Facilitating Psychological Recovery of Student-Athletes at Post-Injury

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***Abstract*- This paper intends to propose a counseling program for collegiate student-athletes who need psychological intervention following their sport injuries. The proposed program consists of three phases: Assessment Phase, Intervention Phase, and Termination and Maintaining Changes Phase. It is anchored to two important evidence-based frameworks - the Social and Emotional Learning (SEL) Framework and Cognitive-Behavioral Therapy (CBT). Using CBT techniques, the program will attempt to regulate an injured athlete's negative emotions such as anxiety and fear to develop positive and helpful cognitions, to help the client establish clear and defined post-injury goals and to impact some behavioral improvements in the injured athlete's adherence to recovery goals. Consequently, it will also target to facilitate the development of two of the five core competencies being promoted by the SEL Framework namely self-awareness and self-management.**

***Keywords:* Student-Athletes, Counseling program, Sport Injury, Cognitive-Behavioral Therapy (CBT), Social and Emotional Learning (SEL) Framework**

I. INTRODUCTION

Sport Psychology has commonly described sport injury as one of the most significant obstacles to a successful athletic career because it can deprive athletes of the chance to master their athletic skills and the many opportunities that go with it (Williams, 2010). Athletes become prone to manifesting negative emotional reactions and self-defeating thoughts as they adjust to the changes that accompany their injury (Hale, 2008). This condition holds true to our student-athletes in the university who unfortunately experienced being injured while performing their sports. Very much noticeable among this group are the emotional and mental difficulties in coping with the changes and adjustments that accompany their injury. The amount of time, energy, and commitment they have devoted to their sport, is all of a sudden, without a warning, taken away from them. Their sport is so important to these active young people, it is like losing a significant part of themselves when an injury happens. Being restricted to do their usual activities and being isolated from their teammates as they go through rehabilitation sessions while the rest of the team trains make the process of recovery even more anxiety-provoking for them. The physical hurt that they feel is only one very small part of all the pain that they have to go through in the rehabilitation process. The mental pain caused by their injury can be far more devastating than the strained or torn ligaments, ripped cartilage or broken bones. More than the physical discomfort, the mental and emotional consequences of their injury is something that they can't easily handle thus affecting their behavior in rehabilitation and in the way they function in their teams. The most prevalent emotion that they are experiencing is anxiety due to the many uncertainties that go with being injured. They also hold some negative and unhelpful thoughts and beliefs which affect their recovery process. They perceive what happened to them as an end to their athletic careers and that the injury will diminish their playing capability and intensity. In addition, fear of re-injury makes them hold back and feel reluctant to return to training with full intensity. Moreover, they tend to view themselves as insignificant and a failure for their inability to play and for not meeting the expectations of their coaches, teammates, and supporters. As a result, they become anxious if they will be trusted again by these people. Indeed, anxiety is one negative reaction that needs to be managed or reduced in order for these student-athletes to be successful in their recovery. Clearly, at the heart of the injury of these student-athletes lie certain negative thoughts and unhelpful beliefs and assumptions that promote their anxiety which eventually affects their behavior towards recovery, towards oneself, and towards their sport in general.

Research indicates that many sport rehabilitation programs are beginning to integrate psychological interventions in order to expedite both physical and psychological recovery from injury (Schwab Reese, Pittsinger and Yang, 2012). In view of this, the author sees the need to look into the best practices in the Sports Psychology field in addressing the psychological consequences of athletic injuries and adopt what is shown as effective and appropriate as a counseling intervention for the specific concerns of injured collegiate student-athletes whose recovery goals are blocked by negative emotion and faulty thinking or beliefs about their injury and about their selves. To aid in addressing this challenging counseling need, a counseling program that is anchored to an approach that is widely used in the sports setting because of its effectiveness is being proposed. It aims to promote the use of an evidence-based intervention that will help injured student-athletes understand and manage their cognitive, emotional and behavioral responses to their injury and become psychologically prepared to return to athletic activities while physical rehabilitation is being achieved. Two important evidence-based frameworks will be the anchors in formulating the counseling program, the Social and Emotional Learning (SEL) Framework and Cognitive-Behavioral Therapy (CBT). The cognitive behavioral interventions will attempt to reduce or normalize excessive emotional reaction in the form of anxiety and the self-defeating behavior (e.g. fewer adherences to rehabilitation, withdrawal from team activities) by modifying the faulty thinking and maladaptive beliefs that

underlie these emotional reactions. It will also work on developing positive and helpful cognitions by reducing anxiety-provoking self-talk. In addition, the goal is to help the student-athlete in transitioning from an anxiety-based perspective to a positive, success-based perspective. It is hoped that the intervention will facilitate skills acquisition and impacts some emotional and behavioral improvements on the injured student-athlete's adherence to his recovery goals once the anxious and the negative thoughts had been managed. Furthermore, the counseling program will target to develop two core competencies being promoted by the SEL framework- self-awareness and self-management. It is hoped that by the end of the intervention, the injured student-athlete who is under a lot of emotional and mental challenges will develop the skill to recognize his or her thoughts and emotions and be able to regulate or manage them when confronted with anxiety-provoking situations.

II. REVIEW OF RELATED LITERATURE

A. Sport Injury and Its Psychological Impact on Athletes

Sport injury appears to be a fact of life that is possible to happen in all sport participants of all levels of expertise. Even if athletes wear their protection and support gears and strictly adhere to the programs of their conditioning coaches and athletic trainers, injuries seem to be always part of the risk that they are faced with while they strive to excel in their sport. Some of the most common injuries of athletes are musculoskeletal and soft tissues injuries (i.e. sprains, strains, cartilage tears) and these are often caused by overtraining, physical fatigue, and muscle imbalance (Cox, 2012). Schwab Reese (2012) and her team gathered from their study that injuries often result to an immediate imbalance and disruption to the lives of the injured athletes including loss of health and achievement of athletic potential. They further claimed that such functional loss or the inability to continue sports participation can be devastating and anxiety-provoking and may affect them mentally thus affecting the recovery process.

Sport Psychology books described that an injured athlete experiences a great deal of negative emotional reactions to this unpleasant event in their life. They become prone to experiencing negative emotions (e.g. anxiety, worry), mood disturbance and feelings of loss and isolation (Santin & Pietrantoni, 2013). Seeing one's position being filled up by others and the possibility of not regaining it could magnify these negative emotions and increase self-doubt. The self-confidence and self-efficacy of an athlete typically decline as a result of his or her injury (Podlog & Eklund as cited in Carson & Polman, 2013). Williams (2010) opined that because the athlete cannot practice and compete, there is plenty of time to worry thus causing more emotional reactions to their injury. In a review of some of the stressors common among injured athletes prior to return to their sports, results suggest that they may experience concerns related to their sense of competence, autonomy and relatedness (Podlog, Dimmock, and Miller, 2011). Their emotional responses include anxieties associated with re-injury and with their perceived inability to perform to pre-injury standards; feelings of isolation and insufficient social support; a lack of athletic identity; pressures to return to sport; and being worried of appearing to others as unfit and lacking in skill. Similarly, it has also been reported that the emotional responses following a serious sports injury include anxiety, depression and fear of re-injury. From their literature search, they identified some common emotional reactions associated with athletic injuries namely: identity loss, lack of confidence, grief, separation, fear and anxiety (Ardern, Taylor, Feller and Webster, 2012). Cox in 2012 pointed that injured athletes have fear of the unknown, has feelings of tension, anxiety, anger, grief, frustration and boredom. Frustrations shared by these athletes included unachieved athletic goals and dreams, fear of re-injury, isolation, others' recovery expectations, physical inactivity, concern about future poor performance, instability of sponsorship, and missed competitions (p.452). Given this list of frustrations and unpleasant emotions, it is possible that negative thoughts accompany these student-athletes while struggling to recover.

When it comes to their cognitive reactions, athletes suffering from injury has five cognitive beliefs: that they will experience shame and embarrassment; that they will be devalued by others and by their own self-assessment as well; that they have an uncertain future; that important others will lose interest on them (i.e. coaches, teammates and family); and that others will get upset at them (Williams & Scherzer as cited in Williams, 2010). As described by researchers Sagar and Stoeber (2009), an injured athlete fears of experiencing shame and embarrassment because of his or her perceived loss of playing ability due to injury. They also fear that something bad might happen to them again even before they recover from their injury. Due to unstable physical fitness, they tend to believe that they will not be able to regain previous performance standards and sometimes, because of the lack of expressed confidence by significant others, they experience feelings of unworthiness and the lack of motivation to adhere to rehabilitation sessions lessens (Tracey, 2003).

Heil (1993) cited that Beck and his associates identified five categories of cognitive distortion or flawed interpretations that may prevail to an injured athlete.

> The distortions or otherwise known as negative thinking traps include catastrophizing or exaggerating the severity of the injury, predicting a re-injury, ignoring a possible positive future (e.g. recovery); overgeneralization or when the injured athlete incorrectly extends the expected impact of injury to aspects of playing ability or daily behavior that are not likely to be affected; personalization or when the injured athlete takes undue personal responsibility for injury or giving it some exaggerated special meaning in relation to oneself such as thinking that he/she causes negative things; selective abstraction or attending to specific aspects of injury that have little meaning in the overall context or focusing on one detail rather than on the large picture; absolutistic/dichotomous thinking or

simplistically reducing complex experiences to all-or-non categories (1993, p.42).

As described in the literature, individuals experiencing a great deal of anxiety are more likely to expect to be unsuccessful, attend selectively to threat and interpret ambiguous situations as threatening; perceive themselves as less able to cope with challenging situations; and display cognitive distortions involving generalization and catastrophizing (Stallard, 2009).

B. Psychological Interventions in the Sports Setting

The following section will provide reviews of available research evidences on the effective psychological interventions utilized in the field of sports in addressing the emotional, mental, and behavioural responses of athletes to their injuries. Literature has cited that Rational-Emotive Behaviour Therapy (REBT) is one of the most recognized interventions for athletes who are coping with the psychological consequences of a sport injury. Research has observed that the use of REBT have been effective in reducing fear and anxiety and in modifying the irrational thinking of athletes who has been to an injury (Bernard & Joyce, 1984 as cited in Moore, 1999). As described by Dryden & Branch (2008), REBT has been one of the most used interventions in dispelling fear of failure or disapproval and fear of uncertainty and catastrophe, improving self-confidence, and regaining depleted energy due to tough or difficult life events. Despite these claims, the best research evidence available in the field of Sport Psychology and Sport Injury are consistent in referring to Cognitive Behavior Therapy (CBT) as the intervention widely used in the sports setting due to its effectiveness and most studied intervention for athletes who are recovering from an injury. The following section will focus more on this approach and the research evidences of its applicability in managing the anxiety of injured athletes.

C. Core Principles of Cognitive Behavior Therapy (CBT)

At the heart of the CBT paradigm there is a very simple yet effective working model: the way people think about their situations influences the way they feel and behave. It is a practical, skill-based intervention and time-limited thereby teaching clients to learn a variety of skills and strategies and promoting independence and encouraging self-help and reflection. It focuses on the here-and-now and the style of therapy is collaborative. Clients have an active role in treatment sessions and are involved in testing the reality and limitations of their cognitions, beliefs and assumptions. A core principle of CBT that guides the process of therapy is that of collaboration (Stallard, 2009). It is through this collaborative partnership that the client develops an understanding of his or her difficulties and discovers helpful strategies and skills. Core components of CBT intervention programs for anxiety include psycho education; emotional recognition and management; identification of anxiety-increasing and distorted cognitions; thought challenging and the development of anxiety-reducing cognitions; exposure and practice; self-monitoring, reinforcement, and preparing for setbacks (Stallard, 2009).

D. Cognitive Behavior Therapy (CBT) in Sport

The CBT is practiced by hundreds of mental health practitioners worldwide and has been shown in dozens of scientific clinical outcome studies to be an effective treatment for many forms of anxiety disorder: 60-80% of people with anxiety problem who complete a course of CBT are expected to experience a significant reduction in their anxiety, although a minority (25-40%) are also expected to be completely symptom free (Clark & Beck, 2012).

CBT has also elicited much interest in the treatment of psychological issues in the realm of sport. The process of "strengthening positive behavior and weakening negative thoughts towards a goal" (Zinsser, Bunker, and Williams as cited in Cox, 2007) makes CBT appealing to sport psychologists. Using CBT in addressing psychological issues in sport improves an athlete's self-discovery as it facilitates an understanding of the relationship between how they think, how they feel and how this affects what they actually do. The Centre for Cognitive-Behavioral Therapy emphasized on the strong impact of CBT on sport psychology's development after a decade of successful treatment with clients in the national professional sport arena. It remains a dominant approach to cognitive and behavioral interventions in sport as clients have found CBT extremely effective in achieving the following outcomes: improved concentration on set goals; improved motivation to win; improved self-discipline; improved self-esteem; improved self-understanding; improved work-life balance; improved stamina in training; improved ability to recuperate after training; and improved mindset and mental attitude (Retrieved from http://www.centreforcbtcounselling.co.uk).

More significantly, CBT is becoming the most recognized approach in providing intervention for athletes who are coping with the psychological consequences of a sport injury. Research has observed that the use of CBT among injured athletes have been effective in reducing fear and anxiety (Hamson, Jordan, Martin and Walters (2008); Ross & Berger, 1996), increasing frustration tolerance (Herbert & Forman, 2011), reducing depression (Hoffman, 2012); improving self-concept and coping capabilities (Zinsser et.al as cited in Cox 2012); and increasing problem solving skills (Williams & Scherzer as cited in Williams, 2010). Cited by Cox (2012), CBT techniques had been one of the most used in dispelling athlete's post-injury issues such as fear of failure or disapproval, fear of uncertainty and catastrophe, low self-confidence, and depleted energy due to stress brought about by a tough or difficult event such as an injury. With its claim that an athlete's cognitive appraisal (interpretation) of his or her injury directly affects one's emotional and behavioral responses (e.g. adherence to rehabilitation, negative self-talk, frustration, anxiety), clearly, CBT through some of its known techniques targets modifying negative interpretations which can result to positive behavioral and emotional outcomes such

as adherence, anxiety reduction and positive outlook of an injured athlete (Hofmann, 2012). Moreover, sport psychology stresses that an injured athlete's emotional distress is typically accompanied by thoughts of distress; it usually gives rise to distortions in thinking that reflects inaccurate interpretations of the situation at hand. While athletes seek to understand the meaning of their injury, their thoughts are complicated by significantly enduring emotional distress thus, cognitive distortion is further exaggerated (Cox, 2012). These distortions in thinking are particularly well suited to cognitive behavioral interventions. From a CBT perspective, emotional distress can be lessened by encouraging a re-evaluation of distorted cognitions that underlie feelings of anxiety.

E. Core Elements of CBT Interventions for Anxiety

According to Beck's Cognitive theory, the manner in which individuals develop negative and distorted thinking about their world can have a strong influence in the development of anxiety. Individuals who become anxious tend to develop a negative view of themselves, the world and the future (Tarrier, 2006). Important components of CBT focus on helping an anxious person solve problems, become behaviorally activated, identify, evaluate and respond to their anxious thinking especially to negative thoughts about themselves, their world and their future. While there are differences in the specific content and focus of CBT interventions, most tend to involve a number of common elements (Albano & Kendall as cited in Stallard, 2009). First, most involve some form of psycho-education where the client is educated into the CBT model and learn about the relationship between thoughts, feelings and behavior. Second, most include emotional recognition and management training which helps clients become aware of their own unique anxiety response and identify helpful ways in which their anxiety response can be managed. The third element helps clients to recognize their cognitions (i.e. self-talk) in anxiety-evoking situations. Once these are identified, the fourth element involves clients learning to challenge and replace their anxiety-increasing self-talk with positive coping and anxiety-reducing self-talk. Fifth, there is an emphasis on practice and exposure during which clients practice their new cognitive and emotional skills. The sixth core element involves the development of self-monitoring and self-reinforcement techniques in order to acknowledge positive attempts at facing and overcoming worries. Finally, interventions include a focus on preparing for future challenges and setbacks (Stallard, 2009, p. 19).

F. Evidence-Based CBT Interventions for Athletic Injury Rehabilitation

Several studies which have investigated the effectiveness of psychological interventions in sports injury mostly utilized cognitive-behavioral methods and perspectives. Most recently, Schwab Reese et al., (2012) documented a review of the effectiveness of psychological intervention following a sport injury. They summarized the empirical findings of the effects of psychological interventions in reducing post-injury psychological consequences and improving psychological coping during the injury rehabilitation process of injured athletes, age 17 years and older. They included studies who used interventions that directly focused on injured athletes' psychological outcomes such as psychological consequences, psychological coping and re-injury anxiety and those that utilized psychological strategies including imagery, goal-setting, relaxation, and other common techniques during the post-injury rehabilitation period. It is noteworthy that cognitive-behavioral techniques were used by the different researchers in the studies included in this review. Six studies, described in seven peer-reviewed published articles, met study inclusion criteria and were included in the review. Of those studies, two included randomized control trials (Cupal & Brewer, 2001; Evans & Hardy, 2002) , two used before and after study designs (Johnson, 2000; Mankad & Gordon, 2010) and two were case study designs (Rock & Jones, 2002; Mahoney & Hanrahan, 2011). Two interventions utilized guided imagery and relaxation (Johnson, 2000; Cupal & Brewer, 2001), two interventions utilized goal-setting (Johnson, 2000; Evans & Hardy, 2002) and one each utilized micro counseling (Rock & Jones, 2002), written disclosure (Mankad & Gordon, 2010), and acceptance and commitment therapy or ACT which is a third-wave CBT approach (Mahoney & Hanrahan, 2011). As per their review, psychological interventions utilizing guided imagery, relaxation or goal setting were shown to be associated with decreased negative psychological consequences, improved psychological coping and reduced re-injury anxiety. A decrease in stress, anxiety and mental/physical strain was also observed with the use of cognitive-behavioral techniques in the studies reviewed. Other psychological techniques such as micro counseling skills, acceptance and commitment therapy (ACT), and written disclosure have demonstrated effectiveness in reducing negative psychological consequences, improving psychological coping, and reducing re-injury anxiety. Consequently, their findings suggest a significant need to develop and implement well-designed intervention studies that target improvement of post-injury psychological outcomes in order to assist injured athletes' successful recovery from sport injury.

Looking closely into the intervention studies reviewed by Schwab Reese et al., (2012), the study of Johnson (2000) examined the effect of psychological interventions in 58 competitive athletes who suffered traumatic and severe injuries while training and/or during competition, with long-term injuries and are undergoing physical rehabilitation. He found positive effects from the application of short-term psychological interventions such as stress management, cognitive control, goal setting, and relaxation and guided imagery. The interventions used helped reduce negative moods, while expediting return to competition as the athletes reported readiness to return to sport. In the same review, Evans and Hardy (2002) also used goal setting and social support as interventions for thirty-nine injured athletes. The sports psychologist in the study acted as a social support (i.e. emotional and listening support) with daily diary completion

related to rehabilitation progress. Results showed that the groups experienced decrease in dispirited feelings (i.e loss of motivation, apathy) at the end of the study.

Cupal and Brewer (2001), on the other hand, facilitated ten breath assisted relaxation and guided imagery sessions for thirty (30) injured athletes who went through rehabilitation for anterior cruciate ligament (ACL) reconstruction. During six months of rehabilitation from ACL reconstruction, athletes in the treatment group participated in relaxation and guided imagery sessions. Initial imagery sessions consisted of imagery designed to help athletes cope with and reduce physical trauma or pain. As athletes progressed, the focus of the sessions shifted from images of oneself with reduced ability, to improving flexibility and strength, to confidence in the integrity of the injury, and finally to performance imagery. In comparison to participants who only attended their regular physiotherapy for six months, the treatment group demonstrated significantly greater knee strength, had less anxiety about re-injury, and reported less pain than control participants. Consequently, these researchers concluded that that relaxation and imagery may be beneficial to ACL rehabilitation and recommended the inclusion of cognitive-behavioral intervention in rehabilitation programs as this can positively affect both physical and psychological parameters in sport injury rehabilitation. Cupal (1998) in his earlier study has gathered five components common across injury intervention studies; these components include goal setting, psychological skills training, positive self-talk, knowledge/education, and social support.

Another study reviewed by Schwab Reese et al., (2012) is the one conducted by Rock and Jones (2002) in the form of case studies. They found that counseling skills interventions such as active listening, challenging negative beliefs and assumptions, exploring coping strategies provided sources of emotional, listening, and informational support for two of three competitive athletes after they underwent ACL reconstruction surgery due to athletic injury. Skills such as reflection, paraphrasing, summarizing were implemented as well in order to develop rapport and establish empathy, acceptance and genuineness. Outcomes that were reported include decreased mood disturbance, higher levels of perceived social support and fewer negative feelings and emotions related to injury. Similarly, Mankad and Gordon (2010) found a decrease in negative emotions or feelings of being cheated, devastated, anxious, restless, tensed, empty and reduced difficulty in accepting the injury as well as less avoidance behaviors after engaging in written disclosure. Their study included nine injured elite athletes undergoing post-injury rehabilitation. Participants completed a 3-day written emotional-disclosure intervention and their main task is to write for 20 minutes each day about their injury experience (i.e. emotions and thoughts). As a result, confidence and general enjoyment increased. In addition to the effective interventions reviewed, Mahoney and Hanrahan's (2011) case study involved four injured athletes who are on ACL rehabilitation. Participants received Acceptance and Commitment Therapy (ACT) which included standardized sessions on cognitive defusion, mindfulness, acceptance and values. Participants reported an increased ability to accept their situation and injury-related emotions after completing an educational ACT intervention.

Hale in 2008 identified specific types of interventions such as teaching athletes how to employ goal setting, cognitive restructuring, thought stopping, peer modeling, relaxation, and healing imagery in the list of effective techniques that positively contributed to rehabilitation outcomes such as decreasing pain and anxiety, increased or quickened gains in range of motion and strength, and increased physical and affective functioning of his participants. His review of literature further listed other cognitive-behavioral techniques and strategies used by other studies such as behavioral contracting, stress management, goal setting, imagery, positive self-talk, and relaxation which could have encouraged athletes to become engaged as active members of their rehabilitation plan and have impacted an increase in their motivation, efficacious feelings and thoughts about their ability to adhere to a rehabilitation program (Driediger, 2006; Johnson, 2000 as cited in Hale, 2008).

Another study by Naoi & Ostrow in 2008 investigated and compared the effectiveness of cognitive and relaxation interventions on five injured athletes' pain and mood. The results showed that three participants have had improved mood score as a result of receiving the cognitive intervention. It also appeared that three participants displayed improvement in either mood and/or pain during the relaxation intervention. Back in 1996, Ross and Berger already assessed the effectiveness of a cognitive behavioral intervention such as stress inoculation training which included relaxation and imagery strategies on post-surgical anxiety and pain after meniscus injury in 60 male athletes. They found that self-monitoring of cognitive and emotional indicators of distress, relaxation, positive coping statements, and self-reinforcement statements helped injured athletes reduce anxiety and pain and sped up their recovery process. More recently, Santi & Pietrantoni's (2013) review of interventions suggests that imagery is effective in reducing performance anxiety thus, imagery and other psychological skills may have a parallel role as anxiety-reduction techniques within sport injury rehabilitation, especially when athletes feel pressured to return to competition too soon after injury.On the same note, Hamson-Utley et al. (2008) opined that anxiety and other negative stressors are widely reported psychological issues that accompany athletic injury. In addressing this, the researchers emphasized that mental imagery, relaxation, positive self-talk, and goal setting, are instrumental in influencing positive behavioral and emotional outcomes. Research has indeed shown how athletes doing imagery during the rehabilitation have a better return to the competition (Cupal & Brewer, 2001). Even without being in practice, performance imagery or rehearsing the desired performance may help athletes to maintain their individual skills and their tactical sharpness. As such, practitioners from a cognitive behavioural perspective

view imagery based on the notion that 'the body achieves what the mind believes' (Wills, 2008). Therefore, cognitively rehearsing the desired performance outcome enables athletes to regulate negative cognitive thoughts and emotions. Moreover, visualizing positive images of the return to competition and imagining the related sensations can be useful to increase self-confidence and lessen the anxiety of experiencing re-injury or the inability to go back to previous strength and intensity of performance (Leahy, 2003).Certain types of imagery may be used by an athlete while recovering from injury. Mastery imagery can be sued to foster motivation for rehabilitation and confidence on return to competition. Emotive imagery can be used to target one's anxiety and to feel secure and confident that rehabilitation will be successful while healing imagery can help an athlete to vividly envision what is happening to the injury internally. All of these imagery techniques, when properly done, can contribute a great deal in dispelling anxiety in the system of an injured athlete (Cox, 2007).

Another useful technique is positive self-talk as it is known to increase self-confidence, regulates effort, and controls cognitive and emotional reactions. It is thought to contribute to personal well-being and the enhancement of healing from injury (Ievleva & Orlick as cited in Williams, 2010). The modification of "self-talk" is a commonly used strategy in many CBT anxiety programs (Stallard, 2009). Self-talk-based interventions help athletes to recognize and change negative thoughts and to have different ways of looking at the world through the use of cognitive restructuring, reframing, positive thinking and self-monitoring (Podlog et.al, 2011). Cognitive restructuring and thought stoppage can also be conceptualized as self-talk or how we speak to ourselves; it is our inner dialogue. If an injured athlete's inner dialogue while on the process of rehabilitation is self-defeating, the athlete worries and questions the benefit of the treatment and she might begin to develop excuses for not continuing therapy. By using cognitive techniques, self- enhancing inner dialogues or positive self-talks can be formulated which do not only control an athlete's negative emotional response (i.e. anxiety) but also impacts his/her behaviour towards the recovery process and consequently can often shorten the rehabilitation time (Williams, 2010). Cognitive restructuring plays a central role in CBT especially when clients engage in catasthropic thinking by dwelling on the most extreme negative aspects of a situation. Clients will be able to make changes by listening to their self-talk, by learning a new internal dialogue and by learning coping skills needed for behavioral changes (Leahy, 2003).

In addition to positive self-talk, goal setting is another example of a cognitive behavioural strategy that can be used to help athletes achieve recovery. Within the context of CBT, practitioners can use goal setting to set task-oriented goals that will provide direction to the recovery process thus lessening the feeling of being anxious which is brought about by the uncertainty of recovery outcomes. Also, setting goals determines an enhancement in motivation and commitment towards recovery. Hale (2008) sees that goal setting breaks rehabilitation down into a series of tangible and manageable tasks. Successfully achieving rehabilitation goals mark one's progress which can motivate and build confidence and rehabilitation efficacy

III. CONCLUSIONS

A. Contents of the Program

There are three phases to the counseling intervention that will be given. First is the assessment phase (Session 1) where an initial assessment through an intake interview will be conducted by the counselor. This assessment phase will focus on looking at the nature of the student-athlete's anxiety in relation to his or her recent injury so a treatment plan can be developed. Psychoeducation, setting and agreeing on the counseling goals will also be done.

The second phase (Sessions 2-6) is the intervention phase where the counselor would focus on goal setting, identifying problematic thinking that is making the athlete anxious; correcting these thoughts, helping him/her discover a new perspective on anxiety and structuring action plans that will alter how they deal with episodes of anxiety. Five sessions can be allotted to complete the intervention phase. The general objectives of this intervention phase are for the student-athlete to develop positive and helpful cognitions and for them to gain skills and tools that they can use to manage anxiety-provoking situations relevant to their injury especially when outside of the counseling session.

The third phase (Sessions 7-8), which will involve termination of the counseling sessions and maintaining the changes achieved through counseling, focus on preparing the athlete for future challenges and setbacks. These last two sessions will be allotted for review of the skills, tools and techniques learned and for discussing the progress made in counseling sessions, areas of continued effort and ongoing challenges of the client. The use of a Self-management Tool will also be introduced to the client. Feedback about the counseling process will also be elicited upon termination. A follow-up session will also be planned to look at what the client is able to do outside of the session.

The conduct of the individual counseling sessions will be guided by the principle, techniques and processes in Cognitive Behavior Therapy (CBT). CBT has been established as one of those therapies more associated with a short-term rather than long-term work. In using CBT for an anxiety that has not progressed into a clinical condition, counseling sessions may take about 8-10 sessions normally offered weekly; each session would last for one hour (Clark & Beck, 2012). The number of sessions may still be adjusted (i.e increased or decreased) depending on the progress of the client.

CBT tends to follow a standard format with each session involving most or all of the seven elements. Initially, a general update is being given by the client to the counselor to review progress and identify any significant events that have occurred since the last meeting which might have an impact on the intervention. These may relate to changes at home, team,

school, family, relationships, training or in social activities. A symptom update or commonly known as mood check is also being conducted to assess the current anxiety symptoms and whether there have been any significant changes in the extent or nature of these. This provides a quick check that can alert the counselor to areas that might need to be explored in more detail during the session. What is also standard during sessions is the review of assignment or homework. The counselor checks on the output of any out-of-session assignments with an emphasis on encouraging self-reflection. Included as well in any CBT session is the agenda setting where the counselor and the client agree on the main focus of the session and explain how this fits with previous meetings. It is often useful to do this with problem formulation since this provides the framework that informs the content of the intervention. After which, the session will focus on the main issues brought for counseling. This will form the bulk of the session and will focus on the major element of the CBT intervention (i.e. psycho-education, development of an anxiety formulation, skills acquisition, experimentation and practice). Agreeing any out-of-session- assignments or homework will again be done before the session ends. The counselor and the client should agree whether this would be helpful and discuss potential barriers that might interfere with its successful attainment.

Very essential standard component towards the end of the session is the gathering of feedback from the client regarding his or her experience in the session. This is an opportunity for the client to reflect on the session content, process and progress.

B. Implications to Counseling

1. Counselors will be able to build on their interest, competencies and personal capacities in helping and handling the needs and concerns of a unique population such as the student-athletes.
2. The program can be a springboard to the exploration of other psychological issues that might be affecting the recovery, adherence, and performance of student-athletes.
3. The program can prosper into a more collaborative and holistic approach involving the team, the coaching, and the physical rehabilitation staff in the intervention process.

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