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Injured Athletes' Preferences Regarding Source of Emotional Support

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INJURED ATHLETES' PREFERENCES REGARDING SOURCE OF EMOTIONAL
SUPPORT

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HONORS PROJECT

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Introduction

Background

A season-ending injury can be an athlete's worst nightmare. Following an injury, feelings of loss, decreased self-esteem, frustration, anxiety, depression, and anger are not uncommon (Tracey, 2003; Clement & Shannon, 2011). Even minor injuries can cause negative emotions and psychological states. Who should assist athletes when they are struggling emotionally? There are a number of individuals at athletes' disposal for counseling and emotional support, such as family members, sport psychologists, coaches, team chaplains, and athletic trainers. Though athletic trainers (ATs) focus mostly on helping the progression of athletes' physical healing, they also have opportunities to assist athletes emotionally since they have daily contact with them and often develop bonds. However, ATs' specific role in helping athletes emotionally and psychologically is often unclear. Though they often give encouragement or advice to athletes as they go through rehabilitation, does their official job include counseling and supporting athletes emotionally along with physical healing?

There are twelve Athletic Training Education Competencies that the National Athletic Training Association requires to be taught to undergraduate athletic training students, with one of them being psychosocial intervention and referral (NATA, 2010). However, there is limited information as well as education regarding what exactly the role of an athletic trainer should entail in dealing with emotional issues that athletes often experience (Cramer Roh & Perna, 2000). Research has been performed that involves interviewing ATs in regard to their level of confidence in dealing with these issues (Stiller-Ostrowski & Ostrowski, 2009), but little investigation has been done on whether or not athletes prefer to receive help from their ATs regarding their emotional issues versus other professionals, such as a sports psychologist, team

chaplain, coach, et cetera. Knowing the athletes' preferences can help to guide further research regarding how to educate undergraduate AT students in dealing with potential emotional or psychological distress their athletes could experience. For example, if athletes show that in general they prefer ATs to aid them, then ATs should be more competent in counseling and psychological services; however, if athletes prefer other professionals or individuals to help them, then ATs should be educated in who and when to refer athletes. It is important for ATs as well as other individuals working in the athletic realm to know their athletes' preferences so that they can best serve them when they need emotional support. However, it must be noted that in severe cases, intervention by an AT to either counsel or refer is absolutely necessary regardless of the athlete's preference, such as in the case of a suicidal athlete.

Purpose/Research Questions

My goal in conducting this study is to expand upon "psychosocial intervention and referral" as a domain of athletic training (NATA, 2010) and to see whether or not athletes prefer help through some form of counseling from their ATs or if ATs should be more apt to refer their athletes to other professionals. Some research studies suggest that more education for ATs regarding how to deal with athletes' emotional issues as a result of injury should be implemented (Cramer Roh & Perna, 2000), and this study will help to guide further research investigating what exactly the role of an AT should be in assisting athletes emotionally and psychologically and, thus, what type of education they should receive so they can fulfill their role as best as they can. Thus, the research questions I am asking are: 1) from whom do athletes prefer to seek help when experiencing emotional distress as a result of an injury? And, based on the results, 2) is there a demand for athletic trainers to play a significant role in personally aiding athletes who are struggling emotionally?

Literature Review

Athletes' Preferred Source of Support

In one qualitative research study (Tracey, 2003), interviews with ten athletes led to discovery that injured athletes often experience feelings of loss, decreased self-esteem, frustration, and anger. Thus, there is a clear need for support for injured athletes. There is limited research done that specifically studies athletes' preferences concerning source of social support while injured; there are a handful of studies, however, which do investigate—through interviews or surveys—to whom athletes are likely to go (or not likely to go) for support. In the aforementioned study (Tracey, 2003), the athletes indicated that they preferred not to receive support from their coaches. None of the participants had sought support from their coaches, nor exhibited a desire to do so. The reasons for this finding, though, were not explicit. It should be noted that since there were only ten participants, the results should not be relied upon too heavily.

Three other studies concluded that ATs are the best source of emotional support for injured athletes (Petitpas, 1999; Robbins & Rosenfield, 2001; Clement & Shannon, 2011). Comparing coaches, teammates, family and friends, and ATs and therapists, the first study stated that ATs and therapists are in the best position to determine the best type of support needed by injured athletes because of their knowledge of the athlete's injury (Petitpas, 1999). This article provided a brief overview of the different types of social support and discussed the pros and cons to injured athletes seeking help from coaches, teammates, family and friends, and ATs. The author cited a study that showed that coaches and teammates are often the primary sources of “technical appreciation” and “challenge,” although they were found unlikely to give emotional support. Thus, athletes often turn to family and friends for support. However, because of their

lack of knowledge about injuries, they often can increase athletes' doubts and anxieties about returning to play. Thus, the author concluded that ATs and therapists are the best option for determining what type of emotional support is needed for an athlete. Limitations to this article, however, are that little research and outside sources were cited, in addition to the fact that it is slightly dated. Thus, conclusions taken from this article should be evaluated with caution.

The second study (Robbins & Rosenfield, 2001) surveyed 35 collegiate male and female athletes and compared head coaches, assistant coaches, and ATs in regards to the "perceived effect of social support on an athlete's well-being" before the injury and during rehabilitation. They found that ATs scored significantly higher than head or assistant coaches ($p < .001$; $r_{pb, sup 2} = .390$) and were thus most satisfied by the social support received by the ATs, especially in emotional support.

A third study with similar results as the previous two was conducted using the "Social Support Survey" (SSS) and showed that the 49 injured athletes who were surveyed were most satisfied with the support provided by ATs compared to coaches and teammates. Furthermore, the athletes' satisfaction with the support received from their ATs was reported to contribute to their overall well-being (Clement & Shannon, 2011). Researchers Bone and Fry, cited by Clement and Shannon, offer an explanation as to why ATs are often the most satisfactory source of support. They note that ATs often develop unique relationships with the injured athletes under their care due to the extensive time spent with them. In their study which consisted of surveying 57 division I athletes also utilizing the SSS, their results showed that athletes with more severe injuries tended to report feelings of the ATs being on their side and caring for them. Thus, as athletes spend more time with their ATs, they are often more satisfied with the support they receive, which in turn contributes to their overall well-being (Clement & Shannon, 2011; Bone

and Fry, 2006). Another reason offered by Clement and Shannon include the fact that ATs are often the closest individuals when athletes experience emotional distress due to their injury and are commonly seen as the “first line of defense;” thus, this helps to create a bond between the athlete and AT.

Psychology in the Athletic Training Room

Concerning an AT’s specific role in dealing with psychological issues of athletes, one study, though slightly dated, suggested that the role of an AT should, in fact, include caring for athletes’ emotional and mental states in addition to their physical well-being. Specifically, they should be looking for signs of a potentially suicidal athlete and immediately refer to a psychologist or psychiatrist if signs become evident. The researchers identified five factors that five injured athletes who had attempted suicide had in common: 1) considerable success before sustaining injury; 2) a serious injury requiring surgery; 3) a long, arduous rehabilitation with restriction from their preferred sport; 4) a lack of pre-injury competence on return to sport; and 5) being replaced in their positions by teammates. In addition to being aware of these common pre-disposing factors for suicide, ATs are also encouraged by the researchers to look for changes in the athlete’s motivation, support system, coping methods, and, post-injury depression. If an athlete appears suicidal, then the AT should immediately refer to a psychologist or psychiatrist. In order to be fully aware of the signs of a suicidal athlete, ATs are also urged to have close communication with their athletes, while ensuring confidentiality (Smith & Milliner, 1994).

A slightly more recent study (Cramer Roh & Perna, 2000) would agree with Smith and Milliner that an AT should be involved in athletes’ psychological and emotional issues, even those not as severe as suicide. This study did not involve performing first-hand research, but was rather a collection of existing data from 1990-1999 concerning an AT’s role in psychological

support of athletes. They found that ATs are in an ideal position to provide counseling and related services to their injured athletes, though the majority of ATs reported that they do not feel adequately trained in this area, which is in agreement with other studies performed on this topic (Clement, Granquist, & Arvinen-Barrow, 2013; Larson & Starkey, 1996; Moulton, Molstad, & Turner, 1997; Stiller-Ostrowski, J., Ostrowski, J., 2009; Weise, Weiss, & Yukelson, 1991).

The study performed by Moulton et al. directly investigated the role of an AT in regards to counseling athletes. The authors created a survey for ATs to take which queried the 14 participants about common issues about which athletes ask their AT (health-related and non-health-related), their past experience and confidence in counseling the athletes regarding the said issues, and to what extent ATs should go in counseling athletes before referral. The results showed that the participants believed that the job of an AT goes beyond simply injury management and extended into educator and counselor. However, a lack of confidence in counseling was evident and they reported feeling inadequately trained. The authors (as well as the participants) thus felt that there is a need for continuing education courses on counseling in addition to more undergraduate training (Moulton, Molstad, & Turner, 1997).

Though some of the studies cited thus far are slightly dated, Clement et al., Gotsch, and Yang and colleagues performed more recent research studies that showed results have not changed significantly since the 90s (Clement et al., 2013; Gotsch, 2003; Yang, Peek-Asa, Lowe, Heiden, & Foster, 2010). In agreement with Moulton et al., all three studies found that there is a need for ATs to provide support or counseling to athletes to some extent. Survey results from Yang et al.'s study showed that athletes rely significantly more on ATs for social support following an injury, and are also significantly more satisfied with the support they receive from their ATs after their injury compared to before becoming injured (Yang et al., 2010). Access to a

sport psychologist professional are often limited as well, with Gotsch noting that only 31.4% of participants in her study reported having access to a full-time, part-time, or referral-base sports psychologist (Gotsch, 2003). This statistic helps to amplify the fact that that action should to be taken to increase the care of athletes' psychological care—whether this means a better referral system to a professional psychologist or more training for ATs in psychological and counseling skills (Gotsch, 2003; Clement et al., 2013).

Thus, research shows that ATs have a significant opportunity to offer assistance to athletes who are struggling emotional or psychologically, but it is inconclusive as to what exactly that role entails and if athletes generally prefer ATs over other professionals, coaches, teammates, family and friends, et cetera to offer emotional support. Many of the studies involved surveying ATs, but few surveyed athletes to gain insight into their preferences and previous experience in receiving emotional support from an injury.

Methods

Sample

My sample consisted of college athletes from various universities in the United States. Only athletes participating in a sport at the collegiate level were invited to participate. Furthermore, only athletes 18 or older (as there may be 17-year-old athletes playing in college) were asked to take the survey so that parental consent is not necessary. I enrolled 100 participants to take the survey, though not all 100 participants answered every question. My sample was made up of approximately 71.4% females and 28.6% males (nine participants gave no answer), with an average age of 19.47. 75 participants reported to be white/Caucasian, five black/African American, four Hispanic/Latino, one Hawaiian Native/other Pacific Islander, and one “other.” Though I contacted 35 different universities with the invitation to participate in this study, the actual number of universities who chose to participate is unknown. The reason for this is that some of them may not have replied to my recruitment email but still forwarded the survey on to the athletes, in addition to the fact that I did not ask the athletes to state the university at which they compete for confidentiality purposes.

Instrumentation

I chose to use a mixed methods approach to gather both quantitative data and qualitative data using an online survey. The quantitative data—collected through multiple choice and Likert scale questions—gave me hard data that are relatively simple to analyze by calculating statistics, while the qualitative data—collected through open-ended questions—provided me with some more in-depth data in which I looked for themes in the athletes’ responses. I created a survey of 14 total questions, three being open ended. In addition, I asked three demographic questions at the end of the survey to give me more information about my sample and to help me assess how

generalizable the data are to the targeted population. The first seven questions asked the athletes about their past experiences regarding previous injuries, any emotional or psychological distress they may have faced as a result of their injuries, and who they confided in for help, if anyone. The next seven questions involved gathering athletes' preferences and opinions regarding who they would approach to for emotional support if they were hypothetically struggling emotionally and what factors would affect their decisions. For example, one question asked the athletes to rate on a scale of one to five how likely they would be to approach different individuals for emotional support. These individuals included a teammate, family member, friend, team chaplain/minister, athletic trainer, coach, and mental health professional. The entire survey given to the athletes can be found in Appendix A.

Since I queried the participants about abstract concepts involving ambiguous terms including “emotional and psychological distress,” I offered some examples in the survey of types of emotional or psychological distress that athletes may experience. Those examples served as the basis for my working definition of the term “emotional and psychological distress.” The description I offered the participants and in survey to help them best answer the questions that dealt with emotional or psychological distress was “any level of depression or sadness, anxiety, anger, etc.” Thus, I am including minor depression along with clinical depression as “distress” as well as other kinds of negative feelings such as anger, anxiety, et cetera. I wished to keep the term broad enough so athletes could answer according do their own definition of “distress” since it is often relative to the individual. In addition, I did not make a distinction between “emotional” and “psychological” but rather referred to them as interchangeable terms, grouping them into a single category since emotion and psychological distress often present themselves together.

Procedures

Upon submitting my project proposal and instruments, the Bowling Green State University Institutional Review Board determined my research study to be exempt from review. To recruit athletes to participate in this study, I contacted athletic directors—or individuals with a similar title—of 35 different universities via email. I explained the purpose of my study, and requested that they forward the provided link to the online survey to all athletes participating in any sport at their respective universities. No direct benefits or compensation was promised to the participants, but only the goal that the study may lead to better care of injured athletes in the future.

If the athlete, being informed of the purpose of the study, chose to take the survey, the first page of the survey contained the electronic consent form. By clicking on the "Continue to Survey" button, the subjects in effect gave their informed consent. They were informed in the consent form that there were no risks involved in taking the survey, that the data were anonymous, and that they were free to stop taking the survey at any point. The survey was administered through SurveyMonkey which provides results to the researcher anonymously. In addition, the athletes were not contacted directly, so I did not know their names or who decided to participate in the study and who chose not to. The participants were also encouraged to clear their browser cache and page history after completing the survey to prevent others from accessing their information from the survey.

Data Analysis

To analyze the quantitative data that are collected, I used dependent (paired) t tests, Pearson product-moment correlation coefficients, and chi-squares to measure the quantitative data. The alpha was set at .05. The dependent t tests were used to compare the mean ratings of

the likelihood athletes would be to approach ATs different individuals such as coaches, teammates, mental health professionals, et cetera. I also utilized dependent t tests to compare the mean ratings between the different factors that affect an athlete's decision to approach a given individual for help. Furthermore, I calculated correlations and chi-squares between variables such as how highly the athletes rate certain factors as affecting their decision to approach a given individual for help and their rating of how likely they are to approach ATs for support. For example, I looked for a relationship between how likely athletes are to approach an AT for emotional support and how highly they rate monetary cost as a factor affecting their decision.

My main goal in analyzing questions 1-11 (the non-open ended questions), was to see what factors would increase or decrease an athletes' likelihood to approach their ATs for emotional support. Thus, many of my analyses will involve comparing question 8a (a rating of how likely athletes are to approach their AT for help) to other questions which ask about length of injuries (if any), comfort level with AT, athletes' perception of how adequately trained their ATs are in handling emotional issues, et cetera.

For the open-ended questions (questions 12-14 on the survey), I read through the responses and identified themes that emerged. I included tables in the "results" section that categorized the different answers and illustrated the themes that emerged. To construct these, I read through each response I received, color-coded them based on the overall subject of the answer, and then divided most of the categories into further subdivisions to give a more precise representation of the data.

Results

As stated earlier, I used a mixed-methods approach to collecting my data, thus collecting both quantitative (questions 1-11) and qualitative data (questions 12-14). I will be using the quantitative data to calculate correlations, chi-squares, and dependent t tests and the qualitative data to gain deeper insight into the feelings and opinions of athletes regarding the role of athletic trainers in counseling and offering support.

Quantitative Data

The first 7 questions of the survey asked the athletes about their general history of injuries, whether or not they experienced emotional distress as a result, and from whom they sought support, if from anyone. Out of the 100 respondents, 73 of them answered that they had sustained an injury that kept them from full participation for at least two weeks, with 27 of them answering that they had not. 31 of the 100 the participants experienced season-ending injuries. If they had been injured, they were asked how long they were kept from participation in their sport, which the results showing a mean (M) of 12.36 weeks with a standard deviation (SD) of 20.72. 62% of the athletes had experienced emotional distress as a result of an injury, with 50% seeking help from a family member or friend. Furthermore, about 44% of those who experienced emotional distress sought support from someone other than a family member or friend (27% of respondents overall). Only 2 athletes who had sustained a season-ending injury did not report experiencing emotional distress. The main individuals (those other than family and friends) that the athletes reported seeking out for help were ATs (9), coaches (9), and psychologists—both sport psychologists and regular—(5). Other single responses included small group leader, academic counselor, Spanish teach, et cetera.

Question 8 asked the participants to rate the likelihood of them approaching certain individuals, in the case that they would experience emotional distress. The mean scores were as follows: family member = 4.32 ± 1.15 ($N = 99$), friend = 4.12 ± 1.08 ($N = 99$), teammate = 4.11 ± 1.10 ($N = 99$), athletic trainer = 3.55 ± 1.22 ($N = 98$), coach = 3.46 ± 1.35 ($N = 99$), mental health professional = 2.68 ± 1.40 ($N = 99$), and team chaplain/minister = $2.59, \pm 1.40$ ($N = 98$). Comparing ATs to each of the other individuals using dependent (paired) t tests, there were significant differences between ATs and all other options except for coaches. Family members, friends, and teammates had t test values of $t(97) = 5.035$, $p < 0.0001$, $t(97) = 3.968$, $p < 0.0001$, $t(97) = 3.937$, $p < 0.0001$, respectively, all significantly higher than ATs. Coaches were not significantly different from ATs— $t(97) = 0.704$, $p > 0.05$ —while mental health professionals were rated significantly lower than ATs, $t(97) = 5.127$, $p < 0.0001$, as were team chaplains/ministers, $t(97) = 5.824$, $p < 0.0001$.

Using the rating ATs were given in question 8, I calculated a Pearson's r correlation with the number of weeks each athlete was injured to see if there was a positive correlation between number of weeks kept from participation and likelihood of approaching one's AT for support. The correlation was found to be 0.01, however, so no relationship was found. The mean ratings for how likely an athlete was to approach an AT for support were in fact slightly lower for those who had been out of competition and/or practice for 5 weeks or more ($M = 3.44$) compared to those injured only 4 weeks or less ($M = 3.67$).

Question 9 asked the athletes to rate different factors that could affect their decision of whom to approach for help based on how important and highly valued they are to the participant. Most important to the athletes was the "comfort factor," with a mean of 4.61 ± 0.75 ($N = 99$). Second most important was confidentiality, $M = 3.86 \pm 1.18$, followed by convenience, $M = 3.54$

± 1.11 , professional training of the individual giving help, $M = 3.48 \pm 1.36$, and lastly, monetary cost of the appointment, $M = 3.10 \pm 1.45$. Furthermore, I found a significant relationship, using a chi-square, between the likelihood of approaching ATs for help and the value of the comfort and professional training factors— $\chi^2(16, N = 98) = 31.302, p < .05$ and $\chi^2(16, N = 98) = 36.839, p = 0.002$, respectively. Using Cramer's V as a measure of meaningfulness, comfort was scored with .283, with professional training being .307. There was no apparent relationship, however, between likelihood of approaching an AT and valuing monetary cost of the appointment, convenience of seeking the person out, and the assurance confidentiality.

Question 10 asked the respondents to rate how comfortable they would be with approaching their current AT for emotional support, rating them as “very comfortable,” “somewhat comfortable,” or “not comfortable.” 47.7% said they were very comfortable, 37.4% said somewhat comfortable, and 15.2% shared that they were not comfortable. A chi-square of question 8a (how likely one would be to approach one's AT) and question 10 showed a significant relationship— $\chi^2(8, N = 98) = 27.046, p = 0.001$ —with Cramer's V at .371. The next question (question 11) asked how adequately trained the athletes perceived their ATs to be in the area of emotional support beyond a simple referral. 49.0% reported that they thought their AT to be “adequately trained,” 41.8% were “not sure,” and 9.2% viewed their AT as “not adequately trained.” There was a medium-strength correlation between how comfortable athletes were approaching their AT and how adequately they thought them to be—Pearson's $r = .42, \chi^2(6, N = 98) = 25.642, p < 0.001$, and Cramer's V = .362.

Qualitative Data

The last section of my survey included a qualitative portion with open-ended questions. My purpose in inserting these was to gather any additional information from the athletes that my quantitative questions may not have encompassed. In reading through the responses I received, I looked for themes and categorized the answers to see if there were any patterns. For my first open-ended question—“What reasons might lead you to approach your current athletic trainer for emotional support/help if needed?”—I received 75 responses and found that the main factor that led athletes to approach their AT was whether or not the emotional issue was related to an injury or affected their performance in some way.

The second most common reason athletes offered had to do with the “comfort” factor, which was congruent with the results found in question 9. If the athletes had a strong relationship with their AT, they were more apt to be comfortable sharing personal information about emotional and psychological issues. Tied for second most common, traits of the athletes’ specific AT played a role in whether or not he or she would approach the AT. Traits such as personality—how approachable, out-going, caring, et cetera—gender and age played a significant role in the athletes’ preferences. Results showed that the athletes preferred ATs of the same sex to talk to about emotional issues. On the other end of the spectrum, one reason for approaching an AT that was only listed once was active prompting of the AT to come for help.

Table 1 (below) offers a more comprehensive representation of the themes that emerged. The far right column is filled with the general themes I extracted from the responses, the middle column contains subcategories of the themes, and the far left column offers some examples of responses for each category. It should be noted, however, that many responses could have been placed in more than one category and some answers were vague. Thus, the table is not a

completely accurate representation, though it is helpful to see the general themes that emerged. In addition, though 75 participants offered a response, not all answers are taken into account in the table, as some of the responses were too vague or irrelevant to categorize. Furthermore, some athletes offered more than one answer, so those were counted separately.

Table 1 – Q12 analysis

Examples of Responses	Summary of Categories	General Theme
<ul style="list-style-type: none"> • “If an injury was so pressing I could no longer train or compete.” • “Due to an injury. Reassurance that I will be okay eventually.” • “Poor performance from fatigue.” • “If emotions were affecting my athletic ability in a negative way.” 	<ul style="list-style-type: none"> • Injury/health-related = 21 • Performance was being affected = 3 	Stemming from or causing physical limitations = 24
<ul style="list-style-type: none"> • “Our athletic trainer is very close with the team, so comfortability [sic] is a large factor.” • “I am comfortable talking about issues other than my physical health with my current athletic trainer.” • “Familiarity” • “comfort and trust of the individual” • “She's a friend” 	<ul style="list-style-type: none"> • Comfort factor = 6 • Good rapport/relationship with AT = 6 	Comfortable with AT = 12
<ul style="list-style-type: none"> • “She is very outgoing and young, so easy to relate with.” • “He’s very personable and cares about his athletes” • “Our athletic trainer is very 	<ul style="list-style-type: none"> • Personality = 8 <ul style="list-style-type: none"> ○ Approachable/willing to help = 4 ○ Out-going = 1 ○ Caring = 1 ○ Personable/friendly = 2 	Traits of AT = 12

Examples of Responses	Summary of Categories	General Theme
<p>approachable and welcoming...”</p>	<ul style="list-style-type: none"> • Age = 2 • Gender = 1 	
<ul style="list-style-type: none"> • “If I felt that there was no one else I could go to” • “There isn't anyone else available” 	<ul style="list-style-type: none"> • Nowhere else to go/last resort = 7 • Wants addition help = 2 • Feeling like he/she “can’t go on” = 1 	<p>Athlete needs additional source of help/last resort = 10</p>
<ul style="list-style-type: none"> • “They've obviously seen a lot of athletes in similar circumstances” • “she is experienced” • “they are knowledgable [sic] and understand the stress that athletes have to deal with on a daily basis” 	<ul style="list-style-type: none"> • Perceived experience of AT = 3 • Perceived knowledge of AT = 5 	<p>Perceived expertise of AT = 8</p>
<ul style="list-style-type: none"> • “He is the person I see everyday for treatment.” • “If you really need someone that is convenient to talk.” 	<ul style="list-style-type: none"> • Sees AT frequently = 3 • Easy to access AT = 2 	<p>Convenience = 5</p>
<ul style="list-style-type: none"> • “She does not tell the coaches if i do not wish” • “He could also keep the coaches informed without telling them everything.” 	<ul style="list-style-type: none"> • AT would keep information confidential from coaches = 1 • AT would act as a conduit for athletes to their coaches = 2 	<p>Communication with coaches = 3</p>
<ul style="list-style-type: none"> • “to have them refer to a professional that could help me.” • “He could guide me to get help else where [sic] if needed...” 	<hr/>	<p>To get a referral to a different professional = 3</p>
<ul style="list-style-type: none"> • “I wouldn’t” • “I dont think I would. I probably would seek help elsewhere- not because they couldnt help but probably because I wanto 	<ul style="list-style-type: none"> • Would not approach AT for any reason = 3 	<p>No reason = 3</p>

Examples of Responses	Summary of Categories	General Theme
[sic] to seem professional in the athletic setting.”		
<ul style="list-style-type: none"> • “[T]hey constantly reassure us to tell them if we have problems with anything. Always reminding us they can help.” 	<ul style="list-style-type: none"> • Encouragement of AT to talk to him/her about emotional/psychological issues = 1 	Prompting of AT = 1

Question 13 asked the athletes what reasons would *prevent* them from approaching their ATs for emotional support. As with question 12, I received 75 responses, though some answers such as “N/A” were not included in the table below. The most prevalent answer, similar to the previous question, was that the athletes did not feel comfortable enough with their AT to share their emotional struggles. The most common reason for this was that they did not have a strong relationship or rapport with their ATs. Another main concern for athletes in going to their ATs for support was the issue of confidentiality. Many athletes reported that either their athletic training room was too public, they distrusted their AT to keep their athletes’ information private, or they were worried that what they share with their AT would “leak out” somehow and their coaches or teammates would find out. Traits of the AT were again a common thread—though age was not mentioned as a reason to not approach one’s AT for emotional support. Gender, however, was mentioned by four participants, with each of them saying they would prefer a female, especially if one’s issue was female-related. Below is a table that organizes the responses into categories, with the same set-up as the previous question’s table.

Table 2 – Q13 analysis

Examples of Responses	Summary of Categories	General Theme
<ul style="list-style-type: none"> • “Don't really know her very well” 	<ul style="list-style-type: none"> • Weak relationship = 11 • Not comfortable = 5 	Not comfortable with AT = 20

Examples of Responses	Summary of Categories	General Theme
<ul style="list-style-type: none"> • “He is...new to the staff” • “Unfamiliarity” • “I am not as comfortable with her as other individuals.” • “If it was super personal.” • “If I felt uncomfortable talking on a personal level.” 	<ul style="list-style-type: none"> • Topic too personal = 4 	
<ul style="list-style-type: none"> • “[L]ack of confidentiality” • “Knowing they will talk to other athletes” • “If many people were around.” • “Not trustworthy.” • “I would be afraid other people would find out” 	<ul style="list-style-type: none"> • AT room too public = 2 • AT would share info with others = 11 	Worry about confidentiality = 13
<ul style="list-style-type: none"> • “As a girl it's easier to talk to other females about this, I think it would be hard to talk to a male athletic trainer for me.” • “They aren't inviting and don't make you feel welcome.” • “He's a guy” • “personality” 	<ul style="list-style-type: none"> • Personality = 2 <ul style="list-style-type: none"> ○ AT’s approachability = 3 ○ AT’s attitude = 1 ○ General personality = 1 • Age = 0 • Gender = 4 	Traits of AT = 9
<ul style="list-style-type: none"> • “They would only be able to give physical help and not so much the psychological help.” • “[N]ot a psychologist, not educated to help in the emotional/mental support area” • “They don't fully understand everything about [our] sport in terms 	<ul style="list-style-type: none"> • AT not knowledgeable enough/AT would not understand = 5 • AT not trained enough = 3 • AT would not be helpful = 1 	AT not adequate = 9

Examples of Responses	Summary of Categories	General Theme
<p>of the effort involved.”</p> <ul style="list-style-type: none"> • “Lack of sympathy or empathy from the athletic trainer as the issue arises.” • “I felt like they wouldn’t...take it as a serious problem.” • “If I thought for any reason that they might brush it off as childish or tedious.” • “Fear that she may see me in a different light.” 	<ul style="list-style-type: none"> • Fear the AT would not take it seriously/be unsympathetic = 5 • Fear of judgment/being seen in a certain way = 3 • Unknown reaction = 1 	<p>Fear of AT’s reaction = 9</p>
<ul style="list-style-type: none"> • “Time inconvenience from having to seek them out.” • “If she were unavailable” • “[T]hey are very busy with my teammates as well as other teams.” 	<ul style="list-style-type: none"> • Inconvenient for AT = 3 • Inconvenient for athlete = 2 	<p>Not convenient = 5</p>
<ul style="list-style-type: none"> • “Embarrassment” • “Not wanting him to know I was struggling” 	<ul style="list-style-type: none"> • Not wanting AT to know = 1 • Embarrassment = 3 	<p>Embarrassment = 4</p>
<ul style="list-style-type: none"> • “I have other support systems” • “I would probably approach my parents first and because I believe they would provide adequate support, I might not feel the need to see our athletic trainer.” 	<hr/>	<p>Better resources available = 3</p>
<ul style="list-style-type: none"> • “Talking with my current athletic trainer about my emotional and psychological issues might interfere with my physical recovery.” • “[Athletic] trainers are for physical issues.” 	<hr/>	<p>ATs are solely for physical issues = 3</p>

Examples of Responses	Summary of Categories	General Theme
<ul style="list-style-type: none"> • “Her role is rehabilitation and/or physical therapy for the injury, not so much psychological therapy.” 		
<ul style="list-style-type: none"> • “If they are all in my business” • “[C]ould keep my out of competition” • “If I thought they would no longer let me participate in my sport.” 	<ul style="list-style-type: none"> • AT would not act in best interest of athlete = 1 • Tell coach athlete could not handle training = 1 • AT is nosy = 1 • AT would keep athlete out of competition = 2 	Miscellaneous = 5

Questions 14 on the survey was completely open-ended and asked for any general comments or thoughts that the athletes were willing to offer. I received 9 responses, with the comments showing mainly that people deal with emotional and psychological distress differently, based on their personality and so many other factors. Some athletes noted that they wanted to talk about their anger, frustration, and other negative feelings, while others preferred to keep it to themselves.

Discussion

My purpose in looking for a correlation between the number of weeks an athlete is kept from full physical participation due to an injury and likelihood to approach an AT was based on the idea that athletes may be more familiar and comfortable with their AT after spending a certain number of weeks with them and thus more likely to share their emotional and psychological struggles. Though common sense would indicate that, it is not shown to be true in this study and would be an oversimplification to make that conclusion. The lack of a correlation is most likely due to the fact that there are so many other factors affecting athletes' decisions to approach a certain individual, with familiarity and comfort with the individual being only one aspect. For example, if athletes are kept from going to their ATs because they perceive them to not be trained or adequate to help, spending more time with them will not change that fact.

Comparing the mean scores of the likelihood of approaching different individuals, it was found that family members, friends, and teammates scored the highest, with ATs and coaches nearly tied in the middle, and mental health professionals and team chaplains/ministers receiving the lower scores. These scores were as expected, as family and friends are generally the closest individuals to athletes in terms of comfort and familiarity, which was shown to be highly valued by the athletes in the following question. For many athletes, their teammates are often their closest friends, so that is most likely why those scores were so close. It is not surprising that ATs and coaches were so close in means, as athletes encounter both of these individuals often as frequent as every day, though they are both in a position of authority over the athletes and must maintain a professional separation/distance from the athletes. Thus, this could discourage the athletes from approaching them, compared to family and friends, who have no control over playing time, starting positions, et cetera. Other mental health professionals (such as

psychologists) and team chaplains most likely received the lowest scores since they are not encountered by the athletes nearly as often as ATs and coaches and do not share the same familiarity with the athletes. It would seem athletes would have to value professional training over familiarity in order to choose a relatively unfamiliar professional.

There was a significant relationship between valuing feeling comfortable with the individual the athletes choose to approach and their likelihood of approaching their AT. Based on these results, if an athlete values feeling comfortable with someone before going to him or her for support, it seems he is more likely to approach the AT, possibly indicating that athletes are generally comfortable with their ATs. The same goes for professional training—the results show that if an athlete feels strongly that the individual should be professionally trained to offer assistance, he or she is likely to approach the AT of the team. This indicates that athletes most likely perceive their ATs to be reasonably trained to handle the emotional issues of their athletes.

I was expecting to see at least a weak relationship between valuing monetary cost/convenience and likelihood of approaching one's AT since accessing one's AT in the collegiate setting is cost-free and fairly easy. However, the results did not show a correlation. In addition, confidentiality appeared to be a concern in the open-ended responses, with athletes stating that they felt the AT room was too public to share their struggles or that their ATs would relay the disclosed information to their coaches; hence, I expected a negative correlation between valuing confidentiality and likelihood to approach one's AT. There was no apparent relationship, however, between likelihood of approaching an AT and valuing the assurance confidentiality, though this finding does not necessarily indicate that ATs are or are not completely confidential. Since I asked the athletes to rate multiple factors affecting their decision of whom to approach, it is likely they that ranked the different factors mentally before answering (though asked to rate

them independently), which could give confidentiality, monetary cost, and convenience a lower rating if they are being compared to the other factors listed.

There was a significant positive relationship between feeling comfortable with one's AT and the perception of how adequately trained ATs are in giving emotional support to an athlete. Because of this correlation, it seems appropriate that ATs should be properly educated and trained in psychological counseling and referral. Though some may argue that it is not an AT's role to provide counseling, it is still important for athletes to feel comfortable approaching their AT for emotional support, if only to get a referral to another health care professional. If athletes do not feel comfortable approaching their AT, some athletes may go without receiving professional help if the AT is not proactive and/or the athlete does not "open up" to his or her AT. Since professional training has been identified as a factor of how comfortable one is approaching an AT, this can be rather simply manipulated by adding a class to an undergraduate program or continuing education units to increase ATs' proficiency in dealing with emotional and psychological issues of athletes, as NATA's official competencies for ATs include (NATA, 2010).

Question 12 revealed that one of the primary reasons athletes approach their AT for emotional support is dependent on the issue being health-related or not. An explanation for this is that depression and other emotional and psychological problems are often tightly correlated with physical health, and since ATs primarily take care of athletes' injuries and health issues, this finding is logical, as many athletes would most likely be comfortable talking to their AT about health-related issues.

One reason for approaching an AT that was only listed once (for question 12) was that the athlete had been actively prompted by the AT to come for support or help anytime it was

needed. One explanation for this finding could be that ATs do not view their role to encompass emotional and psychological counseling. Another reason could be that ATs are not confident in their ability to offer emotional support or help. Furthermore, athletes maybe simply not have heard their AT encourage their athletes to come for help or they perhaps did not think of that as a reason. In any case, ATs should encourage their athletes to come talk to them if they are in need of additional help or support, whether the issue is health-related or not. Being on the front lines for athletes' physical well-being, ATs have a unique position to offer other forms of assistance to help with their emotional and psychological well-being. However, as one participant offered as a reason not to approach his or her AT, coming across as “nosy” should be carefully avoided by ATs.

A limitation of this study is that I made the assumption that the athletes interpreted the questions on the survey the same exact way. Though I attempted to word the questions in the clearest manner possible, athletes may have defined, for example, “full participation” differently, which would have affected their answers to questions 1 and 3. Some may have taken it to mean full participation without any pain or hindrance and some may have defined it as participating in practices and games, though still with some effects of the injury. Thus, as with any survey, internal validity can be challenged if questions can be interpreted in multiple ways. Though I attempted to control this as much as possible, it is not ideal due to different perspectives. I also made the assumption that each athlete will answer the survey questions honestly and truthfully.

Furthermore, I also limited my sample to collegiate athletes, excluding those under the age of 18 (e.g. high school and middle school athletes) as well as professional athletes. Part of this decision was due to the fact that college athletes are more accessible than professional athletes, and parental consent is required for those under 18. Thus, the results found in this study

cannot be truly generalized to all athletes. Another possible limitation is that any and all college athletes were invited to participate in the study, regardless of their history of injuries. Because the sample was not limited to those who have been injured previously, those athletes who have not experienced a significant injury may not be able to give an accurate answer regarding from whom they would prefer to receive support, since they have never experienced distress from an injury. And finally, in some cases, the survey was sent out to the athletes by an athletic trainer at his/her respective school, which could have created a slight bias. This bias was avoided as much as possible by having other forward the survey to the athletes, though in some cases that was not feasible.

One further step to take in light of the present study is to increase education for undergraduate ATs as well as continuing education opportunities for certified ATs in the area of counseling and referral of athletes struggling emotionally and psychologically. It is relatively common not to have a sports psychologists at one's disposal so ATs need to know how to best help athletes in this area. Since previous research has shown that newly-certified ATs feel unprepared to offer social support, psychosocial support, and mental skills training (Stiller-Ostrowski, J., Ostrowski, J., 2009), and because there seems to be a slight positive correlation between athletes' comfort level and perception of their ATs' professional training, this would be a logical next step.

Further research should be done to continue to define and improve the role of ATs in the area of helping athletes through emotional distress so that proper education can take place. In addition, research studies should also be performed to determine why or why not athletes feel comfortable with their AT—since that was found to be a significant factor affecting athletes'

decisions to approach a certain individual—and if gender of the AT has a major effect on comfort level.

Conclusion

To answer the question “from whom do athletes prefer to receive emotional support,” the most likely individuals to be approached by injured athletes—family, friends, and teammates—are reasonable choices by the athletes given that comfort was the main factor affecting athletes’ decisions of whom to approach for help. However, as many athletes noted in their responses to the open-ended questions, additional sources of support are often needed—those who have been professionally trained to offer some form of help (whether counseling or an appropriate referral) and those who are educated on how injuries can affect one’s emotional and psychological well-being. The next highly rated individual who fits this description is an AT.

Considering that only 2 out of the 31 athletes who sustained season-ending injuries did not experience emotional distress as a result, and given the fact that ATs are often the ones working the closest with injured athletes, ATs should be aware of the potential emotional distress that often comes with injuries, especially season-ending injuries. Steps should be taken to ensure that ATs are adequately trained, since athletes’ comfort level with ATs is partially dependent on how adequately trained they believed their ATs to be. Answering my second research question, “is there a demand for athletic trainers to play a significant role in personally aiding athletes who are struggling emotionally?” the results do not show a clear indication of whether or not athletes prefer to be counseled by their ATs compared to other individuals, though ATs are more likely to be initially approached by athletes compared to other professionals. Whether or not the AT offers counseling or makes a referral should be based on the athlete, since the open-ended responses showed the variety of personalities and preferences of the athletes regarding their choice to share personal information with their AT.

Since nearly half of the athletes surveyed reported feeling “very comfortable” approaching their ATs to receive help with their emotional distress due to injury, ATs should maximize the trust they have built with their athletes and continue to seek out ways to further improve their care of their athletes. Whether through a referral or through counseling the athlete personally, ATs have a unique opportunity to help athletes holistically—physically, emotionally, and psychologically—that other medical professionals often do not have given the limited time they have with athletes during brief appointments. Thus, ATs should do everything they can to ensure they are properly educated and create an environment in which athletes are comfortable sharing their struggles so that proper help and support from an AT or some other professional can be provided if needed.

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Appendices

A. Survey to be completed by athletes (instrument)

1. During your high school or college career have you sustained any injury (or injuries) that kept you from full participation in your sport or practices for more than 2 weeks?
 - a. Yes
 - b. No
2. Have you ever sustained a season-ending injury?
 - a. Yes
 - b. No
3. What is the longest length of time you have been kept from full participation in your sport because of an injury? _____ Weeks
4. Have you ever experienced any emotional or psychological distress (e.g. any level of depression or sadness, anxiety, anger, etc.) as a result of an injury?
 - a. Yes
 - b. No
5. If you have experienced emotional or psychological distress as a result of an injury, did you seek help or support from a family member or friend?
 - a. Yes
 - b. No
 - c. Not applicable (if no injuries and/or no emotional distress)
6. Did you seek help from anyone other than a family member or a friend?
 - a. Yes
 - b. No
 - c. Not applicable (if no injuries and/or no emotional distress)
7. If you did seek help from someone other than a family member or a friend, what was their profession? _____
8. How likely would you be to seek help (or emotional support) from the following people if you were experiencing any emotional distress as a result of an injury? Rate the following using a scale from 1 to 5 where 1 is not at all likely and 5 is very likely.

a. Athletic trainer:	1	2	3	4	5
b. Teammate:	1	2	3	4	5
c. Family member:	1	2	3	4	5
d. Friend:	1	2	3	4	5
e. Coach:	1	2	3	4	5
f. Mental health professional:	1	2	3	4	5
g. Team chaplain/minister:	1	2	3	4	5

9. How important would the following factors be in determining who you would approach for help or emotional support because of an injury? Please rate using a scale of 1 to 5 where 1 is not at all important and 5 is very important.
- | | | | | | |
|---|---|---|---|---|---|
| a. Monetary cost for appointment: | 1 | 2 | 3 | 4 | 5 |
| b. Convenience: | 1 | 2 | 3 | 4 | 5 |
| c. Comfort level/familiarity with individual: | 1 | 2 | 3 | 4 | 5 |
| d. Professional training esp. related to problem: | 1 | 2 | 3 | 4 | 5 |
| e. Assurance of confidentiality: | 1 | 2 | 3 | 4 | 5 |
10. How comfortable would you be talking to your current athletic trainer about emotional or psychological distress that you may be experiencing as a result of an injury?
- Very comfortable
 - Somewhat comfortable
 - Not comfortable
11. Do you think your current athletic trainer is adequately trained and/or capable of providing emotional support (beyond a referral) if you were experiencing emotional or psychological distress as a result of an injury?
- Is adequately trained
 - Not sure
 - Is not adequately trained

OPEN ENDED QUESTIONS

12. What reasons might lead you to approach your current athletic trainer for emotional support/help if needed? _____
13. What reasons might prevent you from approaching your current athletic trainer for emotional support/help if needed? _____
14. Any comments related to this topic (optional): _____

DEMOGRAPHICS

15. What is your gender?
- Male
 - Female
16. What is your age? _____ Years
17. What is your race/ethnicity?
- White
 - Black or African American
 - Asian
 - Hispanic or Latino
 - Native American or Alaska Native
 - Hawaiian Native or other Pacific Islander
 - Other: _____

B. Consent form

My name is Kristin Kutz and I am an undergraduate student attending Bowling Green State University. I am conducting a research study under the direction of my advisor Dr. Matt Kutz about athletes' preferences regarding from whom they receive help and support in the case that they experience emotional or psychological distress as a result of an injury.

The purpose of this study is to gain insight into whom athletes prefer to confide and/or receive emotional support as well as reasons why athletes choose certain individuals to help them. Knowing that it is quite common for athletes to experience emotional and/or psychological distress as a result of serious injuries, I wish to use the results of this study to increase the care of athletes' emotional and psychological well-being as they heal from their injury. If those working with athletes understand in whom athletes generally like to confide about such issues, then those working with the athletes will be able to make sure the professionals preferred by the athletes are available and thoroughly trained in how to best assist the athletes. My goal is also to open up an avenue for further research to be done in this area. There are no direct benefits promised to you, only the possibility that this study may lead to better care of injured athletes in the future.

I have obtained approval from the Human Subjects Review Board and am collecting data via online surveys from college athletes at various universities. To participate, you must be at least 18 years old. If you meet this requirement, you need only to fill out this survey, which should take no more than 10 minutes, and no more will be asked of you.

Your participation is completely voluntary. You are free to withdraw at any time. You may decide to skip questions or discontinue participation at any time without penalty. Deciding to participate or not will not affect your grades, position as an athlete, or your relationship with your university or athletic department.

The data from this survey will be kept on a password protected computer, where only I will have access. All survey data will be anonymous, as SurveyMonkey provides me with no names. Do not leave the survey open if using a public computer or a computer others may have access to. You are also encouraged to clear your browser cache and page history after completing the survey.

The risks associated with completing this survey are no greater than those encountered in daily activities.

Please feel free to contact me if you have any questions about the research or your participation in the research. My email address is kekutz@bgsu.edu and my phone number is 419-806-5286. You may also contact my advisor at mkutz@bgsu.edu or 419-372-5917. If you have any questions about your rights as a participant in this research, you may also contact the Human Subjects Review Board at 419-372-7716 or hsrb@bgsu.edu. Thank you for your time.

By completing the survey, you indicate that you have been informed of the purposes, procedures, risks and benefits of this study, have had the opportunity to have all your questions answered and have been informed that your participation is completely voluntary.

C. Recruitment Script

Hello [recipient's name],

My name is Kristin Kutz and I am an undergraduate student attending Bowling Green State University. I am conducting a research study under the direction of my advisor Dr. Matt Kutz and would like to request that you send a link to an online survey to all the athletes participating in any sport at [school]. The purpose of this study is to determine in whom athletes prefer to confide and/or receive help if experiencing emotional or psychological distress as a result of an injury. I am also researching the reasons why athletes choose certain individuals to help them. Knowing that it is quite common for athletes to experience emotional and/or psychological distress as a result of serious injuries, I wish to use the results of this study to improve the care of athletes' emotional and psychological well-being as they heal from their injuries. If those working with athletes understand in whom athletes generally like to confide about such issues, then those working with the athletes will be able to ensure the professionals preferred by athletes are available and thoroughly trained to best assist the athletes. My goal is also to open up an avenue for further research to be done in this area.

To participate, athletes must be at least 18 years old. There are no risks involved in participating in this study and all data will be anonymous. The survey should take no more than 10 minutes. I have obtained approval from the Human Subjects Review Board and have agreed to comply with all regulations. I will be more than happy to answer any questions you have about this study. If you would not mind forwarding this email to any or all athletes at [school], I would greatly appreciate it. Here is the link to the survey: [link]

Thank you so much for considering.

Sincerely,
Kristin Kutz

D. Quantitative Data (Questions 1-11)

Question #	Summary of question	Answers
Q1	Has athlete sustained an injury that kept him/her out of full participation for > 2 weeks?	Yes = 73.0% No = 27.0% # of respondents (n) = 100
Q2	Has athlete sustained a season-ending injury?	Yes = 31.0% No = 69.0% n = 100
Q3	Longest length of time kept from full participation due to injury?	M = 12.36 SD = 20.72 n = 98
Q4	Has athlete experienced emotional distress due to injury?	Yes = 62.0% No = 38.0% n = 100
Q5	If yes to Q4, did you seek help from a family member or friend?	Yes = 50.0% No = 15.0% N/A = 35.0% n = 100
Q6	If yes to Q4, did you seek help from something other than family/friend?	Yes = 27.0% No = 41.0% N/A = 32.0% n = 100
Q7	If yes to Q6, what was their profession?	Athletic trainer = 9 Coach = 9 Psychologist = 5 Other = 7 n = 26 (some gave multiple answers)
Q8	How likely would the athlete be to approach the listed individuals?	Family member: M = 4.32, SD = 1.15, n = 99
		Friend: M = 4.12, SD = 1.08, n = 99
		Teammate: M = 4.11, SD = 1.10, n = 99
		Athletic trainer: M = 3.55, SD = 1.22, n = 98
		Coach: M = 3.46, SD = 1.35, n = 99
		Mental health professional: M = 2.68, SD = 1.40, n = 99
		Team chaplain/minister: M = 2.59, SD = 1.40, n = 98
Q9	How important would the listed factors be in determining who to approach someone for help?	Comfort level with person: M = 4.61, SD = 0.75, n = 99
		Confidentiality: M = 3.86, SD = 0.75, n = 99

Question #	Summary of question	Answers
		= 1.18, n = 99 Convenience: M = 3.54, SD = 1.11, n = 99 Professional training: M = 3.48, SD = 1.36, n = 99 Monetary cost: M = 3.10, SD = 1.45, n = 98
Q10	How comfortable would the athlete be approaching an AT?	Very = 47.5% Somewhat = 37.4% Not = 15.2% n = 99
Q11	Does athlete think his/her current AT to be adequately trained in providing emotional support?	Adequate = 49.0% Not adequate = 9.2% Not sure = 41.8% n = 98