that someday their careers in athletics will come to an end (Parham, 1993). A major source of stress at the end of a student-athlete's

career is looking for a new source to be able to draw the same emotional satisfaction they did from athletics (Parham, 1993). The end of one's sport career may come in a variety of ways, either voluntary or foreseen, or involuntary and unexpected (Blinde & Stratta, 1992). While the foreseen or known end of one's sport career may not seem like a stressor that would affect an athlete still involved in sport, issues such as counting down one's last few moments in sport, being more aware of younger, fitter athletes vying for position on a team, and being more sensitive to coaches' and teammates' comments regarding a continued presence on the team sometimes causes additional anxiety to student-athletes nearing the end of their careers (Parham, 1993). While some student-athletes are able to begin a disengagement process toward the end of their careers, others have more difficulty adjusting to athletic retirement (Chartrand & Lent, 1987). Regardless of the circumstances of career termination, student-athletes have reported feeling a sense of loss and grief comparable to emotions experienced when dealing with death and dying (Blinde & Stratta, 1992; Parham, 1993).

### Effects of Athletics on Normal College Functioning

The consequences of participating in athletics, both positive and negative, have a great impact on many aspects of the lives and development of student-athletes (Ferrante, et al., 1996). The popularity of college athletics can at times be a double-edged sword, creating both opportunities and abuses (such as exploitation) of student-athletes (Chartrand & Lent, 1987). Because of the set of unique stressors they face, athletes experience greater psychological crisis than non-athletes; however, they are less likely to seek professional counseling services (Moulton, 1997). Part of this may be due to the fact that student-athletes operate on a schedule with limited flexibility. Most student



oriented services are conducted during times when student-athletes are involved in practice or conditioning and it is hard for them to use these services (Jordan & Denson, 1990). Also worth considering is the environment of athletics being a factor for student-athletes not receiving the assistance they may need. Ferrante et al. described athletic departments as a “closed environment,” difficult for outsiders-including helping professionals-to enter into (1996). This environment perpetuates the myth that athletic department staff are able to meet all of the student-athletes’ needs (Ferrante, et al., 1996). This mentality may prevent student-athletes from receiving or even seeking outside help they might need (Ferrante, et al., 1996).

This paper has already discussed how issues such as time-management, physical health and well-being, and dealing with success and failure can affect a student-athlete’s everyday life while in college. In addition to athletics affecting college life however, there may be further concerns down the road. As cited in Vaughn & Emener, Butt states that the psychological stress suffered by an athlete will continue to add the need of psychological therapy to the athlete’s life (1994).

## Chapter V: Adopting a Holistic Approach to Health in the Athletic Training Profession

### Athletic Training Practice as it Applies to Athletes' Health

While student-athletes may seem to be “the picture of health” to those in the general public, a closer look reveals that they deal with many unique issues that affect their lives in very adverse ways (Chartrand & Lent, 1987; Jordan & Denson, 1990; Parham, 1993). In order to determine if this population is as “healthy” as they appear to so many people, the term “health” must first be explored.

There are probably as many ways to define health as there are student-athletes. It is beyond the scope of this paper to list and analyze every conceivable definition of health, but it is important to recognize that there are many different ways that health may be defined. Definitions of health range from the strictly physical to holistic and from morbid to spiritual. Health can be defined as a state of well-being, free from disease (WordReference.com, 2003), or may be referred to as simply the slowest way someone can die (QuoteGarden.com, 2005). Francis Bacon described a healthy body as a guest-chamber of the soul (QuoteGarden.com, 2005). With the wide range of opinions and beliefs, it may be overwhelming to find a good starting point. The World Health Organization (WHO), which defines health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity (WHO.int, 1946), provides a definition that attempts to bridge the gap between the physical and holistic explanations of health. The central message of this definition for athletic trainers is that there are many factors contributing to the overall well being or health of a student-athlete. By adopting the WHO's holistic approach to health, it is easy to see that mental and social stressors that athletes face on a daily basis might affect not only physical

performance on the field, but also the number of physical injuries incurred and the length of healing time to recover. Several studies show that mental or emotional problems may predispose individuals to physical injury (Davis, 1991; Hardy, et al., 1991; Petrie, 1993; Thompson, et al., 1994; Williams, 1996). This means that if certified athletic trainers are to take a primary role in the prevention of athletic injuries, mental and social well being should indeed be a major concern.

Although not every athletic trainer will define health in a holistic manner, it is important to recognize that the beliefs that an athletic trainer holds regarding health may shape his or her professional practice. If an athletic trainer defines health solely as being free of injury, that athletic trainer's practice will most likely focus on only the physical aspect of athletics and sport. The athletes' state of health will be measurable for this athletic trainer. If the bone or ligament is functionally healed, as shown on radiographs or MRIs, the athlete is healthy.

On the other hand, athletic trainers that define health in a more holistic manner may be more closely aligned with the philosophy of Doyle (2002), who writes about improving the spirit of athletic training facilities to create an atmosphere of respect, comfort and empowerment of athletes. Doyle is a prime example of an athletic trainer who defines health in a broader sense that includes the influence of personal stress, fear of re-injury or even frustration with rehabilitation progress. An athletic trainer who adheres to this broader definition of health may find that it is much more difficult to measure the success of the rehabilitation process, but by acknowledging the sometimes less measurable aspects of mental and social well being, the athletic trainer may not only

be preparing athletes more fully to return to competition, but may also be improving their state of well-being off the field.

Athletic trainers who seek to care for athletes' mental and social health may benefit from the pursuit of further education and training. The American Association of Applied Sport Psychology (AAASP) provides a vehicle for obtaining that education and training through their requirements for certified consultants. Acquiring AAASP consultant certification is a way to better serve athletes and enhance certified athletic trainers' practices. The benefits of combining AAASP certification and athletic training certification are discussed below.

### Benefits to athletes' development as individuals

The unique set of challenges that student-athletes face today at universities across the country was previously discussed in chapter three. The literature indicates that while not every athlete is in need of psychological services, the athletic population as a whole would benefit from such services (Chartrand & Lent, 1987; Furney & Patton, 1985; Jordan & Denson, 1990; Moulton, et al., 1997; Vaughn & Emener, 1994). Also stated in numerous studies is that it is in student-athletes' best interest that the professionals who deal with the mental and social issues facing them are familiar with the intricacies of collegiate sport (Moulton, et al., 1997; Vaughn & Emener, 1994).

Because certified athletic trainers are immersed in the culture of student-athletes, not only are they in an ideal position to deal with the multitude of issues that accompany injuries (Larson, et al., 1996), they have also forged trust and openness due to the unique nature of their relationships with the student-athletes (Moulton, et al., 1997). Because of the unique position they are in, athletic trainers who choose to become AAASP certified

consultants can take the level of health care they provide one step further than those who are not. They will be able to empower athletes to take personal responsibility for their own health and well being (Doyle, 2002).

Responsibility for one's own health is a major concern for today's student-athletes. Often unprepared for complex personal challenges, student-athletes place a unique demand on counseling resources of universities (Gabbard & Halischak, 1993). Ever changing needs and pressures of student-athletes are causing athletic departments to assume a greater responsibility for providing quality services to their students (Parham, 1993). Due to the fact that most athletic departments work on a stringent budget, these departments have to find new and creative ways to meet the mental and social needs of student-athletes (Parham, 1993). Enter the dual certified ATC/AAASP, CC. The dual certified professional can work with athletic department personnel to develop programming on topics relevant to all aspects of development of the student-athletes (Gabbard & Halischak, 1993). Of course, programming and support services provided by an ATC/AAASP, CC should be limited to those competencies directly related to the health of the student-athletes.

### Benefits to the athletic training profession

Certified athletic trainers have the responsibility of maintaining and expanding their bodies of knowledge through attendance in workshops and continuing education, documented through CEUs. Part of the reason for this is to ensure that athletes are getting the best possible care, but another reason is to help promote the development of athletic trainers as professionals.

Certified athletic trainers working in a collegiate setting get caught up in doing jobs that are not specific to their roles and responsibilities as an athletic trainer. These jobs may be administrative; they may involve facilities management; or as already mentioned may involve dealing with mental and social issues facing athletes. While athletic trainers should be prepared to assist with these matters as it applies to their practice, it is important for them to stay within the scope of their training. Due to the limitations that athletic trainers have with sport psychology training, Larson et al. have suggested the members of the NATA and AAASP work together to establish a referral system between these related organizations (1996). I suggest taking it one step further. Obtaining AAASP certification as an applied sport psychology consultant will help athletic trainers not only recognize their own boundaries when dealing with the mental and social aspects of student-athlete development, but at the same time help to expand those boundaries.

A study by Buceta in 1993 examined dual roles of sport psychologists /coaches and identified many advantages to combining the professions. Some of these advantages were that as a sport psychologist, coaches were more in tune with the demands placed on athletes in the competitive arena and coaches were in more direct contact with the athletes with which there were consulting. As a coach, sport psychologists were able to incorporate psychological work into training sessions to maximize performance on a daily basis and to be able to see first hand what the athlete is going through instead of hearing about it at a later time. This study found that professionals could benefit in their practice by maintaining certification in two related fields (Buceta, 1993). These benefits might also be seen with athletic trainers who supplement their practice with applied sport

psychology certification. As an athletic trainer, having the role of CC, AAASP would aid in understanding and dealing with the mental and emotional processes that athletes go through when struggling with injuries as well as mental and social issues that compound the frustrations of dealing with injuries.

### Limitations

Not only has the progression of the athletic training profession paralleled advances in anatomy, physiology and prophylactic techniques, but the range of knowledge that athletic trainers are required to maintain has also expanded. As certified athletic trainers take on more and more roles within collegiate athletic settings, they must be careful not to take on more than they can competently handle. There are nevertheless, cases in which athletic trainers may be better able to fulfill the mission of the profession by engaging in education and training beyond the scope of athletic training. Facilities that boast athletic trainers with secondary certifications such as Certified Strength and Conditioning Specialists (CSCS), Emergency Medical Technicians (EMT's) or Physical Therapists (PT's) are able to provide their athletes with services that ATC's alone cannot. While not all ATC's should be expected to take on the full roles and responsibilities of an EMT or CSCS, an ATC with these credentials they will be able to perform the roles and responsibilities of athletic training that much better.

Athletic trainers seeking dual certifications however must be careful. First, athletic trainers must be wary of infringing on another professional's area of specialty. Certified athletic trainers must be careful as to not create animosity between PT's, EMT's CSCS, applied sport psychologists or any other professional in the field of caring for student-athletes. It must be made clear that ATC's seeking dual certifications are doing

so in order to make themselves better athletic trainers. For example, an ATC/CSCS will have better knowledge of which lifts and exercises a student-athlete would benefit from in a rehabilitation setting and will be able to better supervise proper techniques of the exercises. It may be said that a CSCS coach would be able to supervise and instruct proper form and technique, but the athletic trainer with CSCS certification would be able to do so, in addition to being aware of issues or restrictions related to the athlete's injury. In other words, it is important to note that the ATC is not replacing a CSCS, or any other professional involved in the care of student-athletes. The dual certified athletic trainer must make clear his or her intentions-to use knowledge from different fields to provide better athletic training services. The same logic goes for an athletic trainer with AAASP consultant certification. Athletic trainers must be clear about not trying to replace applied sport psychologists in the field; rather, they are simply trying to enhance their practice as an athletic trainer. Studies have reported that dealing with emotional and social issues is a major part of the job of athletic trainers, so it makes sense to become more proficient in this area. It is not the job of an ATC/CC, AAASP to focus on performance enhancement and goal setting for example, except in cases that pertain to the practice of athletic training.

Another concern is that of the "closed environments" of athletic departments. Often athletic departments are seen as an exclusive community, set off from the rest of the university. Some athletic departments may feel it is important to be able to "take care of their own" in every aspect. While it is important to have professionals dealing with athletes that understand the complexities of college athletics, it may be argued that it is not best for all problems and issues to be handled "in house." Sometimes a fresh or



outside perspective is needed. It is under conditions such as these that the dual certified ATC/CC, AAASP must remember that the practice of applied sport psychology is solely to enhance athletic training practice, not to address every issue that arises. Dual certified athletic trainers, regardless of the secondary certification, must be able to recognize their own limitations in every situation.

## Appendix: Article for Submission to NATA News

### Being Better Equipped to Handle Unique Issues Facing Student-Athletes

#### Using a Holistic Approach to Healthcare

##### Introduction

Athletic trainers often find themselves in the position of having to deal not only with an athlete's physical injury, but also with the psychological issues that accompany the injury (Arhneim, et. al., 2000; Kane; 1982; Larson, et. al., 1996). Research shows that athletes are more likely to disclose psychological and behavioral concerns they have with their trainers than with other rehabilitation providers (Kolt, 2000). Unfortunately, most athletic trainers do not feel qualified to counsel and advise athletes on concerns that fall outside the realm of physical recovery from injury. It is possible, however, to obtain the basic skills necessary to more competently and ethically cope with athletes' psychological issues related to sport. One way to acquire those basic skills is to become a certified consultant through the Association for the Advancement of Applied Sport Psychology, or a CC, AAASP. Pursuing a Master's degree in a graduate level program that will provide athletic trainers with the coursework and practica experiences necessary to acquire certification by AAASP in sport psychology is an efficient means of obtaining this certification. This paper explores the benefits and limitations of such dual certification.

##### Athletic Training Practice as it Applies to Athletes' Health

Whether or not athletes are considered to be healthy depends, in large part, on how health is defined. Because there are probably as many ways to define health as there are student-athletes, it is beyond the scope of this paper to list and analyze every

conceivable definition of health. It is important, however, to recognize that there are many different ways that health may be defined. Definitions of health range from strictly physical to holistic and from morbid to spiritual. Health can be defined as a state of well-being, free from disease (WordReference.com, 2003), or may be referred to as simply the slowest way someone can die (QuoteGarden.com, 2005). Francis Bacon described a healthy body as a guest-chamber of the soul (QuoteGarden.com, 2005). Given the wide range of opinions and beliefs, finding a good starting point may be overwhelming. The World Health Organization (WHO), which defines health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity (WHO.int, 1946), provides a definition that attempts to bridge the gap between the strictly physical and the more holistic explanations of health. The central message of this definition for athletic trainers is that there are many factors that contribute to the overall well being or health of a student-athlete. By adopting the WHO's holistic approach to health, it is easy to see that the mental and social stressors that athletes face on a daily basis might affect not only physical performance on the field, but also the number of physical injuries incurred and the length of healing time to recover.

Although not every athletic trainer will define health in a holistic manner, it is important to recognize that the beliefs that an athletic trainer holds regarding health may shape his or her professional practice. If an athletic trainer defines health as solely as being free of injury, that athletic trainer's practice will most likely focus on the physical aspect of athletics and sport. The athletes' state of health will be measurable for this athletic trainer. If the bone or ligament is functionally healed, as shown on radiographs or MRIs, the athlete is healthy. On the other hand, athletic trainers who define health in a

more holistic manner may be more closely aligned with the philosophy of Doyle (2002), who writes about improving the spirit of athletic training facilities to create an atmosphere of respect, comfort and empowerment of athletes. Doyle is a prime example of an athletic trainer who defines health in a broader sense that includes the influence of personal stress, fear of re-injury or even frustration with rehabilitation progress. An athletic trainer who adheres to this broader definition of health may find it much more difficult to measure the success of the rehabilitation process, but by acknowledging the sometimes less measurable aspects of mental and social well being the athletic trainer may not only be preparing athletes more fully to return to competition, but may also be improving their state of well-being off the field.

The link between mental or emotional problems off the field predisposing individuals to physical injury on the field has been well established in the literature (Davis, 1991; Hardy, et al., 1991; Petrie, 1993; Thompson, et al., 1994; Williams, 1996). This means that, if certified athletic trainers are to take a primary role in the prevention of athletic injuries, mental and social well being should indeed be a major concern for athletic trainers. Athletic trainers who seek to care not only for athletes' physical health, but also for their mental and social health may benefit from the pursuit of further education and training. The American Association of Applied Sport Psychology (AAASP) provides a vehicle for obtaining that education and training through their program for certified consultants.

### AAASP Certification

Founded in 1986, AAASP has emerged as the largest applied sport, exercise, and health psychology organization in the world. The association was established to promote

the science and practice of sport (exercise and health) psychology while providing an opportunity for individuals to share information related to theory development, research, and the provisions of psychological services to consumers (AAASPOne, 2005).

AAASP has committed significant time and effort to identify essential criteria to the practice of applied sport psychology, including advancing the development of psychological theory, research and intervention strategies in sport psychology and establishing professional standards by addressing ethical and professional issues related to providing psychological services in sport and exercise settings (Williams, 1995). In 1989, AAASP established and approved criteria for certification intended to demonstrate that certified individuals must have obtained a minimal level of training and experience to provide professional services in applied sport psychology. Services provided may include health/exercise psychology, intervention/performance enhancement, and social psychology interventions. Currently, AAASP is the only sport, exercise, and health psychology organization in North America that offers certification to its members (AAASPOne, 2005).

The AAASP certification process encourages applied sport psychology professionals who complete it to maintain high standards of professional conduct while giving service to others (AAASP, 2005). There are three options to attain certification: Grandparenting, Standard, and Master's level applications. For both standard (doctoral level) and Master's level certification by AAASP, candidates must be able to verify coursework in the following twelve competency areas: Professional ethics and standards; Sport psychology; Biomechanical and/or physiological bases of sport; Historical, philosophical, social or motor behavior bases of sport; Psychopathology and its

assessment; Counseling skills; Skills/techniques/analysis within sport or exercise and related experiences; Research design, statistics and psychological assessment; Biological bases of behavior; Cognitive-affective bases of behavior; Social bases of behavior; and Individual behavior) and complete 300 hours of supervised consulting experience, including 100 hours in direct contact hours with clients. Documentation of hours, type of setting and skills used is required for the application. Recertification must be completed every five years. The recertification process includes adhering to the AAASP code of ethics, verification of AAASP conference attendance, and continuing education including attendance of at least one workshop or teaching one course intended to advance sport psychology knowledge or upgrade skills. The tables below outline the Athletic Training and AAASP Certification domains.

<b>Coursework Domains for AAASP</b>
Biomechanics
Skills/Techniques/Analysis Within Sport or Exercise and Related Experiences
Historical, Philosophical, Social or Motor Behavior Bases of Sport
Biological Bases of Behavior
Cognitive-Affective Bases of Behavior
Social Bases of Behavior
Individual Behavior
Counseling Skills
Research Design, Statistics and Psychological Assessment
Professional Ethics and Standards
Sport Psychology
Psychopathology

<b>Coursework Domains for ATC</b>
Prevention & Care of Athletic Injuries
Recognition, Evaluation and Assessment of Injury
Immediate Care of Injury
Treatment, Rehabilitation and Reconditioning
Organization and Administration
Professional Development and Responsibility

\* Tables outline the domains of ATC and AAASP Certification.

Acquiring AAASP consultant certification is one way that certified athletic trainers can enhance their practice to better serve athletes. The benefits of integrating AAASP certification into athletic training are discussed below.

### Benefits to athletes' development as individuals

Collegiate student-athletes are faced with balancing complex challenges in the realms of personal, academic and athletic pursuits (Ferrante, Etzel & Lantz, 1996). Illustrating the overlapping and intertwining nature of these three arenas, Parham identifies five issues student-athletes face in addition to issues faced by their non-athlete peers: 1) Learning to balance academic and athletic pursuits; 2) Adapting to isolation from social and "mainstream" activities; 3) Managing success or lack thereof; 4) Attending to their own physical health in a more deliberate way, and 5) Terminating an athletic career (1993). The majority of the literature reviewed mirrors these categories or provides issues that may be classified into one of these categories. The literature states that while not every athlete is in need of psychological services, the athletic population as a whole is one that would benefit from these services being provided (Chartrand & Lent, 1987; Furney & Patton, 1985; Jordan & Denson, 1990; Moulton, et al., 1997; Vaughn & Emener, 1994). Also stated in numerous studies is that it is in student-athletes' best interest that the professionals who deal with the mental and social issues facing them are familiar with the intricacies of collegiate sport (Moulton, et al., 1997; Vaughn & Emener, 1994). Because certified athletic trainers are immersed in the culture of student-athletes, not only are they in an ideal position to deal with the multitude of issues that accompany injuries (Larson, et al., 1996), but they have also forged trust and openness due to the unique nature of their relationships with the student-athletes (Moulton, et al., 1997).

Athletic trainers who choose to become AAASP certified consultants can take the level of health care they provide one step further than those who are not. They will be able to empower athletes to take personal responsibility for their own health and well being (Doyle, 2002).

Responsibility for one's own health is a major concern for today's student-athletes. Often unprepared for complex personal challenges, student-athletes place a unique demand on the counseling resources of universities (Gabbard & Halischak, 1993). Ever changing needs and pressures of student-athletes are causing athletic departments to assume a greater responsibility for providing quality services to their students (Parham, 1993). Due to the fact that most athletic departments work on a stringent budget, these departments will have to find new and creative ways to meet the mental and social needs of student-athletes (Parham, 1993). Enter the dual certified ATC/AAASP, CC. The dual certified professional can work with athletic department personnel to develop programming on topics relevant to all aspects of development of the student-athletes (Gabbard & Halischak, 1993). Of course, programming and support services provided by an ATC/AAASP, CC should be limited to those issues directly related to the health of the student-athletes.

### Benefits to the athletic training profession

Certified athletic trainers have the responsibility of maintaining and expanding their bodies of knowledge through attendance in workshops and continued education, documented through CEU's. Part of the reason for this is to ensure that athletes are getting the best possible care, but another reason is to help promote the development of athletic trainers as professionals.



Often, certified athletic trainers working in a collegiate setting can get caught up in doing jobs that are not specific to their roles and responsibilities as an athletic trainer. These jobs may be administrative in nature; they may involve facilities management, or sometimes, as already mentioned, they may involve dealing with the mental and social issues facing athletes. While athletic trainers should be prepared to assist with these matters as it applies to their practice, it is important for them to stay within the scope of their training. Due to the limitations that athletic trainers have with sport psychology training, Larson et al. have suggested the members of the NATA and AAASP work together to establish a referral system between these related organizations (1996). I suggest taking it one step further. Obtaining AAASP certification as an applied sport psychology consultant will help athletic trainers not only recognize their own boundaries when dealing with the mental and social aspects of student-athlete development, but help to expand those boundaries at the same time.

A study by Buceta in 1993 examined dual roles of sport psychologists /coaches and identified many advantages to combining the two professions. Some of these advantages were that as a sport psychologist, coaches were more in tune with the demands placed on athletes in the competitive arena and coaches were in more direct contact with the athletes they were consulting with. As a coach, sport psychologists were able to incorporate psychological work into training sessions in order to maximize performance on a daily basis and to be able to see first hand what the athlete is going through instead of hearing about it at a later time. This study found that professionals could benefit in their practice by maintaining certification in two related fields (Buceta, 1993). These benefits can also be seen with athletic trainers who supplement their

practice with applied sport psychology certification. An athletic trainer who is also an AAASP certified consultant will have acquired the knowledge and skills necessary to deal with the mental and emotional processes that athletes go through when struggling with injuries as well as mental and social issues that compound the frustrations of dealing with injuries.

### Limitations and Implications

In addition to knowing the benefits of dual certification, ATC's who are considering obtaining additional certification as a means of enhancing their athletic training practice should consider the limitations of these certifications. Not only has the progression of the athletic training profession paralleled advances in anatomy, physiology and prophylactic techniques, but the range of knowledge that athletic trainers are required to maintain has also expanded. As certified athletic trainers take on more and more roles within collegiate athletic settings, they must be careful not to take on more than they can competently handle. There are nevertheless, cases in which athletic trainers may be better able to fulfill the mission of their profession by engaging in education and training beyond the scope of athletic training. Facilities that boast athletic trainers with secondary certifications such as Certified Strength and Conditioning Specialists (CSCS), Emergency Medical Technicians (EMT's) or Physical Therapists (PT's) are able to provide their athletes with services that ATC's alone cannot. While not all ATC's should be expected to take on the full roles and responsibilities of an EMT or CSCS, an ATC with these credentials they will be able to perform the roles and responsibilities of athletic training that much better.

Athletic trainers seeking dual certifications must be careful. First of all, they must be wary of infringing on another professional's area of specialty. Athletic trainers with AAASP consultant certification are not trying to replace applied sport psychologists in the field; rather, they are simply trying to do the job of an athletic trainer better. Since dealing with psychological issues is a major part of the job of athletic trainers, it makes sense to become more proficient in this area.

Another concern is that of the "closed environments" of athletic departments. Often, athletic departments are seen as an exclusive community set off from the rest of the university. Some athletic departments may feel it is important to be able to "take care of their own" in every aspect. While it is important to have professionals dealing with athletes who understand the complexities of college athletics, it may be argued that it is not best for all problems and issues to be handled "in house". Sometimes a fresh or different perspective is needed. It is under conditions such as these that the dual certified ATC/CC, AAASP must remember that the practice of applied sport psychology is solely to enhance athletic training practice, not to tackle every issue that arises. Dual certified athletic trainers, regardless of the secondary certification, must be able to recognize their own limitations in every situation.

In addition to recognizing limitations, professionals seeking additional certifications must also consider the liabilities that accompany those certifications. Regardless of the field, ATCs must realize that with greater credibility comes greater responsibility to stay within professional standards of care. For example, advice related to psychological issues given to a student athlete by an ATC in a casual conversation may simply be taken at face value as conversation between colleagues. However, the same

advice given by an ATC/CC, AAASP to a student-athlete now carries professional responsibility and liability if that advice adversely affects the student-athlete. For this reason, it is best that consultation provided by ATC/CC, AAASP professionals focus on problem solving and referral rather than advice giving.

### Conclusion

While there is some overlap in education and training between sport psychology and athletic training, many athletic trainers do not feel competent to deal with psychological issues related to sport (Moulton, et. al., 1997). For athletic trainers who choose to incorporate applied sport psychology into their professional practice in order to be more prepared to deal with psychological issues related to sport, the combination of athletic training with AAASP certification provides another option for athletic trainers to expand their bodies of knowledge, in addition to supplementing their practices in a manner that is relevant and applicable to the profession.

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