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Characterizing Psychological Management Practices of College and University Athletic Trainers in Orange, California

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Characterizing Psychological Management Practices of Collegiate and University Athletic Trainers in California

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Abstract

An increase in the prevalence, types, and severity of psychological disorders among adolescents and young adults is being recognized. A multidisciplinary team approach to address mental health concerns among student-athletes, including well-developed referral and management plans, is important in the health care setting. Athletic trainers are often the first to notice subtle changes indicative of psychopathology, and have the ability to appropriately intervene and refer student-athletes as necessary. The purpose of this study was to investigate the psychological management practices of college and university athletic trainers in Orange, California. A descriptive exploratory online questionnaire was used to obtain information regarding psychological management protocols, multidisciplinary health care teams, experience with psychological concerns among student-athletes and education programs about mental concerns for staff and students. Analysis of data included descriptive percentages of the total sample. Results compared the psychological management practices of participants to the gold standard outlined by the National Athletic Trainer's Association *Inter-Association Recommendations for Developing a Plan to Recognize and Refer Student-Athletes With Psychological Concerns at the Collegiate Level: An Executive Summary of a Consensus Statement*. Findings of the study concluded the compliance level of college and university athletic trainers in California to the recommendations set out by NATA. Furthermore, the study outlined the clinical implications for athletic trainers and identified areas of improvement for the profession.

Context

- The prevalence of mental health concerns and disorders among adolescents appears to be increasing, causing concern for the psychological and physiological affects on young athletes.
- Athletic injury coincides with psychological distress, which has been shown to hinder rehabilitation compliance and potentially, physical recovery.¹ When dealing with mental health disorders in the college and university setting, a multidisciplinary team is essential for the psychological evaluation, intervention, referral, and care of psychological concerns of student-athletes.
- A recent study has shown that 71% of the certified athletic trainers surveyed have encountered an athlete experiencing stress and anxiety
- Psychological disorders affect all ages, and are most prevalent among adolescents
- The most efficient way to help a student-athlete with a psychological concern is with proper education, early recognition, and the necessary referral.
- Patients suffering with psychological disorder symptoms will commonly exhibit external signs of their internal struggle in ways that are noticeable to athletic trainers and other health care professionals.
- Effective recognition and referral can only be possible if the health care team working with student-athletes is well educated on mental health disorders.
- The NATA requires that certified athletic trainers be competent in identifying psychological distress, counseling athletes, and making counseling referrals when necessary.^{1,2}

Objective

The purpose of this study is to investigate the psychological management practices of athletic trainers in the College and University setting within California.

Methods

This investigation was conducted through a descriptive exploratory online questionnaire. Of this 16-24-question anonymous self-administered questionnaire of athletic trainers who were working in the college and university setting, this research included 16 questions with skip logic and 24 questions without skip logic. The questionnaire instrument included questions regarding psychological management protocols, multidisciplinary health care teams, experience with psychological concerns among student-athletes, and education programs about mental concerns for staff and students. The questionnaire was created using a secure online survey website (Survey Monkey™) and the data were secured in a confidential, anonymous, password protected and encrypted server; no identifying information was collected about the participants. The survey required approximately 5 - 10 minutes to complete. Data collection occurred in April 2015. A list of 530 valid email addresses of California's Athletic Trainers in the College and University settings was obtained through personal networking. The data were exported to an Excel document for the student investigators to perform a statistical analysis. There were 55 respondents, of the 55 participants 55 had at least a bachelor's degree while 17 had a master's degree and 1 had a doctorate degree. Consent was implied when the participant chose to complete the questionnaire.

Figures

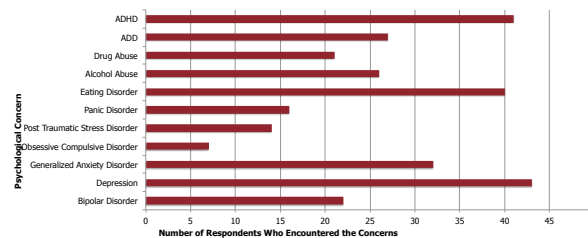


Figure 1. Psychological Concerns commonly encountered by athletic trainers in the college and university setting (n=50).

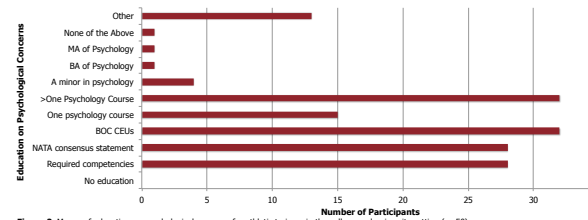


Figure 2. Means of education on psychological concerns for athletic trainers in the college and university setting (n=50)

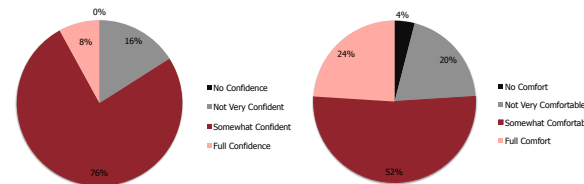


Figure 3. Confidence levels of athletic trainers working in the college and university setting with recognizing a psychological concern % (n=50)

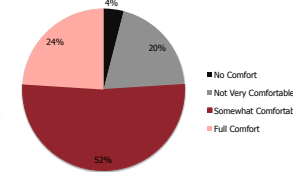


Figure 4. Comfort levels of athletic trainers working in the college and university setting with intervening when a psychological concern is suspected % (n=50)

Gender	%
Male	44%
Female	56%
Year of BOC Certification	%
1977 - 1985	12%
1986 - 1995	12%
1996 - 2005	38%
2006 - 2013	38%
Degree of Education	%
Master's in Athletic Training	14%
Master's in Athletic Training	30%
Master's in Similar Field	24%
Doctorate in Athletic Training	2%
Athletic Certifications	%
National Collegiate Athletic Association (NCAA) Division I	36%
National Collegiate Athletic Association (NCAA) Division II	22%
National Collegiate Athletic Association (NCAA) Division III	12%
National Association of Intercollegiate Athletics (NAIA)	4%
California Community College Athletic Association (CCCCAA)	32%
Other	4%

Figure 5. Participant demographics % (n=50) %

Results

The study found that a majority of ATs working in the college or university settings encounter psychological concerns (92%, 49/50). ATs reported receiving most of their education on psychological concerns through BOC continuing education units (64%, 32/50), NATA consensus statements (56%, 28/50), and completion of required competencies in an accredited program (56%, 28/50) (Figure 1). The most common psychological concern encountered in the college or university setting was depression (86%, 43/50), followed by ADHD (82%, 41/50) and disordered eating (80%, 40/50) (Figure 2). In the recognition of psychological concerns, 76% (35/50) of ATs reported feeling somewhat confident while only 8% (4/50) reported full confidence (Figure 3). Contrarily, a larger percentage of ATs reported full comfort levels with intervention once a psychological concern has been identified (24%, 12/50) (Figure 4). In terms of procedural management, results found that half (50%, 25/50) of ATs do not have a written psychological management plan in place at their setting while 28% (14/50) of ATs were unsure. However, results found that more ATs reported having Catastrophic Incident Guidelines in place for homicide, suicide, and permanent disability cases (50%, 25/50) either instead of or in conjunction with a written psychological management plan. The ATs who reported having a written psychological management plan in place stated that their protocols included referral (91%, 11/12), emergencies (100%, 12/12), and prevention strategies (67%, 8/12). Furthermore, only 26% (13/50) of ATs reported that psychological screenings conducted by a physician were included in PPEs as prevention.

Conclusions

Most ATs have encountered or will encounter psychological concerns while working in the college or university settings. Among the common psychological concerns outlined by the NATA, depression, ADHD, and eating disorders were found to be the most frequently seen. This research found that a majority of ATs are somewhat confident in their recognition of psychological concerns, but show greater levels of full comfort with the intervention of a concern once it has been identified. As recommended by the NATA, a written psychological management plan must be in place to prepare and respond to mental health incidents.¹ We found that half of ATs did not have a written psychological plan in place, and some respondents were unsure as to whether one existed at their setting. Contrarily, a larger percentage of ATs reported having catastrophic incident guidelines for cases including homicide, suicide, and permanent disability in their location's policies and procedures. Although the NATA highly recommends that a physician screening for psychological concerns be included in the PPEs, we found that a majority of ATs only required a physical examination. It was found that most ATs received their education on psychological concerns through BOC continuing education units, the NATA consensus statement, and completion of competencies through an accredited program. Though our study aided in characterizing the psychological management practices of college and university ATs in California, further research is needed for more in depth and qualitative data on the adherence levels of ATs to the NATA guidelines regarding the recognition and management of psychological concerns.

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