Perceptions of Psychological Interventions in the Context of Sport Injury Rehabilitation

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Two experiments were conducted to evaluate perceptions of three different psychological interventions in the context of sport injury rehabilitation. In Experiment 1, college students (N = 161) rated their perceptions of goal setting, imagery, or counseling as an adjunct to physical therapy for a hypothetical injured athlete. In Experiment 2, injured athletes (N = 20) received brief introductory sessions of goal setting, imagery, and counseling. Subjects’ perceptions were assessed immediately following each intervention. In both experiments, subjects displayed a preference for goal setting, although positive perceptions were obtained for all three interventions. Females’ perceptions of the interventions were significantly more positive than those of males in Experiment 1, but not in Experiment 2. The findings suggest that goal setting, imagery, and counseling are sufficiently credible to be examined in controlled outcome studies with injured athletes.

Psychological factors are increasingly being recognized by sports medicine professionals as important in the rehabilitation of sport injuries (Brewer, Van Raalte, & Linder, 1991; Fisher, Mullins, & Frye, 1993; Gordon, Milios, & Grove, 1991; Wiese, Weiss, & Yukelson, 1991). Research has identified psychosocial variables associated with psychological distress following sport injury (McDonald & Hardy, 1990; Smith, Scott, O’Fallon, & Young, 1990), adherence to sport injury rehabilitation programs (Duda, Smart, & Tappe, 1989; Fisher, Domm, & Wuest, 1988), progress in the rehabilitation of sport injuries (Ievleva & Orlick, 1991; Wise, Jackson, & Rocchio, 1979), and sport injury occurrence (Andersen & Williams, 1988).

A number of psychological interventions (e.g., goal setting, imagery, counseling, cognitive restructuring, peer modeling) have been recommended to enhance the psychological well-being of injured athletes, to increase adherence to injury rehabilitation protocols, and to facilitate the physical rehabilitation of injured athletes (Fisher, 1990; Fisher et al., 1993; Gordon, 1986; Lynch, 1988;...
Petitpas & Danish, in press; Rotella, 1985; Rotella & Heyman, 1993; Smith, Scott, & Wiese, 1990; Weiss & Troxel, 1986; Wiese & Weiss, 1987; Wiese-Bjornstal & Smith, 1993). Although these interventions have often been recommended in the literature, there is limited empirical support for their use with injured athletes. Controlled outcome studies are needed to determine the effectiveness of these interventions in the context of sport injury rehabilitation (Wiese et al., 1991).

Before conducting outcome research in this area, however, it is important to know how various psychological interventions will be perceived by injured athletes, the potential recipients of such interventions. This is especially critical because the interventions are psychological and could conceivably be viewed with skepticism. For example, college athletes have been found to underutilize mental health services (Bergandi & Wittig, 1984; Carmen, Zerman, & Blaine, 1968; Pierce, 1969; Segal, Weiss, & Stokol, 1965). Presumably only interventions perceived as credible and acceptable to injured athletes will be beneficial (Ievleva & Orlick, 1991). Without confidence in the treatment, psychological intervention is unlikely to be effective (Meichenbaum & Turk, 1987).

The importance of examining client perceptions of psychological interventions is widely recognized within the field of behavior therapy. Studies have investigated the "treatment acceptability" of numerous interventions, including marital therapy (e.g., Upton & Jensen, 1991; Wilson & Flammang, 1990), sex therapy (Wilson & Wilson, 1991), and treatments for anorexia nervosa (Sturmey, 1992), child behavior problems (e.g., Friman & Leibowitz, 1990; Walle, Hobbs, & Caldwell, 1984), and geriatric behavior problems (Lundervold, Lewin, & Bourland, 1990). In sport psychology, a recent study evaluated the treatment acceptability of common performance enhancement interventions, finding that a sample of professional golfers held generally favorable perceptions of relaxation, imagery, and cognitive restructuring (Jensen, Kennerly, LeJeune-Hall, & Bacon, 1992). Treatment acceptability has been hypothesized to be associated with adherence to, satisfaction with, and outcomes of psychological interventions (Cross Calvert, & Johnston, 1990). Accordingly, it is imperative to understand perceptions of psychological interventions used in sport injury rehabilitation.

Three of the interventions commonly suggested for use in the context of sport injury rehabilitation are goal setting, imagery, and counseling. Goal setting is a strategy in which the injured athlete and sport rehabilitation professional collaboratively establish rehabilitation targets. This technique has been recommended to motivate the rehabilitation behavior of injured athletes (DePalma & DePalma, 1989; Ermler & Thomas, 1990; Smith, Scott, & Wiese, 1990; Weiss & Troxel, 1986; Wiese & Weiss, 1987; Wiese-Bjornstal & Smith, 1993; Worrell, 1992). Ievleva and Orlick (1991) found that the self-reported use of goal setting was associated with faster recovery in a sample of sports medicine clinic patients with knee or ankle injuries.

Imagery, which is sometimes called visualization, is a strategy that involves mentally rehearsing desired rehabilitation outcomes such as healing, returning to sport participation, and executing sport skills (Gordon, 1986; Green, 1992; Lynch, 1988; Rotella, 1985; Rotella & Heyman, 1993; Weiss & Troxel, 1986; Wiese & Weiss, 1987). Typically accompanied by training in muscle relaxation, imagery may be used to promote healing, enhance motivation, and provide injured athletes with a method for coping with the pain and stress associated with injury.

Counseling is an intervention in which injured athletes are given the opportunity to discuss their concerns privately, apart from individuals who have a vested interest in their return to athletic activity (Eldridge, 1983; Lynch, 1988; Smith, Scott, & Wiese, 1990; Wiese-Bjornstal, & Smith, 1993). Counseling may occur either in an individual format, with a counselor and a single injured athlete, or in a group format, with a counselor and several injured athletes. Both formats allow for the provision of social support, which has been linked to progress in the rehabilitation of sport injuries (Gordon et al., 1991; Ievleva & Orlick, 1991; Wiese et al., 1991). Group counseling also permits injured athletes to learn that they are not alone in being injured and to benefit from the experiences of others with similar concerns (Singer & Johnson, 1987; Weiss & Troxel, 1986; Wiese & Weiss, 1987).

The literature reviewed suggests that the ultimate effectiveness of goal setting, imagery, and counseling for injured athletes may rest in part on how those interventions are viewed. Nevertheless, perceptions of the interventions as applied to sport injury rehabilitation have not been documented. Therefore, the purpose of this investigation was to assess perceptions of psychological interventions in the context of sport injury rehabilitation.

In Experiment 1, undergraduate students rated their perceptions of goal setting, imagery, or counseling as applied to a hypothetical injured athlete. In Experiment 2, patients at a sport rehabilitation clinic rated their perceptions of brief introductory sessions of goal setting, imagery, and counseling. Because males and females have been found to differ in terms of their perceptions of athletes receiving sport psychology consultation (Linder, Brewer, Van Raalte, & DeLange, 1991), sex was included as a variable of interest in both experiments.

**Experiment 1**

**Method**

**Subjects.** Subjects were 161 students (86 females and 75 males) enrolled in an introductory psychology or abnormal psychology course at a small Northeastern college. The mean age of subjects was 19.88 (SD = 2.98) years. The vast majority of the subjects (94%) reported having participated in organized sport at the high school level or above, with nearly half of subjects (48%) reporting involvement in organized sport at the college level. Nearly half of the subjects (45%) also reported having sustained an athletic injury that required physical therapy.

**Measures.** Developed for this study, the Intervention Perceptions Questionnaire (IPQ) was designed to assess overall perceptions of psychological interventions in the context of sport injury rehabilitation. The IPQ has seven items that tap into perceptions of satisfaction, motivational effects, treatment adherence effects, beliefs/attitudes, and general effectiveness of various psychological interventions. Items are scored on 7-point Likert-type scales that are summed to create a single global outcome measure (see Figure 1).

The Treatment Acceptability Questionnaire (TAQ) (Hunsley, 1992) was administered to provide evidence for the concurrent validity of the IPQ. Designed
1. How would you rate your overall satisfaction with _____? (very dissatisfied, very satisfied)

2. How much would you say that _____ would help your injury rehabilitation program? (not very helpful, very helpful)

3. How much would you say that _____ would harm your overall rehabilitation program? (very harmful, not at all harmful)

4. How likely would you be to participate in _____ on an ongoing basis throughout rehabilitation? (not at all likely, very likely)

5. How would _____ affect your motivation for your physical rehabilitation regimen? (decrease motivation, increase motivation)

6. How useful would you say that _____ would be for coping with your injury? (not at all useful, very useful)

7. How important do you feel _____ would be in your overall rehabilitation process? (not very important, very important)

Figure 1 — Intervention Perceptions Questionnaire. The specific intervention technique under consideration is listed in the blank space in each item. Scale anchors are indicated in parentheses following each item.

to assess the treatment acceptability of psychological treatments for adults and children, the TAQ is a 6-item measure scored on 7-point Likert-type scales. TAQ items include questions such as “Overall, how acceptable do you find the proposed treatment to be?” and “How effective do you think this treatment might be?” The TAQ has been shown to have good internal consistency (alphas ranging from .74 to .81) and test–retest reliability (.78 over a 3-week period) (Hunsley, 1992).

Procedure. Subjects completed the experimental questionnaires during a normal class period. In accord with institutional review board policy, subjects were informed that completion of the questionnaires constituted their consent to participate in the study. After providing demographic information, subjects read a description of a hypothetical college athlete who is working with a sport psychologist on goal setting, imagery, or counseling during rehabilitation of an injury that required surgery. Subjects were randomly assigned to intervention conditions. Random assignment to condition by sex, though desirable, was not possible in the classroom setting without compromising the integrity of the experimental manipulation.

The description of the goal-setting condition read as follows:

Chris, who is an athlete on a college sports team, sustained an injury during competition that required surgery. Chris is now undergoing physical therapy at a local sports medicine clinic. As part of the rehabilitation regimen, Chris is working with a sport psychologist. The sport psychologist is helping Chris to set short-term and long-term rehabilitation goals. Chris is being encouraged to set specific, positive, and challenging (yet reasonable) goals
that focus on rehabilitation processes such as completing home exercises and giving maximal effort during physical therapy sessions.

The description for the imagery condition began similarly, but the final two sentences read as follows:

The sport psychologist is helping Chris with exercises focusing on deep breathing, progressive muscle relaxation, and mental imagery. Chris is being encouraged to develop images pertaining to physical healing and sport performance.

The description for the counseling condition ended as follows:

The sport psychologist is helping Chris to discuss thoughts and feelings associated with the injury, the rehabilitation process, social support, and coping strategies. Chris is being encouraged to express openly these thoughts and feelings.

After reading one of the three descriptions, subjects completed a version of the IPQ tailored to Chris’s situation (e.g., Item 1 was modified to read “What would be Chris’s overall satisfaction with ____?”) and the TAQ.

**Results and Discussion**

The internal consistency of the IPQ (alpha = .82) was found to be adequate (Nunnally, 1978), and the IPQ was significantly correlated with the TAQ, $r = .60$, $p < .001$, providing preliminary evidence for the construct validity of the IPQ. An alpha reliability coefficient of .69 was obtained for the TAQ. Means and standard deviations of IPQ scores are presented in Table 1.

**Table 1** Means and Standard Deviations of Intervention Perception Questionnaire Scores in Experiment 1

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Sex</th>
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<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td></td>
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<tr>
<td>Goal Setting</td>
<td>41.10</td>
<td>41.13</td>
<td></td>
</tr>
<tr>
<td>$M$</td>
<td>5.08</td>
<td>4.87</td>
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</tr>
<tr>
<td>$SD$</td>
<td>23</td>
<td>31</td>
<td></td>
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<tr>
<td>Imagery</td>
<td>37.73</td>
<td>39.37</td>
<td></td>
</tr>
<tr>
<td>$M$</td>
<td>5.24</td>
<td>5.08</td>
<td></td>
</tr>
<tr>
<td>$SD$</td>
<td>26</td>
<td>27</td>
<td></td>
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<tr>
<td>Counseling</td>
<td>36.00</td>
<td>40.86</td>
<td></td>
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<tr>
<td>$M$</td>
<td>7.30</td>
<td>6.44</td>
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<tr>
<td>$SD$</td>
<td>18</td>
<td>36</td>
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A 2 x 3 (Sex x Intervention) analysis of variance (ANOVA) was performed on IPQ scores to examine differences in perceptions of goal setting, imagery, and counseling in the context of sport injury rehabilitation. Results indicated that the Sex x Intervention interaction was not statistically significant. There were, however, significant main effects of sex, $F(1, 155) = 5.22, p < .05$, and intervention, $F(2, 155) = 3.58, p < .05$. Females had more positive perceptions of the three interventions than did males. Bonferroni contrasts (collapsed across sex) revealed that perceptions of goal setting were more favorable than those of imagery, $t(158) = 2.27, p < .0167$. Perceptions of counseling did not differ significantly from those of goal setting and imagery.

The results of this study indicate that college students, particularly females, hold positive perceptions of several psychological interventions in the context of sport injury rehabilitation. A preference for goal setting was observed. Although virtually all subjects had athletic backgrounds, and many subjects had experienced a sport injury requiring physical therapy, the method employed in this study involved obtaining perceptions of psychological interventions used with a hypothetical injured athlete. It is not known how actual injured athletes would perceive various psychological interventions. In addition, subjects in this study read written descriptions of psychological interventions rather than experiencing them in vivo.

**Experiment 2**

Experiment 2 was designed to obtain a more naturalistic assessment of the perceptions of psychological interventions held by injured athletes. Athletes undergoing physical therapy at a sports medicine clinic were given brief introductory sessions of goal setting, imagery, and counseling and were asked to rate their perceptions of these interventions on the IPQ.

**Method**

**Subjects.** Subjects were 20 patients (12 males, 8 females) who were receiving physical therapy for their injuries at one of two sports physical therapy clinics and who volunteered to participate in the study. The mean age of subjects was 25.10 ($SD = 6.52$) years. To be eligible for the study, subjects were required to be at least 18 years of age (to avoid the need to obtain parental consent) and to have been participating in an athletic activity three or more times per week prior to their injury. Subjects were seeking treatment for injuries of the knee ($n = 10$, 8 had torn anterior cruciate ligaments), the back ($n = 2$), the shoulder ($n = 2$), and miscellaneous other body parts ($n = 6$). A majority of the subjects (70%) reported sustaining their injury while involved in a sport activity. More than half of the subjects (55%) reported having had a previous injury of some sort during their athletic careers. For the most part, subjects were inexperienced with respect to psychological intervention, as only 25% ($n = 5$) reported ever having used any type of self-help skills on a regular basis during injury rehabilitation.

**Procedure.** Subjects meeting selection criteria were recruited for participation in the study by their attending physical therapist. The experimenter, who
had no affiliation with either of the two physical therapy clinics, contacted subjects at the clinic to schedule experimental sessions. No changes to the subjects’ individual physical therapy programs were made due to this investigation. Experimental sessions took place in a quiet room within the physical therapy clinic.

After receiving an explanation of the purpose and procedures of the study, subjects completed an informed consent form and a questionnaire requesting demographic and background information, including an item (a “rehabilitation rating”) in which subjects were asked to rate how well their overall rehabilitation program was going on a 7-point scale with anchors of very poorly and very well. Subjects were then given brief introductory sessions of imagery, goal setting, and counseling interventions, with approximately 15–20 minutes devoted to each intervention. Subjects were randomly assigned to one of the six possible orders of presentation of the three interventions.

The goal-setting intervention followed Danish and D’Augelli’s (1983) guide for identifying an appropriate rehabilitation goal, assessing the importance of that goal, analyzing potential roadblocks to the goal, and constructing a ladder of intermediate, short-term goals to help subjects meet their long-term goal. In accord with the literature on goal setting in sport injury rehabilitation (DePalma & DePalma, 1989; Ermler & Thomas, 1990; Smith, Scott, & Wiese, 1990; Worrell, 1992), subjects were encouraged to set goals that were specific, positive, challenging (yet reasonable), and focused on rehabilitation processes (e.g., completing home exercises) rather than on rehabilitation outcomes (e.g., walking without pain).

In the imagery intervention, subjects were led through a scripted exercise involving deep breathing, progressive muscle relaxation, healing images, and sport performance images. In the counseling intervention, the experimenter asked the subjects “open questions” (Ivey, Ivey, & Simek-Downing, 1987) about their thoughts and feelings associated with the injury, the rehabilitation process, their support system, and their coping strategies. The experimenter offered support for the thoughts and feelings provided by subjects. A copy of the scripts and/or outlines for each intervention is available upon request from the first author.

Immediately following each brief intervention session, subjects completed the IPQ. After the three intervention sessions were finished, subjects completed a questionnaire that included several open-ended items assessing subjects’ overall perceptions of the three intervention techniques, an item asking subjects how willing they would be to go to a sport psychologist if referred (rated on a 7-point Likert-type scale with anchors of 1 = unwilling and 7 = very willing), and the item described above in which subjects were asked to provide an overall rating of how well their rehabilitation program was going. At the conclusion of the experimental session, subjects were debriefed and thanked for their participation.

Results and Discussion

To compare male and female subjects’ perceptions of the three psychological intervention techniques, an analysis of variance with repeated measures was performed on IPQ scores using the SPSS (Chicago, IL) MANOVA program. In supplementary analyses, a $t$ test was performed on the preexperimental and postexperimental rehabilitation ratings and Pearson correlations were calculated.
Table 2  Means and Standard Deviations of Intervention Perception Questionnaire Scores in Experiment 2

<table>
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<tr>
<th>Intervention</th>
<th>Sex</th>
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<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td></td>
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<tr>
<td>Goal Setting</td>
<td>42.17</td>
<td>43.75</td>
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<tr>
<td></td>
<td>4.80</td>
<td>2.87</td>
<td></td>
</tr>
<tr>
<td>Imagery</td>
<td>39.08</td>
<td>38.88</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.91</td>
<td>4.58</td>
<td></td>
</tr>
<tr>
<td>Counseling</td>
<td>38.50</td>
<td>40.25</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6.10</td>
<td>3.28</td>
<td></td>
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</tbody>
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Note. \( n = 12 \) males and 8 females.

between IPQ scores and preexperimental and postexperimental rehabilitation ratings.

The Sex \( \times \) Intervention interaction and the main effect of sex were not statistically significant. Significant differences were found among perceptions of the three intervention techniques, \( F(2, 36) = 6.97, p < .005 \). Bonferroni contrasts (collapsed across sex) revealed that goal setting was perceived significantly more positively than both imagery, \( F(1, 19) = 14.78, p < .005 \), and counseling, \( F(1, 19) = 8.88, p < .01 \). Perceptions of imagery did not differ significantly from perceptions of counseling. Means and standard deviations of IPQ scores are displayed in Table 2. In general, as in Experiment 1, all three interventions were perceived positively by subjects.

Results of the correlational analysis indicated that the only significant relations were between preexperimental and postexperimental rehabilitation ratings \( (r = .68, p < .005) \), and between IPQ goal setting scores and both preexperimental \( (r = .44, p < .05) \) and postexperimental \( (r = .69, p < .005) \) rehabilitation ratings.

The mean preexperimental rehabilitation rating was 4.90 \( (SD = 1.12) \) and the mean postexperimental rehabilitation rating was 5.60 \( (SD = 1.05) \). These two means were significantly different, \( t(19) = -3.62, p < .005 \). This finding suggests the tentative conclusion that simply participating in psychological intervention sessions may improve injured athletes' attitude toward their rehabilitation and consequently may have a salubrious effect on their rehabilitation behavior. Of course, controlled research is needed to verify this speculation.

Responses to the open-ended questions about the goal setting, imagery, and counseling generally mirrored the positive perceptions indicated on the IPQ. Comments on goal setting typically emphasized the motivational qualities of that intervention. Several subjects, however, noted the risk of setting “unrealistic
goals” and raising “false hopes.” Favorable comments on the imagery intervention cited the benefits of positive images and praised the relaxation component of the imagery exercise. A minority of subjects expressed reservations about imagery, either deeming it “too time consuming” to practice on a regular basis or questioning its effectiveness. Comments on the counseling intervention indicated that subjects generally appreciated the opportunity to discuss thoughts and feelings pertaining to their injury rehabilitation with an “objective source,” although some subjects reported having “difficulty in sharing feelings and thoughts” and questioned the impact counseling would have on rehabilitation.

Although subjects indicated a moderate willingness to go to a sport psychologist if referred ($M = 4.80$, $SD = 1.67$), the open-ended responses were far more revealing. Subjects offered a wide range of responses to the question “How would you feel if your physical therapist/physician referred you to a sport psychologist?” Many of the subjects were receptive to the idea of consulting a sport psychologist. A few subjects were more ambivalent, citing “mixed feelings” or indicating that they were “very interested, but a little cautious.” One subject (a young football player) responded that he “would be insulted,” and another subject stated that he would “feel fine about going—if insurance covered it.” Similar divergence in opinion among injured athletes about the possibility of working with a sport psychologist during sport injury rehabilitation was documented by Pearson and Jones (1992).

It is important to recognize several limitations of this study. First, subjects were volunteers and, as such, may not represent injured athletes and sports medicine clinic patients as a whole. It is possible that the individuals who volunteered to participate in the study held positive perceptions of psychological interventions prior to their participation in the study. However, the fact that only a small percentage of subjects reported using self-help skills would seem to argue against this possibility.

Second, subjects’ positive perceptions of psychological interventions may have resulted from subjects’ desire to please the experimenter. However, by focusing on evaluation of intervention techniques rather than on the experimenter’s competence, the demand for a socially desirable response may have been attenuated.

Third, the context in which the psychological interventions were evaluated was somewhat contrived and artificial. Typically, psychological interventions would be administered only after sufficient rapport has been developed between the sport rehabilitation professional and the injured athlete. Moreover, the psychological interventions would likely be used in combination, as part of a treatment package, rather than in the independent, isolated manner in which they were presented in this study. The fact that subjects responded only to a single introductory session of each intervention limits the generalizability of the findings to the extent that subjects’ perceptions of the interventions may change over time (i.e., with repeated exposure). Nonetheless, subjects were exposed to the “basics” of each intervention and based their judgments on actual experience rather than on a written description.

General Discussion

As evidenced by mean IPQ scores ranging between 36.00 and 43.75 (on a scale of 7–49), it was found in this investigation that psychological interventions were
perceived positively in the context of sport injury rehabilitation by college students and injured athletes. Although subjects expressed a slight preference for goal setting in Experiments 1 and 2, the mean ratings for counseling and imagery were also at the positive end of the rating continuum. The injured athletes in Experiment 2 were moderately receptive to the idea of referral to a sport psychologist, but did, however, voice some concern about the time commitment involved in psychological interventions, particularly imagery and counseling. In Experiment 1, female subjects had significantly more favorable perceptions of the psychological interventions than did male subjects. When combined with the results of Linder et al. (1991), this finding suggests that females may be more receptive to sport psychology interventions than males. Although no significant sex difference was obtained in Experiment 2, it is possible that a larger sample size would have yielded results similar to those found in Experiment 1.

Limitations of this investigation notwithstanding, the results of Experiments 1 and 2 furnish converging evidence that goal setting, counseling, and imagery are sufficiently credible to be evaluated empirically in controlled outcome studies to determine their effectiveness in the context of sport injury rehabilitation. It would seem that these interventions meet treatment acceptability criteria (Hunsley, 1992) and would be generally well-received by patients in sport rehabilitation settings.

Replication of Experiment 2 with a broader sports medicine clinic sample and a longer period of psychological intervention would provide additional background for outcome research in this area of inquiry. Also, it is important to note that due to practical considerations, it was not possible in this investigation to evaluate all of the psychological interventions that have been recommended for use with injured athletes. For example, interventions such as cognitive restructuring (Lynch, 1988; Rotella, 1985; Rotella & Heyman, 1993; Weiss & Troxel, 1986; Wiese & Weiss, 1987; Worrell, 1992) should be included in future research.

The results of this investigation have several implications for the use of psychological interventions with injured athletes. First, the open-ended responses of subjects in Experiment 2 regarding the time commitment associated with psychological intervention suggest that psychological interventions should be integrated into the physical rehabilitation program. This would help ensure that psychological interventions are not viewed as “additional” or “extra.”

Second, subjects’ apparent preference for goal setting, which is consistent with previous research (Fisher & Hoisington, 1993), suggests that setting goals may be a more natural part of the athlete’s daily routine. If an athlete has set goals for athletic performance, goal setting may be easily transferred to the context of sport injury rehabilitation. Goal setting may also be more of a concrete activity than imagery and counseling. Consequently, injured athletes may be more likely to view themselves as active (as opposed to passive) participants in goal setting than they would in imagery and counseling. In addition, the use of goal setting does not involve a large time commitment. If the injured athlete is properly instructed on how to set rehabilitation goals, goal setting could be monitored easily by the sport rehabilitation professional by checking that the injured athlete is writing down goals and by encouraging the injured athletes to attain set goals.

Third, the significant positive correlations between rehabilitation ratings and perceptions of goal setting in Experiment 2 suggest that injured athletes who
perceive their rehabilitation program to be going favorably are more likely to prefer goal setting. This illustrates that certain interventions may be appropriate for some injured athletes and not for others. For example, individuals whose injury rehabilitation is not progressing smoothly may become frustrated with a goal setting intervention when they fail to progress as anticipated.

Although only a small portion of sports medicine clinics have sport psychologists on staff (Cerny, Patton, Whieldon, & Roehrig, 1992), the results of this investigation are encouraging for sport psychologists who work with injured athletes. The college students in Experiment 1 and the injured athletes in Experiment 2 were generally receptive to psychological interventions in the context of sport injury rehabilitation. Further inquiry is needed to evaluate the effectiveness of psychological intervention on both physical outcomes (e.g., recovery time) and psychological outcomes (e.g., mood, rehabilitation adherence). Psychological interventions have been recommended to augment physical treatments in the rehabilitation of sport injuries. Should the empirical data support the effectiveness of psychological interventions, the role of sport psychologists in sport injury rehabilitation may grow.

References


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