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# SELF-STIGMA, ATTITUDES, AND PREFERENCES WHEN SEEKING MENTAL HEALTH AND SPORT PSYCHOLOGY SERVICES: A STUDENT-ATHLETE POINT OF VIEW

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SELF-STIGMA, ATTITUDES, AND PREFERENCES WHEN SEEKING MENTAL  
HEALTH AND SPORT PSYCHOLOGY SERVICES: A STUDENT-ATHLETE POINT  
OF VIEW

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THESIS

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A thesis submitted in partial fulfillment of the  
requirements for the Masters of Science in the  
College of Education at the University of Kentucky

By

Rena Marie Goodwin

Lexington, Kentucky

Director: Dr. Heather Erwin, Professor of Kinesiology and Health Promotion

Lexington, Kentucky

2017

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## ABSTRACT OF THESIS

### SELF-STIGMA, ATTITUDES, AND PREFERENCES WHEN SEEKING MENTAL HEALTH AND SPORT PSYCHOLOGY SERVICES: A STUDENT-ATHLETE POINT OF VIEW

This study explored student-athletes' attitudes, stigmas, and preferences toward mental health and sport psychology services. Previous research has identified that student-athletes report similar rates of distress compared to the general student population (Davoren & Hwang, 2014; Frank, Hautzinger & Beckmann, 2013). While student-athletes are in need of mental health services, previous research has also found that student-athletes can benefit from the use of sport psychology services. Previous research has demonstrated the need to support student-athletes as people, students, and athletes (Andersen, Miles, Robinson, & Mahoney, 2004; Bond, 2002; Friesen & Orlick, 2010; Miller & Kerr, 2002). However, not all athletic departments offer mental health and sport psychology services for their student-athletes. Additionally, student-athletes, coaches, and athletic departments, often stigmatize mental health and sport psychology services which results in underutilization. In order to better understand the need and preferences of using these services from a student-athlete's perspective, this study surveyed 174 NCAA Division 1 athletes. The findings of this study revealed that student-athletes were more likely to seek mental health and sport psychology services if they had a) positive attitudes toward seeking help, b) low levels of self-stigma and c) services accessible within their athletic department.

**KEYWORDS:** Student-Athlete, Mental Health, Sport Psychology, College Athletics, Self-Stigma and Attitudes

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Rena Marie Goodwin

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## DEDICATION

*Firstly,*

To my mentor and friend Dr. Josie Nicholson. Josie, thank you for playing an intricate part of my experience as a student-athlete the support you provided me during that stage of my life and the lessons you taught me have deeply impacted my life and helped me become the person and professional I am today. From the bottom of my heart, thank you!

*And Secondly,*

To all my fellow student-athletes, past, present, and future...I dedicate this study to you.

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## Table of Contents

ACKNOWLEDEMENTS .....	iii
Introduction .....	1
Method .....	7
Research Questions.....	7
Hypotheses: .....	7
Participants and Recruitment.....	8
Instrumentation .....	9
Demographic information .....	9
The Attitudes Toward Seeking Professional Psychological Help-Short Form (ATSPPHS-SF). .....	9
Self-Stigma of Seeking Help Scale (SSOHS).....	10
Preferences in Psychological Services. ....	10
Pilot Testing.....	11
Data Analysis.....	12
Results .....	13
Demographics.....	13
Student-Athletes’ History of Seeking Mental Health and Sport Psychology Services .....	13
Student-Athletes’ Attitudes and Stigmas Toward Seeing Help.....	14
Student-Athletes’ Perceived Likelihood To Seek, and Helpfulness of, Mental Health and Sport Psychology Services.....	14
Attitudes, Stigmas, and Preferences Towards Mental Health and Sport Psychology Services.....	15
Hypothesis 1a.....	15
Hypothesis 1b.....	15
Hypothesis 1c.....	15
Hypothesis 2a.....	16
Hypothesis 2b.....	16
Hypothesis 2c.....	17
Discussion .....	22
Self-Stigma and Attitudes Toward Mental Health and Sport Psychology Services.....	22
Attitudes Toward Mental Health and Sport Psychology Services .....	26
Conclusions .....	29
Limitations.....	30
Future Research .....	31
Appendix A.....	33
Recruitment Emails .....	33
Appendix B.....	39
Demographic Information .....	39
Appendix C.....	44
Attitudes toward Seeking Professional Psychological Help Scale .....	44
Appendix D.....	47
Self Stigma of Seeking Help Scale.....	47
Appendix E.....	50
Preferences in Psychological Services.....	50



Appendix F .....	53
Literature Review .....	53
References .....	93
Vita .....	103

## List of Tables

Table 1. Participants' and Demographic Information.....	18
Table 2. Student-Athletes' Preferences When Seeking Mental Health and Sport Psychology Services .....	20
Table 3. Reported Mental Health and Sport Psychology Sessions.....	21

## **Introduction**

According to The National Collegiate Athletic Association (NCAA) there are over 460,000 student-athletes who compete in 24 different sports nationwide (NCAA.com, 2016). In particular, Division I athletic departments provide student-athletes with a unique opportunity to pursue both high-level academics and athletics. During athletes' collegiate years, they are challenged to make life decisions relating to their sense of purpose as they cultivate lasting and meaningful relationships and identify personal values (Etzel, 2009). Additionally, as members of an athletic department, student-athletes are also provided with a sense of belonging, networking opportunities, and a strong support base (e.g., coaches, counselors, trainers, tutors, & mentors) helping them to develop as athletes and members of society.

While intercollegiate athletics provides a unique environment allowing young adults to explore athletic and academic pursuits, many student-athletes find this experience challenging and struggle with the cultural demands of a rigorous mental and physical environment (Etzel, Ferrante & Pinkney, 2002). Failure to navigate this experience has the potential to negatively impact student-athletes' psychological well-being (Etzel et al., 2002). Along with their non-athlete counterparts, student-athletes are likely to encounter the typical "college struggles" (e.g., adjustment difficulties, social isolation and withdrawal, difficulty coping, identity confusion, etc.) during their 4-5 years on campus (Etzel, 2009). However, given the additional demands (e.g., competitive pressures, practice, rehab, strength and conditioning, competition, travel, tutors, study-hall hours, etc.) of being a student-athlete, student-athletes may experience additional psychological distress that may result in various negative outcomes, including, but not

limited to: performance obstacles and anxiety, prolonged injury rehabilitation, disordered eating/eating disorders, identity confusion, and expected/unexpected retirement from sport (Carr & Davidson, 2014; Coppel, 2014; Davoren, & Hwang, 2014; Hack, 2007; Klenck, 2014; Thompson, 2014). In addition, past research has shown that student-athletes and non-athletes experience depression at the same rates, despite the common perception that athletes are “immune” to various mental health issues (Maniar, Chamberlain & Moore, 2005). Finally, it has been consistently and historically shown that at *least* 10% to 15% of student-athletes would benefit from seeking mental health services (Hinkle, 1994; Murray, 1997; Parham, 1993).

In recent years, the NCAA has openly recognized that mental health issues are a serious concern in intercollegiate athletics. Along with new regulations, the NCAA has, and continues, to raise awareness of student-athletes’ mental health needs; requiring member NCAA institutions to create and implement mental health protocols that include access and/or referral to licensed mental health professionals (Klenck, 2014). Researchers and sport psychology professionals have long called for in-house mental health services within Division 1 intercollegiate athletics (viz., Connole et al., 2014; Hack, 2007; Lopez & Levy, 2013). However, when mental health services are not provided “in-house” student-athletes may encounter barriers when seeking services independently. For example, a student-athlete may feel misunderstood and less likely to develop a relationship with a mental health professional who has little-to-no background or understanding of sport or collegiate athletics (Hack, 2007). Additionally, most university counseling centers operate during normal business hours, which often coincide with classes, practice, and competition schedules; making it difficult for student-athletes to

attend regular counseling sessions (Lopez & Levy, 2013). Finally, it is common for many campus counseling centers to become overbooked and restrict students to a fixed number of sessions; making it even more challenging to meet the needs of student-athletes in a timely manner (Gill, 2008). Thus, professionals who are trained and knowledgeable in working with this population can make a case for providing student-athletes with more accessible mental health services. Unlike sport psychology services many athletic departments are still in the early stages of developing mental health protocols and creating accessibility to mental health services for student-athletes. While some athletic departments already provide sport psychology services, not all Sport Psychology Professionals (SPP's) are qualified to work with student-athletes who are experiencing mental health issues (e.g., depression, anxiety, eating disorders etc.) that may be impeding student-athletes' ability to perform both on and off the field.

A significant challenge within the field of sport psychology is that there exists no clear or single path to becoming a sport psychology professional. For instance, a sport psychology professional (SPP) and sport psychologist are very different with respect to training, competencies, general expertise, qualifications, and scope of practice. A sport psychologist is a licensed mental health professional who has additional specialized training in sport and performance psychology (Carr & Davidson, 2014). These individuals can help athletes improve his/her sport performance (e.g., imagery, goal setting, progressive muscle relaxation, focus, etc.) and other, more clinical, psychological issues (e.g., depression, severe anxiety, adjustment disorders, etc.). A sport psychologist has advanced education and experience in psychological disorders, appraisal, and

treatments and can therefore, ethically treat student-athletes for psychological issues that are related and/or unrelated to performance enhancement.

SPP is a broad term that includes any qualified person with advanced training in sport, exercise, and performance psychology (Carr & Davidson, 2014). SPPs may include, under the broad classification, sport psychologists. In other words, all sport psychologists are SPPs, but not all SPPs are sport psychologists. Most SPPs will have training in clinical counseling and mental health, but are not necessarily license eligible. Instead, SPP is a term to refer to those who have advanced training in mental skills for elite performance, ethical delivery of services, and are well-versed in the culture of athletics (Hack, 2007; Martin, Zakrajsek, & Wrisberg, 2012). This background allows for easier integration within the athletic department and aids in building rapport with athletes, coaches, athletic trainers, and support staff. Despite the increase in recognition received by SPPs within the realm of intercollegiate athletics, athletes seeking mental health services were/are historically forced to utilize university counseling centers along with their non-athlete counterparts. Some (large) athletic departments have in-house SPP(s) who work directly with student-athletes and coaches, but these positions are rare and often underfunded (e.g., one professional for all 500+ athletes). However, since most SPPs typically do not have any formal counseling/clinical training or licensure, their scope of practice limits their ability to work with student-athletes who need mental health services.

Due to the demands of modern day intercollegiate athletics, an argument can be made for student-athletes seeking help from a holistic perspective that includes both mental health and sport psychology services. Although, some practitioners have already

adopted holistic practices and interventions that develop student-athletes as “whole” people (e.g., mind, emotions, physiology, and behavior) (viz., Friesen & Orlick, 2011) there is no set educational path for holistic sport psychology professionals and no required licensure. The idea behind holistic sport psychology is to promote personal improvement and performance enhancement simultaneously; supporting student-athletes in all three dimensions of their lives - as people, students, and athletes (Andersen, Miles, Robinson, & Mahoney, 2004; Bond, 2002; Friesen & Orlick, 2010; Miller & Kerr, 2002). Despite this approach stigma seems to surround the culture of mental health practice, particularly in elite athletics (Lopez & Levy, 2013). Stigma occurs when a certain need or behavior is accused or condemned as being “disgraceful” or “shameful.” Thus, self-stigma may occur when student-athletes internalize these beliefs and allow them to diminish their self-esteem (sense of self-worth) and/or self-efficacy (ability to set and reach goals). For example, student-athletes who suffer from mental illness or who seek mental health or sport psychology services may fear being stereotyped as weak or incompetent (Watson, Corrigan, Larson, & Sells, 2007). Therefore, research is needed to understand student-athletes’ attitudes, stigmas, perceptions, and preferences regarding mental health and sport psychology services in order to effectively integrate both mental health and sport psychology services into athletic departments.

Research has explored athletic directors’ and coaches’ perceptions and preferences in regard to sport psychology professionals. However, there is no existing literature that explores student-athletes’ attitudes, stigmas, and preferences of seeking mental health and sport psychology services. Therefore, the primary aim of this study is to explore student-athletes’ attitudes, stigmas, and preferences when seeking mental

health and sport psychology services. The results of this study will 1) provide a better understanding of student-athletes' preferences when seeking mental health and sport psychology services, 2) better understand student-athletes' attitudes and stigmas toward seeking help, 3) raise awareness of mental health needs of student-athletes, and 4) provide athletic departments with a suggested format in providing both sport performance and mental health services within the athletic department, based on the reported needs of athletes, the key stakeholders.



## **Method**

The purpose of this chapter is to explain the procedures that were followed in the recruitment of participants, selection of instrumentation, procedure, and data analysis.

### **Research Questions**

Due to the limited research conducted on attitudes, stigmas, and preferences towards mental health and sport psychology services, the main research questions were:

1. What are Division 1 student-athletes' attitudes regarding seeking mental health and sport psychology services?
2. What is the impact of self-stigma and attitudes in student-athletes' likeliness to seek mental health and sport psychology services?

### **Hypotheses:**

1. Attitudes toward seeking mental health and perceived helpfulness of sport psychology services will positively predict and social stigma will negatively predict, student-athletes' likelihood of seeking (a) sport psychology services, (b) mental health services offered within the athletic department, and (c) mental health services offered via university counseling centers.
2. Attitudes toward seeking mental health and perceived helpfulness of mental health services will positively predict, and social stigma will negatively predict, student-athletes' likelihood of seeking (a) mental health services, (b) mental health services offered within the athletic department, and c) mental health services offered via university counseling centers.

## **Participants and Recruitment**

Participants were recruited from NCAA Division I athletic programs within the United States. Following approval from the University of Kentucky Institutional Review Board for the Protection of Human Subjects, consent was obtained from each participating athletic department via head coaches or compliance officers. Once permission was granted, coaches provided email addresses for prospective participants, who were then invited to complete the online questionnaire powered via Qualtrics (Provo, UT).

Participants were contacted via email a total of three times to take part in the study and complete the online questionnaire. Survey research collected using a web-based format has been found to be a viable method of collecting data for scientific purposes (Dillman, 2007). Specifically, Dillman outlined the many potential benefits of using web-based methods, such as easier access and greater reach to participants, more flexibility for participants to access the survey materials, less intrusion and bias for the researcher, and greater likelihood of anonymity of participants.

As outlined by Creswell (2012) and Dillman (2007), a step-by-step procedure was used to communicate with potential participants (see Appendix A). First, an email was sent out to all potential participants, which included an explanation of the study, consent information, and survey link. A second email was sent one week later via to remind prospective participants to complete the survey and thank those who have already done so. Finally, an email was sent to the same list, two weeks following the original communication thanking those who have completed the survey and reminding those who have not. Each email included a cover letter explaining the purpose and goals of the

study, and link to the web-based survey. The participant choosing to complete the web-based survey provided consent electronically.

### **Instrumentation**

**Demographic information.** Participants were asked to provide basic demographic information regarding gender, age, race/ethnicity, year of eligibility, competitive level, and sport (see Appendix B).

**The Attitudes Toward Seeking Professional Psychological Help-Short Form (ATSPPHS-SF).** In order to assess student-athletes' attitudes toward seeking mental health services the ATSPPHS-SF was utilized (Fischer & Farina, 1995; Fischer & Turner, 1970; see Appendix C). The ATSPPHS-SF is a 10-item shortened version of the original 29-item Attitudes Toward Seeking Professional Help Scale developed by Fischer & Farina, (1995) and Fischer & Turner (1970). The ATSPPHS-SF uses a 4-point Likert scale that ranges from (1) disagree to (4) agree. The instrument consists of five questions that explore positive help-seeking attitudes and five questions that explore negative help seeking attitudes with an overall score range of 0 to 30. A sample item is "If I were experiencing a serious emotional crisis at this point in my life. I would be confident that I could find relief in psychotherapy." A higher score reflects positive attitudes toward seeking professional psychological help, where items exploring negative help-seeking attitudes are reversed (Weatherhead, 2015). According to Fischer & Farina (1995) the ATSPPHS-SF is highly correlated with the original 29-item version ( $r = .87$ ) and generates internally consistent scores with samples of college students ( $\alpha = .77$ ) and adult medical patients ( $\alpha = .78$ ) (Elhai, Schweinle, & Anderson, 2008). In regard to construct validity, the ATSPPHS-SF significantly correlated in a negative direction with

a measure of help-seeking stigma, indicating no significant relationship with measures of mental health (Elhai et al., 2008). Therefore, positive attitudes toward seeking professional help were correlated with lower amounts of stigma (Elhai et al., 2008).

**Self-Stigma of Seeking Help Scale (SSOHS).** In order to explore self-stigma associated with student-athlete perceptions of seeking mental health and sport psychology services, student-athletes were asked to complete the SSOHS (Vogel, Wade, & Haake, 2006; see Appendix D). The SSOHS is a 10-item instrument that was developed to evaluate a participant's level of comfort and/or concern regarding seeking psychological help from a mental health professional by assessing the reduction in self-esteem and self-efficacy that may result in seeking help (Vogel et al., 2006). Each question is rated on a 5-point Likert scale that ranges from (1) strongly disagree to (5) strongly agree with five items being reversed scored. A sample item is "My self-confidence would remain the same if I sought professional help for a problem I could not solve." A total score is calculated, where 10-22 represents *low*, a score from 23-32 represents *moderate*, and lastly a score ranging from 33-50 represents a *high* score. The SSOHS has demonstrated reliability among multiple samples of college students in the United States with an internal consistency of .89 to .91 and a two-month re-test reported at .72 confirming a satisfactory level of reliability (Vogel et al., 2006; Vogel et al., 2007). Additionally, higher SSOHS scores correlated with negative attitudes toward seeking help (Vogel et al., 2006).

**Preferences in Psychological Services.** Finally, six questions were developed to assess student-athlete preferences regarding sport psychology/mental health services (see Appendix E). The six questions, which utilized a 4-point Likert scale ranging from (1)

*very unlikely* to (4) *very likely*, were designed to gain a stronger understanding of student-athlete preferences when seeking sport psychology/mental health services from one or multiple providers. Four questions pertained to how likely student-athletes would be to seek certain services. For instance, “As a student-athlete, how likely are you to seek sport psychology services?” and two questions pertained to student-athletes’ perceived helpfulness of mental health and sport psychology services. For example, “as a student-athlete, how helpful would a mental health professional be in assisting you with your overall athletic performance?”

**Pilot Testing.** Prior to participant recruitment, extensive pilot testing of the survey materials was performed, following recommendations by Lackey and Wingate (1998). First, cognitive interviews were conducted with non-participating Division 1 student-athletes ( $n = 5$ ). Cognitive interviews are widely used during the pre-testing phase to detect items that are unclear to potential respondents as intended by the survey developers (Beatty, 2004). During this process, student-athletes were instructed to complete the survey while “thinking out loud.” This method helped anticipate and identify potential errors made by researchers and helped understand how prospective participants might interpret and understand each question. Next, a small group ( $n = 3$ ) of experts in sport psychology, counseling psychology, physical education, and survey design provided qualitative feedback on the content and structure of the survey materials. Finally, a second group ( $n = 15$ ) of non-participating Division 1 student-athletes participated in pilot testing the survey materials. These student-athletes had similar experiences as student participants, and thus, were able to provide insights and feedback

regarding clarity of the questions, flow, completeness, ease of responding to questions, and length.

### **Data Analysis**

The quantitative analysis in this study consisted of two steps. First descriptive statistics were compiled to provide a summary of student-athlete preferences regarding sport psychology/mental health services and their previous use of mental health and sport psychology services. Secondly, in order to investigate the different factors that positively or negatively predict help seeking behavior, stepwise regression models were utilized. Stepwise regression was used to determine the best combination of independent variables to predict dependent variables.

## Results

### Demographics

Participants were 174 NCAA Division 1 athletes ( $M = 20.10$  years,  $SD = 1.4$  years). The majority of participants were female (73%) with 44 males (25.3%), one (.6%) identified as “other,” and two (1.1%) preferred not to answer. 139 (79.9%) of participants identified as white, 18 (10.3%) black, 8 (4.1%) other, 6 (3.4%) hispanic, and 3 (1.6%) preferred not to answer. Additionally, 49 (28.2%) student-athletes were freshman, 50 (28.7%) were sophomore, 40 (23.0%) were junior, 26 (14.9%) were 4<sup>th</sup> year seniors, and nine (4.7%) were 5<sup>th</sup> year seniors. In regard to scholarship status 64 (37%) student-athletes were full scholarships athletes, 87 (50.3%) were partial scholarship athletes, and 22 (12.7%) were non-scholarship athletes. The majority of the sports represented in this sample were: rifle 32 (19%), women’s soccer 23 (13.7%), football 21(12.5%), and softball 23 (13.7%) for full demographic information please refer to Table 1.

### Student-Athletes’ History of Seeking Mental Health and Sport Psychology Services

When asked to describe history of seeking mental health and sport psychology services during their collegiate careers, 148 (85.1%) student-athletes revealed having 0-1 sessions with a mental health professional. Thirteen (7.5%) reported 2-3 sessions, 4 (2.3%) reported 4-6 sessions, 6 (3.4%) reported 7-10 sessions, and 3 (1.7%) reported having 10 or more sessions. Additionally, 132 (75.9%) student-athletes reported having 0-1 sessions with a sport psychology professional while 20 (11.5%) reported having 2-3 sessions, 6 (3.4%) reported having 4-6 sessions, 7 (4.0%) reported having 7-10 sessions and 3 (1.7%) reported having 10 plus sessions (Table 2).

### **Student-Athletes' Attitudes and Stigmas Toward Seeing Help**

To further evaluate student-athletes' attitudes toward seeking help, participants were asked to complete the ATSPPH-SF, which utilizes a four-point scale that ranges from (1) disagree to (4) agree with a composite score ranging from 10-40. With a higher score indicating more positive attitudes toward seeking help. Overall, student-athletes in the current study reported negative attitudes toward seeking psychological services ( $14.85 \pm 6.16$ ). Additionally, on the self-stigma measure associated with seeking help, the SSOHS, student-athletes reported *moderate* self-stigma toward seeking psychological help ( $27.15 \pm 7.02$ ).

### **Student-Athletes' Perceived Likelihood To Seek, and Helpfulness of, Mental Health and Sport Psychology Services**

Descriptive statistics were used to summarize student-athlete preferences to seek both mental health and sport psychology services. Using a (1) very unlikely to (4) very likely scale, student-athletes reported being *unlikely* to a) seek sport psychology services ( $2.41 \pm .93$ ), b) seek mental health/counseling services ( $2.04 \pm .793$ ), c) seek services from a mental health professional who is part of the department staff ( $2.14 \pm .82$ ) and d) seek mental health/counseling services from the university counseling center ( $2.01 \pm .76$ ). Additionally, student-athletes reported that mental health professionals as less helpful ( $2.91 \pm .72$ ) than sport psychology professionals in assisting them with their overall athletic performance ( $3.13 \pm .729$ ) (Table 3).



## **Attitudes, Stigmas, and Preferences Towards Mental Health and Sport Psychology Services**

To test hypotheses 1 & 2, stepwise regression analyses were conducted to assess the relationship between attitudes, stigma, and student-athletes' likelihood to seek services.

**Hypothesis 1a** stated that perceived helpfulness of sport psychology services and attitudes toward seeking mental health would positively predict, and social stigma would negatively predict, student-athletes' likelihood of seeking sport psychology services. This hypothesis was partially supported. Specifically, results indicated a significant model,  $F(3, 163) = 38.29, p < .001$ , while helpfulness ( $\beta = .48, t = 7.56, p < .001$ ) and attitudes ( $\beta = .29, t = 3.62, p < .001$ ) positively predicted the likelihood of seeking sport psychology services. However, social stigma was not a significant predictor ( $\beta = -.01, t = -.06, p = .95$ ).

**Hypothesis 1b** stated that perceived helpfulness of sport psychology services and attitudes would positively predict, and social stigma would negatively predict, student-athletes' likeliness to seek mental health services within the athletic department. This hypothesis was supported. Again, findings indicated a significant model,  $F(3, 163) = 27.24, p < .001$ , where attitudes ( $\beta = .33, t = 3.88, p = .000$ ) self-stigma ( $\beta = -.18, t = -2.24, p = .03$ ), and perceived helpfulness of sport psychology services ( $\beta = .227, t = 3.339, p = .001$ ) are significant predictors of student-athletes' likelihood of seeking services within their athletic department.

**Hypothesis 1c** stated that perceived helpfulness of sport psychology services and attitudes towards seeking help would positively predict, and social stigma would negatively predict student-athletes' likeliness to seek mental health/counseling services

from a university counseling center. This hypothesis was partially supported. Findings revealed a significant model  $F(3,163) = 18.15, p < .001$ , where attitudes ( $\beta = .34, t = 3.73, p = .000$ ) and self-stigma ( $\beta = -.19, t = -.2.21, p = .03$ ) were significant predictors of seeking help from a university counseling center. However, perceived helpfulness of sport psychology services were not found to be a significant predictor ( $\beta = .06, t = 8.22, p = .41$ ).

**Hypothesis 2a** stated that perceived helpfulness of mental health services and positive attitudes toward seeking help would positively predict, and social stigma would negatively predict, student-athletes' likeliness of seeking mental health services. This hypothesis was partially supported. Results of a stepwise regression revealed a significant model  $F(3,163) = 33.33, p < .001$  with positive attitudes ( $\beta = .47, t = 5.75, p = .000$ ) as a significant predictor of likeliness of seeking mental health services. However, perceived helpfulness ( $\beta = .09, t = 1.40, p = .162$ ) and self-stigma ( $\beta = -.15, t = -1.92, p = .06$ ) were not significant predictors.

**Hypothesis 2b** stated that perceived helpfulness of mental health services and attitudes would positively predict, and social stigma would negatively predict, student-athletes likeliness to seek mental health services within the athletic department. This hypothesis was partly supported. Findings indicated a significant model,  $F(3, 163) = 22.62, p < .001$ . The two significant predictors of student-athletes likelihood of seeking services within their athletic department were their attitudes ( $\beta = .39, t = 4.44, p = .000$ ) and self-stigma ( $\beta = -.166, t = -1.98, p = .050$ ). However, perceived helpfulness of mental health services ( $\beta = .08, t = 1.14, p = .26$ ) revealed no statistical significance.

**Hypothesis 2c** stated that perceived helpfulness of mental health services, and attitudes would positively predict, and social stigma would negatively predict student-athletes' likeliness to seek mental health/counseling services from a university counseling center. This hypothesis was partly supported. Findings revealed a significant model,  $F(3, 163) = 17.879, p < .001$ ). The two significant predictors of student-athletes likelihood of seeking help from a university counseling center was their attitudes ( $\beta = .35, t = 3.92, p = .000$ ) and Self-stigma ( $\beta = -.19, t = -2.16, p = .032$ ). However, perceived helpfulness of mental health services ( $\beta = .20, t = .25, p = .801$ ) revealed no statistical significance.

**Table 1. Participants' and Demographic Information**

Variable	N (%)
Mean age = 20.10 ± 1.41 y	174 (100%)
<b>Ethnicity</b>	<b>174 (100%)</b>
White/Caucasian	139 (79.9%)
Hispanic	6 (3.4%)
Black/African American	18 (10.3%)
Other	8 (4.1%)
Prefer not to answer	3 (1.6%)
<b>Gender</b>	<b>174 (100%)</b>
Male	44 (25.3%)
Female	127 (73.0%)
Other	1 (.6%)
Prefer not to answer	2 (1.1%)
<b>Year in School</b>	<b>174 (100%)</b>
Freshman	49 (28.2%)
Sophomore	50 (28.7%)
Junior	40 (23.0%)
4 <sup>th</sup> year senior	26 (14.9%)
5 <sup>th</sup> year senior	9 (5.2%)
<b>Sport</b>	<b>168 (100%)</b>
Women's Soccer	23 (13.7%)
Football	21 (12.5%)
Women's Basketball	6 (3.6%)
Men's Basketball	2 (1.2%)

Co-ed Rifle	32 (19.0%)
Softball	23 (13.7%)
Women's Tennis	2 (1.2%)
Women's Volleyball	13 (7.7%)
Women's Swimming and Diving	3 (1.8%)
Women's Cross Country	10 (6.0%)
Men's Cross Country	4 (2.4%)
Women's Golf	12 (7.1%)
Men's Golf	2 (1.2%)
Women's Track and Field	11 (6.5%)
Men's Track and Field	4 (2.4%)
<b>Scholarship</b>	<b>174 (100%)</b>
Yes, Full	64 (37.0%)
Yes, Partial	87 (50.3%)
None	22 (12.7%)

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**Table 2. Student-Athletes' Preferences When Seeking Mental Health and Sport Psychology Services**

Item	n	Mean ± SD
How likely are you:		
To seek sport psychology services?	174	2.41 ± .931
To seek mental health/counseling services?	174	2.04 ± .793
To seek services from a mental health professional who is part of the department staff?	174	2.14 ± .817
To seek mental health/counseling services from the University Counseling center?	174	2.01 ± .756
As a student-athlete, how helpful:		
Would a sport psychology professional be in assisting you with your overall athletic performance?	174	3.13 ± .729
Would a mental health professional be in assisting you with your overall performance?	174	2.91 ± .715

**Table 3. Reported Mental Health and Sport Psychology Sessions**

Category	Number of Sessions	n(%)
Mental Health		
Professional		
	0-1	148(85.1%)
	2-3	13(7.5%)
	4-6	4(2.3%)
	7-10	6(3.4%)
	10+	3(1.7%)
Sport Psychology		
Professional		
	0-1	132(75.9%)
	2-3	20(11.5%)
	4-6	6(3.4%)
	7-10	7(4.0%)
	10+	9(5.2%)

## **Discussion**

### **Self-Stigma and Attitudes Toward Mental Health and Sport Psychology Services**

College athletics is a unique and demanding culture that provides both positive and negative attributes to a college experience (Carr & Davidson, 2014). For instance, many student-athletes succeed in the classroom in addition to competing at an elite athletic level, but are often stretched too thin among their academic and athletic responsibilities (Etzel et al., 2002). In addition, scheduling and commitment conflicts are typical within the student-athlete experience. In some cases, non-performance issues (e.g., life balance, relationship issues, family issues, financial issues etc.) can impact athletes' just as much as performance related issues (e.g., performance anxiety, lack of focus, negative self-talk, etc.). Thus, sport psychology/mental health professionals may serve as an ideal support network for student-athletes, helping them succeed in both academics and athletics (Sullivan & Nashman 1998; Friesen & Orlick, 2010). However, research has revealed that student-athletes historically hold negative attitudes toward seeking mental health and sport psychology services, such as negative perceptions of psychology-related professionals, general lack of support from coaches and administrators, not "buying in" to psychological assistance, and difficulty fitting it into their demanding schedule (Mazzer & Rickwood, 2009; Watson, 2005). However, much of this research (e.g., Connole, et al., 2014; Hainline, 2016; Wilson, Gilbert, Gilbert, & Sailor, 2009; Zakrajsek, Steinfeldt, Bodey, Martin, & Zizzi, 2013) has been collected using coaches, sport psychology professionals, and/or athletic administrators as participants. Therefore, a primary purpose of the current study was to address an obvious



gap in the literature by exploring the perceptions of student-athletes at the Division 1 level regarding self-stigma and attitudes associated with help-seeking behaviors.

Stigma occurs when a certain need or behavior is accused or condemned as being disgraceful due to societal and/or cultural opinions (Vogel et al., 2006). Relatedly, *self-stigma* occurs when an individual internalizes these beliefs and allows it to diminish self-efficacy and in turn, influence one's behavior (Vogel et al., 2006). The current study revealed that self-stigma negatively predicted student-athletes' likeliness to seek mental health and sport psychology services both within the athletic department and via university counseling centers. Specifically, student-athletes with higher levels of self-stigma reported being *unlikely* to seek mental health services and perceived these services to be *unhelpful* in assisting with overall athletic performance. Conceivably, based on the findings of this study, student-athletes who experience forms of mental health distress may be less likely to seek help because of the stigma historically created by athletic departments.

In the current study, student-athletes' reported moderate levels of self-stigma regarding seeking help from mental health professionals and also reported being *unlikely* to utilize mental health services. The current sample may have not viewed mental health professionals' and services' in a positive light partly because it is a relatively new concept that mental health professionals' can assist student-athletes with their personal wellbeing and athletic performance (Friesen & Orlick, 2010). Therefore, student-athletes may simply be unaware of the potential benefits of such professionals within the athletic realm. Little research has explored promoting personal improvement and performance enhancement simultaneously to support student-athletes in all three dimensions of their

lives - as people, students, and athletes (Andersen et al., 2004; Bond 2002; Friesen & Orlick, 2010; Miller & Kerr, 2002). While sport psychology professionals are often utilized to help student-athletes overcome specific sport related issues, it is not common for them to address non-sport related issues (e.g., parental divorce, grief, athletic injury, interpersonal issues, etc.) (Etzel et al., 2002). Thus, de-stigmatizing and providing access to mental health professionals could be a key resource in helping student-athletes succeed not only as athletes but also, as young adults and students within a university setting (Bennett, 2007). For example, athletic departments could de-stigmatize mental health services by, a) educating their student-athletes on the importance of mental health and b) normalizing the use of mental health services by integrating them into the athletic department. By incorporating mental health professionals into athletic departments student-athletes will not only gain access to mental health services, but they will also start to view mental health professionals as a resource.

Participants' unlikelihood to utilize mental health services may also be connected to the overall lack of support (e.g., philosophical or financial support) from their athletic departments, despite the aforementioned benefits of such services. Specifically, the majority of this study's sample was taken from athletic departments in the NCAA without a licensed mental health professional on staff. This lack of in-house presence does not allow for easy access to mental health professionals, nor does it promote acceptance and destigmatization for student-athlete use of mental health services. For example, Connole et al., (2014) found that athletic administrators reported being more likely to employ a sport psychology professional whose primary purpose was sport performance and less likely to employ a professional whose primary force would be the

*overall* mental health of student-athletes. However, Connole et al. (2014) also found that 52.3% of athletic departments did not have access to sport psychology professional. This lack of presence within athletic departments may also contribute to a culture where student-athletes and sport coaches do not understand how helpful sport psychology and mental health professionals can be to an individual athlete's or a team's success.

While the culture of most athletic departments may lean more heavily on performance, as opposed to mental health, the NCAA has recognized the need for mental health services in recent years by providing specific recommendations for staffing of such individuals (NCAAc, 2016). However, currently, this is simply a recommendation. The NCAA does not *require* any athletic department to have a licensed mental health professional on staff and the NCAA allows all athletic departments to integrate and utilize mental health services at their discretion. Therefore, it is not unreasonable to assume that participants in this study may have reported less stigma and perceived mental health services to be more helpful if they had regular access to such professionals within their athletic departments. Future research should be conducted to determine how these perceptions might differ compared to student-athletes from athletic departments with in-house sport psychology and mental health services. Lopez and Levy (2013) revealed that student-athletes are rarely encouraged or advised to seek services that are not provided in-house. Conceivably, student-athletes with positive attitudes towards psychological professionals may still find themselves in an environment that does not support seeking sport psychology services. Such trends may be diminished if student-athletes had regular access, either by hiring full-time sport psychology professionals or by facilitating access to outside sport psychology professionals. In other words, the lack of in-house sport

psychology professionals may create added, and unnecessary, barriers to seeking such services. Which may explain why student-athletes in this study reported sport psychology professionals to be *helpful* but also reported being *unlikely* to utilize sport psychology services.

### **Attitudes Toward Mental Health and Sport Psychology Services**

In addition to *moderate* levels of self-stigma, student-athletes also reported *negative* attitudes ( $14.85 \pm 6.16$ ) toward seeking psychological help. Thus, it may not be surprising to find that the majority of student-athletes reported *unlikely* to seek: sport psychology services, mental health/counseling services, in-house mental health services, and mental health services offered via a university counseling center. However, participants who reported more *positive* attitudes toward seeking help, *lower levels* of self-stigma and perceived sport psychology services to be more *helpful* were found to be more likely to seek a) sport psychology services, b) mental health services within the athletic department and c) mental health services from a university counseling. Additionally, previous research (Lopez & Levy, 2013; Vogel, et al. 2006) reported that higher levels of self-stigma and negative attitudes associated with seeking help impact a person's decision to utilize mental health services. Similarly, Watson (2005) reported that student-athletes are less likely to seek help than general college students, which may contribute to the underutilization of services by student-athletes. In particular, Watson (2005) found that student-athletes felt uncomfortable using services *outside* of the athletic department because they feared not being understood.

In addition to self-stigma and attitudes, previous research done by Etzel et al. (2002) revealed that student-athletes might feel apprehensive toward utilizing mental

health professionals because they fear a lack of appreciation for their athletic identities. Therefore, it is important for athletic departments to promote and foster the use of mental health services to diminish negative attitudes by educating and making services available. Current findings reveal that the greatest predictor for seeking both mental health and sport psychology services were positive attitudes toward seeking help. These findings are consistent with the theory of planned behavior (TPB; Ajzen, 1985, 1987, & 1991). Specifically, TPB explains an individual's intention to engage in a behavior as derived from three factors: *attitude* (i.e., a person's negative or positive attitude toward a certain behavior), *subjective norms* (i.e., a person's perception of social and cultural opinions in regard to certain behaviors) and *perceived behavioral control* (i.e., a person's perception of how easy or difficult the behavior will be) (Ajzen, 1991). In the context of this study, student-athletes with positive attitudes towards seeking help, favorable subjective norms (e.g., low stigma), and believe they can control the barriers they may encounter when seeking mental health/sport psychology services, are expected to be *more* likely to follow through with seeking help. However, in most cases, student-athletes have little control over important barriers (e.g., regular access to in-house person, time, etc.). Therefore, in the context of these results, utilizing TPB as a framework may help make a case for the inclusion of services and advocacy for mental health and sport psychology services. Specifically, if athletic departments allow student-athletes to have more control (i.e., access to sport psychology professionals and encouragement to utilize services) then they may have more positive attitudes toward seeking help, and in turn, be more likely to seek and utilize both mental health and sport psychology services.

Lastly, while it was hypothesized that perceived *helpfulness* of mental health and sport psychology services would positively predict student-athletes' *likeliness* to seek mental health services via university counseling centers, results indicated that the strongest predictor of seeking help and utilizing campus counseling services were positive attitudes toward help seeking. Previous research has outlined that student-athletes tend to feel uncomfortable seeking services outside of the department due to fear of not being understood by mental health professionals with no association with athletics or an understanding of a student-athlete's lifestyle (Greenspan & Andersen, 1995 as cited in Watson & Kissinger, 2007; Lopez and Levy, 2013). Current participants' fears associated with seeking help outside of the athletic department are partially due to their attitudes toward seeking help and self-stigma. More specifically, student-athletes who have high levels of self-stigma and negative attitudes toward seeking services are less *likely* to seek help from a mental health professional and utilize services (Vogel, et al, 2006). Thus, if athletic departments are unable and/or choose not to employ in-house sport psychology and mental health professional(s), steps should be taken to help student-athletes better utilize services provided on campus by improving student-athlete attitudes toward seeking services (Lopez & Levy, 2013). As a suggestion, athletic departments could host a lecture series to educate student-athletes' about the importance of mental health/wellness while also informing athletes of specific resources available on campus. By inviting outside sport psychology professionals or members of the university counseling center, the athletic department would help bridge the gap and establish a professional pathway for student-athletes to available resources. If the department cannot afford a full-time in-house practitioner, which appears to be the case for many

departments, steps may also be taken by the athletic department to employ faculty trained in sport psychology/mental health, in a part-time capacity.

## **Conclusions**

Overall, student-athletes reported being unlikely to seek sport psychology services despite the fact they viewed sport psychology services as *helpful*. This is surprising, given the plethora of evidence outlining the benefits of sport psychology professionals in improving mental well-being and performance for student-athletes. However, given that the majority of participants reported having few, or no, sessions with a mental health or sport psychology professional, perhaps student-athletes simply lack appropriate education on, or have the opportunity to seek, such services. For example, sport psychology and mental health services are rarely available in high school athletic departments or even high-budget prep academies. Therefore, most collegiate student-athletes are first exposed to mental health/sport psychology professionals decades into an athletic career. Perhaps more unfortunate is that many athletic departments simply do not have the budget to employ a full-time, in-house sport psychology professional and licensed psychologist. This late, or complete lack of exposure most likely contributes to some of the negative attitudes and self-stigma revealed in these results, which are likely associated with under-utilization of these services.

In addition to lack of exposure, it is common knowledge that student-athletes are tasked with various demands in addition to academic obligations (e.g., practice, workouts, study hall, travel, and competitions). Thus, student-athletes may not have the time to seek help if no direct access exists (Lopez & Levy, 2013; Watson, 2006). While most Division I athletic departments provide many of the necessary resources for student-

athletes' in regard to their academic and athletic needs (e.g., academic support centers, tutors, mentors, strength and conditioning, dietetics, medical care, practice facilities, equipment, and coaching), very few offer full mental health and sport psychology services. Outsourcing to university counseling centers rarely works as past research has demonstrated that student-athletes may not feel comfortable seeking these services due to a) fear of high visibility on campus, b) lack of time, c) the "in-house" nature of many other athletic situations, d) personal traits of a student-athletes, e) loss of stature, and f) confidentiality issues (Etzel et al., 2002; Watson, 2006). Thus, it is conceivable that participants in the current study reported *unlikely* to seek services outside the athletic department due to any number of reasons listed above. While major Division 1 athletic departments are trending towards hiring full-time mental health and sport psychology professionals, the majority of Division 1 schools do not have regular access to these services. Due to the high levels of self-stigma and negative attitudes towards seeking help found in this current study, athletic departments who do not have in-house mental health and sport psychology professionals need to ensure they are educating student-athletes about services available on campus, and how these services can help them succeed not only as a student-athlete, but also, as young adults preparing for life after sport.

### **Limitations**

While much was learned regarding student-athletes' perceptions regarding mental health and sport psychology services, it is important to note the limitations of this study. First, the sample used for this study was predominantly taken from three university athletic departments that do not, to the author's knowledge, provide in-house mental health or sport psychology services. Thus, it is likely that the lack of exposure to services



influenced how the frequency of sport psychology visits, along with attitudes and stigma towards both types of professionals. Second, while this study represents the largest sample of student-athletes surveyed in sport psychology research, recruiting faced several logistical challenges. For instance, many athletic departments are unwilling to provide access to its athletes for research purposes. Despite reaching out to over twenty athletic departments, only three responded positively to the inquiry. Many athletic departments may hesitate to encourage its athletes to participate in sport psychology and mental health related research conducted by another institution due to the already high time demand placed on athletes and/or confidentiality issues. Third, due to the nature of survey research bias (e.g., under-coverage, non-response bias, voluntary sampling, etc.) must be considered as a limitation. In other words, student-athletes interested in, and with more favorable attitudes towards, sport psychology and mental health may have been more likely to complete the questionnaire. Thus, the current sample may not accurately represent the full range of perceptions towards stigma and attitudes of sport psychology and mental health services. Finally, for convenience and clarity, the study focused only on Division 1 athletes, and did not recruit Division II, III, and NAIA athletes, again, limiting the generalizability of the findings.

### **Future Research**

Moving forward it is important explore ways athletic departments can create an environment that de-stigmatizes perceptions of seeking help within the athletic department. First, future research is needed to determine how athletic departments could introduce mental health resources to student-athletes, whether they are offered via the athletic department or via a campus-counseling center. For example, many athletic

departments cannot afford to hire a fulltime mental health and sport psychology professional. Thus, future research is needed to explore options for integrating mental health professionals who also have training in sport psychology into university counseling centers to help better serve the student-athlete population. Secondly, because coaches are considered the “gatekeepers” of their student-athletes future research is needed to explore college coaches’ perceptions and attitudes toward student-athletes who seek help for issues that are not related to sport. For example, previous research has found student-athletes are less likely than general college students to seek mental health services. Therefore, future research is needed to explore coaches’ perceptions and stereotypes of student-athletes who seek mental health services.

## **Appendix A**

### **Recruitment Emails**

Dear Coach,

My name is Rena Goodwin and I am currently a master's student studying sport psychology in the Department of Kinesiology and Health Promotion at the University of Kentucky under the supervision of Dr. Heather Erin and Dr. Marc Cormier. As partial fulfillment of my Master's of Science degree, I am completing a thesis investing **preferences of student-athletes in seeking mental health and sport enhancement services.**

I am emailing you to ask for your assistance. To better understand student-athletes' needs, we have developed a short web-based survey that will be completely anonymous and confidential.

We hope to receive completed questionnaires from about 200 student-athletes across Division 1 and 2 institutions, therefore, your athletes' participation is important to us. You are under no obligation to participate, but with your help, we can move towards an understanding of student-athletes' preferences in seeking mental health and sport enhancement services. If you chose to assist us in recruiting, we ask that you forward your team roster with corresponding email addresses. We will then forward each of your student-athletes with a survey link and invitation to participate in the study.

Again, all student-athlete responses will be anonymous, which means no names or identifying information will be asked of them, be used in research documents, or be used in presentations or publications. The research team will not know any information the student-athlete provided, nor even whether they participated in the study.

If you have questions about the study, please feel free to contact me personally. My contact information is given below. Thank you in advance for your assistance with this important project. With your help, we hope to better serve our student-athletes.

Sincerely,

Rena Goodwin  
Master's student, Kinesiology and Health Promotion  
University of Kentucky  
Phone (859) 218-3461  
Email: Rena.goodwin@uky.edu

Marc L. Cormier, Ph.D., CC-AASP (Faculty Advisor)  
Department of Kinesiology and Health Promotion  
University of Kentucky  
Phone (859) 257-295  
Email: marc.cormier@uky.edu

*Recruitment Letter 1*

Dear Student-Athlete,

My name is Rena Goodwin and I am currently a master's student studying sport psychology in the Department of Kinesiology and Health Promotion at the University of Kentucky. As partial fulfillment of my master's degree, I am investigating **preferences of student-athletes in seeking mental health and sport enhancement services**. Therefore, I would like to formally invite you to participate in this study. The survey will take approximately **8-10 minutes** to complete. Although you will not get personal benefit from taking part in this research study, your responses may help us understand more about preferences of student-athletes in seeking mental health and sport enhancement services.

We hope to receive completed questionnaires from about 200 Student-Athletes, so your answers are important to us. Of course, you have a choice about whether or not to complete the survey/questionnaire, but if you do participate, you are free to skip any questions or discontinue at any time.

Your response to the survey is anonymous which means no names will appear or be used on research documents, or be used in presentations or publications. The research team will not know that any information you provided came from you, nor even whether you participated in the study.

Please be aware, while we make every effort to safeguard your data once received from the online survey/data gathering company, given the nature of online surveys, as with anything involving the Internet, we can never guarantee the confidentiality of the data while still on the survey/data gathering company's servers, or while in route to either them or us. It is also possible the raw data collected for research purposes may be used for marketing or reporting purposes by the survey/data gathering company after the research is concluded, depending on the company's Terms of Service and Privacy policies.

Although we have tried to minimize this, some questions may make you upset or feel uncomfortable and you may choose not to answer them. If some questions do upset you, we can tell you about some people who may be able to help you with these feelings.

If you have questions about the study, please feel free to ask; my contact information is given below. If you have complaints, suggestions, or questions about your rights as a research volunteer, contact the staff in the University of Kentucky Office of Research Integrity at 859-257-9428 or toll-free at 1-866-400-9428.

Survey link: [https://uky.az1.qualtrics.com/jfe/form/SV\\_4GzOkZu3KXLZ63b](https://uky.az1.qualtrics.com/jfe/form/SV_4GzOkZu3KXLZ63b)

Thank you in advance for your assistance with this important project.

Sincerely,

Rena Goodwin  
Master's student, Kinesiology and Health Promotion  
University of Kentucky  
Phone (859) 218-3461  
Email: [Rena.goodwin@uky.edu](mailto:Rena.goodwin@uky.edu)

Marc L. Cormier, Ph.D., CC-AASP (Faculty Advisor)  
Department of Kinesiology and Health Promotion  
University of Kentucky  
Phone (859) 257-295  
Email: [marc.cormier@uky.edu](mailto:marc.cormier@uky.edu)

*Recruitment Letter 2*

Dear Student-Athlete,

If you have already participated in the following study thank you, if not this a reminder to participate. My name is Rena Goodwin and I am currently a master's student studying sport psychology in the Department of Kinesiology and Health Promotion at the University of Kentucky As partial fulfillment of my master's degree, I am investing **preferences of student-athletes in seeking mental health and sport enhancement services**. Therefore, I would like to formally invite you to participate in this study. The survey will take approximately **8-10 minutes** to complete. Although you will not get personal benefit from taking part in this research study, your responses may help us understand more about preferences of student-athletes in seeking mental health and sport enhancement services.

We hope to receive completed questionnaires from about 200 Student-Athletes, so your answers are important to us. Of course, you have a choice about whether or not to complete the survey/questionnaire, but if you do participate, you are free to skip any questions or discontinue at any time.

Your response to the survey is anonymous which means no names will appear or be used on research documents, or be used in presentations or publications. The research team will not know that any information you provided came from you, nor even whether you participated in the study.

Please be aware, while we make every effort to safeguard your data once received from the online survey/data gathering company, given the nature of online surveys, as with anything involving the Internet, we can never guarantee the confidentiality of the data while still on the survey/data gathering company's servers, or while in route to either them or us. It is also possible the raw data collected for research purposes may be used for marketing or reporting purposes by the survey/data gathering company after the research is concluded, depending on the company's Terms of Service and Privacy policies.

Although we have tried to minimize this, some questions may make you upset or feel uncomfortable and you may choose not to answer them. If some questions do upset you, we can tell you about some people who may be able to help you with these feelings.

If you have questions about the study, please feel free to ask; my contact information is given below. If you have complaints, suggestions, or questions about your rights as a research volunteer, contact the staff in the University of Kentucky Office of Research Integrity at 859-257-9428 or toll-free at 1-866-400-9428.

Survey link: [https://uky.az1.qualtrics.com/jfe/form/SV\\_4GzOkZu3KXLZ63b](https://uky.az1.qualtrics.com/jfe/form/SV_4GzOkZu3KXLZ63b)

Thank you in advance for your assistance with this important project.

Sincerely,

Rena Goodwin  
Master's student, Kinesiology and Health Promotion  
University of Kentucky  
Phone (859) 218-3461  
Email: [Rena.goodwin@uky.edu](mailto:Rena.goodwin@uky.edu)

Marc L. Cormier, Ph.D., CC-AASP (Faculty Advisor)  
Department of Kinesiology and Health Promotion  
University of Kentucky  
Phone (859) 257-295  
Email: [marc.cormier@uky.edu](mailto:marc.cormier@uky.edu)

### *Recruitment Letter 3*

Dear Student-Athlete,

If you have already participated in the following study thank you, if not this your final reminder to participate. My name is Rena Goodwin and I am currently a master's student studying sport psychology in the Department of Kinesiology and Health Promotion at the University of Kentucky As partial fulfillment of my master's degree, I am investing **preferences of student-athletes in seeking mental health and sport enhancement services**. Therefore, I would like to formally invite you to participate in this study. The survey will take approximately **8-10 minutes** to complete. Although you will not get personal benefit from taking part in this research study, your responses may help us understand more about preferences of student-athletes in seeking mental health and sport enhancement services.

We hope to receive completed questionnaires from about 200 Student-Athletes, so your answers are important to us. Of course, you have a choice about whether or not to complete the survey/questionnaire, but if you do participate, you are free to skip any questions or discontinue at any time.

Your response to the survey is anonymous which means no names will appear or be used on research documents, or be used in presentations or publications. The research team will not know that any information you provided came from you, nor even whether you participated in the study.

Please be aware, while we make every effort to safeguard your data once received from the online survey/data gathering company, given the nature of online surveys, as with anything involving the Internet, we can never guarantee the confidentiality of the data while still on the survey/data gathering company's servers, or while in route to either them or us. It is also possible the raw data collected for research purposes may be used for marketing or reporting purposes by the survey/data gathering company after the research is concluded, depending on the company's Terms of Service and Privacy policies.

Although we have tried to minimize this, some questions may make you upset or feel uncomfortable and you may choose not to answer them. If some questions do upset you, we can tell you about some people who may be able to help you with these feelings.

If you have questions about the study, please feel free to ask; my contact information is given below. If you have complaints, suggestions, or questions about your rights as a research volunteer, contact the staff in the University of Kentucky Office of Research Integrity at 859-257-9428 or toll-free at 1-866-400-9428.

Survey link: [https://uky.az1.qualtrics.com/jfe/form/SV\\_4GzOkZu3KXLZ63b](https://uky.az1.qualtrics.com/jfe/form/SV_4GzOkZu3KXLZ63b)

Thank you in advance for your assistance with this important project.

Sincerely,

Rena Goodwin  
Master's student, Kinesiology and Health Promotion  
University of Kentucky  
Phone (859) 218-3461  
Email: [Rena.goodwin@uky.edu](mailto:Rena.goodwin@uky.edu)

Marc L. Cormier, Ph.D., CC-AASP (Faculty Advisor)  
Department of Kinesiology and Health Promotion  
University of Kentucky  
Phone (859) 257-295  
Email: [marc.cormier@uky.edu](mailto:marc.cormier@uky.edu)



## **Appendix B**

### **Demographic Information**

What is your age?

\_\_\_\_\_ Years \_\_\_\_\_Months

What is your gender?

- Male
- Female
- Other
- Prefer not to answer

What is your current year in school?

- Freshman
- Sophomore
- Junior
- 4<sup>th</sup> Year senior
- 5<sup>th</sup> Year senior

What is your race or ethnicity?

- Asian
- Black/African-American
- Hispanic
- White/Caucasian
- Other
- Prefer not to answer

Which sport do you participate in?

- Women's Soccer
- Men's Soccer
- Football
- Women's Basketball
- Men's Basketball
- Women's Gymnastics
- Men's Gymnastics
- Rifle

- Softball
- Women's Tennis
- Men's Tennis
- Women's Volleyball
- Men's Volleyball
- Women's Swimming and Diving
- Men's Swimming and Diving
- Women's Cross Country
- Men's Cross Country
- Women's Fencing
- Men's Fencing
- Women's Golf
- Men's Golf
- Women's Ice Hockey
- Men's Ice Hockey
- Field Hockey
- Women's Lacrosse
- Men's Lacrosse
- Women's Rowing
- Men's Rowing
- Women's Track and Field
- Men's Track and Field

Are you receiving an athletic scholarship?

- Yes, a full scholarship
- Yes, a partial scholarship
- No, I am not currently a scholarship athlete

What Division is your school?

- NCAA Division I
- NCAA Division II

NCAA Division III  
 NAIA

In your most recent full season, approximately how many sessions have you had with a licensed mental health professional, **focusing on emotional disturbances?**

0 Sessions  
 1-3 Sessions  
 4-6 Sessions  
 7-10 Sessions  
 10+ Sessions

\*Note: a licensed mental health professional includes any of the following: counselor, social worker, psychologist, psychiatrist, or other licensed medical professional. These individuals work with those experiencing psychological disorders and/or other mental health concerns.

In your most recent full season, approximately how many sessions have you had with a sport psychology professional, **focusing on mental skills training/mental toughness/performance enhancement?**

0 Sessions  
 1-3 Sessions  
 4-6 Sessions  
 7-10 Sessions  
 10+ Sessions

\*Note: a sport psychology professional is an individual who provides mental training services with the intention of enhancing one's personal or professional performance or well-being. These professionals primarily educate individuals on the role of psychological factors in sport and exercise.

Please fill out the following information

Age \_\_\_\_\_ Gender \_\_\_\_\_

Year in School \_\_\_\_\_ Ethnicity \_\_\_\_\_

Approximately how many sessions have you had with a licensed mental health professional, **focusing on emotional disturbances?** \_\_\_\_\_ sessions

Note: a licensed mental health professional includes any of the following: counselor, social worker, psychologist, psychiatrist, or other licensed medical professional. These individuals work with those experiencing psychological disorders and/or other mental health concerns.

Approximately how many sessions have you had with a sport psychology professional, **focusing on mental skills training/mental toughness/performance enhancement?** \_\_\_\_\_ sessions

Note: a sport psychology professional is an individual who provides mental training services with the intention of enhancing one's personal or professional performance or well-being. These professionals primarily educate individuals on the role of psychological factors in sport and exercise.

## **Appendix C**

### **Attitudes toward Seeking Professional Psychological Help Scale**

To what extent do you agree or disagree with the statements below:

1. If I believed I was having a mental breakdown,  
my first inclination would be to get professional attention.  
Agree - 4 Agree 1 - Disagree – 2 Partly Disagree - 3 Partly
  
2. The idea of talking about problems with a psychologist  
strikes me as a poor way to get rid of emotional conflicts.  
Agree - 4 Agree 1 - Disagree – 2 Partly Disagree - 3 Partly
  
3. If I were experiencing a serious emotional crisis at  
this point in my life. I would be confident that I  
could find relief in psychotherapy.  
Agree - 4 Agree 1 - Disagree – 2 Partly Disagree - 3 Partly
  
4. There is something admirable in the attitude of a person who  
is willing to cope with his or her conflicts and fears  
*without* resorting to professional help.  
Agree - 4 Agree 1 - Disagree – 2 Partly Disagree - 3 Partly
  
5. I would want to get psychological help if I were  
worried or upset for a long period of time.  
Agree - 4 Agree 1 - Disagree – 2 Partly Disagree - 3 Partly
  
6. I might want to have psychological

counseling in the future.  
4 Agree

1 - Disagree – 2 Partly Disagree - 3 Partly Agree -

7. A person with an emotional problem is not likely to solve it alone; he or she *is* likely to solve it with professional help.  
Partly Agree - 4 Agree

1 - Disagree – 2 Partly Disagree - 3

8. Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.  
4 Agree

1 - Disagree – 2 Partly Disagree - 3 Partly Agree -

9. A person should work out his or her own problems; getting psychological counseling would be a last resort.  
Agree - 4 Agree

1 - Disagree – 2 Partly Disagree - 3 Partly

10. Personal and emotional troubles, like many things, tend to work out by themselves.  
Agree - 4 Agree

1 - Disagree – 2 Partly Disagree - 3 Partly



## **Appendix D**

### **Self Stigma of Seeking Help Scale**

People at times find that they face problems for which they consider seeking help. This can bring up reactions about what seeking help would mean. Please use the 5-point scale to rate the degree to which each item describes how you might react in this situation:

1. I would feel inadequate if I went to a therapist for psychological help.  
Equally 4 = Agree 5 = Strongly Agree

1 = Strongly 2 = Disagree Disagree 3 = Agree & Disagree

2. My self-confidence would NOT be threatened if I sought professional help.  
4 = Agree 5 = Strongly Agree

1 = Strongly 2 = Disagree Disagree 3 = Agree & Disagree Equally

3. Seeking psychological help would make me feel less intelligent.  
Agree 5 = Strongly Agree

1 = Strongly 2 = Disagree Disagree 3 = Agree & Disagree Equally 4 =

4. My self-esteem would increase if I talked to a therapist.  
4 = Agree 5 = Strongly Agree

1 = Strongly 2 = Disagree Disagree 3 = Agree & Disagree Equally

5. My view of myself would not change just because I made the choice to see a therapist.  
4 = Agree 5 = Strongly Agree

1 = Strongly 2 = Disagree Disagree 3 = Agree & Disagree Equally

6. It would make me feel inferior to ask a therapist for help.  
Equally 4 = Agree 5 = Strongly Agree

1 = Strongly 2 = Disagree Disagree 3 = Agree & Disagree

7. I would feel okay about myself if I made the choice to seek professional help.  
Agree 5 = Strongly Agree

1 = Strongly 2 = Disagree Disagree 3 = Agree & Disagree Equally 4 =

8. If I went to a therapist, I would be less satisfied with myself.  
Agree 5 = Strongly Agree

1 = Strongly 2 = Disagree Disagree 3 = Agree & Disagree Equally 4 =

9. My self-confidence would remain the same if I sought professional help for a problem I could not solve.  
Agree 5 = Strongly Agree

1 = Strongly 2 = Disagree Disagree 3 = Agree & Disagree Equally 4 =

10. I would feel worse about myself if I could not solve my own problems.  
4 = Agree 5 = Strongly Agree

1 = Strongly 2 = Disagree Disagree 3 = Agree & Disagree Equally

## **Appendix E**

### **Preferences in Psychological Services**

Note:

A licensed mental health professional includes any of the following: counselor, social worker, psychologist, psychiatrist, or other licensed medical professional. These individuals work with those experiencing psychological disorders and/or other mental health concerns.

A sport psychology professional is an individual who provides mental training services with the intention of enhancing one's personal or professional performance or well-being. These professionals primarily educate individuals on the role of psychological factors in sport and exercise.

As a student-athlete, how likely are you:

To seek sport psychology services?  
= Very Likely

1=Very Unlikely 2 = Unlikely 3 = Likely 4

To seek mental health/counseling services?  
= Very Likely

1=Very Unlikely 2 = Unlikely 3 = Likely 4

To seek services from a mental health  
professional who is part of the department staff?  
= Very Likely

1=Very Unlikely 2 = Unlikely 3 = Likely 4

To seek mental health/counseling services  
from the University Counseling center?  
= Very Likely

1=Very Unlikely 2 = Unlikely 3 = Likely 4

As a student-athlete, how helpful:

Would a sport psychology professional be in assisting you with your overall athletic performance?

Very Helpful

1=Very Unhelpful 2 = Unhelpful 3 = Helpful 4 =

Would a mental health professional be in assisting you with your overall performance?

1=Very Unhelpful 2 = Unhelpful 3 = Helpful 4 =

## **Appendix F**

### **Literature Review**

## **The Role of Sport Psychology in College Athletics and Higher Education**

Between the years of 1852 and 1905 the foundation of college athletics as we know it today was established (Smith, 1998). As early as the 1800's intercollegiate athletics quickly became a highly visible lure that drew substantial attention to colleges and universities for reasons other than academia (Smith, 1998). Since the 1930's college athletics has become increasingly popular and important to the American college experience and within American society (Watt & Moore, 2001). Unlike any other country, the United States has bundled both academic and athletic opportunities together within a framework of higher education, creating unique and desired opportunities for young adults looking to pressure the best of both worlds (Zillmer & Gigli, 2007). The National Collegiate Athletic Association (NCAA) is the primary governing body of intercollegiate athletics in the United States (NCAAA). The NCAA requires all of its member institutions to abide by certain rules and polices. The NCAA also has a set of rules and polices that apply to student-athletes. Student-athletes are required to meet certain academic standards (e.g., maintain a certain minimal grade point average (GPA) and progress towards one's degree etc.) to maintain eligibility to compete (Fletcher, Benschhoff, & Richburg, 2003).

According to the NCAA there are over 460,000 student-athletes whom compete in 24 different sports (NCAAb). Colleges and universities depend on athletic departments to represent them on a large scale in order to help university recruitment and enrollment numbers (Watt & Moore, 2001). Because college athletics are important and popular in our culture it has become commercialized and a popular source of entertainment (Watt & Moore, 2001). Due to the recent explosion of media coverage on national television, the



internet, and social media, athletic departments and student-athletes are in the spotlight more than ever; thus, changing the care needs of many high profile student-athletes. This notion is supported by Zillmer and Gigli, (2007) who found that social media is often used to broadcast student-athletes both athletically and personally in response to the popularity and commercialization of big time college athletics. Therefore, athletic departments have developed exclusive recourse to care for student-athletes both athletically and academically. This development has heightened the need and demand for sport psychologists within athletic departments to provide support for student-athletes (Zillmer & Gigli, 2007).

The quickly evolving evolution of intercollegiate athletics has resulted in a complex billion dollar business that now plays a large and powerful role for many large universities across the United States, while providing pride and a sense of identity to educational institutions (Zillmer & Gigli, 2007). Zillmer and Gigli describe modern day athletic departments as a specialized branch of the academic institution that has less emphasis on formal education and research, but a direct focus on athletics. Despite the popularity and economic components of intercollegiate athletics, and the current resources (e.g., sports medicine teams, strength and conditioning, academic counselors and tutors etc.) provided to student-athletes, the main mission of athletic departments must remain focused on cultivating and promoting *both* a competitive sport culture and academic excellence. In order for athletic departments to win both on and off the field, they must focus on student-athletes from an individual holistic standpoint that includes their academic, physical, and mental well-being (Zillmer & Gigli, 2007). Sport Psychology and mental health professionals, despite their growing presence within

athletic-departments, at first may not be understood or valued by student-athletes, coaches and administrators (Zillmer & Gigli, 2007). According to Zillmer and Gigli the athletic community may resist psychology related services due to the nature and pride associated with sport. It is often expected of student-athletes to be tough and resilient and to not show emotion (Zillmer & Gigli, 2007). Thus, it is critical that a counseling or clinical sport psychologist has strong interpersonal and communication skills in order to explain a) what it is they do, b) how they can aid student-athletes with both athletic and personal issues and c) how sport and counseling/clinical psychology improve sport performance and the overall well-being of student-athletes (Zillmer & Gigli, 2007). While sport performance and mental health services are different they can be effectively delivered by the same professional, when conceptualizing student-athletes from a holistic approach it is important to remember that “life effects sport and sport effects life” (Hack, 2007, p. 254).

### **The NCAA’s Perspective on Student-Athletes’ Mental Health**

Mental health services are the final puzzle piece to every athletic department (particularly the power five conferences ACC, Big 10, big 12, pack 12, and the SEC) because “Mental health is fundamental to [overall] health” (Satcher, 2000, p. 5). Thus, it is the athletic departments’ responsibility to ensure that all student-athletes are cared for in a holistic manner. Among colleges and universities, student-athletes are well recognized by peers, staff, and most predominantly fans. Student-athletes have high profiles and are commonly in the spotlight for both positive and negative reasons. According to NCAA.com’s mental health page the NCAA openly recognizes that mental health issues are serious in intercollegiate athletics (NCAAc). Specifically, the NCAA

acknowledges that student-athletes may be exposed to general risk factors (e.g., anxiety, depression, and psychological abuse etc.) that can cause distress. Additionally, the NCAA also recognizes that student-athletes may also encounter harassment, and discrimination related to race, ethnicity or sexual orientation (NCAA, 2016b). Further, the NCAA states that coaches, medical staff personnel, and administrators play a vital role in managing such issues through preventive procedures and screening programs. Dr. Brian Hainline, Chief Medical Officer for the NCAA, asked student-athletes what their primary concerns were from a health standpoint. Results of his investigation revealed that student-athletes' primary complaint was lack of mental health and wellness resources (Hainline, 2016). Thus, the NCAA understands and acknowledges the need for mental health services for student-athletes.

Modern day intercollegiate athletics is a unique and demanding environment (Carr & Davidson, 2014). The role and development of sport psychologist has grown in the last two decades. However, the mental health needs of intercollegiate student-athletes have far surpassed the slow growth of sport psychologist and available positions within athletic departments (Carr & Davidson, 2014). It is estimated that 10% to 15% of student-athletes within their 4-5 year intercollegiate careers would benefit from seeking professional help for psychological issues (Hinkle, 1994; Murray, 1997; Parham, 1993 as cited in Watson & Kissinger, 2007). In recent years the NCAA has acknowledged the need for mental health services and has taken steps to insure that student-athletes are receiving help if needed. The NCAA has recognized that individual athletic departments provide access to mental health professionals and services to their student-athletes differently than others, due to many department factors and limitations. However, the

NCAA has made recent recommendations to insure there is access to proper mental health resources for all student-athletes regardless of chosen sport, school, and division level (Klenck, 2014). For example, the NCAA now recommends that each athletic department have an identified mental health team (Klenck, 2014). Unfortunately, these are only recommendations, and to cut costs, most athletic departments choose not to hire full-time mental health professionals and rely heavily on medical professionals and university counseling centers.

**The purpose of a mental health team.** The primary purpose of a mental health team is to ensure that athletic departments have a qualified team of professionals to 1) recognize psychological issues regarding individual athletes, and 2) make referrals when necessary (Klenck, 2014). Ideal members of a mental health team should include athletic trainers and team physicians and if possible a licensed clinical, counseling or social work professional (Klenck, 2014). Along with having a mental health team the NCAA feels it is critical for student-athletes to be aware of the psychological services available to them whether they are “in house” or provided by the universities’ campus counseling center (Klenck, 2014). Modern day athletic departments (particularly division I level in the power five conferences) provide academic and athletic services within the boundaries of the athletic department for student-athletes. Thus, if clinical and/or counseling services are not offered to student-athletes within the athletic department it is important that student-athletes are made aware of the available resources on campus and that the athletic department promotes seeking help (Klenck, 2014).

**Promoting mental health services.** In “...recent years athletic departments have made strides in providing resources to care for the mental and emotional dimensions of intercollegiate athletes...” (Huffman, 2014, p. 160). By providing access to mental health professionals (e.g., clinical/counseling psychologist, sport psychologist, sport psychology consultants, licensed counselors and social workers) it makes it easier for athletic departments to promote mental health services in a positive manner. For instance, by having a sport psychologist as a part of the sport medicine team, student-athletes would have both direct exposure and access to mental health services without having to leave the confines of the athletic department. By providing mental health services “in house” it is anticipated that student-athletes will also be more inclined to self-refer or be referred by other members of the athletic department (e.g., athletic trainers, coaches and peers etc.) to insure holistic care to all student-athletes (Klenck, 2014).

### **Sport Psychology Educational Paths**

There has been great growth in sport psychology and sports performance education and research since the beginning of the 20<sup>th</sup> century (Wilson, Gilbert, Gilbert, & Sailor, 2009). Sport psychologist and sport psychology consultants (SPCs) are being subcontracted and/or employed by intercollegiate athletic departments more so than ever before, due to the increased demands placed on student-athletes. However, within sport psychology, there exists no single path to becoming a sport psychology professional. It is important to first define and understand the differences between a sport psychologist and a sport psychology consultant’s training and services (Carr & Davidson, 2014). A sport psychologist is a licensed mental health professional, typically with a Ph.D. in counseling or clinical psychology, that has additional training in sport and performance psychology.

Sport psychologists can work with athletes looking to improve his/her sport performance (e.g., imagery, goal setting, progressive muscle relaxation, focus, etc.) and other, more serious, psychological issues such as (e.g., depression, severe anxiety, adjustment disorders, etc.). A licensed sport psychologist has extensive education and experience in psychological disorders, appraisal, and treatments in the clinical realm. Along with psychology professionals the unique and specialized training of social workers can also be a great addition to athletic departments, due to the complexity and diversity of athletics. More and more star student-athletes come to college from underprivileged socioeconomic areas of the United States and foreign countries (Gill, 2008). These student-athletes may experience a different adjustment to both college life and college athletics, because of one or more of the following obstacles: lack of family support, absence of community, loss of trusted role models, and stereotypes (Gill, 2008). Student-athletes that come from backgrounds described above could greatly benefit from the services provided by social workers. Along with clinical and counseling psychologists, social workers are trained to treat depression via therapeutic techniques. While social workers are typically not as well versed in the culture of athletics and sports performance as some psychologists, they can assist student-athletes and athletic departments in areas that include: guidance, career development, financial aid, mental health, community service opportunities, injury recovery, and occasionally athletic performance enhancement (Gill, 2008).

***Table 1. SPC's and CCP's Educational Requirements***

<i>Type of Professional</i>	<i>Educational Requirements</i>
Licensed Clinical and Counseling Psychologist	PhD, (typically a 5-6 year APA accredited program that includes a 12 month internship); Licensure in respective state of practice.
Licensed Clinical and Counseling Sport Psychologist	PhD, (typically a 5-6 year APA accredited program that includes a 12 month internship); Licensure in respective state of practice; additional specialized training in sport psychology (may include AASP certification).
AASP - Certified Sport Psychology Consultant	Masters or PhD in a sport psychology related field. Certification requirements: 700 supervised hours for Master's level consultants, 400 supervised hours for PhD level consultants. Candidates must also fulfill certain courses related to, counseling, psychology, and exercise science (AASP, 2006). See AASP's webpage for a complete list of requirements.

**Sport psychology consultant's education and expertise.** An SPC is a professional who has completed a master's and/or doctorate degrees in sport, performance, and/or exercise psychology. Most SPCs do not work with athletes who have more serious psychological issues. Rather, they focus on performance enhancement (e.g., imagery, confidence, motivation, cohesion, etc.) or work closely with coaches, athletic trainers, strength and conditioning specialists, and management to create an optimal environment for athletes to perform. SPCs are, however, trained in the recognition of psychological/emotional disturbances, and will refer these athletes to licensed psychologists. It is common for SPC's to be certified by the Association for Applied Sport Psychology (AASP) as certified consultants, which is the largest organization that provides certification in applied sport psychology in the world (see [www.appliedsportpsych.org](http://www.appliedsportpsych.org)). However, there are currently no regulations or legal protection in title use for SPCs. In other words, any person, with any training can call themselves a "performance coach", "mental skills trainer", and even "sport psychology consultant". Clients are then responsible for seeking and selecting trained, qualified, and certified professionals. In order to become certified by AASP (CC-AASP), an SPC is required to have a minimum of a master's degree in sport psychology or a related field, complete extensive and specific coursework, and have supervised applied hours by an approved supervisor (typically a CC-AASP). As a result, individuals who have a CC-AASP designation represent a select portion of professionals working in the field. SPC's usually work with individual athletes, teams, coaches and support staff to enhance sport performance and enjoyment (AASP, 2016). While many licensed clinical and/or counseling psychologist obtains additional training and become an AASP certified



consultant, not all SPC's have training and or are licensed as mental health professionals. While SPCs have training in counseling and psychology their primary services focus on sport and exercise related issues. For example, a SPC may work with an athlete on his or her pre-game anxiety. SPCs also often work with coaching staffs to help establish healthy cohesion and team dynamics. SPC's play a vital and diverse role for athletes, coaches and support staff who work closely with athletes. The SPC's expertise can help student-athletes and coaches achieve their goals and increase enjoyment (AASP, 2016). SPC's are often hired by athletic departments or sub-contracted through private practices to work with individual intercollegiate athletes and teams.

SPC's and mental skills professionals are more aware and knowledgeable of the competitive culture of an athletic department, and of individual sport subcultures, such as the differences between a football team and golf team (Hack, 2007; Martin, Zakrajsek & Wrisberg, 2012). Thus, SPCs are, typically, less stigmatized by athletes and coaches, and more often welcomed into the department's culture due to the strong emphasis SPCs place on enhancing sport performance. In a qualitative study conducted by Zakrajsek and colleagues (2013) that explored Division I coaches perceptions and expectations of SPCs, the results showed it was important to coaches for SPCs to have had both an athletic background and athletic experience (Zakrajsek, Steinfeldt, Bodey, Martin & Zizzi, 2013). Another study conducted by Wrisberg and colleagues (2010) found that a large percentage of coaches were comfortable with student-athletes seeking help from SPCs for both athletic and personal affairs. However, 88.8% of coaches preferred student-athletes to seek help for concerns related to sport performance, while only 77.5% of coaches encouraged student-athletes to seek help for issues that were not related to performance

enhancement (Wrisberg, Loberg, Simpson, Withycombe & Reed, 2010). While many SPCs have extensive knowledge regarding the culture of athletics, most lack licensure in counseling/clinical psychology, resulting in an inability to treat student-athletes who are struggling with more serious personal and emotional issues that affect performances. Student-athletes who are experiencing both personal- and athletic-related issues may benefit from a professional trained in both clinical/counseling and sport performance/enhancement.

**Clinical/counseling sport psychologist education and expertise.** Few-licensed psychologists have training in sport psychology and offer sport performance/enhancement services (Hack, 2007). However, in recent years, several counseling and clinical psychology doctorate programs have begun to offer specializations/cognates (or additional training) in sport psychology. Licensed mental health professionals who specialize in sport psychology may be ideal candidates for part- or full-time sport psychology positions within athletic departments as part of the sports medicine staff (Carr & Davidson, 2014). The advantages of having a full-time sport psychologist staffed within large athletic department, is that he/she can offer a variety of services to athletes. For example, sport psychologists can provide services that include individual counseling with student-athletes for both personal and athletic related needs. Athletic departments that provide a full-time licensed mental health professional on staff allow the athlete to seek help from a holistic standpoint, by acknowledging student-athletes in a humanist approach that embraces each student-athlete as a complete person (Carr & Davidson, 2014; Hack, 2007). Part- or full-time licensed psychologists who are part of the sports medicine team provide better access to both personal and athletic

psychological services for student-athletes (Carr & Davidson, 2014). By incorporating psychological services as part of the sports medicine team, student-athletes will view CCPs as a visible member of the sports medicine team. Therefore, student-athletes may be more likely to seek help and receive the help they need.

Research by Flowers (2007) reported that licensed psychologists should seek additional training within the sport and performance domain in order to break down many of the barriers that exist between athletes and mental health professionals. Included in this training, is an in-depth understanding of the culture and atmosphere of intercollegiate athletics, and the specific challenges student-athletes encounter (Kissinger & Miller, 2009). Ideally, a licensed individual also trained as an SPP would be an ideal addition to an athletic department. However, in the absence of such a uniquely trained individual, a strong referral network is of the utmost importance in ensuring athletes are receiving the best possible care.

Despite some shortcomings, counseling and clinical psychologist (CCP) possess unique training and skills that are useful resources for student-athletes. CCPs can greatly assist athletic departments improve the overall health and well-being of student-athletes by utilizing theoretical approaches, skills, interventions to help student-athletes develop emotionally, mentally, physically and spiritually (Howard, 1993 as cited in Flowers, 2007). In a study conducted by Brooks and Bull (1999) it was found that female student-athletes had an improved perception of sport CCPs compared to general mental health professionals (e.g., clinical/counseling psychologist, licensed counselors and social workers etc.). This improved perception was because female student-athletes did not associate the sport psychologist role with a “mental health” professional, but

acknowledged the sport psychologist had expertise in mental health issues and treatments (Brooks & Bull, 1999).

Flowers (2007) reported the importance for sport CCPs to integrate their multicultural, positive psychology, and cognitive-behavioral education and training in order to deliver holistic services for student-athletes. While Hack (2007) addressed how counseling relationships with student-athletes will defer significantly depending on whether the student-athlete is working with a sport psychologist or a sport performance/enhancement professional. A sport psychologist will take a more holistic approach when conceptualizing performance and mental health concerns by inquiring about the student-athletes life both on and off the field compared to SPCs where it is not necessary to record in-depth personal information compared to a sport CCP (Hack, 2007). In a study done by Zakrajsek and colleagues (2013) coaches perceived Sport CCPs working with their athletes in a positive light due to the fact that sport CCPs can help athletes cope “with the whole gamut of things” which included aspect of being a student-athlete both on and off the field (Zakrajsek, et al., 2005, p. 263). Zillmer and Gigli (2007) are hopeful that as the role of Sport CCPs becomes better understood and accepted by athletic departments the full-time “in house” Sport CCP model will be adopted.

**Holistic sport psychology.** In recent years there has been an increased awareness of the benefits holistic sport psychologist has to offer student-athlete. As stated by Hack (2007) “life effects sport and sport effects life” (p. 254). Furthermore, it is important for athletic departments, coaches, and student-athletes to recognize that athletic performance and personal well-being are strongly connected (Miller & Kerr, 2002). Although some practitioners have already adopted holistic practices and interventions that develop

student-athletes as “whole” people (e.g., mind, emotions, physiology and behavior) it is a relatively new philosophy within sport psychology (Friesen & Orlick, 2011). The idea behind holistic sport psychology is to promote personal improvement and performance enhancement simultaneously, thus, supporting student-athletes in all three dimensions of their lives - as people, students, and athletes (Andersen, Miles, Robinson, & Mahoney, 2004; Bond 2002; Friesen & Orlick, 2010; Miller & Kerr, 2002). When working with student-athletes through a holistic lens CCPs may have an advantage over SPCs. Unlike most SPCs, CCPs have advanced educational backgrounds and training in clinical/counseling; allowing them to ethically treat student-athletes for psychological issues that are not related to sport enhancement. This is important because personal elements of a student-athletes life may indirectly impact their ability to perform athletically (Friesen & Orlick, 2011). Friesen and Orlick (2011) found three perspectives that are practiced by holistic sport psychology professionals:

The first perspective is recognizing that non-sport environments may affect athletic performance. For example, tension from an argument with a significant other may manifest itself within the practice or competition environment. The second perspective is recognizing that performing well athletically is facilitated by developing the core of who the athlete is as a person. That is, by developing the individual, they are able to approach excellence in all facets of their life including athletics. The third perspective acknowledges that we as human beings function along four dimensions (behavior, mind, emotions, and physiology), and that seeking behavior change (in the form of improved athletic performance) involves an appreciation for how all other dimensions affect each other (p. 231).

Furthermore, it is important for CCPs and SPCs to acknowledge student-athletes as regular people with athletic talent and abilities (Friesen & Orlick, 2011). Student-athletes are not just student-athletes; they are a total person. Student-athletes have a great appreciation for CCPs and SPCs who supported and recognized all areas of their lives (Anderson, Miles, Robinson, & Mahoney, 2004; Friesen & Orlick, 2011). It is important to remember that the athletic experience is not the root of all difficulties and struggles experienced by student-athletes (Etzel, et al., 2002). Student-athletes, like non-athletes, come to college with difficulties and special needs that can be the result of family environments, educational histories, intellectual capabilities, vulnerability to stress, and (lack of) coping skills (Etzel, et al., 2002). Thus, “Having access to a mental health professional can be instrumental in helping many of these student-athletes make the transition to, and ultimately be successful in, a university setting” (Bennett, 2007, p. 268). Generally, student-athletes are faced with managing a complex balance of being both a college student and an elite-level athlete. Therefore, in order to fully understand this dynamic, it is important that all professionals who work with student-athletes understand both the historical development and current state of collegiate athletics in the United States (Watt & Moore, 2001). Equally important is the understanding that both clinical issues and sport performance issues are often linked and must be acknowledged and addressed in a holistic approach (Hack, 2007).

### **Student-Athletes’ Mental Health**

Student-athletes are a unique group of students who face challenges, problems, and pressures that can greatly alter and/or influence their holistic development as young people (Etzel, Ferrante, & Pinkney 2002, p. 19). For instance, research by Hack (2007)

suggests that student-athletes who are referred to a licensed psychologist with little or no sport psychology experience were less likely to adhere to treatment because they did not feel understood as student-athletes. These findings suggest sport CCPs who work with student-athletes must seek additional training and experience counseling student-athletes and working with athletic department staff members to diminish barriers between student-athletes and psychological services (Flowers, 2007; Hack, 2007).

When intercollegiate athletics are studied at the Division 1 level, it is important to view student-athletes as a subpopulation within the system of higher education (Etzel, et al., 2002). There are many positive attributes to being a student-athlete. For instance, during an athlete's collegiate years, they are challenged to make life decisions relating to their sense of purpose as they cultivate lasting and meaningful relationships and identify personal values (Ferrante & Etzel, 2009). Being a member of a university athletic department provides student-athletes with a sense of belonging, along with a strong social support network (e.g., coaches, counselors, trainers, tutors, and mentors). While college athletics provides a unique opportunity for young adults to simultaneously explore athletic and academic pursuits, many find it challenging to prioritize either in an effective manner (Ferrante & Etzel, 2009). This section aims to outline the various challenges that student-athletes regularly face, including balancing academic/athletic demands, external stressors, and incidence of depression and other mental illnesses.

**Academic abilities.** Some student-athletes may enter college with poor academic preparation and often diagnosed and undiagnosed learning disabilities (Etzel, et al., 2002). According to Etzel, Ferrante, & Pinkney, (2002) many student-athletes who face academic deficiencies and learning disabilities are often, “moved along” academically in

order to stay athletically eligible. For these student-athletes the expectations and the responsibility of school can be daunting and overwhelming. For many of these student-athletes the academic support offered by the athletic department is the only reason many student-athletes are able to catch up or learn to compensate for their academic deficiencies and/or disabilities. It is important for athletic departments to be mindful of the support needs of these athletes. Both academic deficiencies and learning disabilities can cause additional psychological distress that may include: feelings of low self-esteem, poor self-confidence, and the feeling of inadequacy (Hack, 2007). For example, a student-athlete with learning deficiencies and/or disabilities may experience pressure from his or her coach to maintain a certain grade point average (GPA) in order to stay eligible with the university and NCAA rules which can result in chronic stress. Another example is a student-athlete who is embarrassed of his or her abilities compared to their teammates or classmates, such embarrassment can lead to low self-esteem and confidence (Etzel, et al., 2002) which may negatively impact them as individuals and athletes.

**The balancing act.** In order for student-athletes to excel in academics and in sport they must keep a relative balance between three major areas: academics, athletics and personal life (Ferrante & Etzel, 2009). Research has consistently shown that student-athletes, as a whole, perform well in academic settings and have above-average work ethic both in and out of the classroom (Etzel, et al., 2002). Despite these findings, some student-athletes may still suffer from both academic and personal issues that are not always related to athletics just like their non-athlete peers. Etzel and colleagues (2002) further remarked that Division 1 student-athletes represent a special population on hundreds of campuses across the nation. Specifically, they are young people who lead



stressful lives that are influenced by the unique demands of their lifestyles and the development challenges of college-age people. It is fair to conclude that intercollegiate athletics provide many positive and negative attributes that if not kept in balance can negatively impact student-athletes lives and psychological development as young people (Etzel, et al., 2002). According to Watt and Moore (2001) the interaction between student-athletes and the educational institution shapes how the student-athletes experience college. As an example, institutions that provide student-athletes with resources to succeed (e.g., academic tutoring, mental health services, nutritional services, etc.) will likely be viewed as more positive and supportive from the standpoint of the athletes, than those who do not. Collegiate student-athletes are faced with many unique challenges as they manage the demands of being both a college student and an athlete (Bennett, 2007). Student-athletes' schedules are far from standard as they are expected to attend competitions, practices, strength and conditioning sessions, treatments, meetings, study hall hours, and tutor sessions throughout their seven-day week and travel when necessary (Bennett, 2007). According to Bennett (2007) the time commitment of being an athlete and a full-time student especially at the Division I level is equivalent to the demands of working two full time jobs.

**External and internal stressors.** Student-athletes have external stressors that the typical college student does not encounter which make them more vulnerable to poor psychological wellbeing than their non-athlete counterparts (Etzel, et al., 2002). Andersen and Williams (1999) found that student-athletes with a history of negative life experiences and low social support may be less effective at managing stress compared to their peers. Not only do athletes face stressors, social adjustment, and intellectual growth,

but additional demands are also placed on student-athletes to perform both in the classroom and in sport. As a result, student-athletes many encounter psychological issues (e.g., depression, anxiety, eating disorders, and substance abuse etc.) at some point throughout their collegiate careers (Etzel, et al., 2002; Watt & Moore, 2001). According to Watson (2003), roughly 35,000-50,000 student-athletes may be in need of counseling due to personal issues. Such issues could be exacerbated due to additional influences student-athletes are exposed to within the subpopulation of athletics and failure to resolve issues in a timely manner with appropriate professionals.

**Depression and performance obstacles.** It is common for student-athletes to have disparities in talent, individual maturity, and individual commitment to sport (Zillmer & Gigli, 2007). It is also common for student-athletes to encounter a complex set of challenges that affect them as college students, athletes, and humans. Thus, when student-athletes struggle to balance all three areas of their life performance dysfunction can result (Hack, 2007). Student-athletes that experience performance dysfunction often wish to improve their athletic performance, however the issues causing poor performance are often linked to issues that are not related to sport (Hack, 2007). Such issues may include family issues, and relationship issues off the field. (Hack, 2007). When student-athletes' seek help for the first time with the intention to improve their athletic performance they are often unaware of the connection between personal issues and athletic performance. Therefore, many student-athletes fall into this category and benefit clinical and sport psychology services (Hack, 2007).

Studies exploring the relationship between depression and student-athletes (e.g., Davoren & Hwang, 2014; Nixdorf, Frank, Hautzinger & Beckmann, 2013) have revealed

that between 30%-34% of college students reported symptoms of depression in a 12 month period. Along with feelings of anxiety, depression is one of the most experienced mental illness on college campuses across the United States (APA, 2016). Further, research conducted by American College Health Association among others (e.g., Armstrong & Oomen-Early, 2009; Yang, Peek-Asa, Corlette, Cheng, Foster, et al., 2007) reported smaller but similarly concerning numbers from a student-athlete perspective. For instance, Yang and colleagues (2007) found that out of 262 student-athletes, 21% reported experiencing symptoms of depression (Yang et al., 2007). Similarly, Nixdorf and colleagues surveyed 162 German athletes and found that 15% of professional athletes and 20% of junior-professional athletes reported experiencing depressive symptoms. Davoren and Hwang (2014), stated that, "One of the primary concerns regarding the prevalence of mental illness among student-athletes is that it may affect not only their success in academics and athletics but also their general well-being" (Davoren & Hwang, 2014, p. 38). Thus, it is clear that depression and depressive symptoms are issues a portion of college student experience. Therefore, sport CCPs can help student-athletes manage depression that may result from a multitude of causes (e.g., personal issues, relationship problems, illness, injury, personal loss, and transitions) (Rao, Asif, Drezner, Toresdahl, & Harmen, 2015).

**Psychological ramifications of sport injury.** For most student-athletes, injuries occur at an unexpected and unwarranted time. Roughly 50% of student-athletes encounter injuries during their 4-5 year intercollegiate careers (Etzel, et al., 2002). Injuries vary widely on their degree of severity. For example, athletes may experience acute injuries, which include, but are not limited to sprained muscles, fractures, and broken bones from

sudden impact these injuries occur more often in contact sports (e.g., football, hockey, lacrosse, rugby, and soccer etc.), while chronic injuries are commonly called “overuse” injuries that develop over time from excessive use. Both acute and chronic injuries negatively affect athletic performance and student-athletes’ mental health. According to Coppel (2014), it is natural for injured student-athletes to have emotional responses to injuries particularly acute injuries. Such emotional responses may include: shock, mourning, sadness, isolation from friends and team activities, irritability, depression, lack of motivation, anger, frustration, changes in appetite, disturbed sleep patterns, and disengagement (Coppel, 2014; Etzel, Ferrante, & Pinkney, 2002).

While many injuries are minor and do not interfere with the student-athlete’s life outside of athletics, severe injuries can greatly impact student-athletes both athletically and academically. For example, recovery from a concussion often requires student-athletes to rest both physically and cognitively (Coppel, 2014). Additionally, post-concussive symptoms often include feelings of isolation, anxiety, and depression, and can persist from days to months to years (Coppel, 2014). It is recommended that coaches, trainers and other staff members keep student-athletes engaged with team activities when possible (Coppel, 2014). Along with rehab and team engagement, injured student-athletes can greatly benefit from seeking help from sport CCPs to cope with the emotional responses provoked by injury (Coppel, 2014; Etzel, Ferrante, & Pinkney, 2002).

**Eating disorders.** Along with societal and cultural influence, physical demands, and sport performance expectations, student-athletes are also prone to develop patterns of disordered eating and eating disorders which can include: anorexia nervosa, bulimia nervosa, and binge-eating disorders (Thompson, 2014). It is important to clarify that

“eating disorders” and “disordered eating” are closely related to each other but are often not the same (Thompson, 2014). Both disordered eating and eating disorders are unfortunately becoming more prevalent within college athletics for a number of reasons. While *all* student-athletes are considered at risk for developing issues around eating, most research has reported that females and athletes who take part in “lean body” sports (e.g., cross-country, swimming, gymnastics, wrestling etc.) are at a greater risk for developing patterns of disordered eating and eating disorders during their intercollegiate careers (Thompson, 2014). Female student-athletes tend to struggle with eating disorders more than their male counterparts due to social and cultural norms. American social and cultural norms reinforce females to be thin and have feminine body shapes. However, some sports require females to have strength and power (e.g., ice hockey, softball, rugby, and certain track and field events etc.). Along with developing strength and power females’ body weight, shape and size adaptations can make female student-athletes feel less feminine and more masculine, causing them to feel conflicted between a body necessary for sport performance while also attempting to adhere to cultural norms and expectations. Additionally, given the many dietary constraints and expectations placed on student-athletes, most athletic departments have access to nutritionists and registered dietitians. Because eating disorders are often treated as psychological illness student-athletes to be referred to a qualified mental health professional in order to aid with recovery, management and prevention of future relapse. Relatedly, Arthur-Cameselle and Baltzell, (2011) found that seeking professional help from a sport CCP is encouraged to help student-athletes cope and recover from eating disorders.

**Team culture and dynamics.** One of the unique elements of competing in intercollegiate athletics is being a member of a team. It is important for sport CCPs to have knowledge of team dynamics and how they can affect student-athletes mental health. There are two different types of teams, co-acting and interactive. Golf is an example of a co-acting team, each student-athlete competes as an individual, and then each score contributes to the team total score. An example of an interactive sport team is soccer. Interactive teams must physically work together during competition to score points for their team. Along with different types of teams each sport has their own culture that has been cultivated over decades. For example, the culture of American Football is very different than the culture of golf. Therefore, it is important for CCPs and SPCs to have an understanding of both team dynamics and different sport cultures.

Different sport cultures and team dynamics can greatly impact student-athletes mental health and well-being due to the amount of time student-athletes spend with their teammates both on and off the field. For example, student-athletes who compete in co-acting sports may have a harder time transitioning to a team dynamic once they are in college due to the individually of their respective sport. Co-acting student-athletes are typically used to completing, training, communicating and being coached as individuals. Thus, there is an adjustment period for most co-acting student-athletes. While student-athletes who compete in integrated sports are used to being a member of a team they can also be faced with team dynamic issues. For example, as new freshman join the team each year the team dynamic changes, it is very common for a freshman to take a spot of an existing teammate, or for upper classmen to experience frustration and resentment toward their younger teammates. While teammates can offer a great deal of support to

each other throughout their intercollegiate journeys they can also pose a great deal of stress and disturbance. Each and every team has their own unique culture and dynamic. In a qualitative study conducted by Friesen and Orlick (2011) Ken Ravizza stressed the importance for CCPs to be aware of the sport culture:

Understanding the culture and what the demands of the culture are and what goes on in individual sports, team sports, and team sports like baseball which is an individual sport within a team sport.... All of those cultural differences...dealing with hockey players is different than dealing with figure skaters. Different demands, different situations and you gotta adjust so you're coming from the sport experience instead of applying sport psychology to sport (pp. 28).

Additionally, Friesen and Orlick (2011) found it is importance for CCPs and SPCs to have an understanding of the ethnic cultures of student-athletes long with sport culture. According to Keith Henschen "You gotta understand the culture. But not so much the culture within a team; its more than less the culture of the individual" (Friesen & Orlick, 2011, p. 29). Therefore, team culture and dynamics are multi-layered and complex, Sport CCPs can provide individual focused counseling to student-athletes to help them function as both individuals and members of a team (Kleinert, Ohlert, Carron et al, 2012).

**The impact of diversity.** According to Etzel, Ferrante, and Pinkney (2002) the overall adjustment to college is different for Caucasian student-athletes who come from middle to upper socioeconomic status who attend a predominantly Caucasian institution compared to an African American (AA) student-athlete who were recruited from lower-academic high schools and socioeconomic statuses. Due to the difference in backgrounds

prior to attending college these two different groups will encounter different challenges as they adjust to the demands of being a student and an athlete (Etzel, et al., 2002). Prior to attending college, African American males are more often encouraged from an early age to become athletes. This encouragement is often deliberate with AAs (Beamon & Bell 2006). Beamon and Bell also reported that aspects of AAs' socialization process encourage sport participation and the degree of emphasis placed on athletics in comparison to academics. Beamon and Bell measured: "(1) The extent to which education was emphasized by parents in the lives of the student, (2) student academic performance, and (3) social and behavioral adaptation in college" (p. 395). It is important to note that the operational definition for academic success was defined as maintaining the minimum academic eligibility standards that are set by the NCAA for the duration of the student-athletes collegiate career (Beamon & Bell, 2006). While student-athletes' social and behavioral adaptations were defined as involvement in extracurricular activities that took place outside the realm of athletics that involved issues regarding university policies and issues regarding the law (Beamon & Bell, 2006). Beamon and Bell found there was an inverse relationship between athletics and academics in regard to socialization. As there was more emphasis placed on athletics during the socialization process there was less emphasis placed on academic performance (Beamon & Bell, 2006). Beamon and Bell linked a positive relationship between parental support for athletics and academics among African American parents. Beamon and Bell's findings were consistent with previous research done by Oliver (1980) (as cited in Beamon & Bell, 2006) regarding socialization and the influences to excel in sports from young age. The positive relationship found between parental support for both academics and athletes



may be attributed to parents making sure their children remain academically eligible to play collegiate athletics and accept scholarships to finance their education (Beamon & Bell, 2006). Therefore, it is important for Sport CCPs who work with athletes to be aware and have knowledge of the diverse backgrounds student-athletes come from in order to provide proper assistance and successfully aid in the transition from high school to college athletics.

Student-athletes of minority groups may have additional internal challenges when seeking psychological help and or services. Therefore, a professional who has multicultural training and experience could aid student-athletes during personally difficult or conflicting times (Douce & Keeling, 2014). According to Douce and Keeling, college students may feel separated from the general student population because of race, ethnicity, sexual orientation, gender expression, origin, and even age. Students that fall into one or more of these categories may perceive barriers or have difficulties when contemplating whether or not to seek help (Douce & Keeling, 2014). Therefore, it is important that universities provide professionals with training in multiculturalism for these specific student populations (Douce & Keeling, 2014). Douce and Keeling's research supports the notion that university athletic departments need to provide the necessary professionals and services to student-athletes due to the number of minority groups that are represented. According to Etzel, Ferrante, & Pinkney (2002) race, ethnicity, LBGTQ, and learning disabilities can all contribute to additional challenges and stressors for student-athletes. For instance, LBGTQ student-athletes may have a more difficult time establishing interpersonal and intimate relationships. Despite the strides that have been made in the current decade student-athletes are likely to still encounter

homophobic individuals and discrimination on college campus and within intercollegiate athletics (Etzel, et al., 2002).

### **Student-Athletes' Developmental Changes**

“The bases upon which people think, feel, and behave are rooted in their life experiences, and these experiences vary considerably” (Etzel, Ferrante, & Pinkney, 2002, p. 35). Therefore, it is important for helping professionals, athletic department administrators, support staff and coaches to remember that student-athletes are young adults in a delicate stage in their lives. Each and every student-athlete is different. It is important to remember that student-athletes, like their non-athlete counterparts, are byproducts of their surroundings and past experiences. Student-athletes will face a variety of changes and transitions once they enter college and throughout their college careers (Etzel, et al., 2002). According to Etzel, Ferrante, & Pinkney (2002) and colleagues, student-athletes face a variety of challenges just like their non-athlete peers, such as, normal developmental concerns that include developing personal skills to help them function affectively in their environment and surroundings (Etzel, et al., 2002). According to Parham (1993) both student-athletes and non-athletes share similar developmental changes during their college years that include: Developing and strengthening personal competencies, solidifying their personal identities, development and nutriment of interpersonal and intimate relationships, developing beliefs, values and morals, and formulating future career goals (Parham 1993). However, due to the demanding life style of student-athletes compared to their non-athlete peers, student-athletes encounter additional developmental changes within the athletic department confinement that include: Balancing both academic and athletic pursuits, adapting to social isolation,

managing success and failure, and athletic retirement (Parham 1993).

**Personal and athletic identities.** During a college-student's journey they are faced with challenges such as establishing personal identities and beginning the process of separating themselves from their guardians, families and communities (Etzel, et al., 2002), this can be an even more complex process for a student-athlete because they are entering a controlled and regulated environment with many external influences. Thus, student-athletes are forced to conform to the confines and culture of the athletic department instead of developing their own sense of self (Etzel, et al., 2002). The highly structured environment of college athletics reinforces athletic identity of each student-athlete. Athletic identity is defined as "the degree to which an individual identifies with the athletic role" (Brewer, Van Raalte, & Linder, 1993 as cited in Ward, Sandstedt, Cox, & Beck, 2005). For example, a strong athletic identity can cause student-athletes to spend the maturity of their time and resources on training their bodies both physically and mentally to be successful in sport (Watson & Kissinger, 2007). When student-athletes' personal identities overlap too much with their athletic identities it is common for student-athletes to ignore and/or not take advantage of opportunities that will help them establish areas of their life outside of athletics such as, career development and interpersonal relationships (Goldberg, 1991; Sanstedt et al., 2004 as cited in Ward et al., 2005; Pearson & Petitpas, 1990; Watson & Kissinger, 2007). Student-athletes who seek help from a sport psychologist are often grateful for having someone they can turn to that is interested in them as not just an athlete but as a person. Many student-athletes are associated with their sport by athletic department personal, fans and even parents, thus it is common for student-athletes to have a large part of their identities and success

associated with their respective sport (Hack, 2007). Therefore, it is important for sport psychologist to take a holistic approach when working with student-athletes in order to meet all of their needs.

**Interpersonal and intimate relationships.** Developing and experimenting with interpersonal and intimate relationships is another adjustment that most young adults make during their college years (Etzel, et al., 2002). This experience is different for student-athletes compared to their non-athlete peers. Because of student-athletes' demanding schedules and highly structured lives, many student-athletes are only exposed to other student-athletes outside of attending classes. Thus, experimenting with interpersonal and intimate relationships is common among student-athletes that participate in different sports or even team members. There can be a great disturbance caused to a student-athlete if such interpersonal or intimate relationships have issues or get terminated. Just like non-athletes, student-athletes are young adults whom are still in the process of developing their beliefs, values, morals and ethical standards (Etzel, et al., 2002). Depending on a student-athletes background some student-athletes may have a harder time establishing such values, beliefs and morals compared to others.

**Social isolation and adjustment.** One of the positive elements of being a student-athlete is that upon arrival to college student-athletes already have an established social network (i.e., teammates and other student-athletes). However, there are no guarantees, and while this theoretical support system is put in place for student-athletes it does not always provide the necessary support for each individual. For some student-athletes the adjustment to college and living on their own can pose many challenges. For example, not all student-athletes may get along or fit in with their team. While student-

athletes are likely to make friends with other student-athletes in study hall, dorms, and training rooms, many student-athletes still experience social isolation. Therefore, social adjustment and isolation are common issues faced by student-athletes that may cause distress that can negatively impact personal well-being, academic performance, and athletic responsibilities (Etzel, et al., 2002).

**Relationships.** Satisfying and managing peer, family, romantic, athletic, and academic relationships pose additional social adjustments for student-athletes (Etzel, et al., 2002). For example, unlike non-athletes, student-athletes have many relationships in their lives that need to be maintained. Student-athletes on top of their interpersonal relationships need to manage relationships with sport coaches, athletic trainers, strength and conditioning coaches, academic counselors, tutors, sports, compliance officers, nutritionist, sports performance consultants, teammates and other support staff that the student-athlete may develop a working relationship with.

**Risk behaviors.** Common high risk behaviors include substance abuse, eating disorders, hazing, violence, self-defeating relationships, gambling, and sexual-misconduct (Zillmer and Gigli, 2007). Such behaviors can cause athletic departments many headaches from negative publicity of student-athletes behaviors to diminishing the “bread” of the athletic department. Thus, CCP services can potentially reduce the risk and develop methods for handling such behaviors “in house” in order to protect student-athletes, athletic departments and institutions, while getting student-athletes refocused both on and off the field (Zillmer & Gigli, 2007).

**Success and failure management.** Managing athletic success and/or failures as both individuals and as teams are other stressors student-athletes are faced with (Etzel, et

al., 2002). Due to internal and external pressures that are often placed on student-athletes it can be difficult for student-athletes to manage success and failure. More often than not, a large part of a student-athletes' self-identity and self-confidence is related to their success in sport. Success in sport means something different to every athlete. For example, for some athletes, success is measured from a personal or internal standpoint (i.e., effort and quality of performance). While others, success is valued from the outcome such as the result of a competition (i.e., beating an opponent), regardless of their own quality of performance. Relative factors also include internal and external stressors. For example, a student-athlete may experience internal challenges derived from personal issues such as, not meeting their personal goals and expectations. While external stressors may include living up to someone else's expectations of them such as their teammates, parents and coaches, and fans. Thus, the process of coping with success and failures will be different for each individual (Etzel, Ferrante, & Pinkney, 2002; Parham, 1993).

**Retirement.** While student-athletes are dedicated to their athletic careers, for many retirement comes after their college careers. Therefore, student-athletes still need to formulate career paths that are both occupationally and personally satiating (Etzel, et al., 2002). Student-athletes are often faced with athletic retirement in their early 20's. While some can couple retirement with a sense of relief and enthusiasm, others may not welcome such a major life transition. Student-athletes tend to have a lot of their personal identify associated with participation in their respective sport. When it comes time for a student-athlete to retire after their collegiate career or early due to injury; student-athletes tend to feel lost and without purpose, especially for student-athletes that put their athletic careers first and did not pursue an academic path that interest them or led them to a

specific occupation. In addition, the circumstances of retirement may influence how an athlete responds. For instance, while most retirements are predictable (i.e., end of eligibility/graduating), others may be forced due to injury, academic ineligibility, or poor performance. Therefore, the retirement process is a complex matter and has the potential to cause many emotions, such as: anger, disbelief, denial, resentment, sadness, hopeless and confusion for a 22 year-old athlete who has spent much of his or her life pursuing a sport, and now needs to find a satisfying career. (Etzel, Ferrante, & Pinkney, 2002; Parham, 1993; Ward et al., 2005).

It is common due to the lack of preparation, for many student-athletes to find themselves unprepared for a life outside of sport (Broom, 1982 as cited in Pearson & Petitpas, 1990). Additionally, according to Parham, (1993) when it comes time for student-athletes to retire it is common for them to feel a loss of personal fulfillment because many student-athletes have been immersed in the culture of athletics from a young age. Therefore, most student-athletes have experienced most of their success, praise, and validation based on their past athletic achievements and status (Parham, 1993). Hence, athletic retirement can cause student-athletes to feel they no longer have a purpose and identity (Parham, 1993).

### **Mental Health Barriers and Stigmas**

Many colleges and universities offer student services including counseling, which is usually available to all students enrolled at their respective institution (Ferrante & Etzel, 2009). However, researchers have found that student-athletes are less likely to take advantage of these services compared to non-athletes (Watson, 2003). Thus, knowledge and exploration of these barriers may help provide a deeper understanding into the sub-

culture of collegiate athletics and provisions of mental health services (Watson, 2003).

Watson (2003) categorized barriers to seeking counseling as either internal or external, where internal barriers refer to *personal* attributes while external barriers refer to *situational pressure*. For instance, an internal barrier is a previous bad experience with counseling, perhaps the student-athlete did not feel that counseling helped them in the past and he or she is now hesitant to seek help. External barriers may take the shape of environmental circumstance or lack of availability. In the case of intercollegiate athletics, Watson (2005), for example, reported that the subpopulation of intercollegiate athletics breeds a culture that encourages student-athletes to be tough, which may lead student-athletes to view help-seeking as a sign of weakness. While internal barriers are more difficult to reduce in student-athletes, athletic departments can help eliminate the external barriers they create for student-athletes in regard to seeking clinical and counseling professionals and/or services (Watson, 2003). Large, high-revenue athletic departments typically view themselves as separate entities from the rest of the university, thus, unintentionally creating external barriers between the athletic department and the services provided on the general campus (Watson, 2003). For example, athletic departments typically offer student-athletes academic tutoring services through the athletic department; thus, student-athletes will likely never utilize tutoring provided by the University itself. These external barriers can be created due to assumption that the athletic department is fulfilling all the needs of their student-athletes as they do for medical care and academic support (Watson, 2003). Thus, student-athletes may perceive psychological services to be unavailable to them if not provided by the athletic department or support staff.



In a related report, Watson (2005) explored the attitudes toward help-seeking behaviors by student-athletes. Here, the purpose was to identify the factors that predict help-seeking behaviors within the student-athlete subpopulation. Results indicated a significant difference between student-athletes and nonstudent athletes in regard to seeking help (Watson, 2005). Specifically, student-athletes reported feeling more uncomfortable using services that are not associated with the athletic department because they fear not being understood as a student-athlete (Watson, 2005). Additionally the assumptions related to the underutilization of clinical and counseling services by student-athletes suggest that they are hesitant to seek help due to uncertain *views* of counseling and are concerned with the responses of their coaches, teammates, and fans if they were to find out that the student-athlete was receiving help (Watson, 2005). Thus, the psychological services provided on campus may not fully meet the special needs of a student-athlete due to limited time and services offered (Watson, 2005).

Similarly, Lopez and Levy (2013) explored student-athlete perceived barriers and preferences in seeking help. Results indicated that student-athletes preferred a counselor who was knowledgeable and had personal experiences with sports and/or from a counselor who had past intercollegiate participation (Lopez & Levy, 2013). Specifically, athletes reported a fear of not being understood as a barrier to seeking help outside of the athletic department (Greenspan & Andersen, 1995 as cited in Watson & Kissinger, 2007). Lopez and Levy's (2013) findings support Greenspan and Andersen's (1995) notion that student-athletes perceptions of not being understood is a major concern when seeking help because of the additional demands placed on student-athletes by the athletic department (Greenspan and Andersen, 1995 as cited in Watson & Kissinger, 2007; Lopez

and Levy, 2013). Thus, student-athletes prefer seeking help from professionals who will recognize and be empathic to the student-athletes sport related issues (Lopez & Levy 2013). Services that are not associated with the athletic department may not fully understand the complex day-to-day responsibilities and interaction related to a student-athletes sport (Lopez & Levy 2013). Furthermore, Lopez and Levy also revealed that scheduling demands was a major help-seeking barrier due to student-athlete athletic and academic obligations during regular operating hours of most university counseling centers (8am-5pm). These findings support previous research by Watson (2006) who also revealed that lack of time was a major perceived barrier by student-athletes. Additionally, when asked, most student-athletes specified that they also preferred to seek counseling from a professional who was younger (Lopez & Levy, 2013). Preferably between the age 26 to 30 and 31 to 35 years old (Lopez & Levy, 2013). According to Lopez and Levy, such age preferences suggest that student-athletes prefer to seek help from professionals that are closer to their age group so that they can more easily relate to the student-athletes' voyage as a college student and athlete (Lopez & Levy, 2013).

Watson's (2006) findings were consistent with Etzel, Ferrante, & Pinkney (2002) who reported barriers that included (1) the student-athletes' high visibility on campus, (2) little available time, (3) myths about the student-athlete persona, (4) the closed nature of many athletic situations, (5) the personal attributes of the student-athletes themselves, and (6) the fear of loss of status for seeking counseling assistance. Also of note, was the reluctance for student-athletes that participate in high revenue sports (i.e., football, basketball, baseball, etc.) to seek help from university counseling centers (Etzel et al., 2002). These athletes reported feelings of fear and discomfort in being recognized by

university staff, faculty, and possibly students in a highly stigmatized setting (Etzel et al., 2002). Further, Lopez and Levy (2013) reported that many student-athletes may be more likely to seek help during non-traditional working hours and in areas of campus that are not visible to the general student body out of concern that their visits may not be kept private and confidential. While confidentiality is a staple of ethical practice in mental health, it is possible that practitioners unfamiliar with the popularity of intercollegiate sports may not fully understand the importance of “after hours” sessions (Etzel et al., 2002). According to Lopez and Levy (2013) despite the fact that student-athletes may be more inclined to seek help from their athletic peers, coaches, or support staff; Lopez and Levy believe that student-athletes may view these individuals as barriers in regard to seeking help from qualified professionals, that perhaps some sport cultures and norms may prevent student-athletes from seeking proper services. Additionally, student-athletes may also develop attitudes and beliefs that they will not be understood or cared about by clinical and counseling professionals that are not contacted or employed by the athletic department. (Etzel, et al., 2002).

In order for CCP's to effectively work with student-athletes they must develop an understanding of the culture of intercollegiate athletics. According to Lopez and Levy (2013) it is important for athletic departments to develop a supportive environment that reduces social stigmas and promotes help seeking behavior when desired or needed by a student-athlete. If athletic departments break down such barriers for student-athletes, student-athletes may be more likely to seek help on their own. Therefore, athletic departments should develop a strong relationship with their university-counseling center in order to ensure the unique needs of student-athletes (Lopez & Levy, 2013)

## **The Current Picture**

In a study conducted by Hayden and colleagues (2013) it was found that all sport psychology services available within campus counseling centers provided both sport enhancement and personal counseling for student-athletes (Hayden, Kornspan, Bruback, Parent, & Rodgers, 2013). However, Hack (2007) explains that availability of a CPP at campus counseling centers is a potential issue. With the growing number of general students attending counseling and referrals from athletics campus counseling centers may become overbooked and may not be able to respond or meet with student-athletes in a timely manner. Additionally, most campus counseling centers restrict each student to a number of sessions per academic year (Gill, 2008). While this approach is put in place to make sure that all students have the opportunity to seek counseling, it leaves student-athletes unprotected and without a place to go after their number of sessions have expired for the year. Due to the fast nature of college athletics (particularly the power five conferences ACC, Big 10, big 12, pack 12, and the SEC) this is often considered unacceptable (Hack, 2007). Yet, there is nothing that can be done about these potential waiting processes and session limitations, due to the fact that campus counseling centers are there to provide services to the entire student body and cannot make exceptions or give special treatment for student-athletes (Hack, 2007).

Despite time restraints and session limitations, it is still common for athletic departments to have working relationships with campus counseling centers and use referral based polices. However, recent trends illustrate that some athletic departments are now hiring part-time or full-time sport psychology professionals. Connole and colleagues (2014) conducted a study that used a consumer market analysis to explore

NCAA athletic administrators' preferred characteristics of a sport psychologist. Results indicated that approximately three quarters of athletic administrators indicated an interest in hiring psychology professionals with multiple roles such as sport performance and mental health (Connole et al., 2014). However, Connole et al. also found that athletic administrators preferred to hire SPPs whose primary training and services were to improve sports performance. Athletic administrators were less inclined to hire a sport psychologist whose primary focus would be the overall mental health of student-athletes (Connole et al., 2014). Connole et al. found that 39% of athletic departments have access to a SPP, while 52.3% do not. Additionally, Connole et al. also found that 1) out of 471 athletic directors and administrators 34.6% felt that their athletic department would require more than one SPP to meet the needs of student-athletes, teams and coaches, 2) part-time employment was preferred by athletic directors when hiring SPP professionals, 3) 43.8% of athletic directors and administrators preferred SPPs to have qualifications in both performance enhancement and mental health services, and 4) 67.3% of athletic directors and administrators were in favor of hiring a SPP if they had the opportunity. However, before hiring a SPP a number of questions must be answered, such as: 1) what services will be offered (e.g., individual counseling, group counseling, team building, educational workshops, coach consultation, etc.), 2) will emergency services be offered, 3) will there be session limits, 4) how will records be kept, and 5) who will the sport psychologist report to? (Hack, 2007).

Connole et al. (2014) findings support the notion that athletic departments prefer SPPs who are qualified in both sport performance and mental health services. It was observed from June 2012 to June 2013 that seven of eight Sport Psychology job postings

required SPPs to be licensed or be eligible for licensure as a psychologist (Connole et al., 2014). Thus, Many athletic departments are looking to employ licensed SPPs supporting Hack's (2007) theory that "...Performance and clinical issues are intertwined and that both must be assessed to understand the athlete completely" (p. 254). However, future research is needed to explore student-athletes' perceptions and preferences when seeking sport performance and mental health services. Exploring student-athletes' perceptions and preferences will further assist athletic departments and SPPs in determining preferred qualifications and employment positions for SPPs within university counseling centers and athletic departments.

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