

How Likely Are College Athletes Seeking Counseling as Opposed to Non-Athletes?

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COUC/CEFS 515: Research Methods and Program Evaluation

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Abstract

This research paper is designed to examine the feelings of seeking help and the stigmas of college athletes versus non-athletes. It is my hope to discover that there is a difference between these groups with athletes seeking help less often or being less likely to seek help than those who are non-athletes. This is a growing concern in society as we see more and more athletes coming forward about struggling with mental health and wishing they had asked for help. By doing this research it is my goal to address this concern and to open up another avenue for others to then expand on my research so that with the mentioned target group we can appropriately address concerns with them and create better mental health states and awareness among athletes.

Introduction

In society today, there is a stigma or view carried by athletes that are seeking counseling versus those who do not. This is seen in not just athletes, anyone seeking general counseling could have an associated stigma toward help (Leimer, Leon, & Shelley, (2014)). Some athletes, of all ages, view counseling help to be weak or believe that their stigma of toughness, strength and independence can be challenged if it is known they seek help in counseling. In a study done by Hilliard et al, they examined this type of stigma between college students both athlete and non-athlete. They were unable to conclude a significant difference if any at all between these groups though the sample size was very large. Though the sample was large in that group I believe no significance to be due to them being both athlete and non-athlete. If you have a stigma or view on counseling from both groups and use such a large number, I find it very difficult to narrow it down for causation. In a second study on stigmas toward counseling, Bird et al, looked at the difference of in person versus online counseling to see how this would affect the stigma of these athletes. It was predicted there would be a difference, the researchers felt they were getting somewhere but could not prove a statistical difference in these groups. Though the studies above had target populations of athletes in college, it is important to note that a study by Gulliver et al, showed that all ages are affected by mental illness and depression and percentages across the United States are increasing. In the last study I examined by Van Raalte et al, it showed me what was really out there for students and athletes as far as seeking referrals to counselors and if it was effective for them. I find that important as we further our knowledge on barriers, causes, and stigmas we must also make it more available to help these in need by providing them relatable ways to contact counselors or to meet with them. Further pushing the importance that these questions are addressed so that other researchers have different routes and research to support

their own assumptions as I am using them here to help with my own further research on these stigmas. So, the question to examine is, how likely are college athletes going to seek counseling as opposed to college non-athletes? What could be the causes they do not seek help as often and what do we do to reach those athletes seeking help. The null hypothesis would be between a group of athletes at the college level and a group of non-athlete's students will not have a significant difference between how likely they are to seek counseling. Though I believe a stigma exists for athletes and they are less likely to seek counseling, I do not see it being a significant difference in this population due to the increase in mental health awareness. The importance of this study how it will affect others will attribute to how we view counseling and could adjust counselors in being more aware of the possible stigma so that they can look to eliminate negative beliefs and reach these athletes and non-athletes that need help. If this research is successful, counselors will know the possible barriers between them and their students that ultimately can be addressed by the counselor to help assist the students in not being afraid to reach out for help.

Methods

Population and Sampling

The population of this study will be college students, both non-athletes and athletes. These students will be taken from convenience sampling as I am a college student as well and this will be the most efficient way to collect the data I am looking for. Both groups will have a mixture of male and female participants of all backgrounds 100 of each group totaling 200 students. The participants will come from students that have inquired about mental health and looked for counseling as well as those who have not. The participants will be informed of what the research is about by informing them of the groups being studied and letting them know we are looking for thoughts on counseling and seeking help from athletes and non-athletes. To be in this group you must be a college student. The setting in which the research will be conducted will be within a classroom type setting with the groups of athletes and non-athletes being mixed within two classrooms.

Instrumentation

The instrumentation that will be used in this study will be a 4-point Likert scale questionnaire based on the *Attitudes Toward Seeking Professional Psychological Help Scale* (ATSPPHS) created by Fischer and Turner, as well as a sheet to label whether they are athletes or non-athletes. That will be handed out to the students selected within the classroom setting. This scale will have questions relating to how each student feels about attitudes toward seeking help as well as if they would seek help. The arrangement will be from strongly disagree, disagree, agree, and strongly agree. Each question will be formatted to see how each student feels toward counseling and if they would be willing to seek help. This type of test will yield ordinal data as the students will be scoring on the questions from 1-4 and will added at the end

for total scoring. By using the Likert scale to form the questionnaire it is clear there are opposing arguments in which a study by Joshi et al, shows how even the creator of the Likert scale states by giving the participant a neutral option between two extremes you give them the freedom to decide on no grounds of significance. Joshi et al (2015), also states that though these are competing with significance it is important to note that by using a scale such as a Likert scale you can create data to be nominal or ordinal in which it applies to the study giving flexibility. In a study by Zohrabi (2013), he states that those with closed ended questions can yield great results but open ended can lead to more discovery. The questions from this test will lead to the discovery of true feelings from students on how they view counseling and if they would be able to seek it comfortably. Zohrabi states that this type questionnaire is high on reliability in which the questions are truthfully answered as presented and you are avoiding the peer influence of interviews or other type test. To test reliability, Elhai et al did a study in which they found evidence supporting the validity as well as the reliability in both students and mental health patients showing that for this test it is a reasonable scale to use having evidence supporting it (Elhai, Schweinle, & Anderson, 2008). If being used for students and mental health patients and rendering good results, this scale with the Likert scale for rating are very much related to the population and the results I am looking to obtain. A copy of the (ATSPPHS) will be included in the appendix of this paper.

Procedures

The procedures of this research will be a single group design as these students are all taking the same surveys in order to collect the data from the answered questions on the (ATSPPHS). Each student that volunteers will be put into a time slot to come by a classroom to fill out the questionnaires. The first set will meet in a classroom at 9 am and the next set of

students at 1 pm both having equal amounts in each class. The athletes and non-athletes will be mixed among the times so that it is not all of one group in one setting. The variables will be measured based upon the answers from the (ATSPPHS) and record for each student that evening to determine the means and standard deviations of each of the groups, athletes and non-athletes. The controls within this study will keep high validity as it is convenience, but randomizing rooms of athletes and non-athletes will help to eliminate the peer view aspect on reflecting in the data. After all data is received from both athletes and non-athletes, I will add the scores of each person giving them an average score and compare the averages with the opposing groups. The higher the overall score the more likely the student is to seek or feel comfortable seeking help from a counselor as opposed to the lower scores.

Analysis

The data found within this research will be ordinal data in which a single group T-test will be performed to see if there is a significant difference between the scores of the non-athlete group as opposed to the athlete's group on the (ATSPPHS) after totaling scores. I will be using a T-test of this group since I will know the means and standard deviation and can test for significance at $p < .05$. If there is a significant difference between the groups, I will be able to reject the null hypothesis that there will be no difference and open up for further research on why athletes or view seeking counseling help the way that they do as opposed to their non-athlete peers. If I can take the data to support that athletes overall have more negative feelings toward counseling, I can help others in counseling to pursue that group and dive deeper into why that negative stigma comes in to play with this target population.

Integration

The implications of this study would look to help find the reasoning on why we have a large number of athletes in society that have discussed not seeking mental help when needed. Though it is not just athletes I want to focus in on why that particular group feels the way they do about seeking help. In 2 Timothy 1:7, “For the Spirit God gave us does not make us timid, but gives us power, love and self-discipline”, which speaks to being timid and the spirit of timidity. I believe that this spirit is what is attacking the athletes of this generation. By being timid or “afraid” to speak out or speak up it is affecting the mental health of people who society often thinks to be mentally stable and strong. As counselors we must pursue those afraid to speak as discussed by Sue & Sue (1997), it is important that the communication between a counselor and client has no barrier that inhibits good therapy. If we as Christians can eliminate and fears that clients may have, we ultimately can be more effective in reaching them. I believe that this research will help to relieve some of those fears of that group and help others dive even deeper in to what they are so that we as counselors can take this population in and use effective measures of helping them achieve healthy mental states and be the best versions of themselves.

Appendix

Attitudes Toward Seeking Professional Psychological Help Scale

Directions: Please circle the number that best expresses your level of agreement.

	Statement	Strongly Disagree	Disagree	Agree	Strongly Agree
1.	Although there are clinics for people with mental troubles, I would not have much faith in them.	0	1	2	3
2.	If a good friend asked my advice about a mental problem, I might recommend that he see a psychiatrist.	0	1	2	3
3.	I would feel uneasy going to a psychiatrist because of what some people would think.	0	1	2	3
4.	A person with a strong character can get over mental conflicts by himself, and would have little need of a psychiatrist.	0	1	2	3
5.	There are times when I have felt completely lost and would have welcomed professional advice for a personal or emotional problem.	0	1	2	3
6.	Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.	0	1	2	3
7.	I would willingly confide intimate matters to an appropriate person if I thought it might help me or a member of my family.	0	1	2	3
8.	I would rather live with certain mental conflicts than go through the ordeal of getting psychiatric treatment.	0	1	2	3
9.	Emotional difficulties, like many things, tend to work out by themselves.	0	1	2	3
10.	There are certain problems which should not be discussed outside of one's immediate family.	0	1	2	3
11.	A person with a serious emotional disturbance would probably feel most secure in a good mental hospital.	0	1	2	3
12.	If I believed I was having a mental breakdown, my first inclination would be to get professional attention.	0	1	2	3
13.	Keeping one's mind on a job is a good solution for avoiding personal worries and concerns.	0	1	2	3
14.	Having been a psychiatric patient is a blot on a person's life.	0	1	2	3

Please continue to next page.

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	Statement	Strongly Disagree	Disagree	Agree	Strongly Agree
15.	I would rather be advised by a close friend than by a psychologist, even for an emotional problem.	0	1	2	3
16.	A person with an emotional problem is not likely to solve it alone; he is likely to solve it with professional help.	0	1	2	3
17.	I resent a person—professionally trained or not—who wants to know about my personal difficulties.	0	1	2	3
18.	I would want to get psychiatric attention if I was worried or upset for a long period of time.	0	1	2	3
19.	The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.	0	1	2	3
20.	Having been mentally ill carries with it a burden of shame.	0	1	2	3
21.	There are experiences in my life I would not discuss with anyone.	0	1	2	3
22.	It is probably best not to know <i>everything</i> about oneself.	0	1	2	3
23.	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.	0	1	2	3
24.	There is something admirable in the attitude of a person who is willing to cope with his conflicts and fears <i>without</i> resorting to professional help.	0	1	2	3
25.	At some future time I might want to have psychological counseling.	0	1	2	3
26.	A person should work out his own problems; getting psychological counseling would be a last resort.	0	1	2	3
27.	Had I received treatment in a mental hospital, I would not feel that it ought to be “covered up.”	0	1	2	3
28.	If I thought I needed psychiatric help, I would get it no matter who knew about it.	0	1	2	3
29.	It is difficult to talk about personal affairs with highly educated people such as doctors, teachers, and clergymen.	0	1	2	3

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Program Evaluation Project

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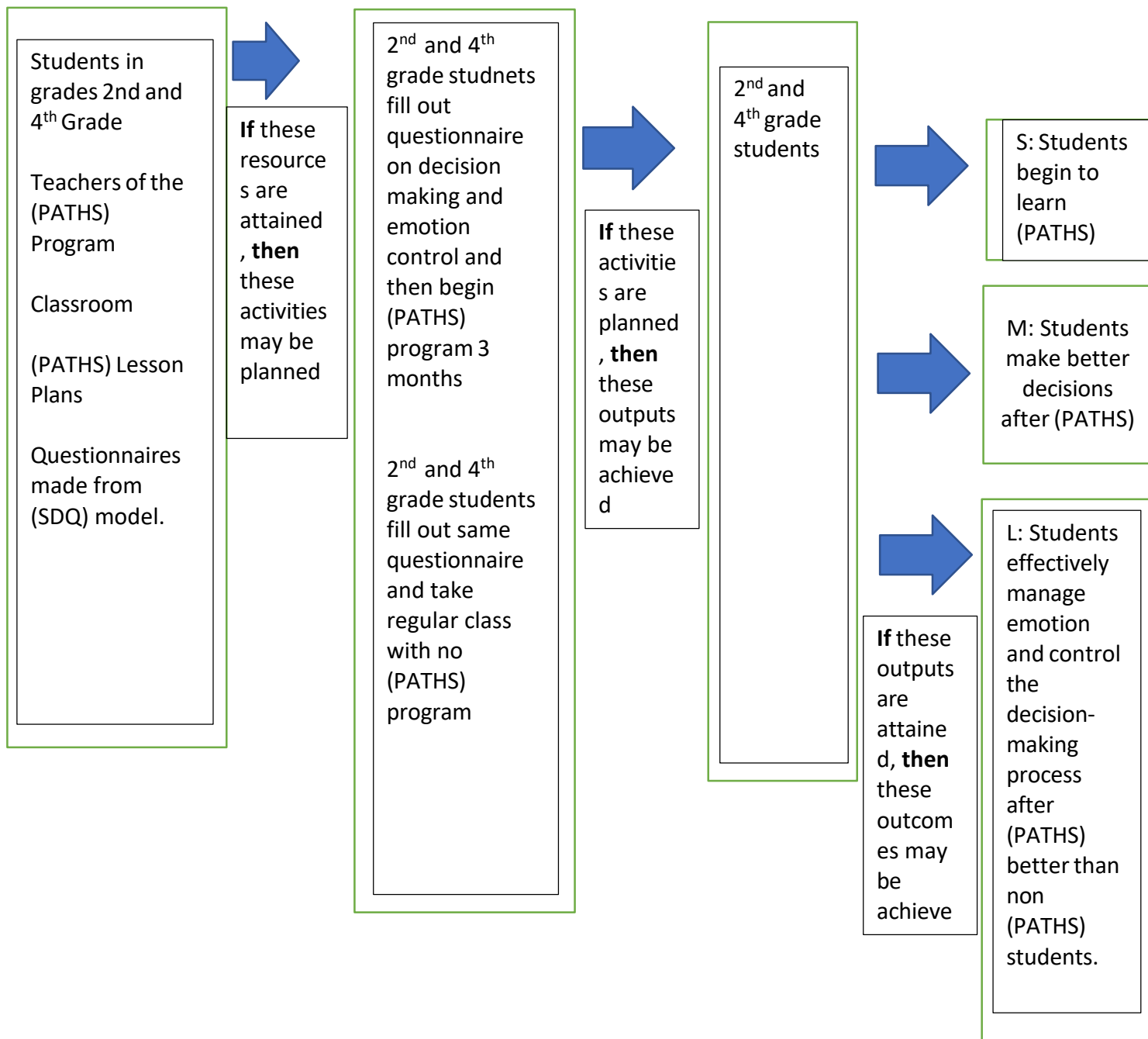
COUC/CEFS 515: Research Methods and Program Evaluation

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The program I am choosing to evaluate is the *Promoting Alternative Thinking Strategies (PATHS)* program. This program was designed to help students from preschool up to sixth grade be able to alternatively handle problems of resolving conflict, make good decisions, and regulate their emotions. The program starts with separate lessons until 4th grade then the students begin combined lessons until 6th grade. The (PATHS) program incorporates all kinds of backgrounds and ethnicities to reach kids from all different backgrounds.

LOGIC MODEL



Program Evaluation Plan

A group of students from grades 2nd and 4th grade should be observed over the course of a three-month period to track the progress of the (PATHS) program on decision making and emotional control both with groups taking the program and another group not in the program. These students will be given examples and questions through a questionnaire of how they would react to a certain situation or choice they would make in a situation and be evaluated on their understanding of good decision making and controlling emotion. As they progress you should see the students that have been in the (PATHS) program longer should be making better decisions than those with shorter amounts of time in the program if it is successfully being taught also after three months both groups overall should improve with the group not taking the (PATH) lessons not improving. The students that have better decision-making skills will likely be from the older group as they have successfully been through more of the (PATHS) program than the 2nd grade students but results should change after three months showing improvement but both groups should be improved compared to counterparts not in the classes. If the students studied after these three months are making better decisions and controlling emotions better than are in the lessons than those not taking lessons, the (PATHS) program is successful. I will assess the questionnaires that are submitted after three months to determine success of the groups both non-lesson and lesson. Though we have a questionnaire as the instrument to collect the data we must make sure that we are accurately accounting for the right data and so the questions must accurately depict the results that we want with emotion and decision making and increase validity. The strengths and difficulties questionnaire (SDQ) will be the model for these young children as used by Mieloo et al, it shows correlation for alphas in young children at <0.07 in the male group for the similar ages I am studying within the (PATHS) program (Mieloo, Raat, Van

Oort, Bevaart, Vogel, Donker, Jansen, (2012)). Using this scale with a past valid study will help bring validity to this study. It is my expectation that students over three months will have better decision making due to the (PATHS) program being implemented.

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