Psychoeducational Group Counseling for Division I Student Athletes

Katherine Joanne Evans Tepper

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UNIVERSITY OF NORTHERN COLORADO

Greeley, Colorado

The Graduate School

PSYCHOEDUCATIONAL GROUP COUNSELING
FOR DIVISION I STUDENT ATHLETES

A Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy

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College of Education and Behavioral Sciences
School of School Psychology
School Psychology

August 2019
This Dissertation by: Katherine Joanne Evans Tepper

Entitled: *Psychoeducational Group Counseling for Division I Student Athletes*

has been approved as meeting the requirements for the Degree of Doctor of Philosophy in the College of Education and Behavior Sciences in the Department of School Psychology, Program of School Psychology.

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ABSTRACT


Student athletes experience many stressors due to the intensity of their training schedules, team travel, and the added pressure of playing at the top of their sport while meeting the rigorous academic demands of the university. This mixed methods study evaluated the effectiveness of psychoeducational group counseling for student athletes (SAs) at a Western university. Ratings of overall wellness (at pre- and post-intervention) were assessed using the Journey to Wellness scale and semi-structured interviews; bimonthly check-ins were used to measure social connection. Sixteen SAs participated in this study. The results of this study indicated the overall wellness of SAs who participated in the psychoeducational group counseling increased. Further, SAs shared they used more preventive coping strategies, increased the number and depth of their contacts with others including both student athletes and non-athletes, and experienced more confidence as they looked forward to their next transition (e.g., graduation, new role in athletic department). Students reported that feeling supported, gaining confidence, and learning new coping skills were the most helpful aspects of the group. The timing of the group and seriousness of personal concerns served as potential barriers. This study implied SAs might benefit from learning additional coping strategies as well as connecting with other student athletes and non-student athletes.
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CHAPTER I

INTRODUCTION

Maddy was a stellar athlete growing up, a straight A student, who seemingly had no difficulty making friends. She was heavily recruited to go to many universities because of her academic talent. She chose an Ivy League Division I school, The University of Pennsylvania, for track and field. At first, she seemed to be having so much success at Penn; she was one of the top five runners on her team and her professors told her she was doing well in their classes. From an outside perspective, her parents also believed all was well with their daughter. However, there was a lot troubling Maddy. Throughout her time at Penn, Maddy struggled with severe anxiety and depression. Maddy’s life looked “perfect” from her social media profiles and many thought that although she may have a bad day here and there everything else was great. Maddy committed suicide in the middle of her freshman year at Penn. Maddy’s suicide came as a shock to so many who knew her well and highlighted how people, especially student athletes, may be struggling internally yet be unable to express those concerns outwardly.

Student athlete (SA) mental health is a concern for all who work with this population. The culture surrounding Division I athletic departments is one of mental toughness where social emotional concerns likely are not shared. Student athletes are supposed to excel at their sports and their only needs are to be within the physical realm. There are some who might idolize SAs; they imagine this population to be immune to mental health concerns and be able to overcome all problems because of their perseverance and resiliency. There is a lack of awareness of the amount of time, effort, and mental capacity it takes to be a Division I SA and how that might impact overall social emotional well-being. Unfortunately, this means that despite many resources
allocated to SAs, their mental health needs are often overlooked (Leonard & Schimmel, 2016; Watt & Moore, 2001).

Student athletes come to college as the “best of the best” in their region and meet students of the same or similar caliber when they reach the university level. They are also viewed as those who “made it”; like Maddy, they are considered to be living the dream of many young people in the United States who strive to have the athletic talent to obtain a scholarship to a Division I university. Unfortunately, many SAs base much of their identity on being an athlete; they might adopt this identity due to the attention and praise they have received from parents, coaches, siblings, teachers, and peers (Simons, Van Rheenen, & Covington, 1999). Once these SAs arrive on campus, this identity as an athlete might be confirmed but also challenged by their new coaches, peers, and professors. During this major life transition, many SAs struggle with social emotional concerns. Despite being part of a team, they often experience feelings of loneliness and isolation.

Surprisingly, social support is a concern for student athletes. Although they are part of a team and spend countless hours with their teammates, much of their support is tied to their athletic performance. When athletes are performing well, their social network is typically strong. However, if they are not doing well, many SAs report that their teammates isolate them (Leonard & Schimmel, 2016; Watt & Moore, 2001). In other words, support from their teammates can feel conditional. Furthermore, they typically have not had an opportunity to build relationships with their non-athlete peers as they are separated from the general student body due to rigorous practice and travel schedules.
Student athlete populations are at risk for developing social emotional and mental health concerns; approximately 1 in 10 SAs suffer from depression and about 15% of this population experience both anxiety and depression (National Institute of Mental Health [NIMH], cited in Bader, 2014; Wolanin, Hong, Marks, Panchoo, & Gross, 2015). Although these statistics are only slightly higher than the general young adult population, a major concern is SAs are less likely than their non-SA peers to access mental health services (Eisenberg, Downs, Golberstein, & Zivin, 2009). Given that student athletes struggle with mental health concerns and are reluctant to seek outside counseling, alternative strategies for addressing these needs are warranted. This study explored the effectiveness of a psychoeducational support group as a means of increasing social support and healthy coping mechanisms among Division I student athletes.

**Significance of the Problem**

As noted earlier, approximately 10-15% of college SAs experience severe mental health concerns (NIMH, cited in Bader, 2014), which is somewhat higher than the estimated 8-9% of students who experience such problems (Watson & Kissinger, 2007). Although serious mental health concerns are notable in SA populations, it is important to understand that a large percentage of this group also suffers from social and emotional concerns on a milder level. Even though these concerns might not be clinically significant, they are still impactful to a young athlete’s day-to-day functioning (Wolanin et al., 2015). The relatively higher rate of mental health concerns among SAs might be due to the extra time demands, stress, and pressure placed on this population (Wolanin et al., 2015). Furthermore, SAs have difficulty seeking help and expressing mental health
concerns to those around them because of a fear of being seen as weak by their teammates, coaches, and others involved in their athletic career (Eisenberg et al., 2009).

Bringing attention to the mental health concerns of SAs is important because this is a population that might be viewed by the general population as somewhat privileged and invulnerable. Being a gifted athlete is something our society values. Although SAs struggle with social emotional concerns and need support just like the rest of the student population, they typically hide these concerns and do not seek help. This population also lacks a strong social support network (outside of their teammates) and might not understand their fellow SAs experience similar concerns and they are not alone in their struggle.

Student athletes are not typically perceived as a population that needs support for their social and emotional concerns (Watson, 2003). They are often viewed through the lens of strength and perseverance who are able to overcome all obstacles including mental health concerns. Furthermore, SAs are typically some of the best-resourced students on a university campus. Despite the many supports provided by athletic departments, few, if any, allocated resources are directed toward the mental health needs of athletes (Gill, 2008). Recently, SA mental health has become a concern and the National Collegiate Athletic Association (NCAA; 2016) is beginning to encourage athletic departments to allocate funds for mental health services as outlined in a recent paper on mental health best practices for SAs. Therefore, changing the perception that SAs do need support and encouraging athletic departments to provide that support is necessary for moving forward with SA mental health and well-being.
Theoretical Orientation

The major theoretical orientation underlying this study was based on the diathesis stress model and the buffering hypothesis (Galli & Reel, 2012; Green & Weinberg, 2001; Hardy, Richman, & Rosenfeld, 1991). The diathesis stress model (2009) explains that some people are more vulnerable to mental health concerns because of genetic and environmental factors (e.g., stressors) although this vulnerability could be mitigated through intervention and support. From this perspective, SAs might experience increased risk for developing mental health problems because of very stressful lives during their academic and athletic careers. However, the other aspect of this model explains that through intervention and support from family, friends, or others, individuals can reduce their level of risk. This second component of the diathesis stress model aligned with the buffering hypothesis described by Green and Weinberg (2001) and Hardy et al. (1991).

The buffering hypothesis maintains that those with strong social support experience less stress and are able to cope more effectively than those without these support (Green & Weinberg, 2001; Hardy et al., 1991). Those with strong social support systems are able to rely on their support systems through stressful life events and cope more effectively than those who do not experience similar systems of support. The combination of these two models provides a greater understanding of why SAs might experience greater levels of stress and resulting mental health concerns but also suggests the creation of a strong social support network might be helpful to their coping with stressful life events.

An increased understanding of the importance of social emotional learning (SEL) and well-being provides a framework for how people acquire skills, how they apply those
skills to the management of their emotions, how they show empathy for others, as well as how they establish and achieve goals (Durlak, 2015). This understanding of social emotional learning clearly includes many of the underlying elements of wellness. Wellness has been defined as the ability to keep oneself healthy and to have good social emotional functioning that allows for healthy connections with others (Kirkland, 2014). Therefore, wellness is an important construct to measure when evaluating the relative functioning of a non-clinical population.

**Social Support**

Coping with life’s stressors and demands is easier when there is a positive network of social support to assist with those challenges (Folkman, 2013). Social support can assist individuals in managing difficult times in life (Thoits, 2011). Having a strong social support network can help individuals cope with stressors and can serve as an intervention in overcoming this stress. Specifically, sharing a common understanding with those in one’s social support network is very important to the effectiveness of these networks (Repper & Carter, 2011).

Another positive impact of social support is an overall sense of enhanced mental and emotional well-being (Folkman, 2013; Repper & Carter, 2011). Due to the social isolation sometimes experienced by the SA population, a strong social support network that is not connected to one’s athletic performance might be important to overcoming stressful life events (Fletcher, Benshoff, & Richburg, 2003; Watson & Kissinger, 2007).
Psychoeducational Group Counseling

One form of intervention that combines social support with therapeutic intervention is group counseling. There are different types of group counseling with some focusing more on a process approach where there is no set structure or agenda and group members simply discuss their concerns (Berg, Landreth, & Fall, 2013; DeLucia-Waack, Kalodner, & Riva, 2013). Alternatively, some groups are more structured and educational in their approach. This psychoeducational approach has had some support for use with SA populations. Broughton and Neyer (2001) found psychoeducation was effective in assisting SAs who were going through transition either at the beginning of their collegiate athletic career or later as they were transitioning out of their sport. Research also suggested psychoeducation around topics such as stress management resulted in increased help-seeking behavior for freshman SAs (Harris, Altekruse, & Engels, 2003). Although there is a limited amount of research on psychoeducation with SAs, studies with other college student populations have suggested it is a good approach for targeted topics or groups with very similar presenting concerns (Parcover, Dunton, Gehlert, & Mitchell, 2006).

Some of the basic tenets of group counseling are confidentiality, flexibility, and meeting the needs of those participating in the group (McCormick, 2014). Because other participants in the group are fellow student athletes, confidentiality is a primary concern. However, if all members of a group are informed of the importance of this group rule, it might help SAs to participate. Another benefit of a group approach is it might help decrease stigma and help group members understand that social emotional concerns among SAs are common. In a psychoeducational format, a new topic is introduced each
week so SAs are able to attend the sessions as their schedules allow. This flexibility in attendance might work best for SAs with limited available time. Psychoeducational groups are not expensive to provide and might present an avenue for athletic departments across the country to move forward in their delivery of mental health support for SAs.

**Problem Statement**

Due to the documented mental health concerns of the SA population, targeted research on ways to meet the social emotional needs of this population is needed. Because such a large number of SAs experience social emotional concerns, targeting a larger group for both prevention and early intervention might be a more effective strategy than attempting to reach out to one SA at a time (Wolanin et al., 2015). Although the mental health of SA is a growing concern for many athletic departments, limited research suggested new and innovative ways to treat this population. This study might help others understand whether the overall wellness of SAs could be enhanced using a psychoeducational group modality focused on wellness, coping, and social connection.

Group settings might be especially helpful as researchers have found SAs suffer from isolation and their social support systems typically consist of their own teammates (Repper & Carter, 2011). This friendship can sometimes be uneasy as these individuals are also their greatest competitors for that “top spot.” Social support could make a major impact on helping individuals cope with stressful life events (Folkman, 2013). A psychoeducational group counseling intervention specific to SAs could be effective in developing and enhancing social support networks, providing education on coping mechanisms, and increasing levels of overall well-being.
Rationale for Study

The exploration of how psychoeducational group counseling could affect SAs’ overall well-being is important for a number of reasons. Understanding how group sessions impact SAs’ perceived social support networks, their view of their overall wellness, and their ability to handle future life events based upon what they have learned throughout the sessions could inform professionals on ways to help SAs with social emotional concerns in the future. This study used the diathesis-stress model (2018) and the buffering hypothesis as a guide for understanding the unique needs of SAs and potential strategies for helping them learn skills that would help them navigate their college years and beyond.

Although limited research exists on the use of group counseling with SAs, a few studies have supported positive outcomes such as increases in help-seeking behavior (Broughton & Neyer, 2001; Harris et al., 2003). Similarly, there is research to support the use of group counseling with a general college student population (Parcover et al., 2006), suggesting it is likely a helpful format for SAs who might be struggling with many of the same issues. Combining these two bodies of research on psychoeducation and group counseling holds promise for helping SAs learn important skills (i.e., coping strategies, identity development) while also increasing their current overall well-being and creating a social support network for them. As athletic departments across the country attempt to find solutions for addressing the well-being of their SAs, the findings of this study might provide guidance for an effective, low cost strategy. This type of group could be an important first step to giving attention to mental health concerns that plague athletic departments at all levels of competition.
**Purpose of the Study**

In this study, psychoeducational group counseling was delivered to a sample of student athletes. Both qualitative and quantitative measures were used including interviews, bi-monthly probes, and a wellness measure to evaluate both the effectiveness of the group as well as the changes the group members experienced during their participation in the group. My goal was to understand how to assist SAs in creating social support systems, to increase their coping mechanisms for future life events, and to provide them an outlet for discussing current concerns as they learned they were not alone in their struggles. Particular attention was given to the SAs’ understanding of their own social connectedness, their overall well-being, as well as their experience of participating in this psychoeducational group. As such, a mixed method design was considered the most effective approach to capturing these different aspects of the SA experience.

**Research Questions**

The following research questions guided this study:

Q1  Is there a significant difference in student athletes’ ratings of wellness at pre- and post-group participation?

Q2  How do the participants perceive their social connectedness to their fellow student athletes and to the rest of campus throughout the intervention?

Q3  How do participants describe their ability to cope with future life events from before, throughout, and after the intervention?

Q4  How do the participants describe their overall well-being from before, throughout, and after the intervention?

Q5  What did the participants perceive as the most and least helpful elements of the psychoeducational group?
Definition of Terms

**Athletic department staff.** Those who work within the athletic department in academic support, administration, and athletic training.

**Coping.** One's ability to meet the demands of stressful events and situations in cognitive and/or behavioral ways (Wenzel, 2017).

**Division I.** The level of athletic competition defined by the NCAA (2017). Division I student athletes typically have more athletic ability than those at other levels of competition.

**Group counseling.** Refers to the provision of psychotherapy in a format of more than three people who have similar concerns (Berg et al., 2013).

**Mixed methods design.** Includes both qualitative and quantitative methodologies including philosophical assumptions as well as methods of inquiry. The collection and analysis mixes both methodologies to gain a better understanding of the research problems (Creswell & Plano Clarke, 2011).

**Psychoeducational group counseling.** A group therapy approach that serves to educate group members on specific topics relating to significant life events. These groups also tend to include participants who have similar presenting concerns (Brown, 2011).

**Redshirt.** Refers to SAs who are not participating in their sports for that competitive season but typically still practice with the team. This option is used to allow an SA to practice, but not compete, so they do not use a year of their limited eligibility.
Social connectedness. Includes the quality of connections one has with other people (e.g., family, friends, and acquaintances).

Social emotional learning. The Collaborative for Academic, Social, and Emotional Learning (2017) defined this as the process through which children and adults acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions. (para.1)

Social support. Defined as “the number of quality individuals on whom a person can rely during periods of stress” (Yang, Peek-Asa, Lowe, Heiden, & Foster, 2010, p. 372).

Student athlete. A person who is a part of an athletic team while he or she is in school at the university level.

Student Athlete Advisory Committee. A group of SAs who meet monthly to determine the best ways to enhance the SA experience. It also provides a venue for SAs to share their perspectives and communicate that information to the administrators in the athletic department.

Team. Refers to those who participate together in the same sport and work together toward a common goal.

Wellness or well-being. Refers to the state of overall health including mental and physical health, the ability to keep oneself healthy, and be preventative in taking measures to keep oneself healthy (Kirkland, 2014).
CHAPTER II

REVIEW OF LITERATURE

The experience of transitioning to a university setting is stressful for the majority of students. However, one student population might be more impacted than other groups. Not only are student athletes expected to perform at their physical and academic best, they might believe they are required to be “perfect” in terms of their presentation to their coaches and peers. When faced with overwhelming stress or challenge, they might believe seeking mental health support is a sign of weakness and be reluctant to admit they need help. This chapter explores the issue of student mental health, both among SAs and non-SAs, as well as broad strategies for supporting these populations.

College Student Mental Health

College students experience a multitude of stressors; many students are moving away from home for the first time, making new friends, feeling the pressure of social interactions, and experiencing courses that are much more difficult than those typically offered in high schools (Kitzrow, 2009). For most students, these additional stressors are managed through social support from peers and the use of enhanced time management and study skills. If the stress of transitioning to college becomes overwhelming, it could lead to the development of clinically significant symptoms. Unfortunately, the pressure of college sometimes occurs at a time when late adolescents/young adults are especially vulnerable to developing mental illness (Hunt & Eisenberg, 2010). Many of the
symptoms of mental illness occur between the ages of 18 and 24, which might account for why many college students struggle (Hunt & Eisenberg, 2010; Kraft, 2011). With these combined stressors and the added burden of poor mental health, many college students find themselves unable to overcome the challenges presented by the transition to college. Mental health issues among college students are on the rise and this increase suggests the importance of more awareness surrounding this issue (Kitzrow, 2009).

Many college students struggle with mental health issues due to interpersonal difficulties, social isolation, and heightened levels of stress (Mitchell et al., 2012). Zivin, Eisenberg, Gollust, and Golberstein (2009) found more than a third of college students reported struggling with mental health problems. Both the American College Health Association and Center for Collegiate Mental Health have reported that college students experience more mental health issues than their non-college peers and the prevalence of mental health problems on our college campuses constitutes a public health issue due to the rise in reported cases (Mitchell et al., 2012). A survey of 400 college counseling center directors revealed 91% reported in recent years the number of students with severe mental health concerns had risen dramatically (Blanco et al., 2008). The American Psychological Association (APA) released a report in 2013 to help increase awareness of mental health problems among college students. The report described anxiety, depression, and relationship issues as the main concerns reported by college students who went to the counseling center according to those surveyed. Depending on the source in the literature, approximately 40% of college students presented mild mental health concerns while 8-21% presented severe mental health concerns (APA, 2013; Watson & Kissinger, 2007).
The most recent report published by the American College Health Association (2016) described that 51% of students felt hopeless, 86% felt overwhelmed, 82% felt exhausted, 60% felt very lonely, 66% felt very sad, 37% felt so depressed that it was difficult to function, 59% felt overwhelming anxiety, and 40% felt overwhelming anger at one point in time within the past year. Of greatest concern, 10.5% had seriously considered suicide within the last 12 months (American College Health Association, 2016). These numbers seemed to suggest U.S. college students experience many emotional difficulties; some of their reported problems are quite serious, potentially reflecting underlying mental health disorders.

Both the rate and severity of student mental health concern have caught the attention of college administrators, counselors, faculty, and staff (Blanco et al., 2008). Unfortunately, although the rate of college students reporting mental health problems appears to be on the rise (Kitzrow, 2009), response to these concerns might not be sufficient due to a lack of resources, societal views of college students, or a combination of both (Hunt & Eisenberg, 2010). Hunt and Eisenberg (2010) noted college students are sometimes viewed as a privileged group who do not experience the same hardships as others in their peer group. These authors also concluded they could not effectively determine what college campuses should be doing to encourage students to use the resources already available. Hunt and Eisenberg (2010) noted college students are not accessing mental health services due to time constraints, low perceived need for help, and difficulty understanding financial possibilities and insurance options.

A better understanding of the reason for heightened mental health concerns among college students can be drawn from the diathesis stress model (2009). This
psychological model is used to clarify atypical behavior. The main principle is disorders result from both genetic factors and environmental stressors (Burns & Machin, 2013; Monroe & Cummins, 2015). The diathesis stress model allows for an understanding of the relationship between vulnerability and heightened levels of stress. Furthermore, this conceptualization includes a framework for how interventions and support could be beneficial for individuals who have a predisposition toward developing a disorder. Therefore, college students who are experiencing high levels of stress are more likely to develop a disorder because they are in a more vulnerable state. Interventions that are targeted at reducing stress and increasing coping could be very effective in buffering against these potential negative outcomes.

Although mental health problems among the general college student population represent a growing concern, groups of students might be even more vulnerable to the pressures of transitioning into a university setting (e.g., students with previous special education services, first generation college students, and students who participate in Division I athletics). Student athletes experience all of the same stressors as other college students but also have the added pressure of long and grueling practices, additional study halls, coaches meetings, and travel to sporting events. These activities occur in conjunction with the expectations of performing at the Division I level.

**Division I Athletics**

Within the NCAA are three different competition levels: Division I, Division II, and Division III. These levels are differentiated mainly by funding sources, public exposure, and the athletic ability level of the players. According to the NCAA (2017), Division I schools offer the most generous scholarships, have the largest student
populations, and have the largest budgets for scholarships. Therefore, these schools are typically able to acquire the best high school SAs because they can provide more financial support and offer state of the art facilities. Division I schools are comprised of over 170,000 athletes, approximately 6,000 teams, and about 350 colleges (NCAA, 2017).

At the Division I level, there is typically more funding and the SAs commonly have more athletic ability than those at the Division II or III levels (Eiche, Sedlacek & Adams-Gaston, 1997; Sturm, Feltz, & Gilson, 2011; Watt & Moore, 2001). Also, SAs at the Division I level tend to have more demands on their time and place less emphasis on their education. In fact, in their comparison of SAs across the three divisions, Sturm et al. (2011) found Division I SAs focused more on athletics while their counterparts at Division II and III levels focused more on their academic performance.

Although there are many aspects to being a Division I athlete, many parts of this role might also be viewed as downsides. Unreasonable time demands, academic problems, isolation, injury, and mental health concerns are some of the major disadvantages of being a student athlete (Jolly, 2008; Navarro & Malvaso, 2015). Student athletes experience the pressures of heavily scheduled days, athletic expectations to “give their all” from their coaches and teammates, and increased academic demands from their academic advisors and tutors. Although these supports might be viewed as advantages, disadvantages certainly come with these benefits.

The typical daily schedule of a student athlete includes classes, practice, athletic participation, travel, tutoring or study hall, and homework. Watt and Moore (2001) found SAs’ schedules were inflexible and demanding. Time demands presented the
biggest issue with SAs transitioning to college (Chen, Mason, Middleton, & Salazar, 2013; Eiche et al., 1997; Watt & Moore, 2001). Chen et al. (2013) outlined typical hours athletes spent each day doing various activities: six hours in academic-related activities, four hours a day in sport-related activities, 7.5 hours sleeping, and 6.5 hours in maintenance (i.e., injury support or prevention) or leisurely activities (Leonard & Schimmel, 2016). For the same activities, non-SA college students spent approximately 8.8 hours sleeping, 3.5 hours on educational activities, and four hours on leisure and sports. The remainder of their time was spent in miscellaneous activities such as eating and drinking, grooming, traveling, and other (Bureau of Labor Statistics, 2016). Student athletes spend approximately 20 hours a week in their sport, not including any maintenance (e.g., injury rehabilitation, skill development, and team meetings). The NCAA (2017) regulates sports to 20 hours a week of direct contact when SAs are in season and approximately eight hours when they are out of season.

Due to the intensity of participation in these sports, the likelihood of getting injured playing college sports is very high; approximately 12,500 of over 170,000 SAs get injured each year (NCAA, 2017). The NCAA (2017) only monitors the number of SA physical injuries and not mental health concerns, i.e., many more SAs might not be able to play as well because they are experiencing high levels of anxiety or depression.

Physical injuries affect SAs’ ability to participate in their sports, which, in turn, might end financial support for their education. Many injuries also result in concerns for an athlete’s well-being. After an injury, many SAs have feelings of isolation and experience a lack of support, a finding particularly true with female SAs (Evans & Hardy, 1995; Granito, 2002).
During injury, especially if the recovery time is prolonged, isolation can be a major issue for SAs. Because their main source of support is typically their teammates, when injured they likely have less contact with these individuals. Furthermore, their busy schedules have the potential to isolate them from the general college student population (Watt & Moore, 2001). The culture surrounding athletics encompasses being functionally, psychologically, and physically separated from typical college students, possibly because SAs feel they have different identities from other college students (Watt & Moore, 2001). This contributes to isolation since they typically do not have much contact with non-SAs. When injured, the risk of losing one’s identity as an athlete is very high and the isolation contributes to a loss of many parts of a typical student identity (Leonard & Schimmel, 2016; Watt & Moore, 2001).

**Athlete Identity**

A student athlete typically has two dominant roles associated with his/her identity— a student and an athlete. His/her athlete identity might be more prevalent than being a student when they are participating at the Division I level (Sturm et al., 2011). Division I SAs typically enter college with a relatively balanced identity between athlete and student. However, as they spend more time as Division I athletes at their respective universities, their identities become more athlete-centered than student-centered, a transition more common among male SAs than their female counterparts (Sturm et al., 2011).

Watt and Moore (2001) claimed that being an SA created an environment for developing strong character and a positive identity; however, being an athlete was not the only way to acquire these traits. These authors also found SAs showed tolerance and
respect for individual differences although it was not known the extent to which this differed from the general student population (Watt & Moore, 2001). Chu (as cited in Watt & Moore, 2001) explained that dominance, responsibility, sociability, and self-acceptance were also characteristics SAs were likely to develop. These characteristics became part of the identity of SAs as they worked to combine their roles as both students and athletes. As noted, much of a Division I SA’s identity is centered on being an athlete and might overtake a more individualized identity (Sturm et al., 2011). Therefore, loss of the athlete identity through injury, ineligibility, or other factors that negate one’s ability to be a student athlete might lead to larger identity struggles.

Unfortunately, some of the characteristics of the strong athlete identity (e.g., dominance, resilience) might make help-seeking more difficult because of the potential stigma. Being mentally tough and resilient are some of the major barriers to seeking help for SAs (Gulliver, Griffiths, & Christensen, 2012; Watson 2003) and sometimes these barriers are difficult to overcome.

**Division I Student Athletes’ Health and Mental Health**

Student athletes have a reputation on college campuses as being immune to difficulties experienced by other college students (Gill, 2008; Sack, 2001; Wolanin et al., 2015). This stereotype might be easily perpetuated as many SAs spend very little time outside of their courses with the general student body and their lives are portrayed solely through social and mainstream media. Watson and Kissinger (2007) explained that although SA populations are a privileged group, approximately 10-15% of the population experience severe mental health concerns as compared to 8-9% of typical college students. Even though a large population of SAs experiences concerns related to their
well-being, the focus within athletic departments has tended to remain on SA performance rather than other aspects of functioning such as social emotional well-being. In fact, until recently, the social emotional well-being of SAs has not been viewed as a performance inhibitor (Gill, 2008).

Understanding well-being from the perspective of overall health is important. The term *health* has been defined by the World Health Organization as "a state of complete physical, mental, and social well-being and not merely the absence of a disease or infirmity" (World Health Organization, 2017, p. 1), i.e., health is not defined as only physical health; social and mental health are a part of this definition. As mentioned before, Division I SAs are consistently working through extreme pressures--those experienced by non-SA college students with the addition of all that comes with being an SA. Just as SAs receive support from medical doctors and athletic trainers who are trained in keeping them physically healthy, there has been a call for these same personnel to assist in the screening, detection, and intervention for concerns regarding SA well-being (Etzel, 2006).

Student athletes experience psychosocial demands that compromise their overall health (Etzel, 2006; Watson & Kissinger, 2007). Some main concerns that impact SA well-being are alcohol use and abuse, dysfunctional eating, coping with injury, keeping up with academics, lack of sleep, stress, and isolation from the rest of campus (Armstrong & Oomen-Early, 2009; Etzel, 2006). Armstrong and Oomen-Early (2009) and Etzel (2006) linked these concerns to higher rates of depression and anxiety in SA populations in comparison to the general college student body.
Both anxiety and depression are prevalent among SA populations (Etzel, 2006; Wolanin et al., 2015). According to the National Institute of Mental Health (cited in Bader, 2014), approximately 1 in 10 SAs suffer from depression. It is difficult to pinpoint the exact rates of depression and anxiety as the methods and definitions for determining these disorders, as well as the sample size, and the timeframes vary between studies. For example, Armstrong and Oomen-Early (2009) found 33.5% of their sample of 227 typical (non-SA) college students from a small private college in the South suffered from clinical levels of depression. This finding was quite different from the earlier work of Watson and Kissinger (2007) who estimated only 8-9% of college students experienced severe mental health concerns. Therefore, estimating the number of college students reporting mental health concerns at one point in time is variable. As related to SAs, Wolanin et al. (2015) reported 15.6% of their sample suffered from depression and social anxiety. Moreover, female athletes experienced higher rates than male athletes, which was consistent with the trend in the general population. The researchers attributed much of the difference to male athletes failing to report their symptoms (Wolanin et al., 2015).

Similar to the range of estimates among the general college population, findings contrasted on the rate of mental health problems among SAs. For example, in contrast to earlier studies (e.g., Etzel, 2006; Leichliter, Meilman, Presley, & Cashin, 1998), Wolanin et al. (2015) found SAs in their sample reported less depression than in the non-SA student body; however, they did express that depressive symptoms were prominent among SAs. Part of the discrepancy in these findings might be due to the limited research conducted specific to depression among college SA populations (Armstrong &
Additionally, differences in how mental health concerns were defined (e.g., symptoms vs. diagnosis) might have also accounted for some of the contrasting findings.

Alcohol use is also a major concern for SA well-being (Etzel, 2006). Student athlete populations are more likely than typical college students to binge use of alcohol (Leichliter et al., 1998; Nelson & Wechsler, 2001). Nelson and Wechsler (2001) hypothesized that social factors in conjunction with the stressors of being an SA might lead to more risky drinking behavior. Therefore, drinking alcohol might be a way in which SAs are coping with difficulties in their lives.

As noted, injury among SAs places them at risk for more serious mental health concerns. According to the NCAA (2016), 1 in 10 female soccer and basketball players and half of all collegiate football players lose playing time due to a major injury. Injury can also lead to major psychological, social, and emotional symptoms (e.g., depression, anxiety; Etzel, 2006). Knowledge regarding the most effective approaches to promoting mental and physical health among the SA population is limited, possibly because athletic trainers are only beginning to recognize the importance of addressing concerns of social emotional well-being within their SA populations.

**Approaches to Student Athlete Health and Mental Health**

Given the increasing mental health concerns among incoming college students and the added pressure experienced by SAs, it is critical that those who have the most contact with SAs are well-prepared to address their needs. One of the first steps is enhancing the identification of those struggling with mental health. The skills among trainers, tutors, and athletic directors need to be enhanced to identify students who might
be struggling. Another key component would be to create an atmosphere in which help-seeking is supported rather than stigmatized. Finally, athletic departments might want to incorporate different types of supportive interventions that enhance SA well-being.

**Identification**

Taking a collaborative and well-rounded approach to SA social emotional well-being is key to being successful in assisting and identifying SAs who are struggling. A comprehensive approach includes academic advisors, college counselors, psychologists, coaches, and administrators working together to identify and meet the mental health needs of SAs (Broughton & Neyer, 2001; Fletcher et al., 2003; McCarthy, 2016; Watson & Kissinger, 2007). When everyone is aware of the issues facing SAs, are trained to recognize concerning symptoms more thoroughly, and are informed of the available resources and services, the needs of SAs can be addressed earlier. Fletcher et al. (2003) explained that by using a comprehensive and collaborative approach between the athletic department and college counseling center, all parties could begin to understand what is best for the SA and to address any barriers caused by differing physical spaces or NCAA regulations.

In addition to these broader approaches, McCarthy (2016) suggested a need for more training in athletic departments. Specifically, this study found academic advisors, college counselors, psychologists, coaches, and administrators needed to be able to ask questions of their SAs about eating disorders, adjustment disorders, depression, anxiety, and substance-related disorders. Given their frequent encounters with SAs, team physicians and athletic training staff are being asked to assist in the detection of concerns of social emotional well-being among SAs (Etzel, 2006). The necessity of teaching
athletic training staff and team physicians to recognize mental health concerns is done because of how athletic funds are prioritized (e.g., paying coaching and training staff and scholarships) and because of a lack of trained mental health staff working with SA populations (Gill, 2008). Some athletic departments have trained mental health personnel as a part of their staff; yet, SAs do not use these services as readily because of stigma (Gill, 2008). Therefore, training personnel within the athletic department on identification, available resources within the department and university, and how to make appropriate referrals for those services was necessary (McCarthy, 2016).

Identifying SAs struggling with potential mental health concerns prior to stressful events is important because research suggested preventive interventions are very helpful (Etzel, 2006; Williams, Rotella, & Scherzer, 2001). Etzel (2006) explained that providing interventions in a pre-emptive manner might help SAs be better equipped to cope with stressful events (e.g., injury, rigorous courses, relationship issues, feelings of isolation) and using a comprehensive identification model could assist in this as well. Consistent with this idea of prevention, Watson and Kissinger (2007) promoted the use of a wellness approach to assisting SAs. This approach considers SAs’ well-being and assists them across different aspects of their lives instead of using a reactionary model for handling concerns. This approach also outlines a way of breaching the student and athlete identities that are developed and assisting this population in creating an identity of their own outside of both labels (Watson & Kissinger, 2007). This type of preventive, collaborative approach creates a social network through which more students can be supported in advancing their overall wellness.
Help Seeking

Student athletes have difficulty seeking help when they are struggling with their mental health or general well-being. This reluctance could be for many reasons including perceived stigma, time restraints, the pressure to be mentally and physically tough, and environmental barriers such as the physical distance between athletic departments and college counseling centers (Eisenberg et al., 2009; Watson, 2003). Understanding potential barriers to seeking help and finding ways around those barriers is key to assisting this population.

Stigma surrounding mental health concerns plays a major role in help-seeking behaviors in college students (Eisenberg et al., 2009). Specifically, Eisenberg et al. (2009) found personal stigma was inflated among students who were male, younger, Asian, international, more religious, or from a family with a low socioeconomic status. Given the stigma associated with help-seeking behavior, many of the factors that inflate stigma and decrease help-seeking behavior are also factors that might be present among college SA populations. For example, SAs experience many of the same barriers to seeking mental health services as typical college students and perceived stigma about how their mental health concerns were viewed by those around them might further reduce their help-seeking behavior.

Watson (2003) examined some of the issues facing counselors when working with an SA population and found that although they presented many similar challenges (i.e., academic, emotional, and personal concerns) as typical college students, SAs did not seek help at the same rate. Student athletes possibly experience social emotional concerns more often than non-SA college students but they are not receiving services as often
(Watson, 2003). Furthermore, Watson found SAs were sometimes in environments that promoted mental toughness and resiliency. These types of environments might pressure athletes and make them reluctant to admit they are having difficulties with overall social emotional concerns. Other major barriers to help-seeking included social stigma, barriers within the athletic department (i.e., athletic departments being viewed as closed), barriers from the university (i.e., fears of NCAA violations from university staff and faculty), and team commitments (Watson, 2003). To reduce some of these barriers, Watson advocated for collaborative relationships among counseling centers and athletic departments in order for college counselors to become more familiar with student athletes and to make their services known.

Although the research on racial diversity and mental health needs among SAs was especially limited, it is important to note African American SAs comprise approximately 25% of the overall Division I SA population (Lapchick, Hoff, & Kaiser, 2010). In certain sports (e.g., men’s and women’s basketball and football), the percentage of African American SAs is far higher—ranging from 51% in football, 57% in men’s basketball, and 47% in women’s basketball (Lapchick et al., 2010). Because of the number of SAs who come from diverse backgrounds, it is important to take into account help-seeking behaviors of individuals from these racial backgrounds. For example, a large body of evidence suggested African Americans struggle to seek help due to stigma, attitudes related to mental health, social norms, and access to services (Brown et al., 2010; Griffith, Ober Allen, & Gunter, 2010). These factors might negatively affect help-seeking behaviors among SA populations because of the compounding identity between
being African American and being an SA--two identities that are especially reluctant to seek mental health services.

Some studies have examined ways of reducing the barriers to help-seeking behaviors among college student populations. Gonzalez, Tinsley, and Kreuder (2002) examined the effectiveness of psychoeducational information for changing opinions related to mental health concerns, help-seeking behaviors, and expectations about counseling. This study included 167 college students who were part of one of three groups. The participants read information about mental illness or psychotherapy depending on which group they were a part of and then answered a questionnaire about the topic. A control group answered the questionnaire without any information on either topic. The results indicated the group reading information about mental illness increased their help-seeking attitudes (Gonzalez et al., 2002). These findings suggested psychoeducational interventions (e.g., providing information on mental illness) might have an effect on help-seeking behaviors. The authors suggested having mental health treatment providers present this information to students directly instead of providing readings might be helpful in changing behaviors (Gonzalez et al., 2002). Although this study was not specific to SAs, the information regarding the presentation of psychoeducational material is pertinent to delivering information to SAs.

Ackerman (2011) evaluated psychoeducational workshops for SAs designed to enhance their attitudes toward help-seeking of mental health and psychological services. The goal was to reduce stigma about mental health treatment among SAs. Ackerman found the workshops assisted in mediating barriers to accessing mental health support by decreasing the stigma about mental health concerns within the athletic department.
Overall, stigma, ideas about mental health, diversity in the population, and expectations of mental toughness and resiliency might negatively impact help-seeking behaviors among SA populations. Although limited, some support suggested interventions designed to improve knowledge of mental health and support help-seeking behavior were beneficial and could increase help-seeking behavior among SA populations (Ackerman, 2011).

**Interventions**

Relatively limited research was available on mental health support specific to SA populations. As such, there was little guidance for understanding the unique needs of SAs or the approaches that worked best in supporting the mental health of this population. Given the developmental stage of the population (late adolescent/young adult) and the focus on team that is a part of being an SA, it is key that social support be incorporated into any intervention. Additionally, the programming must be flexible to match student needs and delivered in ways that overcome some of the barriers noted above.

**Social Support**

Strong, positive connections with others are a necessary part of coping with life's demands including handling life stress, crisis, mental and physical injury, illness, and other stressors (Folkman, 2013). With SA populations, stress can come from many fronts including injury, time demands, academic difficulties, interpersonal difficulties, and identity crisis. According to Yang et al. (2010), social support “is measured as the number of quality individuals on whom a person can rely during periods of stress” (p. 372). Social support has many positive ties to mental health and well-being (Thoits,
When individuals are going through difficult times in their lives, peer and social supports are necessary in coping with those difficulties (Repper & Carter, 2011). Common ground and understanding among those in a social support network are important for social support to make an impact (Repper & Carter, 2011). Student athletes share many similar life events; creating a supportive network among them allows for connection among those struggling with similar pressures and social emotional concerns, consistent with Repper and Carter’s (2011) model.

In their work with first-generation college students, Jenkins, Belanger, Connally, Boals, and Durón (2013) found finding a social network was the most important aspect of participants’ mental well-being throughout their first year of school. Social support is especially important for reducing stress during demanding periods (Jenkins et al., 2013; Thoits, 2011). Although this research related to first generation college students who represent a specific population within the broader college population, the findings might provide important guidance for effective strategies in supporting SAs. The buffering hypothesis explained that those encountering stress who had good social support would experience less stress and cope more effectively than those without strong social support (Green & Weinberg, 2001; Hardy et al., 1991).

Social support can be a major coping strategy for athletes recovering from a mental or physical injury (Bianco, 2001; Crossman, 1997; Green & Weinberg, 2001; Hardy et al., 1991); it is important to incorporate a strategy that facilitates this type of connection. In fact, Granito (2002) found female SAs reported they felt negative treatment from their coaches and were less likely to speak with their significant others following an injury. In contrast, Yang et al. (2010) reported that athletes believed the
majority of their social support after an injury came from their coaches, athletic trainers, and physicians. Eiche et al. (1997) found athletes reported they had someone whom they could voice their concerns or problems to but they were not able to designate that person exactly. There was also reason to believe support from coaches and teammates might be a negative type of support (i.e., teammates not knowing the best way to support) and finding social support outside of one’s team could be helpful (Granito, 2002).

A few studies in recent years have sought to understand the most effective strategies for supporting SAs. Galli and Reel (2012) conducted a study of stress-related growth--becoming stronger after having experienced a stressful or difficult life event. The sample included 299 SAs from a Division I university plus 11 SAs who were criterion-sampled from the larger population for interviews. This select group was identified due to reports of moderate to large degrees of growth. These SAs reported social support was crucial in allowing them to negotiate stressful situations (Galli & Reel, 2012). Some of the major positive psychosocial outcomes found in this study included emotional rebound, personal growth, positive reflections, new life philosophy, and interpersonal changes (Galli & Reel, 2012). This study incorporated a personal and sociocultural context similar to the diathesis stress model where disruption or stressful events were mediated by intervention and support from family, friends, teammates, and coaches (Galli & Reel, 2012).

Ideas on how to help SAs with their overall wellness were not consistent across studies, which in turn has limited our knowledge of the best ways to support this unique group. Repper and Carter (2011) found social isolation was one of the major hurdles for those struggling with social emotional well-being. There have been studies supporting
the positive impact of social support with other student populations including enhanced mental well-being during stressful situations (Repper & Carter, 2011). Therefore, encouraging social interaction prior to developing any social emotional concerns is important when considering wellness as time progresses (Hardy et al., 1991; Jenkins et al., 2013; Repper & Carter, 2011).

A multidimensional wellness model for conceptualizing SA mental health and well-being represents a promising approach (Watson & Kissinger, 2007). Furthermore, using group supports to enhance SA social emotional well-being could assist with feelings of isolation experienced by many SAs (Fletcher et al., 2003; Watson & Kissinger, 2007). Watson and Kissinger (2007) also expressed the need to include the concept of athlete identity into discussions as this is a major part of how SAs see themselves. In fact, some researchers viewed counseling programming within the athletic department as necessary for SA social emotional well-being, wellness, and success (Broughton & Neyer, 2001). The research surrounding the importance of social support and its impact on overall well-being was reason to believe group counseling would be an effective intervention for those who are struggling, feeling isolated, and in need of greater levels of support.

A group counseling approach capitalizes on social support and psychotherapy or psychoeducation. Psychoeducational group counseling has been demonstrated to be effective for SAs going through transitions--whether at the beginning of their collegiate career or further into their life as an SA (Broughton & Neyer, 2001). These types of groups allow for connections and relationships to be formed. For example, Harris et al. (2003) found psychoeducational groups were helpful for facilitating adjustment among
freshman SAs. Psychoeducational group counseling promotes the development of social support through connections made within the group setting. There are no agreed upon strategies for leading these types of groups but Brown, Edd, and Brown (2011) provided a detailed plan for developing psychoeducational groups and effective ways for implementing these groups with different populations such as SAs.

Group counseling on college campuses is useful because it enhances the ways individuals can relate to others by sharing similar concerns in their lives (Parcover et al., 2006). Many of the presenting concerns of college students are similar and having students share common issues and interact with others allows those students to avoid feeling alone in their struggles. Consistent with this, Parcover et al. (2006) found group therapy was extremely useful in the college setting although their study had a low sample size. They believed misconceptions about group therapy (e.g., it is less effective than individual therapy or sharing would be difficult within a group setting) resulted in lower participation rates.

The major rule in all group therapy is confidentiality and Parcover et al. (2006) explained that reassuring students about this policy helped in changing some of their misconceptions for group counseling sessions. Parcover et al. explained that topic-oriented psychoeducational groups could be especially helpful. Because certain topics (e.g., athlete identity) and issues (e.g., time pressures) are similar among SAs, this population might represent a target audience for these types of psychoeducational groups. As noted, a group format allows for a dialogue to be opened between people who have gone through or are going through similar life challenges (Parcover et al., 2006). Given
the success of group counseling with typical college students, there is reason to believe it would be effective with SAs.

The NCAA (cited in Broughton & Neyer, 2001) implemented life skills programming in the early 1990s as part of an effort to provide SAs with skills to help them when their athletic careers were finished. The program followed a psychoeducational group model but implementing schools focused on different aspects of functioning and development; mental health and well-being were not typically a major part of these groups (Broughton & Neyer, 2001). Within this framework, Broughton and Neyer (2001) recommended a group approach focusing on topics such as identity conflict, fear of success/failure, social isolation, poor athletic performance, academic problems, drug/alcohol problems, career-related concerns, interpersonal relationships, and injury. Unfortunately, no research specific to this life skills programming was found as there was limited guidance regarding the proposed curriculum and a great deal of variability in programs that were offered (Broughton & Neyer, 2001).

Efforts to incorporate psychoeducational strategies with SAs have been met with mixed success. For example, Harris et al. (2003) conducted a study with 77 freshman SAs. These SAs were required to participate in a course about behavior and a psychoeducation group was inserted into this course for eight weeks. There were 11 groups; each group consisted of seven group members and the leaders consisted of eight doctoral students and three advanced masters-level leaders from the university’s counseling program. The topics discussed in the sessions were time management, study skills, stress management, sexual responsibility, alcohol and drug abuse, career exploration and development, and life as an SA. The first and last sessions focused on
introduction and termination, respectively. These group sessions were evaluated at the end of the course by 65 participants. Based on responses, the authors believed psychoeducational group counseling was effective for this population due to increased participation in mental health services (Harris et al., 2003). Group members described feeling uncomfortable in the group setting but as time went on, they believed it was very effective (Harris et al., 2003).

The implementation of group counseling requires adaptation to the needs of participants in the group, to the environment, and to the specific information brought by group members (McCormick, 2014). For example, McCormick (2014) described using brief solution-focused therapy in a group format for a football team. The group format was not found to be effective due to the format of solution-focused therapy and the lack of participation (McCormick, 2014). Specifically, the intervention was designed to assess the needs of the team through discussion with the players. The needs were outlined as belief, communication, motivation, enjoyment, and composure. The first five sessions were delivered in a group format but due to low participation, the facilitator began giving solution-focused questions to the team manager to deliver before games and practice. Therefore, the intervention became more of a weekly consultation as the facilitator watched games and practice sessions and gave feedback to the manager on what should be said afterward. Rather than addressing the players directly, the intervention was delivered to the manager of the team.

Granito, Hogan, and Varnum (1995) created a group for injured SAs called the Performance Enhancement Group. Rather than a set curriculum, this process-oriented group focused on supporting SAs and meeting them where they were. Through
implementation of the key concepts of meeting the SAs where they were and educating them on coping skills, this group continued to grow through referrals and the authors attributed success based on the number of referrals. Some of the feedback from the athletes participating in the group centered on being able to be themselves and feeling understood by other group members (Granito et al., 1995).

More recently, Beauchemin (2014) found a psychoeducational group model focused on the five cardinal mental skills of relaxation, imagery, routines, self-talk, and concentration was effective in assisting SAs with their mental health concerns. The content was delivered using a group model embedded within a life skills course. The main goals of this group were to increase help-seeking behavior and mental health awareness, assist SAs in understanding sport psychology concepts, and introduce them to the five cardinal mental health skills considered to be useful in sport and generalizable to life (Beauchemin, 2014). Student athletes were required to take a life skills course at one point during their college career and the majority of SAs in this study were enrolled in this course their first year at the university. Through an outreach model, a sport psychologist at the university went to the classes to deliver the information about the five cardinal mental health skills either two or five times depending on the length of the course. Beauchemin conducted post-group interviews with 10 SAs and invited the other 32 students to fill out a questionnaire regarding the program. Through these methods, Beauchemin found the following major themes: "a) perceived stigma associated with mental health counseling, b) changes in perceptions of mental health and counseling because of the outreach, c) generalization of mental skills outside of athletics, and d) variability in mental skill preference among SAs" (p. 274). By using a variety of
methods and topics, SAs found different aspects of the group to be important and relevant to their lives. Thus, Beauchemin concluded a psychoeducational model could be effective for enhancing the well-being of SAs.

The provision of counseling within athletic departments might be an important resource for increasing SA social emotional well-being, wellness, and success (Broughton & Neyer, 2001). Specifically, group counseling approaches might represent a promising component of a multidimensional wellness model for SA mental health and well-being (Watson & Kissinger, 2007). Other forms of support such as educational programming (i.e., a life skills class with an embedded group) as well as consultation with athletic managers might represent additional strategies for supporting the mental health of SAs. However, limited research was available on the effectiveness of group counseling with SAs around promoting wellness, coping, and social support. Instead, much of the research explored attitudes surrounding help-seeking behavior rather than actual changes in SAs’ own sense of well-being. These findings suggested SAs become more comfortable with this modality if provided with education. Furthermore, when they did participate, they reported feeling understood. However, more research is necessary to establish the specific outcomes of this type of support for SAs. Psychoeducational group counseling with SAs might hold promise as it offers social support plus skill instruction that could help buffer against the stressors experienced by SAs.

Summary

Limited research was available regarding the effectiveness of psychoeducational group therapy with SA populations although some preliminary work is promising. Psychoeducation has been shown to be effective with SAs within the context of a class
requirement rather than a voluntary group format. Due to the social aspects of group counseling and the research supporting social support, an inference could be made that group counseling might be effective in promoting social support networks and feelings of connectedness among SAs. Therefore, adding psychoeducation, which has been shown to be effective, to a group-counseling model might help SAs feel more socially supported while also increasing their overall well-being. The purpose of this study was to determine if psychoeducational group counseling was effective in increasing wellness and social connection for student athletes.
CHAPTER III

METHODOLOGY

This study represented an exploration of the interplay between SAs’ ratings of overall wellness and their participation in a psychoeducational group designed to address the unique needs of this population. Mixed methods design was used to explore how the integration of psychoeducational group counseling impacted SA participants’ overall wellness, social connectedness, and perceived ability to cope with stressors. Perceptions of well-being were measured both qualitatively and quantitatively with the goal of understanding individual and group responses to psychoeducational group counseling.

Mixed Method Design

In this study, I used mixed methods design to explore the experiences of SAs who participated in psychoeducational group counseling. Creswell and Plano Clark (2011) defined mixed methodology as follows:

Mixed methods research is a research design with philosophical assumptions as well as methods of inquiry. As a methodology, it involves philosophical assumptions that guide the direction of the collection and analysis of data and the mixture of qualitative and quantitative approaches in many phases in the research process. As a method, it focuses on collecting, analyzing, and mixing both quantitative and qualitative data in a single or series of studies. Its central premise is that the use of quantitative and qualitative approaches in combination
provides a better understanding of research problems than either approach alone.

(p. 5)

Greene, Caracelli, and Graham (1989) laid out a conceptual framework for mixed methodology with five components that should be evident in a mixed methods design: (a) triangulation, (b) complementarity, (c) development, (d) initiation, and (e) expansion. Triangulation refers to the ability to collect two different types of data and the convergence of information from the two (qualitative and quantitative methods). Complementarity refers to enhancement and illustration of constructs through different results found through each of the different data collection methods. Development occurs through the use of one method of data collection to inform the other. Initiation describes how the use of different methods of data collection can lead to the discovery of new ideas and perspectives to answer questions previously unanswerable. Expansion explains how using different methods leads to an extension of both breadth and depth of knowledge (Creswell, 2013; Creswell & Plano Clark, 2011; Greene et al., 1989). In this study, all five processes were woven into procedures for data collection and analysis.

Design Rationale

A mixed methods design was selected as the preferred method for this study because with quantitative data alone the depth of experience of the participants could not be understood. By conducting a mixed methods study, both quantitative and qualitative methods were assessed and the experience of participants was understood with greater depth. When both sources of data were combined, they provided a well-rounded perspective on the group sessions and the overall well-being of the participants at the beginning and end of the group. By conducting a mixed methods study, I was able to
have a more complete understanding of the experience of the participants using multiple lenses to explain both the process and the outcomes.

Six different mixed methods designs as outlined by Creswell and Plano Clark (2011) described different aspects of priority, collection, and analysis of the data: (a) convergent parallel design, (b) explanatory sequential design, (c) exploratory sequential design, (d) embedded design, (e) transformative design, and (f) the multiphase design. I used a convergent parallel design (see Figure 1) because both qualitative and quantitative data were collected at the same time--pre- and post-intervention.

Figure 1. Convergent mixed methods design.

**Researcher Stance**

As I was the primary instrument for information collection and data analysis for this study, it was important for me to provide information about myself and my social
connectedness to this research. By providing information about me, readers can understand how my previous experiences and current role might have influenced the lens through which I viewed the participants and how I analyzed and made meaning of the data.

First and foremost, I was an SA at a Division I university. I experienced firsthand the intense transition to college due to the overwhelming time demands, academic difficulty, travel schedule, and learning a new sport. All of these pressures occurred as I was adjusting to living away from home, which led to a feeling of extreme loneliness as I did not know anyone at my new school besides my teammates. What many non-SAs might not understand is your closest friends (your teammates) are also your greatest competitors. Sometimes it was difficult for us to be supportive of one another when we were all in competition with one another. Until I found other sources of support, such as athletes from other sports, I was extremely lonely. I also found solace in individual counseling from the sports psychologists within our athletic department.

During my time as an SA, I was injured and was sidelined for much of my junior year. My identity as an athlete was challenged during that time because it was a major part of how I saw myself. I struggled to find support on my team and felt as though my entire world had collapsed. Through the support of those around me in the athletic department, I was able to begin to develop an identity outside of being an athlete and became more active within the university and the athletic department. My identity became more balanced after my injury due to the support I received from other athletes, my family, staff in the athletic department, and faculty on campus.
During the time of this study, I was an academic learning coordinator for SAs and the co-advisor for the Student Athletic Advisory Committee (SAAC). Through these experiences, I found the SAs I worked with were going through many of the same issues I faced as an SA. I also realized they did not have ready access to mental health support through the athletic department and it was difficult for them to see the counselors at the university’s counseling center due to time demands, lack of understanding of counseling, and the perceived stigma toward mental health concerns and treatment (consistent with many of the issues discussed in Chapter II).

Furthermore, as a graduate student in school psychology, my understanding of students of all ages has grown immensely and I have come to realize their difficulties occur not only in academics but also with social emotional well-being. The SA population was important to me as I watched many of them struggle with their identities, the increased pressures of Division I athletics, and with maintaining their connections to others. It reminded me of my own struggle and inspired me to create avenues to help them learn ways to effectively cope.

These contextual similarities between me and the participants likely informed my interpretation of their experiences. Although I have seen many SAs struggle, it is important to acknowledge that not all SAs experience the same difficulties. Having been an SA and now my work with SAs allowed me certain insight into their experiences—one that might be lost on someone who has not had these experiences firsthand. However, throughout this study, I attempted to bracket my own preconceptions, biases, and previous experiences by removing myself from any of the service delivery elements and focused only on data collection and analysis. Additionally, I kept field notes and tried to
be aware of my own process throughout the intervention. I also had someone else who is versed in qualitative methodology review the themes that emerged from participant interviews.

I know my experience likely impacted some aspects of this study. Although I excluded students who were on my caseload as potential participants, I also recognized that because of my presence in the department, some students might have been more willing to participate than if an unknown researcher had recruited them. Furthermore, my analysis of the data was likely framed by my own history even though I attempted to view the transcripts through the lens of the SA and not through my own experiences. Despite these efforts, I recognized my potential influence on the results of this study because of my central role as the interviewer and data analyst. My previous experiences, biases, and previous position within the department likely had some influence, even though minimized, on the ways I understood and interpreted these data.

**Context and Participants**

Student athletes who participated in the Jags Strong (pseudonym) psychoeducational group counseling were all SAs at a Western Division I university. Initially, SAs were recruited to be part of a psychoeducational group to be offered in the Fall 2017 semester. They were recruited from the broad SA population by academic support staff, coaches, and SAAC members.

Additionally, the SAAC student leaders announced the first group meeting during a SAAC meeting to bring more attention to the group. During the first Jags Strong meeting after the introduction of the Jags Strong group by the group facilitators, I recruited participants for the study from those SAs at the Jags Strong meeting. It was
made clear that participation in the group and the study were separate; group members did not need to be a part of the study to continue attending group.

The 16 participants who agreed to participate in the quantitative part of this study ranged in age from 19 to 22 and were currently on or had been on a Division I athletic team at the same Western university within the previous six months. Although 18 SAs were at the first meeting, only 16 agreed to participate in the study. Each session had between 12 and 18 SAs present but only the original 16 who agreed to participate were part of this study. At any point in time, the number of SAs at this university ranged from approximately 350 to 450 due to roster changes; therefore, this group represented only a very small proportion of the SA population at GCU (pseudonym).

For the purposes of this group, SAs were considered eligible for the group if they were considered a Division I student athlete. This status was determined if they appeared on a team roster, if they intended on returning to their team after recovery from an injury or their redshirt year, or if they had experienced a career ending injury but had been an SA. The exclusionary criteria included anyone who was a part of the athletic department but not an SA (e.g., student trainers, staff, coaches), any students with whom I had worked directly on my case load (although they could be a part of group), and any SAs who had graduated. All of the participants who completed the pre-Journey to Wellness (JWS) were also able to complete the post-JWS and had attended at least three Jags Strong sessions.

This larger group of participants ($n = 16$) was invited to complete the Journey to Wellness survey both at the beginning and end of the semester-long group. Because attending all groups was not necessary or possible for some SAs, only those who attended
at least three sessions were invited to complete the post questionnaire and all SAs met criteria to complete both the pre- and post-JWS. At the first session, participants were also invited to complete the qualitative elements of the study (e.g., interviews, bi-monthly check-ins) in addition to the completion of the pre- and post-JWS.

Although all SAs were invited to compete the qualitative aspects of this study, only the first nine who volunteered were selected. The original goal was to recruit six to eight participants to reach saturation but to have a small enough number that these data would be manageable. However, nine volunteered and in case of possible attrition, all of these participants were included in the qualitative aspects of the study. As noted, these participants had to be able to complete a semi-structured interview (pre- and post-intervention) and complete bi-monthly check-ins. All SAs who participated in the qualitative portions completed the pre- and post-interviews as well as all check-ins.

**Recruitment and Screening**

Participants were recruited from the athletic department at a Midwestern Division I university--GCU. They were recruited through academic support staff, SAAC, and through the beginning of the year BBQ where all SAs, coaches, and staff of the athletic department were present. Additionally, informal conversations about the intervention were used to recruit participants for the group including conversations such as, “There is a group happening on Tuesdays from 7:30-9 once a month, you should check it out!” These conversations were open-ended, did not target any specific SAs, and were not used to recruit for the study. I only recruited participants for the study during the first Jags Strong meeting.
At the first group meeting, participants were provided with the guidelines for inclusion (e.g., must be a SA at the university). Furthermore, students who were interested in participating in the study were told the expectations of the group and completed an informed consent (see Appendix A); since all met inclusion criteria, they were all accepted. The participants were asked about any barriers to participating consistently in the intervention such as travel, study hall, team meetings, or other obligations. Efforts were made to ensure all team travel schedules did not interfere with attendance at group meetings. All attempts were made to ensure this group did not conflict with the any sport schedules. I ensured the SAs were aware of all the meeting dates before they committed to being a part of the study (to increase the chances they would be present at three sessions or more). No incentives for participation were offered.

Data Collection

Both quantitative and qualitative data were collected to answer the research questions. Additionally, participants completed a brief demographic survey including age, gender, sport, year in college, years playing sports total, years playing sports at the Division I level, SA identity, race, ethnicity, whether they had ever sought counseling at the university, and parents’ level of education (see Appendix B).

Instrumentation: Quantitative Data

Quantitative data were collected with the Journey to Wellness Scale (see Appendix C) and a brief demographic survey. The JWS scale is a self-report measure that was administered after consent from the participants was obtained (see Appendix A). These data were collected at the first group meeting and during the last group meeting. However, two SAs who participated in the pre- and post-interviews were not at the last
Jags Strong meeting and were given the JWS individually. The JWS measured overall wellness of the participants.

The JWS is a scale currently under development to determine the main factors contributing to well-being in young adults. The JWS was based on the Child and Adolescent Wellness Scale (CAWS; Copeland & Nelson, In development), which has some evidence to support its use with adolescent populations (Copeland, Nelson, & Traughber, 2010). Both the CAWS and JWS measure adaptive capabilities as opposed to pathology and have evolved from positive psychology and resiliency research.

The JWS contains 80 questions and utilizes a Likert-type scale ranging from 1 to 4 to determine the degree to which the participant agreed with the statement: 1—Strongly disagree/Not at all like me, 2—Disagree/Unlike me, 3—Agree/Like Me, 4—Strongly Agree/Very much like me. Nine items were reverse scored due to the nature of the question (e.g., “I give up easily on difficult tasks”). Possible scores ranged from 80 to 320 with higher scores indicating higher psychological wellness. The JWS was shown to have convergent validity with academic performance utilizing a sample of 214 male and female college students (Click, Huang, & Kline, 2017). Click et al. (2017) also reported that resiliency and mindfulness subscales demonstrated the greatest relationship to academic performance.

The original CAWS was organized into 10 constructs by the authors but, as noted, the factor structure of the JWS is still under study. The CAWS constructs were adaptability, connectedness, conscientiousness, emotional self-regulation, empathy, initiative, mindfulness, optimism, self-efficacy, and social competence. The adaptability construct was designed to assess a person’s ability to navigate difficult situations (e.g., “I
am prepared for change”). The connectedness construct measured information related to a person’s perception of belonging and acceptance in school, their family, and the community (e.g., “I am cared for and loved”) and the conscientiousness scale included items related to a person’s concern over personal choices and assumption of responsibility for one’s actions (e.g., “I blame other people for my problems”). The emotional self-regulation construct measured an individual’s perceived ability to control one’s emotions (e.g., “I feel in control of my emotions”). The empathy construct included items measuring altruistic and prosocial behaviors (e.g., “I can see things through other people’s eyes”). The initiative construct measured self-determination and goal-directed activity (e.g., “I set challenging goals”). The mindfulness construct consisted of items measuring emotional intelligence and awareness of one’s internal states (e.g., “I am aware of how other people feel”). The optimism construct included items related to hope and expectancies for the future (e.g., “I have positive expectations of others). The self-efficacy construct referred to people’s beliefs in what they thought they could do (e.g., “I take pride in my accomplishments”). Finally, the social competence construct consisted of items measuring affective, cognitive, and behavioral skills considered important in interpersonal relationships (e.g., “Listening is a very important skill”). These types of items were still included in the adapted JWS; however, the original 100 items of the CAWs were reduced to 80 items on the JWS. The JWS utilized in this research can be found in Appendix C. Permission to use the JWS was obtained and can be found in Appendix D.
**Instrumentation: Qualitative Data**

A pre-intervention interview was conducted within two weeks after the first group meeting. Post-intervention interviews were conducted within a week after the intervention had been completed. As noted, qualitative data were collected from a subset of nine participants who had volunteered to be a part of the study and who attended at least three of the Jags Strong groups. The sources of qualitative data collection included pre- and post-intervention semi-structured interviews, and bi-monthly check-ins via text message.

**Semi-structured pre-intervention interview.** Semi-structured interviews were developed to gather information about participants’ perceptions of their own wellness, sources of support, strategies for coping, and what they hoped to gain as being a part of the group. A few of the questions asked were as follows:

- Draw in your mind a time that you felt very comfortable and supported by those around you.
- Describe that time to me.
- Describe your relationships with your fellow SAs.
- How does that fit with your expectations?
- Describe your relationships with other students at the university.

Pre-intervention interviews were conducted individually. Questions from the semi-structured pre-intervention interview can be found in Appendix E.

**Semi-structured post-intervention interview.** At the end of the intervention, post-intervention interviews were scheduled with each of the nine participants. I asked questions very similar to the pre-intervention semi-structured interview. Only one
question was changed. Whereas at the pre-intervention interview participants were asked about their goals for group, during the post-intervention interview, they were asked what they perceived to be the most and least helpful aspects of group. The purpose of the post-intervention interview was to gain an understanding of participants’ perceptions of the group and of themselves after the intervention. The questions for the semi-structured post-intervention interview can be found in Appendix F.

**Bi-monthly check-in.** Throughout the intervention, a check-in was sent via text to the nine participants in the qualitative study to gain an understanding of their perceptions of social connectedness as the group progressed. Every two weeks, participants received a text that included a link to Qualtrics. They were asked the following five questions:

1. Please estimate the number of SAs you have connected with in the last two weeks who provided support or friendship?
2. How would you rate the quality of that support?
3. Please estimate the number of non-SA individuals you have connected with in the past two weeks who provided support or friendship?
4. How would you rate the quality of that support?
5. What is your participant number?”

All questions except the last one were answered on a rating scale of 1 to 10 with 10 indicating the highest level of contact or satisfaction and one indicating the lowest. I checked on Qualtrics two days after the survey was supposed to be completed and sent a text message reminder to any of the participants who had not completed the survey. A copy of these questions can be found in Appendix G.
**Procedure**

The University of Northern Colorado’s Institutional Review Board (IRB) approved this study prior to any data collection (see Appendix H). The athletic department also provided approval for this research project. Once approvals were obtained, recruitment and screening proceeded as described above.

During the first session of Jags Strong, I introduced the study and asked volunteers to participate in the study. Those who volunteered were provided with informed consent and asked to complete the JWS (pre-intervention) and the demographic questionnaire. A similar process occurred at the end of the intervention where study participants were asked to complete the post-intervention JWS. As noted, two participants needed to complete their JWS separately as they were not able to attend the last session. A portion of the sample ($n = 9$) completed both the pre- and post-intervention semi-structured interview as well as bi-monthly check-ins sent via text message.

Once all the forms were signed and returned to me, I explained the study including the limits to confidentiality, had the SAs complete the demographic survey, and asked participants complete the JWS. This assessment was given during the first meeting of the group so all of the participants completed it at the same time. The two participants who chose not to participate in the study left the room during the administration of the JWS, demographic survey, and informed consent.

**Semi-Structured Pre-Intervention Interview**

Within two weeks after the first group meeting, I conducted a semi-structured pre-intervention interview. The purpose of this interview was to gain an understanding of the
participants’ perceived wellness, what they hoped to gain from the intervention, and their feelings of social connectedness. These interviews were conducted individually in the SA Academic Success Center in a closed room and the windows were covered to protect confidentiality. These sessions were recorded. A trained graduate student transcribed them and the transcriptions were given to me after the post-interviews were conducted.

**Intervention: Psychoeducational Group Counseling**

The psychoeducational group counseling meetings occurred every third week for the fall semester, resulting in five sessions of approximately one and a half hours each. A facilitator—a licensed psychologist and a co-facilitator—a master’s level sports psychologist from the Student Counseling Center led these groups. The following topics were covered across the five psychoeducational group counseling sessions: (a) introduction and mindfulness, (b) stress management and relaxation, (c) performing under pressure, (d) injury and athletic identity, and (e) healthy relationships.

The general format for the group included a mindfulness activity for the first five minutes to bring the group together. This activity included a deep breathing activity. Then, the group leaders covered the topic for the evening during the first 20 minutes. The final 45 minutes of session focused on general discussion among group members.

Each week the group was held, I spoke with the group leaders to go through their impressions of the group, what was covered in the sessions, how much time was spent covering psychoeducational information, and how much time was spent in group discussion. The conversation also served as a way to gain a better understanding of what was covered during the group and some themes the implementers of the group felt were
pertinent during the group. The notes from those meetings helped me understand how each group session and format proceeded (see Table 1).

Table 1

*Overview of Jags Strong Sessions*

<table>
<thead>
<tr>
<th>Week</th>
<th>Topic</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>Introduction 20 Minutes&lt;br&gt;Recruitment/Paperwork 20 Minutes&lt;br&gt;Mindfulness 15 Minutes</td>
</tr>
<tr>
<td>2</td>
<td>Stress Management and Relaxation</td>
<td>Mindfulness 5 Minutes&lt;br&gt;Psychoeducation 15 Minutes&lt;br&gt;Group Counseling 40 Minutes</td>
</tr>
<tr>
<td>3</td>
<td>Performing Under Pressure</td>
<td>Mindfulness 5 Minutes&lt;br&gt;Psychoeducation 20 Minutes&lt;br&gt;Video 2:30 Minutes&lt;br&gt;Group Counseling 40 Minutes</td>
</tr>
<tr>
<td>4</td>
<td>Injury</td>
<td>Mindfulness 5 Minutes&lt;br&gt;Psychoeducation 30 Minutes&lt;br&gt;Group Counseling 30 Minutes</td>
</tr>
<tr>
<td>5</td>
<td>Healthy Relationships</td>
<td>Mindfulness 5 Minutes&lt;br&gt;Psychoeducation 20 Minutes&lt;br&gt;Group Counseling 40 Minutes</td>
</tr>
</tbody>
</table>

Each session began with a mindfulness activity. The first session was focused on mindfulness and introducing the groups. It was a short session due to the time I used explaining the study, recruiting, and having participants complete the materials. As a result, co-facilitators provided 10 minutes of mindfulness and deep breathing followed by 20 minutes of introducing the psychoeducational group and helping SAs understand what
the group would entail. There was no processing or open discussion during this group. The second session focused on stress management and relaxation. This session included 15 minutes of psychoeducation including a video and handout on mindfulness. Partner discussions surrounded this topic. The large group then came together, did introductions, and offered several minutes of discussion related to questions meant to facilitate thought and reflection. Some of the sample questions included “How do you know when stress is helpful or harmful?” and “What resonates most from this topic about college life and sport? You personally?” The facilitators felt as though the students were very engaged and found these topics helpful during the discussion portions.

The third session had the theme of Performing Under Pressure and included approximately 20 minutes of psychoeducation on this topic. This included a video by Simon Sinek called “Training Your Mind to Perform Under Pressure” and can be found on YouTube. The participants then completed two worksheets that focused on their perceptions of pressure. Finally, participants were given two handouts about handling pressure (Davidson, 2016; Vickers, 2014). The final 45 minutes of the session were focused on discussion related to performance and any concerns the participants had been thinking about lately that could have been related to this issue or any other presenting concerns.

During the fourth session, the focus of the group was on injury. The group started with a gratitude exercise and then a worksheet was provided on athletic identity. The facilitators of the group provided an overview of injury and the differences among acute injury, season-ending injury, and career-ending injury. The group discussed the differences and similarities between each type of injury; this was followed by a
consideration of the various psychological factors in rehabilitation including confidence, motivation, anxiety, and focus. They then reframed rehabilitation for injury as athletic performance and how this was a difficult way to view rehabilitation. The participants of the group were then given ideas and tools for ways in which they could cope with injury including rehab imagery, pain management, social support, video/tv education, coaching, and setting goals.

The fifth session focused on healthy relationships. The first 20 minutes was spent in psychoeducation about the qualities of healthy relationships, when to know if a relationship is unhealthy, and communication skills. The group members then took the love language test to understand their own love languages. The last 40 minutes of the session were spent on discussion.

**Bi-Monthly Check-In**

During the intervention, I sent a check-in text with a link to a Qualtrics survey every two weeks on Wednesdays to the subset of participants completing the qualitative parts of this study. The Jags Strong group occurred on Tuesdays. Two of the bi-monthly check-ins occurred on Jags Strong meeting weeks and the rest occurred during the weeks when there was no meeting. The purpose of the check-in was to gain an understanding of participants’ perceptions of social connectedness as the group progressed. The last bi-monthly check-in was sent one week after the last Jags Strong meeting.

**Post-Intervention Semi-Structured Interviews**

Upon completion of the group, the second set of interviews was conducted with the subset of students who participated in the qualitative components (i.e., interviews, bi-monthly check-ins) of the study. These interviews were completed in the same manner
(i.e., in person, by the interviewer) and at the same location as the pre-intervention interviews. The purpose of the post-intervention interview was to gain an understanding of participants’ perceptions on their own coping skills, perceptions of the group, their perspectives on the most and least helpful elements, and aspects of their interactions with others. Specifically, the post-intervention questions targeted satisfaction with the intervention and if they believed there was any impact on their coping skills and levels of support.

**Data Analysis**

Descriptive data from the demographic surveys were summarized to provide a description of the group participants and how they compared to the general student athlete population in their conference. All data from the Journey to Wellness Scale were imported into SPSS for analysis. Data from the bi-monthly check-ins were imported out of Qualtrics and into Excel and SPSS for analysis. All interviews were recorded and transcribed to permit analysis of themes.

**Quantitative Data**

Data from participant responses to the pre-intervention JWS were compared to the post-intervention JWS to determine whether there was an increase in overall wellness. Sixteen group participants who had attended at least three group sessions completed the JWS at both time periods. The means of the pre-JWS and the means of the post-JWS were compared. Due to the small sample size and low power, a basic dependent samples $t$-test was conducted. The results of this analysis were used to answer the first research question:

**Q1** Is there a significant difference in SAs’ ratings of wellness (as measured by the JWS) at pre- and post-group participation?
Qualitative Data

The bi-monthly check-ins were graphed to analyze any patterns related to social connectedness across the course of the group. This qualitative source was used to address the answer for the second research question:

Q2 How do the participants perceive their social connectedness to their fellow SAs and to the rest of campus throughout the intervention (as measured by bi-monthly probes)?

All of the interviews were transcribed verbatim into a Microsoft Word file for analysis. Any time the SAs said “um” (or similar sounds) that were originally transcribed, were removed to enhance clarity and facilitate understanding. I analyzed the patterns and themes that emerged from the pre-interventions interviews prior to analyzing the post-intervention interviews. The resulting themes were then compared in order to answer the following research questions.

Q3 How do participants describe their ability to cope with future life events from before, throughout, and after the intervention?

Q4 How do the participants describe their overall well-being from before, throughout, and after the intervention?

Q5 What did the participants perceive as the most and least helpful elements of the psychoeducational group?

Trustworthiness

There are many components of trustworthiness or the idea that the findings of this study are valid or can be trusted. Elements including credibility (findings are likely to have occurred given the data offered), transferability (generalizability of the findings), dependability (the findings are consistent with the collected data), and confirmability (others can corroborate the findings) are the main components of trustworthiness.
(Merriam & Tisdell, 2016). To enhance the trustworthiness of the data, the following validation strategies were used.

I used thematic analysis to find the themes in the interviews. This process first included transcribing the interviews and then generating initial codes based on what was interesting in the data. The qualitative data analysis program NVIVO was used to assist in this analysis. I approached the data with the research questions in mind and attempted to find themes from the interviews related to the research questions. I then searched for themes by taking the initially coded data set and organized it into broader themes. I then reviewed the themes and determined if they were relevant to the data set as a whole using open coding (Merriam & Tisdell, 2016). These themes were then renamed and defined by finding the essence of each theme (Braun & Clarke, 2006; Merriam & Tisdell, 2016). A final level of review was completed through my advisor.

I also maintained field notes throughout the study and while analyzing the data (Merriam & Tisdell, 2016). I used the field notes to follow my thought process throughout the study including taking any notes after each interview with any aspects that seemed relevant from the interview. The field notes were mainly used to capture my feelings when I was with each participant and any main aspects of the interviews that were important.
CHAPTER IV

RESULTS

This chapter presents the analysis of quantitative and qualitative findings of this study. The quantitative results are reviewed first to provide a broad overview of student athletes’ reported wellness changes after participating in a psychoeducational group. A dependent samples \( t \)-test was used to determine any changes by comparing pre- and post-group self-ratings on the Journey to Wellness Scale. The results of the bi-monthly check-ins were analyzed using visual analysis and a dependent samples \( t \)-test to better understand how a smaller subset \( (n = 9) \) of SAs viewed their social relationships with SA and non-SA populations across the course of the group. Qualitative results are then introduced with a visual map demonstrating the broad themes identified by participants at the beginning and end of the group. Common themes among participants are presented with supporting quotes. After first reviewing the results by methodology, convergent results are presented in Chapter V.

Quantitative Results

The primary purpose of the quantitative portion of this study was to evaluate the effect of psychoeducational group counseling on SA wellness as determined by their pre- and post-intervention ratings on the JWS. Before addressing the results of the JWS, information regarding the sample is provided.
Sample Characteristics

Sixteen SAs participated in the psychoeducational group and completed the JWS before and after their participation in this intervention. Of these individuals, 69% identified as White, 6% were Hispanic/Latino, 19% were Black/African American, and 5% identified as two or more races. In terms of sex, this study included nine males (56%) and seven females (44%). Participants represented a variety of sports teams including soccer, wrestling, football, track and field, basketball, softball, baseball, volleyball, and golf. Of the SAs interviewed, 88% reported they had played their sports for the last 10-12 years. In terms of academic class status, eight seniors, seven juniors, and one sophomore participated in the quantitative portion of the study. All participants attended at least 60% of the sessions or three of the five sessions. Other SAs attended some Jags Strong meetings but were not invited to participate in the study because they had not been at the first meeting of this group.

This sample was overrepresented with White/Caucasian participants given the national percentage of White athletes in the NCAA (2016) is 61%. The percentage of Black/African American at all Division I universities is 23% (NCAA, 2016), suggesting Black/African Americans were slightly underrepresented. In terms of sex, the percentage of all Division I universities is 47% male and 53% female. Interestingly, males were slightly overrepresented when compared to national percentages (NCAA, 2016). Table 2 provides the characteristics and percentages for the participant sample.
Table 2

*Characteristics as a Percentage of the Sample*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Percentage of the Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
</tr>
<tr>
<td>White/Caucasian</td>
<td>69</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>6</td>
</tr>
<tr>
<td>Black/African American</td>
<td>19</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>0</td>
</tr>
<tr>
<td>Native American</td>
<td>0</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>6</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>56</td>
</tr>
<tr>
<td>Female</td>
<td>44</td>
</tr>
<tr>
<td><strong>Years Playing Sports</strong></td>
<td></td>
</tr>
<tr>
<td>8-10</td>
<td>12</td>
</tr>
<tr>
<td>10-12</td>
<td>88</td>
</tr>
<tr>
<td><strong>Years Playing at D1 Level</strong></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>38</td>
</tr>
<tr>
<td>3</td>
<td>44</td>
</tr>
<tr>
<td>2</td>
<td>18</td>
</tr>
<tr>
<td><strong>Mother’s Level of Education</strong></td>
<td></td>
</tr>
<tr>
<td>High School Diploma/GED</td>
<td>25</td>
</tr>
<tr>
<td>Some College</td>
<td>13</td>
</tr>
<tr>
<td>Bachelor’s Degree</td>
<td>50</td>
</tr>
<tr>
<td>Graduate School/Higher</td>
<td>12</td>
</tr>
<tr>
<td><strong>Father’s Level of Education</strong></td>
<td></td>
</tr>
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<td>High School Diploma/GED</td>
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<tr>
<td>Some College</td>
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<tr>
<td>Bachelor’s Degree</td>
<td>63</td>
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<tr>
<td>Grad School/Higher</td>
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<tr>
<td><strong>Previous Counseling</strong></td>
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<tr>
<td>No</td>
<td>68</td>
</tr>
<tr>
<td>Yes, at the university</td>
<td>19</td>
</tr>
<tr>
<td>Yes, previously</td>
<td>13</td>
</tr>
</tbody>
</table>

*N = 16*
On the demographic survey, SA participants were asked to rank their identity on a scale of 1 to 10 with 1 representing more of a student identity and 10 as identifying more as an athlete. The mean rating of the SAs who participated in this study was 6.33 with a median of 7, suggesting participants overall identified more as athletes than as students. It was interesting to note quite a bit of variance among participants with a range from 4 (slightly more of a student identity) to an 8 (a very strong athlete identity). Unfortunately, due to the small sample size, no further analyses could be conducted.

**Quantitative Analysis**

Descriptive statistics and a dependent samples t-test were used to determine if there was a change in overall wellness after participating in the Jags Strong psychoeducational groups. All group data were collected at the start and at the end of the psychoeducational group. Since the JWS is still in the development process, only the overall means of all 80 items were used for comparison. Each participant’s JWS was scored using the directions provided by the test developers including reverse scoring for identified items. A mean was then calculated for each participant. The same procedure was followed for scoring both pre- and post-group JWS surveys.

A dependent sample t-test was used to determine differences between pre- and post-intervention overall wellness scores. The results revealed SAs who participated in the psychoeducational group endorsed significantly higher levels of wellness when compared to the pre-intervention group scores. The mean overall rating of wellness was higher post-intervention ($M = 3.485, SD = 0.215$) than pre-intervention ($M = 3.275, SD = 0.226$), $t = 4.516, p = .001$. A large effect size (Cohen’s $d = 0.95$) was present. Overall, there was less than a 10% increase in wellness from pre- to post-intervention as measured
by the differences in the mean scores on the JWS. Multivariate tests were run to
determine whether sex or year in school impacted overall wellness scores in the pre- and
post-JWS; there was no effect based upon sex ($p = .156$) or year in school ($p = .410$).

**Participants for Bi-Monthly Check-Ins**  
and Semi-Structured Interviews

As described in Chapter III, a subsample of the total participants was asked to
participate in the qualitative aspects of this study (additional details on these nine
individuals is provided below). Of the total sample of 16, nine SAs completed bi-
monthly check-ins consisting of a four-item survey related to the number of supportive
contacts and perceived level of support with both SAs and non-SAs. This assessment
was completed to measure perceptions of social connection throughout the
psychoeducational group counseling sessions. Table 3 provides an overview of the
participants who participated in both the bi-monthly check-in and pre- and post-
intervention semi-structured interviews. The figures below provide individual analyses
for participants in terms of their social connections with SAs and non-SAs.

**Table 3**  
*Participants in Bi-Monthly Check-Ins and Semi-Structured Interviews*

<table>
<thead>
<tr>
<th>Participant Number</th>
<th>Year in School</th>
<th>Sex</th>
<th>Length of Pre-Interview</th>
<th>Length of Post-Interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Junior</td>
<td>Female</td>
<td>10:01</td>
<td>9:23</td>
</tr>
<tr>
<td>2</td>
<td>Senior</td>
<td>Female</td>
<td>11:24</td>
<td>11:10</td>
</tr>
<tr>
<td>3</td>
<td>Senior</td>
<td>Male</td>
<td>11:47</td>
<td>14:01</td>
</tr>
<tr>
<td>4</td>
<td>Senior</td>
<td>Female</td>
<td>15:28</td>
<td>9:24</td>
</tr>
<tr>
<td>5</td>
<td>Senior</td>
<td>Male</td>
<td>12:23</td>
<td>20:56</td>
</tr>
<tr>
<td>6</td>
<td>Senior</td>
<td>Male</td>
<td>9:49</td>
<td>10:20</td>
</tr>
<tr>
<td>7</td>
<td>Senior</td>
<td>Female</td>
<td>12:34</td>
<td>10:01</td>
</tr>
<tr>
<td>8</td>
<td>Junior</td>
<td>Male</td>
<td>10:32</td>
<td>12:39</td>
</tr>
<tr>
<td>9</td>
<td>Junior</td>
<td>Female</td>
<td>12:46</td>
<td>16:46</td>
</tr>
</tbody>
</table>
Bi-Monthly Check-In

Each week, participants rated the overall support received from SAs and non-SAs on a scale of 1 to 10 with 1 being least supportive and 10 being most supportive. Support was measured in two ways: number of contacts in the last two weeks with individuals who provided support and perceived quality of that support. There were two weeks in which the check-in occurred on the week of Jags Strong but the rest of the check-ins were sent during off weeks due to the timing of the bi-monthly checks (every two weeks) and Jags Strong meetings (every three weeks).

Overall, student athletes reported a high level of social connectedness with other SAs from the beginning of the psychoeducational intervention with a slight trend toward increased levels of supportive contacts. Although the overall supportive contacts between participants and non-SAs were lower than their contacts with other SAs, it appeared perceived levels of social connection with non-SAs also increased. Table 4 depicts the mean number of supportive interactions with SA peers and non-SA peers across the 12 weeks of the intervention (six check-in periods).

Table 4

*Mean Number of Supportive Interactions Between Student Athletes and Non-Student Athletes*

<table>
<thead>
<tr>
<th></th>
<th>Check-In 1</th>
<th>Check-In 2</th>
<th>Check-In 3</th>
<th>Check-In 4</th>
<th>Check-In 5</th>
<th>Check-In 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number SA</td>
<td>5.67</td>
<td>6.11</td>
<td>6.22</td>
<td>6.44</td>
<td>7.11</td>
<td>6.78</td>
</tr>
<tr>
<td>Number Non-SA</td>
<td>3.67</td>
<td>4.67</td>
<td>3.33</td>
<td>4.22</td>
<td>4.56</td>
<td>4.22</td>
</tr>
</tbody>
</table>
Overall, the mean number of supportive interactions among SAs ranged between 5.67 and 7.11 throughout the intervention. There was a slight increase in overall interactions with other SAs as the Jags Strong meetings progressed; however, these relationships seemed to remain stable across the course of the group. As summarized in Figure 2, the number of supportive interactions with non-SAs remained relatively consistent across the 12 weeks of the group as well. It was notable that the number of supportive interactions between participant SAs and their non-SA peers was lower with an average of 4.11 interactions per two-week period. A comparison of overall mean number of supportive interactions between participants and their SA and non-SA peers trended toward more interactions with other SAs ($\bar{X} = 6.39$) than non-SAs ($\bar{X} = 4.11$). However, a dependent samples $t$-test did not show a significant difference in number of interactions between SAs and non-SAs ($\bar{X} = 6.88, SD = 0.509$) and non-SA interactions ($\bar{X} = 4.12, SD = 0.518$), $t = 10.89, p = 0.308$.

Figure 2. Comparison between mean number of student athletes and non-student athlete interactions.
As noted, the second indicator of support was based on the question asking SAs to rate the quality of the support they received from both SAs and non-SAs. Interestingly, the quality of support from both groups seemed to increase slightly; more variability was shown with perceived support from non-SAs than SAs. As with the number of contacts, the participants rated the quality of their support from other SAs as very high with a range from 7.5 to 8.7 throughout the course of the group. Table 5 shows participants’ rankings of the perceived quality of support given by SAs and non-SAs.

Table 5

<table>
<thead>
<tr>
<th>Mean Rating of Support from Student Athletes and Non-Student Athletes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check-In 1</td>
</tr>
<tr>
<td>------------</td>
</tr>
<tr>
<td>Quality SA</td>
</tr>
<tr>
<td>Quality Non-SA</td>
</tr>
</tbody>
</table>

Overall, the quality of support received from SAs ranged from 7.56 to 8.67 throughout the intervention. While there was a slight increase in the quality of support received from SAs, the perceived support stayed relatively stable across the Jags Strong sessions; the quality of support received from non-SAs ranged from 6.44 to 7.56 throughout. Similarly, the quality of support received from non-SAs increased slightly but stayed relatively consistent throughout the Jags Strong sessions. The quality of support received from both SAs and non-SAs increased at a slope of $\bar{x} = 0.22$ (see Figure 4). Interestingly, the mean quality of support for SAs was higher throughout ($\bar{x} = 8.00$,}
SD = 0.403) than the quality of support received from non-SAs (\(\bar{X} = 6.78, SD = 0.257\)). However, a dependent samples t-test indicated no significant difference, \(t = 5.089, p = 0.412\).

![Figure 3. Comparison of quality of support from student athletes and non-student athletes.](image)

**Individual Analysis of Bi-Monthly Check-Ins**

Due to individual differences among these participants, it was important to look at each individual and his or her rankings of interaction and support with other SAs and non-SA groups. The following graphs depict each participant’s data at each of the check-in periods. All participants responded to each of the six probes throughout the intervention.
Participant 1 seemed to show a general pattern of having a lower number of interactions with non-SAs ($\bar{X} = 3.17$) and SAs ($\bar{X} = 4.67$) than some of the other participants but the contacts seemed to stay relatively consistent over time. Participant 1 perceived these interactions to be strong with slight reported increases over time. Initial perceived quality ratings for SAs and non-SAs were both rated at 5.00; final ratings for each were 7.00 and 6.00, respectively. Around the second and third probes (corresponding to the second and third sessions), perceptions began to change. These sessions focused on stress management and performing under pressure. The last two probes were relatively similar to the beginning probes with the largest change coming from the rankings of the quality of interactions with other SAs. Participant 1 perceived the quality of support she received from fellow SAs increased as the Jags Strong sessions progressed throughout the semester. Overall, Participant 1 reported a consistent level of interactions with non-SAs and a slight increase with the number of SAs with whom she interacted (see Figure 4).

Figure 4. Participant 1 ratings of interactions and perceived quality.
Participant 2 showed increases in all categories except for her interactions with SAs, which remained consistently high throughout the Jags Strong intervention (all ratings = 10.00). Participant 2 reported a large increase in the number of non-SAs she interacted with throughout the intervention starting with 3.00 at the first probe and ending with 9.00 at the time of the last probe. The mean number of non-SA interactions ($\bar{X} = 5.83$) seemed moderate and did not capture the trend toward more quality interactions as the intervention progressed. The quality of support Participant 2 reported by both SAs and non-SAs increased slightly throughout the intervention ($X = 9.00$ and $X = 8.17$) and ended with maximum quality of support, rating of 10, for both groups. Overall, Participant 2 seemed to increase her interactions with non-SAs, remained connected with SAs, and reported the quality of support from both groups as strong with slight increases (see Figure 5).

\textit{Figure 5.} Participant 2 ratings of interactions and perceived quality.
Participant 3 showed an overall pattern of variability throughout the intervention with both SA and non-SAs. His quality interactions with other SAs showed an increasing trend (rated at 5.00 at the beginning and 8.00 at the last data point). However, his interactions with non-SAs were more difficult to summarize as they varied between 5.00 and 8.00 with no definitive trend. In contrast to the first two participants, Participant 3 rated the quality of support received by SAs as decreasing slightly as the intervention progressed (9.00 and the first data point and 8.00 at the last data point). Similar to the number of quality interactions, the perceived quality of support by non-SAs was variable throughout group, making it difficult to summarize a specific trend. Overall, Participant 3 ranked his quality of support from SAs (\( \bar{X} = 8.33 \)) and non-SAs (\( \bar{X} = 7.67 \)) as high throughout the Jags Strong meetings. Most notable was a trend toward an increased number of quality interactions with other SAs (see Figure 6).

*Figure 6.* Participant 3 ratings of interactions and perceived quality.
Participant 4 reported a lot of variability between each check-in point (see Figure 7). The number of non-SAs Participant 4 interacted with was fairly low with a slightly increasing trend ($\bar{X} = 4.17$) but the level of perceived support was high and stable across the intervention ($\bar{X} = 9.50$). The more interesting and variable trend occurred with other SAs. Participant 4 indicated a definite trend in more interactions with other SAs (with a start point of 3.00 and an end point of 8.00). However, she reported the quality of interactions with SAs decreased as the intervention progressed (dropping from a high of 10.00 to 4.00 at the next check-in). Near the end of the Jags Strong meetings, her rankings of the quality of support from SAs returned to a relatively high level (final data point of 8.00). Overall, the ratings for quality of support from non-SAs was slightly higher ($\bar{X} = 9.50$) than from SAs ($\bar{X} = 7.50$).

*Figure 7.* Participant 4 ratings of interactions and perceived quality.
Participant 5 showed an overall pattern of increase in both interactions and quality of interactions. This individual indicated a mean quality of interactions increased throughout the intervention with the final data point showing an 8.00 for both groups. However, the mean level of perceived quality of support was slightly higher for SAs ($\overline{X} = 7.33$) than for non-SAs ($\overline{X} = 6.83$). The biggest increase for Participant 5 was the increase in the number of non-SAs with whom he interacted. He reported contacts with non-SAs increased substantially with a beginning rating of 2.00 and an end rating of 8.00. As the Jags Strong intervention progressed, the number of quality interactions with SAs reported by Participant 5 remained fairly stable with a slight increase. Overall, Participant 5 increased in all areas with SAs and non-SAs with a very large increase with non-SA interactions (see Figure 8).

*Figure 8.* Participant 5 ratings of interactions and perceived quality.
Participant 6 experienced extreme variability throughout the Jags Strong intervention. Overall, the quality of support Participant 6 received from SAs remained consistent and very high ($\bar{X} = 8.33$). Unfortunately, Participant 6 reported the quality of support received from non-SAs decreased as the intervention progressed (first data point at 8.00 and his last data point at 0.00) as well as his interactions with non-SAs (with his first data point at 9.00 and his last data point at 0.00). Conversely, the number of interactions with SAs reported by Participant 6 increased as the intervention progressed (with his first data point at 1.00 and last at 5.00). Overall, Participant 6’s interactions ($\bar{X} = 3.83$) and quality of support ($\bar{X} = 8.33$) was much higher from other SAs than the number of interactions ($\bar{X} = 3.50$) and quality of support ($\bar{X} = 3.50$) from non-SAs throughout the Jags Strong intervention (see Figure 9).

Figure 9. Participant 6 ratings of interactions and perceived quality.
Overall, Participant 7 showed a pattern of decreased interactions during the last check-in with both SAs and non-SAs. The number of interactions with non-SAs at the beginning and end of the group were the same—2.00 (with a high point of 8.00). The number of interactions with SAs dropped from 8.00 to 5.00 during the last week after peaking at 9.00. Throughout the first five check-ins, Participant 7 reported increased interactions with non-SAs but the overall mean for interactions with non-SAs was fairly low ($\bar{X} = 2.67$). However, the quality of support she received from non-SAs demonstrated a definite positive trend over time and remained high for the last three time points with an overall mean for quality interactions of 6.17. The number of SAs Participant 7 interacted with was variable throughout the Jags Strong intervention with a slight decreasing trend. She reported her level of interactions with other SAs as extremely variable with one rating at a 9.00 and another at a 4.00; her overall interactions with other SAs was slightly below the group mean ($\bar{X} = 6.00$). Participant 7’s ratings of quality of support also varied across the course of the group. It started high (8.00), then dropped substantially at the next data point, before slowly building again to a high of 9.0 where it seemed to stabilize. Her overall mean of perceived quality of support from SAs ($\bar{X} = 6.67$) was well below the group mean of 8.00. Overall, Participant 7 showed variable trends in reported quality of support felt by both non-SAs and SAs throughout the Jags Strong intervention. The number of non-SAs and SAs was variable and increased slightly throughout the intervention but at the last time point, it decreased closer to starting points for both SAs and non-SAs (see Figure 10).
Overall, Participant 8 showed a pattern of more interactions with SAs ($\bar{X} = 8.17$) than non-SAs ($\bar{X} = 1.67$). Throughout the intervention, Participant 8 had consistently few interactions with non-SAs; however, the quality of interactions increased as the Jags Strong intervention progressed. Similarly, he reported the quality of support by SAs ($\bar{X} = 9.33$) was higher than support by non-SAs ($\bar{X} = 4.33$) throughout the intervention.

Overall, Participant 8 interacted far more with other SAs than non-SAs and the number of interactions with SAs and the perceived quality of support from fellow SAs remained high and consistent throughout the group (see Figure 11).
Participant 9 had some variability throughout the Jags Strong intervention. In terms of interactions, she reported a steady number of interactions with non-SAs over the course of the group but a slight decrease in interactions with SAs. Overall, Participant 9 showed a pattern of more interactions with SAs ($\bar{X} = 6.17$) than non-SAs ($\bar{X} = 4.83$). The quality of support was rated similarly for both SAs and non-SAs ($\bar{X} = 8.67$). For most of the check-ins, Participant 9 rated her quality of support as high with both SAs and non-SAs with a notable dip at the fifth check-in (see Figure 12).

Figure 11. Participant 8 ratings of interactions and perceived quality.
In summary, certain trends emerged. Participants were more likely to report more interactions with SAs than non-SAs and slightly higher perceived quality of support from SAs than non-SAs. The number of interactions seemed to vary most across participants with only one reporting no change. Two participants reported increased interactions with both SAs and non-SAs, two reported an increase with one or the other group, and the other stayed the same. Two participants reported increases with one group (SAs) and decreases with the other (non-SAs) and two participants reported the opposite trend. Six participants rated an increase in quality of perceived support from both SAs and non-SAs. Two participants reported a decrease in just SA support and either no change or increased

Figure 12. Participant 9 ratings of interactions and perceived quality.
non-SA support. Unfortunately, one participant reported decreased quality of support from both SAs and non-SAs.

**Qualitative Results**

The purpose of the qualitative portion of this study was to develop a better understanding of participants’ perceptions of their overall well-being, their coping skills, and their reflections on the psychoeducational group sessions (at post-intervention interview only). The nine student athletes who participated in the Jags Strong meetings were interviewed pre-intervention and post-intervention (see Table 3 for a description of each of these participants). This subset of participants was recruited from the first Jags Strong meeting and each was interviewed within a week of the first meeting. Six seniors and three juniors, as well as five females and four males, were interviewed. One participant identified as Black/African American, one participant identified as two or more races, and the remaining seven participants identified as White/Caucasian. The length of the interviews ranged from 10 to 21 minutes with an average of 13 minutes.

Qualitative results were generated through coding, content analysis, and thematic generation from nine pre-intervention, semi-structured interviews and nine post-intervention, semi-structured interviews of those who participated in the Jags Strong meetings. The pre-interviews were coded and analyzed, themes were generated, and then the post-interviews were analyzed, coded, and themes were generated independently of the pre-interviews. A graduate student trained in qualitative research acted as a peer reviewer who also coded the interviews in the same manner independent of me as the researcher. The peer reviewer and I then came together and discussed the differences in themes. The main differences between us were the ways in which each theme was named
but the content and sample quotes were very similar. The themes were then renamed to best capture the themes being described. I then collapsed the themes further to prevent overlap between themes.

Although not typically done in qualitative research, the themes from the pre-intervention, semi-structured interviews were compared to the themes from the post-intervention, semi-structured interview to explore participants’ perceptions after completing the group. Each of the SAs who completed these interviews attended at least three of the six Jags Strong meetings. Although the questions were asked broadly to better understand athlete experiences, special focus was given to answers that aligned with the research questions (i.e., coping skills, overall wellness, injury, and least and most helpful elements of Jags Strong).

Some of the major themes derived from the pre-interviews were coping skills, social support, and transitions. Specific answers to the final question relating to their goals for group were separated out and were not necessarily a theme on their own; instead, they offered a contrast to what participants’ reflections were after group had ended. Each of these themes and subthemes are explained in the following sections. Figure 13 depicts the overarching themes as well as the subthemes.
Coping Skills and Faith

The SAs identified coping skills they used to help with their stress and other activities in which they participated that gave them a sense of well-being. The main coping skills reported were focusing on another task (e.g., school work) and engaging in the practice of their religious beliefs. Generally, the identified strategies would be considered healthy ways of coping. Only one SA reported alcohol and drug use.

Focusing on other tasks. Focusing on another task was a coping skill many SAs identified. They believed it gave them something they could concentrate on, especially when things were not going well in their sport. Participant 4 said, “So I channeled that all (energy) into school and I think that helped, with my injury at least. Just focusing my frustration and channeling it.” Many SAs tried to attend to other aspects of their lives.
and similar to Participant 4, their school performance was frequently identified. Participant 7 mentioned, “I really learned to start getting more passionate about my schoolwork and stuff like that.” Not all participants identified school as their area of focus; Participant 6 mentioned, “Just to get my mind off things I’ll just go play basketball. Because that was the first sport I fell in love with.” Therefore, all SAs could describe a strategy or an activity they did to cope with the difficulties of being an SA; some focused more on school and others identified pursuing other activities that distracted them from their current difficulties.

**Religion.** Reliance on religion was another important strategy used by SAs to manage their stress. Participant 9 said, “Just through prayer I’m rooted in my faith and I think that if I’m stressed just being able to pray about it helps.” Reliance on religion and the belief and connection to something bigger than themselves was a way in which SAs reported they dealt with life stress. Participant 2 said, “Talk to God and his plan for me just keeps me on a good path.” Many of the SAs reported they relied on their faith when they were feeling stressed or overwhelmed. Participant 3 said, “I think number one is my faith. I think that helps me a lot to be able to lean on that.” The SAs reported their faith played a role in the ways in which they managed life stress through believing in a plan from God as well as understanding that a higher power was determining their path.

The SAs relied upon their faith and focusing on other tasks as mechanisms with which to handle stressors in their day-to-day life. These two aspects, while very different, allowed the SAs to find ways in which they felt like they were managing their stressors. The belief that the path they were on was predetermined allowed many SAs to
manage their stressors. Other SAs fared with life stress by focusing on other tasks in their lives and tried to excel in those tasks.

**Social Support**

**Connection to student athletes.** Overall, SAs described themselves as having more of a connection with other SAs than non-SAs; this finding was supported by their bi-monthly check-ins. They felt especially connected with their own teammates and had experienced some difficulty creating relationships with others outside of their own sport. Participant 9 mentioned, “We understand the student athlete life, like you were saying, we have places like this like study hall when it’s just student athletes.” The understanding of one another, scheduling, and proximity throughout their days at GCU seemed to offer more opportunities for SAs to connect more with one another than non-SAs.

**Teammates.** As might be expected, SAs felt more connected to their teammates than to other SAs in the athletic department. Participant 9 mentioned, “I have a lot of student athletes in my class, and my best friends are on my team mostly.” Although the participants were around other SAs frequently, they seemed to connect more with their own teammates. Participant 1 said, “Every Wednesday like me and my teammates go to (Ice Cream Shop) to get BOGO. So it’s like, I know you on like a better spiritual and emotional level. And I feel like my teammates all understand what I’m going through.” The understanding of what they are “going through” seemed key to building connections. Even though other SAs lived similar lives, only their teammates were experiencing the same practice, the same schedule, and other shared aspects of their sport, which likely made it easier to connect.
Unfortunately, conflict among teammates was also a concern with regard to social connection as it negatively affected SAs’ view of themselves. This type of conflict seemed especially difficult as it involved individuals who were deemed some of their closest friends. Participant 9 said, “I trusted her, so if she was going to turn her back to me so easily you know, what were my other teammates going to do?” This was in response to a story regarding a time a teammate had yelled at her during practice and told her she was doing a bad job. Not only did she seem to feel betrayed but also worried whether other teammates might do the same, making it hard to trust her teammates in general. Participant 4 said, “Here we are very different and our personalities clash… because I take school and soccer a bit more seriously than others do, and I think that like hinders friendship there just because I work harder outside of soccer than actually playing.” Therefore, experiencing difficulty with one’s teammates led to an overall sense of distrust and possibly a sense that these relationships were based on their ability to do well at their sport.

**Student athletes outside of team.** As noted, religion was important to SAs--both as a way of handling life stress but also as a way to form social relationships with other SAs who were not necessarily on their teams. The same was true of other athlete-oriented groups such SAAC or another athletic leadership organization. Participant 3 mentioned,

I would say I have a really good relationship with the whole athletic department. With SAAC being intertwined with all the other athletes, I’ve made connections on almost every team. So, I walk around and I usually always see a face I recognize, check-in, see how they’re doing.
Another SA mentioned, “I found like occasional better friends in other sports through Fellowship of Christian Athletes (FCA) that align with my values” (Participant 5). For these students, it seemed like these organizations allowed them to connect with other SAs who might share other interests. Participant 2 said,

I think a lot of the times that I go to like Bible studies, for our teams I just feel very comfortable in that atmosphere, and like supported too because I feel like I can just vent to everyone and there’s not really any judgment about what I’m like doing in my life.

These quotes seemed to imply the SAs were looking for spaces where they were still part of the larger SA group but in an environment where there was less pressure and they felt supported. The SAs did not mention connections with other SAs outside of SAAC and religious organizations.

**Injury.** As noted in Chapter III, part of my interest in this topic came from my own experience as an SA and as one who sustained an injury and needed to be away from my sport while rehabilitating. Further, I made my own observations over my four years in the athletics department at GCU at how the social support from teammates differed when an athlete was injured. Because I suspected injury played a role in SAs’ perceived social support, I specifically asked about participants’ experiences with injury, defining it as a physical injury or a time when they were not “on top of their game.” Injury was something that plagued many SAs, whether it was physical or mental injury. Generally, it seemed most SAs believed they had been very supported immediately after the injury but that support seemed to decrease the longer the injury persisted. Additionally, the
injured SAs felt isolated from their team during injuries and the injury greatly reduced their overall sense of well-being.

Most SAs endorsed the idea that support from teammates was very strong immediately post injury. Participant 1 said,

Right after I got injured, in the locker room everybody kind of came up to me and was just there for me, supporting me, and like I was okay, emotionally and everything and a couple days after that they just wanted to make sure that emotionally I was there.

However, it seemed that the longer an SA was injured and the more time they were in rehabilitation, they began to feel more disconnected from their teammates.

As the period of injury and rehabilitation continued, SAs seemed to find themselves on their own without their friend group and without their sport. Participant 3 said,

I couldn’t get an MRI in time so I ended up sitting out for a lot longer than I should have. And, just with that, my teammates were travelling all my roommates were gone, so I would be sitting at home by myself, so that was a little discouraging. And especially a lot of team building comes from traveling, and then for the girls who don’t travel, a lot of the team building comes from partying, and then with my ankle being pretty messed up, I didn’t go out and party. (I) was always at the Rec working on core like upper body, something else I could be doing, and it was frustrating not being able to play.

This quote captured many aspects of an injured athlete’s life. For example, this participant was not able to be with her traveling teammates but because they were also
her roommates, she did not have anyone to support her during this time. She realized how much she was missing out on the experiences of her team and how difficult it was to have that limited connection with teammates. Her quote also captured a certain powerlessness experienced by athletes who are injured. Although they can work out and do their rehabilitation, nothing can be done to speed the healing process.

Similarly, Participant 5 mentioned,

When it happened, I became isolated from the team because that’s how they treat concussions, go in your room, dark lights, you know, no cell phones, no TV. So I mean I was pretty isolated when I got hurt playing football and it took the coaches about a month to reach out to me.

In this instance, the physical restraints placed on the SA were extreme. This SA was not able to connect with teammates either in person or virtually. Another SA noted,

You feel like all the guys they just distance themselves from you. It’s a strange feeling like you’re supposed to be a part of the team but you never feel like a part of the team unless you’re practicing with them. And you can’t encourage them because they look at you like, “What are you talking about, you’re not doing anything. Don’t tell us to practice harder or run faster. Don’t encourage us.” So I’m just sitting on the sidelines doing nothing. So it’s definitely tough because you get alienated really fast once you get hurt. And all the guys say “We’ll be here for you” and really they’re not. (Participant 8)

This powerful quote explained the difficulty of attempting to be a part of a team when you are not able to participate with them and the ways injured SAs can feel shut out by their teammates. This story was repeated many times across the SAs who attempted to be
part of the team when they were injured but had difficulty due to their own inability to participate as well as the perceived negative judgment from their SA peers.

In addition to isolation, other athletes who had been injured noted a response from teammates that went beyond disconnection. Participant 4 noted,

Or if I would be at practice, not shagging balls or not doing…girls just talk a lot and that’s really frustrating. Like, “hey I’m here trying to get better for you guys and you’re still putting me down, like there’s nothing else I can do, I think you can shag your own balls.” And on top of that too, it’s just like seeing them on social media traveling, and me and two other girls were the only ones that had to stick back while the school was at (name of other school) and that was really tough, being injured.

At worst, some might believe they are perceived as slacking or letting the team down and are not being recognized or appreciated for how hard they are working to get back to their sport. Overall, participants believed they received support immediately following an injury but that support seemed to diminish. It was not clear whether this distancing was a perceived separation on the part of the athlete or a certain amount of “shunning” by teammates.

**Connection to non-student athletes.** Overall, the SAs reported a lower level of connection and relationships with non-SAs--both through their bi-monthly check-ins and their pre-Jags Strong interviews. They listed two main reasons for their limited relationships with non-SAs: conflicting schedules and not having much in common. Therefore, when they did want to befriend someone outside of the athletic department, they often could not find times to socialize due to their own schedule demands. Only one
SA mentioned having more friendships with non-SAs within his major field of study, likely due to the fact he was no longer playing his sport due to injury. Overall, the SAs did not believe they had much of a connection, although they did have some relationships and interactions with non-SAs.

**Scheduling difficulties.** Student athletes and non-SAs have differing schedules as SAs have most of their days scheduled for them and there is little time to connect with others outside the team or the athletic department. Participant 9 mentioned, “So I mean I do have friends outside of athletics but I don’t feel as connected with those people and don’t necessarily hang out with them as much just because they aren’t doing the same things and we aren’t on the same schedule.” Student athletes tend to have very regimented schedules and are unable to participate in many of the extracurricular activities typical for their non-SA peers. Therefore, they might not be able to interact with non-SA peers sufficiently to develop friendships and connections with them. Not only are their schedules different but SAs might experience more time constraints than their non-SA peers. This was a noticeable theme among all of the SAs interviewed as they simply did not have much free time. Participant 2 said, “I don’t really have a relationship with a lot of other, just students, because like…well so I feel like a lot of my time is literally just sucked into like my team and basketball.” It is possible that even if some SAs did want to spend time and connect with non-SAs, the time demands of their sport would interfere with any non-scheduled time available to connect with non-SAs.

**Commonality.** Participants noted they did not feel they had much in common with non-SAs, which did not lend itself to creating friendships with them. Participant 7 mentioned:
I feel like they don’t really understand our like, day-to-day lives. Like I know that I think that we are very privileged to have what we have and stuff like that. And a lot of the time there’s that barrier between like, well you should be able to do this stuff and it’s your choice to do this stuff…and it obviously is our choice, and it is a sacrifice that we chose to do so we aren’t able to like to hang out on your terms and do things like that so it’s harder to meet those people and like, understand them as well I guess. That, or we don’t have the bonding like set up, to meet those people as much either, unless occasionally in class like you know…it’s just hard to bond with a non-athlete I guess because you just don’t know them as well.

This quote captured many different ideas related to schedules, being misunderstood, and lack of common experience. Student athletes might have believed creating relationships with non-SAs was too difficult because their lives are very different. They seemed to understand that although they chose to be a SA, it might create a barrier to connecting with others who had not shared their experiences. Participant 8 said,

It’s weird, because they like to think that they are having a rough time in college but I feel like student athletes not only have to put in the same amount of work that they do, we have to put in extra for our sport and they don’t really realize that yeah, some of us may be getting a free education but first, most of us aren’t and second of all, we definitely have earned that with the amount of work we put in every single day and on off days. And I just feel like it’s under appreciated by non-SAs here.
Together, these quotes highlighted an important misunderstanding between SAs and non-SAs. Student athletes might believe they are viewed by non-SAs as privileged because of their status and partial tuition waivers but actually believe they are working harder just to pursue their sport and obtain a college education. This might explain a major disconnect between these two groups and why SAs have been somewhat reluctant to pursue these friendships.

**Reliance on family.** Many of the SAs reported calling their family during difficult or stressful times. Participant 5 mentioned, “If something is going on I am pretty open to my parents so it takes a little longer to get there but they help me through whatever I’m going through.” Another SA mentioned, “Family, always calling them is always fine because they don’t like, well my sister was a student athlete, and she obviously knows that a lot of the time you don’t want to talk about athletics or stuff like that” (Participant 7). All of the other SAs mentioned they relied heavily on their families during tough times. This could be difficult for many SAs as their families were not typically close in proximity so they had to rely on them from afar and through phone calls.

Student athletes rely on their social networks with the largest number of connections coming from their teammates, followed by other SAs not in their sport. These are individuals with whom they spend most of their time, especially during the season, and who would have the best understanding of their experiences. These relationships tend to be strong but there can be tension when an athlete is struggling, injured, or perhaps not prioritizing his or her sport at the same level as teammates. Family was also an important social support but in a different way as the athletes looked
to them for emotional support and as a way to escape being an athlete and just being a son or daughter. Finally, non-SAs were less likely to be viewed as a social support. Although all athletes had a friend or acquaintance who was not an athlete, for the most part, they did not feel as close to these individuals or looked to them as support.

Transitions

The SAs interviewed reported some difficulty with transitions into college. Many recalled how homesick they had been and for some, they still felt this loss. They also described feeling most supported by those around them in high school. Although this was a difficult transition for many, it might be exacerbated in SAs due to their tight schedules as they had less time to go home; for many, they lived too far away to do so easily. It was less clear why SAs looked back to their high school years as a time of support but it might be part of their realization that they were no longer the best in their sport but among other SAs who had a similar caliber of ability.

Homesickness. Homesickness was a frequently mentioned theme, mainly in the context of the SAs’ initial transition to the university setting. Participant 2 mentioned, “I was missing home all the time and just sad because I wasn’t performing well in basketball.” This sense of missing home occurred with many SAs as they transitioned into college but also at varying times throughout their careers, especially at times they were not doing well in their sport. Participant 5 said, “I’ve become more open with my family over the transition period about being depressed for nine months.” Opening up to family about their difficulties seemed to reduce some of the homesickness and allowed families to be more aware of the difficulties the SA was going through.
**Past support.** The interview began by asking participants about a time when they felt most supported in their life by those around them. Some of the participants spoke of a time in high school. Since the SAs who were interviewed were either juniors or seniors in college, it was surprising they had to reach back three to four years to describe this time. Participant 5, a senior, described his experience as

signing day when I was in high school, just signing and committing to come to GCU. I went to a small 3A school so I knew basically everyone I graduated with for basically my whole life so I graduated with a class of 88, school was probably about 300-500 students, and it was my signing day and they paused class for the whole day just for 15 minutes and the whole school came down and watched me sign to GCU.

Other participants described similar examples from high school as times when they felt most supported. Participant 7 described her experience in high school:

I felt very supported probably…senior year of high school. I used to play volleyball with some of my best friends and we honestly were very sarcastic and joked around the whole time and it was a lot easier and honestly made us play better, and our coach was very sarcastic too.

In one case, support seemed to take the form of honoring an athlete’s success and in another instance, it seemed to describe an easy friendship that could be both supportive and sarcastic. Unfortunately, for the majority of participants, the times they reported feeling supported were in the past. It is possible SAs had not been able to form the same level of friendships as they experienced in high school. They might not feel they can rely on those around them in the same ways as they relied on their high school friends. Many
might have known their friends since childhood and, therefore, felt closer to them than the friendships they had developed over the last three to four years.

**Higher expectations.** The transition to college and the expectations in college were viewed as important to the SAs. Participant 1 said the following in response to the transition to university life as an SA:

> But on the stress and time management part, that was really difficult to get used to because in high school you go and you’re like in classes for 7 hours a day and you see the same teachers every single day and all of that. Then you come to college and you see a couple of your professors twice a week and so it was just really different with that and the stress of it.

Transitioning to college was difficult for many of the participants interviewed and it seemed to negatively impact them. Another participant said,

> No, it was definitely a huge change. My study habits in high school were not existent, it was just like high school was just easy. I took AP classes took AP tests didn’t even have to study... So coming here was a big wake up call. You’re in class for 50 minutes and then you have practice for 2 hours after and you’re not motivated because you’re not used to that structure. (Participant 4)

The transition to university was difficult for some SAs because high school had a certain structure to it and was academically easier than the expectations of college level courses.

**Jags Strong**

Participants were specifically asked about their goals for the Jags Strong group and these were compared to the SAs’ identification of the most and least helpful aspects
of the group from the post-interview. The major goals for the Jags Strong meetings were to develop a support system and to learn new coping skills.

**Develop support system.** A subtheme that was evident was SAs’ desire to develop a support system. This was not only a support system for themselves but also offering support to others. A goal for many of the SAs was to get to know other SAs outside of their team they could count on during difficult times and to be that person for other student athletes when needed. Participant 1 said, “My main goal would get to know everybody on a more emotional level.” This SA continued to speak about how people go through similar difficulties at various times in their life and can offer support to one another due to their common difficulties. It seemed SA participants recognized the importance of this kind of group as they identified the goal of wanting others to benefit from the Jags Strong meetings.

The SAs felt like they could also benefit from a support system in times of need. Participant 7 mentioned,

Honestly especially more than anything a support system. Because obviously I’m not in the place I was before, but it would have been nice to have some support system like this… its hard being a student athlete sometimes and people don’t really understand it, but it’s pretty mentally taxing.

Creating support systems for others and for themselves was a goal all nine participants mentioned. Realizing that many of their experiences were shared and developing a support system were listed as two ways a group such as Jags Strong could be helpful.

**Coping skills.** Some individuals identified gaining new ways to cope with difficult situations as one of their goals for the Jags Strong meetings. The SAs mentioned
gaining new coping mechanisms as something they hoped to gain. One SA said, “My goals for the Jags Strong sessions are to find new ways to cope with stuff” (Participant 4) and Participant 2 said, “I definitely want to hear other people’s experiences about how they cope with things.” Student athletes mentioned they would like to build skills in stress management and mental toughness. Participant 9 related this goal back to her sport by noting, “I’d say continue to improve my mental game… So I would say being able to take what I learn in Jags Strong and take it to the field and to practice and not just leave it in that classroom.”

A specific coping skill the SAs mentioned was managing stress. Participant 4 said,

I mean sometimes I get a little more stressed than I should so I think for like the Jags Strong sessions I would want to figure out how to not feel so stressed in day-to-day stuff and it just like, it’s cool like if you don’t succeed everyday just like find small takeaways which I think I’m trying to do on my own but I think Jags Strong sessions will push me in that direction.

Another SA said, “Getting and learning new ways to deal with problems…. So, I want to learn some mental ways to deal with stress” (Participant 8). Finding ways to effectively manage stress and understand that even if they were feeling stressed they could still be successful was a goal for the SAs interviewed.

Post-Interview Themes

After the Jags Strong meetings concluded, I met with the same SAs to gain an understanding of their coping skills, their connection to both other SAs as well as non-SAs, and perceptions of the Jags Strong meetings. Figure 14 outlines the themes and
subthemes from the post-intervention interviews. Many of the same themes emerged such as coping skills and faith, social support, transitions, and Jags Strong. However, at the post-interview, new subthemes emerged. The subthemes in normal font emerged at both the pre- and post-interviews. The themes in bold lettering emerged only during the post-interview. If certain subthemes were not mentioned again from the pre-interview, they were omitted (e.g., homesickness, past support).

<table>
<thead>
<tr>
<th>Coping Skills/Faith</th>
<th>Social Support</th>
<th>Transitions</th>
<th>Jags Strong</th>
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<td>• Connection to SAs</td>
<td>• Graduation</td>
<td>• Most Helpful</td>
</tr>
<tr>
<td>• Focus on other tasks</td>
<td>• Teammates</td>
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<td></td>
<td>• Connection to non-SAs</td>
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<td>• Reliance on family</td>
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Figure 14. Post-Jags Strong interview themes.

Coping Skills and Faith

As might be expected at the post-intervention interview, SAs mentioned the importance of religion as a way of coping. Additionally, they mentioned focusing on
something else in their lives, especially something over which they believed they had control. Two new themes emerged at this second interview including a kind of cathartic coping (e.g., crying) as well as engaging in self-care (e.g., proactive efforts, sleeping).

**Religion.** One of the subthemes, reliance on religion, was a common theme among many of the SAs. One SA said, “I deal with it through prayer. I pray a lot about my stress” (Participant 9). Another SA mentioned, “I just talk about it with God” (Participant 7). The SAs believed that having the ability to rely on something larger than themselves allowed them to handle their stress more effectively. This subtheme was common between pre- and post-interviews.

**Focusing on other tasks.** In the pre-interview, SAs mentioned focusing on some other aspect of their lives (e.g., school), especially when they were not performing as well in their sport. During the post-interview, there was a similar type of shifting of focus but SAs also added they would focus on something they could control. Participant 6 said, “I just try to focus on what I can control.” Another SA said, "I just handle things as they come” (Participant 8). Therefore, finding what could be controlled at the time and focusing on that was helpful for many SAs. This focus allowed them to be more present in their daily lives and not become overwhelmed as easily with other aspects of life they perceived as uncontrollable. This theme seemed similar to an earlier theme of focusing on something other than their sport but, in this case, they voiced an understanding that having a sense of control was important.

**Self-care.** Self-care was a subtheme mentioned solely in the post-interviews. Many SAs reported needing time away from their sport as a method of self-care. Participant 7 said, “I have taken myself out on dates and left my phone at home, I’ll do
that occasionally. Just forget about things and relax.” Spending time away from their sport and others connected to their sport seemed to be helpful for the SAs interviewed. One SA said, “I like to just get time for myself” (Participant 2). It was unclear why the theme of self-care did not come up in the pre-interviews as it seemed likely this was a strategy previously being used. There was a possibility the SAs were unaware of the ways in which they were taking care of themselves and in the post-interviews, they were more aware of their self-care regimes.

Sleeping was another form of self-care some SAs reported. Participant 8 mentioned, “I like to nap. Sleeping helps me. Yesterday I took a 4-hour nap, then woke up and took a 2-hour nap, and went back to bed.” Another SA said, “Sleeping, definitely. Big nap taker. There have been times that I go into a nap stressed and wake up like the whole world has been lifted off my shoulders” (Participant 6). This form of self-care allowed SAs to take time to let go of everything else going on in their life while sleeping.

**Catharsis.** Crying was a coping skill some SAs reported. Participant 4 reported, “I just need a good crying session, that always helps.” While crying seemed to give many of the SAs a sense of calm, these strategies were sometimes considered avoidant because it did not solve the problem. Participants might have felt more comfortable discussing coping strategies perceived as healthy (e.g., focusing on studies) as well as those that might make them seem more vulnerable (e.g., crying).

Cathartic responses as well as self-care were new ways of coping that SAs reported in the post-interviews. As noted, although they were not mentioned in the pre-interviews, it was not clear whether participants were not using them, did not view them as coping strategies, or were not comfortable talking about them. It seemed likely they
would have used some of these strategies prior to the group. It was interesting that SAs reported engaging in planned actions to prevent being overwhelmed by stress (e.g., taking oneself out on a “date” and sleep).

**Social Support**

Themes regarding social support were largely the same from pre- to post-Jags Strong interviews except the SAs viewed themselves as having greater connections to others. With regard to their connections to non-SAs, they reportedly developed new relationships with non-SAs but also continued to feel the lack of connection mentioned in the first interview. Similar to the pre-interviews, the SAs reported reliance on family and that injury negatively impacted their social support in the post-interviews.

**Connection to student athletes.** The SAs mentioned many similarities in the pre- and post-interviews with their connection to other SAs. Similar to the pre-interview, the SAs continued to endorse the importance of their involvement in religious and SAAC as a way of developing connections outside of their team. In the post-interviews, the SAs also continued to mention their main connection with other SAs as their relationship with their teammates. The theme that differed from the pre-interview to the post-interview was the SAs mentioned developing new connections outside of their team.

**Student athletes outside of team.** The SAs’ connection to other SAs through SAAC and religious organizations was a similarity between the pre- and post-interviews. Many SAs believed these connections allowed them to cope more effectively because they had a group of people to rely on outside of their teammates. One SA said, “Just taking that to the Athletes in Action guy. I talk to him and take things to him whenever I was going through that just being able to talk to him about it and he would put some
perspective in it for me” (Participant 3). The connections made in SAAC also allowed SAs to have a support network outside of their team. Participant 9 said, “I feel like being in SAAC and being on the board of SAAC has also, helped me branch out and meet new people throughout the department.” Having a group of people outside of their team allowed for the SAs to expand their networks beyond their teammates.

**New connections.** The SAs reported they developed new connections outside of their team in the post-Jags Strong interviews. This could be due to many reasons including social interaction Jags Strong provided. Participant 6 said, I would say there’s a few athletes that I would see in the hallway and just say hi and not really know them personally but as the weeks went on throughout the semester I’m getting to know them a little more personally, it’s create more connections outside of just my team. And just having another friend to go to if you need it.

Creating relationships outside of their own team was a way in which many SAs developed new social outlets. This theme differed from the pre-interviews, which could be due to many reasons. The SAs might have realized the importance of having a network outside of their teammates they could rely on as well as the social outlets created by Jags Strong.

**Injury.** In the pre- and post-Jags Strong interviews, the SAs reported that injury affected their social support. In both the pre- and post-interviews, SAs described feeling supported right after they were injured but as time went on, they experienced a decrease in that support. The SAs reported their teammates and coaches were very supportive for a while but then that support decreased and they became more isolated from their team.
Injury greatly impacted feelings of connection with teammates with both more connection as well as feelings of isolation. Participant 1 mentioned, "But, I definitely talk to my teammates about it because I feel like through injury and what not they know that and through stress they have the same practice with me and the stresses I have and I talk to them a lot and we just try to keep our minds off of it."

Another SA said, “Coming out of surgery. Just with everybody on the football team and coaches and staff, friends, and family understood my pain and helped to keep me afloat” (Participant 8). Some SAs felt more isolated from their teammates post-injury. When asked if the support continued, he said, “People are still here for me, people I can go to, the people that were there after surgery. But it’s not like, active, people don’t just reach out, but I don’t expect them too” (Participant 8). Participant 7 referenced his girlfriend’s support as important by noting, “And it’s nice to have that because I’ve always had people being like, you’ve had this injury now let’s work through it, let’s go, let’s go. And it’s nice having someone, that can help to take a step back.”

**Connection to non-student athletes.** In the post-interviews, some of the participants had additional connections to non-SAs not mentioned in the pre-interviews. The main subthemes derived from the post-interviews were that they could describe specific ways they were attempting to connect with their SA and non-SA peers. One subtheme remained the same in the post-intervention interviews--some disconnection between SAs and non-SAs due to scheduling differences and some continued misunderstandings of one another. Additionally, the perceptions of injury and how it
could create isolation was the same although one participant had found a way to
overcome this barrier to being a part of the team.

One theme was new in the post-interviews--the SAs felt more comfortable
developing new friendships and connections outside of athletics and their relationships
with non-SAs had been enhanced. Participant 4 said,

I think all of my relationships have enhanced. Before I’ve had a lot of
relationships that were just on the surface with students from classes and I have
been meeting with students outside of class who aren’t athletes just because we
aren’t so stressed and now that we’re 21 we’re like “Let’s go get a beer,” you
know let’s get something to just let us get through this.

Another SA said, “I can feel somewhat normal with other students and feel like I
don’t have to prove anything or pretend to be someone I’m not” (Participant 6). The SAs
reported more connection and more willingness to connect with non-SAs because they
believed they could find more in common and be themselves.

At post-interviews, some SAs described relying on their non-SA roommates to
take a break from their busy lives. Participant 7 mentioned, “I also do cheese and wine
nights with my roommates occasionally and stuff like that so, those are the best or go get
margs at Rio.” They also relied on their roommates as a place to receive support.
Another SA said, “I think the time I felt most supported was by my roommates”
(Participant 4). Finding connections with others who were not SAs seemed important
and some found those connections with their non-SA roommates. It was unknown
whether this reliance on roommates was new or whether participation helped participants
see their relationships through a broader lens.
**Lack of connection.** Conversely, the differences between SAs and non-SAs remained a consistent subtheme for some. Student athletes felt some disconnection with non-SAs due to differences in their daily lives. Participant 8 said, “Yeah I would say they don’t get the pressure, they’ve never had that in college. So, for them it’s just, let’s just hang out and have fun.” Another SA said,

As a student athlete, you go through certain things and your lifestyle is completely different than a normal student…the demands of our practicing schedules, our traveling schedules, you know separate individual meetings with coaches. I guess it is just easier to relate on those things, talk about those things, and experience those things with people who are doing those exact things. (Participant 9)

Due to perceived differences, there were still some disconnection between the participants and their non-SA peers in the post-interviews. One SA mentioned she had a good friend outside of athletics although her friend played volleyball at another university before coming to GCU. Therefore, she said, “I’ve gotten close to one girl that is a non-athlete; she used to play so she knows the struggle” (Participant 7). Developing connections with non-SAs remained difficult for some SAs due to their many time demands and perceived differences. Some SAs reported other examples of connecting with non-SAs in the post-interviews although some of these connections might have existed previously (e.g., roommates).

It was unclear why the SAs believed their relationships with non-SAs were enhanced throughout the time of the Jags Strong group. Many possibilities included the information shared during the Jags Strong meetings, especially the meeting on developing healthy relationships. This could also be due to the confidence the SAs
believed they had gained throughout their participation in the Jags Strong meetings. The understanding that SAs still experienced difficulty in forming friendships with non-SAs suggested this might be an area of focus when developing programming for SAs.

**Reliance on family.** Reliance on family was a subtheme mentioned during both interviews. The SAs reported relying on their family for support and as a way to gain perspective since their family members were not in their sport. In the post-interviews, one SA mentioned, “I call my mom and she’s like, calm down you’re fine” (Participant 1). Participant 9 said, “Using…my family members at home being able to just talk to them, and receive encouragement from them.” Calling upon family members was important to SAs and they relied heavily on their families for perspective and support.

Student athletes reported finding support from various groups of people including other SAs, non-SAs, and family. In the post-interviews, SAs were able to provide examples of increasing and deepening their social support networks with both SAs and non-SAs. Still, they also noted they experienced a sense of isolation when injured and had trouble pursuing relationships with non-SAs.

**Transitions**

Themes related to transition were present in both interviews although the specific subthemes changed at the post-interviews. In the pre-interviews, the subthemes were homesickness and looking back to their high school years. In the post-intervention interviews, the SAs reported subthemes focused on graduation and transitioning from their sport.

**Graduation.** With graduation looming for six of the SAs interviewed, this was a relevant issue. The SAs expressed readiness and confidence for the transition only in the
post-interviews. Participant 5 said, “I feel confident and I’ve been applying for so long my name is circulating and I have a faith in God so I know I’ll end up where I’m supposed to be.” Another SA said, “It’s kind of nice that I’m getting out of the program at the time that I am” (Participant 7). She was referencing the upcoming transition in her sport and was feeling good about leaving before the transition happened. Overall, the SAs were excited about the opportunities and changes coming in their lives even though it meant they would be leaving their sport and their days as a SA behind.

**Post-injury adaptation.** Another subtheme that differed from pre- to post-interviews was the difference in the SA’s role on the team post-injury. Participant 8, who had a season ending injury, was able to create another role on the team and offer social support to others:

> I feel like I am a leader on the team and I feel like we have a closer bond than if I was just a regular student on the team…. I’m definitely trying to improve relationships and be that leader on the team, getting into people’s lives and asking if they are okay, not just “what’s up?” Definitely trying to get into the more personal relationship with my other teammates.

This individual seemed to be able to use his new role to contribute to his team in a different way than when he was playing. Overall, being injured had the potential to lead to a new role and varying relationships with teammates.

**Jags Strong**

In the post-interviews, specific questions about the most and least helpful aspects of the Jags Strong group were asked. As this was a pilot program, it was important to explore whether SAs believed they had accomplished their goals for the Jags Strong
meetings. The SAs reported feeling supported as they had developed new connections within the group. The SAs also reported gaining confidence and developing coping skills as the most helpful aspects of the Jags Strong meetings. The SAs reported one of the least helpful aspects of the Jags Strong groups was the timing. Only one individual noted the group might not have been the right place to discuss her current challenges.

**Most helpful aspects of Jags Strong.** Participant 3 said,

I’d say the Jags strong meeting that we were at when we were talking about how to handle pressure and stuff. I just felt like the group cohesiveness there was super supportive and so I really felt like all those people in there were giving me advice that was going to help in my sport and my life.

Hearing others’ perspectives on events in one’s life allowed many SAs to feel they were not alone in their difficulties. The supports and perspectives offered in the Jags Strong meetings helped SAs feel supported and connected to their fellow SAs. Participant 4 related a time when she felt most supported:

It was after one of our Jags Strong meetings. We all just opened up really well, and then I mean I didn’t open up very well but afterwards just having a normal conversation and not having to like, worry about anything and it was just a new level of trust for those people that I just met.

The Jags Strong meetings created an environment for people to connect and encouraged them to feel comfortable continuing their conversations after the group was over. The focus on the present rather than the past as a time of feeling most supported seemed like an important shift. As time went on, the vulnerability in the small group allowed for the members of the group to share more and be more open with one another.
One SA said, “I like the small meetings because there’s more vulnerability” (Participant 8). Therefore, as time passed, more vulnerability and openness within the group setting allowed more SAs to open up about their difficulties.

One subtheme that emerged was SAs developed new connections within the group. Participant 8 mentioned,

Every time I went in there [Jags Strong] I met someone new, every time. And I grew my social network, people I would never hang out with…but now when I see them it’s not just a head nod. It’s like, hey, how are you doing. Like, I’ve been bonding with these people and it’s kind of nice.

The SAs gained confidence throughout the Jags Strong meetings. Participant 2 said,

I think I just got more confidence. Before it was like what I have to say is really dumb everyone in the class is way smarter than me. But one time no one was talking and is no one going to mention it? And as soon as I mentioned it like my teacher was like, I think she was happy that I participated and she was like, “What she mentioned” and I was like, I’m going to keep doing this.

To those outside athletics, SAs might be seen as confident individuals although this was not always the case. As noted in the example above, they might be less confident in some areas (e.g., academics). However, some SAs reported they had gained confidence, which allowed them to speak up in class as well as pursue friendships outside of their team.

**Least helpful aspects of Jags Strong meetings.** The least helpful aspect of the Jags Strong meetings was timing. A consistent theme across the interviews was the
Timing of the Jags Strong meetings was difficult. Timing was a constant issue for SAs as they were always restricted in terms of available time and finding common open blocks was difficult since no two teams had the same schedule. Therefore, timing was a constant battle for SAs either in their attendance at the meetings or feeling like they could take the time away from other important activities (e.g., studying).

One SA mentioned she did not want others to feel her problems were significant in comparison to their own problems:

Yeah I just didn’t feel like saying anything because I didn’t want people to feel that their problems were insignificant. So I just didn’t talk about mine because I feel that everyone’s problems no matter big or small are relevant, so it was just, we were going for two different reasons I felt like. I just didn’t like to talk just because that’s how I felt about it. But I think if I didn’t have bigger stuff going on it my life I would have seen it differently. (Participant 4)

This particular quote identified the importance of understanding group counseling might not meet the needs of all SAs who are experiencing more significant concerns and require a greater level of service.

Participant goals from the pre-interviews for the Jags Strong meetings were to increase their social network (by developing new connections and being a support to others) as well expanding their coping skills and mental strength. Based on the post-interviews, it appeared they had generally met these goals and experienced additional benefits. Some of the benefits the SAs did not anticipate were gained confidence, deeper connections with others, and the value of sharing with others. Difficulties reported were predictable and highlighted the ways in which group counseling could only reach so
many difficulties without any other mental health intervention. The timing concern was one that was considered when developing the Jags Strong meetings and one that was and will always be a concern for SAs.

**Summary**

In summary, most SAs reported perceiving themselves as having a higher level of well-being at the end of the group. Many things that contributed to well-being included perceptions of being able to handle life’s stress (coping), having support from others, and generally believing everything would turn out for the best (hope). On the Journey to Wellness scale, SAs reported significantly higher levels of wellness on the post-intervention measure. Most of the SAs reported a greater quality in their connections to both SAs and non-SAs but the actual number of interactions seemed to be fairly variable. As expected, most participants reported more contacts with SAs and the quality of those interactions was greater than with non-SAs, although the differences were not significant based on bi-monthly check-in data. However, some participants did support the visual trends as indicated from their check-ins. At post-interviews, participants described having more connections with SAs and non-SAs. Additionally, participants described more coping strategies including preventive methods of self-care. They also described themselves as looking forward instead of back. Overall, participants described the group as a great way to connect with others, to feel supported, and to get to know other SAs outside their sports. As with many aspects of their lives, the timing of the groups was difficult; unfortunately, for one participant, her problems seemed too large to be something that could be addressed in this group format.
CHAPTER V

DISCUSSION

Student athletes are a unique subpopulation within a college campus who experience all of the typical challenges and stressors of non-athlete students but who also have the extra pressure that comes with participating at the highest levels in their chosen sport. These heightened expectations and demands on their time can contribute to significant concerns with their overall wellness. In Chapter I, I spoke about a particular young athlete, Maddy, who had significant mental health concerns not recognized by her parents, teammates, or friends. Similar to many SAs, Maddy’s life looked “perfect,” yet she committed suicide during her first year of college. Unfortunately, many athletic departments might not be prepared to recognize when SAs are struggling or support their emotional well-being. Instead, the focus has been on athletic performance and maintaining academic eligibility. Many SAs might struggle to balance the strenuous nature of the collegiate environment as well as the heightened expectations around their athletic performance. With this study, I wanted to explore the potential benefits of a psychoeducational group for SAs to better understand how this type of program affected their coping skills, social support network, and their overall sense of wellness.

The purpose of this mixed methods study was to explore the effectiveness of psychoeducational group therapy for SAs. My goal in completing this study was to determine whether SAs who participated in the group rated themselves as having a
greater perceived level of wellness. Through more qualitative techniques, I wanted to learn more about how they viewed their own growth or changes in the areas of coping and social support. The broad goal was to learn whether a psychoeducational-type group could increase perceptions of wellness in SAs and help them cope with their stressful lives. Overall, the athletes reported a greater level of wellness at the end of group, they reported increased quality in their interactions with both SAs and non-SAs, and the reported using a broader range of coping skills. The specific findings as related to each research question is presented below although the order has been changed slightly. Because wellness includes many different aspects of functioning, consideration of social connectedness and coping are included in perceptions of well-being. The response to that research question appears later in the discussion.

Changes in Social Connectedness

Social connectedness has been defined as the quality of connections one has with other people (e.g., family, friends, and acquaintances). Social support was defined by Yang et al. (2010) as “the number of quality individuals on whom a person can rely during periods of stress” (p. 372). While social connection and social support have differing definitions, the concept of being connected to others is important in the idea that one will have someone to rely on or call upon during difficulties in life. The following research question was answered using bi-monthly check-ins and the pre- and post-interviews.

Q2 How do the participants perceive their social connectedness to their fellow SAs and to the rest of campus throughout the intervention (as measured by bi-monthly probes)?
As reported by the bi-monthly check-ins, SAs who participated in the Jags Strong intervention reported high levels of social connectedness with other SAs. The SAs’ individual responses to the bi-monthly check-ins were variable; however, there was a trend toward more contact with SAs over non-SAs but this difference was not significant. Additionally, there was a slight increase in the number of interactions with a trend toward increased interactions with both SAs and non-SAs amongst most of the participants. As measured by the bi-monthly check-ins, the quality of support from both SAs and non-SAs also increased although this difference was not significant.

It is possible the subsample was too small to derive a statistical difference, especially given the variability between the bi-monthly probes. During the interviews, the majority of SAs reported more interaction with both SAs and non-SAs when compared with the pre- and post-interviews. Similarly, between the pre- and post-interviews, a few SAs continued to feel some disconnection with non-SAs. They felt more connection with other SAs and could describe specific ways they relied on non-SA friends such as their roommates. This social connection is consistent with increased wellness (Hardy et al., 1991; Jenkins et al., 2013; Repper & Carter, 2011). Repper and Carter (2011) found the typical support system for SAs consisted of their teammates. The present study supported those findings as the SAs in this study reported the majority of their connection was with their teammates, followed by other SAs. During the course of the group, some participants indicated a trend toward more connections with non-SAs while others showed decreases or no change in these types of relationships. Participation in the group identified this forum as an important way for connecting with one’s peers. They were also able to provide specific examples or actions they had taken to build these
connections (e.g., trying to go beyond just greeting someone but instead inviting that person out or having a conversation; creating a regular social date with roommates). Student athletes might get caught up in their daily schedules and be reluctant to reach out to others because of scheduling difficulties or perceived misunderstandings. Yet, increasing their social networks might be important to maintaining their perspective, for self-care and stress management, and shaping a more well-rounded identity.

The SAs reported some feelings of isolation, especially when they were injured. Social support networks are negatively affected by injury because an SA is not able to engage in all of the activities with his/her team. These findings were consistent with others who found SAs reported isolation when injured (e.g., Granito, 2001, 2002; Repper & Carter, 2011). Repper and Carter (2011) found that when SAs were not performing well, they might also feel isolated from their teammates and the social support they received from their teammates was conditional. When injured, SAs were not able to participate in the same ways they had pre-injury and even when they tried, they found themselves feeling like outsiders. On a positive note, after participating in Jags Strong, one SA who had experienced very serious injuries reported finding different ways of being a member of the team by changing the role. Another SA with a career-ending injury had moved toward developing more connections with his peers within his major program although he remained connected to his team as well. However, he seemed to have shifted his identity from athlete to student. These two examples provided instances of another important aspect of wellness--the ability to adapt to difficult circumstances.

Social support impacts overall wellness, coping skills, and mental health (Thoits, 2011). The results of this study supported the use of a program such as Jags Strong as a
strategy for helping SAs build social support beyond their teammates and increase the depth of those interactions. Student athletes did indicate some efforts to increase their friendships with non-SAs but it was clear the disconnect between SAs and non-SAs remained. Busy schedules, lack of common interests, and, in some cases, feeling misunderstood all seemed to serve as barriers to friendships with non-SAs. This finding was consistent with those of Repper and Carter (2011) who hypothesized that social support is typically created by those who have similar pressures and social emotional concerns. It is possible that through the group process and the reactions they received from other group members, some participants became more open to seeking friendships with others outside their team.

**Coping Skills**

Coping allows one to meet the demands of stressful events in one’s life (Wenzel, 2017). One of the goals of the Jags Strong group was to help SAs develop additional coping skills to manage their stressful lives. The second Jags Strong session focused specifically on stress management and relaxation. Student athletes were asked about their coping skills at the beginning and end of group to better understand how these might have changed over the course of the Jags Strong group. To answer the third research question, themes and subthemes from the pre- and post-Jags Strong semi-structured interviews were analyzed.

Q3 How do participants describe their ability to cope with future life events from before, throughout, and after the intervention?

During the first interviews, SA participants reported engaging in religious practices (e.g., prayer, attending Bible study) as one of their main coping strategies. This finding was similar to that of Granito et al. (1995) as the SAs in their study indicated they
enjoyed being heard by a group of like-minded people. Attending Bible study allowed SAs to connect with a group of individuals who they knew shared similar beliefs. The focus on prayer and belief in a higher power was a consistent theme for some of the SAs. It also provided another way to meet SAs from other sports so they were also building stronger social connections.

Student athletes generally described action-oriented ways for coping with their problems when focused on putting their energy into another area such as their studies when they were experiencing challenges with their athletic performance. At post-intervention, SAs expanded a bit and listed self-care strategies that provided more of a preventive element (e.g., having a planned night to oneself, allowing extra opportunities for sleep). They still had coping skills that allowed them to focus on other aspects of their lives but included the idea of engaging in activities where they would have some control. A few SAs mentioned the importance of catharsis (e.g., crying), which might suggest they were more comfortable and willing to share strategies they used that might make them seem more vulnerable.

The results of the current study suggested that after participating in a psychoeducational group, SAs were able to share more ways of coping with their stress and possibly incorporate more of a self-care element. It is possible the SAs were using the same coping skills prior to the group but perhaps became more aware of how these strategies could be considered ways of coping. Along with these coping skills was an increase in social connection previous research indicated was key to coping with difficulties in life (Folkman, 2013). Much of the previous research on coping skills has focused on how social networks impact one’s ability to cope with various life difficulties.
Group counseling was viewed as a potential means of expanding and improving coping skills and strengthening social networks. Parcover et al. (2006) believed group counseling would be helpful for college students who had similar presenting concerns as it helped them build their social networks and increase their coping skills.

Changes in Overall Wellness

The goal of this question was to understand whether there were differences in SAs’ perceived wellness from the beginning to the end of the intervention group, Jags Strong. Wellness was defined as having the ability to keep oneself healthy including taking preventive measures to better one’s overall health (Kirkland, 2014).

Q1 Is there a significant difference in student athletes’ ratings of wellness (as measured by the Journey to Wellness) at pre- and post-group participation?

The results indicated SAs who participated in three or more Jags Strong meetings endorsed significantly higher levels of wellness when compared to their pre-Jags Strong wellness scores. Although there was a large effect size (0.95), the actual scores on the Journey to Wellness Scale increased by less than 10%. Student athletes had to participate in at least 60% of the sessions to be included in the study and there might have been a larger pre- and post-outcome had the SAs participated in all of the groups. The mixed methods procedure allowed for a more in-depth view of the constructs of wellness and helped to gain an understanding of which components of wellness were changed.

As noted, not a lot of research has focused on SA well-being. However, an earlier work by Beauchemin (2014) indicated an outreach model for teaching SAs about wellness, including information about sports psychology and self-care, increased awareness of mental health supports. Rather than specific outcomes measured through
surveys, these results were based on the themes that emerged. In addition to rating themselves higher on a measure of wellness, participants were able to provide examples of greater wellness (e.g., deeper interactions with peers, feeling connected during group, using more preventive strategies to maintain lower levels of stress). These indicators seemed to suggest an intervention such as psychoeducational group counseling could have an impact on the behaviors of SAs and encourage them to engage in activities to enhance their overall well-being

**Indicators of Wellness**

Although the JWS provided an overall measure of wellness, qualitative methods were used to better understand what aspects of a SA’s life seemed to correspond with that perception of wellness. There was no all-encompassing theme of wellness; instead, some subthemes could be considered components of wellness including coping skills and social connection. I conceptualized wellness using the definition by Kirkland (2014) in which taking measures to keep oneself healthy suggested many aspects might contribute to wellness. The following research question was answered using themes primarily from the post-interview.

**Q4** How do the participants describe their overall well-being from before, throughout, and after the intervention?

During the first interview, SAs focused on difficulties experienced with transitions by noting greater levels of stress and expectation, homesickness, and looking backwards. Although there was no specific group topic on transition or preparing for the future, the post-interviews seemed to suggest a shift. Some SAs reported looking forward to graduation and the next steps in their lives. They reported having new ways of coping with transition and the ability to adapt to new roles if necessary. This finding
was consistent with previous literature that indicated positive adaptation to changes was important to overall wellness (Zeidner, Matthews, & Shemesh, 2016). As a part of this forward-looking perspective, SAs seemed to have gained more confidence. They talked about their abilities to speak in class, which were not previously reported, as well as their reportedly new-found ability to start conversations in the hall with new people. The SAs reported finding themselves feeling confident with these interactions instead of feeling timid. As noted in previous sections, the results seemed to indicate this psychoeducational group helped SAs increase perceptions of both social connection and taking preventative measures for their overall wellness, (i.e., self-care).

At post-interview, some SAs reported proactive behaviors, not just to make themselves feel better but to prevent themselves from becoming overly stressed. Some of these actions occurred in the context of their injuries. Huysmans and Clement (2017) found expressing self-compassion during injury positively impacted overall wellness. This was somewhat similar to the present study in that the SAs reported using strategies to give themselves time alone or with people close to them as well as allowing themselves the time to be sad and cry. The SAs in this study reported the use of self-care and how that helped them cope with difficulty including injury.

From previous studies, it was apparent social support impacted overall wellness (Thoits, 2011). The SAs not only increased their social networks with SAs but also increased their connections with non-SAs, which indicated the SAs felt having social connection outside of their team was important to them. This study indicated that SAs connecting with non-SAs could benefit their overall well-being.
**Jags Strong**

Finally, an overarching goal of this study was to understand the most and least helpful aspects of this specific group. Since this was a pilot study, it was important to obtain participants’ perceptions of the group. To answer the fifth research question, themes and subthemes for pre- and post-intervention interviews as related to the Jags Strong meetings were analyzed.

Q5  What did the participants perceive as the most and least helpful elements of the psychoeducational group?

Participant goals for the Jags Strong meetings were to increase coping skills, expand their support system, and provide support to others. At the post-intervention interviews, SAs reported the most helpful aspect of the Jags Strong groups was feeling closer to the group members and this helped to increase their social support network. Because of the small group, they believed they were able to share more openly, they learned others had some of the same struggles, and they were able to show vulnerability. Although these aspects were not considered their goals, it was possible that through these experiences they tried to deepen their connection with others and get to know others beyond their teammates.

The SAs interviewed mentioned they enjoyed seeing others around them in a more vulnerable light because they did not get to see that side of many SAs outside of their team. The SAs also reported enjoying sharing their difficulties and being heard by others. At the start of the group, some SAs mentioned their goal for attending group was to support others. This theme was not mentioned again at the post-interviews; all but one individual seemed to embrace the chance to share and be supported as much as they wanted to listen to and support others.
It is also possible at the pre-interviews SAs might have felt uncomfortable endorsing the idea they needed support and instead focused on the ways they could support others as a reason to be involved in group. Yet, at the end, the SAs mentioned their feelings of support and connection within the meetings as some of their favorite aspects of the group. Many SAs spoke about new relationships formed within the group setting and how that might not only help them now but also during future difficulties. They also described being able to connect with other athletes on a deeper level than they had been able to without the group setting. These themes suggested the goals SAs had for the Jags Strong meetings were met and they seemed to gain more from the meetings than they anticipated. The SAs were also possibly more willing and able to communicate about their coping skills and ways in which they were engaging in self-care in the post interviews.

The findings about the most helpful aspects of the group indicated many similarities to previous studies about group counseling such as increased social support and that many unexpected changes might occur due to the nature of the group (Galli & Reel, 2012). The largest unexpected change was many of the SAs reported enhanced relationships with non-SAs and a better quality of interaction. Although participants were asked about these interactions, they were not a specific focus of any of the groups; it was only at the last group that participants were introduced to the idea of healthy relationships, which might have touched on this topic. However, for some the trend toward more interactions with non-SAs was apparent from the first group forward.

The SAs described two aspects of the group that were least helpful and made the group difficult. The timing of the group was not convenient. As had been noted
elsewhere, SA schedules are extremely structured and finding time to attend a 1.5 hour group was difficult. Additionally, as might be expected, it was not possible for the group to meet the needs of all members. One SA reported her reluctance to share because by telling her story, she believed it might be perceived as her causing others to feel as though their problems were insignificant in comparison. Psychoeducational groups might allow opportunities for growth, support, and skill development for some SAs but might not be sufficient for those who had concerns that required more support than a group setting could provide.

Previous research suggested psychoeducational workshops help to decrease the barriers to SAs accessing mental health supports (Ackerman, 2011). Ackerman (2011) also found psychoeducational workshops decreased stigma about mental health concerns within the athletic department. Although this specific aspect of the group was not studied, it was noted that about 12 SAs attended the group regularly. Although this study did not look at increases in help-seeking behaviors directly, all participants interviewed reported they hoped the groups would continue into the next semester, suggesting these individuals saw value in this type of group and might be willing to continue attending.

**Implications**

The results of this study have several implications for enhancing student athlete overall wellness. Most importantly, it appeared a brief psychoeducational group was successful at enhancing perceptions of wellness among SAs. Although not all participants reported these gains, group members reported learning skills, connecting with others, adapting, and growing confidence as emerging themes after participating in group. Since previous research indicated overall health could have a positive impact on
performance (Watson & Kissinger, 2007), it is conceivable these types of group might have a more far-reaching impact.

This study implied SAs might benefit from learning additional coping strategies. During the pre-interviews, the SAs reported limited coping strategies but during the post-interviews, after instruction and practice with new coping strategies, the SAs were able to report the use of self-care as a preventative coping strategy. This could be done in many ways including incorporating a course during summer classes about different coping skills and understanding the differences between healthy and unhealthy coping skills. Goodman, Kashdan, Mallard, and Schumann (2014) found that using a five-week mindfulness intervention increased mindfulness, goal-direction, and less perceived stress. Introducing coping skills to SAs seemed to be a necessary step in allowing SAs to cope more effectively using healthy coping strategies as well as taking preventative measures for their overall wellness.

Student athletes wanted to connect with others but sometimes found this difficult to do with students other than their teammates. Some of the ways they were able to meet other SAs and connect around shared beliefs and values was through religion-oriented SA clubs. In some ways, these groups served different purposes, they helped SAs manage stress through prayer and spirituality, but they also helped them build friendships outside of their team. Another group mentioned were student leadership teams such as SAAC where SAs participated in leadership within the athletic department. Therefore, continuing to offer religious groups for SAs as well as SAAC seems like an important part of the supports athletic departments could offer. Increasing the awareness of these
groups for SAs could allow more SAs to connect to these groups and in turn connect to more SAs outside of their team.

Although SAAC, athletic leadership organizations, and athletic religious organizations have been longstanding institutions within athletic departments, they might only reach a small number of athletes. Continuing to offer these meetings but also increasing their visibility among athletic departments might make them more accessible to more SAs. The results of this study and previous research indicated social support increases coping mechanisms (Green & Weinberg, 2001; Hardy et al., 1991). Encouraging more interaction between different teams and interaction with the student body could allow SAs to have larger social support networks.

According to the buffering hypothesis and the diathesis stress model, individuals who have strong social support and adequate coping strategies might be able to reduce their experiences of stress and decrease the likelihood of negative outcomes. After the group, many of the participants indicated they were beginning to use some of these buffering elements (e.g., cultivating more quality social support, increasing their preventive self-care). According to the buffering hypothesis, those with strong social support networks experience less stress (Green & Weinberg, 2001; Hardy et al., 1991). Therefore, helping SAs build a broad network of social support is warranted. In addition to the strategies listed above, SAs might also be encouraged to seek roommates who are not also their teammates or to attend events not specific to student athletes (e.g., Bible studies that are offered to the broader campus).

Although it is possible the SAs did not share their more negative coping strategies, only one individual indicated using drugs and alcohol to cope. Instead, SAs
focused on religion and distraction (focusing on other aspects of their life). Having a broad repertoire of potential coping strategies might benefit SAs including those they use in a preventive manner (i.e., before they are overwhelmed by stress). Specifically, at the post-intervention interviews, some reported and gave examples of self-care. There are many ways to introduce ideas of self-care and coping into the busy schedule of an SA. For example, a unit on self-care and different ways of coping could be incorporated into a summer orientation class (Goodman et al., 2014). Introducing coping skills to SAs seems to be a necessary step in allowing them to manage the many demands of balancing their roles as students, athletes, and friends, as well as taking preventive measures for their overall wellness. Building partnerships with college counseling centers or private practitioners in town might enhance mental health programming available to SAs. Having a private practitioner might allow for SAs to feel as though their counseling relationship is completely confidential as the private practitioner would likely have no investment within the athletic department. Since a private practitioner would be completely outside of the institution, they might be able to have a more unbiased view and perspective for SA mental health. Having this type of support readily available might reduce the stigma, reduce logistical barriers around help-seeking behavior, and increase the chances those students with more severe needs would know where to turn.

Some SAs might have significant mental health concerns or life difficulties that are more pressing and serious than other SAs. Therefore, having a counselor or psychologist on staff within an athletic department might help student athletes who require greater levels of support (Sharp & Hodge, 2014; Zakrajsek, Martin, & Wrisberg, 2015). At times, the group setting might not be the best option given the presenting
concerns of some SAs. Although many SAs could be reached through this type of group programming, it might not be enough to help all students. It would be helpful to have a referral mechanism if it became apparent a student had more significant concerns. Having individual counseling available, preferably through the athletic department, to those SAs who have more intense presenting concerns would be an important aspect of offering support for overall wellness to SAs.

Time is always a concern for SAs as almost every minute of their days is scheduled for them. All SAs mentioned the timing of the group was a barrier to accessing the group as often as they would have liked. During any semester, it might be beneficial to offer the group at various times throughout the week in order to reach more SAs. The student athletes in this study indicated that if they had had options as to when to go to the group, they would have likely been more able to attend more sessions. Although this would be one option, it could be a disadvantage as the group is set up to build trust and connection between group members throughout the sessions and if SAs were dropping in on different groups each week the cohesion could be lost. Another option to assist with timing would be to build group attendance into the schedules of SAs (e.g., as part of their academic study time) and require that they attend groups at least one semester per year. Although this type of approach might increase attendance and outreach to all athletes, it could also reduce buy-in since it would be viewed as a requirement rather than a voluntary action.

Increasing SA connections within the college community and within the community, the university might be helpful in helping SAs develop more connections outside of the athletic department. This could include creating opportunities for SAs to
participate in local activities (i.e., reading programs at local schools). It might also benefit SAs if there was more opportunity to engage with non-SAs who might share similar academic schedule demands (i.e., music and theater students). Increasing opportunities to develop connections outside of the athletic department could assist SAs in creating large social networks.

Finally, increasing the emphasis on self-care, connectedness, and overall well-being within athletic departments might be a key component to supporting SAs. Creating a space for mental well-being within athletic departments is necessary when trying to improve recovery from injury and to prevent more serious mental health concerns. Creating times for mental wellness, just as there are times for other aspects of wellness within athletic departments (i.e., injury prevention and strength training), might be helpful in allowing SAs the time to work on their social emotional health. This idea might need to come from a top-down approach instead of a SA-led approach (i.e., come from the coaches and other athletic department staff).

Athletic programs are encouraged to support the health and well-being of student athletes by including the provision of a psychoeducational group on a regular basis. The NCAA (2016) has introduced initiatives to focus more on SA mental health and given the preliminary findings of this study, the psychoeducational group might present a promising avenue for encouraging programs to provide mental health support for their SAs. This type of group allows athletic departments a low-cost way to offer mental health support in an accessible format for both the SAs and the athletic department. As SAs are a population at risk for mental health concerns (e.g., NIMH, cited in Bader, 2014; Watson & Kissinger, 2007), a psychoeducational group model might be an
effective way of increasing wellness among SAs and could prove useful in increasing SA overall well-being.

**Limitations**

As with any research, there were various limitations to this pilot study including the measure used to assess overall wellness, the variability in responses on the bi-monthly check-ins, the relationship of the researcher to the athletic department, and the limited number of Jags Strong meetings. Even with these limitations, this preliminary exploration of group psychoeducation for SAs added to our knowledge of how to increase wellness among SAs.

The Journey to Wellness Scale, the measure of wellness, is currently still in development (Copeland & Nelson, 2004). Although this measure has many benefits, it has not been specifically normed or validated with a student athlete population. No standard scores were available for comparison so it was difficult to determine how SAs compared to broader groups. Therefore, there was no way to determine whether SAs had expected levels of wellness as only a comparison of their pre- and post-scores was available. However, with this sample, there was good internal reliability as measured by Cronbach’s alpha at pre-intervention (α = 0.904). A Cronbach’s alpha test retest reliability measure was also completed (α = 0.785), suggesting average reliability between the two administrations of the JWS.

Participant responses to the bi-monthly check-ins were variable among SAs. It is likely that rather than reflecting on the past two weeks, SAs might have just considered how they were feeling at the moment in relation to their peer relationships, which might have contributed to the large swings in their reported contacts and support. As a result, it
was difficult to draw any meaningful conclusions from the data set as a whole. Although it appeared from visual analysis that there were increases in both the number of interactions between SAs and non-SAs, it was difficult to determine if these differences reflected true increases in social support or were simply a reaction to the last group, which was focused on healthy relationships. Similarly, among the rankings of support from SAs and non-SAs, it seemed there were increases in the perception of support but it was difficult to know if those perceptions reflected actual changes. Although this information was useful in understanding how each individual SA interacted with SAs and non-SAs, the information was difficult to interpret from a group standpoint, limiting conclusions that could be drawn from the bi-monthly check-ins.

As a member of the athletic department at GCU for four years, the SAs who participated in the group knew me as a student leader within the department as well as the lead researcher in this study. There was a potential this knowledge led to social bias in their responses. For example, some SAs might have agreed to participate in the group but would have been less willing to do so with an unknown researcher. Further, they might have expressed positive change that did not actually occur in order to please the researcher.

The SAs who reported previous counseling might have started with higher wellness scores as reported on the JWS compared to SAs who had not received previous counseling. This was a limitation due to the unknown differences in wellness scores between those who had received counseling previously and those who did not report any previous counseling.
Selection bias was another limitation to this study. The student athletes who participated in this study volunteered from a group of SAs who had already chosen to be a part of the Jags Strong group. Due to the lack of randomization within this study, it is important to note the limitation in the selection of the participants due to the nature of the study.

The limited number of Jags Strong groups offered throughout the semester certainly could have minimized results. Ideally, more groups would have been offered to allow for other topics for psychoeducation and to give SAs more options for attendance. Due to the time constraints from the SAs and the facilitators of the group, only five groups were offered and SAs were only able to attend a fraction of them. The understanding that some SAs only attended three of the groups certainly could have minimized any effect experienced by group members. It is difficult to determine whether offering more groups would have allowed SAs to attend more sessions and if this would have increased their reported skills and connections. Unfortunately, attendance data were not collected directly and the researcher relied on SA self-report. Therefore, actual attendance data should be collected in future research to determine dosage effects.

**Future Research**

There are many potential areas for future research as related to the use of psychoeducational groups with SAs. Overall, this research established that using psychoeducational group therapy for SAs was an effective means of delivering services and it appeared to correspond with increased skills and behaviors associated with wellness. This method had many beneficial aspects including the social connection, psychoeducation, and group therapy. Both the qualitative themes and quantitative results
explained the benefits and downfalls to group therapy. One major flaw was the timing of this group; therefore, offering more groups per semester and more groups per week might be helpful in increasing attendance to the psychoeducational groups.

Additional research is needed in the area of measuring the changes from pre- to post-intervention. Research that investigates changes in specific types of wellness and coping skills could prove to be useful in increasing the knowledge base about the changes that occur during psychoeducational groups. Identifying specific mental health needs by administering a scale that identifies areas of concern and then targeting those areas of concern in psychoeducational group counseling and measuring specifically for the concerns targeted might also determine if psychoeducational group counseling could be used as a broad mental health treatment.

Another area of research would be to assign specific times for SAs to attend the psychoeducational group sessions and make them a requirement of their schedules. Beauchemin (2014) indicated psychoeducation as a requirement within an SA course was effective. Building off both the present study and previous literature, finding a medium between a course requirement and a scheduled time for wellness could be a helpful addition to the literature. As many other aspects of wellness are required (i.e., weight training), wellness training could also be a bi-weekly requirement.

Another area of future research would be to understand more about SAs’ previous counseling. This could be helpful to understand when the SAs had attended previous counseling and for what purpose. By understanding more about previous counseling, a researcher could identify areas that might have been worked on previously with another counselor and identify new areas of growth within the participants. Hunt and Eisenberg
(2010) explained that about 41% of non-SAs on college campuses reported help-seeking behavior. While the percentage of SAs who reported help-seeking behavior was unknown, it seemed to be lower than the general population. Therefore, understanding where the SAs who reported previous counseling received their services and for what reason might be helpful.

**Conclusion**

The findings of this mixed methods study suggested a promising avenue for supporting the social emotional well-being of student athletes. Results suggested psychoeducational group counseling impacted overall wellness in a positive direction as well as increased quality of support for most participants with both SAs and non-SAs. Participants were able to list more coping skills including those directed toward self-care after participating in Jags Strong. The SAs recognized they needed enhanced coping skills and wanted to increase their social support network prior to the intervention and after the intervention they had met these goals.

Enhancing mental health support for SAs by making them accessible, known, and at a manageable time would enhance the performance of SAs in many ways including athletically and academically. Creating an environment where mental health is given equal weight as physical health might help SAs prioritize self-care, reduce stigma associated with mental health, and create a strengthened network of SAs who are able to serve as support for one another. These types of initial steps are key to ensuring that athletes are performing at their highest level in all aspects of their lives.
REFERENCES


Davidson, J. (2016, November 30). *5 sports heroes explain how they calmed their nerves when the stakes were insanely high.* Retrieved from https://www.menshealth.com/trending-news/g19532989/how-professional-athletes-handle-pressure/


Galli, N., & Reel, J. J. (2012). ‘It was hard, but it was good’: A qualitative exploration of stress-related growth in Division I intercollegiate athletes. *Qualitative Research in Sport, Exercise and Health, 4*(3), 297-319.


APPENDIX A

CONSENT FORM FOR HUMAN PARTICIPANTS IN RESEARCH
CONSENT FORM FOR HUMAN PARTICIPANTS IN RESEARCH
UNIVERSITY OF NORTHERN COLORADO

Project Title: Psychoeducational Group Counseling for Student Athletes
Researcher: Katherine Tepper
Phone: 970-948-9873 Email: Katherine.tepper@unco.edu
Research Advisor: Robyn Hess, Ph.D., School Psychology
Email: Robyn.hess@unco.edu

Purpose and Description: The primary purpose of this study is to determine the effectiveness of psychoeducational group counseling with student athletes. There will be six sessions in the fall semester held on Tuesday evenings. This intervention will include 60 minutes of psychoeducation as well as 30 minutes of group counseling.

If you choose to participate you will be asked to fill out the Journey to Wellness (JWS) assessment during the first meeting of the Bears Strong. The first portion of the survey will ask you to describe basic demographic information, including age, sex, ethnicity, level of education, sport played, and student athlete identity. The second part will be the assessment that assesses overall wellness. This is anticipated to take 25 minutes.

For those who agree to participate in the other part of the study you will be asked to participate in a pre/post semi-structured interview. These interviews will be conducted in an office in the Student Athlete Academic Success Center in a closed office where the windows are blocked out. The pre-intervention semi-structured interview will ask questions about relationships, transitions, and overall goals for the psychoeducational group counseling. Throughout the intervention you will also be asked to respond bi-weekly to questions that will be answered in Qualtrics via a link from a text message or email depending upon the preference of the participant. The questions that will be asked will be about their connection to others and the quality of their social support. The bi-weekly check in’s are anticipated to take 5 minutes every other week.

The post intervention interview will occur after the psychoeducational group counseling sessions have concluded. These sessions will conclude near the end of school therefore if the you have left campus the post-intervention semi-structured interviews may have to occur via telephone. Both pre and post intervention interviews are anticipated to last one hour. If you are still on campus then the interviews will occur in the Student Athlete Academic Support Center in a closed office where the windows are blocked out. Some of the questions included in the post-intervention interview have information surrounding
their perception of how the group went, any feelings of cohesion and information about social support.

All of the participants in the group will also be asked if they would like to volunteer in a post-intervention JWS at the last meeting of the group counseling sessions. This is anticipated to take 20 minutes.

We judge that risks to participants are minimal. This study does not involve any painful or aversive stimulation, and the experimental situation is anticipated to evoke no more stress than what would be expected in daily life or routine psychological examinations. Participant behavior will be continually observed and monitored throughout the study to ensure that they are not experiencing any sort of physical or psychological stress. If a participant becomes distressed for any reason, they will be invited to discontinue participation in the study and depending on the clinical judgment of the lead psychologist may be referred to the University Counseling Center.

Due to the nature of the study the lead psychologist, Dr. Renee Gilkey, will also ensure that the participants are aware of the limits of confidentiality including the legal obligation to report suspected mistreatment of children and serious threats against self or others. There will also be continuous reminders to the other members of the group of the confidentiality of the group throughout the intervention.

Upon completion of the pre- and post-intervention JWS you will be given a ticket and entered into a drawing for a Fitbit activity tracker. If you complete both pre- and post-intervention JWS then you will have two entries into the drawing that will occur at the end of the Bears Strong meetings in the last meeting.

Participation is voluntary. You may decide not to participate in this study and if you begin participation you may still decide to stop and withdraw at any time. Your decision will be respected and will not result in loss of benefits to which you are otherwise entitled. Having read the above and having had an opportunity to ask any questions, please sign below if you would like to participate in this research. A copy of this form will be given to you to retain for future reference. If you have any concerns about your selection or treatment as a research participant, please contact Sherry May, IRB Administrator, Office of Sponsored Programs, Kepner Hall, University of Northern Colorado Greeley, CO 80639; 970-351-1910.

☐ Check this box if you volunteer to participate in the interview portion.
☐ Check this box if you volunteer to participate in the survey portion.
☐ Check this box if you volunteer to participate in both the survey and interview portion.

Subject’s Signature __________________________ Date ____________

Researcher’s Signature __________________________ Date ____________
APPENDIX B

STUDENT ATHLETE DEMOGRAPHIC INFORMATION QUESTIONNAIRE
Student Athlete Demographic Information Questionnaire

1. What is your birthday (MM/DD/YYYY)_________________________________

2. Sex (assigned at birth)
   a. Male
   b. Female

3. Gender
   a. Male
   b. Female
   c. Transgender
   d. Do not identify as male, female, or transgender

4. Ethnicity
   a. White
   b. Black or African American
   c. Hispanic/Latino
   d. Native Hawaiian or Other Pacific Islander
   e. Asian
   f. American Indian or Alaska Native
   g. Two or More Races
   h. I do not wish to disclose.

5. What sport do you play at GJU?_____________________________________

6. How many years have you been playing sports total at a competitive level (i.e.
   there was a selection process to be on the team)?
   a. Started playing competitively in elementary school
b. Started playing competitively in middle school

c. Started playing competitively in high school

7. How many years have you been playing sports at the Division I Level?________

8. Have you ever gone to individual or group counseling for a problem or concern (respond yes or no) in:

   a. my previous school setting (K-12) __________

   b. my community __________

   c. at the university __________

   d. Other ____________________

9. How would you rank your identity currently? Do you feel more like a student or an athlete?

   Student __________ 5 ________ Athlete 10

10. What year are you in college?

    a. Freshman

    b. Sophomore

    c. Junior

    d. Senior

11. What was your mother’s highest level of education?

    a. Some high school

    b. High School Diploma/GED

    c. Some college

    d. Bachelors Degree

    e. Graduate School or Higher
12. What was your father’s highest level of education?

a. Some high school

b. High School Diploma/GED

c. Some college

d. Bachelors Degree

e. Graduate School or Higher
APPENDIX C

THE JOURNEY TO WELLNESS SCALE
**JOURNEY TO WELLNESS SCALE (JWS)**

Please complete the items below to the best of your ability. Please take your time and answer honestly. There are no right or wrong answers. Select ONLY ONE to best describe how you see yourself today. Use the following rating:

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree OR A lot like me (4)</th>
<th>Agree OR Like Me (3)</th>
<th>Disagree OR Unlike Me (2)</th>
<th>Strongly Disagree OR Not Like Me (1)</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>I am open minded.</td>
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<td>2.</td>
<td>.After an event, I typically find ways to do better.</td>
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<td></td>
<td>1 2 3 4</td>
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<td>3.</td>
<td>If I can’t do something one-way, I’ll do it another way.</td>
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<td>1 2 3 4</td>
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<td>4.</td>
<td>It’s important to be flexible.</td>
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<td>1 2 3 4</td>
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<td>5.</td>
<td>I am prepared for change.</td>
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<td>1 2 3 4</td>
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<td>6.</td>
<td>I try to find new ways of looking at things.</td>
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<td>1 2 3 4</td>
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<td>7.</td>
<td>I am agreeable.</td>
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<td>1 2 3 4</td>
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<td>8.</td>
<td>I need to be perfect. (R)</td>
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<td>9.</td>
<td>I belong.</td>
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<td>10.</td>
<td>I am cared for and loved.</td>
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<td>11.</td>
<td>I feel like I belong at school.</td>
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<td>1 2 3 4</td>
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<td>12.</td>
<td>I do not get support from my friends and the community. (R)</td>
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<td>1 2 3 4</td>
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<td>13.</td>
<td>I am close to one or both of my parents.</td>
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<td>1 2 3 4</td>
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<td>14.</td>
<td>I feel supported and listened to in my life.</td>
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<td>15.</td>
<td>In my family, nobody listens to one another. (R)</td>
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<td>Statement</td>
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<td>16.</td>
<td>My friends are very supportive.</td>
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<td>17.</td>
<td>I blame other people for my problems. (R)</td>
<td>1  2  3  4</td>
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<td>18.</td>
<td>I care about my health.</td>
<td>1  2  3  4</td>
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<td>19.</td>
<td>I am dependable.</td>
<td>1  2  3  4</td>
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<td>20.</td>
<td>I exercise regularly.</td>
<td>1  2  3  4</td>
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<td>21.</td>
<td>I am responsible for my own actions.</td>
<td>1  2  3  4</td>
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<td>22.</td>
<td>I finish what I start.</td>
<td>1  2  3  4</td>
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<td>23.</td>
<td>The choices I make are thoughtful ones.</td>
<td>1  2  3  4</td>
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<td>24.</td>
<td>I can admit to mistakes I make.</td>
<td>1  2  3  4</td>
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<td>25.</td>
<td>I can stop myself when I am going to say something I will regret.</td>
<td>1  2  3  4</td>
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<td>26.</td>
<td>After leaving a heated argument, I can return and talk to the person I am mad at.</td>
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<td>27.</td>
<td>I can remove myself from a frustrating situation.</td>
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<td>28.</td>
<td>I value feedback from people about how I handle tense situations.</td>
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<td>29.</td>
<td>I don’t let little things upset me.</td>
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<td>30.</td>
<td>I feel in control of my emotions.</td>
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<td>31.</td>
<td>I get upset when others don’t see things my way. (R)</td>
<td>1  2  3  4</td>
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<td>32.</td>
<td>When I am angry or disappointed with someone I talk to them about it.</td>
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<td>33.</td>
<td>All people have value.</td>
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<td>34.</td>
<td>I am grateful for what I have.</td>
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<td>35.</td>
<td>I enjoy differences in people.</td>
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<td>36.</td>
<td>I can see things through other peoples’ eyes.</td>
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<td>37.</td>
<td>I cannot accept another’s point of view. (R)</td>
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<td>38.</td>
<td>I have concern for the welfare of others.</td>
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<td>39.</td>
<td>I stand up for people who cannot stand up for themselves.</td>
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<td>40.</td>
<td>It’s important to forgive each other.</td>
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<td>41.</td>
<td>I am not afraid to take a risk when it comes to starting a project.</td>
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<td>42.</td>
<td>I know what I want and how to get it.</td>
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<td>43.</td>
<td>I am not afraid to take a risk when it comes to starting a new project.</td>
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<td>44.</td>
<td>I set challenging goals.</td>
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<td>45.</td>
<td>I am passionate about what I do.</td>
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<td>46.</td>
<td>I am not easily discouraged from something I want.</td>
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<td>47.</td>
<td>I envision what I want, and make a plan on how to get it.</td>
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<td>48.</td>
<td>I have lots of ideas.</td>
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<td>49.</td>
<td>I know what I am good at and not good at.</td>
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<td>50.</td>
<td>I sense what to do next.</td>
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<td>51.</td>
<td>I have learned a great deal from past experiences.</td>
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<td>52.</td>
<td>I know what I am feeling at the moment.</td>
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<td>53.</td>
<td>I am aware of how I make other people feel.</td>
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<td>54.</td>
<td>Criticism is hard to take, but makes me stronger.</td>
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<td>55.</td>
<td>I lack confidence in my abilities.</td>
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<td>56.</td>
<td>I am realistic about what I can and cannot do.</td>
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<td>57.</td>
<td>My problems seem to be never ending. (R)</td>
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<td>58.</td>
<td>I often feel hopeless. (R)</td>
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<td>59.</td>
<td>I keep on trying, as I know I will get there.</td>
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<td>60.</td>
<td>I often think life is meaningless. (R)</td>
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<td>61.</td>
<td>I have hope for the future.</td>
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<td>62.</td>
<td>It's important to see the humor in things.</td>
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<td>63.</td>
<td>I have positive expectations of others.</td>
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<td>64.</td>
<td>I believe the world holds great promise.</td>
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<td>65.</td>
<td>I give up easily on difficult tasks. (R)</td>
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<td>66.</td>
<td>Sometimes it helps to have another’s opinion.</td>
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<td>67.</td>
<td>I take pride in my accomplishments.</td>
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<td>68.</td>
<td>Learning new things is fun.</td>
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<td>69.</td>
<td>I feel organized in most aspects of my school life.</td>
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<td>70.</td>
<td>I am confident and self-assured.</td>
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<td>71.</td>
<td>I find ways to accomplish difficult tasks.</td>
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<td>72</td>
<td>I really enjoy being into what I’m doing.</td>
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<td>73</td>
<td>I am respectful of others.</td>
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<td>74</td>
<td>I often sense what others are feeling.</td>
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<td>75</td>
<td>Listening is a very important skill.</td>
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<td>76</td>
<td>I enjoy participating in activities with others.</td>
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<td>77</td>
<td>I am easy to be with.</td>
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<td>78</td>
<td>I am not confortable sharing my feelings. (R)</td>
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<td>79</td>
<td>People say that I am thoughtful.</td>
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<td>80</td>
<td>I have meaningful relationships.</td>
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Note: R = item is reverse scored
APPENDIX D

LETTER OF PERMISSION TO USE THE JOURNEY TO WELLNESS
Katherine Tepper  
6911 W 3rd Street  
Greeley, CO 80634

AUGUST 29th 2017

Re: Request to use the JWS

Dear Katherine,

We received your request and we are granting you permission to use the Journey to Wellness scale (JWS) for your doctoral dissertation.

Please send us a copy of the IRB, once it is approved by the university. Upon completion of the data collection we will supply you with the algorithm to score the JWS scale.

We are also requesting that upon completion of your study you provide us with an executive summary of your study’s findings and the proper reference of your study in APA format.

In the meantime, the proper reference of the JWS is as follows:


Sincerely,

[Signature]

Achilles N. Bardos, Ph.D.  
CEO
APPENDIX E

SEMI-STRUCTURED PRE-INTERVENTION INTERVIEW
Semi-Structured Pre-Intervention Interview

1. Draw in your mind a time that you felt very comfortable and supported by those around you. Describe that time to me.

2. Describe your relationships with your fellow student athletes? How does that fit with your expectations?

3. Describe your relationships with other students at the university? Tell me about your current relationships with other individuals in your life who are not student athletes.

4. For many people transitioning to college is a big change. Tell me about the different ways you cope with stress and challenge.

5. As a student athlete, tell me about a time when you have been injured either emotionally or physically and found it hard to stay on the top of your game.

6. Describe your coping strategies? For example, go for a hike, work out, watch television, drink alcohol, or other strategies.

7. What are your goals for the group sessions?
APPENDIX F

SEMI-STRUCTURED POST-INTERVENTION INTERVIEW
Semi-Structured Post-Intervention Interview

1. Draw in your mind a time that you felt very comfortable and supported by those around you. Describe that time to me.

2. Describe your relationships with your fellow student athletes? How does that fit with your expectations?

3. Describe your relationships with other students at the university? Tell me about your current relationships with other individuals in your life who are not student athletes.

4. For many people transitioning to college is a big change. Tell me about the different ways you cope with stress and challenge.

5. As a student athlete, tell me about a time when you have been injured either emotionally or physically and found it hard to stay on the top of your game.

6. Describe your coping strategies? For example, go for a hike, work out, watch television, drink alcohol, or other strategies.

7. Explain how do you feel the group went? What were some of your favorite things about the group?

8. What did you think was most valuable/impactful for you?
APPENDIX G

BI-MONTHLY CHECK IN
Bi-Monthly Check-In
(Sent via Qualtrics)

Please answer the following questions to estimate the amount of social support you have received over the last two weeks. Provide the number of individuals 1-10 and rank the support 1 being least supportive and 10 being most supportive.

1. Please estimate the number of student athlete’s you have connected with in the last two weeks who provided support or friendship? 1-10

2. How would you rate the quality of that support? 1-10

3. Please estimate the number of non-student athlete individuals you have connected with in the past two weeks who provided support or friendship? 1-10

4. How would you rate the quality of that support? 1-10

5. What is your participant number?
APPENDIX H

INSTITUTIONAL REVIEW BOARD APPROVAL
DATE: September 11, 2017

TO: Katherine Tepper, B.A.
FROM: University of Northern Colorado (UNCO) IRB

PROJECT TITLE: [1121245-2] Psychoeducational Group Counseling for Division I Student Athletes

SUBMISSION TYPE: Amendment/Modification

ACTION: APPROVAL/VERIFICATION OF EXEMPT STATUS

DECISION DATE: September 8, 2017
EXPIRATION DATE: September 8, 2021

Thank you for your submission of Amendment/Modification materials for this project. The University of Northern Colorado (UNCO) IRB approves this project and verifies its status as EXEMPT according to federal IRB regulations.

Katherine -

Thank you for making the requested modifications to the consent form for this study. Please be sure to use this amended document in your participant recruitment and data collection.

Best wishes with this research and don’t hesitate to contact me with any IRB-related questions or concerns.

Sincerely,

Dr. Megan Stellino, UNC IRB Co-Chair

We will retain a copy of this correspondence within our records for a duration of 4 years.

If you have any questions, please contact Sherry May at 970-351-1910 or Sherry.May@unco.edu. Please include your project title and reference number in all correspondence with this committee.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within University of Northern Colorado (UNCO) IRB’s records.