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## **Counseling College Student Athletes: A Working Alliance Model Approach**

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### **ABSTRACT**

Student-athletes often represent a highly visible, yet decidedly misunderstood population on college and university campuses. In the general student population, the combination of multiple stressors often leads students to seek professional counseling services. Unfortunately, student-athletes, who are often faced with a multitude of psychosocial stressors germane to balancing athletic and academic responsibilities, seldom seek out professional counseling services. However, when they do seek services, the authors posit that an understanding of the construct of the therapeutic working alliance and the application of the working alliance model (Bordin, 1979) offers a useful template for fostering positive counseling outcomes with student-athletes. In this article, the major elements of this construct and model are presented along with a discussion and implications for its application to a college or university student-athlete population.

### **INTRODUCTION**

On many college and university campuses student-athletes are viewed differently than other college students. Revered as heroes by some and chastised as an over-privileged minority by others, student-athletes potentially may experience a great deal of stress and anxiety as a result of the role conflict they experience through their participation in athletics in university and college settings (Chartrand & Lent, 1985). Researchers (Broughton & Neyer, 2001; Ferrante, Etzel, & Lantz, 1996) examining the subjective experiences of student-athletes have noted that unlike other college students, student-athletes face unique challenges as a result of their involvement in college athletics. These unique challenges include balancing athletic and academic demands, developing social interests, managing sport-related career transitions, and maintaining peak physical condition (Parham, 1993). For many student-athletes, these challenges affect their cognitive, social, moral, educational, and psychosocial development (Ferrante, Etzel, & Lantz, 1996), rendering them vulnerable to greater levels of psychological pressure and distress than non-athletes (Bergandi & Wittig, 1984; Etzel, 1989; Etzel, Pinkney, & Hinkle, 1994). Fletcher, Benshoff, and Richburg (2003) also recently noted the complex array of entities student-athletes must often negotiate in order to remain on scholarship, including: (a) NCAA policies; (b) college or university policy; (c) team dynamics; and even (d) policies within each athletic department. Navigating such unfamiliar terrain may place undue additional pressure on student-athletes, especially given that athletic scholarships, which must be renewed yearly, are the primary financial

support system for many student-athletes. Subsequently, recognition of student-athletes as a special "at-risk" population with specific needs has generated significant interest in the counseling needs of these students. Researchers (Hinkle, 1994; Murray, 1997) have suggested that approximately 10 percent of student-athletes may warrant the need for clinical attention based on their presenting issues. Unfortunately, student-athletes remain an under-represented population in college and university counseling centers (Maniar, Curry, Sommers-Flanagan, & Walsh, 2001).

The absence of student-athletes in college and university counseling centers has been a longstanding trend. As a whole, student-athletes have traditionally shied away from using counseling services because they anticipated their counselor not understanding the special concerns, needs, and pressures they faced (Greenspan & Andersen, 1995). Their preference has been to seek help from family, friends, and coaches before turning to professional help (Selby, Weinstein, & Bird, 1990). Further understanding of the chronic underutilization of established counseling services can be accomplished by examining the perceptions student-athletes hold of counselors and the therapeutic process. Student-athletes often report being unfamiliar with counseling and find it difficult to conceptualize what their participation in a counseling relationship might involve. Thus, perceptions of professional counseling services are often formed based on information from friends, teammates, and the popular media. These perceptions include the belief that seeking professional help is a sign of personal weakness (Linder, Brewer, Van Raalte, & DeLange, 1991), that counseling is reserved solely for the psychologically disturbed (Ravizza, 1988), and the belief that counseling interventions will be largely ineffective (Martin, Wrisberg, Beitel, & Lounsbury, 1997). These perceptions leave student-athletes with a negative and often distorted image of the counseling profession that could preclude them from taking advantage of counseling services on campus or in their communities. Given the often uninformed or biased views student-athletes possess of the counseling profession, counselors need to continually evaluate the viability of their approaches when working with a student-athlete population.

### **CURRENT MODELS**

Research in the domain of applied sport psychology is trending toward a more holistic understanding of the issues affecting both service delivery and positive therapeutic outcomes (Simons & Anderson, 1995; Holt & Stream, 2001). As a result, practitioners are beginning to address personal growth and development in addition to their traditional focus of performance enhancement. In the past, however, research exploring the effectiveness of counseling methods with college student-athletes has been limited. More recent studies have examined the factors of the counseling process that could enhance student-athletes' expectations for positive outcomes and contribute to successful outcomes. These studies have found that the relationship established between the counselor and student-athlete is a strong determinant of overall counseling success (Brewer, Van Raalte, Petipas, Bachman, & Weinhold, 1998; Broughton & Neyer, 2001; Martin, 1998; Watson, in press). This research also suggests that counselors who are able to relate to their clients and understand the dynamics of the student-athlete role are more successful. Building upon this research, several others have advocated for counselors to become more familiar with the subjective experiences of

student-athletes, including their developmental needs (Valentine & Taub, 1999) and the impact of institutional systems on their well-being (Fletcher, Benshoff, & Richburg, 2003).

Danish, D'Augelli, and Ginsberg (1984), in response to a perceived need for developing the student-athlete as a person (Danish & Hale, 1981), formulated a model geared toward enhancing the student-athlete's mental health. Their model integrates a human developmental perspective that remains future focused while addressing the development of personal competence. Stier (1992) later formulated the Triad Model, where the goal is to support the student-athlete's academic, athletic, and social development. Lottes' (1991) Service Model addresses academic, athletic, personal and social issues facing student-athletes while also considering the impact of administration and staffing issues. Gunn and Eddy (1989), for example, suggest student-athletes be encouraged to engage in the transitional activities that could help them better acclimate to their new academic and social environment. This could include participating in orientation and registration sessions, engaging in the academic advising process, utilizing peer mentors and tutors, and participating in workshops and study halls. Another model, the CHAMPS/Life Skills Model, focuses on the student-athlete's successful graduation in tandem with the development of life skills that will enhance their lives post graduation (Carodine, Almond, & Grotto, 2001). Researchers have also proposed integrating a number of theoretical models for use with student-athletes. These include a reflective model (Anderson, Knowles, & Gilbourne, 2004), the use of psychodynamic concepts (Strean & Strean, 1998), Solution-Focused Brief Counseling (Gutkind, 2004), and a student-athlete as peer counselor model (Whitner, & Sanz, 1988). Consistent in this research is the finding that facilitative conditions (congruence, respect, empathy, positive regard) are related to treatment adherence and positive outcomes (Gould et al., 1991).

### **THE WORKING ALLIANCE MODEL IN ATHLETICS**

Several authors have noted the importance of the relationship between the counselor and student-athlete (Brewer, Van Raalte, Petipas, Bachman, & Weinhold, 1998; Broughton & Neyer, 2001; Martin, 1998; Watson, in press) and the significance for counselors to understand the student-athlete's subjective experiences. Thus, it seems reasonable to suggest a model that recognizes the fundamental importance of the emotional bond between participants while maintaining a collaborative effort geared at identifying and accomplishing mutually agreed on counseling goals and tasks. These characteristics are central to the working alliance model (Bordin, 1979). Recent additions to the applied sport psychology literature have supported the use of the working alliance model in sport psychology consultations (Andersen, 2000; Petipas et al., 1999; Poczwardowski, Sherman, & Henschen, 1998). However, a review of the sports counseling literature indicates that, to date, the working alliance model has not been proposed as a viable model for use with student-athletes. Therefore, the working alliance model (Bordin, 1979) is suggested here as a useful template for enhancing positive counseling outcomes for counselors and related helping professionals who work with student-athletes.

### **THE WORKING ALLIANCE MODEL**

Grounded in the psychodynamic tradition, the concept of the working alliance blends a number of traditional psychodynamic constructs, including: a) the notion

of the 'therapeutic alliance' (Zetzel, 1956); b) the nature of the alliance between the analyst and the rationale ego of the client (Sterba, 1934); c) the value of a positive therapeutic contract (Menninger, 1958); and d) the importance of the real relationship in psychoanalysis (Greenson, 1967). Bordin (1979) conceptualized the working alliance as a dynamic, pantheoretical model where the power for change is directly linked to the strength of the shared alliance between the counselor-client dyad and the power of the tasks that are integrated into the alliance. In other words, "the working alliance between the person who seeks change and the one who offers to be a change agent is one of the keys, if not the key, to the change process" (Bordin, 1979, p. 252). Moreover, the pantheoretical perspective of the working alliance makes it viable for differing theoretical and professional orientations and allows for the integration of varied clinical interventions (Strauser, et al., 2004).

Operationally, the working alliance has been defined as "a collaboration for change" (Bordin, 1983, p. 35) consisting of three interdependent elements: (a) mutual agreement and understanding of the goals sought in treatment; (b) mutual agreement of the tasks of the principals involved in treatment; and (c) the bond between the principles involved. Goals represent the outcomes of the counseling process both parties hope to achieve (Chan, Shaw, McMahon, Koch, & Strauser, 1997). In addition, the bond between the client and counselor serves as the foundation of the model. Bordin (1979) noted that the amount of therapeutic change occurring "may be a function of the strength of that bond" (p. 35).

Another key feature of the working alliance model (Bordin, 1979) is its dynamic nature. Bordin (1983), for example, suggested that, "...the amount of change (in the working alliance) is based on the building *and repair* of the strong alliances" (p. 36). Establishing positive alliances early in the therapeutic relationship is preferred, but the dynamic nature of the working alliance allows for change to occur throughout the therapeutic process (Bordin, 1979; Gelso & Carter, 1985; Golden & Robbins, 1990; Horvath & Marx, 1990). In essence, the working alliance model (Bordin, 1979) recognizes that conflict is inevitable and conceptualizes threats to the integrity of the alliance as "the basis for therapeutic change" (Bernard & Goodyear, 1998, p. 69).

## ELEMENTS OF THE WORKING ALLIANCE MODEL

### Goals

The working alliance is based on the use of mutually agreed upon change goals. Change goals are concrete, positive, result-oriented statements of what a client wants to accomplish. According to Bordin (1983), "no change goals can be reached without some basic level of understanding and agreement between the principals involved" (p. 35). Thus, clear and mutually agreed upon goals are instrumental to generating and maintaining a strong working alliance. Prior significant relationships and the theoretical orientation of the practitioner are variables with the potential to influence goal establishment (Bordin, 1979). Change goals that differentiate between cognitive, affective, and behavioral domains, for instance, will all offer unique challenges to the strength, and ultimately the outcome, of the working alliance (Bordin, 1983). Because of the dynamic nature of the model, practitioners should consistently monitor and address the changing needs of the client and work to incorporate mutually agreed upon goals when circumstances warrant. For example, once a student-athlete has attained a set counseling goal, the counselor and student-athlete can work together to address a

new treatment goal if they agree additional treatment is warranted. Overall, collaborating with the student-athlete on change goals provides an ongoing opportunity to enhance the therapeutic relationship through continued engagement in both the relationship and process components (Chen & Bernstein, 2000) of the therapeutic experience.

Bordin (1979) also reasoned that the working alliance could be applied to a variety of other relationships. He stated, for example, that "the concept of the working alliance would seem to be applicable in the relation between teacher and student, between community action group and leader, and with only slight extension, between parent and child" (p. 252). Bordin (1983) later adapted the therapeutic working alliance to clinical supervision and defined it as the supervisory working alliance. As a result, he generated eight supervision goals from the perspective of the supervisee. These included: (a) mastery of specific skills; (b) enlarging one's understanding of clients; (c) enhancing one's awareness of process issues; (d) increasing awareness of one's self and one's impact on the process; (e) overcoming personal and intellectual obstacles toward learning and mastery; (f) deepening one's understanding of concepts and theories; (g) providing a stimulus to research, and (h) maintaining the standards of service. We reason that these goals could be adapted for counseling student-athletes. Applied to a student-athlete population, such goals might include a mixture of academic, social and/or athletic foci, including: (a) mastering of specific athletic, academic, or interpersonal skills; (b) enlarging one's understanding of the coach-athlete or student-athlete roles; (c) enhancing one's understanding of the issues related to athletic and/or academic performance enhancement; (d) increasing one's awareness of their impact on coach-athlete relationships or athletic competitions; (e) overcoming relational conflicts that diminish self-efficacy or related personal or professional gains drawn from athletic competition; (f) strengthening one's role within the framework of a team's single game plan or long term developmental strategy; (g) maintaining one's level of play at the appropriate competitive level; or (h) adhering to an acceptable standard of behavior and academic performance to the team/coaching staff/athletic department/university.

### **Tasks**

Tasks constitute the behaviors and cognitions occurring within the context of the therapeutic dyad (Bordin, 1979). Differing theoretical orientations may influence task development or assignments, but it is essential that a logical connection between the tasks and the change goal(s) remain. In other words, practitioners using the working alliance model should monitor the degree to which student-athletes feel disposed to engage in and accomplish the agreed upon tasks and goals. It is also crucial to monitor their willingness to engage in such activities. Unsurprisingly, disparities relative to the counseling goals or tasks constitute a real threat to the strength of the alliance. Overall, the key for establishing effective goals and tasks includes the need for mutual agreement between the client (i.e., student-athlete) and counselor on the goals and the power of the tasks employed to meet those goals (Bordin, 1979).

### **Bond**

The bond involves "partner compatibility" (Bordin, 1994, p. 16) and is based on the level of mutual liking, caring, and trust that develops from shared activities between the counselor and client (Bordin, 1994; Horvath & Greenberg, 1989). Given that the strength of the working alliance influences positive therapeutic outcomes

(Patton & Kivlighan, 1997), counselors working with student-athletes should remain cognizant of the importance of the bond and consider it throughout the therapeutic process. Supervision researchers (Ladany & Friedlander, 1995), for example, have found that strong emotional bonds reduce the potential negative impact of conflict within the supervisory dyad. It seems logical to reason the same could hold true with student-athletes.

### **EMPIRICAL SUPPORT FOR THE WORKING ALLIANCE MODEL**

Positive working alliances are increasingly recognized as a strong predictor of successful counseling outcomes (Horvath & Symonds, 1991; Patton & Kivlighan, 1997; Kivlighan & Shaughnessy, 2000; Kokotovic & Tracy, 1990, Goering, Wasylenki, Lindsay, Lemire, & Rhodes, 1997). Allied professions are also increasingly studying the working alliance as a viable construct for use with clients, including the psychiatric profession (Catty, 2004). In the rehabilitation counseling literature, Shaw, McMahon, Chan, and Hannold (2004), suggested the working alliance model was effective for working with individuals "for whom issues of inclusion, empowerment, and promotion of autonomy have become central to the definition of a healthy counseling relationship" (p. 109). Another rehabilitation study found positive relationships between the strength of the working alliance and counseling outcomes for clients diagnosed with mild mental retardation (Strauser, Lustig, & Donnell, 2004). Such issues clearly apply to working with student-athletes, especially given their misconceptions about the counseling profession (see Linder, et al., 1991; Ravizza, 1988; Martin et al., 1997). To date, however, the most extensive illustration of the generalizability of the working alliance model in the counseling literature is the extension of the model to supervision, which Bordin (1983) defined as the supervisory working alliance. In a recent comprehensive review of the working alliance in supervision, for example, Bernard and Goodyear (2004) noted three positive outcomes associated with supervisee perceptions of strong supervisory working alliances, including: (a) more willingness (of the supervisee) to self-disclose to the supervisor (Ladany, Hill, Corbett, & Nutt, 1996; Webb & Wheeler, 1998), (b) better adherence to treatment protocols (Patton and Kivlighan, 1997); and (c) improved perceptions of the therapeutic alliance. Strong working alliances also positively influence a supervisee's perception of their working alliance with their clients (Patton and Kivlighan, 1997). Conversely, weak supervisory alliances were associated with perceived unethical behaviors of supervisors (Ramos-Sanchez et al., 2002; Ladany, Lehrman-Waterman, Molinaro, & Wolgast, 1999) and role ambiguity and role conflict (Ladany & Friedlander, 1995). Overall, such a wide degree of positive empirical support offers additional credence to the notion that the working alliance model's view "of shared involvement, power, and commitment" (Shaw et al., 2004, p. 108) can enhance positive outcomes in counseling with student-athlete populations.

### **IMPLICATIONS FOR COUNSELING PRACTICE**

We readily acknowledge the difficulties inherent in increasing student-athlete participation in counseling and do not view the working alliance model as the answer to this complex issue. This is highlighted by literature that notes the following widespread beliefs among student-athletes: (a) counselors will not understand the special concerns, needs, and pressures they face (Greenspan & Andersen, 1995); (b) attending

counseling is a sign of personal weakness (Linder, Brewer, Van Raalte, & DeLange, 1991); (c) counseling is the domain of only the psychologically troubled (Ravizza, 1988); and (d) that counseling will simply not work for them (Martin, Wrisberg, Beitel, & Lounsbury, 1997). Once student-athletes present for services, however, the building of a solid working relationship is critical to effecting positive therapeutic change. Because a student-athlete's schedule is often structured to address demanding (and often competing) athletic and academic requirements, the working alliance model provides student-athletes and counselors with the opportunity to work together to shape the treatment goals best suited to the individual concerns and needs of the student-athlete. Importantly, this process provides an opportunity to experience ownership of the therapeutic process (Horvath & Symonds, 1991), which may help reduce resistance to counseling and foster positive therapeutic outcomes. Further, the pantheoretical nature (Bordin, 1979) of the working alliance model allows for its adoption by a multitude of professional orientations. Academic advisors, professional counselors, and other student affairs professionals may benefit from this model. In essence, addressing mutually agreed upon goals and tasks while conceptualizing alliance ruptures as the basis for therapeutic gains offers student-athletes, counselors, and allied professionals a constructive perspective for resolving problems. Evidence of its wide applicability was identified by Horvath and Symonds (1991), who noted the working alliance's ability to enhance counseling outcomes across different counseling approaches (Horvath & Symonds, 1991).

Conflicts between "individual abilities and environmental demands" (Carodine et al., 2001, p. 20) could negatively impact the student-athlete's academic/athletic performance as well as their self-concept. These difficulties include the potential for student-athletes to experience *role conflict* (athlete vs. student), *role strain* (distress related to meeting perceived demands of parents, coaches, professors, etc...), *value alienation* (assimilating personal values vs. athletic department/societal values), and/or *exploitation* (extensive time demands given to athletic endeavors at the expense of academic/personal needs) (Blinde & Greendorfer, 1992). Such conflicts may be the trigger to clients seeking counseling services. However, student-athletes are unlikely to characterize problems as role strain or value exploitation. It seems more realistic to suggest that these and other issues may manifest as mood disorders, anxiety disorders, poor academic achievement, relationship problems, or simply fatigue and adjustment issues. For the practitioner, being able to conceptualize these complex issues clearly is instrumental in fostering trust and credibility with student-athletes. But how is this accomplished?

Strengthening the alliance involves counselors gaining trust, respect, and credibility from the student-athlete (Ravizza, 1988), which ultimately requires the counselor to have an awareness of the challenges facing student-athletes. Expressing warmth, respect, and interest in the client is viewed as the initial step in facilitating the establishment of a strong bond within the therapeutic dyad (Safran & Muran, 1998b). One technique counselors might utilize to strengthen their working alliance with student-athlete clients is to demonstrate that they are knowledgeable of the complexities inherent in the student-athlete role. If the counselor genuinely is able to communicate recognition of at least some of the issues inherent in the student-athlete role, student-athletes may perceive them as more knowledgeable and empathetic to their concerns, thus creating a stronger bond. For example, counselors might illustrate their familiarity with university or college policy regarding student-athlete travel requirements and the subsequent impact on the student-athlete's ability to balance premium athletic performance while maintaining their academic eligibility.

The dynamic nature of the model also provides a foundation for addressing the inevitable conflict that occurs in any interpersonal relationship, especially those marked by the stressors associated with an athletic scholarship. For example, the daily routines of a student-athlete's collegiate experience are often very structured. This structure is regulated as much by NCAA and institutional standards as it is by each individual coach's program. As such, student-athletes may sense not only a loss of their personal identity, but may come to resent their inability to make effective personal decisions absent the approval of their coach or other athletic or academic advisor. Despite its complexity, the therapeutic process offers an excellent environment from which to engage student-athletes in a collaborative process where they are encouraged to participate in all aspects of their treatment. Specifically, involving the student-athlete in the decision making (i.e., goals and tasks) process increases the chances for the formation of a strong working alliance and, ultimately, the achievement of successful counseling outcomes. However, counselors should remember that effective treatment goals should focus on issues that are both realistic and relevant to the current issues impacting the client (Prout & Strohmmer, 1994).

Embracing the therapeutic gains of the student-athlete is also crucial as progress in treatment can help them generalize such gains to other relationships in their lives. The working alliance notion of conflict as inevitable in relationships and as a vehicle for growth provides student-athletes with a more constructive template from which to engage fissures in relationships that may arise with peers, coaches, or even family members during their tenure on campus. For example, conflict between teammates may reduce overall team cohesion, ultimately resulting in poorer team or individual performances. Allowing student-athletes to experience the rupture and repair of the alliance within the context of a safe counseling environment provides them with the opportunity to recognize similar breakdowns in alliances with others in their lives. Further, successful resolution (or even unsuccessful events) can provide a constructive perspective for addressing problematic interpersonal and intrapersonal issues once they leave the higher education environment.

As noted, the working alliance model promotes a collaborative effort between the counselor and the student-athlete. The foundation of the alliance, the emotional bond, correlates well with literature noting the critical influence of the relationship between the counselor and student-athlete for effecting positive changes in counseling (Brewer, Van Raalte, Petipas, Bachman, & Weinhold, 1998; Broughton & Neyer, 2001; Martin, 1998; Watson, in press). In addition, the collaborative effort inherent within the working alliance model (and by extension the counseling environment) offers the student-athlete an opportunity to engage in the development of personally relevant goals with counselors who are sensitive to the unique world and stressors of the student-athlete. For student-athletes, this process provides an opportunity to experience ownership of the therapeutic process (Horvath & Symonds, 1991), an experience that may help minimize both current and future resistance to treatment and foster positive therapeutic outcomes. In short, the working alliance's focus on collaboration, combined with the reframing of threats to the integrity of the alliance as an opportunity for change, offers student-athletes and practitioners alike another constructive framework for identifying and resolving problems. This perspective may also equip student-athletes with the knowledge that successful problem resolution is often a collaborative process and the means to stronger overall relationships and personal well-being.



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## CONCLUSION

The working alliance model (Bordin, 1979) is offered as an adaptable, empirically validated framework for helping practitioners help student-athletes address problematic issues and behaviors. The elements of the working alliance model are presented along with suggestions for its implementation with a student-athlete population. Overall, the authors reason that the working alliance model's (Bordin, 1979) collaborative, dynamic, and pantheoretical framework makes it readily adaptable for counselors and allied professionals working with student-athletes.

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