Counseling Skills and the Athletic Therapist

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John, a freshman athlete, sustained what he hoped was an insignificant injury. The day afterward, he went to the athletic therapist and asked if someone could look at the injury, which had gotten worse. “Can you tell me what to do about this injury?” he asked.

Athletic Therapist #1, after several moments of silence:
“I’m busy with my paperwork. Why didn’t you see me when you were hurt yesterday?”

John tried to explain but was interrupted:
“What team are you on? You don’t have practice today anyway. You’re not a starter. Come back later. I’ll have to tell the coach you are not doing a good job taking responsibility for yourself.”

Athletic Therapist #2:
“Have a seat for a minute, let me finish this report for the coach and I’ll be right with you” was the immediate response.

“It’s good that you came to get the injury checked out and did not wait any longer. Tell me what happened. I’ll check it out and, hopefully, give you some idea of what the problem is and what we can do about it. Afterward we can talk to the coach together.”

Which of these athletic therapists is providing the best health care? Which one will encourage John to cooperate with his care and continue to feel part of the team, even while injured? Which one will return John to his sport confident of his recovery and with the assurance that there are concerned individuals available to help him if he is injured again or needs advice?

Athletic therapists at all levels have become more aware of the need for counseling (helping) skills and techniques. They must possess those skills and use them effectively.

Athletic therapists who use a holistic approach in dealing with athletes always concern themselves with the psychosocial factors that affect injury prevention and management, as well as the musculoskeletal and physiological factors.

Professional preparation programs for athletic therapists, athletic trainers, and physical therapists include domains of knowledge and competencies specific to counseling and helping skills. The 1995 NATA-BOC Role Delineation Study lists the following learning competencies:

1. Knowledge of psychological signs and symptoms of athletic injury and illness;
2. An understanding of the psychological implications of injury;
3. Communication and referral skills;
4. Continued development of interpersonal and communication skills.

Most athletic health care programs do not have mental health professionals available full time. The athletic therapist becomes the first point of contact for the athlete in dealing with the athletic health care system (team physician, hospital, medical specialists, etc.) and the coaching staff.

The athletic therapist may be approached for help on a variety of issues in addition to injury assessment, for example, nutrition, substance abuse, academics, careers, and the athlete’s own personal concerns. Regardless of the issue, facilitating a positive relationship and level of trust and cooperation is critical if the athlete is to effectively take advantage of the available health care and professional resources.

At the very least, failure to develop and maintain a positive relationship can produce an unhappy or uninformed athlete. Worse, the entire athletic health care program could be undermined. Very often the successful development of this relationship will depend on the health care environment and on the athletic therapist’s counseling skills.
Counseling and Counselors

There are numerous definitions of what counseling is and who are in fact counselors. Counseling is generally considered an allied health/medical profession. A counselor helps individuals find answers and resolutions to issues by guiding these individuals (in this case, athletes) in making informed, sound choices (George & Cristiani, 1986).

A counselor, for example, may help an athlete cope with an injury, modify a disordered eating behavior, resolve relationship issues, decide whether to leave the team or leave school, and so forth. The athletic therapist is in a position to have a very significant impact on the well-being and personal growth of many individuals—the athletes.

Who are counselors? This continues to be a controversial question in the helping professions. Various professionals such as school guidance and adjustment counselors, clinical psychologists, and psychiatrists are awarded credentials or are licensed as counselors following specific professional preparation. Credentials for these professionals range from certificates to medical degrees.

Other health care professionals are considered counselors due to their day-to-day interactions with individuals (athletes) seeking their assistance. Athletic therapists, physical therapists, sport nutritionists, and emergency medical personnel may fall into this category.

In reality these professionals are not “credentialed counselors” in the same sense as the former group. But they are frequently required to assist athletes with issues that call for skills and knowledge expected of licensed or certified counselors.

We feel that a better description of this group would be “helpers.” Regardless of the issue, the athletic therapist cannot avoid the need to be an effective counselor or helper. As long as all athletic health care professionals understand their limits and are willing to work as a team with other health care providers, together they can provide the quality of care the athlete expects.

Effective Athletic Therapist/Co-counselor/Helpers

Success in developing and maintaining a helping relationship between the athletic therapist and athletes requires an environment of trust and acceptance; these are two critical attributes.

Trust

Athletes must get a sense of trust before they will approach anyone, including the athletic therapist. Since they may be hesitant to seek help or may be worried about the outcome (Am I really injured? Will I have to miss practice? What will the coach think?), they need to have trust in the therapist, otherwise they are unlikely to seek help. As the intermediary between the athlete and the coach, the therapist must earn the trust of athletes.

The athletes must feel comfortable that the information the athletic therapist gives to the coach is accurate and consistent. They need to know when their status or other issues concerning them are being discussed with the coach.

As trust is being built and reinforced, this increases the opportunity for the athletic therapist to help the athlete. On the other hand, if this trust is jeopardized,