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# Attitudes Toward Help-Seeking and Mental Health Among College Athletes: Impact of a Psycho- Educational Workshop

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Attitudes toward Help-Seeking and Mental Health among College Athletes:

Impact of a Psycho-educational Workshop

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of the Requirements for the Degree  
Doctor of Philosophy  
Seton Hall University

2011

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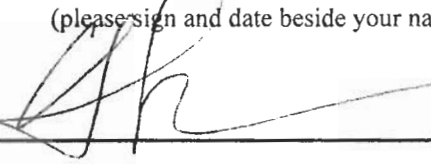
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## Abstract

In this study, I evaluated the impact of a psycho-educational workshop on college-athlete attitudes toward help-seeking, mental health and psychological services. Research has demonstrated that student-athletes who experience significant psychological distress do not seek professional psychological help due to a variety of barriers, including the stigma of mental health/illness, the closed culture of athletics, and time. In this paper, I identified the need for this type of intervention and review relevant and extant literature establishing a thorough understanding of the population, and this topic as it relates to student-athletes. Finally, I reviewed measures used to evaluate changes in attitudes toward help-seeking and toward psychological services. This review is followed by a description of the psycho-educational intervention and research methodology. The results showed that the psycho-educational workshop improved student-athlete attitudes toward help-seeking, mental health and professional psychological services. The psycho-educational workshop also decreased stigma around help-seeking and mental health services and professionals. Findings support continued implementation of a psycho-educational workshop aimed at mediating the aforementioned barriers, thereby creating a culture of student-athletes more open to seeking help for psychological distress.

*Keywords:* student-athlete, help-seeking, mental health, psycho-education

## Chapter I

### The Problem

#### Introduction

Research has shown that 10-15% of college athletes suffer from psychological problems that are severe enough to necessitate intervention (Gill, 2008; Hinkle, 1994; Watson & Kissinger, 2007; Wilson & Pritchard, 2005). Despite the presence of clinical symptoms, many student-athletes have a propensity to avoid utilization of available counseling services (Murray, 1997; Wilson & Pritchard). Failure to seek out mental health treatment when it could be helpful places student-athletes at risk for a host of problematic outcomes, including increased severity of psychological problems, poor academic and athletic performance, and reduced quality of interpersonal relationships.

The extant research examining factors involved in student-athlete help-seeking behaviors and attitudes toward help-seeking behavior has focused mainly on professional services provided by sport psychologists. Generally, student-athletes who utilize sport psychology services are focused on performance enhancing treatment or performance-related issues only (Cogan & Petrie, 1996; Maniar, Curry, Sommers-Flanagan & Walsh, 2001; Watson, 2005). “Sport and exercise psychology is described as the scientific study of people and their behaviors. This specifically relates to the context of sport and exercise activities, including practical application of interrelated knowledge” (Weinberg & Gould, 2003, p. 4). It is also defined as, “the study of psychological principles aimed at enhancing sport performance” (Anderson, 2000, p.xiii). The term “sport psychology” also encompasses any facet of psychology and sport involving “the psychological training, treatment, and care of athletes and coaches in and out of sport” (Anderson, 2000, p.xiii).

Traditional sport psychologists may lack the training to handle emotional difficulties experienced by student-athletes (Burke, 1989; Hinkle 1994). The term *sport psychologist* and the difference between sport psychologists, certified sport consultants and others practicing applied sport psychology will be discussed further in Chapter 2. It is necessary to investigate training backgrounds and work experience to establish the competencies of professionals claiming proficiency to work with student-athletes in a counseling capacity. While other studies have investigated population-specific barriers to help-seeking with mental health professionals (e.g., time; stigma), there is a paucity of research on student-athletes' help-seeking attitudes outside of sport psychology. Further, an extensive literature search failed to reveal any empirical investigations regarding interventions to change perceptions about mental health services with this population.

Therefore, the purpose of the present study is to examine the effect of a psycho-educational intervention aimed at improving attitudes toward mental health issues and mental health services. The workshop will address the term *mental illness*, which is a term used to indicate a psychological disorder. The term mental illness is less preferred now because it implies that the causes of the disorder can be found in a medical disease process (Durand & Barlow, 2006). The workshop will also address the spectrum of mental health concerns warranting seeking professional help, as well as the purpose, process and outcome of mental health services. Moreover, in this study I will seek to address factors, which may impact comfort with help-seeking among collegiate athletes. Finally, I will review how both the athletic and general campus climates, along with personal views of counseling, influence student-athletes' help-seeking attitudes and behaviors.

This chapter begins with a brief review of student-athletes; included in this review will be (a) help-seeking trends, (b) attitudes toward help-seeking trends, (c) the explicit needs of the collegiate student-athlete, and (d) the barriers, including attitudes, which contribute to poor attitudes toward help-seeking as well as less help-seeking behaviors for this population. This will be followed by an illustration of the benefits of utilizing counseling services and rationale for use of a psycho-educational workshop as an intervention. Finally, this chapter concludes with a summary of the significance of this research, limitations and an overview of the research questions.

### **The Student-Athlete**

Researchers have illustrated that, in lieu of professional psychological services, student-athletes have habitually opted to seek help from members of the athletic system: typically coaches, teammates, and trainers (Selby, Weinstein & Bird, 1990; Watson, 2006). Student-athletes also seek out those they are close to outside of the athletic system such as family and friends. In general, athletes are surrounded by people with whom they feel comfortable, and who are seen as appropriate to assist with personal problems. While these individuals may be genuine in their efforts to assist the athlete, they are generally untrained to handle and manage various interpersonal or mental health issues, especially more serious concerns. This tendency and inclination to turn to athletic personnel or family and friends for help with issues that warrant professional attention contributes to their underutilizing counseling center services on campus. In line with this tendency, Watson (2006) suitably highlights student-athletes as a population not utilizing counseling and support services.

While there are several benefits to being a student-athlete, researchers have exemplified how this role can be a stressful one. Benefits include possible scholarships, physical health, developing a close social support network, enhanced transferable skills, and feeling supported on campus, to name a few (Watson, 2005; Watson & Kissinger, 2007). Potential costs of being a student-athlete include adjustment problems, emotional illness and psychological distress (Watson, 2005; Watson & Kissinger, 2007). Psychological distress may stem from the simultaneous pressures to perform athletically and maintain high academic standards. Academic standards are set up by the university, the NAIA (National Association of Intercollegiate Athletics), and the NCAA (National Collegiate Athletic Association) and must be met by the athlete to remain eligible for competition. These challenges, combined with student-athletes' reticence to utilize counseling services, opened the door for Watson's (2005) study of student-athletes' attitudes toward and expectations regarding help-seeking. This study investigated student-athlete help-seeking preferences, specifically for general psychological services. Results of this examination provided empirical support for the claim that student-athletes have less positive attitudes toward help-seeking behavior as compared to their non-athlete peers (Watson, 2005). This disparity in help-seeking attitudes results largely from differences in counseling expectations between student-athletes and non-athletes. One reason for the discrepancies in expectations is the misperceptions and inadequate knowledge about counseling services. This information speaks to a connection between false perceptions, insufficient knowledge and poor attitudes toward mental health services and mental health professionals, among college-athletes. Together, these are some of the factors contributing to the underutilization of college and university

counseling centers among this population (Watson, 2005). An explanation for this outcome may involve athlete's presence on campus. Namely during their *in-season*, athletes' schedules are much more demanding. The term in-season denotes the athletes' competitive season, whereby they participate in NCAA or NAIA organized games which count towards a conference or other NCAA or NAIA championship. During this time, student-athletes are responsible for managing both athletic and academic schedules accordingly.

Considering their busy schedule, general outreach by university counseling services (UCS) or by the campus health center to the student body may be missed by student-athletes. Of course, this argues for special outreach (e.g., holding special psycho-educational sessions in the athletic department for athlete groups) to be provided based on team availability. UCS staff generally conducts outreach to different groups on campus in an effort to encourage students to schedule counseling sessions. Unfortunately, this also speaks to a central barrier; that is, the athlete's functional ability at times to attend counseling sessions because of multiple time commitments. This information evidences a need to study this specific population further to address attitudes toward mental health as well as rectify apparent student-athlete reluctance toward seeking help from a mental health professional.

Fully understanding the collegiate level student-athlete requires mention of athletes as a stigmatized population. Stigmatization impacts the athlete in several ways. First, assumptions are frequently made regarding the privileged status and/or the poor academic prowess of the student-athlete. Within certain academic institutions, athletes may be assumed to receive preferential treatment in the classroom (e.g., allowance of

additional absences; special exam periods), be afforded special accommodations athletically (e.g., access to free or discounted athletic gear), generally (e.g., preferential choice for on campus housing), or be given certain perks around campus (e.g., special dining hall eating times; reserved time in the gym). While these accommodations and allowances may take place for athletes at many universities, there are several instances where the athlete may be expected to meet the general standards of the university (e.g., registering for classes along with the general student body) despite practice demands and game conflicts. This often places additional stress on the athlete. Campus administration may fear being seen as providing preferential or special treatment to the collegiate athlete above other student groups. This creates a more challenging milieu for the collegiate athlete to navigate. Campus administration may not make accommodations for the student-athlete, even when they are clearly warranted and appropriate. This reluctance may result from the fear of fulfilling a stereotyped image.

Second, in addition to general privileges and accommodations on campus, athletic stigma may lead to conjectures that an athlete did not enter the university on academic merit (i.e., stereotype of the “dumb-jock”; Simons, Bosworth, Fujita, & Jensen, 2007). This type of supposition could lead to poor treatment by campus professionals and other students. Recent research has revealed that collegiate athletes have experienced maltreatment by professors who blatantly asserted the athlete was not fit to be at the university, and these claims were often made without proof or justifying interaction with the athlete (Simons et al., 2007). Sedlacek and Adams-Gaston (1992) note that student-athletes “tend to be subjected to prejudice and discrimination much like groups thought of as ‘minority’ cultures” (p.724). For this reason, and because athletes have a unique set

of cultural experiences, Sedlacek and Adams-Gaston (1992) argue for student-athletes being considered “non-traditional students” (p.724). Having this title recognizes the unique challenges student-athletes have in navigating the larger collegiate system (Sedlacek & Adams-Gaston, 1992).

Third, negative stigma may presume excessive alcohol consumption or limited career ambitions in the student-athlete population. Data from extant literature reveals that while student-athlete drinking patterns are of significant concern, they are similar to that of other groups on campus, such as Greek-letter social organizations (Turrisi, Mallett, Mastroleo & Larimer, 2006). Also, because student-athletes often choose to participate in college athletics, the term stigmatized may be seen as an inappropriate label. However, participation for some athletes is hardly voluntary, when maintaining an athletic scholarship is the only way to meet the financial obligations of college (Simons et al., 2007). In this case, the decision to participate and handle the multiple roles of being a student and athlete on the college campus may not be experienced by the student-athlete as optional. Ultimately, both students who choose to be a student-athlete and those who must participate to afford the college experience must work to manage the diversity of roles and responsibilities that come with athlete status on campus.

Vogel, Wade, and Haake (2006) note that less than 40% of individuals in the general population with a mental health concern seek any type of professional help. The proportion of people with a mental health concern who actually seek help from a mental health professional is noticeably smaller (i.e., in their study, 11%). This statistic is particularly descriptive of those people who struggle with problems that do not meet diagnostic criteria (Vogel et al., 2006). Whether a person meets diagnostic criteria or is



experiencing general distress in his or her life, the stigma of seeking treatment is most often cited as keeping that person from seeking counseling (Corrigan, 2004; Corrigan & Penn, 1999). Stigma and label avoidance go hand in hand with decision making and help-seeking behaviors. The term *label avoidance* describes the tendency of someone to deny mental health concerns and not seek treatment that may cause one to become negatively labeled (Vogel, Wade & Haake, 2006). In summary, stigma plays a dual role by both helping to better understand the student-athlete and also helping to elucidate a prominent barrier to help-seeking behavior and attitudes toward help-seeking.

The college athlete experiences additional stressors due to the complexity of roles, identities and responsibilities on campus. Murray (1997) postulated that supplementary stressors evolve from athletic participation. Typical concerns of the student-athlete, which would be appropriate for counseling, include (a) exam stress, (b) preparing papers, (c) missing class due to traveling, (d) making up missed assignments, (e) difficulty with time management, (f) burnout, (g) fear of failure, (h) anxiety, (i) depression, and (j) low self-esteem (Wilson & Pritchard, 2005). Issues related to athletic injury, recovery and rehabilitation are also areas of typical concern (Hoar & Flint, 2008). Hoar and Flint (2008) found that help-seeking behavior increases when the athlete is managing the physical and/or psychological strains of injury recovery and rehabilitation. Assumedly, the athlete's goal of returning to the playing field fuels his or her desire to utilize all means possible to aid and expedite recovery. There is a more obvious connection between physical difficulties and athletic performance than there is with psychological difficulties and athletic performance. Hence, addressing the impact of psychological distress on athletic performance and recovery from physical injury as well

as academic performance may play a significant role in improving collegiate student-athlete attitudes toward help-seeking.

### **Attitudes Toward Help-Seeking Trends**

Several researchers have addressed attitudes toward help-seeking in their work (Cepeda-Benito & Short, 1998; Watson, 2005; Vogel, Wade & Hackler, 2007). As stated previously, Watson (2005) provided empirical support for less positive attitudes toward help-seeking within the student-athlete population as compared to their non-athlete peers. These help-seeking attitudes are impacted by an individual's perception of public stigma related to mental illness (Vogel, Wade, & Hackler, 2007). Vogel, Wade and Hackler (2007) uncovered the causality between perceived stigma and help-seeking. Perceived stigma (public and self stigma), attitudes toward help-seeking and willingness to seek help are interrelated (Vogel et al., 2007). This data confirmed the clear association between attitudes and stigma, which supports the combination of these concepts in the current study (Vogel et al., 2007). Moreover, Vogel et al. postulated that shifting society's attitudes toward help-seeking for mental health concerns is an essential next step. Again, this postulation evidences a clear need to investigate ways to shift help-seeking attitudes.

Research by Cepeda-Benito and Short (1998) garnered clear and significant data on help-seeking attitudes. These researchers investigated the impact of self-concealment (one's inclination to keep personal information secret) on avoidance of psychological services and perceived likelihood of seeking professional help (Cepeda-Benito & Short, 1998). Interestingly, results evidenced that "high levels of self-concealment predicted negative attitudes toward psycho-therapy" (p.58), which is expected, however, results

also found, “that both positive attitudes toward psychotherapy and high levels of self-concealment were predictive of greater perceived likelihood of seeking counseling” (Cepeda, Benito, & Short, 1998, p.58). This finding is believed to result from high self-concealors lacking social supports that would otherwise be accessed in lieu of seeking counseling. This research also indicated that attitudes toward psychotherapy are directly related to one’s perception of whether or not they will engage in help-seeking behavior. Furthermore, this research clarified perceived likelihood of seeking help for academic and drug related concerns. Among other predictors (performance distress, fears of psychotherapy, and social support), attitudes toward psychotherapy was a significant predictor for help-seeking for academic-related concerns. Also, one’s attitudes toward psychotherapy were the only significant predictor of perceived likelihood of seeking help for drug use concerns. Overall, having positive attitudes toward mental health services had a considerable impact on greater perceived likelihood of seeking help despite the specific concern for which help would have been sought (Cepeda-Benito & Short, 1998).

### **Mental Health Treatment Outcome Efficacy**

Why is it important to improve attitudes towards mental health services? The research of Crits-Christoph, Gibbons, Ring-Kurtz, and Gallop (2008) supported previous studies signifying that a full course of psychotherapy for any person contributes to improvements in one’s quality of life. While extant research on the general public focuses largely on symptom reduction and impairments in functioning (e.g., interpersonal difficulties, cognitive and social impairments), additional research has focused on overall positive quality of life. Crits-Christoph et al. defined positive quality of life or satisfaction with life as the client’s “subjective evaluations of the degree to which his or

her most important needs, goals and wishes have been fulfilled” (p. 419). This research implies that individuals who complete a course of counseling from start to finish often experience positive changes in psychological functioning.

Furthermore, Staines’ (2008) review of the relative efficacy of psychotherapy also draws on previous research, noting specifically high effect sizes descriptive of psychotherapy efficacy (e.g., .75 to .85). Psychotherapy has been shown to be effective, as indicated by large effect sizes in empirical research. Wampold (2001) noted, “Psychotherapy is remarkably efficacious” (p. 71) and the “documented potency of psychotherapy in clinical trials is remarkably large and robust” (p. 204). Murdock (2004) also addresses the topic of psychotherapy efficacy. Murdock evaluated several meta-analytical studies to summarize and report the efficacy of psychotherapeutic approaches in general and to establish the efficacy of specific therapeutic approaches. Generally, meta-analytical studies revealed “the average client in psychotherapy improved more than about 80% of clients who were not treated” (Lambert & Bergen, 1994 as cited in Murdock, 2004, p.10). Further, meta-analytic research has shown that when psychotherapy treatment is compared with antidepressant medication, treatment outcomes are comparable and psychotherapy is perceivably more effective than treatment with antidepressants (Robinson, Berman & Neimeyer, 1990; Steinbruech, Maxwell & Howard, 1983 as cited in Murdock, 2004).

Regarding the efficacy of specific theoretical orientations, studies have found that several theoretical orientations are consistently effective with a broad range of presenting concerns (Lambert & Bergin; Wampold, 2001 as cited in Murdock, 2004) and that the success of counseling and psychotherapy may be associated with the length of

counseling, as opposed to the specific therapeutic approach (Murdock, 2004). A recent trend in outcome research is assessing for empirically supported treatments, also known as EST's (Murdock, 2004). EST's are treatments that have been identified as efficacious for specific presenting issues, such as depression or anxiety (Murdock, 2004). Murdock's research identified cognitive therapy as an EST for panic disorder and depression. Her research also identified exposure therapy as an EST for agoraphobia and obsessive-compulsive disorder (with response prevention). And, Murdock's research specified cognitive-behavior therapy as an EST for generalized anxiety disorder (Crits-Christoph, 1997; DeRubeis & Crits-Christoph, 1998; Murdock, 2004). All of the aforementioned studies support empirical results that illustrate psychotherapy as a worthwhile treatment. Hence, student-athletes are likely to benefit from counseling services; this supports a need for addressing student-athletes' negative attitudes regarding mental health services.

Outcome research has also focused on those clients who do not complete therapy. Early treatment termination is often due to poor education and false expectations about both counseling process and outcome (Swift & Callahan, 2008). The literature indicates that educating clients at the start of treatment in the area of role expectations can have an important impact on the therapeutic experience (Swift & Callahan, 2008). Education can also improve client satisfaction, extend treatment duration, and improve overall treatment outcome (Swift & Callahan, 2008). Education has been used successfully to help those motivated to seek treatment better prepare for the therapeutic experience (Swift & Callahan, 2008). Furthermore, Vogel, Wester, Wei and Boysen (2005) discussed the potential benefit of informing people about the counseling experience, including what types of things are discussed and how it can be effective. This data supports the claim

that by increasing education, attitudes toward help-seeking may improve. The following section will address how education may be helpful in addressing those clients who are not yet motivated to seek treatment due to misconceptions and perceived stigma regarding mental health.

### **Rationale for a Psycho-educational Intervention**

A need to correct misperceptions about the diversity and availability of mental health services is appropriate for the general population. Mental health professionals are largely responsible for enhancing public knowledge and improving comprehension of the services they provide. This is referred to as mental health literacy. More specifically, *mental health literacy* refers to an individual's knowledge and beliefs about mental disorders, including recognition of, management of, and treatment of various mental disorders. Mental health literacy also refers to an individual's knowledge of mental health services (e.g., psychotherapy), including the ability to seek professional help when warranted and appropriate. By addressing misperceptions and expanding the participant's mental health literacy, the public will develop increased knowledge and, as a result, comfort with the field. Increased comfort should logically lead to increased help-seeking behaviors (Esters & Cook, 1998; Gonzalez, Tinsley, & Kreduer, 2002; Jorm, 2000; Sharp, Hargrove, Johnson & Deal, 2006). Enhancing mental health literacy encompasses not only a description of what services are available, but also the potential benefits of utilizing mental health services. For most disorders, the positive impact of early recognition and intervention is most beneficial; utilizing effective services will likely assuage symptoms as well (Sharp et al., 2006). When mental illness and distress are managed early on, the long-term personal, social, and economic costs will undoubtedly

lessen. Untreated mental illness leads to deterioration of the person and subsequent need for more advanced treatment. Strategies, such as a psycho-educational workshop, that amplify help-seeking behavior have the potential to help people avoid experiencing more severe deterioration or increased economic costs (Herman, 1998; Sharp et al., 2006).

Regarding outreach specific to college students on the topic of help-seeking, Gonzalez, Tinsley and Kreuder (2002) found that providing psycho-education to the college student population on mental illness and psychotherapy had a positive impact on attitudes toward help-seeking. Further, this result held consistent at a 1-month follow-up. Other researchers have conducted outreach for a variety of issues (e.g., campus sexual violence, sexual harassment) on the college campus. Potter, Moynihan and Stapleton (2009) designed an outreach campaign to shift awareness related to campus sexual violence. Participants who were exposed to the campaign (which consisted of informative posters around campus) displayed an increased awareness of behaviors related to sexual violence and an increased willingness to engage in activities focused on reducing sexual violence. Potter et al. acknowledge that programs conducted in person facilitate participant's active engagement in the program's focus. Kearney, Rochlen and King (2004) reference Perry, Kulik and Schmidtke (1998) regarding the use of experiential training models. Perry et al., note that in person trainings may be more effective in shifting attitudes. Face-to-face programs have been found to increase knowledge on sexual harassment and to improve attitudes regarding the appropriateness of sexual behavior (Bingham & Scherer, 2001 as cited in Kearney et al., 2004). Psycho-education appears to be essential for efforts aimed at improving the ability of students to recognize harassing behaviors (Bingham & Scherer as cited in Kearney et al., 2004). While these

studies were specific to research on sexual harassment and violence, it is logical to assume that face-to-face informative workshops on other topics would be effective in the college setting as well.

Watson (2006) commented that the disinclination of athletes to seek help was due to a deficient understanding of available services. For example, student-athletes perceived counseling or therapy as, “an act only for individuals with severe psychological disturbances (Martin, 1998)” (Watson, 2006, p.37). This evidences poor awareness as to the variety of issues that lend themselves to counseling. If general consensus among student-athletes is that counseling is only for those with serious psychological disturbances, then seeking out such services would ignite fear, likely resulting in a negative self-image for the help-seeker. Furthermore, peers may view the individual seeking counseling negatively; a problem commonly known as mental health stigma. These negative consequences appear to outweigh any need for said services or potential benefits, as student-athletes under-utilize mental health services even when needed (Linder, Pillow, & Reno, 1998; Watson, 2006).

The extant literature has shown that those who have a clearer understanding about the nature of mental health treatment, including treatment process and potential outcomes, have considerably better attitudes about services (Gonzalez, Tinsley & Kreuder, 2002). Having a more comprehensive knowledge base about mental illness and mental health treatment could shift how prospective clients view mental health services as a treatment option (Gonzalez et al., 2002).

Psycho-educational interventions aimed at improving attitudes toward help-seeking should merge topics of mental health and counseling and psychotherapy.



Expectations, stigma and possible outcomes of psychotherapeutic interventions should be included. In addition to educating to increase mental health literacy, the simple contact with professionals facilitating the seminar will be impactful. Contact with mental health practitioners or other facets of the discipline of psychology (e.g., psychology class, outreach around campus) have been known to (a) decrease treatment apprehension and (b) increase positive attitudes toward mental illness and help-seeking behavior (Sharp et al., 2006).

### **Limitations and Significance of Study**

Some limitations are present which may impact the results of this research. First, previous help-seekers will not be excluded from the study. Previous experiences with help-seeking, mental health services, and/or mental health professionals may impact attitudes, expectations, opinions, and/or knowledge. Second, the proposed measures rely on self-reports, which can be less reliable as positive impression management or other factors that may alter an honest and valid report may consciously or unconsciously influence individuals. Third, while the study is aimed at the student-athlete population, conducting this research with a sample size composed of university students will limit generalizability of this type of intervention to other groups on campus or other populations. For this reason, generalization to other groups on campus or other populations should be made with caution.

This study aims to address the underutilization of professional mental health services by student-athletes. To reiterate, 10-15% of college athletes suffer from psychological problems that are severe enough to necessitate intervention (Gill, 2008; Hinkle, 1994; Watson & Kissinger, 2007; Wilson & Pritchard, 2005). The psycho-

educational intervention proposed here, will address the barriers present, which are impacting student-athlete attitudes toward help-seeking. Optimistically, this intervention will result in increased knowledge about, and improved attitudes toward professional mental health workers and services. A successful intervention will result in improved quality of life for student-athletes, opening this population up to additional resources that can aid them in managing the multiple roles and stressors they experience throughout their collegiate careers. Increasing mental health literacy and visibility and contact with mental health professionals, will ideally contribute to improved attitudes toward help-seeking with the student-athlete population. For this reason, the following questions will be addressed in this study:

### **Research Questions**

How do college athletes' attitudes toward mental health services impact their openness to and attitudes toward help-seeking on campus?

How can poor or negative attitudes toward help-seeking be improved?

What is the effect of psycho-education on stigma toward help-seeking?

### **Hypotheses**

It is hypothesized that the psycho-educational workshop will improve attitudes toward psychotherapy and mental health services in general, evidenced by changes on pre- and post measures.

It is hypothesized that the psycho-educational workshop will improve attitudes toward help-seeking, evidenced by changes in scores on pre- and post measures.

It is hypothesized that the psycho-educational workshop will decrease negative stigma related to seeking and receiving psychological help. This will be evidenced by changes in scores on pre- and post measures.

### **Conclusion**

Research in this area is invaluable to the collegiate athletic community and to college goals in general (e.g., concerns about retention and graduation rates, rankings, etc.). The unique challenge of being a student-athlete warrants the need to further investigate how to improve help-seeking attitudes and behaviors. Furthermore, as mental health professionals, it is our responsibility to address stigma and misperceptions within the higher education milieu and to ensure college athletes are aware of and open to the services on campus.

### **Definitions**

*Attitudes toward help-seeking.* For the purposes of this study, attitudes toward help-seeking will be defined as the scores on the Attitudes Toward Seeking Psychological Professional Help (ATSPPH) measure (Fischer & Farina, 1995; Fischer & Turner, 1970; Vogel, Wade & Hackler, 2007) and the Intentions to Seek Counseling Inventory (ISCI) (Cash, Begley, McCown, & Weise, 1975).

*Attitudes toward psychotherapy.* For the purposes of this study, attitudes toward help-seeking will be defined as the scores on the Attitudes Toward Seeking Psychological Professional Help (ATSPPH) measure (Cepeda-Benito & Short, 1998; Fischer & Farina, 1995; Fischer & Turner, 1970; Vogel, Wade & Hackler, 2007) and the Intentions to Seek Counseling Inventory (ISCI) (Cash, Begley, McCown, & Weise, 1975).

*Stigma.* The perception of having a mark or being flawed because of a personal or physical characteristic that is regarded as socially unacceptable (Vogel, Wade & Haake, 2007; Vogel, Wade & Hackler, 2006). For the purposes of this study, stigma will be defined as the scores on the Stigma Scale for Receiving Psychological Help (SSRPH) (Komiya, Good & Sherrod, 2000) and the Self Stigma of Seeking Help Scale (SSOSH) (Vogel, Wade & Haake, 2007).

*Student-athlete.* Is an individual who is a matriculated student at a university while simultaneously participating in an organized NCAA or NAIA sanctioned and university funded competitive sports program.

*Outreach.* Outreach refers to those activities performed by mental health workers aimed at increasing knowledge and awareness about mental health issues and services on campus. Activities might include a table hosted by University Counseling (UCS) staff with counseling center literature near the cafeteria or student center. Also, outreach might involve UCS staff speaking about counseling services to university life or psychology 101 classes.

*Psycho-educational workshop.* This term refers to education relating specifically to psychology, including psychological concepts and theories (e.g., educating about professional psychological services, mental health, and psychotherapy). For the purposes of this study, psycho-education will be delivered in the form of a lecture and power-point presentation, which focuses on de-stigmatizing terms such as mental illness, and providing information about professional mental health workers and services.

## Chapter 2

### Review Of Literature

#### Introduction to Literature Review

This chapter begins with an overview and discussion of college athletes. Then, barriers and variables that contribute to negative attitudes toward help-seeking among the collegiate athletic population are reviewed. Next, I review perceptions and knowledge of sport psychology and, thereafter, highlight existing university programs that are presently addressing this topic within the collegiate population. I will conclude with information on future implications for this area of research.

#### Understanding the Student-Athlete

The greater part of this chapter will help elucidate characteristics of the student-athlete and athletic culture in general. This section starts with a discussion of the multiple roles a student-athlete manages throughout their collegiate career. This is followed by a review of attitudes and norms that develop in the individual athlete as well as within athletic culture in general. An overview of mental health issues and common presenting problems follows. Finally, a review of barriers to help-seeking, namely focusing on the power of stigma, concludes this section.

**Multiple roles.** Understanding college athletes requires a look into the unique pressures, expectations, and various roles they manage. First, and assumedly most obvious, is the dual and often competing roles of student and athlete. For some, this dual role is taken on with ease. For others, managing academics while fulfilling athletic commitments can be a challenging task. Student-athletes competing at the college level are often already accustomed to managing multiple roles. However, the change in

academic rigor and athletic training at the collegiate level places novel demands on student-athletes; this is in addition to the typical challenges facing incoming first-year college students. In addition to student-athlete's role on campus, these individuals are also balancing friendships, family, romantic relationships, and sometimes employment (Watson & Kissinger, 2007). It is crucial to support student-athletes in their endeavor to take on this lifestyle and to help them manage their experience in these multiple roles.

Focusing on the duality of the student-athlete role can be narrowing. For example, the primary focus on athletics or academics alone can deter from student-athletes' career planning efforts. Extant research has evidenced underdeveloped career planning amid college level student-athletes (Kennedy & Dimick, 1987; Lally & Kerr, 2005; Murphy, Petitpas & Brewer, 1996; Smallman & Sowa, 1996; Sowa & Gressard, 1987). In response to this data, researchers concluded that student-athletes do not need to relinquish the athlete role to invest more seriously in the student role and explore non-sport career plans (Lally & Kerr, 2005). Student-athletes who are able to meaningfully, converge the roles of student and athlete display better overall psychological adjustment and satisfaction (Killeya-Jones, 2005). The ability to manage the needs of both the student and athlete roles is critical to succeeding both athletically and academically in the college milieu: any conflict between the student and athlete roles cannot be successfully resolved by rejecting either. In lieu of rejecting either role, student-athletes should find ways of pre-empting, defusing or coping with the conflict between them (Coakley, 1990; Killeya-Jones, 2005). Moderating this conflict is vital because student-athletes are better adjusted, having more positive well-being and higher levels of life and academic satisfaction when they understand the convergence and meaning of their differing campus roles (Killeya-Jones,

2005; Melendez, 2006). Of course, the athlete may determine that they will have greater success by eliminating one of these roles and focusing on only the student or athlete role alone. In this case, focusing on the student role would be more ideal than the athlete role.

Research has also demonstrated the benefits and positive consequences of athletic participation. Athletic participation helps students adjust socially by providing a social network, providing leadership opportunities (Melendez, 2006; Watson, 2005), providing an atmosphere conducive to building self-esteem and positive attitudes, and helping students to feel confident about goal setting and their abilities to manage conflicts (Melendez, 2006). Despite the plethora of acknowledged and experienced rewarding and positive consequences to collegiate athletic participation, a rising number of student-athletes will also experience issues related to maladjustment, such as emotional concerns and psychological distress specifically related to their sport participation (Watson, 2005). Additional challenges faced by student-athletes include maintaining a connection with academic ideals (Melendez, 2006), balancing the demands of multiple campus roles, handling role conflict, developing non-athletic interests and social connections, forming interpersonal relationships outside of sport, maneuvering the transition from college sport to post-collegiate career, and of course, maintaining optimal physical conditioning (Watson & Kissinger, 2007). Furthermore, the student-athlete may also be faced with limited time for social and leisure activities, sustaining health and fitness, managing intricate schedules and responsibilities, and terminating their involvement in sports because of injury or retirement (Fletcher, Benshoff, & Richburg, 2003). Handling these multiple roles and assorted stressors is a respectable undertaking. However, one may

require some external assistance in order to maintain mental health, sense of stability, and sense of control throughout the process.

***Visibility and image: Private and public.*** A second and prime component of understanding the collegiate athlete involves their “celebrity” status (Watson, 2005). This celebrity status follows the student-athlete, highlighting both the positives and negatives in areas such as academic performance, social behavior on and off campus, and athletic performance. Inadequate performance in any of these areas may derive punishment, such as athletic ineligibility or athletic probation. Due to the public nature of the athletic role on the college campus, the student-athlete is continually under scrutiny. Any misstep (e.g., drinking excessively in a social situation; unsatisfactory athletic performance) will likely be publicized on campus (e.g., campus newspaper; word of mouth) or in the public media. Because of this visibility, the athletic department and/or the university will experience added pressure to reprimand poor judgment and performance by student-athletes. This level of attention is especially true for the sports most closely tied to professional athletics, including football, basketball, and baseball. This constant spotlight places additional stress on the student-athlete to remain successful, without faltering, across settings. It also inhibits the student-athlete’s openness to counseling; going to therapy is a stigmatized activity that could endanger their celebrity status and image on campus (Watson, 2005).

In addition to managing dual roles and campus visibility, the student-athlete must also govern public- and self-stigma (Corrigan, 2004). Both forms of stigma influence whether an individual who would likely benefit from psychological services will actually seek such services (Corrigan, 2004). Self-stigma describes an individual who believes in



a stereotype, prejudice, or discriminatory view (e.g., all people with mental illness are useless and inept), and would label themselves as useless and inept if they were diagnosed with a mental illness. Therefore, the individual managing self-stigma will avoid help-seeking in order to avoid stigmatizing themselves. On the other hand, public-stigma describes an individual who does not necessarily ascribe to the prejudicial or discriminatory views that society creates (e.g., all people with mental illness are crazy), but will avoid help-seeking to avoid a public label. The difference here involves the individual's personal belief in the stigmatizing stereotype, prejudicial or discriminatory belief (Corrigan, 2004). Awareness of public- and self-stigma connects to the athlete's public image, which involves how they are experienced by anyone in or outside their athletic circle. Public-stigma, self-stigma, and the student-athlete's overall image has a substantial impact on the athlete's attitudes and behaviors, especially when engaging in a stigmatized activity, akin to counseling, or facing peer pressure.

***Attitudes and norms.*** As illustrated in the previous section, student-athletes are constantly influenced by the views, judgments, and opinions of those around them. Attitudes toward any type of activity (e.g., using alcohol during the in-season; help-seeking) may shift depending upon whom the athlete is surrounded. Understanding the influences on student-athlete's attitudes is essential because attitudes toward help-seeking have been linked to actual help-seeking behavior (McCarthy & Holliday, 2004; Watson, 2005). Attitudes have also been assumed to actually predict whether or not someone would motivate to seek counseling services when presented with any level of distress (Watson, 2005). As mentioned previously, an athlete's self-perception, coupled with the way in which they predict society will perceive them, contributes to comfort with help-

seeking. The following section identifies the ways in which the athlete's mentality and attitude toward mental health services develops.

Commencing with youth sport participation, the athlete learns about athletic culture norms and expectations. Norms learned early on may involve concepts such as "no pain, no gain" and "win at all costs" (Watson, 2006). These private norms are compounded by the public norms and expectations of the campus community. Of course, the public has expectations of the collegiate athlete as well. The public may expect college athletes to handle academic and athletic stressors with ease, and to dedicate themselves fully to their sport, to performing well and to winning games (Watson, 2003; Watson, 2006). These public expectations seep into athletes' expectations for themselves. For example, no matter how helpful a student-athlete may view counseling services, it is unlikely he or she will seek out services if the risk of scrutiny is present. Furthermore, student-athletes will also avoid counseling if they feel they should be able to handle stressors by themselves or with the support of their team (Watson, 2006). Managing the gamut of expectations seriously impacts how the athletes will generally conduct themselves and whether or not they will seek mental health services when warranted.

As formerly illustrated, the role of a student-athlete involves managing image and constantly working to handle and meet expectations. The athletic system consists of expectations and pressures from parents, coaches, teammates and of course one's self. Moreover, the general campus community reacts to both the athlete status and assumed benefits of such status (Fletcher et al., 2003). However, having such familiarity on campus can elicit both praise and resentment from others (Fletcher et al., 2003). The compilation of expectations from public and private communities holds significant

weight in the athlete's decision to even enter the counseling center (Watson, 2006). Expectations about mental health services impact the process and outcome, and actual help-seeking behavior (Miller & Moore, 1993). Hence, addressing expectations and appropriately correcting false perceptions of mental health services would logically improve the therapeutic experience.

***Success and pressure.*** It is vital to address and manage expectations and false perceptions about mental health services with this population. Student-athletes work toward success in academics, athletics, and in their personal lives. How one gauges successes stems from both private and public images as internalized by the athlete. For example, a non-athlete college student may feel successful in academics if they study and perform well in the classroom and on quizzes and exams. A non-athlete college student may feel successful in his or her personal life if he or she feels supported and as though the majority of relationships are positive and thriving. A student-athlete, however, may only derive success from the quality of his or her athletic performance. To complicate this matter, athletic success often stretches beyond individual performance. That is, the success of the college athlete is closely linked to the success of his or her teammates (Fletcher et al., 2003). One may consider personal success contingent upon the team's success and reliant upon playing well consistently, and winning (Fletcher et al., 2003). Moreover, emotional well-being may be contingent upon athletic success (Fletcher et al., 2003). This link between performance and outcome, and emotional well-being and success, can leave athletes feeling considerably disappointed and deflated when performance wanes or key losses result (Fletcher et al., 2003). This disappointment highlights fears about the student-athlete's athletic future. The student-athlete may fear

losing the chance to compete with his or her team, losing playing time in a match, fear of injury, fear of being dismissed from the team (Fletcher et al., 2003), and/or fear of a negative shift in his or her image with society or within their athletic community.

Counselors, who understand these fears and the contingencies athletes have learned to live by, will more effectively assist college athletes to negotiate the challenges they are habitually confronted with (Fletcher et al., 2003).

***General culture: The closed system of athletics.*** Evident from this discussion, student-athletes comprise a unique population with distinct characteristics. A further area of interest involves the culture of athletics as a whole. Athletics is often referred to as a “closed system” (Ferrante, Etzel & Lantz, 1996; Watson, 2006). The term closed system is used to describe intercollegiate athletic departments. Athletic departments often view themselves as independent bodies from the university and therefore handle most, if not all, matters within the athletic department. This outlook may be adopted by the student-athletes who then become blind to services on campus outside the athletic department (e.g., counseling center) (Watson, 2003). For example, athletes may turn to athletic department staff, coaches, and/or teammates to handle conflicts that a counselor/psychologist may be more appropriate at assisting. Only those individuals who are already a part of the athletic system are trusted to assist with conflicts and challenges (Watson, 2003). These individuals are assumed to fully comprehend the unique challenges of the student-athlete experience. This closed system has implications for both those in and outside the system.

Research supports the claim that athletes are not comfortable seeking help outside of the athletic department (Greenspan & Anderson, 1995; Watson & Kissinger, 2007).

This discomfort stems from the belief that mental health service providers may not understand the athletic culture, nor grasp the special concerns, needs, and pressures of this population (Greenspan & Anderson, 1995; Watson & Kissinger, 2007). As a result of this perceived lack of understanding, the athlete overlooks counseling services as a help-seeking option (Greenspan & Andersen, 1995; Watson & Kissinger, 2007). On the other hand, Watson and Kissinger (2007) note that counselors have a higher likelihood of being trusted when they are able to communicate at least a basic recognition of the inherent conflicts that come with collegiate athletic participation. In this way, having such knowledge helps the counselor to be seen more as an insider. The counselor who can communicate their understanding and knowledge of the student-athlete will be able to draw clients from this population and provide necessary and warranted care.

Professionals inside this closed athletic system, such as coaches, physical trainers or traditionally trained sport psychologists, may lack the counseling training to handle psychological or mental concerns. These individuals are not customarily trained, and are therefore unqualified, to manage emotional difficulties (Burke, 1989; Hinkle, 1994), personal, social, and/or educational concerns. Sport psychologists, coaches, and trainers who acknowledge these issues as outside the scope of their skill set may refer student-athletes to the counseling center to manage emotional or personal concerns not tied to the athlete's performance. Despite this effort by some to refer student-athletes to the appropriate professional, other insiders may try to assist the athlete, even when the subject matter is outside their scope of training. This is concerning because student-athletes will often first seek assistance from these "insiders" and may not have the knowledge to inquire about their training. The professional should be clear with student-

athletes regarding their level of training and professional expertise. This is important because some sport psychologists, trainers and/or coaches may have sufficient training to assist student-athletes with issues not necessarily tied to performance.

An added challenge to those inside the system was found by Brooks, Etzel and Ostrow (1987), who established that the preponderance of professionals working with student athletes are former college athletes themselves. While these individuals may understand the multitude of roles, challenges, and stressors the student-athletes govern on a daily basis, they may focus solely on academics from an eligibility standpoint, thereby encouraging athletes to perform just well enough in class to maintain athletic eligibility (Watson, 2006). Because of this focus, the student-athlete may be less aware of services available on campus (Watson, 2006). Furthermore, Ackerman and Schlosser (2009) found that coaches were open to mental health services as long as mental health providers did not negatively derail the athlete from their athletic commitment. Hence, the current administrators and coaches, who were closed toward help-seeking and external counseling services as a student-athlete, are producing new athletes with a similar mentality.

Additional research on collegiate athletic culture, indicates that the athletic environment stresses resiliency and self-reliance as positive attributes for coping (Watson, 2006). Moreover, the good of the team may take precedence over personal non-athletic related problems. These tendencies create an atmosphere where seeking external help is not even a consideration. In addition, this focus leads the athlete to resist external help and look to internal personnel for assistance. The extant research has corroborated this claim, noting that coaches and athletic administrators at various levels of competition

may focus more on winning, as it highlights the team and the university, than on what is in the general best interest of the student athlete (Coakley, 1998; Fletcher et al., 2003).

This exclusive focus on winning has been recognized by both the general and the athletic collegiate communities. These communities acknowledge that this mentality is not in the best interests of the student-athlete and have subsequently strived to address it. For example, several athletic departments have Codes of Conduct and Mission Statements for all teams. Within these codes and missions, it will likely be stated that the student is a “student first” and that the primary focus should be on academics. Even when the institution policy clearly states that they are “students first and athletes second,” the in vivo environment can create a sense of inconsistency that sends a conflicting message to the athletes as to how they should order priorities (Ferrante et al., 1996; Fletcher et al., 2003).

*Presenting problems of the student-athlete.* Scholars have investigated some of the issues facing student-athletes today (Miller & Moore, 1993; Storch, Storch, Killiany & Roberti, 2005; Turrisi, Mallett, Mastroleo & Larimer, 2006). Comparisons have been made within the athletic community (e.g., female athletes versus male athletes; team sports versus individual performance based sports) and also with the general student population. What follows are brief reports of relevant findings.

Storch et al. (2005) evaluated self-reported psychopathology in the college setting, specifically comparing athletes with non-athletes. They found female athletes reporting higher levels of depressive symptoms, social anxiety, and non-support when compared with male athletes and non-athlete males and females. They also found that athletes reported clinically significant levels of mental health problems, highlighting the

need for early detection and intervention with this population (Storch et al., 2005). This research emphasizes a special need for counseling services for female athletes. Storch et al. (2005) also stresses the importance of early detection to avoid mental health problems reaching clinically significant levels.

Miller and Moore (1993) studied athletes in comparison to the general collegiate population as well. When compared with the general collegiate population, regardless of race, student-athletes marked drastically more items on the Mooney Problem Check List (Mooney, 1942), signifying troubles in adjusting to school work, social life, employment, and future vocational and educational problem areas (Miller & Moore, 1993). Although these categories are quite broad, they seem to parallel the multiple roles student-athletes work to balance throughout their college careers. Thus, this data supports previously discussed characteristics of this population. Additional research addresses alcohol use within the athletic population. With the exception of certain groups on campus (e.g., Greek-letter social organizations), when compared with their non-athlete peers, research shows that athletes drink more frequently and consume more alcohol per occasion (Turrisi et al., 2006). Furthermore, more athletes than non-athletes have been classified as heavy episodic or binge drinkers (Turrisi et al., 2006). Excessive alcohol use and drug use is already an established concern in the United States within the college campus settings (Turrisi et al., 2006). This issue spans the gamut of the collegiate population and thus, should be considered when working with the collegiate student-athlete as a likely presenting problem.

***Barriers and resistance to seeking treatment.*** Throughout the previous section, a series of characteristics central to the student-athlete population have been discussed.



With a clearer understanding and awareness of the variety of roles and stressors student-athletes manage, it is appropriate to review what we know about why student-athletes are not seeking help and may be resistant to counseling services. Demographic factors (Cramer, 1999; Fischer & Farina, 1995), paucity of time, (Etzel, Ferrante, & Pinkney, 1991, Watson, 2006) and stigma (Corrigan, 2004; Deane & Todd, 1996; Komiya, Good, & Sherrod, 2000; Vogel, Wade, & Ascherman, 2009; Vogel, Wade, & Hackler, 2007; Vogel, Wester, Wei, & Boysen, 2005) appear to be key barriers for student-athletes feeling comfortable and open to seeking psychological services.

Past researchers have investigated the connection between help-seeking and specific demographic variables. It is clear that certain demographic variables are associated with particular help-seeking behaviors (Cramer, 1999; Fischer & Farina, 1995). For example, gender, gender role stereotypes, ethnicity, religion, developmental stage (i.e., maturity), and socio-economic status should all be considered when working to understand an individual's help-seeking attitudes and behavior (Watson, 2005). Regarding gender, Fischer and Farina (1995) explicate that women are more prone to seek professional help. Furthermore, regarding ethnicity and cultural affiliation, it has been found that individuals who identify with the broader American culture are more prone to look at help-seeking in a favorable manner, when compared with those who hold strong cultural affiliations (Atkinson & Gim, 1989; Price & McNeill, 1992; Sanchez & Atkinson, 1983).

Vogel et al. (2005) identified several factors that hamper help-seeking from a mental health professional. These include fear of treatment, anticipated costs, desire to avoid discussing distressing information, desire to avoid experiencing painful feelings, a

desire to avoid the social stigma or negative judgments from others (Vogel et al., 2005) and the student-athlete's functionally not being able to find time to seek out counseling services (Etzel et al., 1991; Watson, 2006). Stigma appears to be the driving force and most significant barrier for seeking psychological help and therefore, it will be the focus of this section.

### **The Power of Stigma**

Too many individuals dealing with psychological and interpersonal concerns never pursue treatment (Corrigan, 2004; Vogel, Wade & Hackler 2007). Within a given year, only 11% of persons experiencing a diagnosable problem seek psychological services and fewer than 2% of those who struggle with problems that are not diagnosable actually seek treatment (Vogel et al., 2007). The underutilization of mental health services and premature termination stems from individuals avoidance of fear, discrimination, and potential stigmatization by others and by self (Sharp, Hargrove, Johnson & Deal, 2006; Vogel et al., 2006). Existing literature discusses the impact of stigma on attitudes towards help-seeking as well as help-seeking behavior (Corrigan, 2004; Deane & Todd, 1996; Komiya, Good, & Sherrod, 2000; Vogel et al., 2009; Vogel, Wade, & Hackler, 2007; Vogel et al., 2005).

Stigma can be defined "the perception of being flawed because of a personal or physical characteristic that is regarded as socially unacceptable (Blaine, 2000)" (Vogel, Wade, & Haake, 2006, p.325). An individual may be stigmatized for a belief or behavior that is deemed unacceptable by one's self, their immediate peer group, or the larger society. It is important to differentiate between societal stigma and that which is present in one's local social network (Vogel et al., 2009). This distinction is necessary because

individuals are more likely to be affected by the opinions and beliefs held by those people who they are interacting with on a daily basis (Vogel et al., 2009). Researchers conclude that one's decision to seek or not seek psychological treatment is strongly influenced by his or her social network (Vogel, Wade, Wester, et al., 2007; Vogel et al., 2009).

Moreover, extant literature also states that counseling is often seen as a last resort (Hinson & Swanson, 1993), and that potential clients would rather manage difficulties on their own or in concurrence with individuals close to them (Vogel et al., 2005; Wills, 1992). Also, not even 1/3 of the population who could potentially benefit from mental health treatment obtains such services (Andrews, Issakidis, & Carter, 2001; Vogel et al., 2005). The impact of one's social group on attitudes toward help-seeking and/or help-seeking behavior is pivotal. If someone is distressed, he or she will often first turn to a member of their social network, who will have a strong influence on the person's decision to seek psychological help (Angermeyer, Matschinger, & Riedel-Heller, 2001; Vogel et al., 2009). Cameron, Leventhal, and Leventhal (1993, as cited in Vogel et al., 2009) found that 92% of clients who sought out mental health services disclosed their concerns to at least one person before seeking professional help (Vogel et al., 2009). Thus, alleged stigmatization by one's closest social network appears to be a chief factor in both one's decision to disclose concerns to a friend or confidant and subsequent decision to seek psychological services after a disclosure is made (Vogel et al., 2009).

Mental health stigma causes individuals seeking psychological treatment to be seen as less socially acceptable and desirable (Vogel et al., 2009). Viewing individuals who seek psychological treatment in this manner stems from a lack of education about the profession and associated services. Extant literature has found that comprehension

and understanding about mental health, mental illness and counseling services are poor within the general population (Sharp et al., 2006). Researchers have concluded this finding through assessments aimed at evaluating the public's ability to identify psychiatric terms, and general knowledge regarding symptoms and the effectiveness of medication and counseling (Jorm, 2000; Sharp et al., 2006). Stigmatization around mental health services is a primary deterrent for individuals who could benefit from psychological services (Vogel, Wade, & Hackler, 2007). Potential clients may veil psychological concerns and circumvent treatment to avoid deleterious consequences of stigma (Corrigan & Matthews, 2003; Vogel, Wade, & Hackler). The negative consequences associated with mental health stigma (e.g., social isolation) may outweigh the perceived benefits of seeking services (e.g., symptom relief), or even the potential psychological consequences of not seeking treatment (e.g., increased or prolonged suffering; Corrigan, 2004; Vogel, Wade, & Hackler). Due to these factors, the need for education about mental health and psychological services is essential.

The aforementioned data rings true for the general population. Additional research confirms that stigmatization contributes to poor attitudes toward help-seeking and is a barrier for help-seeking, especially within the student-athlete population (Watson, 2006). The underutilization of mental health services by student-athletes is largely due to misperceptions and erroneous beliefs about psychological services, along with concerns about being stigmatized by members of their private and public environments (Brewer, Van Raalte, Petipas, Bachman & Weinhold, 1998; Linder, Brewer, Van Raalte & Delange, 1991; Watson, 2005; Wrisberg & Martin, 1994). This fear coincides with the public's expectations for how the student-athlete should behave.

Too much deviation from these expectations may result in rejection by the team, the coach or members of greater society (Carron, 1998; Fletcher et al., 2003; Wheelan, 1994). This fear is significant enough to deter student-athletes from seeking treatment. Fortunately, administrators on college campuses have recognized the need to address this fear and stigma, and have created programs designed specifically to address the aforementioned concerns in an effort to improve attitudes about mental health services as well as improve attitudes toward help-seeking and increase help-seeking behavior. A sampling of these programs is reviewed below.

### **What Universities are Doing for Their Athletes**

Throughout the 1970's, university-run support programs for student-athletes dealt primarily with academic support and time management by providing individual attention aimed at helping the student-athlete develop organizational skills (Walter & Smith, 1986). The focus of these programs, while needed and necessary, neglected to attend to personal issues (Walter & Smith, 1986). In reaction to this obvious shortfall, the National Association of Academic Advisors for Athletics (N4A) was created in 1975 to build on the programs already addressing academic issues by incorporating ways to assist the student-athletes in managing more personal and interpersonal matters (Petitpas, Buntrock, Van Raalte & Brewer, 1995). Subsequently, a joint task force was created, consisting of N4A, the American College Personnel Administrators (ACPA) and the National Association of Student Personnel Administrators (NASPA) (Petitpas et al., 1995). This task force supported a number of national events that addressed the developmental needs of this population (Petitpas et al., 1995). Since that time, focus on the academic and personal needs of student-athletes has steadily increased (Broughton &

Neyer, 2001; Harris, Altekrose, & Engels, 2003). The development of additional professional specialties – such as sport psychology, which focuses on performance enhancement and sports counseling – augmented the services being addressed by the aforementioned joint task force (Chartrand & Lent, 1987; Miller & Wooten, 1985; Petitpas et al., 1995). Sport psychology continues to help athletes tackle a variety of issues related to their athletic involvement (Chartrend & Lent, 1987; Miller & Wooten, 1985; Petitpas et al., 1995). To date, universities are employing sport psychologists on both part time and full time statuses to work directly with the student-athletes.

The National Collegiate Athletic Association (NCAA) continues to be extensively involved in support programs for student-athletes (NCAA Student-Athlete Affairs Grant Program, 2012). For example, in 1991, the NCAA created the CHAMPS/Life Skills program (Challenging Athletic Minds for Personal Success). CHAMPS/Life Skills intended to assist student-athletes in every area of their academic, athletic and personal development. Specific focus areas include (a) promoting student-athletes ownership of their academic, athletic, career, personal, and community responsibilities, (b) meeting the changing needs of student-athletes, (d) promoting respect for diversity and inclusion among student-athletes, (e) assisting student-athletes in identifying transferable skills, (f) enhancing partnerships between the NCAA, member institutions and their communities for the purpose of education, (g) fostering an environment that encourages student-athletes to effectively access campus resources, and (h) encouraging the development of character, integrity and leadership skills. The CHAMPS/Life Skills program has since merged with “Student-Athlete Development to become NCAA Student-Athlete Affairs (SAA)” (NCAA Student-Athlete Affairs Grant Program, 2012, para 1). The merged

program covers student-athlete development and health and safety (NCAA Student-Athlete Affairs Grant Program, 2012).

The aforementioned programs have successfully broadened the assistance student-athletes receive on college campuses, namely from the athletic department and national athletic association. The student-athlete population, however, remains reluctant to seek outside services for personal or mental health concerns. As previously mentioned, exposure to legitimate and accurate mental health information, and contact with mental health professionals and facilities may reduce fears about mental health issues and services, and promote favorable attitudes toward seeking mental health treatment (Deanne & Todd, 1996; Fischer & Farina, 1995; Furnham & Wardley, 1990; Gonzalez et al., 2002). In consideration of this data, researchers have assembled programs with the intent of exposing student-athletes to mental health professionals and educating student-athletes about mental health services. Some researchers have evaluated attempts to improve help-seeking attitudes within the college setting (Gonzalez et al., 2002; Jordan & Denson, 1990; Sharp et al., 2006); however, few studies have examined programs designed to promote wellness of college student-athletes or examined whether current wellness programs meet the needs of the collegiate student-athlete population (Watson & Kissinger, 2007).

Jordan and Denson (1990) attempted to fill this gap by developing a program that specifically addressed student-athlete needs. These researchers appropriately recognized that the majority of student services on campus, such as counseling, were available only during times when the athlete was unable to utilize such services. Thus, Student Services for Athletes (SSA) was created. To effectively reach student-athletes, SSA conducted/s

workshops and programs educating about counseling services and addressing common issues (e.g., athletic retirement). These workshops and programs were scheduled only during times that were convenient for the athletes to attend, such as when they were not at class, practice, games, or other team events. Jordan and Denson noted that student-athletes “expressed gratitude for having SSA available as a sounding board for their hopes, expectations, anger, and frustrations” (p.96). Unfortunately, it can be challenging for the counseling center staff to accommodate the student-athlete’s special scheduling needs. The time devoted to several smaller workshops for individual teams may also be excessive for an already busy counseling center staff. This appears to highlight a need to work together, the counseling staff with both the athletic department and the university, so that the needs of student-athletes can be met while not excessively taxing the counseling center staff.

Sharp et al. (2006) attempted to address help-seeking attitudes with the general college population. These researchers implemented a 40-minute classroom based mental health education program that aimed to dispel mental illness stigmas and myths, modify expectations about psychotherapy effectiveness, and provide information about treatment options. These researchers selected this method of intervention because it has been found that the amount of exposure one has had with mental health providers, their knowledge of and expectations about the therapeutic process, and apprehension about the experience impact an individual’s willingness and readiness to seek help (Sharp et al., 2006). This strategy would target these known barriers by educating about mental health issues while simultaneously increasing contact with mental health professionals. Results of this educational strategy indicated that a program of this nature might improve attitudes



toward seeking professional psychological help. Moreover, it has the likelihood to modify some opinions about mental illness (Sharp et al., 2006).

Gonzalez et al. (2002) also attempted to assess the effects of a mental health education program. Gonzalez looked at two psycho-educational interventions, with a goal of investigating opinions of mental illness, help-seeking attitudes and psychotherapy expectations with college students. Participants were split into two groups and presented with different information. The first group reviewed information on mental illness while the second group reviewed an intervention on psychotherapy. The first group exhibited improved attitudes toward help-seeking at follow-up. They also demonstrated more positive expectations about the personal commitment of therapy initially and at follow up (Gonzalez et al., 2002). The second group of participants also demonstrated more positive expectations about the personal commitment of therapy both initially and at follow up (Gonzalez et al., 2002). In summary, when an individual is experiencing some psychological distress, having a solid understanding of mental health services and positive attitudes about help-seeking could then lead to actual seeking of psychological services (Gonzalez et al., 2002).

### **Perceptions of Sport Psychology**

According to Weinberg and Gould (2003), sport and exercise psychology is “the scientific study of people and their behaviors in sport and exercise contexts and the practical application of that knowledge” (p 4). Sport and exercise psychologists are specially trained to understand how psychological factors impact physical performance and how athletic involvement impacts our development, health and well being (Weinberg & Gould, 2003). Increasingly, sport psychologists are brought in to work with teams and

individual athletes at all athletic levels. At times, sport psychologists, certified sport psychology consultants, and others trained to work in sport psychology may provide counseling services typical of a clinical and/or counseling psychologist. This is often appropriate, when a sport psychologist has training in counseling or clinical psychology and is a licensed psychologist. Generally, a professional with the title psychologist has the appropriate qualifications necessary to treat sport, exercise, and emotional concerns. In February of 2003, “APA's Council of Representatives approved a proficiency in sport psychology,” which provided concrete recognition of sport psychology as an area of specialty focus for licensed psychologists (Homepage for APA Division 47, 2010, para 2). Those who qualify for a sport psychology specialty are proficient at working with athletes on psychological skills, well being, systemic issues inherent in sports organizations, and developmental and social aspects of sports participation (Homepage for APA Division 47, 2010). A specialty in sport psychology “should not be confused with the doctoral degree area of sport psychology, which has a long tradition within departments of sports science and kinesiology” (Homepage for APA Division 47, 2010, para 3). Until recently, the term sport psychologist was used loosely. Individuals with doctoral degrees in sport psychology who have expertise in the area of sport psychology might have been referred to as sport psychologists. Referring to someone as a sport psychologist is only appropriate when the individual has graduated from a doctoral program in psychology that makes him or her eligible to sit for licensure as a psychologist. Those sport psychologists with appropriate training to conduct services may draw more athletic clientele since their titles are less stigmatized. The specific sport and exercise focus traditionally associated with sport psychologists appears less

threatening to potential clients. Despite this, several athletic personnel, including coaches and athletes, remain disinclined to utilize sport psychology services (Anderson, Hodge, Lavallee, & Martin, 2004; Gardner, 2001). We know that attitudes toward help-seeking and mental health services influence one's intentions to utilize mental health services. Therefore, a better understanding of athlete's attitudes toward sport psychologists would be appropriate, so that professionals can tailor their services to attract this population (Anderson, Hodge, Lavallee, Martin, 2004; Leffingwell, Rider & Williams, 2001; Linder, Pillow & Reno, 1989; Ravizza, 1988).

Van Raalte, Brewer, Brewer and Linder (1992) conducted a study with male athletes looking at two primary components. First, they investigated athlete's perceptions of other athletes who sought assistance from a sport psychologist. Second, they looked at the athlete's perceptions of sport and mental health professionals in general. Results indicated that athletes who sought sport psychological services were viewed differently than those who had not sought sport psychology services. It was hypothesized that this result stemmed from the deviation from the expected athletic role and norm for managing conflict. Interestingly, even though the athletes viewed those who had sought out services differently, they were at least aware for what purpose they might approach a sport psychologist versus a psychotherapist. Specifically, the athletes would approach a sport psychologist to deal with athletic performance-related challenges, while a psychotherapist was seen as having mental expertise. Despite this knowledge, Gayman and Crossman (2006) found that 42% of athletes who used sport psychology or sport consultant services did so with the intention to deal with personal or mental health issues. It can be hypothesized that the athlete assumes the sport psychologist has had comparable training

to that of a clinical or counseling psychologist. Sport psychology consultants may have graduated with doctoral degrees from a counseling/clinical psychology program in which skills such as counseling, psychotherapy, diagnosing and treating psychopathology, and conducting psychological assessment are developed (Gayman & Crossman, 2006). Those who have not had such training may have a masters or doctoral degree in sport and exercise science. While this degree is substantial and prepares them to provide professional services, it is imperative that athletes understand sport psychology professionals or sport consultants may not have the appropriate training to help manage mental health concerns. Options to address this issue include sport psychology raising the bar (e.g., establishing standards such as those recently developed by APA's Division 47), sport psychologists referring issues outside their expertise or providing psycho-education about the differences between types of psychologists.

### **Future Implications**

The aforementioned discussion highlights the need for psycho-education about mental health services, not only with student-athletes, but with the general population as well. It is clear that misperceptions and stigma are hindering help-seeking attitudes and behaviors. False beliefs, social stigma, fears, and risks related to mental health help-seeking are such prominent barriers to help-seeking that they should be addressed directly (Vogel, Wester, Wei, & Boysen, 2005). Programs and workshops should address the nature of counseling in terms of it being a safe place to reveal and discuss personal and interpersonal emotional and cognitive problems (Vogel et al., 2005). They should also demystify the process of psychotherapy, such as what a typical session looks like (Vogel et al., 2005). Clients may avoid help-seeking due to the unknown; that is, not knowing

what therapy might be like. Lastly, programs and workshops should address the potential effectiveness of mental health services, so that the public understands why and how services can be helpful (Vogel et al., 2005). Addressing these areas will hopefully lead student-athletes to feeling increased comfort with the idea of sharing their personal feelings and thoughts with a stranger. Increasing knowledge and explaining the counseling process may ultimately improve attitudes toward help-seeking (Vogel et al., 2005). Workshops and programs addressing these areas have shown improved attitudes about persons with mental illness or other personal issues (Corrigan, 2004). Watson (2006) also calls for education about mental health services, but specifically for the student-athlete. This education would include information about services offered at the university, services offered outside the university, possible benefits of such services and information about the process of initiating and maintaining a counseling relationship. These types of programs can absolutely be created on college campuses with more attention and frequency. However, if athletic personnel, coaches, and trainers are not on board, the athlete may still not feel comfortable accessing help. Ackerman and Schlosser (2009) conducted a qualitative inquiry into Division I collegiate coaches attitudes toward mental health services and found mixed perceptions and attitudes toward counseling services, which depended on potential implications of psychologist involvement with their team. Zakrajsek and Zizzi (2007) noted that some coaches might perceive an outsider as threatening to their authority and damaging to their work/plan. Hence, the coach, trainer and/or other athletic personnel's perspective must be taken into account and addressed, either directly or indirectly within these psycho-educational workshops.

## **Conclusion**

As observed by Watson (2005) “no studies have been focused primarily on the attitudes toward help-seeking behavior held by student-athletes toward counseling services” (p. 443). Empirical research has shown that only a handful of studies have attempted to understand student-athlete attitudes towards mental health services (Watson, 2003, 2005, 2006) and evaluate existing strategies for attitudes toward help-seeking and help seeking behaviors within the collegiate setting (Gonzalez et al., 2002; Jordan & Denson, 1990; Sharp et al, 2006; Van Raalte et al., 1992). As is evident from this discussion of the literature, it is necessary to consider how intensely misconceptions about mental health services and mental illness, or lack of education impact help-seeking attitudes and intentions to seek help. Previous research has addressed coaches’ attitudes toward mental health services, athlete attitudes toward sport psychology services, potential barriers to athletes seeking mental health services, and general college student’s attitudes and opinions about mental health services. This is the first study to date to evaluate the effectiveness of a psycho-educational workshop with the student-athlete population, aimed at improving both attitudes toward mental health services and improving attitudes toward help-seeking. This study fills a gap in the literature. Helping student-athletes better understand counseling services, including availability of services and potential benefits of a counseling relationship, has undoubtedly contributed to a more informed opinion about mental health services. Furthermore, psycho-education helped to dispel myths and fallacies about mental health services, professionals and illness. Ultimately, a clearer understanding of mental health has surfaced, resulting in an understanding that counseling is more developmentally focused, as compared to

pathology-based (Watson, 2006). In order to make informed decisions about treatment, the public needs to have an accurate knowledge base about psychological services (Corrigan & Penn, 1999). Therefore, the intervention aimed at improving student-athlete attitudes toward help-seeking addressed common misconceptions and myths about mental illness and mental health services, as well as educated participants about services available on and around their campus. This intervention enhanced student-athletes' attitudes toward help-seeking. It is hoped that this change in attitudes will aid attempts at early intervention and overall treatment for the gamut of issues facing this population.

## Chapter III

### Methodology

#### Introduction

In this chapter, I provide details about the sample for this study. Then I discuss the various measures used and close with a summary of the procedures, recruitment process, and statistical design of the study.

#### Participants

A total of 159 undergraduate students enrolled at two, 4-year institutions who were involved in a NCAA sanctioned athletic program participated in the study (82 males [51.6%] and 77 females [48.4%]). Only those who identified as collegiate level varsity student-athletes and who were 18 years old or older were allowed to participate. The racial breakdown of participants was: 83.6% White (n=133), 5.7% African American (n=9), 5.0% Hispanic/Latino (n=8), 2.5% Asian (n=4), .6% Native American (n=1), and 2.5% Other (n=4). Of the total sample, the mean age was 19.6 years (SD=1.29).

The researcher was able to obtain participants from a range of sports and individuals who had been participating in sport for varying lengths of time. Participants identified participation in the following sports: soccer (55.4%), baseball (12.6%), field hockey (11.9%), cross country (9.4%), volleyball (6.9%), and women's tennis (3.8%). Of the total sample, the mean years participating in their identified sport was 12.1 years, ranging from 1 year to 19 years. The mean years participating at the Division I level was 2.2 years, ranging from 1 year to 5 years.

In terms of past experiences with mental health professionals, 24.5% of the participants reported having worked with a sport psychologist in the past and 14.5%



reported having worked with a mental health counselor in the past. When asked who they typically go to for support with problems, 37.1% noted Family/Parents (n=59) and 39% noted Multiple Supports (n=62) which included several combinations of parents, friends, coaches, professors, siblings, and romantic partners.

Table 1

*Demographic Statistics*

	M	SD	Min	Max	Skew	Kurtosis
Age	19.58	1.29	18.00	22.00	0.183	-1.316

**Power Analysis**

An a priori power analysis was conducted in order to determine the appropriate sample size for this study, with respect to use of repeated measures ANOVA for data analysis. The analysis was conducted using the Freeware application, G\*Power (Faul, Erdfelder, Buchner & Lang, 2009), Assuming an alpha of .05 and power set at conventional .80, the power analysis revealed that 24 subjects would be required to appropriately reject the null hypothesis. The present study recruited 159 participants; therefore, it was very well powered to detect differences associated with the intervention (Faul et al., 2009).

**Measures**

The measures used in this study were the Intentions to Seek Counseling Inventory (ISCI; Cash, Begley, McCown, & Weise, 1975), the Attitudes Toward Seeking Professional Psychological Help Scale: Short Form (ATSPPH-S; Fischer & Farina, 1995; Cepeda-Benito & Short, 1998), the Stigma Scale for Receiving Psychological Help

(SSRPH; Komiya, Good, & Sherrod, 2000), and the Self Stigma of Seeking Help (SSOSH; Vogel, Wade, & Haake, 2006).

The use of two measures to assess attitudes gleaned data on the overlap of and difference between attitudes toward help-seeking and willingness to seek help. The use of two measures to assess stigma garnered data on differences between stigmas related to seeking professional psychological services as compared to receiving professional psychological services. Also, the use of two measures to assess stigma teased out self-stigma from stigma experienced from one's larger social experience. Meaning, the two measures on stigma also differed in targeting the participant's perceptions of stigmatization (social stigma) versus self-stigma.

***Intentions to Seek Counseling Inventory (Cash, Begley, McCown & Weise, 1975).*** The ISCI (a 6 point likert scale with 1 = *very unlikely* to 6 = *very likely*) was normed on the general college student population and was used in this study to assess how willing undergraduate student-athletes are to seek counseling services for psychological and interpersonal issues (ISCI; Cash, Begley, McCown, & Weise, 1975). The 17-item measure consists of problems student-athletes are likely to bring to counseling (Cepeda-Benito & Short, 1998; Kelly & Achter, 1995). Total scores range from 17 to 102, with higher scores signifying increased likelihood that the individual would seek psychological services if experiencing a problem (Kelly & Achter). The scale lists issues such as "difficulty sleeping," "loneliness," "drug problems," and "inferiority feelings" that people commonly bring to counseling. Individuals rate how likely they would be to seek counseling if they were experiencing each specific problem (Cepeda-Benito & Short).

Cepeda-Benito and Short (1998) conducted a factor analysis, which supported the existence of three subscales. These subscales are Psychological and Interpersonal Concerns (10 item;  $\alpha = .90$ ), Academic Concerns (4 items;  $\alpha = .71$ ), and Drug Use Concerns (2 items;  $\alpha = .86$ ), with subscale intercorrelations spanning .18 to .50 (Cepeda-Benito & Short; Vogel, Wade & Hackler, 2007). Amid the college student population, the ISCI has been found to correlate with both perceived significance of a current problem and general attitudes toward seeking psychological help ( $r = .36$ ; Kelly & Achter, 1995). Across several studies, the ISCI has demonstrated very good estimates of internal reliability, with Cronbach's alpha coefficients ranging from .84 (Kelly & Achter, 1995) to .89 (Cepeda-Benito & Short, 1998). The ISCI was also found to have a positive relationship with favorable attitudes toward psychotherapy (Kelly & Achter; Cepeda-Benito & Short, 1998), demonstrating good estimates of concurrent validity.

***Attitudes Toward Seeking Psychological Professional Help Short Form***

(Fischer & Farina, 1975). The ATSPPH-S (a 4 point Likert scale with 1 = *disagree* to 4 = *agree*) was used to assess attitudes toward and willingness to seek professional psychological services when issues warranting such services are present (Fischer & Farina, 1995). This 10-item measure is based on the original 29-item measure (Fischer & Turner, 1970; Vogel, Wade & Hackler, 2007). The scoring method for the ATSPPH-S involves an equal-weighting technique. Total scores range from 0 to 30, with higher scores always indicating a propensity for help-seeking behavior (Fisher & Farina, 1995). Several items are reversed scored. Each item receives a score in the range of 3-2-1-0 or 0-1-2-3, depending on the item's pro-or anti-help-seeking indication. Both forms of this

scale are correlated at .87, indicating that the original and short forms target highly analogous constructs (Fischer & Farina, 1995).

The sample used to validate the psychometric properties of the ATSPPH-S consisted of college students taking an introductory psychology course (Fischer & Farina, 1995). The sample included 74% freshman and 55% female with an average age of 18 years (Fischer & Farina, 1995). Fischer and Farina reported an estimate of internal consistency to be .82. The ATSPPH-S has been successfully utilized to compare college students experiencing psychological issues warranting psychological services who did seek out such services, with those students experiencing comparable psychological issues who did not seek out psychological help (Fisher & Farina, 1995; Vogel et al., 2007). Sample items include, "If I believed I was having a mental breakdown, my first inclination would be to get professional attention," "I would want to get psychological help if I were worried or upset for a long period of time," and "A person should work out his or her own problems; getting psychological counseling would be a last resort" (Fisher & Farina, 1995).

The ATSPPH-S has a positive relationship ( $r = .56$ ) with intentions to seek counseling and has a negative relationship ( $r = -.19$ ) with a propensity for self-concealment (Vogel et al., 2005; Vogel et al., 2007), providing evidence of concurrent validity. The ATSPPH-S appears to be a reliable and valid alternative to the full-scale version (Fisher & Farina, 1995).

***Stigma Scale for Receiving Psychological Help (Komiya, Good, & Sherrod, 2000).*** The SSRPH (a 4 point likert scale with 0 = *strongly disagree* to 3 = *strongly agree*) was used to assess undergraduate college student's perceptions of stigmatization

related to receiving psychological services (Komiya, Good & Sherrod, 2000). This 5-item measure evaluates stigma towards receiving psychological help. One sample item asks for a ranking on whether one agrees that it is a sign of personal weakness or inadequacy to see a psychologist for emotional or interpersonal problems. Another sample item asks the participant to rank “It is advisable for a person to hide from people he/she has seen a psychologist” (Komiya et al., 2000). Total scores range from 0 to 15, with higher scores signifying greater perception of stigma related to receiving psychological treatment (Komiya et al., 2000).

The sample used to validate the psychometric properties of the **SSRPH** involved 311 undergraduate college students (Komiya et al., 2000). To create the **SSRPH**, two licensed counseling psychologists conducted a preliminary analysis, which consisted of scrutinizing the scale items to assess their validity. This was followed by a maximum-likelihood factor analysis, which resulted in the presence of one factor accounting for 100% of the variance (eigenvalue for factor one = 3.70) (Komiya et al., 2000). A one-factor solution was then used to construct the **SSRPH**, resulting in a coefficient alpha of .72. This value signifies an adequate level of internal consistency (Komiya et al., 2000). Furthermore, the **SSRPH** correlated negatively with the Attitudes Toward Seeking Professional Psychological Help Short Form (ATSPPH-S) ( $r = -.40, p < .0001$ ), indicating that the less social stigma individuals perceived, the more positively they felt about seeking psychological help. This correlation supports the construct validity of the **SSRPH** (Komiya et al., 2000).

***Self Stigma of Seeking Help (Vogel, Wade, & Haake, 2006)***. The **SSOSH** (a 5 point likert scale with 1 = *strongly disagree* to 5 = *strongly agree* and scale point 3

indicating *agree and disagree equally*) was used to assess undergraduate college student's self-stigma. Self-stigma describes an individual who believes in a stereotype, prejudice or discriminatory view (e.g., all people with mental illness are useless and inept), and would label themselves as useless and inept if they were diagnosed with a mental illness. This 10-item measure can result in a range of scores from 10 to 50, with higher scores signifying presence of self-stigma (Vogel et al., 2007). A sample item is "I would feel inadequate if I went to a therapist for psychological help" (Vogel et al., 2007, p. 42).

The sample used to validate the psychometric properties of the **SSOSH** involved college students (Vogel, Wade, & Haake, 2006). Two studies were conducted to validate this measure. In study one, the sample consisted of 583 college students (53% females, 47% males; 86% European American, 4% African American, 3% Latino/Latina American, 3% Asian American, 2% Multiracial American, and 2% International) (Vogel et al., 2006). The **SSOSH** has demonstrated solid internal consistency with studies reporting between .86 and .90 (Vogel et al., 2006). The **SSOSH** correlates with attitudes toward seeking professional help and intention to seek counseling (-.53 to -.63 and -.32 to -.38, respectively; Vogel et al., 2006). This measure also considered college students who sought psychological services versus those who did not, for the duration of 2-months (Vogel et al., 2006). The intent of the second study was to confirm and duplicate findings from the first study. The sample used in the second study consisted of 470 college students (52% females, 48% males; 92% European American, 2% African American, 2% International, 1% Asian American, 1% Latino/Latina American, and 1% Multiracial

American (Vogel et al., 2006). Overall, results of this second study demonstrated strong internal consistency (.89) and confirmed the factor structure (Vogel et al., 2006).

The researcher's demographic survey was designed to gather additional information about the participants to contextualize the sample and the findings. Information was solicited regarding gender, age, race/ethnicity, sport played, years playing sport, years playing sport at Division I level, sources of social support, past experience with a mental health professional, and what type of professional and facility would they recommend to someone in need of mental health services.

### **Procedures**

Recruitment tactics consisted of this researcher contacting athletic administration staff members from two, 4-year NCAA Division I institutions. Based on these contacts, this researcher (with approval from the athletic department administrators) was able to schedule psycho-educational workshops on various dates at each institution. At one institution, an agreement was made that all athletic teams would be required to attend the psycho-educational workshop, but each student-athlete would choose whether or not they wished to participate in the study. At the other institution, three athletic teams were chosen to attend the workshop. Again, individuals were required to attend, but were given the freedom to decide if they wished to participate in the research study.

During recruitment, students were provided with a cover letter explaining the investigator's athletic status and background (e.g., active athlete, former Division I women's soccer player and 2-year captain), purpose of the investigation, the time commitment required to complete the study, and informing them of their right to request the results of the study at a later date. The researcher reviewed this letter with every

group of participants. To ensure anonymity, the surveys were coded by numbers such that the identity of the participants would remain unknown. Participants were also provided with a sealed envelope that they could self-address. This envelope included a stamped envelope addressed to the researcher along with the survey materials. The envelope was stamped with the researcher's return address as well, as to avoid any traceable information to the participant. The surveys inside each envelope were coded to match the participant's initial surveys. The coded numbers were the only information used to match up the surveys. Six weeks after the workshop, each participant was asked to fill out the surveys one last time and to drop them in the mail in the pre-addressed and stamped envelope.

Participants in the study were asked to complete the aforementioned measures, and the demographic questionnaire (Survey A). On the first follow up survey (Survey B), participants were also asked, "What about this experience impacted any change in your thinking?" On the second follow up survey (Survey C), participants were also asked "Have you had the opportunity to make a referral or suggest counseling services to a friend or family member in the past 6 weeks?" and "Have you considered seeking counseling services for yourself, or have you actually sought counseling services for yourself in the past 6 weeks?" The time commitment to complete the two sets of measures and participate in the workshop was approximately 75 minutes. The time commitment to complete the follow-up measures 6 weeks later was predicted to take approximately 10 minutes. One-hundred and seventy eight student-athletes attended the workshop. All individuals who attended the workshop, and who were able to stay for the duration, (e.g., not needing to leave for a class, meeting, or other commitment), chose to



participate in the research study. After completing data screening procedures (described below), 159 completed survey packets were used for continued analysis and to establish findings. Hence, there were 159 completed surveys A and B. The follow-up survey was sent to all 178 student-athletes who chose to complete surveys A and B. Of the total sample, 22 chose to participate in the follow-up trial, meaning 22 completed survey C. All received survey C's were used in the analysis.

The researcher is the only person with access to the completed surveys. The surveys are being kept in a locked file cabinet and the data has been saved on a password protected USB portable drive, which is also stored in a locked file cabinet. The researcher used implied consent, such that voluntary completion of the measures indicated that the individual gave his or her consent to participate. This allowed participation to be done in a truly anonymous fashion. Finally, the researcher provided the participants with contact information, should they have any questions or concerns regarding the study.

### **Data Screening**

Using SPSS 18.0 (SPSS Inc., 2009), the researcher performed data screening following the guidelines of Meyers, Gamst, and Guarino (2006). The screening process was conducted on each of the four dependent variables as well as items on the demographic questionnaire. The data set was screened for coding errors, missing values, outliers, and degrees of normality. Overall, the data produced no coding violations and variables were within range of the respective scales. This researcher performed listwise deletion, which eliminated 19 cases, leaving 159 cases, which is well above the required sample (Meyers et al., 2006). Normality curves showed that all variables had a normal distribution. Linear relationships were found satisfactory.

## Statistical Design

Individual one-way repeated measures ANOVA's were performed on each measure to determine what impact the psycho-educational workshop had on student-athlete attitudes toward help-seeking and attitudes toward mental health services. Data was analyzed using the Statistical Package for Social Sciences (SPSS, 2009).

**Repeated measures ANOVA analysis.** a) It was hypothesized that the psycho-educational workshop would improve attitudes toward psychotherapy and mental health services in general (from pre-workshop to post-workshop). b) It was also hypothesized that the psycho-educational workshop would improve attitudes toward help-seeking among student-athletes (again, from pre- to post-workshop). c) Finally, it was hypothesized that the psycho-educational workshop would decrease negative stigma related to attitudes associated with seeking and receiving psychological help (again, from pre- to post-workshop). Thus, attitudes toward mental health services and attitudes toward help-seeking among student-athletes would be directly related to the psycho-educational workshop. In this analysis, the categorical predictor variable or independent variable was defined as time. The continuous criterion variables or dependent variables were defined as each measure, each of which was described above. The repeated measures ANOVA allows a comparison of each dependent variable score at two or more points in time. In this study, points in time were at baseline, immediately following the intervention and again at 6 weeks following the intervention. This analysis is further illustrated in the diagram below (see Figure 1).

<i>IV – Time</i>	<i>DV – Attitudes/Help-seeking</i>
Time 1 (Baseline)	ISCI
Time 2 (Post-Intervention)	ATSPPH-S
Time 3 (Post-Intervention 6 week follow-up)	SSRPH SSOSH

Note:  $F = MS \text{ Time} / MS \text{ Residual}$ ; because all subjects are getting the same treatment, we do not need to consider any between-groups variance.

*Figure 1. Repeated Measures ANOVA Analysis*

### **Method**

Subjects in this study were asked to complete the set of measures described above before and after participating in a psycho-educational workshop, which addressed mental illness, mental health services, and the associated stigma surrounding help-seeking and psychological services. Surveys A and B were completed on the same day. Participants completed the measures immediately following the workshop and again 6-weeks later. In order to maintain treatment fidelity across workshops, the researcher followed a scripted semi-structured discussion format. The decision for Survey C to be completed 6-weeks after the workshop was determined after a literature review revealed a lack of consistency among study follow-up time periods (Gawrysiak, Nicholas, Hopko, 2009; Martire, Schulz, Keefe, Rudy, & Starz, 2007), and a lack of information on suggested time periods for follow-up survey materials to assess for maintenance of change.

More specifically, the scripted discussion paralleled a power point presentation (see Appendix I). Each participant had a copy of the power point slides, which they could choose to, follow throughout the presentation or take notes. As stated earlier, outcome

research has revealed several important facts that support use of a psycho-educational workshop. First, early treatment termination is often due to poor education and false expectations about both counseling process and outcome (Swift & Callahan, 2008). Second, educating clients at the start of treatment can positively impact the therapeutic experience (Swift & Callahan, 2008; Vogel, Wester, Wei & Boysen, 2005). Hence, the determination to create a workshop aimed at providing information about an otherwise unknown process (if not directly experienced) was made.

The workshop began with an introduction of my background and the content, followed by a set of facts and statistics aimed at helping the student-athletes relate to and care about the subject matter. I was the presenter. The explanation of my athletic background was pivotal in building a connection with the student-athletes. My past participation as a Division I athlete, former captain, and present day efforts to stay involved in exercise and sport contributed to building rapport with the student-athlete population. Furthermore, extant research has shown that addressing misperceptions and expanding knowledge (e.g., increasing mental health literacy), will result in increased comfort with mental health professionals and services (Esters & Cook, 1998; Gonzalez & Tinsley, 2002; Jorm, 2000; Sharp, Hargrove, Johnson & Deal, 2006). Material was based on a workshop created and implemented by Gonzalez, Tinsley and Kreuder (2002). This researcher added material specific to student-athletes.

The workshop was broken down into two parts. Part I intended to provide knowledge about prevalence of mental health concerns and aimed to help the student-athletes relate to the material. Part I also intended to provide information on mental illness, focusing on the connotation of the term and the attached stigma. After

introductions, statistics were presented to display prevalence of mental illness, specifically within the student-athlete population. This was followed by facts elucidating the propensity of student-athletes to avoid utilizing counseling services. These facts were then generalized to the broader population, with specific emphasis on facts such as “less than 40% of people with a mental health concern seek professional help.” To follow, information specific to substance abuse, anxiety, depression, and suicide was presented and connected by real life examples of both professional and collegiate athletes who have faced similar mental health issues throughout their athletic careers. Within each disorder presented, the facilitator wove in questions and comments to facilitate thought on the presence of stigma in this realm. Quotations from professional athletes and professional coaches were included to illuminate the stigma inherent in help-seeking for mental health concerns. To conclude Part I, the facilitator asked “Why do we care?” and presented data revealing the gamut of issues faced by student-athletes (e.g., stress, burnout, anxiety, depression, multiple roles, etc.) along with several barriers to help-seeking within the student-athlete population (e.g., closed culture, fear of unknown, stigma, scheduling conflict, etc.). Next, the facilitator took the audience through definitions, explanations and examples to help educate, break down stigma, and clarify misperceptions about these topics. For example, the facilitator asked, “What is Mental Illness?” and “What happens when you hear the term Mental Illness?” The audience responded and provided an opportunity to build awareness, offer validation and provide corrective information. At this point, psycho-education on the variability of coping skills among all people and how mental illness develops (e.g., nature vs. nurture) was reviewed. To clarify the concept that all individuals can benefit from help-seeking, regardless of the severity of their mental

health concern, two examples of student-athletes suffering from a break-up were presented. One athlete was having a more typical reaction, while the other athlete was experiencing more severe depressive symptoms. The audience was often surprised that both individuals would benefit from seeking psychological help.

Next, “Bad News” on Stigma, including examples of self-talk (e.g., “I should be able to handle this on my own;” “What will people think of me?”) was reviewed. Participants were asked to privately identify if these comments had ever floated through their own minds when feeling stressed or otherwise impacted psychologically. Of course, this was followed up with “Good News” on how common mental health concerns are, how costly untreated mental illness can be and the multitude of benefits that can be experienced from accessing professional psychological services. Finally, participants were presented with information on who to ask for help (e.g., difference between psychologist, psychiatrist, social worker, etc.), what type of treatment one would receive (e.g., individual therapy, group therapy, couples therapy, psychopharmacology), and cost of services.

Part II focused on educating about psychotherapy. The facilitator first asked, “What is Psychotherapy?” This provided an avenue for discussion about the different types of therapy, therapists, and facilities from which one could seek professional psychological help. Specific information for the campus counseling center and state psychological association referral service was provided to ensure participants left the session with resources. At this point, the facilitator presented information on making appointments, the variety of issues that warrant treatment (e.g., emotional problems, family conflicts, social problems, stress, sexual or dating problems, general concerns,

etc.), on therapeutic process and on expectations of both therapist and client/patient.

Research suggests that human beings avoid what they do not know. Therefore, providing information of what goes on behind the closed door of a therapy session was viewed as essential for this presentation. Again, questions were often posed to the audience to test their knowledge, prior to providing them with more accurate information (or confirming what they already knew). Participants were encouraged to participate and ask questions throughout the workshop.

The psycho-educational workshop was piloted with a subset of the research population. The pilot group consisted of 6 retired college-athletes (4 male, 2 female; 4 White, 1 Black, 1 Armenian). The pilot sample completed the measures, which took approximately 10 minutes. Several participants acknowledged that the negative stigma they previously associated with mental health and help-seeking had decreased after completing the workshop.

The pilot participants were asked to provide feedback regarding the workshop content and presentation. A summary of their feedback included ways to make the workshop more interactive, increasing examples of known college athletes with mental health issues who have sought professional help, and providing more specific examples of typical problems for which student-athlete's would utilize counseling services.

Moreover, the pilot sample recommended more time be spent on clarifying that psychological services can be utilized as a preventive measure to avoid mental illness altogether and that the effort student-athlete's may need to expend to find a good client-therapist fit, both in style and schedule, may be high, but worthwhile. Approximately 1 week after the pilot, a licensed psychologist viewed a recording of the piloted workshop

and provided additional feedback to the facilitator/researcher. The aforementioned attempts to maintain treatment fidelity across this research study are based on a study by Zizzi and Perna (2003), in which a brief workshop was used to impact athlete profiles towards sport psychology.



## Chapter IV

### Results

#### Overview

The purpose of this study was to examine the impact of a psycho-educational workshop on the following: (a) student-athlete attitudes toward help-seeking, (b) student-athlete attitudes toward psychotherapy and mental health services, (c) stigma related to seeking psychological help, and (d) stigma related to receiving psychological help. This chapter will detail how measures were analyzed and the findings from each of the tested study hypotheses.

#### Descriptive Statistics

Prior to testing study hypotheses, descriptive statistics, in the form of means and standard deviations, were calculated for each of the primary study measures. Table 2 provides a summary of these descriptive values. Overall, visual inspection of the tabled values indicates that there appears to be consistent improvements across three of four measures from Time 1 to Time 2. Specifically, mean increases on ATSPPH-S and ISCI, suggest improved attitudes toward professional psychological services for a variety of issues. Further, mean decrease on the SSOSH suggests decreased stigma around seeking professional psychological services.

With regard to Time 3, it is important to note a considerable decrease in sample size (i.e., 159 participants at T1 and T2 vs. 22 participants at T3). Due to the smaller sample size in the final trial, results from T3 in comparison to T1 and T2 should be interpreted with caution.

Table 2.

*Descriptive Statistics for Study Outcome Measures*

	<i>M</i>	<i>SD</i>	Min	Max	Skew	Kurtosis
<b>ATSPPH-S</b>						
T1	14.89	3.79	6.00	24.00	-0.086	-0.388
T2	19.21	5.21	2.00	30.00	-0.459	0.723
T3	19.04	6.09	5.00	28.00	-0.651	0.123
<b>ISCI</b>						
T1	40.81	16.95	17.00	85.00	0.469	-0.771
T2	46.94	20.89	17.00	95.00	0.273	-0.848
T3	50.19	17.89	19.00	78.00	-0.495	-0.816
<b>SSOSH</b>						
T1	24.97	6.04	11.00	47.00	0.582	1.092
T2	22.76	5.88	10.00	41.00	0.248	0.531
T3	22.18	8.09	11.00	38.00	0.550	-0.546
<b>SSRPH</b>						
T1	5.22	2.83	0.00	12.00	-0.062	-0.211
T2	5.10	2.74	0.00	12.00	-0.116	-0.356
T3	5.18	3.47	0.00	12.00	-0.108	-0.645

Note. *ATSPPH-S* = Attitudes Towards Seeking Professional Psychological Help Scale;

*ISCI* = Intentions to Seek Counseling Inventory; *SSRPH* = Stigma Scale for Receiving

Psychological Help; *SSOSH* = Self-Stigma of Seeking Help; *T1* = Time 1 (Pre-survey);

*T2* = Time 2 (Post-survey); *T3* = Time 3 (6 week follow up survey).

## Analysis

### Hypothesis Testing

**Hypothesis 1.** The first study hypothesis posited that the psycho-educational workshop would positively affect participant attitudes toward seeking psychotherapy and mental health services in general. The researcher hypothesized that this change would be evidenced by significant differences prior to (Time 1) and after (Time 2, 3) the intervention on attitudes toward seeking psychotherapy and mental health services in general. This hypothesis was tested using a repeated measures, univariate analysis of variance (ANOVA) that entered time as the discrete independent variable, repeated across three administrations, and Attitudes Toward Seeking Professional Psychological Services (ATSPPH-S) as the continuous dependent variable. Table 3 provides means and standard deviations aggregated by time of administration (pre and post-intervention). As observed in Table 3, the results indicated that attitudes towards professional psychological services did improve from pre-intervention to post-intervention, immediately following the psycho-educational workshop ( $p < 0.001$ ). Results also indicate that this change in attitudes was maintained 6-weeks later ( $p < 0.001$ ). The Multivariate Test Table for this hypothesis is provided as Table 4. Thus, these data support Hypothesis 1 in that the study intervention appeared to impact attitudes about seeking psychological assistance in a positive direction.

Table 3

*Hypothesis 1: Means and Standard Deviations by Pre and Post-Intervention*

Instrument	Pre-Intervention (n = 159)	Post-Intervention (n = 159)	Follow-up (n = 22)
ATSPPH-S	14.89 (3.79)	19.21 (5.21)	19.05 (6.09)

Note. Values represent Mean (Standard Deviation) for scale Total scores.

Table 4

*Hypothesis 1: Results of Multivariate Tests for T1 and T2*

Effect	Value	F	Hypothesis df	Error df	P	Partial Eta Squared
Pillai's	.561	202.209	1.0	158.000	.000	.561
Trace						

Note.

*Hypothesis 1: Results of Multivariate Tests for T1, T2 and T3*

Effect	Value	F	Hypothesis df	Error df	P	Partial Eta Squared
Pillai's	.513	10.517	2.0	20.0	.001	.513
Trace						

Note.

**Hypothesis 2.** The second study hypothesis held that the psycho-educational workshop would create a positive shift in participant attitudes toward help-seeking for various issues. The researcher hypothesized that this change would be evidenced by

significant differences prior to (Time 1) and after (Time 2, 3) intervention on the intentions to seek counseling inventory. This hypothesis was tested using a repeated measures, univariate analysis of variance (ANOVA) that entered time as the discrete independent variable, repeated across three administrations, and the Intentions to Seek Counseling Inventory (ISCI) as the continuous dependent variable. Table 5 provides means and standard deviations aggregated by time of administration (pre and post-intervention). The Multivariate Test Table for this hypothesis is provided as Table 6. The results indicated that attitudes about intentions to seek counseling improved from pre-intervention to post-intervention, immediately following the psycho-educational workshop ( $p < .001$ ). Results from the six-week follow up were not significant. Thus, this study supports Hypothesis 2 in providing evidence that the intervention improves intention to seek counseling.

Table 5

*Hypothesis 2: Means and Standard Deviations by Pre and Post-Intervention*

Instrument	Pre-Intervention (n = 159)	Post-Intervention (n = 159)	Follow-up (n = 22)
ISCI (T1-T2)	40.81 (16.95)	46.94 (20.89)	50.19 (17.89)

Note. Values represent Mean (Standard Deviation) for scale Total scores.

Table 6

*Hypothesis 2: Results of Multivariate Tests for T1 and T2.*

Effect	Value	<i>F</i>	Hypothesis df	Error df	P	Partial Eta Squared
Pillai's	.202	39.996	1.0	158.000	.000	.202
Trace						

Note.

**Hypothesis 3.** The third and final study hypothesis expected that the psycho-educational workshop would cause a decrease in participant's negative stigma related to seeking and receiving psychological help. The researcher hypothesized that this change would be evidenced by significant differences prior to (Time 1) and after (Time 2, 3) intervention on the scales aimed at determining self stigma related to seeking and receiving psychological help. This hypothesis was tested using a repeated measures, univariate analysis of variance (ANOVA) that entered time as the discrete independent variable, repeated across three administrations, and the Stigma Scale for Receiving Psychological Help (SSRPH) and Self-Stigma of Seeking Help (SSOSH) scales as two separate continuous dependent variables. Table 7 provides means and standard deviations aggregated by time of administration (pre and post-intervention). The Multivariate Tests Table for this hypothesis is provided as Table 8. The results indicated that stigma related to seeking psychological help did decrease from pre-intervention to post-intervention, immediately following the psycho-educational workshop ( $p < .001$ ). Results for Time 3 were not significant. Results for stigma related to receiving psychological help were not significant across all time periods. Thus, study provides evidence to suggest that the

intervention reduced stigma toward seeking psychological help, as was partially expected in Hypothesis 3.

Table 7

*Hypothesis 3: Means and Standard Deviations by Pre and Post-Intervention*

Instrument	Pre-Intervention (n = 159)	Post-Intervention (n = 159)	Follow-up (n = 22)
SSRPH	5.23 (2.83)	5.10 (2.74)	5.18 (3.47)
SSOSH	24.93 (6.07)	22.76 (5.88)	22.18 (8.09)

Note. Values represent Mean (Standard Deviation) for scale Total scores.

Table 8

*Hypothesis 3: Results of Multivariate Tests for T1 and T2, SSRPH*

Effect	Value	<i>F</i>	Hypothesis df	Error df	P	Partial Eta Squared
Pillai's Trace	.003	.476	1.000	158.000	.491	.003

*Hypothesis 3: Results of Multivariate Tests for T1 and T2, SSOSH*

Effect	Value	<i>F</i>	Hypothesis df	Error df	P	Partial Eta Squared
Pillai's Trace	.194	37.516	1.000	156.000	.000	.194

## Contrasts

Following completion of formal hypothesis testing, additional analyses were conducted to further explore the data. Data provided the opportunity to look at three levels of time as opposed to two. Specifically, post-hoc, polynomial contrasts were calculated in order to compare for differences across the repeated measure of time. A simple contrast analysis was employed, producing both a linear comparison (lowest vs. highest scoring group) and a quadratic comparison (middle vs. high and low scoring groups in aggregate).

The results were largely as expected and consistent with visual inspection of mean scores across assessment periods. In the first hypothesis in which times 1, 2, and 3 provided mean scores of 15.7, 19.4, and 19.0, respectively, for attitudes toward seeking help, both contrast comparisons were significant. Specifically, the linear comparison,  $F(1, 21) = 12.1, p = .002$  and the quadratic comparison,  $F(1, 21) = 7.0, p = 0.02$ , both yielded significant differences in attitude scores over time. Notably, when a similar comparison was conducted for intention to seek counseling in which time 1 to 3 mean scores were 46.4, 53.5, and 50.2, respectively, no significant differences were observed for the linear,  $F(1, 20) = 16.0, p = .22$ , or quadratic,  $F(1, 21) = 2.90, p = .10$  comparisons. Similarly, self-stigma related to seeking help produced mean scores over time of 24.2, 22.1, and 22.2 but no significant linear  $F(1, 21) = 3.5, p = .07$ , or quadratic,  $F(1, 21) = 2.02, p = .17$ , comparisons. Finally, when stigma of receiving help compared mean scores of 6.14, 5.22, and 5.20, the linear comparison  $F(1, 21) = 5.0, p = .04$ , was significant but the quadratic comparison was not,  $F(1, 21) = 1.22, p = .28$ .



## Chapter V

### Discussion

#### Introduction

In this chapter, results will be interpreted in light of the research questions and individual hypotheses. These results will be discussed alongside relevant literature and divided into three sections: (a) attitudes toward mental health services, professionals, and help-seeking, (b) stigma related to seeking and receiving professional psychological help, and (c) utilization of a psycho-educational workshop. Next, limitations of the study will be presented. Finally, recommendations for further research will be offered.

#### Interpretation of Findings

In this study, I evaluated the impact of a psycho-educational workshop on college-athlete attitudes toward (a) help-seeking, (b) mental health and psychological services, and (c) stigma related to seeking and receiving professional psychological help. The aim of this research project was to improve attitudes, decrease negative stigma, and contribute to the literature on collegiate student-athletes.

**Attitudes and help-seeking.** The present study contributes to information about the potentially important role of psycho-education in shifting attitudes and stigma related to mental health and illness among student-athletes. Although student-athletes are inclined to express poor attitudes and negative stigma around seeking and receiving professional psychological services, the results of this study indicate that those attitudes can be changed in a positive direction. Because collegiate student-athletes have been involved with the closed culture of athletics for so many years, the findings that student-athlete attitudes can change is remarkable. These findings are significant because creating

change with any human being is a difficult task. Moreover, creating change among student-athletes is particularly daunting, given that athletes are often raised for years in a culture that teaches “no pain – no gain.” In essence, this mantra communicates to athletes that they should endure pain without any appearance of anxiety or stress and to stay focused on the athletic task at hand without variance. For collegiate athletes, their environment is extremely competitive, such that any act that could be perceived as a weakness (e.g., seeking psychotherapy) is a sign that the act should be avoided. Often, playing decisions, and even scholarship decisions, are made based upon mental toughness and the ability, or perceived ability, to endure, even when the physical and mental stress of the athletic contest is the greatest. Therefore, hiding that vulnerability is the preferred course. However, even though the majority of research identifies student-athletes as having poor attitudes toward mental health services and professionals, no study has evidenced the actual ability of student-athletes to change in this regard. This study presents a new tool for the psychology field to utilize, as outreach or as a regular programmatic (mandated) workshop, with collegiate level student-athletes.

The initial question that guided this research was: How do college athletes’ attitudes toward mental health services impact their openness to and attitudes toward help-seeking on campus? It was hypothesized that the psycho-educational workshop would positively affect participant attitudes toward seeking psychotherapy and mental health services in general. Results of the repeated measures ANOVAs show support for the hypothesis that the psycho-educational workshop created positive change on measures evaluating attitudes toward professional psychological services and intentions to seek counseling for various issues. Therefore, one of the unique contributions of this

study is that it provides, for the first time, empirical support for use of a psycho-educational workshop with student-athletes specifically aimed at shifting their attitudes toward mental health services, professionals, and help-seeking. Addressing the need to help members of this population become more open to help-seeking is important, because empirical examinations of student-athletes has shown that 10-15% suffer from psychological problems that are severe enough to necessitate intervention (Gill, 2008; Hinkle, 1994; Watson & Kissinger, 2007; Wilson & Pritchard, 2005). The psycho-educational workshop implemented here improved attitudes toward help-seeking; therefore, such a workshop would facilitate student-athletes being more likely to seek help for psychological problems, such as poor academic and athletic performance, and reduced quality of interpersonal relationships - as well as more severe issues like depression, anxiety, and trauma.

It is appropriate to discuss the decision to implement the psycho-educational workshop and to identify how results are situated in the literature. As no prior research has measured the impact of a psycho-educational workshop on attitudes toward help-seeking and professional psychological services with the student-athlete population, the belief regarding the probable impact of the workshop on student-athlete attitudes toward help-seeking was based on findings and positions taken from prior scholarship in the area of help-seeking trends, and from a study evaluating the impact of a psycho-educational workshop with a general collegiate population (Gonzalez, Tinsley, & Kreuder, 2002). As noted previously, student-athletes tend to underutilize mental health services (Selby, Weinstein & Bird, 1990; Watson, 2006), often due to poor attitudes toward and a lack of knowledge about psychological services. The psycho-educational workshop implemented

in this study was designed specifically to address the barriers identified in Watson's (2005) study. Moreover, relevant empirical literature notes that personal experience (e.g., participating in a workshop; contact with mental health professional) is "the most consistent and powerful correlate of attitudes and beliefs about mental illness and mental health services, and those attitudes and beliefs predict whether individuals actually seek help" (Gonzalez, Tinsley, & Kreuder, 2002, p.59). Through providing that "personal experience," which included provision of information and addressing misconceptions, results of this study indicate that student-athletes became better informed about professional psychological services. Therefore, their attitudes toward such services improved. That is, the psycho-educational workshop was an effective intervention with this population. Furthermore, Cepeda-Benito and Short (1998) noted that attitudes toward psychotherapy were directly related to one's perception of whether or not they would engage in help-seeking behavior. Therefore, it is possible that improving attitudes toward mental health and professional psychological services, as was illustrated in the current study, would increase the likelihood that a student-athlete might also increase their help-seeking behavior. However, this discussion will only focus on attitudes toward help-seeking and intentions to seek help, and does not make assumptions or conclusions about actual engagement in help-seeking behaviors.

Simply stated, the findings of this study indicate that the intervention of a psycho-educational workshop improved willingness to seek counseling. The various stressors and common problems that plague student-athletes have been enumerated in the literature (Wilson & Prichard, 2005). Increases in ISCI item endorsements (e.g., exam stress, academic stress, fear of failure/inferiority feelings, anxiety, and depression) are

traditionally addressed by the student-athletes by attempting independent management or through help-seeking within the athletic system. In contrast, this study demonstrated that participation in the workshop improved attitudes toward help-seeking with mental health professionals for several of the population specific concerns. This provides continued support for use of the psycho-educational workshop with student-athletes to help shift their willingness to seek counseling for various issues. The workshop is an essential tool that universities could be using to help student-athletes become better educated about mental health service options on campus. Through education, student-athletes became more aware of appropriate professionals and facilities from which they could seek help for mental health distress. This will presumably result in student-athletes who seek help from professionals specifically trained to assist them in managing various stressors, as compared to trainers and coaches who are generally not specifically trained to assist with mental health concerns. The experience of participating in the psycho-educational workshop resulted in a student-athlete group that is more informed about proper help-seeking behavior.

*Attitudes and stigma.* Another key contribution of the current study to literature on student-athletes and stigma is the demonstration of decrease in stigma as a direct effect of participation in the workshop. In this study, I also questioned what effect psycho-education would have on stigma related to help-seeking. That is, would provision of information and correction of misconceptions contribute to a decrease in stigma and subsequent increase in positive attitudes toward help-seeking? In the third and final study hypothesis, I expected that the psycho-educational workshop would cause a decrease in participant's negative stigma related to seeking and receiving psychological help. Results

indicated that stigma related to seeking psychological help did decrease from pre-intervention to post-intervention, immediately following the psycho-educational workshop, thus, illustrating that the intervention reduced stigma toward seeking psychological help.

Stigma and label avoidance go hand in hand with decision making and help-seeking behaviors (Vogel, Wade & Haake, 2006). The stigma of seeking treatment is most often cited as keeping a person from seeking counseling (Corrigan, 2004; Corrigan & Penn, 1999). The student-athlete struggles with the effects of public and self stigma. It is that “never say die” attitude required in competitive, collegiate athletics that dictates success, and help-seeking is viewed in athletics as a sign of weakness in contrast to that never say die mantra. There is the fear that the coaches and teammates will view help-seeking as a weakness and vulnerability, which may transition into the athletic contest or choice of a team leader. Therefore, there is a presence of stigma when faced with help-seeking, and such a stigma presents a barrier to help-seeking behavior within this population. In general, such a stigma is avoided by the student-athlete, but that perception of stigma helps to understand the development of poor attitudes toward help-seeking amongst student-athletes. In turn, the psycho-educational workshop aimed to address this barrier directly. Reduction of stigma within this population means a group of individuals who are more open to help-seeking. It means creating an atmosphere where psychological problems are seen as less threatening and where seeking help is also viewed as less threatening or stigmatizing. Given that stigma is a central barrier to help-seeking in general, these results highlight the value of addressing stigma directly. By attending to stigma, normalizing the experience of mental distress and educating about

psychotherapy services and process, student-athletes became less stigmatizing of themselves and others.

More specifically, decreases on the SSOSH indicate that self-stigma, the way a person judges themselves as a result of engaging in mental health services, decreased. This finding illustrates that participation in the psycho-educational workshop impacted change on self-stigma. The workshop influenced the student-athlete's internalized negative judgments about what it means about them if they were to seek mental health services. Possibly, aspects of the workshop made them question previous held negative beliefs about individuals who struggle with a mental illness and/or who seek treatment for professional help managing that illness. Specific aspects of the workshop that may have contributed to this shift in self-stigma may include presentation of prevalence rates for various common mental illnesses (e.g., depression and anxiety disorders) or awareness brought to the presence of psychological distress among well known professional athletes, such as Michael Beasley. These aspects were intended to help normalize the experience of mental illness. With decreased stigma, student-athletes may be less concerned with public opinions, may judge themselves less harshly or negatively for help-seeking and in turn, may be more inclined to seek professional psychological help. It is apparent that continued implementation of psycho-educational workshops, akin to the one used in this study, be used to address how the student-athlete internalizes public stigmas and formulates their own opinions about receiving and seeking psychological help. These results show that student-athletes' stigma around mental health services can change.

It is also interesting that attitudes and stigma were negatively correlated in the current study. This supports previous research, which states “perceptions of the public stigma associated with mental illness predicated the self-stigma associated with seeking counseling, which in turn, predicated attitudes toward seeking help and, finally, willingness to seek counseling services for psychological and interpersonal concerns” (Vogel, Wade, & Hackler, 2007, p. 46). Overall, stigma, attitudes toward help-seeking, and willingness to seek help are all correlated in theoretically meaningful directions. In this study, as attitudes improved and willingness to seek counseling increased, stigma related to seeking psychological services decreased. This is an interesting finding that supports continued study of these concepts together. Findings illustrate that if we can address attitudes, we can ultimately decrease stigma. Conversely, if we can address self stigma, attitudes will in turn improve. Therefore, effecting change in either attitudes or stigma will ultimately and indirectly help create change in the other.

***Utilization of a psycho-educational workshop.*** Previous research (Gonzalez, Tinsley, & Kreuder, 2002) found that providing psycho-education to the college student population on mental illness and psychotherapy had a positive impact on attitudes toward help-seeking. Other researchers (Potter, Moynihan, & Stepleton, 2009) have reported on the positive impact of outreach services for different problems. Potter et al. (2009) concluded that programs conducted in person facilitate participant’s active engagement in the program’s focus. Additional researchers (Kearney, Rochlen & King, 2004; Perry, Kulik & Schmidtke, 1998) note that in person trainings may be more effective in shifting attitudes. Hence, the modality used in this research study for disseminating information and educating participants is supported by the extant research. Moreover, this study’s



findings build on and support previous conclusions that in-person trainings are in fact, effective in shifting attitudes, as was seen in this research study as well.

Furthermore, the psycho-educational workshop was a unique opportunity for student-athletes to experience a population-specific, educational and informational presentation about mental health services that was scheduled specifically for them. Scheduling the workshop during a convenient time for the athletes accounted for a central barrier that has often kept student-athletes from obtaining mental health services information. That barrier is time. Student-athletes work diligently to maintain the multitude of responsibilities and roles, which are often tightly scheduled. These include student, athlete, friend, family member, employee, club or service group member, and so forth. Given these various roles and responsibilities, student-athletes are often unable to attend general outreach programs from the counseling center or health services provided to the general student population. This workshop targeted this central barrier and created an opportunity for members of this population to learn about a service, which could potentially aid in dealing with stress and mental health concerns. Overall, participants displayed improved attitudes toward mental health services and toward help-seeking with decreased stigma around mental health services and professionals. This is a significant change, which may not have occurred had they never had the opportunity to attend such a presentation.

Positive change (improved attitudes and decreased stigma) indicate that the workshop design was effective. Aspects of the psycho-educational workshop, which are felt to have been key in contributing to the findings of this study include (a) presenting examples of well-known athletes who experienced mental health issues, (b) presenting

statistics on prevalence and rates of mental health concerns and efficacy of psychotherapy, in general and within the student-athlete population, (c) enumerating common problems and concerns experienced by student-athletes, (d) addressing myths and misconceptions about mental health services and professionals, (e) providing information about type and availability of mental health services (f) demystifying the therapeutic process by explaining what is expected of the therapist and what is expected of the client/patient, (g) leaving space for question and answer throughout the workshop, and (h) having the workshop facilitated by a female mental health professional who is also a former student-athlete and Division I team captain. Student-athletes responded to the combination of these factors. Previous research has identified key factors needed to change people's attitudes. These include education and contact with mental health professionals. Results of this study indicate that workshops should be provided specifically for student-athletes and should be lead by members of the university counseling center. Having contact with a psychologist who the student-athlete could actually meet with for psychotherapy is essential. For example, a student-athlete approached me after one of the psycho-educational workshops and inquired about engaging in psychotherapy with the researcher. Had this researcher been a member of the counseling center staff on campus, it is presumably more likely this student-athlete would follow-up to engage in psychotherapeutic services. Hence, increased contact breeds increased comfort with something that is otherwise unknown and therefore scary or threatening.

### **Limitations of Current Study**

It is imperative to note several limitations inherent in this study. Perhaps the most significant category of limitations relates to the sample. Student-athletes self-selected to participate in the study, rather than being randomly assigned. Although all workshop participants chose to participate in the research study, preconceptions may have existed that weaken representativeness. For example, the student-athletes were required to attend the workshop (by their athletic department) and despite instructions to the contrary, may have felt compelled to participate in the research project. This is purely speculation, as there have been no comments or complaints in this regard. Next, previous help-seekers were not excluded from the study. Previous experiences with help-seeking, mental health services, and/or mental health professionals may have impacted participant attitudes, expectations, opinions and/or knowledge.

Also, of the 159 cases used in the analysis, there was small dissimilarity noted across racial breakdowns. Specifically, this sample is slightly under-representative of non-White racial groups and over-representative of individuals who identified as White. Given that the racial make-up of all Division I NCAA athletes is unknown, it is not possible to determine how this sample matches the greater collegiate-athlete population. Therefore, the generalizability of results should be considered in light of the degree to which this research sample matches its larger complement.

A methodological limitation involves the psycho-educational workshop, which was created based on a formerly used, but not empirically validated workshop. This researcher also edited the workshop content to include material that would connect with the student-athlete population and communicate information most effectively. Given

these changes, it is advised that future researchers utilize this psycho-educational workshop cautiously. While it seems to have been effective for this research study, additional validation is necessary before continued and recommended use is advised. A second methodological limitation involves specific characteristics of this researcher, who also served as the workshop facilitator. As noted above, the workshop facilitator is a former Division I student-athlete who served as captain for 2 years. This information was shared with participants while reviewing the informed consent letter and elaborated on during the workshop introduction. This specific facilitator characteristic may have played a substantial role in creating a connection with participants, and in helping participants feel as if the facilitator had a genuine understanding of what it takes to survive and/or succeed as a student-athlete. Being a female may have also impacted participant's comfort by creating an added shared trait with 48.4% of participants. It is unknown what impact a non-athlete and/or male facilitator might have because there would not be a shared athletic experience. Future studies may look to identify the impact that this factor has on relevant outcomes.

Further, the use of self-report measures likely limited the validity and reliability of the data obtained. This is due to concepts such as self-censoring, positive impression management, and/or social desirability. Student-athletes may have altered their responses to measures or individual items in light of these concepts. This conscious or unconscious process could have impacted the honesty and validity of results. Such prospective sources of error and bias are noteworthy in this population due to greater cultural restrictions around utilization of mental health services and stigma around help-seeking.

While the study is aimed at the student-athlete population, conducting this research with a sample size composed of Division I student-athletes at just two universities will limit generalizability of this type of intervention to other groups on campus or other student-athlete populations. For this reason, generalization to other groups on campus or other populations (e.g., NCAA Division II & III) should be made with caution. However, this limitation could be accounted for by including multiple NCAA sport divisions in future research studies.

Another limitation involves the follow-up survey, which was sent to participants 6-weeks after the workshop. Only 22 out of 159 (13.8 %) participants completed and returned the follow-up survey, leaving an insufficient sample from which to analyze data. Given that subjects participated anonymously, there was no way to follow-up and encourage individual's to complete the follow-up survey. Therefore, assumptions cannot be made regarding long-term maintenance of any change found from the primary study analysis.

Finally, this workshop was provided to student-athletes during a convenient time scheduled specifically for each team. This is a unique option due to the flexibility of this researcher. Most college counseling centers are bustling with clients and scheduled outreach sessions. It is often excessive to assume they have the time or resources to create population or group specific outreach or psycho-educational workshops. In order for this workshop to be replicated and implemented, a university must have appropriate resources to put such as project in motion.

### **Suggestions for Future Research and Implications**

A consideration of directions for future research is predicated upon continued use of the psycho-educational workshop. As this study was seemingly the first of its kind with the student-athlete population, several directions and opportunities for future research exist. This study provided a good first step in seeing if attitudes could be shifted within this population.

First and foremost, results suggest that student-athletes' attitudes can improve. Therefore, it is recommended that future research aim to replicate this study's findings. Meaning, other studies should utilize the psycho-educational workshop with samples both representative of this study's sample (e.g., Division I collegiate student-athletes) and also variations of this study's sample, such as with Division II and Division III student-athletes. Further, it is encouraged that this study be replicated with random assignment, to account for previous help-seeking experiences and behaviors.

Along this line, I encourage future scholars to continue developing and implementing outreach services specifically for this population. Due to a plethora of barriers, in addition to a closed culture, there is a clear need to address false beliefs, social stigma, and the fears and risks related to mental health help-seeking. This paper highlights the need for psycho-education about mental health services, not only with student-athletes, but with the general population as well.

It is suggested that future research studies consider the impact of facilitator and participant characteristics on change in attitudes and/or stigma. Studies that include multiple facilitators representing both athlete and non-athlete backgrounds, as well as male and female genders, and varying race/ethnicity categories, would account for any

change due to these factors. Findings in this regard would add to the extant literature on student athletes, as well as literature on necessary components for creating change in others. Further, future studies could consider gender and race/ethnicity differences among participants. Considering gender and race/ethnicity differences across the study (e.g., among participants, among facilitators, among facilitator and participant pairings) would further strengthen findings. Also recommended is looking at the difference between or impact on revenue-generating/high profile sports versus other sports.

It is also encouraged that attempts be made to demystify the process of psychotherapy, create contact with mental health professionals, communicate effectiveness of mental health services, and openly discuss mental health stigma. These goals support attempts to prevent decline in mental health and attempts to get ahead of mental distress. If we can provide opportunities for this population to gain knowledge and comfort with help-seeking, and with mental health services, the duration and severity of problems could potentially be minimized. Hence, future research should utilize and implement psycho-educational workshops as a preventive intervention.

It is also recommended that future research attempt to engage athletic personnel/departments in joint efforts with health services, namely mental health services (e.g., campus counseling center). It is not uncommon for athletes who have been raised within the athletic culture and who have managed well (given all the culture-specific barriers), become coaches or other members of athletic department staff. Implementation of this workshop with other populations, such as athletic department staff is also recommended. It is not appropriate to assume that athletic department staff are open to mental health services or prepared to recognize the need of a student-athlete to seek out

such help. Finally, it is proposed that future research expand the current study's ambitions. This would involve going beyond attitudes, and evaluating actual behavioral change that has resulted from participation in the workshop.

### **Conclusion**

It is evident that, use of a psycho-educational workshop formatted specifically for student-athletes is effective in improving attitudes toward mental health services, mental health professionals, and help-seeking; and effective in decreasing stigma related to seeking psychological help. Research in this area is invaluable to the collegiate athletic community and to colleges in general. The unique challenge of being a student-athlete warrants the need to further investigate how to improve help-seeking attitudes and behaviors. Furthermore, as mental health professionals, it is our responsibility to address stigma and misperceptions within the higher education milieu and to ensure college athletes are aware of and open to the services on campus. By adding to the existing literature regarding student-athletes and attitudes towards mental health and help-seeking, this and subsequent studies should support a continued development of resources that ameliorate the student-athlete experience and enhance attitudes toward mental health and help-seeking, and enhance the overall mental health of student-athletes.



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Appendix A  
Letter to Participants

## Student-Athletes Take a break to Learn About Mental Health

Dear Student-Athlete:

As an active athlete, former Division I women's soccer player and two-year captain, and someone training to become a psychologist with a special interest in sport psychology, I am interested in improving the psychological well-being of the collegiate athletic population. I know your time is valuable, and so I am only asking for approximately one hour and fifteen minutes of your time and your honest responses to a few questions about your knowledge of and comfort with psychological services.

One intention of this study is to provide some information about mental health. A second intention of this study is to gather information regarding your level of familiarity and comfort with mental health professionals and mental health services in general, as well as counseling services on your campus. The researchers hope that the data gathered from this inquiry will inform future interventions and the overall betterment of the student-athlete.

We understand that familiarity and comfort in this area will vary. We are trying to gauge where the counseling field stands with collegiate level student-athletes. Should you agree to participate, you may fill out 'Survey A' prior to the workshop, participate in the workshop and fill out 'Survey B' after the workshop has concluded. You will be asked to complete a third survey (Survey C) in six weeks. Today, you will self-address a sealed envelope, which encompasses this final survey in a pre-paid envelope addressed to the researcher. The researcher will keep these envelopes in a secure locked cabinet and will only access them to send them back to you in six weeks. It is possible for the researchers to link your identity to the coded numbers on the surveys because of your name and address on the final follow-up - \*please know that we will do no such thing.\* The coded numbers are only to match up 'Survey C' with 'Survey's A and B'. You will find a demographic questionnaire followed by a series of statements which will ask you to choose a rating. You will be able to participate anonymously. Your name will not be linked to your responses, nor will there be any way to identify you. Moreover, all data gleaned from your participation will be stored on a password protected USB key. Only the primary investigator and research advisor will have access to research materials.

Participation in this study is completely voluntary. Consent to participate is indicated by returning each survey to the researcher. Your participation in this study serves as your informed consent. Of course, you are free to withdraw from participation at any time without penalty. You will not be compensated in any way for your participation, however we hope you will benefit from participating in the workshop, by increasing your knowledge of mental health services and mental health professionals. Your comments or questions regarding this study are encouraged and welcomed during and/or after the workshop; please feel free to write, e-mail, or call. We know your time is valuable. We appreciate your consideration and are hopeful you will participate and benefit from said participation.

Sincerely and appreciatively,

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Appendix B  
Demographic Form

*Please fill out the following information (feel free to use the back of the page):*

Age	
Gender	
Race/Ethnicity	
Sport	
Sex of team	
Years playing sport	
Years playing sport at Division I Level	

<p>Have you ever worked with a sport psychologist?          If <u>yes</u>, please describe this experience (e.g., length and frequency of services; how it served your needs).</p>
<p>Have you ever worked with a mental health counselor? _____          If yes, please describe this experience. (e.g., time spent in therapy/work; worthwhile/not worthwhile; mandated/voluntary)</p>
<p>Who do you typically go to for support with problems?</p>
<p>If I felt I, or someone I know could benefit from mental health services, I would recommend that they go to see what type of professional?</p>
<p>If I felt I, or someone I know could benefit from mental health services, I would recommend that they go to what type of facility or office?</p>

Appendix C

Attitudes Toward Seeking Psychological Professional Help Short Form

Please pay close attention to the directions prior to each section of this survey and answer the items according to the instructions.

<b>Directions: To what extent do you agree or disagree with the statements below:</b>				
	<b>Disagree</b>	<b>Partly Disagree</b>	<b>Partly Agree</b>	<b>Agree</b>
1. If I believed I was having a mental breakdown, my first inclination would be to get professional attention	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
2. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
3. If I were experiencing a serious emotional crisis at this point in my life. I would be confident that I could find relief in psychotherapy.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
4. There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears <i>without</i> resorting to professional help.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
5. I would want to get psychological help if I were worried or upset for a long period of time.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
6. I might want to have psychological counseling in the future.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
7. A person with an emotional problem is not likely to solve it alone; he or she <i>is</i> likely to solve it with professional help.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
8. Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
9. A person should work out his or her own problems; getting psychological counseling would be a last resort.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
10. Personal and emotional troubles, like many things, tend to work out by themselves.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>



Appendix D

Intentions to Seek Counseling Inventory

Below is a list of issues that college students commonly bring to psychotherapy. How likely would you be to seek help at the university counseling service (or other counseling or psychological service) if you were experiencing these problems? Please circle the corresponding answer.

	Very Unlikely	A Little Unlikely	Unlikely	Likely	A Little Likely	Very Likely
1. Weight Control	1	2	3	4	5	6
2. Excessive Alcohol Use	1	2	3	4	5	6
3. Relationship Differences	1	2	3	4	5	6
4. Concern About Sexuality	1	2	3	4	5	6
5. Depression	1	2	3	4	5	6
6. Conflict with Parents	1	2	3	4	5	6
7. Speech Anxiety	1	2	3	4	5	6
8. Difficulties Dating	1	2	3	4	5	6
9. Choosing a Major	1	2	3	4	5	6
10. Difficulty in Sleeping	1	2	3	4	5	6
11. Drug Problems	1	2	3	4	5	6
12. Inferiority Feelings	1	2	3	4	5	6
13. Test Anxiety	1	2	3	4	5	6
14. Difficulty with Friends	1	2	3	4	5	6
15. Academic work Procrastination	1	2	3	4	5	6
16. Self-Understanding	1	2	3	4	5	6
17. Loneliness	1	2	3	4	5	6

Appendix E  
Self-Stigma of Seeking Help

<b>People at times find that they face problems for which they consider seeking help. This can bring up reactions about what seeking help would mean. Please use the 5-point scale to rate the degree to which each item describes how you might react in this situation.</b>					
<b>1 = Strongly Disagree; 2 = Disagree; 3 = Agree &amp; Disagree Equally; 4 = Agree; 5 = Strongly Agree</b>					
<b>Circle the number that corresponds to how you might react to each statement</b>					
	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree &amp; Disagree Equally</b>	<b>Agree</b>	<b>Strongly Agree</b>
1. I would feel inadequate if I went to a therapist for psychological help.	1	2	3	4	5
2. My self-confidence would NOT be threatened if I sought professional help.	1	2	3	4	5
3. Seeking psychological help would make me feel less intelligent.	1	2	3	4	5
4. My self-esteem would increase if I talked to a therapist.	1	2	3	4	5
5. My view of myself would not change just because I made the choice to see a therapist.	1	2	3	4	5
6. It would make me feel inferior to ask a therapist for help.	1	2	3	4	5
7. I would feel okay about myself if I made the choice to seek professional help.	1	2	3	4	5
8. If I went to a therapist, I would be less satisfied with myself.	1	2	3	4	5
9. My self-confidence would remain the same if I sought professional help for a problem I could not solve.	1	2	3	4	5
10. I would feel worse about myself if I could not solve my own problems.	1	2	3	4	5

Appendix F

Stigma Scale for Receiving Psychological Help

<b>Please answer the following from (1) Strongly Disagree to (4) Strongly Agree</b>				
	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
1. Seeing a psychologist for emotional or interpersonal problems carries social stigma.	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
2. It is a sign of personal weakness or inadequacy to see a psychologist for emotional or interpersonal problems.	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
3. People will see a person in a less favorable way if they come to know that he/she has seen a psychologist.	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
4. It is advisable for a person to hide from people that he/she has seen a psychologist.	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
5. People tend to like less those who are receiving professional psychological help.	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>

## Appendix G

Survey B: Follow Up Questions:

*Please fill out the following information (feel free to use the back of the page):*

If I felt I, or someone I know could benefit from mental health services, I would recommend that they go to see what type of professional?

If I felt I, or someone I know could benefit from mental health services, I would recommend that they go to what type of facility or office?

What about this experience impacted any change in your thinking?



Appendix H

Survey C: Follow Up Questions

*Please fill out the following information (feel free to use the back of the page):*

<p>If I felt I, or someone I know could benefit from mental health services, I would recommend that they go to see what type of professional?</p>
<p>If I felt I, or someone I know could benefit from mental health services, I would recommend that they go to what type of facility or office?</p>
<p>What about this experience impacted any change in your thinking?</p>
<p>Have you had the opportunity to make a referral or suggest counseling services to a friend or family member in the past 6 weeks? If yes, please explain.</p>
<p>Have you considered seeking counseling services for yourself, or have you actually sought counseling services for yourself in the past 6 weeks? If yes, please explain.</p>

Appendix I  
Power Point Intervention Outline

## STUDENT-ATHLETES TAKE A BREAK TO LEARN ABOUT MENTAL HEALTH

Sandra R. Ackerman, MA  
Seton Hall University  
Fall 2009



## DID YOU KNOW....

× 10-15% of college athlete's suffer from psychological problems that are severe enough to necessitate intervention...

▪ And...

(Gill, 2008; Hinkle, 1994; Watson & Kissinger, 2007; Wilson & Prichard, 2005)



× Despite the presence of clinical symptoms, many student-athletes have a propensity to avoid utilization of available counseling services (Murray, 1997; Wilson & Prichard, 2005).

+ AND...

× Less than 40% of individuals with a mental concern seek any type of professional help

(Vogel, Wade, & Haake, 2006).

+ AND...

× About 11% of people with a mental health concern actually seek help from a mental health professional (Vogel, Wade, & Haake, 2006).



## FURTHERMORE...

× 27 Million adults suffer from mental illness within any 6-month period

+ Although an overall 80% of them can be helped, only 20% ever seek help that's available.

× More than 15% of Americans will suffer an anxiety disorder (d/o) at some point

+ More than 75% do not seek treatment (tx), although current therapies are successful in 70-90% of cases



## IN THE NEWS...ANXIETY DISORDERS...

× Professional Baseball Faces loaded Issue: Mental Health, Wall Street Journal, July 1, 2009

× Baseball's anxious include:

+ Detroit pitcher Dontrelle Williams

× Said publicly that he has been diagnosed with an Anxiety d/o

+ St. Louis Cardinals shortstop Khali Greene

× Acknowledged anxiety, described as "butterflies" dating back to childhood

+ Cincinnati first baseman Joey Votto

× Noted stress from overwhelming anxiety and sadness stemming from his father's death

× What are your thoughts on these "psychological burdens" prohibiting these high paid professional athletes from performing?

**AND...**

- ✦ Severe depression strikes more than 11 million Americans yearly with 25% of women and 10% of men having serious bouts at least one time in their lives
- ✦ Current therapies relieve suffering from depression in 80-90% of cases and usually within weeks, YET 70% of individuals suffering from depression do not get help.



**MICHAEL BEASLEY**



**MICHAEL BEASLEY - MIAMI HEAT**

- ✦ Professional Athlete, 20 years old
- ✦ Checked into Rehabilitation Facility
  - + "The last time I talked to him, everything was going well. All this rehab and all that, I was totally unaware. It all started as he wanted to go work out in a different place because he wanted to get away. Now this, I don't know what's going on."
  - + Beasley, "Feelin like it's not worth livin!!!!!! I'm done" and "I feel like the whole world is against me I can't win for losin"

<http://sportsillustrated.cnn.com/2009/basketball/nba/08/25/michael.beasley.sp/index.html#story02C50CU>

**IN ADDITION...**

- ✦ Alcohol and substance abuse disorders take 100,000 American lives each year
- ✦ Estimates suggest that 1 of 4 people seeking medical help for a physical problem actually have an undetected mental illness
- ✦ Suicide is the second leading cause of death among teenagers in the US



**WHAT DO YOU KNOW ABOUT THESE MEN?**

- ✦ Mike "Awesome" Alfonso
- ✦ Jeff Alm
- ✦ Chris Benoit

**SUICIDE...**

- ✦ Mike "Awesome" Alfonso
  - + American Pro Wrestler, Hanging 2007
- ✦ Jeff Alm
  - + American NFL Player, gunshot 1993
- ✦ Chris Benoit
  - + Pro Wrestler, murder and hanging 2007



## OTHERS YOU MAY KNOW...

## × Greg Louganis –

+ depressed, abused and confused, Greg attempted suicide three times (including once by an aspirin-and-Ex Lax combo) after a knee injury at age 12 ruined his dream of becoming an Olympic gymnast. Luckily, he recovered, and made it to the Games as a diver.



## OTHERS YOU MAY KNOW...

× Ken Griffey, Jr. – in 1988, just months after signing a lucrative pro baseball contract, the 18-year-old ingested over 200 aspirin to escape insults from fans and arguments with his father. He recovered after time in intensive care.



## FAMOUS FEMALE ATHLETES:

- × **Shelley Beattie**, former bodybuilder, dealt with bipolar disorder during her life.
- × **Wendy Williams**, former U.S. Olympic diver, was diagnosed with major depression in 1994, after a spinal injury that forced her to retire.
- × **Julie Krone**, the first female jockey to win a Triple Crown race and the first female jockey inducted into the National Museum of Racing and Hall of Fame, reportedly has unipolar depression. spinal injury that forced her to retire.
- × **Monica Seles**, former World No. 1 professional tennis player, reportedly has unipolar depression.
- × **Oksana Baiul**, Ukrainian professional figure skater and the 1994 Olympic Champion, reportedly has unipolar depression.

## LASTLY...

× Research tells us that a full course of psychotherapy for any person contributes to improvements in one's quality of life.



## SO, WHY DO WE CARE?

- × What do all these statistics and facts mean to us?
  - + Student-athletes are facing serious concerns, warranting assistance from mental health professionals.
  - + These concerns include:
    - × Stress of multiple roles (*student, athlete, friend, family member, etc*)
    - × Pressure to perform athletically and academically
    - × Missing classes for games & having to make up assignments & tests
    - × Burnout (*exhaustion, frustration, loss of interest in class or sport*)
    - × Anxiety (*worry, panic, excessive nervousness, etc*)
    - × Depression (*loss of appetite, changes in sleeping patterns, loneliness, loss of motivation, etc*)
    - × Issues with Self-esteem (*loss of confidence*)
    - × Issues with athletic injury, recovery & rehabilitation




(Wilson & Prichard, 2005; Hoar & Flint, 2006)

## WHY AREN'T SA'S GETTING HELP?




- × Closed culture (Watson, 2006; Ferrante, Etzel & Lantz, 1996)
- × "No Pain – No gain" attitude (Watson, 2006)
- × Fear of the unknown (Greenspan & Anderson, 1995; Watson & Kissinger, 2007)
- × Scheduling Conflicts!
- × Stigma (Vogel et al., 2005;
  - + A "mark or flaw resulting from a personal or physical characteristic that is viewed as socially unacceptable (Blaine, 2000)."
- × Mis-education about mental health, mental illness, and psychological services.



SO...




× We need to EDUCATE!!  
And this is what today is all about!


**PART I: MENTAL ILLNESS/HEALTH**

× What is Mental Illness??  
× What happens when you hear the term "Mental Illness?"  
× "Wellness" and  
× "Mental Health"




**MENTAL HEALTH**

× Everyone varies in their abilities to cope with life's stressors  
× How do we know when our ability to cope is compromised...or when psychological discomfort warrants professional help?  
+ Interference with daily functioning  
+ Interference with emotional balance



**MENTAL HEALTH**

× What causes a decrease in wellness or mental health?  
+ **Nature vs. Nurture**  
  
+ Or is it both?




**MENTAL HEALTH**

× People who experience a decrease in mental health may be diagnosed with a *mental disorder*  
+ E.g., Depression, Anxiety, ADHD  
× Like physical illnesses, mental disorders or decreases in mental health fall into several categories of severity and impairment  
+ From mildly troublesome to life threatening  
× Student-Athlete example

**THE BAD NEWS!**

× Few health concerns are so cloaked in ignorance, secrecy, and fear  
+ E.g., Stigma  
× "What will people think of me?"  
× "I should be able to handle this on my own"  
× "I'm weak if I ask for help"  
× "Depression? No way, not me."  
× Will my friends and/or coach think I'm crazy if I go see a psychologist?"



**MORE BAD NEWS...**

- ✗ Too many people do NOT seek treatment.
- ✗ "That's the way I am" vs. "I'm suffering from a treatable condition"
- ✗ No one is immune to mental suffering

**THE GOOD NEWS!**

- ✗ Decreases in mental health are **common and treatable!**
- ✗ Most people can be helped!
- ✗ Mental Health tx can be preventative!
- ✗ Early intervention saves **time, money and suffering!**
- + \$300,000,000,000 annually

**MORE GOOD NEWS:**

- ✗ The best treatments for serious mental illnesses today are highly effective. Between 70 and 90 percent of individuals have a significant reduction of symptoms and improved quality of life with a combination of pharmacological and psychosocial treatments and supports.
- + <http://www.dshs.wa.gov/MentalHealth/generalfaq.shtml>

**WHO DO WE ASK FOR HELP?**

- ✗ Counseling Psychologists
- ✗ Clinical Psychologists
- ✗ Psychiatrists
- ✗ Social Workers
- ✗ Sport Psychologists
- + Ask Questions!
- + Inquire about training!

**TREATMENT**

- ✗ How is mental health treated?
  - + May be dependent on etiology
- ✗ Drugs
- ✗ Psychotherapy (aka "Talk Therapy")
- ✗ Combination Treatment



+

**PART I : CONCLUSION**

- ✗ Studies show that as a group, individuals with mental disorders are in fact no more inclined to violence than the general population.
- ✗ How does this information impact me?







**PART II: PSYCHOTHERAPY**

**What is Psychotherapy??**

AKA:  
Counseling OR Therapy

**WHAT IS PSYCHOTHERAPY?**

- × What do you think psychotherapy is?
- × Psychotherapy is....
  - + A type of treatment for many different psychological problems, which span a large range from mild problems (e.g., worrying too much) to more serious (e.g., drug & alcohol habits or hurting oneself)
  - + During therapy, the therapist tries to discover, through discussion, exactly what feelings, attitudes and behaviors create the problem for the client.
  - + The therapist and client decide TOGETHER the best way to change those feelings, attitudes and behaviors.
  - + Goal: Reduce emotional pain

**WHAT IS PSYCHOTHERAPY?**

- × How is this **different** from discussing problems with a friend, **relative**, or other meaningful person in your life?

**PSYCHOTHERAPY CONTINUED...**

- × Types of Therapy
  - + Individual
  - + Group
  - + Couples
  - + Family
- × Frequency = 1x/week
- × Duration = About one hour (45-60 minutes)
  - + Groups may be 1.5 hrs or longer

**WHERE CAN I GET OUTPATIENT THERAPY?**

- × "Outpatient" vs. "Inpatient"
- × Private offices
- × Community Mental Health Centers
- × University Psychology Clinics
  - + Counseling and Psychological Services (CAPS)
- × Outpatient hospital clinics
- × Use the yellow pages (traditional or online)

**CONTACT INFORMATION**

UNIVERSITY Counseling Services

Counseling Services  
Telephone (XXX) XXX-XXXX  
Fax (XXX) XXX-XXXX  
*Building Location*

Counseling Center Website:  
<http://www>

### IN NEW JERSEY

- × Maybe you don't feel comfortable seeking services on campus.
- × New Jersey Psychological Association Referral Services can help!
  - + <http://www.psychologynj.org/displaycommon.cfm?an=1&subarticlenbr=4>
  - + Call: 973-243-9800

### APPOINTMENTS AND FEES

- × Call any professional or office and inquire about appointments and fees



- × Fees
  - + Variable costs dependent on practice or facility
  - + Sliding Scale



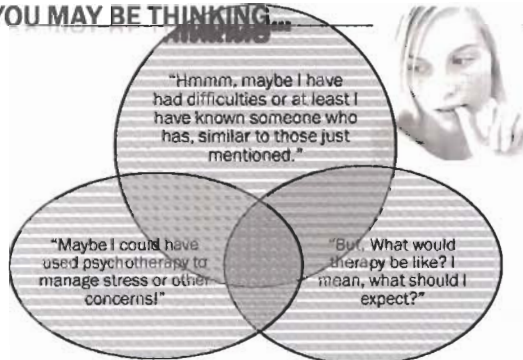
### WHY, AGAIN, WOULD I WANT THERAPY?

- × Generally, people want to try therapy when their personal problems become quite painful and seem very difficult to solve by themselves.
  - + And, as prevention!
- × *I know what you're thinking...*
  - + *Really, I just still don't get it...why would I need therapy? Why would I seek psychological help?*
  - + *I don't have a problem with my mental health!*

### HERE'S WHY!

- × Emotional Problems
- × Family Conflicts
- × Social Problems
- × Illness related to Stress
- × Sexual or dating problems
- × General Concerns
- × Specific student-athlete concerns

### YOU MAY BE THINKING...



### WHAT THE THERAPIST MAY DO...

- + Asks questions
- + May explore the client's past
- + Psychological Assessments
- + Assists and supports the client's own decision-making
- + Maintains confidentiality



**WHAT CLIENT SHOULD DO...**

- × Participate actively
  - + A therapist is not a magician, you have to put forth effort to see progress.
- × Establish goals, have an idea of what you would like to accomplish
  - + Short term and long term

**WHAT ELSE SHOULD I KNOW?**

- × The therapist-client relationship
- × Transition from the therapy room to one's life outside of therapy
- × Different therapeutic styles
  - + Dependent on the therapist
  - + Finding the right fit with a therapist
- × Improvements are often long-term and permanent

**THANK YOU!**

- × Thank you for your time and attention.
- × Please be sure to fill out the paperwork presented before your departure.

**REFERENCES & ACKNOWLEDGEMENTS**

- × This presentation was developed from: Gonzalez, J. M., Tinsley, H. E. A., & Kreuder, K. R. (2002). Effects of psychoeducational interventions on opinions of mental illness, attitudes toward help seeking, and expectations about psychotherapy in college students. *Journal of College Student Development*, 43(1), 51-63.