

National Collegiate Athletic Association Division I Athletic Administrators' Perceptions of and
Experiences with Mental Performance Consultants

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Dedication

This dissertation is dedicated to my grandparents, John and Carolyn Radatovich. Thank you for loving, supporting, and pushing me to be the best version of myself. You inspired and taught me to never give up no matter how hard the challenge is in front of me. I wish you could be here to see me accomplish a dream you knew I had since I was a teenage girl. Life has never been the same since you passed but I know you're watching down on me. I promise to treat other people with love, to never give up, and that family is always most important. I love you both.

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Abstract

The National Collegiate Athletic Association (NCAA) advocates for the hiring of a variety of support staff personnel in attempt to achieve its mission to ensure student-athlete well-being and success (NCAA, n.d.). These support staff personnel are often referred to as an interprofessional team, which involves the cooperation and collaboration between professionals from different backgrounds in order to blend their competencies and skills (Hammick, Ocklers, & Campion-Smith, 2009). The interprofessional team can include but is not limited to: athletic trainers, strength and conditioning coaches, physicians, nutritionists, mental health counselors and mental performance consultants (MPCs). Not all NCAA Division I (DI) athletic departments employ MPCs full-time as they do other interprofessional team members, such as athletic trainers and strength and conditioning coaches (Bemiller & Wrisberg, 2011). One of the professionals who can provide meaningful insight into the possible value of MPCs on staff are Athletic Administrators (AAs), who control athletic department budgets and make decisions on hiring interprofessional team members. Therefore, eleven NCAA DI AAs who have an MPC employed full-time in the athletic department were interviewed about their perceptions of and experiences with MPCs at this level. Thematic analysis (Braun & Clarke, 2006; Clarke & Braun, 2013) procedures resulted in the construction of four themes: (a) AAs' knowledge about and experiences with MPCs; (b) factors that influence AAs' hiring of MPCs; (c) factors that influence coaches' and athletes' use of MPCs; and (d) AAs' considerations for employing full-time MPCs. While budgetary constraints were perceived as the primary barrier to hiring MPCs, participants also provided insight into the ways MPCs might gain full-time employment within NCAA DI athletic departments.

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SECTION 1: Personal Narrative and Mission

I participated in many different sports throughout my childhood such as figure skating, karate, basketball, roller hockey, and running. I enjoyed playing all sports but nothing compared to the feeling I got when I ran. Though I intrinsically enjoyed running, as I got older and more competitive my confidence began to waiver. My parents took me to see a mental performance consultant (MPC) who helped me improve my confidence. The MPC played an important role in my athletic and academic life. I knew this was a field I wanted to be involved with in order to teach others about sport psychology and to assist athletes with any psychological challenges they may encounter.

As MPCs our purpose is to assist student-athletes with the psychological challenges they face within sport performance. To best achieve this purpose, it can be argued that MPCs—in addition to working directly with athletes—consider working in collaboration with important others in the athletic environment (e.g., coaches, athletic trainers, strength and conditioning coaches, nutritionists, mental health providers). I believe that MPCs are an important resource that can help coaches and athletic department support staff enhance athlete well-being and performance. As a relationship and service-oriented person I strive to build strong connections with those around me in order to help athletes and coaches achieve their goals. Therefore, my career purpose is to create systematic change where MPCs are a member of the interprofessional team within every NCAA institution.

SECTION 2: Working Manuscript Draft

Introduction

At the broadest level, the National Collegiate Athletic Association (NCAA) is a member-led organization that attempts to ensure the well-being and life-long success of NCAA Divisions I, II, and III college student-athletes (NCAA, n.d.). The NCAA is committed to the: (a) collegiate model of athletics in balancing academic, social, and athletic experiences; (b) highest level of integrity and sportsmanship; (c) pursuit of both academic and athletic excellence; (d) support of intercollegiate athletics' influence on the mission of higher education; (e) use of an inclusive culture; and (f) respect for autonomy (NCAA Performance Standards, n.d.).

In attempting to achieve its mission, the NCAA recognizes the need for utilizing an interprofessional team approach within NCAA DI athletic departments (NCAA, n.d.). An interprofessional team is defined as “a group of individuals from different professional backgrounds who deliver services in order to achieve different service needs” (Hammick, Ocklers, & Champion-Smith, 2009, p. 5). This interprofessional team may include but is not limited to support staff such as athletic trainers, strength and conditioning coaches, physicians, nutritionists, mental health counselors, and mental performance consultants (MPCs). Athletic trainers and strength and conditioning coaches are already employed as full-time interprofessional team members in every NCAA DI athletic department. And, the NCAA recently developed best practices for meeting the mental health needs of student-athletes that suggested all NCAA athletic departments employ a licensed mental health professional (NCAA, n.d.). However, MPCs have yet to achieve the same employment status or be recognized as a needed support staff member within the NCAA to meet student-athletes mental performance needs (Bemiller & Wrisberg, 2011). This study investigates NCAA DI Athletic Administrators'

(AAs) perceptions of and experiences with MPCs because AAs at this level are typically responsible for hiring the athletic support staff, including MPCs.

The Different Roles of an MPC and a Licensed Mental Health Professional

At the NCAA DI level, student-athletes face enormous pressures to perform in and out of sport (Bemiller & Wrisberg, 2011). An important factor to consider in meeting the psychological needs of NCAA DI student-athletes—and helping them cope with the pressures of being a student-athlete—is understanding the difference between an MPC and a licensed mental health professional (e.g., counselor, social worker, clinical psychologist). While the two professionals may complement each other, the distinction between their services is important because often MPCs and licensed mental health professionals are viewed as providing similar services (Linder, Brewer, Van Raalte, & DeLange, 1991; Van Raalte, Brewer, Brewer, & Linder, 1996). In addition, confusion among support staff members exists with regard to what MPCs do and how their services differ from mental health services (Zakrajsek, Fisher, & Martin, in press).

MPCs are trained to provide psychological services to assist student-athletes with the mental and emotional demands of practice and competition (Williams & Krane, 2015). For example, MPCs deliver services that are designed to help student-athletes deal with performance pressures (Beilock & Carr, 2001), improve confidence (Myers, Payment, & Feltz, 2004), manage anxiety and emotions (Mamasis & Doganis, 2004; Lazarus, 2000), and enhance focus (Orlick & Partington, 1988). In contrast, licensed mental health professionals are trained to help individuals deal with personal and emotional problems (Weinberg & Williams, 2014). These professionals provide services that are designed to assist individuals with challenges such as depression, eating disorders, and substance abuse (Mellin, 2011). While both provide important psychological services, a competent MPC is arguably the most qualified professional to provide student-

athletes with psychological assistance to enhance sport performance and manage competitive pressures (Wiese, Weiss, & Yukelson, 1991; Williams & Krane, 2015).

Current Status of MPCs in NCAA Athletic Departments

The field of sport psychology has had a continued interest in understanding where graduate students have obtained employment (Kornspan & Duve, 2006; Leffingwell et al., 2001; Lutkenhouse, 2010b; Voight & Callaghan, 2001; Watson, 2010b). For example, 25 years ago, sport psychology researchers found that while most doctoral students obtained faculty positions after graduation, few worked as MPCs (Anderson, Williams, Aldridge, & Taylor, 1997; Waite & Pettit, 1993). More recently, researchers found that MPCs are gaining employment opportunities in private training facilities (King, 2002; Young, 2002), professional sports organizations (Dunlap, 1999; Gardner, 2001), and in university athletic departments (Kornspan & Duve, 2006; Leffingwell, Wiechman, Smith, Smoll, & Christensen, 2001; Watson, 2010b). MPCs' employment in NCAA athletic departments is of particular interest in this study.

A small number of researchers have examined the presence of MPCs' within NCAA athletic departments. Some researchers surveyed AAs across all three NCAA Divisions to gain a broad understanding of MPCs employment status within collegiate athletic departments (Connole, Watson, Shannon, Wrisberg, Etzel, & Schimmel, 2014; Kornspan & Duve, 2006). Within these studies, a higher percentage of NCAA DI athletic departments employed MPCs compared to the NCAA DII and DIII levels. Specifically, Kornspan and Duve (2006) surveyed 285 AAs across all NCAA Divisions (NCAA DI = 95, DII = 72, and DIII = 118). Overall, 46 (48%) of NCAA DI AAs reported employing MPCs, whereas only 8 (11%) AAs at the DII and 13 (11%) AAs at the DIII level each reported having MPCs on staff. Eight years later, Connole and colleagues (2014) surveyed 478 AAs in all NCAA Divisions (NCAA DI = 192, DII = 132,

and DIII = 145); 121 (63.5%) NCAA DI AAs reported employing an MPC compared to 31 (23.5%) AAs at the DII and 33 (22.8%) AAs at the DIII levels.

There are two reasons that may explain the potential for greater employment opportunities for MPCs at the NCAA DI level. First, the NCAA DI level is the highest competitive level of collegiate sport and student-athletes face enormous pressures to perform on and off the field (Bemiller & Wrisberg, 2011). Second, NCAA DI athletic departments have greater financial means to fund the employment of various interprofessional team members, such as MPCs (Connole et al., 2014; Kornspan & Duve, 2006). It is for these reasons that other researchers have focused solely on the status of MPCs within NCAA DI athletic departments. For example, Wilson, Gilbert, Gilbert, and Sailor (2009) surveyed AAs across 376 athletic departments that reported having at least one NCAA DI sport. Of the 72 AAs that responded, 17 (23.6%) reported employing an MPC. Wrisberg, Withycombe, Simpson, Loberg, and Reed (2012) also examined the employment status of MPCs at 347 NCAA DI universities and found 99 (37.5%) AAs reported employing an MPC. Voight and Callaghan narrowed the focus of their sample even further and examined the status of MPCs in 115 DI universities that represented the strongest athletic conferences (SEC, ACC, Big 10, Big 12, PAC 12). Of the 96 NCAA DI officials that responded, 51 (53%) reported using MPCs within their athletic department.

The researchers mentioned above primarily focused on investigating the status of MPCs using descriptive survey methodology, which relies on individuals taking the time and having the desire to respond (Hayden, Kornspan, Brubacker, Parent, & Rodgers, 2013). It is for this reason that Hayden and colleagues (2013) chose to use content analysis procedures to examine the employment status of MPCs in all 120 Football Bowl Championship Series (FBS) universities.

They analyzed all FBS university athletic department websites and found that 34 (28.3%) departmental websites identified employing MPCs.

Based on the results from studies reviewed thus far, the percentages of NCAA DI athletic departments employing an MPC varies between 23-63% (Connole et al., 2014; Kornspan & Duve, Voight & Callaghan, 2001; Wilson et al., 2009; Wrisberg et al., 2012). While MPCs are most likely to be hired within NCAA DI athletic departments as compared to the DI and DII levels, there is also room for growth. The NCAA DI AAs noted above who reported having MPCs available within their athletic department, also identified that the MPCs were employed part-time or as independent contractors (Voight & Callaghan, 2001; Wilson et al., 2009; Wrisberg et al., 2012). Therefore, a large percentage of DI athletic departments have yet to employ MPCs as full-time support staff members. One of the professionals who can provide valuable insight into the possible value of MPCs at the NCAA DI level are Athletic Administrators (AAs), who control athletic department budgets and make decisions on hiring interprofessional team members. Therefore, it would make sense to understand NCAA DI AAs' perceptions of the need for MPCs and the factors they believe impact the hiring of MPCs within athletic departments.

NCAA AAs' Perceptions about MPCs

Research on AAs' perceptions about MPCs within NCAA DI athletic departments is extremely limited. The few studies available indicate that AAs generally hold positive perceptions about MPCs as a beneficial resource and asset to student-athletes (Kornspan & Duve, 2006; Wrisberg et al., 2012). Specifically, AAs have reported that MPCs could help student-athletes improve focus, build confidence, manage anxiety, and perform better under pressure in addition to teaching them how to transfer psychological skills to their daily lives

(Wilson et al., 2009; Wrisberg et al., 2012). What is encouraging is that AAs whose athletic department employed MPCs also reported being satisfied with their services (Connole et al., 2014). And, AAs have acknowledged that more than one MPC would be necessary within the athletic department to meet the mental performance needs of NCAA student-athletes (Connole et al., 2014).

While AAs recognize the need for one or more MPCs, AAs who did not have an MPC on staff also reported that they are not likely to hire one, and, if they did, it would only be on a part-time basis (Connole et al., 2014). There are two reasons that AAs have reported as barriers to hiring MPCs full-time. One, budgetary constraints have been consistently reported by AAs as the primary reason for not employing a full-time MPC (Kornspan & Duve, 2006; Wrisberg et al., 2012). Two, AAs have also reported some uncertainty for the need of MPCs full-time, especially in comparison to other established support staff members such as athletic trainers (Bemiller & Wrisberg, 2011).

It appears that a discrepancy exists between AAs' perceptions of the benefits of mental performance services and the actual hiring of MPCs within NCAA DI athletic departments. Thus far researchers have attempted to gather information about NCAA AAs' perception of the need for MPCs primarily using quantitative surveys and/or surveys with optional open-ended responses. These methods do not allow for the ability to ask AAs follow-up questions about their responses. If MPCs are to be integrated into NCAA DI athletic departments it is important to gain a deeper understanding of AAs' perceptions of the benefits of mental performance services and the factors that may influence the hiring of MPCs. Furthermore, there is a tremendous opportunity to gain valuable insights from NCAA DI AAs who employ a full-time MPC about the value they add to NCAA DI athletic departments.

Purpose of the Study

Within NCAA DI athletics, AAs are responsible for the athletic department support staff hires including MPCs (NCAA, n.d.). Therefore, the purpose of this study was to gain an in-depth understanding of AAs' perceptions of and experiences with MPCs within NCAA DI athletic departments. Athletic Administrators who employ at least one full-time MPC may be able to provide unique perspectives on the value MPCs add to the athletic department, which has yet to be explored in previous research. The following research questions were explored:

1. What are NCAA DI AAs' understanding of and experiences with MPCs?
2. What are NCAA DI AAs' perceptions of the role of MPCs within NCAA DI athletic departments?
3. What are ways MPCs can increase their need and improve visibility within the NCAA?

Methodology

To explore NCAA DI AAs' perceptions of and experiences with MPCs, an interpretive interview design was chosen because its ontological and epistemological underpinnings aligned with constructivism (Guba & Lincoln, 1994; Lincoln, Lynham, & Guba, 2018) and the purpose of this research. Those who use a constructivist approach aim to describe the experience of another (Guba & Lincoln, 1994; Lincoln et al., 2018); constructivism is based on the assumption that one's reality is socially constructed and that participants' experiences shape their reality (Merriam, 2009). The sample population for this research was NCAA DI AAs who employed a full-time MPC in their athletic department. These AAs' realities and experiences are unique compared to AAs who do not employ a full-time MPC.

An interpretive interview study gathers rich, descriptive information about participants' realities and experiences (deMarrais & Tisdale, 2002). Using an interpretive interview approach allowed the researcher to stick "close to the character of the data" while gathering detailed accounts of participants' perceptions and experiences (Yanow, 2006, p. 407). Additionally, an interpretive interview design allowed the researcher to gain a rich, in-depth understanding of NCAA DI AAs' perceptions of and experiences with MPCs.

The Researcher

It is important that the researcher understand and recognize how personal values and beliefs could influence the interview data, the interpretation of participants' realities and experiences, and the reporting of the findings (Denzin & Lincoln, 2005). The researcher had previous experiences using an MPC during her high school athletic career. She also holds the belief that the MPC played a critical role in her earning a spot on NCAA DII cross country and track teams. The researcher's positive experience working with an MPC and her belief in the value of mental performance services influenced her decision to pursue graduate training in sport psychology. In addition, the MPC influenced the researcher's belief that MPCs are an important resource and should be employed in all NCAA DI athletic departments' staffs. The researcher also has a belief that student-athletes' needs are best met through the collaboration of professionals (e.g., coaches, athletic trainers, mental health counselors, MPCs).

Participants

Eleven NCAA DI AAs (9 males, 2 females) from four institutions that employed a full-time MPC in their athletic department participated in this study. Participants' ages ranged between 31 and 69 years ($M = 45.8$, $SD = 11.3$) and their total experience as an AA ranged from eight to 42 years ($M = 20.7$, $SD = 10.3$). Participants self-identified as Caucasian ($n = 7$),

African American ($n = 1$), Irish, ($n = 1$), and Hispanic ($n = 1$). The AAs average annual athletic department budget ranged from 90 million to 150 million dollars ($M = 119.9$ million, $SD = 28.9$ million; NCAA Finances, 2017). And, two AAs reported being involved in the hiring of the full-time MPC in their athletic department.

Procedures

Interview guide. Interpretive interviews are described as open-ended, in-depth, semi-structured and reflective (Atkinson & Silverman, 1997; Berg, 2008; Holstein & Gubrium, 1995; Merriam 2009; Roulston, 2010). Therefore, to learn about NCAA DI AAs' perceptions of and experiences with MPCs, a written semi-structured interview guide (see Appendix A) was created using open-ended questions (Lincoln, Lynham, & Guba, 2011; Lincoln, Lynham, & Guba, 2018; Merriam, 2009). The semi-structured nature of the guide allowed the researcher to further probe topics and follow the participants lead during their discussion (Glesne & Peshkin, 1992; Johnson & Rowlands, 2012; Merriam & Tisdell, 2015).

The interview guide was divided into three sections. The first section focused on AAs' understanding of and experiences with MPCs (e.g., "How would you define and describe MPCs?"). In the second section, AAs were asked about their perceptions of the role of MPCs (e.g., "What, if any, is the value in having MPCs in NCAA DI athletic departments?"). The third, and final, section asked AAs about increasing the need for and visibility of MPCs within collegiate athletics (e.g., "How do you believe mental performance consultants can increase visibility within the NCAA?").

Bracketing interview. Upon obtaining IRB approval, and prior to the main study interviews, the researcher participated in an audio-taped bracketing interview. A bracketing interview was done to identify the researcher's assumptions, biases, and beliefs related to the

interview questions (Patton, 1990; Rolls & Relf, 2006; Tufford, 2012). The researcher's assumptions were influenced by her previous experiences with MPCs and her academic training in sport psychology. Major assumptions included that AAs would understand the role of an MPC, value an MPC as an important member of the athletic department support staff, and believe in the benefits of employing a full-time MPC. The researcher documented her assumptions and biases in a researcher journal that is described next.

Researcher journal. The researcher used an electronic researcher journal to regularly check biases and assumptions that emerged during data collection and analysis (Emerson, Fretz, & Shaw, 2011; Mason, 2002; Phillippi & Lauderdale, 2018). The researcher documented the thoughts and feelings she experienced during the entire process to be conscious of any biases that emerged during the interviews, data analysis, and generated report (see Appendix B). The researcher also wrote memos (e.g., ideas, initial impressions) in the researcher journal, which included commonalities, differences, and relationships observed across participant interviews (Birks, Chapman, & Francis, 2008; Polit & Beck, 2006). These observations were used for referral during data analysis. The researcher journal was also used to continually monitor assumptions and verify findings (Birks et al., 2008). The researcher reviewed the memos written after each interview and compared them to the codes and themes generated during phases two and three of the data analysis procedures described below. Coincidentally, some of the written memos ultimately developed into themes and subthemes.

Main study interviews. NCAA DI AAs are extremely busy individuals who have tremendous responsibilities at their institutions. Therefore, phone conversations were selected as the interview method to be mindful of AAs' schedules. Researchers have found telephone interviews to be useful in collecting rich, detailed qualitative data and believed it was as valuable

as face-to-face interviews (Novick, 2008; Sturges & Hanrahan, 2004). Miller (1995) supported this position by stating “telephone interviews are no better or worse than face-to-face interviews” (p. 37). Although phone interviews were select for convenience to AAs, some participants in the current study requested a face-to-face interview, which the researcher accommodated. Four face-to-face and seven telephone interviews were conducted.

Participant selection and recruitment. Purposeful criterion-based sampling was used to select participants for this research (LeCompte & Preissle, 1993). To begin the recruitment process, a list was compiled of all NCAA DI institutions that had at least one full-time MPC identified as being employed in the athletic department. Participants email addresses were gathered from their respective athletic department websites. Ninety-two AAs at eight institutions were contacted via email for this study (athletic departments ranged from having 6 to 19 AAs employed). The email sent explained the purpose of the study, ensured confidentiality, and invited AAs to participate in an interview (see Appendix C). Eleven NCAA DI AAs representing four institutions responded and agreed to participate in this research. The NCAA DI AAs were emailed an informed consent document (see Appendix D) that they all signed and returned before proceeding with the interview. The audio-recorded interviews lasted 22–50 minutes ($M = 34:33$, $SD = 8:43$) and were transcribed verbatim by the researcher and two research assistants. As a note, the research assistants completed the social and behavioral Collaborative Institutional Training Initiative, were included in the IRB, and signed a confidentiality agreement before transcribing interviews (see Appendix E).

Member checking. After the interviews were transcribed, participants were emailed a copy of their verbatim transcript to ensure it accurately captured the interview, which is also referred to as member checking (Patton, 2002, 2015). This gave participants an opportunity to

provide additional information and clarify any portion of the transcript (see Appendix F; Riessman, 2008). Three of the eleven participants provided minor edits to their transcript (e.g., spelling errors) and none of the participants provided additional information or clarified any section of their transcript. However, one participant expressed concern that her institution could be identified. Therefore, the participant's specific quotes used in the results section were modified to ensure the institution's confidentiality. Additionally, participants chosen pseudonyms were used to protect their identity.

Critical friend and peer debriefer. A critical friend and peer debrief were used to achieve triangulation (Eley, 2012), which is the process of using different views to help clarify meaning (Denzin, 2009; Stake, 1995). Using a critical friend and peer debriefer allowed the researcher to verify findings across the data by having multiple professionals review the transcripts and results (Carter, Bryant-Lukosius, DiCenso, Blythe, & Neville, 2014; Merriam, 1998; Stake, 1995). The critical friend had some knowledge about, but was not completely immersed in, the phenomenon explored. The critical friend followed the same protocol as the researcher and challenged the researcher's codes and findings throughout the data analysis process to ensure her assumptions and biases did not influence the findings. The peer debriefer served as the researcher's doctoral advisor and was also used as a resource to challenge the researcher's findings. Throughout the data collection and analysis process, the researcher and peer debriefer discussed the interviews and the patterns observed. The peer debriefer helped the researcher keep assumptions, biases, and beliefs in check by challenging her codes and themes generated during data collection and throughout the analysis.

Data Analysis

Generally, thematic analysis is a “process for encoding qualitative information” (Boyatzis, 1998, p. 4). Clarke and Braun (2013) developed six phases to a thematic analysis: (1) familiarizing with the data, (2) coding, (3) searching for themes, (4) reviewing themes, (5) defining and naming themes, and (6) writing up the themes. This is a method for “identifying, analyzing, and reporting patterns within data” (Braun & Clarke, 2006, p. 6).

First, the researcher familiarized herself with the data by listening to the audio recordings multiple times, personally transcribing over half of the interviews, and reading the transcripts several times (Braun & Clarke, 2006; Clarke & Braun, 2013). Next, the researcher began making note of any initial thoughts that developed while analyzing the transcripts.

The researcher then began phase two and started generating initial codes. The researcher did not look beyond what the AAs stated and adhered to the participants’ words when coding and searching for themes (Braun & Clarke, 2006). The critical friend independently coded interview transcripts and accompanied the researcher through the final stage of the analysis.

The third phase focused on identifying themes in the data set by thoroughly examining codes and content generated during phase two. From here, the researcher determined if the themes were consistently observed across the participants. Additionally, similar themes and subthemes were combined (Braun & Clarke, 2006). During phase four, the constructed themes and subthemes were reviewed based on the participants’ verbatim transcripts and the previous rounds of coding. The critical friend and peer debriefer confirmed that the themes and subthemes represented the codes (Braun & Clarke, 2006; Eley, 2012).

The themes and subthemes were defined during the fifth phase. In this phase, the researcher re-examined themes, adjusted theme titles and began forming the thematic structure

and outlining the subthemes (Braun & Clarke, 2006; Clarke & Braun, 2013). During the sixth and final phase, the researcher reported the thematic structure (see Appendix G) that included the themes and subthemes. The themes and subthemes definitions are described in the results and discussion section, which also includes participant's quotes to support the findings.

Results and Discussion

As a result of the thematic analysis procedures, four themes and 15 subthemes were constructed. The four themes include: (a) AAs' knowledge about and experiences with MPCs; (b) factors that influence AAs' hiring of MPCs; (c) factors that influence coaches' and athletes' use of MPCs; and (d) AAs' considerations for employing full-time MPCs.

Theme #1: AAs' Knowledge about and Experiences with MPCs

Athletic Administrators described their experiences with MPCs and from that four subthemes were constructed: (a) professional title; (b) knowledge and understanding of the role of MPCs; (c) mental performance services distinguished from mental health services; and (d) interactions and experiences with MPCs.

Professional title. In the United States, the Association for Applied Sport Psychology (AASP) is an organization for MPCs and professionals that work with athletes, coaches, and non-sport performers (AASP, n.d.). AASP "promotes the development of ethical practice in the field of sport psychology" and endorses a certification credential that MPCs can earn once they complete educational training, gain practical supervised experiences, and pass the certification exam (AASP, n.d.). Certified MPCs are titled Certified Mental Performance Consultants (CMPCs; AASP, n.d.). At the time of this study, three of eleven participants' MPCs held the CMPC credential. Moreover, the AAs used different titles to describe the MPCs employed within the athletic department. For example, participants referred to the full-time MPC as a

“sport psychologist”, “mental coach”, “mental performance coach”, “mental health consultant”, or “mental energy coach”. The word “consultant” was not included in the majority of titles. This might be because, as Johnny said:

When we use a consultant it is someone outside of the institution so, not a full-time or part-time employee. It is someone with a limited time frame, limited capacity, limited availability to work with our student-athletes. I would say those would be more...issue specific. So, say...you know a golfer is having some sort of putting issue having a consultant work with them specifically, on that rather than umm...you know our mental performance coaches who are with the team for the year, travel with the team, umm...are able to do a longer-term growth. I think I would see a consultant position more of a specific issue...short time frame, just trying to address one or two things rather than a holistic approach.

Some AAs also discussed the confusion that comes with using the title “sport psychologist.”

John said:

Sport psychology is a term that is used for lots of different individuals and lots of different roles...but it's a generic term in a way that sounds very specific. So, I think that confuses some individuals and I think mental training...what did you call it, mental performance, I think is the term you used. I think those are better terms because they don't cloud the conception of it being a psychologist providing the service. I think it is important for people to understand that...sport psychology would imply that person is a psychologist and so mental performance, mental training those things I think are more clear.

Researchers found sport psychology professionals have traditionally been viewed similar to mental health counselors (Linder, Brewer, Van Raalte, & DeLange, 1991; Van Raalte Brewer, Brewer, & Linder, 1993; Van Raalte, Brewer, Brewer, & Linder, 1996; Van Raalte Brewer, Linder, & DeLange, 1990) seemingly because the term “psychology” was used within the title (Ravizza, 1988; Van Raalte et al., 1996). Moreover, Hayden and colleagues (2013) found more than ten different titles were used on the NCAA DI FBS athletic department websites to describe an MPC. One of the most frequently used titles was “sport psychologist” (Hayden et al., 2013). The AAs in the current study believed the term “sport psychology” was confusing, because the word “psychology” is often associated with licensed mental health professionals. Athletic Administrators in the current study argued that using terms such as “mental performance” and “mental training” more clearly represented mental performance services.

Knowledge and understanding of the role of MPCs. Athletic Administrators broadly understood the role of MPCs as helping athletes with the mental aspect of sport performance. As John said, MPCs “assist the athletes in developing whatever that skill set is that they’re trying to develop from just a mental training aspect of how to get better at the mental side of their sport.” Emma similarly stated, “our [MPC] works with mental performance, things related to making a free throw, sinking putts, or completing a pass.” All AAs referred to an MPC as an additional resource in the athletic department to assist student-athletes with performance challenges that may arise during their athletic career. Johnny said, “our mental performance coaches are there to be a resource for our student-athletes, they are there to provide techniques or methods...they are there as a sounding board.” Participants also gave specific examples of mental skills and techniques taught by MPCs. For example, Edgar stated that “the [mental] performance coach works on visualization and confidence.”

Athletic Administrators believed that MPCs help athletes cope with the pressures to successfully perform in a NCAA DI sport. One AA discussed the challenge student-athletes face when playing in front of large NCAA DI crowds. Johnny said:

I think especially at the FBS level, at the highest level of Division I...student-athletes are competing...especially when they first get to campus. They are competing in an environment that they maybe have not been. So, when we think of a football student-athlete coming from high school... playing in front of 10,000 people, you are now playing in front of a stadium of over 50,000. Being able to handle that transition...successfully. A good amount of that is mental.

Athletic Administrators also described the media as a challenge that student-athletes must navigate. Bill discussed how being in a “large media market” impacts the pressure student-athletes face. Bill went on to say “the media is not shy about shining a light on [athletes lives on and off the field]” and believes student-athletes are “carrying a lot more pressure.” Athletic Administrators felt MPCs could help student-athletes manage the pressures NCAA DI sports present. Lastly, AAs recognized that MPCs could work with other members of the athletic department (e.g., coaches, athletic trainers, administrators) to help student-athletes. Nostradamus described MPCs as:

Resources that are primarily available to student-athletes but also perhaps athletic coaches and administrators to figure out the ways to help our student-athletes be in a good place mentally, be in a good place from a psychological standpoint, from a preparation standpoint.

Overall, AAs understanding of the role of an MPC was similar to the research conducted with NCAA DI athletic trainers (Zakrajsek et al., in press). For example, Zakrajsek and

colleagues (in press) found that athletic trainers understood mental performance services broadly as a tool to help athletes cope with pressure and enhance performance, which mirrored the participants sentiments in the current study.

Mental performance services distinguished from mental health services. Most AAs described mental performance services separately from mental health services. For example, Emma said, “we have two different kinds [of services]. We have one that is related more toward competition and we have another that is related more toward mental health.” Similarly, Edgar discussed the two professionals in his athletic department delivering services, “We have a performance person” and “a clinical psychologist on staff.” Edgar continued by stating “the [mental] performance coach isn’t necessarily equipped to deal with stress, anxiety, and eating disorders.” Moreover, John shared that mental performance services are a “performance-based service, it is not a clinical or treatment based service.” John also discussed the importance of communication and collaboration between mental performance and mental health professionals. John said:

It [student-athlete issue] could start in one world [mental performance or mental health issue] and bleed into the other. I think there is some sharing and athletes needing both services. Some may only need one or the other but I think the communication has got to be good [between the MPC and mental health counselor] so you get the athlete whichever way [mental performance or mental health direction] is best for them.

Zakrajsek and colleagues (in press) revealed that the majority of NCAA DI athletic trainers in their sample also understood mental performance services as distinguished from mental health services. Additionally, the researchers found that athletic trainers believed an MPC and mental health counselor could work together to best serve student-athletes. Consistent with

the AAs in the current study, Zakrajsek and colleagues (in press) sample also worked in an NCAA athletic department that had both an MPC and mental health counselor on staff to meet the varying psychological needs of student-athletes. This may explain why most of the participants in the current study and the athletic trainers in previous research (see Zakrajsek et al., in press), clearly identified the differences between an MPC and mental health counselor and believed the two professionals could work together.

Although most AAs in the current study distinguished mental performance services from mental health services, three of the participants perceived that MPCs assisted student-athletes with mental health challenges. For example, Doodles said:

Some kids need it [mental performance services] for actual eating disorders and depression, that seems to be two of the main things we see. But then certain sports want it for performance and they want it for just prep.

Another participant, Batman, also believed an MPC could help athletes with “eating disorders to working out too much or could even be stressing their previous performance...you know just out of balance.”

These findings are also similar to Zakrajsek and colleagues (in press) sample, in which a small number of NCAA athletic trainers in their study reported confusion about mental performance and mental health services, even though a MPC and mental health counselor were part of the athletic department staff. This illustrates that the mere presence of an MPC and mental health counselor in the same athletic department does not guarantee clarity between the services each professional provides. Nevertheless, to our knowledge, this is the first study where NCAA DI AAs have reported a distinction, and understood the difference, between mental performance and mental health services.

Interactions and experiences with MPCs. Lastly, participants reported varied interactions and previous experiences with MPCs. Proximity was identified as a factor that impacted the level of interaction and experience AAs had with MPCs. Sharpie said he is located in a “stand-alone facility” and therefore, he doesn’t “have as much contact with the [mental performance] folks.” Some AAs reported seeing MPCs in passing. As EUUWAA said, “I see him and I’ll say ‘Hey, how are you doing?’ but other than that there are not really interactions.” On the other hand, John interacted regularly with the MPC because their offices were located near each other. John said:

We’ve talked back and forth before about...our role. Obviously, helping athletes come back from injury, there is a mental...component to that. No doubt. There is...a skill set as an athletic trainer, as a [AA closely connected to sport medicine services] to understand there is a mental aspect to recovery. So, having those conversations with the mental training folks to...be able to give those athletes maybe...a place to go to talk through the concerns they may have prior to returning to sport.

Some AAs acknowledged taking courses with MPCs during their graduate training. EUUWAA said, “when I got to graduate school at the University of [Division I] um Dr. [Name] was my professor and one of my first classes was a sport psych class with [an MPC]”. Interestingly, one AA reported that he used an MPC during his high school athletic career. Sharpie said:

My very first exposure to it [mental performance services] was actually in high school ...I was lucky enough...to have those professionals [mental performance consultants] from the [Professional Sports Organization] work with our high school team...in their off-season. So, he would come in, he lived in [West Coast State] and I am from [West Coast State] and so our head coach...knew this individual and so, in the off-seasons he would

come in and spend some time with our team and do some work and try to introduce us to the idea of the mental side of sport.

In the current study, some AAs reported interacting with an MPC, some AAs used an MPC when they were athletes, and other AAs took courses with MPCs when they were students. More frequent interactions and/or previous experiences with MPCs potentially impacted participants' knowledge about the role of MPCs and the services they offer. For example, Batman had limited interactions with his MPC and described the MPC as someone who "helps [student-athletes] make sure that they keep their mind right." On the other hand, John consistently interacted with the MPC in his athletic department and, therefore, provided a more detailed description of mental performance services. John said mental performance services are:

Non-clinical, non-pathological...it's development of skills that can lead to improved performance on the field or on the court for an athlete. But, that [mental performance services] has to do with...self-assessment, self-awareness, concentration, and relaxation techniques.

This finding is similar to previous research with coaches and athletic trainers. For example, researchers suggested that coaches who were exposed to mental performance services or who have worked with an MPC were more knowledgeable about their services (Rice, 1996; Sullivan & Hodge, 1991). Additionally, athletic trainers' with previous experiences with MPCs have reported a more clear understanding of the services compared to their counterparts (Zakrajsek et al., in press). Overall, the current findings suggest that the level of interaction and previous experiences AAs had with MPCs may influence the depth of knowledge AAs had regarding MPCs' roles.

Theme #2: Factors that Influence AAs' Hiring of MPCs

NCAA DI AAs described six factors that influenced the hire of MPCs in NCAA DI athletic departments: (a) budget; (b) MPC fit with the athletic department; (c) coach influence on the hiring of MPCs; (d) prioritizing the mental performance needs of student-athletes; (e) athlete testimonials; and (f) tangible results.

Budget. All participants reported that the athletic department budget was the primary factor that impacted NCAA DI AAs hiring a full-time MPC. Bill said that “the availability of finances and having to make difficult decisions on how to prioritize, how to spend your dollars” are the primary barriers to hiring an MPC. Similarly, John acknowledged that athletic department “dollars are important” and believed AAs have to make tough decisions on where to “invest them [athletic department dollars].” Bill believed, “if [AAs] had a magic wand, everyone would do it [hire an MPC] but budget-wise, you’ve got to look at your own reality.” It is evident that AAs have budgetary constraints and they need to make tough decisions on who to add to their support staff, including the hire of a full-time MPC.

Athletic Administrators reported that it may be especially difficult for smaller institutions to find the financial resources to fund a full-time MPC. In these instances, AAs believed other options (e.g., part-time position, independent contractor) might be an alternative to having a full-time MPC. John believed:

That’s the challenge [investing dollars], is it worth it to pay this person to come in or let each sport pick a couple of speakers to come in or hire someone part-time or a local person comes in? Or do I hire a staff member? So, I think that’s probably the biggest challenge.

Researchers who surveyed AAs also reported budget constraints as the primary barrier to employing a full-time MPC (Connole et al., 2014; Kornspan & Duve, 2006; Voight & Callaghan, 2001; Wilson et al., 2009; Wrisberg et al., 2012). When asked about their preferences in hiring support staff members, AAs in previous studies reported that they preferred to hire either a part-time MPC or invest in a different support staff members for the athletic department (e.g., athletic trainers, Connole et al., 2014; Wilson et al., 2009). This might be an indication that, for the AAs in previous studies, mental performance services were not considered a top priority. The participants in the current study emphasized the tough personnel decisions AAs need to make for their respective athletic departments. Consequently, the participants identified the following sub-themes as factors that could influence AAs to invest financially in the inclusion of an MPC to the athletic department support staff.

MPC fit with the athletic department. Participants reported one of the most critical factors in hiring a full-time MPC was the alignment between the MPC and the athletic department culture. These AAs believed it was important to employ an MPC who connected with members of the athletic department. Emma described her athletic department's rationale in hiring their MPC: "The MPC made an impression on our coaches at the time, the MPC made an impression on our staff at the time, the MPC was a good fit so we hired the MPC." Nostradamus echoed this sentiment and said:

Fit with the institution matters. I mean, if you know, I guess a word is alignment, you know having alignment with your coaching staff, having alignment with the goals of the coaching staff, having alignment between the level of athletes, and you're sharing with them or what they might be asking you to help with are all pieces of the equation.

This finding is consistent with research where coaches reported being primarily interested in working with MPCs who fit in with their teams (Gould, Tammen, Murphy, & May, 1991; Partington & Orlick, 1987). Sharp and Hodge (2013) also found that MPCs must align with team culture in order to develop successful consulting relationships with the coaches and athletes. It has been suggested that MPCs embed themselves in the team and demonstrate their knowledge and understanding of team operations in order to align with team culture (Sharp & Hodge, 2013; Zakrajsek, Steinfeldt, Bodey, Martin, & Zizzi, 2013). Athletic Administrators in the current study echoed this sentiment.

Athletic Administrators believed that aligning with the athletic department culture included MPCs commitment to the non-traditional working hours of collegiate athletes. Edgar said their institution's MPC is "very dedicated so they'll come in at 9 o'clock at night if that's when a kid can see them because their schedules are difficult, the kid's schedules are difficult especially in-season." Athletic Administrators argued that a traditional "9-5" approach will not meet the student-athletes' needs. Athletic Administrators believed that when MPCs adjusted their schedules to meet with student-athletes, it demonstrated their commitment to serve student-athletes. This is important because, as Dunn and Holt (2003) found, athletes had positive perceptions of mental performance services when the MPC was invested in their team.

Coach influence on the hiring of MPCs. Athletic Administrators shared that coaches have a powerful voice within the athletic department and can influence the hire of an MPC. Johnny stated that the hiring of the MPC will "come down to, do you have the coaches' buy-in? Are there coaches who were shown the value? They're the ones that can usually push the administrators to say 'Hey, we need to start investing in this'." Athletic Administrators also contended that athletes who previously used MPCs are now becoming coaches. Therefore,

coaches that had positive experiences using mental performance services as athletes are likely to advocate for having an MPC in the athletic department when they become coaches. John said:

As those athletes get older you see coaches who used mental performance personnel as players. I think they will then know what it is and how it can benefit their teams and want it as part of their program. So, I think some of that is the age of the field is now getting to a point where you know some of these resources have been around for 20 years and a lot of those players have become coaches. I think that will help. If they had a positive experience with it during their playing career, they'll then go to their administration and say this is a positive thing or even those administrators may be former athletes and know the benefit of it. I think it will spread that way kind of through personal experience.

To our knowledge, this is the first qualitative study with AAs that illustrated the importance of the coaches' voice in convincing NCAA DI AAs to hire a full-time MPC. Zakrajsek and colleagues (2013) argued that, within sport, coaches' perceptions about MPCs may be the most important because of the strong role they play in the decision to initiate, continue, and terminate the use of mental performance services with their athletes and team. Coaches are positioned to speak positively about mental performance services and advocate for the use of MPCs (Zakrajsek et al., 2013). Coaches' interactions could then influence others to utilize MPCs (Fifer, Henschen, Gould, & Ravizza, 2008). Based on the results of the current study, coaches' support appears to play a central role in NCAA DI AAs' decision to add MPCs to the athletic department. Therefore, it is clear that coaches—especially those with previous positive experiences—are the most critical athletic department member to advocate for employing an MPC.

Prioritizing the mental performance needs of student-athletes. Athletic

Administrators discussed the importance of commissioning the resources necessary to meet the diverse needs of student-athletes. This includes the hiring of an MPC to meet student-athletes mental performance needs. John said, “We want to have enough resources in enough areas that we get [student-athletes] to the right person.” While AAs acknowledged that not all student-athletes would utilize an MPC, they felt it was an important resource to have when the need arose. John goes on to discuss the importance of having MPCs as a resource saying:

I think the value is that if you don’t have that resource there’s the potential for not meeting a need that could help an athlete. Not every athlete will need that service and not every athlete that uses that service will get the benefit you want. But, for any athlete who needs it, uses it, and benefits from it, then, if your goal is to provide athletes with the optimum ability to succeed, then that’s one of those things you want to have as a resource in case they need it. It’s similar to some of the other resources we have. Not everyone will use them but for the kids who do need it, you want to have it available and you want to have someone who understands your department and your athletic department goals so, they’re part of it and kind of pull in the same direction.

Similar to other support services (e.g., athletic training), AAs felt it was important to have mental performance services available when athletes needed it. Participants also acknowledged that having an MPC on staff adds value to the recruiting process. For example, Doodles described how employing a full-time MPC gives the institution a “competitive advantage” and believes it is something you “offer in the recruiting package.” Kornspan and Duve (2006) found some AAs believed an MPC was a “beneficial” resource to have available in the athletic department and felt it was “an asset to many individuals” (p. 23). However, unlike Kornspan and Duve’s (2006)

sample, the current study's AAs perceived MPCs to be just as important as other athletic department support staff. Johnny believed that if his athletic department chose to bring in additional support staff resources, they may choose to hire more MPCs. Johnny said:

If we are looking at hiring an additional strength and conditioning coach, mental performance [consultant], or a marketing person what is going to make the biggest difference for...that bottom line? Wins and losses. I think you would see umm...a good mental performance [consultant] would outperform a great strength coach in the sense of yes, you can be physically stronger but no matter what you still have that mental aspect. So, no matter how hard you're going to work in the physical realm, if you don't have the mental aspect taken care of you're going to see less success.

Overall, having a full-time MPC on staff was important because it demonstrated the athletic department's commitment to the mental performance needs of student-athletes.

Athlete testimonials. Participants identified that athlete testimonials could influence AAs to employ an MPC full-time. Athletic Administrators believed that, like coaches, student-athletes have an influential voice. Participants believed student-athletes could influence AAs' decision to hire an MPC if they openly discussed their positive experiences working with an MPC and how the mental performance services enhanced their sport performance. EUUWAA believed, "retired athlete testimonials may influence athletic administrators' decision to hire a mental coach." Participants felt that if athletes shared their positive experiences of using an MPC with coaches and AAs in public forums (e.g., coaching conferences, coaching clinics), it may influence other AAs to add an MPC to their staff. Emma's recommendation would be to:

Start at the conference level...start with the power 5 conferences. The SEC, the ACC, the Big 12, the PAC 10, which are conferences that have money. You find samples of

student-athletes from schools in those conferences who talk about the impact that the person in that position had on them during their career. Then what you do is you get the competitive juices flowing and so, the schools in that conference who don't have [an MPC] want it because they don't want you to have the advantage. So, if those 65 schools have them, which probably many of them I would guess of those 65 schools have them, then the next level schools are going to want them because they want to be like that. Overall, the participants believed that athlete testimonials could influence AAs to employ an MPC.

Tangible results. Participants also believed tangible results would have a meaningful impact on AAs' decision to hire a full-time MPC. Performance improvements and winning could be attributed, in part, to the support staff that assisted student-athletes (e.g., strength and conditioning, MPCs.) As Edgar said:

The most obvious and most visible thing is if your teams are winning all the time. And you attribute some of that winning to the whole dimension of the services that you offer...there's nutrition and there's strength and conditioning and there's speed and agility, and there's mental training. If [mental training] is an important part of that package like everything else on the most visible level, it translates to athletic success on that level.

By "visible level," Edgar was referring to NCAA DI athletics. And, winning teams that utilize an MPC may influence other AAs to hire an MPC at any NCAA level.

Athletic Administrators also discussed that it would be beneficial to assess student-athletes' beliefs on the impact mental performance services had on their sport performance. John suggested:

Assessing student-athletes by asking ‘How much did this service help your performance?’ Try to quantify that through some numerical system and be able to show of the 800 clients we served, overall, we were rated this. This was the amount of help these athletes felt we gave them. I don’t know somehow trying to quantify that of what [the MPCs] are providing helps.

Athletic Administrators clearly felt it was important to quantify the perceived impact an MPC might have on athletes’ performance and sport experience. Athletic Administrators believed numerical data could illustrate how student-athletes benefitted from using an MPC. Another means of assessing services was to provide concrete data on the number of student-athletes that worked with an MPC. EUUWAA recommended giving “hard data of, you know, ‘Hey, I met with this many kids this semester, I met with this many teams, I had this many consults’ ...things of that nature.” Overall, this data could demonstrate how often the student-athletes used an MPC and the benefits they gained from mental performance services.

Theme #3: Factors that Influence Coaches’ and Athletes’ Use of MPCs

An important component with regard to hiring MPCs was the belief in and actual use of their services by coaches and athletes. Participants reported three factors that influenced the use of MPC services within the athletic department: (a) coach buy-in; (b) development of relationships; and (c) respecting confidentiality.

Coach buy-in. Participants believed coaches influenced the perceptions and beliefs of their athletes and, therefore, influenced what services athletes utilized. Athletic Administrators believed athletes would not utilize an MPC without their coach’s support or if the coach did not value the importance of an MPC. EUUWAA said, “if our coaches aren’t saying it’s important than our kids aren’t going to buy in to and they’re not going to think it’s important.” Participants

also acknowledged that coaches' beliefs about the effectiveness of mental performance services may stem from the top down. In other words, the athletic department culture and AAs can influence coaches', student-athletes', and support staffs' perceptions of mental performance services. EUUWAA said:

If our administrators and our coaches aren't saying it's important then our kids aren't going to buy into it and they're not going to think it's important...so, if there's a consistent overarching theme or message of 'Hey, this is a valuable part, it is there if you need it' then student-athletes will use the MPC.

Researchers also found that head coaches usually decided whether to encourage student-athletes to seek the assistance of an MPC (Partington & Orlick, Ravizza, 1988; Voight & Callaghan, 2001). And, Zakrajsek and Zizzi (2007) illustrated that coaches' confidence in the usefulness of mental performance services was the strongest predictor of their intentions to utilize MPCs. If MPCs gain coaches' confidence in their services, this could encourage the coach to recommend the MPC to their athletes. Participants in the current study believed that AAs and coaches played a critical role in student-athletes' perceptions of and beliefs about mental performance services and, therefore, can influence student-athletes to utilize an MPC.

Development of relationships. Athletic Administrators alleged that for MPCs to be utilized, they must connect and develop relationships with student-athletes and coaches. Sharpie believed, "it's relational in nature [MPCs getting the coaches to trust them], I think it's time, it's being involved and engaged." Johnny felt that if "MPCs develop strong relationships with student-athletes" then student-athletes will "feel comfortable with them and the MPC will be able to help and support them while addressing additional challenges they may be facing."

In addition, AAs felt coaches' belief in mental performance services was largely dependent on the MPC's ability to form strong relationships with the coach. Johnny stated, "When new coaches come in I think sometimes it can be, depending on their ability to form the personal relationship with...the person [the MPC] that is assigned to their team, it can be good or bad...depending on how much they buy in." Here, it seems that developing a "personal relationship" can influence coaches buy in to mental performance services. Similarly, Fifer and colleagues (2008) believed that when MPC's established a strong relationship with coaches it built trust which was critical to the utilization of mental performance services. On the other hand, AAs in the current study also argued that if a coach had a negative experience with an MPC, the MPC would probably not be used again by that coach. Sharpie said, "If my experience with a coach is negative...I'm not sure how much time I spend with you that will ever overcome that."

Researchers reported that athletes', coaches', and support staffs' experiences and interactions with an MPC have influenced their relationship with an MPC and their belief in mental performance services (Wrisberg, Loberg, Simpson, Withycombe, & Reed, 2010; Wrisberg, Simpson, Loberg, Withycombe, & Reed, 2009; Zakrajsek, Martin, & Wrisberg, 2015, 2016). Researchers also found that the most salient aspect of working with student-athletes is when MPCs build strong relationships (Poczwardowski & Sherman, 2011; Sharp & Hodge, 2011). Researchers believed the best way to develop relationships was through building trust and rapport with the whole person (Fifer et al., 2008; Ravizza, 2002). Athletic Administrators in the current study also alleged it was critical that MPCs develop relationships with the student-athletes and coaches for the MPC to be utilized. These AAs emphasized the importance that the MPC cultivate and nurture coach and student-athlete relationships from the onset of working with the team.

Respecting confidentiality. Athletic Administrators felt confidentiality helped student-athletes feel comfortable when utilizing MPCs. Batman said, “I think it’s really confidential that if you go to someone you don’t want your information shared of what you’re dealing with.” Bill echoed Batman’s statement and said, “I think if we have a different individual that carries some level of confidentiality in their operations, student-athletes and others may feel more comfortable engaging with that individual.” Participants acknowledged they could not ask MPCs detailed information regarding student-athletes’ consultations because they respected confidentiality. When discussing his interactions with the MPC, EUUWAA said he “won’t [ask about specific athlete information] because of confidentiality”. Overall, AAs recognized and acknowledged the importance of student-athletes’ confidentiality regarding their MPC consultations, and the role of confidentiality in building a trusting relationship.

Theme #4: AAs’ Considerations for Employing Full-Time MPCs

NCAA DI AAs discussed two considerations, or subthemes, for employing full-time MPCs within athletic departments: (a) accessibility and consistency; and (b) challenges with only one MPC.

Accessibility and consistency. Athletic Administrators believed that a full-time MPC was beneficial to the athletic department because the MPC was a consistent presence and always accessible. AAs felt this was important so the MPC could become a familiar face and ultimately build relationships with student-athletes, coaches, and the support staff. Emma acknowledged the importance of having “someone who is there and who is available for the coaches or the student-athletes.” As EUUWAA stated, there is “value of that person being in-house versus outsourcing” because if a student-athlete wants to meet:

‘Hey [MPC name], I’d really like to meet with you after class in between workouts’, [but the MPC says] ‘I’m sorry I’m at my off-campus office ten miles away and I can’t get there.’ Then it causes problems and angst for that kid.

Athletic Administrators maintained that when an MPC was consistently available, it made it easy for student-athletes to check in with the MPC and it helped build stronger relationships between them. One AA shared a scenario where an athlete was no longer meeting with the MPC but kept in regular contact. EUUWAA said:

I’ve seen if [athletes] they’ve stopped maybe meeting with the mental coach but they’ve seen them at practice or they see them at the game you know it’s just a high five in the tunnel or whatever helps that kid lock in and it you know, makes that connection.

Overall, AAs believed employing a full-time MPC allowed student-athletes and coaches to build relationships with the MPC, which provided a consistent and stable support network for the student-athletes. John believed, “If you get someone in full-time you’re going to have more consistency...a relationship can maybe be built and there’s some trust and some down the road work that you can do better if you’re internal.” Athletic Administrators in previous research have reported the need to include MPCs as a full-time resource within the athletic department (Kornspan & Duve, 2006). Kornspan and Duve (2006) and Connole and colleagues (2014) argued that the need for MPC positions are rising, which might provide opportunities for MPCs to gain full-time employment in NCAA DI athletic departments.

Challenges with only one MPC. Participants also acknowledged challenges of only having one MPC on staff. The AAs in this study admitted that a single MPC cannot meet the needs of all student-athletes and coaches. And, a single MPC cannot be expected to have specialized knowledge in all sports. Therefore, some AAs suggested—in addition to having a

full-time MPC on staff—to hire additional MPCs on a contracted basis to meet the needs of other sports. For example, John said:

If I hire this one person, can this one person meet all of the dynamic needs of all of my different teams, all of my different sports? Can they be an expert at all those different sports versus do I let each of my sports bring in people to talk to their teams about these things once a month? Once a week? Or come back once every couple of weeks and kind of continue this conversation with teams and help their mental side of things and even help team dynamics?

Nostradamus echoed John's point and said, "Some of this, you know, is a question of whether or not this person is going to be able to translate their skills across a wide range of athletes who are at all different places in their performance desires." Researchers also revealed AAs reported needing more than one MPC to meet student-athletes' needs (Connole et al., 2014; Kornspan & Duve, 2006). Overall, it is encouraging that AAs in past research and this study acknowledged one MPC cannot meet the needs of every athlete and team. The current study's participants offered a potential solution that included contracting additional MPCs on an as-needed basis to help fill this void.

Implications for MPCs

Findings from the current study offered valuable insights on factors that could influence the growth of employment for MPCs at the NCAA DI level. Athletic Administrators suggested several actions MPCs could take to become integrated as a full-time member of NCAA DI athletic departments. Unquestionably, participants emphasized that coaches were most influential in AAs decisions to hire MPCs within athletic departments. In addition, AAs suggested that

athlete testimonials and tangible results demonstrating the benefits of mental performance services could facilitate the employment of MPCs.

Athletic Administrators in the current study believed that coaches had a powerful voice in the decision to hire MPCs. Coaches are immersed in the athletic department and frequently interact with support staff members among the interprofessional team. The AAs believed that previous positive experiences with MPCs influenced coaches' support of mental performance services within NCAA DI athletic departments. This belief reinforces Wrisberg and colleagues (2010) findings that coaches who rated mental performance services as favorable also reported having more frequent meetings with the MPC and believed their services were effective. Bemiller and Wrisberg (2011) also echoed this sentiment and added that coaches would be more likely to trust MPCs if coaches had more frequent contact with them.

Because coaches appear to have significant influence in the hiring of MPCs, it is recommended that MPCs proactively build relationships with NCAA coaches. If MPCs have positive interactions with coaches, earn their trust and demonstrate that they can deliver effective services, coaches would be more likely to include them on their support staff (Fifer et al., 2008; Sharp & Hodge, 2011). MPCs are encouraged to find ways to interact with coaches both informally (e.g., lunch) and formally (e.g., at coaching clinics or conferences). AAs in this study stressed the importance that MPCs align with the coaches' philosophy and the athletic department's culture. Therefore, during informal and formal interactions, MPCs should demonstrate a genuine interest to learn about the coaching profession, understand coaches' perceptions about the mental demands of their sport, and identify ways mental performance services could complement coaches' existing efforts. These interactions could then provide the

opportunity for coaches to learn about the role of MPCs and gain an understanding of how mental performance services align with their performance goals.

Increasing the visibility of MPCs and their services at the NCAA DI level could be achieved through providing social evidence. Testimonials are descriptions of an individual's experience or a personal opinion and they can affirm the performance or value of a service (Braverman, 2008). Student-athlete testimonials could serve as social proof and be a powerful vehicle to convey the positive impact of mental performance services. Weinberg and Williams (2014) recommended that MPCs provide anecdotal evidence to help increase receptivity to mental performance services. Testimonials could help grow mental performance services and provide unique insights into NCAA student-athletes and coaches' experiences with using an MPC. These testimonials could be another piece of evidence to help convince AAs to seek more information about the role of MPCs and their services. Therefore, MPCs currently working in NCAA athletic departments should consider collaborating with AAs, coaches, and student-athletes to develop testimonials that could enhance the visibility and benefits their services provide.

It would be negligent to ignore the importance of tangible results when examining the need for MPCs within NCAA athletic departments. Most, if not all, athletic programs are driven by performance results on and off the field. Because results are important, AAs in this study felt that MPCs should provide evidence that student-athletes benefitted from using their services. Even though there is a large body of research that has demonstrated the effectiveness of mental strategies on improving mental skills and sport performance (Beilock & Carr, 2011; Frey, Laguna, & Ravizza, 2003; Tod & Andersen, 2005; Ealeyy, 2004; Wrisberg et al., 2010; 2009), AAs in the current study wanted evidence that mental performance services benefitted *their*

student-athletes. Specifically, AAs suggested that MPCs quantify how their services positively impacted NCAA DI student-athletes' sport performance. Because of the highly competitive nature of NCAA DI sports, student-athletes and teams are always striving to improve individual and team's performance. Therefore, if MPCs illustrated how their services positively impacted performance results, this type of evidence could potentially influence other NCAA DI AAs to consider hiring MPCs.

Lastly, the development of a mental performance initiative between the NCAA and sport psychology organizations like AASP and the American Psychological Association (APA) Division 47 should be considered. The NCAA has prioritized some psychological needs (i.e., mental health) of student-athletes and suggested that all NCAA athletic departments employ a mental health professional (NCAA, n.d.). However, they have yet to create best practices in meeting other psychological needs (i.e., mental performance) of student-athletes. Therefore, the NCAA and sport psychology organizations should create a mental performance initiative that complements the mental health agenda. Developing a comprehensive mental performance agenda between these organizations could also improve communication and collaboration between MPCs and mental health providers in NCAA DI athletics.

Limitations and Future Directions

The current study had some limitations and these limitations could drive future research. This research only focused on NCAA DI AAs that employed at least one full-time MPC but it did not explore AAs who employed a part-time MPC or did not employ one at all. This sets up two possible interrelated future directions for research. First, future researchers should explore NCAA DI AAs that employ MPCs as part-time or independent contractors to understand their perceptions of and experiences with the MPC and compare these findings to the current study.

Second, NCAA DI AAs who do not employ a full-time MPC should be interviewed to gain an understanding of their perceptions of mental performance services. Additionally, future researchers should consider interviewing coaches and athletes about the perceived value in having a full-time MPC in the athletic department.

Conclusions

This study provided insight into NCAA DI AAs' perceptions of and experiences with MPCs. Athletic Administrators were knowledgeable about the role of MPCs and acknowledged that an MPC was a valuable support staff member to include in the athletic department. Budget constraints were identified as the primary barrier to other NCAA DI AAs' decision to have a full-time MPC on staff. Athletic Administrators emphasized coaches' buy-in, the need for athlete testimonials, and tangible results as important factors that could influence AAs to invest financially in the inclusion of an MPC to the athletic department support staff. Athletic Administrators in the current study strongly believed coaches held a powerful voice in the athletic department and are important gatekeepers for MPCs to gain entry into NCAA DI athletic departments.

SECTION 3: Extended Literature Review

An Interprofessional Team Approach to Mental Performance Service Delivery

There were 179,200 student-athletes that participated in a collegiate sport at the National Collegiate Athletic Association (NCAA) Division I (DI) level during the 2016-2017 academic year (NCAA, 2017). NCAA DI institutions accept the largest number of student-athletes, control the biggest athletic budgets, and provide the most athletic scholarships to student-athletes; making them a prime market to hire a plethora of support staff within their athletic department (NCAA, 2017). However, in order to ensure NCAA DI student-athlete success, there is a need for support staff members to help athletes improve their strength, rehab from injury, fuel their bodies for optimal performance and get their mind to work for them rather than against them. These support staff professionals include but are not limited to: athletic trainers (ATs), strength and conditioning coaches, nutritionist, academic advisors, and sport psychology consultants (MPCs). These professionals assist student-athletes throughout their four-year athletic careers in a variety of ways in order for them to perform optimally while helping them develop life skills they can utilize once their athletic careers conclude. One member of the support staff will be the primary focus of the next section which is the MPC.

There are 34 institutions that employ a sport psychology consultant within athletic departments at the NCAA DI level (Hayden, Kornspan, Bruback, Parent, & Rodgers, 2013) and there is one individual or group of individuals that influence the hiring of these professionals. These individuals are athletic directors and administrators (Wrisberg, Withycombe, Simpson, Loberg, & Reed, 2012). Athletic directors (ADs) are at the “helm” of the athletic department, meaning they control the athletic department budget and make decisions on hiring personnel for their athletic department, which can include the hiring of a MPC (Wilson, Gilbert, Gilbert, &

Sailor, 2009, p. 407). The majority of ADs working in NCAA DI athletic department report to the president or chancellor of the institution. They also oversee many people within the athletic department, which allows them to have contact with a variety of people involved in operations (Wilson et al., 2009). Generally, ADs are in charge of managing the athletic department budget, recruiting and hiring coaches for their teams, fundraising for their athletic department, promoting the department and the programs within it while also managing athletic facilities (The NCAA News, 2005). ADs are essentially the gatekeepers of the athletic department and they play a vital role in the hiring of MPCs. This is why it's pivotal to understand why ADs hire MPCs to work within their athletic departments. Therefore, there are five research questions that encompass this study. First, understanding why ADs decided to hire and employ a sport psychology professional. Second, what influenced their decision to hire a performance based professional (e.g., MPC). Third, what qualities and characteristics were they searching for in the MPC. Fourth, how has the MPC integrated themselves among the support staff, coaches, and athletes. Lastly, how has their athletic department and athletes benefitted from the services of an MPC integrated in their athletic department.

Defining Mental Performance and Mental Performance Services

Sport psychology is the scientific study of people and their behaviors in sport contexts and the practical application of that knowledge (Gills & Williams, 2008). It's focus is understanding when, how, and under what conditions athletes behave the way they do (Weinberg & Gould, 2014). Applied sport psychology focuses on applying theories, principles, and different techniques from psychology to induce "psycho-behavioral change in athletes to enhance performance, sport experience, and personal growth" (Anderson, Miles, Mahoney, & Robinson, 2002, p. 434; Vealey, 1994; Williams & Straub, 1993). Moreover, applied sport psychology aims

to understand the psychological factors that influence sport performance and participation (Williams & Krane, 2014). Sport psychology professionals are the ones that use theories and interventions to help athletes enhance sport performance, participation within sport, and personal growth (Williams & Krane, 2014). Since sport psychology's inception in 1890, it has greatly evolved and expanded over the course of the last 100 years. The history and development of sport psychology played a crucial role in defining sport psychology and applied sport psychology. The history has also provided insight as to what mental performance consulting looks like in a university setting and the professionals that are qualified to deliver mental performance services.

There are two types of sport psychology professionals: sport psychologists and MPCs or as Horn (2008) states, clinical sport psychologists or educational sport professionals. MPCs will be the professional of focus for this research. An MPC has obtained formal training in sport sciences, psychological sciences, and sport psychology at the undergraduate and graduate level (Weinberg & Williams, 2014). Additionally, MPCs must undertake supervised experience where they are working with athletes or performers and using different psychological strategies, such as imagery to enhance a psychological skill such as focus to improve performance (Weinberg & Williams, 2015).

It's important to discuss the differences between a sport psychologist and MPC because those not within the field of sport psychology use these two terms interchangeably though they are not the same. As stated above, an MPC has training in sport and psychological sciences and has supervised practical experience in implementing a psychological skills training program with athletes or performers (Weinberg & Williams, 2015; Horn, 2008). A sport psychologist on the other hand is clinically trained and specializes in sport psychology. Sport psychologist are

licensed in the state of their practice and are legally able to work with athletes and performers on clinical and performance related issues (Horn, 2008; Weinberg & Gould, 2014). Though both professionals are trained to work with athletes, MPCs have more extensive training in helping athletes in the performance domain and do not deal with clinical issues that may arise. Rather, if a clinical issue arises the MPC refers to the athlete to a clinical psychologist who is trained to deal with challenges in that realm.

MPCs wear many different hats and provide a variety of services to athletes and performers. An MPC does mental performance consulting, which is also referred to as performance consulting. Performance consulting is defined as “performance-based mental performance services that enhances athletic performance (e.g., confidence, focus, leadership, effective communication)” (Connole, Watson, Shannon, Wrisberg, Etzel, & Schimmel, 2014, p. 409). A description of the different services involved in performance consulting will be further discussed.

There has been a plethora of studies done in a variety of sport contexts over the years and the majority of them showed a direct relationship between the use of one or a variety of psychological techniques and improved performance (Mamassis & Doganis, 2004). Research has also found mental skills to enhance performance in a variety of sport settings (Gould, Eklund, & Jackson, 1992; Orlick & Partington, 1988; Thomas & Over, 1994; Ungerleider & Golding, 1991). MPCs are able to teach athletes different psychological techniques to help improve performance while assisting them in overcoming any challenges they face on their athletic journey.

One thing athletes face during their athletic careers are performance pressures. Performance pressures are defined as an anxious desire to perform at a high level in a specific

situation (Hady, Mullen, & Jones, 1996). MPCs are trained and educated to assist athletes in dealing with these performance pressures in order to achieve success (Beilock & Carr, 2001). Additionally, MPCs can help athletes and teams improve confidence (Myers, Payment, Feltz, 2004) while helping them manage anxiety (Mamasis & Doganis, 2004) and emotions (Lazarus, 2000) during competition.

Athletes not only face performance pressures but at times can struggle focusing during competition. An MPC can teach athletes different strategies to improve focus (Orlick & Partington, 1988). Additionally, MPCs can not only work with an athlete on improving performance but also teaching them how to communicate more effectively with coaches and teammates (Sullivan, 1993) while building better cohesion among the team (Carron, Colman, Wheeler, & Stevens, 2002). Through the use of an MPC, athletes and coaches can interact, communicate, and work together more effectively and efficiently which in turn can lead to performance improvements and success.

MPCs may also help athletes perform as well in competition as they do in practice by helping them implement mental skills training into practice settings (Frey, Laguna, & Ravizza, 2003). MPCs work can extend past the playing field and can be done by helping athletes deal with personal issues (Papacharisis, Goudas, Danish, & Theodorakis, 2005) while improving athletes coping skills to help them deal with a stressful event (Zinsser, Bunker, Williams, 2006), even if that event is outside of the sport context. One such stress or personal issue athletes may face while participating in sport is burnout and injury. Burnout and injury can lead to athletes deciding to close the door on their athletic chapter. However, MPCs are in a prime position to help athletes bounce back from injury (Wiese & Weiss, 1987; Arvinen-Barrow & Walker, 2013) work through burnout (Gould, Tuffey, Udry & Loehrer, 1996) and increase enjoyment in sport

(Scanlan, Stein, & Ravizza, 1989). An MPC can assist athletes in a variety of ways and in many different contexts (e.g., practice, competition, injury rehabilitation) however, only 34 NCAA DI institutions employ an MPC in their athletic department to assist student-athletes with the demands of competing at the highest level of college sport while earning a bachelor's degree (Hayden et al., 2013). The next section will discuss the employment of an MPC in NCAA DI athletic departments in addition to the benefits of having one among the support staff.

MPCs play a variety of roles when working with athletes. As previously stated, these professionals can help athletes build confidence (Myers, Payment, Feltz, 2004), improve focus (Orlick & Partington, 1988), manage emotions (Lazarus, 2000) and anxiety (Mamassis & Doganis, 2004) while also helping teams become a more cohesive unit (Carron, Colman, Wheeler, & Stevens, 2002). These are just a few things MPCs can do when working with athletes at any level. For this research, the population of focus for the work of an MPC is with NCAA DI student-athletes. A major emphasis at the NCAA DI level for student-athletes is winning. Though winning is great, it can have a potentially negative effect on both performance and the quality of life for student-athletes (Wrisberg & Johnson, 2002).

Kimball and Freysinger (2003) found sport participation for collegiate student-athletes as a buffer but a stress. Additionally, Lundqvist and Sandin (2014) found that in order for athletes to build well-being in sport they must first have strong global well-being. When competing at the NCAA DI level student-athletes disperse their time among a variety of activities within their sport and academic lives. In 2010, the NCAA restricted the amount of time in season that student-athletes could be involved in their sports to 20 hours per week (NCAA, 2010; Bemiller & Wrisberg, 2011). However, these 20 hours per week do not include the hours a student-athlete spends in classes or with class work. What this means is that NCAA DI student-athletes must

spread their time across a variety of areas, which can lead to an increase in stress and a decrease in well-being.

Student-athletes commit an abundance of time training and competing in order to achieve success in their sport (Lundqvist, 2011; Lundqvist & Sandin, 2014). Barbour and Orlick (1999) examined mental skills of national hockey league players and found these athletes compete against some of the highest level of competition. This is also true for NCAA DI student-athletes. These athletes endure competition stress while competing against the highest level athletes at the college level. Research states that competitive sport is often compared to that of a part or full-time job and being a student along with a DI athlete leaves room for stress to increase and well-being to be disrupted due to the demands of both academics and athletics (Lundqvist, 2011).

Competitive stress is one thing NCAA DI student-athletes can experience during their four-year career. These competitive stresses can include but are not limited to: physical or mental preparation, sport injury, performance expectations, performance breakdowns, pressure prior to competition start-time, self-presentation, and the opponents ability (Dugdale, Eklund, & Gordon, 2002; Hanton Fletcher, & Coughlan, 2005, Mellalieu, Neil, Hanton, & Fletcher, 2009). MPCs are in a position to help athletes cope with stress while improving their sport and personal well-being. However, in order for MPCs to help NCAA DI student-athletes they must be integrated into DI athletic departments among other support staff members (e.g., ATs; strength and conditioning coaches) in order to best serve the student-athletes (McGuire & Scogin, 2013).

An integrated approach has been adopted and utilized in a variety of domains outside of sport (Minkoff & Cline, 2004; Valentijn, Schepman, Opehij, & Bruijnzeels, 2013). The majority of research has been conducted in the medical realm when dealing with care of patients (Minkoff & Cline, 2004; Petersen, 2000; Valentijn et al., 2013). The word integration comes from the

Latin word “integer”, which means complete or part of a whole (Kodner & Spreeuwenberg, 2002). Essentially, it means merging elements together (Kodner & Spreeuwenberg, 2002). Health care professionals often refer to an integrated approach as integrated care, which they define as connecting the healthcare system with other human service systems to improve outcomes (Valentijn et al., 2013). Recently, researchers working within NCAA DI athletic environments have been recommending NCAA DI athletic departments adopt an integrated approach or integrated care system (McGuire & Scogin, 2013; Valentijn et al., 2013). An integrated care system, as described by Valentijn and colleagues (2013) aligns with the work of different support staff members among NCAA DI athletic departments. Essentially, there are different support staff members operating in their systems however, if the support staff members were to integrate and work with and through one another they could improve NCAA DI student-athlete performance in addition to overall well-being. It’s paramount that support staff members merge together to best serve student-athletes in all domains. One crucial member of the support staff is the MPC. The integration of an MPC among an NCAA DI athletic departments will be discussed further.

The Integration of MPCs in NCAA DI Athletic Departments

Integrating MPCs into the athletic department allows for them to have easy access to student-athletes (Dunn & Holt, 2003), team meetings, and organizational functions (Fifer Henschen, Gould, & Ravizza, 2008; Frisen & Orlick, 2011; Poczwadowski & Sherman, 2011). Additionally, MPCs can observe practice and competition which allows them to see athletes participating in the daily sport grind (Fifer et al., 2008). Integrating the MPC into the athletic department allows athletes easy access to their services and MPCs easy access to student-athletes (Dunn & Holt, 2003). Moreover, MPC integration within the athletic department allows for them

to also have access to support staff members, such as athletic trainers and strength and conditioning coaches. This integration can allow for the MPC to collaborate and work with and through other support staff members to best serve the student-athletes (McGuire & Scogin, 2013).

Understanding an NCAA Environment

The National Collegiate Athletic Association is an organization dedicated to the well-being and lifelong success of student-athletes (NCAA, n.d.). The NCAA has seven core values that include: (a) collegiate model of athletics, (b) the highest level of integrity and sportsmanship, (c) pursuing both academic and athletic excellence, (d) supporting the role intercollegiate athletics play, (e) utilizing an inclusive culture, (f) having respect for autonomy and (g) philosophical differences, and presidential leadership (NCAA Core Values, n.d.). NCAA athletic departments enforce these core values with student-athletes with the help a variety of athletic department personnel.

NCAA DI athletic departments are comprised of: athletic directors, academic support staff, coaches, sport information directors, and health and safety personnel (NCAA, n.d.). A key component to NCAA DI student-athlete well-being is the health and safety personnel or support staff members. The support staff members help athletes rehab from injury, improve strength, and enhance confidence in their sport domain. However, McGuire and Scogin (2013) recommend that in order to help athletes physically and psychologically, support staff members such as athletic trainers, strength and conditioning coaches, and MPCs work “shoulder to shoulder” to best serve student-athletes.

An Integrated Approach in NCAA DI Athletic Departments

McGuire and Scogin (2013) propose the use of a comprehensive integrated sport psychology service delivery program for NCAA DI athletic departments. They advocate to include and incorporate mental performance services into the NCAA DI experience for student-athletes. Additionally, they believe MPCs can make the greatest impact working with and through other support staff members who work within the athletic department (McGuire & Scogin, 2013). Through the use of an integrated approach, student-athletes physical and psychological needs and well-being can be addressed more efficiently by all members of the support staff (McGuire & Scogin, 2013).

Another term similar to the integrated approach in sport psychology literature is the holistic approach. A holistic approach to sport psychology service delivery could help in best serving student-athletes (Friesen & Orlick, 2010). Friesen and Orlick (2011) believe three domains make up the holistic approach to sport psychology and they include: (a) environmental effects, (b) development of the core individual, and (c) the athlete's whole being. A key component of the holistic approach in connection to the comprehensive integrated approach to sport psychology service delivery is an athlete as a whole being (Friesen & Orlick, 2011; McGuire & Scogin, 2013). Friesen and Orlick (2011) define the athlete's whole being as a "multidimensional phenomenon composed of an athlete's thoughts, emotions, physiology, and behavior" (p. 19). It takes a variety of support staff members to meet the needs of every piece of an athlete's well-being. Therefore, MPCs must deliver mental performance services in collaboration with other "sport science practitioners" or support staff members, alluding to the comprehensive integrated sport psychology service delivery program in order to best serve the needs of NCAA DI student-athletes (Friesen & Orlick, 2011, p. 19; McGuire & Scogin, 2013).

Research states that in order to make a difference in sport performance and behavior all aspects must be considered that include an athlete's thoughts, emotions, physiological state, and behavior (Friesen & Orlick, 2010; Friesen & Orlick, 2011). The way to meet all needs of the student-athlete is to collaborate with other support staff members to ensure all the athlete's needs are met (Fifer et al., 2008; Friesen & Orlick, 2010, 2011). The earliest research on this type of practice is within interprofessional team literature that stemmed from the health and social care domain. An interprofessional team is essentially interprofessional collaboration.

Interprofessional collaboration is where professionals work together to positively impact healthcare (Zwarenstein, Goldman, & Reeves, 2009). Interprofessional teams in healthcare are often called a variety of names such as, multidisciplinary or interdisciplinary team. The different teams will be discussed and an interprofessional team will be broken down and defined in the healthcare and sport domain.

There has been extensive literature discussing different healthcare teams that include multidisciplinary, transdisciplinary, and interdisciplinary teams (D'Amour, Ferrada-Videla, San Martin Rodriguez, & Beaulieu, 2005). At first glance, these team names may sound similar however, they have different meanings. Interdisciplinary and multidisciplinary are often used interchangeably in research to refer to teams and the processes within them (Nancarrow, Booth, Ariss, Smith, Enderby, & Roots, 2013). A multidisciplinary team in healthcare literature refers to a situation where several professionals work on the same project but work independently rather than together (Paul & Peterson, 2001; Satin, 1994; Schofield & Amodeo, 1999; Siegler & Whitney, 1994). As with any team, a multidisciplinary team is comprised of professionals with a variety of competencies (Klein, 1990; Satin, 1994) but these different professionals seldomly interact (Klein, 1990). Though the majority of multidisciplinary teams work is done

independently, they are still able to coordinate to help the client (Ivey, Brown, Teste, & Silverman, 1987).

A transdisciplinary team is defined as professional practice where “consensus seeking” and opening professional territories is vital (D’Amour et al., 2005). When working within a transdisciplinary team the lines may become blurred and instead the focus is purposefully exchanging knowledge and expertise among other professionals (Paul & Peterson, 2001). This exchange of information is not limited to just a transdisciplinary team and can be seen in an interdisciplinary team.

Frank (1954) states that students are becoming professionals in a variety of domains contain different assumptions, beliefs, and biases. However, when these professionals hit the field they are not capable of collaboration or recognizing what other professionals do (Frank, 1954). Since this realization, different teams such as multidisciplinary and interdisciplinary teams have been formed to help professionals communicate and collaborate (Billups, 1987). These teams operate in a variety of domains and rely on teamwork to help work within a team setting. Teamwork is absolutely essential when working with different professionals in order to improve coordination, reduce fragmentation, and serve the client or patient to the best of the team’s ability (Ducanis & Golin, 1979).

The prefix “inter” means an element of cohesion or shared ownership (Gusdorf, 1990). An interdisciplinary team requires an extensive amount of collaboration among different professionals within the team (Baggs & Schmitt, 1988; Klein, 1990; Lindeke & Block, 1998; Satin, 1994). Working within an interdisciplinary team requires professionals to integrate with one another while being able translate and disperse information to those within (D’Amour et al., 2005; Satin, 1994). An interdisciplinary team is aiming to achieve a common goal and those

within the team must work together when making decisions to achieve that goal (Mariano, 1989). The purpose of adopting and utilizing an interdisciplinary team is so professionals can integrate their knowledge and expertise with others to solve problems and best serve the patient or clientele they are working for. Interdisciplinary teams are similar to interprofessional teams. Next, the word “interprofessional team” will be separated and discussed then put back together to form the word “interprofessional team”.

Hammick, Olckers and Campion-Smith (2009) separate the words interprofessional and team to dig deeper into the meaning of an interprofessional team. Hammick, Olckers, & Campion-Smith (2009) defines interprofessional as learning and working with others that is respectful of that professional. Moreover, interprofessional in terms of behavior means that professionals work with other professionals from other backgrounds to deliver services to the patient and all staff member are involved in the process which allows for them to learn about one another and their backgrounds (Hammick, Olckers, & Campion-Smith, 2009).

The word team involves a plethora of characteristics and can be specified to integrated team per the use of the word interprofessional. Miller (1999) discusses seven characteristics of an integrated team that include: (a) a developed shared vision of team-work and philosophy of patient care, (b) all team members contribute to making decisions, (c) team members have shared responsibilities for specific actions, (d) sharing information and knowledge is vital for the team, (e) team members know their role and other professionals’ roles, (f) role boundaries can be flexible, and (g) a group of team skills and knowledge can be developed within the integrated team. These characteristics shed light on how an interprofessional team operates and the characteristics that are needed from every team member in order to make decisions and best serve the patient.

Interprofessional Team

Some healthcare professionals refers to an interdisciplinary team as an interprofessional team, which is defined as the interaction and mutual dependency of professionals within the team (Hall & Weaver, 2001). Hammick, Olckers, & Campion-Smith (2009) combined the words “interprofessional” and “team.” The definition they developed states:

“An interprofessional team is a group of people from different professional backgrounds who deliver services and coordinate care programs in order to achieve different and often disparate service use needs. Goals are set collaboratively through consensual decision making and result in an individualized care plan which may be delivered by one or two team members. The level of collaborative practice maximizes the value of shared expertise and minimizes the barriers of professional autonomy. Often, one team member is appointed as a key worker or case manager for the service. This team member coordinates communication between practitioners and the patient” (Hammick, Olckers, Campion-Smith, 2009, p. 5).

The responsibilities of professionals collaborating within an interprofessional team is patient care, which is essentially teamwork. Freeth et al. (2005) defines teamwork as a group of individuals working together to reach a common goal. An interprofessional team strives together to reach the common goal, helping the patient. Though the patient is the priority of an interprofessional team, it’s important that professionals within learn and collaborate with one another in order to make decisions regarding patient care.

Learning and Collaborating

When working within an interprofessional team, learning is a crucial component in helping professionals strive to achieve a common goal. Interprofessional learning is vital when working within an interprofessional team because it allows members to interact among one another, normally this occurs with two or more professionals (Kvarnström, 2008).

Interprofessional learning connects to collaboration, which is necessary when working among an interprofessional team. Henneman, Lee, and Cohen (1995) define collaboration as competent, confidence and commitment of all parties involved within the team. Members of interprofessional teams must respect and trust those they are working with and through in order to achieve the common goal (Henneman et al., 1995).

Members working within an interprofessional team stem from different backgrounds and training and must work together to make decisions. This requires team members to look within their own domain of training and work with the entire team to come to a general consensus in the decision-making process (Nancarrow et al., 2013). Working within this team approach allows for professionals to pull from their background while learning from other professionals and working together to achieve the common goal while best serving the patient.

Forming an Interprofessional Team

Research alludes to using a group developmental theory to guide different team interventions to improve the work within healthcare teams (Ephross & Vassil, 1988). However, there has been quite a bit of research done on this theory in a laboratory setting (McCollom, 1990) but unfortunately, little research has been conducted in the field on health care teams (Farrell, Schmitt, & Heinemann, 2001). However, Tuckman's (1965) model and his most recent

updated model, Tuckman and Jensen (1977) have been the biggest influence on group development over the last 20 years (Farrell, Schmitt, & Heinemann, 2001).

When forming any team, the most important thing to consider is the time it takes to develop and create a team structure. When forming and running from a team approach, there are stages in which a team can progress through. Tuckman (1965) discusses these in terms of four group developmental stages, in sport we refer to these stages as the linear perspective (Weinberg & Gould, 2014). Tuckman (1965) believes that groups or teams go through four stages as they begin to carry out the team's task. The four stages include: forming (testing and dependency), storming (conflict), norming (cohesion and consensus), and performing (functional role relatedness) (Hammick, Orckles, & Campion-Smith, 2009; Tuckman, 1965; Tuckman & Jensen, 1977).

The first stage is forming, which is where professionals within the team are guarded and impersonal with other professionals within the team. Additionally, they are concerned for the structure of the team and the identity of the team is low with the professionals keeping their agendas hidden (Hammick, Orckles, & Campion-Smith, 2009; Tuckman, 1965). Once the team passes the forming stage they begin the storming phase, which is comprised of much confusion, conflicts, and confrontation with one another, and hidden agendas may surface. There may be leadership struggles among the professionals within the team and some may feel stuck. Once the team works through the storming stage they enter into the norming stage.

The norming stage is where the professionals begin to get organized, they work through issues, and there is more open exchange of backgrounds, views, and ideas. During this stage, the team is spending more time listening to one another, cooperating with each other and providing feedback to professionals. This developmental stage has a high amount of creativity among team

members and allows for them to bounce these ideas off of one another. The last stage is the performing stage. Teams within this stage are flexible, creative, open, effective, supportive, and there is high morale among the team. In this stage, the team has a high level of problem solving behavior, which helps the team best serve the patient (Hammick, Orckles, & Campion-Smith, 2009; Tuckman, 1965). Though Tuckman (1965) and Tuckman and Jensen's (1977) theory has been highly cited and used throughout this domain, Farrell, Schmitt, and Heinemann (2001) felt information was missing.

Farrell, Schmitt, and Heinemann (2001) felt that Tuckman and Jensesn's (1977) did not clearly define constructs so a new theory was developed based on the work of Tuckman and Jensen (1977). Farrell, Schmitt, and Heinemann (2001) developed the informal role theory and the team structure is based on a set of interdependent informal roles. An informal role in terms of the informal role theory is a "pattern of interpersonal behaviors that a team comes to expect from a team member based on the impressions they form of him or her as they work together" (Farrell, Schmitt, & Heinemann, 2001, p. 283). The informal role theory states that each stage of team development is characterized by design of informal roles and that the interpersonal relationships will change in predictable ways as the team continues to evolve and develop (Farrell, Schmitt, & Heinemann, 2001).

The team continues to build and move through the stages with the help of team culture however, there is no set time for the progression of the stages (Farrell, Schmitt, & Heinemann, 2001; Tuckman, 1965; Tuckman & Jensen, 1977). Farrel, Schmitt, and Heinemann (2001) believe the first stage, similar to Tuckman and Jensen's (1977) forming stage is where members of the team lack a shared vision of the teams mission and roles. In the informal role theory, this stage or state is referred to as a "state of ambiguity, confusion, and alienation" (Farrell, Schmitt,

& Heinemann, 2001, p. 283). In order for the team to continue to progress to the performing stage they must negotiate the team culture, which requires the members to approve expectations about decision making and the rights and responsibilities of each member. When the team hits this state it is referred to as a state of low anomie (Farrell, Schmitt, & Heinemann, 2001).

When members move from the forming stage, they progress to the storming stage, which is likely comprised of power struggles between groups that have varying views about the functioning of the team (Farrell, Schmitt, & Heinemann, 2001; Tuckman, 1965; Tuckman & Jensen, 1977). Handling of conflicts in this stage may be done through avoidance or tension, though it could be expressed through discussion behind other's backs. Different members of the team will step up and help dispel the issues, which helps lead the team to the third stage, also known as the norming stage.

This stage requires members to reflect and review the past successes, failures, and conflicts. During this time, the team will negotiate the norms and mission of the team that will help build the foundation of the group culture (Farrell, Schmitt, & Heinemann, 2001). During the negotiations, roles will be clarified and general consensus will be reached among the team, which will help them transition to the performing stage.

When the team reaches stage four, the performing stage, they are guided by the new culture. The team goes through a cycle of work which includes: meetings to monitor the functionality of the team, resolve conflicts if and when they arise, and celebrate the accomplishments of the team (Farrell, Schmitt, & Heinemann, 2001). By the fourth stage the team is familiar with each member's strengths and weaknesses and the roles assigned within the team are based on each professional's background and expertise (Farrell, Schmitt, & Heinemann, 2001). Though this is similar to Tuckman and Jensen's (1977) model, Farrell, Schmitt, and

Heinemann (2001) expand on the dynamics of each stage and provide a more in-depth understanding of the experience of the team as they progress through the different developmental stages. Next, the strengths and benefits of an interprofessional team will be discussed.

In recent years, legislative policies have required health and social care agencies to collaborate to serve patients (Person & Spencer, 1995; DoH, 1998; DoH, 1999). Xyrichis and Lowton (2008) compiled a multitude of literature to further understand what fosters the workings of an interprofessional team. Xyrichis and Lowtwn (2008) found facilitators that emerged from other research that helped foster the workings of an interprofessional team. These emergent facilitators include: (a) team structure, (b) team processes, and (c) evaluation (Xyrichis & Lowtwn, 2008).

Team structure is an important component of an interprofessional team working well together. There has been a variety of research exploring the importance of a team structure when working with an interprofessional team and found that working in a structure helped enhance the delivery of information, facilitated communication among members, and increased personal familiarity (Cook, Gerrish, & Clarke, 2001; Molyneux, 2001; Rutherford and McArthur, 2004). Additionally, Poulton and West (1999) found in their research that smaller teams had high levels of participation of team members as compared to larger teams, which they found significantly correlated with team effectiveness. What this meant was smaller teams operated more effectively as a team as compared to the larger teams (Moleynux, 2001; Poulton & West, 1999; Rutherford & McArthur, 2004).

An important characteristic of smaller teams that enhanced the team approach was occupational diversity. Borrill et al. (2000) found that teams containing a variety of members with different occupations reported higher effectiveness and theses teams had a significantly

greater impact on primary and patient care. A team member's status was also important in the team operating effectively. Everyone within the team had a voice in the decision-making process and provided input in team meetings, which allowed all team members to feel they contributed to the process (Xyrichis & Lowtwon, 2008). This connects with another important domain within team structure which is organizational support. Research states that organizational support is vital for both teamwork and the effectiveness of the teams operation. This is true because the team works with and through an organization will be affected by the interactions of higher organizational structure (Borrill et al., 2000). Poulton and West (1999) found that teams that were open to innovation and organizational change were able to work better together and were more effective in delivering services. This leads to another important component of an effective interprofessional team, which is team processes.

Team processes involves a variety of things that include: (a) team meetings, (b) the ways of communication, (c) positive relationships with teams members, (d) clear team goals, and (e) an evaluation method for the team (Xyrichis & Lowtwon, 2008). First and foremost, research has found that teams that regularly meet have more effective teamwork and greater innovation (Borrill et al., 2000). Rutherford and McArthur (2004) found that regular team meetings influenced the effectiveness of the team while it helped to improve interprofessional communication. Regular team meetings lead to regular communication among the members of interprofessional teams. This regular communication, particularly in team meetings facilitated effective teamwork among members. Additional research found that open communication was also important for collaboration (Dieleman, Farris, Feeny, Johnson, Tsuyuki, & Brilliant, 2004). A study participant in Rutherford and McArthur's (2004) work stated:

“whether we are doctors, nurses, receptionist, unless we communicate amongst each other, everything breaks down” (Rutherford & McArthur, 2004, p. 357).

This quote illustrates the importance of communication and collaboration among interprofessional team members in order to work effectively while best serving the patient. Regular meetings and interactions not only helped collaboration among team members but also helped team members resolve any conflict within the team while promoting “positive interpersonal relations” (Xyrichis & Lowtson, 2008, p.). These positive interpersonal relationships helped foster a climate of mutual respect and trust of all professionals working within the team, which helped the team in providing the best services to the patient (Cashman, Riedy, Cody & Lemay, 2004).

Interprofessional teams must communicate and collaborate in order to effectively work together but they must have clear team goals in order to best serve each other and the patient. Poulton and West (1999) found that the clearest shared objectives had the greatest impact on a team's effectiveness. Borrill et al. (2000) argued that the clearer the team goals the more effective the team. Setting team goals that all members agree upon helps the team deliver better services, clarifies each member's role within the team, and helps the patient in which the team is serving (West & Markiewicz, 2004). Lastly, West and Markiewicz (2004) believe that in order for a team to improve performance they must receive feedback. Research suggests that when a team receives feedback consistently it helps to influence the team's overall effectiveness. All of these categories play a vital role for members of an interprofessional team working well together.

A qualitative study looked at positive characteristics of an interprofessional team and found three important domains that helped an interprofessional team work well together (Molyneux, 2001). These characteristics included: (a) personal qualities and commitment of the

staff, (b) communication within the team, and (c) developing creative working methods (Molyneux, 2001). Those working within this interprofessional team felt that members within the team were adaptable, flexible, and willing to share with others. Everyone within the team recognized the importance of cooperation and collaboration. Communication within the team was another domain that was critical in the interprofessional team working effectively together. This team adopted a systematic protocol when writing case notes in order to avoid duplication and to ensure all team members were up to date on patient care (Molyneux, 2001). Lastly, this interprofessional team developed creative working methods that were utilized when working with patients. The team worked together to create their own team guidelines and methods, which contributed to the teams' ability to work well together.

There is extensive literature focusing on the benefits of working within an interprofessional team (Borrill et al., 2000; Cashman et al., 2004; Molyneux, 2001; Poulton & West, 1999; West & Markiewicz, 2004; Xyrichis & Lowtwon, 2008) while focusing on the importance of communication, mutual respect, interactions, and participation in the team (Browne & Miller, 2003; Corroll & Edmondson, 2002). However, there are some things that get in the way of an interprofessional team working well together. Next, areas that influence an interprofessional team working well together will be discussed.

Working within an interprofessional team can help to enhance patient recovery while fostering a cohesive team working to best serve all patients. However, there are things that contribute to an interprofessional team working ineffectively together. The first area that can influence the team not working well together is team members not being in close proximity to one another. More specifically, team members being housed in different buildings can influence team integration (Xyrichis & Lowtwon, 2008). This proximity issue can in turn influence how

the team functions as a whole and how effective that team is to the patient (Xyrichis & Lowtwon, 2008). To expand, a study conducted by Wiles and Robinson (1994) found that midwives were the least integrated members of their team and the reason was due to their clinic being stationed at a different location than their team members. Proximity to one another plays a vital role in the effectiveness and delivery of the teams' services.

Proximity to team members is important to team effectiveness in addition to the size of the interprofessional team. Research has found that larger teams have lower levels of participation as compared to smaller teams (Poulton & West, 1999). The results of a study conducted by Poulton and West (1999) found the size of the team significantly correlated to the teams' effectiveness, meaning larger teams were least effective compared to smaller teams.

Another area that lead to ineffectiveness was leadership within the team. Field and West (1995) believe that leadership influences many issues and frustrations between team members. Additionally, these issues and frustrations lead teams to make poor decisions, which in turn affected patient care (Field & West, 1995). This was also found in a study conducted with nurses by Rutherford and McArthur (2004). They found that poor leadership within the team lead to things falling apart. Leadership does play a role in the effectiveness of a team but so does understanding the leadership structure. Borrill et al. (2000) found if there was little clarity about leadership within the team that predicted team effectiveness which in turn contributed to poor teamwork. This also connects to role clarity. It is vital that professionals within the team understand their role in order for the team to effectively operate. Without role clarity, lines become blurred which can lead to confusion and team conflict (Xyrichis & Lowtwon, 2008). These blurred roles can promote conflict and personal differences among members of the team (Field & West, 1995; Wiles & Robinson, 1994). These role conflicts can then influence team

goals, which can affect the delivery of service to the patient. Research suggests that teams don't work well together when team goals are not explicitly stated (West & Slater, 1996).

Additionally, when an organizational structure is not strong and members of the team do not feel they have a voice in the decision-making processes at team meetings service delivery declines. This in turn influences and facilitates conflict among members of the team, leaving the team unable to work together (Payne, 2000).

Lastly, research has discussed the importance of evaluating and providing feedback to interprofessional teams. Researchers found that team members were frustrated that there was no evaluation of the team. Additionally, there was no acknowledgement for individual contributions which influenced team members maintaining self-respect because there were no opportunities for comparisons to themselves and others (Field & West, 1995). Though there are some things to consider when working within an interprofessional, research supports that working within an interprofessional team helps to best serve the client. Next, the interprofessional team will be thoroughly examined in the sport domain.

When talking in terms of an interprofessional team in sport, it is commonly referred to as a multidisciplinary team approach. This approach has been adopted and utilized primarily in sport injury rehabilitation settings. However, there has been recent discussions of utilizing this type of approach generally, among athletic department support staff.

A Multidisciplinary Team to Injury Rehabilitation

When an athlete becomes injured it's vital that they are supported by a multitude of people in order to rehab and return to sport. Both physical and psychological aspects of injury need to be addressed before the athlete may return to sport. There is a need to provide holistic care to athletes when they are injured (Clement & Arvinen-Barrow, 2013). The way to provide

this care is through the use of a multidisciplinary team approach. A multidisciplinary team approach involves using a variety of professionals with different specialties. These professionals are working either together or separately in order to help the injured athlete get back to playing the game (Clement & Arvinen-Barrow, 2013; Melvin, 1980).

Utilizing a multidisciplinary team approach can provide athletes holistic care as they rehab back from an injury. This also helps the referral process become more efficient and allows for professionals to communicate among one another to assist the athlete (Arvinen-Barrow & Clement, 2015). The idea of adopting and implementing this approach first surfaced in 1991 and the emphasis was on involving as many professionals with a variety of expertise to culminate group effort in helping the athlete return to sport (Prentice, 1991).

However, when adopting a multidisciplinary approach it's important that the different layers of professionals be discussed. Though a multidisciplinary approach includes a plethora of people working to benefit the athlete, there are two teams within this approach (Clement & Arvinen-Barrow, 2013). These teams are called primary and secondary rehabilitation teams. The primary rehabilitation team is comprised of ATs, physicians, and surgeons. These professionals spend an extensive amount of time working with the athlete during the different rehabilitation stages (Arvinen-Barrow & Clement, 2015). These professionals are trained to help the athlete physically recover from the injury they sustained, which is why they are part of the primary team. However, these professionals recognize the needs of others, which is why there is a secondary team of professionals to help the athlete (Clement & Arvinen-Barrow, 2013; Prentice, 1991).

The secondary team involved in the multidisciplinary approach includes allied health professionals, such as strength and conditioning coaches, biomechanists, MPCs, and sport

nutritionists (Arvinen-Barrow & Clement, 2015). This secondary team may also include coaches, friends, and teammates, who can also provide support and assist the athlete in rehabbing from injury. Though the secondary team may not have as much direct access to the athlete as the primary rehabilitation team, they still play a vital role in helping the athlete during this process. Open lines of communication between professionals among the primary and secondary team is also important when helping the athlete. It's also important communication between these two teams be consistent and open in order to ensure all professionals are on the same page for rehabilitation (Arvinen-Barrow & Clement, 2015).

Recently, a multidisciplinary team approach has been mentioned more in the sport psychology domain, however research investigating the experiences of professionals working within a team approach in the sport injury setting is limited (Arvinen-Barrow & Clement, 2017). A recent study conducted by Arvinen-Barrow and Clement (2015) investigated ATs views and experiences of a multidisciplinary team in sports injury rehabilitation setting. Arvinen-Barrow and Clement (2017) built on this study and explored the views and experiences of an interprofessional care team in the sport injury setting with MPCs. The results revealed that athletic trainers' and MPCs felt it was important that athletes have access to a multidisciplinary team and 72.4% of the ATs who took the survey considered the multidisciplinary team approach to be either very important or important (Arvinen-Barrow & Clement, 2015). Additionally, 64.9% of respondents said they were adopting a multidisciplinary team approach when working with injured athletes. However, many ATs reported that the teams were set up informally but they were the main point of contact for the team. This was also the case for the research done with MPCs (Arvinen-Barrow & Clement, 2017).

There were some differences between ATs and MPCs views on who should make-up the primary rehabilitation team. The ATs believed they should be one of the members of the primary rehabilitation team in addition to the athlete, the surgeon, and the coach (Arvinen-Barrow & Clement, 2015). However, recent research has revealed MPCs believe they should be one of the members of the primary care team in addition to the injured athlete, AT, coaches, and strength and conditioning coaches (Arvinen-Barrow & Clement, 2017).

In Arvinen-Barrow and Clement's (2015) study with ATs, two themes emerged from the qualitative open-ended questions. First, ATs believed they were in the central role in the multidisciplinary team and working within a team approach was generally a positive and rewarding experiences however, there were some challenges. This was also seen in the work done with MPCs however, some MPCs felt they, the injured athlete, the physician or physical therapist could have acted as the central person in the team (Arvinen-Barrow & Clement, 2017). ATs believed working within a multidisciplinary team was rewarding and it could provide an opportunity for professionals to learn about other team members' domains. The participants discussed how some interactions with different team members were direct while others were indirect. This was also seen in the study that examined MPCs experiences in an injury setting (Arvinen-Barrow & Clement, 2017). Additionally, the ATs surveyed in this work discussed the importance of understanding one's role within the team and everyone should be on the same page in order to help the athlete (Arvinen-Barrow & Clement, 2015).

In order for the multidisciplinary team members to be on the same page requires good communication among the team. There were varying forms of communication the ATs discussed and these were all dependent on the needs of the athlete. The most common forms of communication were emails, telephone calls, face-to-face meetings, and text messages (Arvinen-

Barrow & Clement, 2015). However, if communication is lacking this can disrupt the multidisciplinary team and affect the care of the injured athlete.

Though there were quite a few benefits ATs acknowledged in using a multidisciplinary team in the rehabilitation setting, there were a few drawbacks or areas that needed improvement. Areas that need improvement included: access, communication, and the athletic trainer in the central role. Many ATs would like more access to other professionals, which many mentioned better access to the sport psychologist (Arvinen-Barrow & Clement, 2015). They also mentioned improving the referral protocol and unified electronic records of the athlete (Arvinen-Barrow & Clement, 2015). Moreover, respondents felt communication between different team members could be improved along with everyone within the team having a better understanding of all professionals roles (Arvinen-Barrow & Clement, 2015).

In the research Arvinen-Barrow and Clement (2017) conducted with MPCs, open-ended questions were included to further understand their views and experiences. MPCs believed their role in this process was to provide psychosocial support to the athlete while helping them cope with injury (Arvinen-Barrow & Clement, 2017). MPCs not only interacted with the athlete but other professionals within the team, however this was dependent on the setting they were working in (e.g., collegiate, high school). At lower levels of sport, the MPC did not have contact with anyone besides the athlete however, at the higher level, the MPCs job was to maintain and communicate with different professionals working within the team (Arvinen-Barrow & Clement, 2017).

There were some similarities between ATs and MPCs in regards to different communication methods used within the team. MPCs primarily used email, texting, Skype, phone calls, and face-to-face meetings (Arvinen-Barrow & Clement, 2017). These were also

similar to the communication forms ATs reported when communicating with different team members.

Interprofessional Team in the Athletic Department

There were some areas MPCs felt could be improved when working within an interprofessional care team. The MPCs recognized a few areas that could improve the workings of an interprofessional care team that include: “greater centrality of the athlete, more formalized procedures and meetings between professionals, better education on the different professionals within the team, and integrating physical and psychological athlete case files to help make more holistic return to sport decisions” (Arvinen-Barrow & Clement, 2017, p. 70). One drawback with utilizing this approach is that not all professionals operate under the same protocols and rules, which can affect the workings of an interprofessional care team (Arvinen-Barrow & Clement, 2017).

There has been little research exploring an interprofessional team approach in NCAA DI athletic departments outside of the injury rehabilitation realm. A plethora of researchers have discussed a holistic approach and aspects of an interprofessional team within NCAA DI athletic departments, but little research has explored this domain (Frisen & Orlick, 2011; Mellalieu et al., 2009; Poczwadowski & Sherman, 2011). Recently, McGuire and Scogin (2013) proposed an interprofessional team approach called the comprehensive integrated sport psychology service delivery program for NCAA DI athletic departments. This approach allows sport psychology to have a greater impact on student-athletes performance since it is integrated into the whole student-athlete experience with the help of other support staff members (McGuire & Scogin, 2013; McLean, 2017).

The research that explored aspects of an interprofessional team approach discuss the importance of working with different support staff members among the athletic department to better serve student-athletes (Frisen & Orlick, 2011; Poczwardowski & Sherman, 2011). Utilizing an integrated approach or interprofessional team allows for support staff collaboration. Staff collaboration requires members of the support staff within the athletic department to work together, get on the same page while being able to interact and speak in the same common language (Dunn & Holt, 2003; Frisen & Orlick, 2011).

Unfortunately, there is very little research exploring an interprofessional team approach. Though different researchers have explored components of an integrated approach, there has yet to be a study that has critically examined this approach within a NCAA DI athletic department, until recently. The most recent research was a case study exploring a NCAA DI integrated sport psychology program (McLean, 2017). More specifically, understanding how an NCAA DI mental performance staff delivers integrated holistic mental performance services to the DI athletic programs (McLean, 2017).

However, this research focused the lens in on how values impact the service delivery. This holistic case study was done with 35 members of the athletic department that included: (a) mental performance coaches, (b) coaches, (c) athletes, and (d) support staff members. The findings indicate that an integrated approach allowed professionals and athletes within the athletic department to build trust between one another which lead to trust in the integrated sport psychology service delivery program approach (McGuire & Scogin, 2013; McLean, 2017). This building of trust can assist in staff collaboration and connection while helping athletes enhance performance.

The multidisciplinary team research within athletics alludes to the different members of the support staff through the discussion of those assisting athletes recovering from injury. The support staff members involved in an athletic department include: athletic trainers, strength and conditioning coaches, mental health professionals, academic advisors, physicians, nutritionists, and MPCs. All members of the support staff are vital in helping athletes enhance performance. An interprofessional team can assist in clarity of roles and perception of value for all roles (Supper, Catala, Lustman, Chemla, Bourgueil, & Litrilliart, 2015; Zakrajsek, Martin, & Wrisberg, 2016). However, for the purposes of this research, it's important to understand other athletic department members' (athletes, coaches, ATs) perceptions and attitudes of sport psychology and mental performance services. Understanding other athletic department members attitudes can help shift NCAA DI athletic departments to adopt an interprofessional team approach.

Perceptions of Mental Performance and Mental Performance Services

There has been extensive research looking at the perceptions of sport psychology from the lens of an athlete, coach, and AT. Additional studies have investigated perceptions toward MPCs but assessed consultants' attitudes and perceptions (Ravizza, 1988). Research has also explored athletes' opinions who have already been exposed to mental performance services (Grove & Hanrahan, 1988; Van Raalte, Brewer, Brewer, & Linder, 1992). Pocwardowski et al. (2004) believe the incorporation of mental, physical, and tactical skills leads to enhanced learning at faster rates. Additionally, a plethora of research discussed the importance of incorporating and combining physical and mental skills in order to enhance learning and performance (Williams & Krane, 2015). Therefore, sport psychology fits within the interprofessional team because of its ability to add to physical training, whether that is in the

injury or sport setting. To further understand the inclusion of sport psychology with support staff members within an interprofessional team, ATs perceptions of sport psychology will be critically examined.

Recent research has examined ATs perceptions of the benefit of mental performance services (Zakrajsek, Martin, & Wrisberg, 2015; Zakrajsek, Martin, & Wrisberg, 2016). ATs play an important role among support staff in the athletic department. In most situations, ATs are on site at practices and games while almost always being the first person in contact with an injured athlete (Granquist & Kenow, 2014; Zakrajsek, Martin, & Wrisberg, 2015). Additionally, ATs most likely have the most experience and understanding of sport psychology and mental performance services since the National Athletic Training Association (NATA) requires them to be trained on the psychosocial side of sport (NATA, 2011).

ATs rated a multitude of services MPCs offered as beneficial for student-athletes that included: helping athletes manage anxiety, dealing with pressure, managing emotions, building confidence, and enhancing focus (Zakrajsek, Martin, & Wrisberg, 2015). However, there were some characteristics that influenced ATs perceptions of these services. Some contributing factors were gender, whether ATs were willing to encourage athletes to use an MPC, and previous and quality of experience interacting with an MPC. The results revealed that female ATs rated MPC services high and those that had a previous positive interaction rated the benefit of services higher than those who never interacted with an MPC or had a negative experience (Zakrajsek, Martin, & Wrisberg, 2015).

What was most revealing of this research was the support for hiring an MPC for the athletic department. 65.1% of ATs rated “extremely beneficial” in adding an MPC to the athletic department support staff and 42.6% believed this position would be valuable for the NCAA

athletic department (Zakrajsek, Martin, & Wrisberg, 2015, p. 286). Zakrajsek, Martin, and Wrisberg (2016) continued their exploration of this population and conducted an additional study exploring ATs perceptions of the benefit of mental performance services.

Previous research indicated that over half of ATs believed mental performance services were extremely beneficial to have as part of an NCAA DI athletic department. To further explore this notion, Zakrajsek, Martin, and Wrisberg (2016) conducted a study with ATs to understand their experiences with an MPC, willingness to inform and encourage athletes to utilize an MPC when rehabbing from injury while gaining further understanding of their beliefs of mental performance services.

Previous experience with sport psychology played a critical role in whether ATs encouraged athletes to see an MPC or referred them to that professional (Zakrajsek, Martin, & Wrisberg, 2016). More specifically, 71.6% of the surveyed ATs reported encouraging or referring an athlete to an MPC and 67.4% reported having a positive experience (Zakrajsek, Martin, & Wrisberg, 2016). Additionally, 78.9% reported having interacted with an MPC before and had a positive experience with that professional.

However, the availability of MPCs at the institution played a role in the interactions and encouragement of the services from ATs. ATs that were aware of mental performance services stated they had interacted with that professional and referred athletes to them while those who did not have an MPC on campus interacted and referred less with that professional due to the MPC not being in proximity to the AT.

Zakrajsek, Fisher, and Martin (2017) took the athletic training research one step further and qualitatively explored ATs use of mental performance services. The purpose of this research was to explore ATs understanding and use of sport psychology in their work with athletes

(Zakrajsek, Fisher, & Martin, 2017). As previously stated, ATs are the primary contact point for injured athletes and are often seen at practices and games while being the first person on the scene for an injured athlete (Arvinen-Barrow & Clement, 2015). Additionally, these professionals have extensive injury rehabilitation training coupled with psychosocial education required by the NATA. However, MPCs could assist ATs in the rehabilitation process and provide more holistic treatment to the athlete (Clement & Arvinen-Barrow, 2013). This holistic treatment approach in injury rehabilitation with the utilization of an MPC has also been discussed generally by Frisen and Orlick (2011) in regard to providing a holistic approach to sport psychology to student-athletes.

The findings of this research illustrate the importance of having an MPC as a member of the interprofessional team (Zakrajsek, Fisher, & Martin, 2017). ATs stated that self-doubt, re-injury anxiety, loss of identity, and stages of grief were the most common psychological challenges during injury rehabilitation (Zakrajsek, Fisher, & Martin, 2017). These are areas an MPC could assist an AT in helping the injured athlete work through these challenges. ATs also acknowledged they had limited sport psychology education and training but saw sport psychology as a mental tool (Zakrajsek, Fisher, & Martin, 2017). They also believed that using different skills and strategies could help the injured athlete progress through the stages of rehabilitation.

More specifically, ATs believed using different strategies and skills could help their relationship with the athlete and normalize the process. Additionally, they believed different strategies such as goal setting, self-talk, and visualization could help the rehabilitation process while different skills such as arousal management and attentional focus could be enhanced through using different psychological strategies (Zakrajsek, Fisher, & Martin, 2017). These

findings show the importance of having an MPC working with an AT to help the athlete's rehabilitation process, which leads to support staff collaboration that Dunn and Holt (2003) discuss as important component when working among others.

Wiese, Weiss, and Yukelson (1991) believe ATs are unable to employ all of the psychological techniques themselves because of the other requirements of their job and because of the training and education of a specific skill such as imagery. Therefore, MPCs are in a prime position to assist ATs in helping athletes bounce back from injury. Though it's important to note that the AT is the "gatekeeper" of the rehabilitation process and an MPC would complement the AT's services, not overtake them (Clement & Arvinen-Barrow, 2013; Wiese, Weiss, & Yukelson, 1991).

Data collection for a new study recently concluded, which explored strength and conditioning coaches' perceptions of sport psychology and MPCs (Zakrajsek, Quartiroli, Moore, & Eckenrod, unpublished). Though this research has yet to be published the findings will contribute the literature that has already explored athletes, coaches, and ATs perceptions and attitudes of sport psychology and in addition to the benefits of services (Martin et al., 1997; Wrisberg et al., 2010; Wrisberg et al., 2009; Zakrajsek, Fisher, & Martin, 2017; Zakrajsek, Martin, & Wrisberg, 2016; Zakrajsek, Martin, & Wrisberg, 2015). This literature will provide insight into a different support staff population to gain an understanding of strength and conditioning coaches perceptions, which will help MPCs learn how they can collaborate and work with them to best serve student-athletes. These professionals can also serve as advocates for the hiring of an MPC for NCAA DI athletic departments. However, in order for MPCs to have the opportunity to work with different athletic department support staff members they must

be hired by NCAA DI ADs. Before exploring ADs perceptions of sport psychology it's important to understand athletes and coaches' attitudes toward mental performance services.

Research suggests that between 20% and 30% of collegiate level coaches and athletes utilize mental performance services (Wrisberg et al., 2010; Wrisberg, et al., 2009; Zakrajsek & Zizzi, 2007) however, there are factors that play a role in the attitudes of mental performance services. These factors include: (a) characteristics of the person seeking help, (b) the nature of the request, (c) personal and professional characteristics of the MPC, (d) the techniques used, and (d) the quality relationship between the athlete and MPC (Martin, Akers, Jackson, Wrisberg, Nelson, Leslie, & Leidig, 2001). It's important to understand athletes and coaches' attitudes, beliefs, and perceptions of sport psychology in order for MPCs to adopt and adjust to work with these populations consistently and effectively.

Sport psychology research in this domain has dated back to the mid 90s when Van Raalte, Brewer, Matheson, and Brewer (1996) explored British athlete's perceptions of sport and mental health practitioners. The findings were consistent in what was seen with U.S. college athletes at the time, which was sport psychology professionals were seen as similar to mental health professionals (Van Raalte et al., 1996). Maniar, Curry, Sommers-Flanagan, and Walsh (2001) built off of Van Raalte et al. (1996) in terms of gaining a better understanding of athlete preference when seeking services for sport performance problems. Maniar et al. (2001) evaluated DI student-athletes preference for seeking services for sport performance challenges. The results revealed that DI student-athletes preferred seeking help with these problems from a coach, family members or friends as compared to a sport-titled professional. However, athletes preferred a sport-titled professional versus a counselor or clinical psychologist (Maniar et al., 2001). Additionally, female athletes were more willing to seek help from a sport-titled

professional as compared to male athletes, which is consistent with previous research (Maniar et al., 2001; Van Raalte et al., 1996).

These results illustrate the growth and better understanding of mental performance services as compared to previous research where college athletes believed counselors and sport psychology professionals were similar (Van Raalte et al., 1996). This set the stage for gaining an understanding of NCAA DI athletes' attitudes and perceptions of seeking mental performance services (Martin, Wrisberg, Beitel, & Lounsbury, 1997; Wrisberg, Simpson, Loberg, Withycombe, & Reed, 2009).

Wrisberg et al. (2009) surveyed NCAA DI student-athletes and their receptivity to mental skills training by MPCs. One of the findings revealed that females were more receptive to MPCs training compared to males, which is consistent with previous literature (Maniar et al., 2001; Martin, 2005; Martin et al., 1997; Van Raalte et al., 1996; Wrisberg et al., 2009). Additionally, athletes with prior experience were more receptive to the services as compared to athletes with little or no experience (Wrisberg et al., 2009). These findings were consistent with recent work done with ATs. ATs were also more receptive to MPCs if they had prior experience with mental performance services (Zakrajsek, Martin, & Wrisberg, 2016; Zakrajsek, Martin, & Wrisberg, 2015). Moreover, those athletes who had a positive experience were more open to the services as compared to athletes who did not have a positive previous experience, which is consistent with the findings of work with ATs (Wrisberg et al., 2009; Zakrajsek, Martin, & Wrisberg, 2016; Zakrajsek, Martin, & Wrisberg, 2015).

Martin (2005) conducted a study with high school and college athletes regarding their attitudes toward mental performance consulting. The data revealed that males, younger athletes, and athletes involved and socialized in sport that involve contact believe there is a stigma

attached to mental performance consulting (Martin, 2005). However, female athletes in this study were more open to mental performance consulting compared to males, which was consistent with recent (Wrisberg et al., 2009) and previous research (Maniar et al., 2001; Van Raalte et al., 1996). The results of many studies reveal similar results across time and that is gender, previous experience, and whether the experience was positive influence the attitudes and perceptions of sport psychology and mental performance consulting (Maniar et al., 2001; Martin, 2005; Martin et al., 1997; Martin et al., 2002; Van Raalte et al., 1996; Wrisberg et al., 2009).

These results illustrate the importance of MPCs increasing their interaction with male athletes and ensuring they deliver positive and beneficial services in order to reduce the stigma and change the attitudes toward consulting. Coaches can also help reduce the stigma and shift the attitudes and perceptions of mental performance consulting. Therefore, it's important to gain an understanding of NCAA DI coaches support of mental performance consulting because they have the potential to influence the athletes, they coach in seeing and working with an MPC (Wrisberg et al., 2010).

Wrisberg et al. (2010) built off the work done with NCAA DI athletes and branched out to understanding coaches support of MPCs. Coaches play a vital role for athletes in regard to perceptions and attitudes. A survey was administered to NCAA DI coaches that assessed their willingness to encourage athletes to see an MPC, the support for an MPC at their institutions, current access to an MPC and their willingness to seek the services (Wrisberg et al., 2010). The results revealed that coaches were more willing to encourage their athletes to seek the assistance of an MPC for performance challenges rather than personal challenges (Wrisberg et al., 2010). These findings were similar to the results of Maniar et al.'s (2001) studied with athletes who

preferred seeking the services of a sport psychology professionals as opposed to a counselor or clinical psychologist.

Coaches also acknowledged being supportive of having an MPC among the support staff in the athletic department but were not comfortable with their presence at practices and games (Wrisberg et al., 2010). Additionally, coaches felt more comfortable seeking out the services of an MPC in regard to mental training and they felt more comfortable doing this when they had consistent interaction with the MPC and believed they were effective (Wrisberg et al., 2010). These findings align with those found with research in this domain with athletes and ATs. Both populations felt positively about the services an MPC provided if they interacted with the professional frequently, the interaction was positive, and they believed the services were effective (Martin et al., 1997; Martin et al., 2002; Wrisberg et al., 2009; Zakrajsek, Martin, & Wrisberg, 2016; Zakrajsek, Martin, & Wrisberg, 2015).

What all of these results mean for MPCs is that one must interact frequently with those involved in the athletic department that can include: athletes, coaches, and different support staff members while also making these interactions positively beneficial for those they are working with. The results demonstrate the value of having an MPC involved in a DI athletic department for not only athletes but coaches and support staff. Therefore, it's important an MPC be hired and included within the support staff in order to help all within the athletic department. The only way these MPCs can be included is if NCAA DI ADs hire them to fulfill this role. Next, ADs perceptions of sport psychology will be critically explored.

Athletes, coaches, and ATs have a preference for mental performance services. Additionally, these professionals and athletes are supportive for making mental performance services available for NCAA DI student-athletes (Martin et al., 1997; Wrisberg et al., 2010;

Wrisberg et al., 2009; Zakrajsek, Fisher, & Martin, 2017; Zakrajsek, Martin, & Wrisberg, 2016; Zakrajsek, Martin, & Wrisberg, 2015). ATs for example, are trained in a variety of domains when getting certified through the NATA. The NATA requires ATs to be trained in a plethora of domains including a psychosocial domain (NATA, 2011). These professionals fill many roles and those that had positive previous interactions and experiences with an MPC believed having an MPC within a NCAA DI athletic department would be beneficial to them and the student-athletes (Zakrajsek, Martin, Wrisberg, 2016; Zakrajsek, Martin, & Wrisberg, 2015). However, ATs who didn't have interactions with an MPC or had a negative experience did not believe they were beneficial to include (Zakrajsek, Martin, & Wrisberg, 2016; Zakrajsek, Martin, & Wrisberg, 2015). These findings were similar to those found with NCAA DI athletes and coaches (Wrisberg et al., 2010; Wrisberg et al., 2009). The only way to improve and enhance these interactions is to consistently integrate and involve an MPC in the whole DI student-athlete experience, which is why McGuire and Scogin (2013) proposed the comprehensive integrated sport psychology service delivery program. For an MPC to be integrated they first must be hired by an AD.

Understanding Athletic Directors Experiences

There have been few studies that explored or examined ADs perceptions of sport psychology and mental performance services (Wrisberg et al., 2012) in addition to their preference of services for student-athletes in their athletic department (Connoles, Watson, Shannon, Wrisberg, Etzel, & Schimmel, 2014). Hence, the current study makes for a worthy endeavor because there has yet to be a qualitative study aiming to understand ADs decision in hiring a sport psychology professional, more specifically a performance-based professional for their NCAA DI athletic department. Therefore, there are five research questions being explored

with this study. First, understanding why ADs decided to hire and employ a sport psychology professional. Second, what influenced their decision to hire a performance based professional (e.g., MPC). Third, what qualities and characteristics were they searching for in the MPC. Fourth, how has the MPC integrated themselves among the support staff, coaches, and athletes. Lastly, how has their athletic department and athletes benefitted from the services of an MPC integrated in their athletic department.

A handful of research has explored ADs in regard to hiring or employing sport psychology professionals within their athletic department (Connole et al., 2014; Kornspan & Duve, 2006; Miller, 2014; Wilson, Gilbert, Gilbert, & Sailor, 2009; Wrisberg et al., 2012). Previous research has indicated that MPCs can seek and find employment in university athletic departments (Leffingwell, Wiechman, Smith, Smoll, & Christensen, 2001). Leffingwell et al. (2001) found that coaches and athletes had great interest in sport psychology after an athletic director surveyed 23 NCAA DI varsity teams. The results revealed an interest in these services and two graduate student positions were created for clinical psychology students. The services these students provided to this athletic department included: consulting with coaches, providing psychological skills training to athletic teams, performance enhancement services for individual athletes, mental health services and leadership development consulting (Leffingwell et al., 2001).

The way these services were incorporated into the athletic department was through great marketing strategies to coaches and ADs. They allude to three points they believed help them create the consulting relationship with the athletic department and they included: (a) explaining how performance enhancement consulting could help athletes improve performance, (b) demonstrating how the skills taught are life-skills that can help them outside of sport, and (c) explaining the importance of student-athlete health and wellness through the use of mental health

services (Leffingwell et al., 2001). Marketing mental performance services proved to be pivotal in forming the consulting relationship with the athletic department and allowed for two graduate students to work with NCAA DI varsity teams.

Kornspan and Duve (2006) built off of Leffingwell et al. (2001) and aimed to understand if different divisional levels of collegiate athletics were using an MPC, the services ADs believed the MPCs provided, and to see if ADs believed there was a need to hire an MPC in addition to the barriers in hiring that professional. The results revealed that 46 DI ADs reported utilizing the service of an MPC (Kornspan & Duve, 2006). However, the majority of ADs only employed one MPC and only four athletic departments at the NCAA DI level had a full-time MPC on staff in their athletic department (Kornspan & Duve, 2006). Though 11 ADs did report employing an MPC part-time in their athletic department. Something that varied among ADs was how much the MPC was paid or compensated. The salaries for these professionals ranged from \$10,000 to over \$40,000 per year (Kornspan & Duve, 2006).

Kornspan and Duve (2006) also included open-ended questions within the survey to further understand ADs perceptions of sport psychology consultation. The results of the open-ended questions revealed that 32 DI ADs felt there was a need to hire an MPC for the athletic department. These athletic directors felt that the areas an MPC should focus on should include: “dealing with life and performance pressures, helping athletes improve performance, helping athletes with psychosocial issues (e.g., injury), train and educate coaches, assist in improving the student-athlete experience, and provide services to help teams build cohesion” (Kornspan & Duve, 2006, p. 23). All areas in which a performance-based sport psychology professional would fit the scope of the work.

However, ADs did discuss barriers in hiring an MPC for their athletic department. Some of the barriers included: departmental budget, needing the professional to take on other roles, the athletic department not knowing whether there is a need for the services, athletes and coaches believing there is a need, needing a qualified consultant, and the lack of office space within the athletic department (Kornspan & Duve, 2006). The results of this study illustrate ADs wanting a performance-based sport psychology professional working with their athletes and coaches to improve not only performance but quality of life.

Wilson and colleagues (2009) built off and Kornspan and Duve's (2006) work and continued exploring ADs perceptions. The purpose of their work was to gain a better understanding of athletic directors' perceptions of mental performance consulting (Wilson et al., 2009). Moreover, the researchers aimed to investigate "(a) attitudes toward mental performance consulting, (b) previous experiences working with MPCs in their department, and (c) previous exposure to the field of sport psychology" (Wilson et al., 2009, p. 407). Previous research has acknowledged two barriers in regards to hiring an MPC for the athletic department. These barriers include: lack of funding (Kremer & Marchant, 2002; Pain & Harwood, 2004; Voight & Callaghan, 2001) and the need for organized outreach programs to promote the field (Pain & Harwood, 2004; Silva, Conroy, & Zizzi, 1999). These barriers are important to keep in mind when understanding ADs perceptions of sport psychology consultation.

There were a variety of results within this study since Wilson et al. (2009) aimed to explore ADs attitudes, previous experience, and exposure. The results regarding attitude towards mental performance consulting revealed different information. First, ADs recognized the need for this service but felt athletes should be able to work alone during difficult times. However, ADs believed MPCs could help athletes perform better under pressure, tweak performances, and

improve mental toughness (Wilson et al., 2009). Though ADs believed MPCs could help in a multitude of ways, they placed higher values on the services of other support staff members such as, ATs and strength and conditioning coaches (Wilson et al., 2009). This belief may have been influenced by ADs lack of experience or exposure to mental performance consulting.

The results of this study also revealed that 23.6% of NCAA DI ADs had an MPC working directly for the athletic department (Wilson et al., 2009). These statistics are significantly lower than Voight and Callaghan's (2001) work, though this could have been due to the current study not solely focusing on the statistics regarding the number of MPCs in a NCAA DI athletic department. Of the 17 ADs that reported having these services only three had a full-time MPC, which is consistent with previous research (Kornspan & Duve, 2006; Wilson et al., 2009). Additionally, when asked if the ADs had ever heard of AASP, over half (51%) reported being unfamiliar with the association (Wilson et al., 2009). These results illustrate the need for an outreach program and for the association and MPCs to market and advocate for mental performance services to be included into NCAA DI athletic departments and the student-athlete experience.

Wrisberg et al. (2012) built on Kornspan and Duve (2006) and Wilson et al. (2009) in regards to ADs and mental performance services. Wrisberg et al. (2012) examined DI administrators' perceptions of the benefits of mental performance services and the possible roles for consultants. The rationale for this work arose when Wilson et al. (2009) reported that NCAA DI ADs are still uncertain of the need for MPCs and are unsure of the services they provide. Previous research has not required NCAA DI ADs or administrators to evaluate the potential sport psychology specifics. NCAA DI ADs and administrators are essentially the gatekeepers in hiring and employing support staff members within their athletic department, such as MPCs.

Therefore, this study was important in informing ADs and administrators to different mental performance services while asking them to rate how beneficial they believe the services would be (Wrisberg et al., 2012).

Overall, administrators generally rated the potential benefits of performance-related services higher than life related services (Wrisberg et al., 2012). Additionally, administrators who had mental performance services available to them provided higher ratings than those who did not have access (Wrisberg et al., 2012). But those that did not have access to an MPC said they would support the use of one if available. Moreover, administrators rated improving focus, building confidence, managing anxiety, dealing with pressure, and managing emotions during competitions as the highest performance services (Wrisberg et al., 2012). Many administrators were supportive of these services with some believing the importance of teaching student-athletes these different skills to help them in sport and life. However, some administrators were supportive in employing an MPC in their athletic department but stated they were unable to due to budgetary reasons (Wrisberg et al., 2012).

These findings indicate that ADs and administrators have a positive perception of mental performance services however, they were still hesitant to hire a full-time MPC for their athletic department. However, ADs and administrators rated performance services higher than life-services, which is slightly different from previous research (Kornspan & Duve, 2006; Wrisberg et al., 2012). Though the ratings for mental performance services were higher, the ratings for employing an MPC in the athletic department were not high (Wrisberg et al., 2012).

Importance and Relevance of the Current Study

Previous research, specifically Wrisberg et al. (2012) demonstrated a slight shift in perceptions of the benefits of mental performance services. Wrisberg et al. (2012) found that

ADs and presidents rated performance-related services as higher than life services, which is different than the finding of Kornspan and Duve (2006). These findings illustrate the beginning stages of a shift in the highest rated services. This study contributed to the small pool of literature examining NCAA DI ADs perceptions of mental performance services (Kornspan & Duve, 2006; Wilson et al., 2009; Voight & Callahan, 2001; Wrisberg et al., 2012). However, there is more work to be done in this domain. There has yet to be a study done that has qualitatively explored NCAA DI ADs decision to hire an MPC for their athletic department. It's important that research continue to grow and expand to understand why NCAA DI ADs hired an MPC for their athletic department and how their athletic department and student-athletes have benefitted from mental performance services.

It's important to learn from NCAA DI ADs who have hired MPCs for their athletic department in order for mental performance services to be seen as more of a need for NCAA DI athletic departments and their student-athletes. This research could illustrate the importance of employing an MPC among the support staff in an NCAA DI athletic department. Additionally, it could influence NCAA DI athletic departments who don't already employ an MPC to hire one to work with their athletes, coaches, and support staff.

This research aims to understand NCAA DI ADs decision to hire not only a sport psychology professional but, a performance-based sport psychology professional. There have been a few quantitative studies that explored this area however, there has only been one study that has qualitatively explored ADs decision to hire a sport psychologist. This however, only provided information on those athletic departments that hired a clinically trained sport psychology professional not an educationally trained professional (Miller, 2014).

This study aims to dig deeper to understand why an MPC was hired in the first place. Additionally, it's important to understand why a performance-based professional was targeted, what qualifications and characteristics were ADs looking for in these professionals, how the MPC integrated themselves among the support staff, coaches, and athletes, and how has the athletic department (support staff, student-athletes, administrative staff) has benefitted from this professional being hired and employed in the athletic department. This study will provide great insight into the hiring of a performance-based sport psychology professional and will help pave the way for the NCAA and NCAA DI athletic departments on the importance of having a performance-based professionals among their support staff in the athletic department to best work with support staff members to serve student-athletes.

Athlete Well-Being and Optimal Performance

National Collegiate Athletic Association (NCAA) Division I (DI) college athletics is an exciting and demanding endeavor. Research has found DI college athletes to view sport participation as a buffer but a stress (Kimball & Freysinger, 2003). These stressors can evolve from trying to balance the workload of a full-time student while participating in sport, which at the DI level is considered a full or part-time job (Lundqvist, 2011). The consistent balancing act and energy expenditure can lead athletes stress levels to increase while their overall well-being is disrupted (Lundqvist, 2011). Not only do athletes have the stress of balancing both the academic and athletic stress, they have competition stress and pressure added to the mix.

Competition stress encompasses a variety of things such as physical and mental preparation, injury, performance expectations, and pressure prior to competition (Dugdale, Eklund, & Gordon, 2002; Hanton Fletcher, & Coughlan, 2005, Mellalieu, Neil, Hanton, & Fletcher, 2009). Additionally, research has stated that in order to make a difference in sport

performance and behavior all aspects of a student-athlete must be considered. These include: an athlete's thoughts, emotions, physiological state, and behavior (Friesen & Orlick, 2010; Friesen & Orlick, 2011). Therefore, it is vital that NCAA DI college athletes have a plethora of support staff and resources available to them to help them balance academics, athletics, and the competition stressors they may endure. A way to best serve NCAA DI athletes is to adopt an interdisciplinary or interprofessional team approach, where professionals are working "shoulder to shoulder" to assist student-athletes (McGuire & Scogin, 2013).

The prefix "inter" means an element of cohesion or shared ownership (Gusdorf, 1990). An interdisciplinary team requires an extensive amount of collaboration among different professionals within the team (Baggs & Schmitt, 1988; Klein, 1990; Lindeke & Block, 1998; Satin, 1994). When working among an interdisciplinary team, professionals among the team must integrate with one another to translate and disperse information to those within the organization (D'Amour, Ferrada-Videla, San Martin Rodriguez & Beaulieu, 2005; Satin, 1994). Interdisciplinary teams are used so professionals can share and integrate their knowledge with one another to best serve their client. Interdisciplinary and interprofessional are similar in context yet, they are defined differently.

Interprofessional Team

Hammick, Olckers, & Campion-Smith (2009) define an interprofessional team as "a group of people from different backgrounds delivering services and coordinating care programs in order to achieve different and often disparate service use needs" (p. 5). It is recommended when working within an interprofessional team that collaboration be maximized, which will in turn help in sharing knowledge and minimizing barriers (Hammick, Olckers, & Campion-Smith, 2009). Working within an interprofessional or interdisciplinary team approach requires an

extensive amount of learning and collaboration. Learning among team members allows for professionals to interact and understand the others' expertise (Kvarnström, 2008). Additionally, collaboration is needed to help professionals strive together to achieve a common goal. Health and science teams refer to collaboration as competent, confident, and commitment of all professionals involved within the team. Those working within an interdisciplinary or interprofessional team must trust those around them while working together to achieve the team's common goal (Henneman, Lee, & Cohen, 1995). However, when working within a team approach, often one team member is designated or appointed as the key worker for the service (Hammick, Ocklers, Campion-Smith, 2009).

Research has illustrated three important characteristics of an interprofessional team working effectively together (Molyneux, 2001). These characteristics are: (a) personal qualities and commitment of the staff, (b) communication within the team, and (c) developing creative working methods (Molyneux, 2001). Molyneux (2001) found teams operated well when members were adaptable, flexible, and open with others. One thing that allowed teams to be adaptable, flexible, and open with one another was their effective communication within the team. Additionally, mutual respect and participation were also key contributors to the operation of an interprofessional team (Browne & Miller, 2003; Corroll & Edmondson, 2002) and allow for professionals to work together to best serve the client.

NCAA DI athletic departments have the workings of an interdisciplinary or interprofessional team approach. There are a variety of professionals with different knowledge and expertise working within the athletic department. Overall, the goal of these athletic department support staff members is to best serve student athletes. Some professionals within this team are focused on assisting athletes with rehabilitation while others are helping athletes

improve confidence in order to help reach peak performance. Though all professionals play a different role within the athletic department, all are crucial for a student-athlete success and well-being. However, the way in which these different support staff members become part of the athletic department is all dependent upon the athletic director or directors that hire them. Therefore, the next section will focus on an athletic director's role within a NCAA DI athletic department.

Athletic Directors

Athletic directors (ADs) are at the “helm” of the athletic department, meaning they control the athletic department budget and make decisions on hiring personnel for their athletic department, which can include the hiring of a sport psychology consultant (MPC) (Wilson, Gilbert, Gilbert, & Sailor, 2009, p. 407). The majority of ADs working in NCAA DI athletic departments report to the president or chancellor of the institution. They also oversee many people within the athletic department, which allows them to have contact with a variety of people involved in the day-to-day operations (Wilson et al., 2009). Generally, ADs are in charge of managing the athletic department budget, recruiting and hiring coaches for their teams, fundraising for their athletic department, promoting the department and the programs within it while also managing athletic facilities (The NCAA News, 2005). ADs are essentially the gatekeepers of the athletic department and they play a vital role in the hiring of MPCs.

The focus of the NCAA is ensuring athlete well-being and life-long success (NCAA, n.d.). The NCAA developed seven core values to abide by that include: (a) collegiate model of athletics, (b) the highest level of integrity and sportsmanship, (c) pursuing both academic and athletic excellence, (d) supporting the role intercollegiate athletics play, (e) utilizing an inclusive culture, (f) having respect for autonomy and (g) philosophical differences, and presidential

leadership (NCAA Core Values, n.d.). In order for NCAA DI athletic departments to align with the seven core values they must have personnel to enforce the values.

A NCAA DI athletic department includes: athletic directors, academic support staff, coaches, sport information directors, and health and safety personnel (NCAA, n.d.). These personnel members contribute to the running of each individual NCAA DI athletic department. Without all members of the athletic department, the seven core values would be impossible to enforce and student-athletes' well-being and performance would suffer. An important group of people within the athletic department are the health and safety personnel or the support staff. The support staff assist athletes with the daily grind of being a NCAA DI athlete. Members of the support staff range from helping athletes bounce back from injury to getting their minds to work for them rather than against them in order to achieve performance success. Recently, McGuire and Scogin (2013) proposed NCAA DI athletic departments adopt a comprehensive integrated sport psychology service delivery program. McGuire and Scogin (2013) recommend that sport psychology be included in all areas of the student-athlete experience while encouraging support staff members to work "shoulder to shoulder" to best serve student-athletes.

Friesen and Orlick (2010; 2011) recommend a holistic approach to mental performance services in order to assist student-athletes. Friesen & Orlick (2011) believe three domains encompass the holistic approach. These domains include: (a) environmental effects, (b) development of the core individual, and (c) the athlete's whole being (Friesen & Orlick, 2011). One domain of major focus in the holistic approach is the athlete's whole being. This domain defines the athlete's whole being as a "multidimensional phenomenon composed of an athlete's thoughts, emotions, physiology, and behavior" (p. 19). In order to help an athlete's well-being, a multitude of support staff members are needed to target an athlete's, thoughts, emotions,

physiology, and behavior (Friesen & Orlick, 2011). Therefore, it is important that MPCs deliver mental performance services in collaboration with other “sport science practitioners” (Friesen & Orlick, 2010; 2011). It’s also crucial that all aspects of a student-athletes well-being are met, making it vital that all support staff members are involved and working with and through one another to best serve student-athletes (Fifer, Henschen, Gould, & Ravizza, 2008; Friesen & Orlick, 2010; 2011).

NCAA athletic departments are comprised of a plethora of people working to ensure student-athlete well-being. All NCAA DI athletic departments include: college presidents, athletic directors, faculty athletics representatives, compliance officers, conference staff, academic support staff, coaches, sport information directors, and health and safety personnel (NCAA, n.d.). It takes an army of professionals for a NCAA DI athletic department to run efficiently and effectively. For the purposes of this work, one group of professionals will be the focus and those are the health and safety personnel, who are also known as athletic department support staff. These professionals help to support college athlete well-being (NCAA, n.d.). Professionals among the support staff include: athletic trainers, strength and conditioning coaches, nutritionist, MPCs, and mental health professionals. Each professional’s role will be described.

Meeting Student-Athlete Needs

Student-athlete well-being is the priority of NCAA athletic departments and they ensure this by employing a number of support staff members to help athletes balance academics and athletics (NCAA, n.d.). There are nine areas in which support staff members assist athletes that include: (a) keeping heads healthy, (b) collaborating on best practices, (c) keeping hearts healthy, (d) enduring independent medical care, (e) discouraging alcohol and drug use, (f) managing

mental health, (g) fueling performance, (h) preventing injuries, and (i) handling interpersonal relationships (NCAA, n.d.). In order to ensure that all of these areas are met, it's absolutely necessary that different support staff members are included within the athletic department to help meet these demands.

Professionals Among the Support Staff

Athletic trainers (ATs) are professionals who collaborate with physicians to provide medical services, preventative services, emergency services, therapeutic interventions, and rehabilitation plans (NATA, n.d.). In most cases, ATs are the first professional on the scene when an athlete suffers an injury. NCAA DI athletic departments also include strength and conditioning coaches who are trained to implement and conduct flexibility, warm-up, and physical conditioning activities (NCAA Rules – Strength and Conditioning, n.d.). These different training modalities occur before and after practice and are continued even when teams are not in season (NCAA Rules – Strength and Conditioning, n.d.). Nutritionist are another key member among the athletic department support staff. These professionals help athletes fuel their bodies with the appropriate quality and quantity of food and fluids in order to perform optimally (NCAA Nutrition, n.d.). Two support staff members that will be discussed at length will be MPCs and mental health professionals.

A sport psychology consultant has sport science, psychological science and sport psychology training at the undergraduate and graduate level (Weinberg & Williams, 2014). MPCs also deliver mental performance services to a variety of populations while being supervised by a certified professional in the field of sport psychology (Weinberg & Williams, 2014). MPCs are performance trained professionals, meaning they deliver performance consulting services. Performance consulting is defined as “performance-based mental

performance services that enhances athletic performance (e.g., confidence, focus, leadership, effective communication)” (Connole et al., 2014, p. 409).

MPCs provide a variety of services to athletes that can extend beyond the court, field, or weight room. MPCs deliver and implement different psychological strategies to enhance different skills, such as focus or confidence. A handful of studies found that psychological skills training can enhance performance in many different sport settings (Gould, Eklund, & Jackson, 1992; Orlick & Partington, 1988; Thomas & Over, 1994; Ungerleider & Golding, 1991).

MPCs are trained to assist athletes with performance pressures (Beilock & Carr, 2001), while helping them improve confidence (Myers, Payment, Feltz, 2004), manage anxiety (Mamasis & Doganis, 2004) and emotions (Lazarus, 2000). Moreover, MPCs are in a position to teach athletes how to communicate more effectively with coaches and teammates (Sullivan, 1993) while helping to build cohesion among the team (Carron, Colman, Wheeler, & Stevens, 2002). They may also teach athletes how to implement different strategies into not only competition but practice (Frey, Laguna, & Ravizza, 2003). The work of an MPC can extend beyond the playing field and influence an athlete in their academic and personal lives. More specifically, MPCs can help athletes deal with personal issues (Papacharisis, Goudas, Danish, & Theodorakis, 2005) while teaching them coping skills to help them deal with stressful event whether in or out of sport (Zinsser, Bunker, & Williams, 2006).

Research has also illustrated the importance of having a MPC assisting athletes during the rehabilitation process (Wiese & Weiss, 1987; Arvinen-Barrow & Walker, 2013). They may also help athletes cope with burnout in sport (Gould, Tuffey, Udry & Loeher, 1996) while helping them increase sport enjoyment (Scanlan, Stein, & Ravizza, 1989). Overall, MPCs wear

many different hats and are in a position to assist student-athletes across a variety of contexts, making them a key support staff member within the athletic department.

Recently, the NCAA changed their legislation regarding MPCs attending NCAA DI student-athlete practices. More specifically, the NCAA stated that it was permissible for a MPC to attend student-athlete practices for the purposes of assisting athletes with non-coaching, off court or field areas (Bemiller & Wrisberg, 2011). This gives MPCs leverage to observe athletes in their sport domain, which allows for them to see areas they can assist student-athlete with while providing them opportunity to connect with different support staff, such as athletic trainers, who are often at most practices. Another member of the support staff of importance is a mental health professional.

A clinical psychologist, counselor, and licensed social worker are different mental health professionals that can be found working in a NCAA DI athletic department. Some athletic departments also utilize a sport psychologist to work with athletes struggling with clinical issues. Research found the counseling profession to have struggled with their identity as a mental health professional (Calley & Hawley, 2008; Gale & Austin, 2003; Hanna & Bemak, 1997). Counselors are primarily focused on development, prevention and wellness toward helping others, which is different than the work of a clinical psychologist, social worker, and sport psychologist. (Flaherty, Garrison, Waxman, Uris, Keys, Glass-Siegel, & Weist, 1998; McAuliffe & Ericksen, 1999). Another difference between the professionals is that counselors usually have a specified title, such as mental health counselor (Mellin, 2011) or rehabilitation counselor (Harley, Donnell, & Rainey, 2003) whereas social workers, clinical psychologist, and sport psychologist title remains fairly consistent.

A clinical psychologist provides comprehensive mental and behavioral health care for individuals and is referred to as a clinical psychologist (Clinical Psychology, n.d.). A clinical psychologist is licensed in the state in which they practice and has extensive training past the undergraduate level, as do counselors and social workers. Social workers on the other hand are focused on helping people achieve an effective level of psychosocial functioning (Barker, 1995). The focus of a social worker is on the individual and their interaction with the environment (Gibelman, 1999).

There are also some athletic departments that have a MPC and sport psychologist. As previously stated, a MPC is trained in sport sciences, psychological sciences, and sport psychology at the undergraduate and graduate level (Weinberg & Williams, 2014). They are trained to work with athletes to help improve performance by implementing different strategies to enhance psychological skills, such as focus (Crocker, Alderman, & Smith, 1988). A sport psychologist on the other hand is clinically trained and specializes in sport psychology. Sport psychologists are licensed in the state of their practice and are legally able to work with athletes and performers on clinical and performance related issues (Horn, 2008). All mental health professionals are trained to work with mental health issues however, different NCAA DI athletic departments employ different mental health professionals.

For example, the University of Missouri employs two clinical psychologists in their athletic department to assist athletes with any mental health issues that may arise. Whereas, the University of Tennessee employs a licensed social worker to work with any athletes that experience mental health struggles. These examples illustrate the preference among different athletic departments regarding their mental health professional and their title.

Strengths of having a MPC and Mental Health Professionals

MPCs and mental health professionals are both absolutely necessary to have in a NCAA DI athletic department. The NCAA's focus is protecting student-athletes' well-being in "pursuing excellence" in academic and athletic domains (NCAA, 2012). NCAA DI student-athletes have many demands placed on them academically and athletically (Ferrante & Etzel, 2009) and being a DI athlete has been considered a part or full-time job (Lundqvist, 2011). Due to the high demands and stress of being a NCAA DI student-athlete, many athletic departments provide a variety of services for athletes that can help them with academics, athletics, and personal concerns (Jae Ko, Durrant, & Mangiantini, 2008).

Athletes may face stress in various areas throughout their four year career. In order to meet athletes needs in the areas of athletics and personal concern, it is important that NCAA DI athletic departments have both a MPC and mental health professional to assist student-athletes with these challenges. Having both a MPC and a mental health professional provides student-athletes more resources to assist them with the challenges that NCAA DI student-athletes face. Additionally, having both a performance based professional and clinician allows for the professionals to stay in their own lane, focusing on one area of expertise however, these professionals may collaborate to help meet the needs of each student-athlete. It also benefits the athlete in having specialized resources where they can see one professional for performance related issues and another professional for personal concern.

Additionally, having a MPC among the athletic department allows for them to work with athletes in a variety of settings such as observing practice and games (Bemiller & Wrisberg, 2011) while helping them rehab from injury (Wiese & Weiss, 1987; Arvinen-Barrow & Walker, 2013). McGuire and Scogin (2013) believe that having a MPC among the support staff allows for

sport psychology to be integrated into all areas of the student-athlete experience. This however, cannot be the case for a mental health professional.

A mental health professional in the context of athletics, works with athletes who are struggling with different mental health issues that could include: depression or anxiety, whereas a MPC is working to help athletes build confidence through use of positive self-talk. The weight of mental health and the binding governing laws from organizations such as the American Psychological Association (APA) require client confidentiality (APA, n.d.). This holds true for a MPC under the ethical guidelines created by the Association for Applied Sport Psychology (AASP, 2013), which were based off of the APA's guidelines. However, a MPC is not dealing with issues that contain the magnitude of mental health, which allows for MPCs to have more freedom and flexibility to work outside the four walls of an office. Whereas, a mental health professionals' work stays behind closed doors.

Another benefit to having both a MPC and a mental health professional among the support staff is it provides additional resources for student athletes and support staff. Specifically, having a mental health professional among the athletic department can benefit athletes who are dealing with any mental health challenges and are there to support and work with athletes if one does arise. Separating the performance and mental health roles also allows for the professionals to focus on their area of expertise. However, these professional may collaborate and work through challenges together to help student-athletes. In the end, having both a mental health professional and MPC benefits not only the student-athletes but the support staff because it provides additional resources and outlets to work with and through to best serve student-athletes.

The Reporting Process

There is little research exploring the reporting process for MPCs and mental health professionals within a NCAA DI athletic department. The AD of a NCAA DI athletic department controls the hiring and employing of professionals, such as the support staff and therefore, the support staff members report to the AD (The NCAA News, 2005). However, interprofessional team literature has discussed the importance of having a team leader that the professionals work with and for (Hammick, Ocklers, Campion-Smith, 2009) though it's important to note that though literature discusses the importance of having a team leader, not all interprofessional teams adopt this approach. Therefore, MPCs and mental health professionals should report to the AD as would the other support staff members and coaching staffs. As previously stated, the AD is at the helm of the athletic department and controls the hiring and firing of members of the athletic department (The NCAA News, 2005; Wilson et al., 2009). The NCAA describes the workings of a NCAA DI athletic department as a large circle of professionals working together to help instill and prioritize academics, athlete well-being, and fairness to help athletes succeed on and off the field (NCAA, n.d.). The professionals within the athletic department are all overseen by the AD, who is extensively integrated and involved in all aspects of the running of a NCAA DI athletic department.

MPCs and mental health professionals should only oversee those working within their same scope. For example, The University of Missouri (NCAA DI athletic department) employs more than one MPC within their athletic department and therefore, the director of sport psychology oversees the other MPCs within the athletic department. This is the same for mental health professionals working within a NCAA DI athletic department. If there is a director of mental health then anyone within the mental health scope working for them would be overseen

by the director. This can be seen in a few different NCAA DI athletic departments where there are multiple MPCs and mental health professionals working with student-athletes and therefore, the director of those areas oversees other professionals within their same scope of practice (e.g., University of Missouri).

It's important that those professionals only oversee those within their scope of practice. A MPC should not oversee the work of a mental health professional because the training, education, and practice differs significantly from their work. A MPC is not licensed and is trained only to work with athletes on performance related issues (Weinberg & Williams, 2014) and therefore, should not be overseeing mental health professionals working with athletes on mental health issues. Though I do not believe they should oversee professionals outside their scope of practice, I do believe they should work with and through one another to best serve student-athletes within their athletic department.

Making Innovative Changes

There are many theories and processes that can be adopted and utilized to make systematic change. These theories and processes have been implemented across a variety of contexts such as public management and business. It's important to further understand these theories and processes in order to adopt them to fit the scope of this work. NCAA DI athletic departments are essentially a business, run by an AD or ADs. These professionals control and influence the hiring of coaches and support staff members within the athletic department while controlling the athletic department budget (The NCAA News, 2005). One support staff member in particular that the NCAA DI ADs have say in hiring is a MPC. However, only 12 NCAA DI FBS athletic departments employ a full-time MPC (Hayden, Kornspan, Bruback, Parent, & Rodgers, 2013).

Therefore, it's pertinent that more information is gathered from NCAA DI ADs who employ a MPC. More specifically, looking to understand: (1) why ADs decided to hire and employ a sport psychology professional, (2) what influenced their decision to hire a performance based professional (e.g., MPC), (3) what qualities and characteristics were they searching for in the MPC, (4) how has the MPC integrated themselves among the support staff, coaches, and athletes, and (5) how has their athletic department and athletes benefitted from the services of an MPC integrated in their athletic department. Gaining an understanding of why NCAA DI ADs hired a MPC and how their athletic department has benefitted from the service will provide more information and data that can help make change. However, to make innovative or systematic change different theories and processes must be understood.

Innovation is defined as the creation or adoption of new ideas or creating something new (Amabile, 1988; Barnett, 1953; Daft, 1978; Zaltman, Duncan & Holebek, 1973). Innovation is seen as a source of competitive advantage and economic growth (Ekvall & Arvonen, 1994) and it's often seen that organizations need to be innovative to be effective (Damanpour & Schneider, 2006). In the field of psychology, innovation is seen at the individual level while at the organizational level it is defined as adopting a new product or service (Daft, 1978; Damanpour, 1991; Gopalakrishnan & Damanpour, 1997). This leads to adoption of innovation which is adopting something new with the intent that the innovation will benefit the organization (West & Anderson, 1996). It is also illustrated as an organizational or social process that is seen as the early employment of an idea by one or multiple organizations with similar goals (Becker & Whisler, 1967). Overall, innovation is understood and seen as the implementation of something new in the organizational context (Evan & Black, 1967; Knight, 1967).

Adoption of innovation. Innovation program reform is defined as deliberate change in the design and delivery of services (Boyne, et al., 2003). Typically, when adopting innovation an authority figure makes the decision (Rogers, 1995). In the case of NCAA DI athletic departments, the authority figure is typically seen as the AD. Innovation adoption is defined as utilizing an innovation by all members of the organization (Boyne & Gould-Williams, 2005), requiring all parts of the organization or program to adopt (Fidler & Johnson, 1984). Adoption of innovation has been frequently used in the U.S. government with the primary purpose of achieving changes within the internal organization (Thompson, 2000). This approach can be adopted and utilized within NCAA athletic departments to achieve changes within the work and hiring of support staff members.

However, in order to successfully adopt innovation, there are constraints that must be considered that include: the context of the operation, the characteristics of the organization, and the nature of the innovation (Damanpour, 1987; 1991; Boyne & Gould-Williams, 2005). For the purposes of this work, the operation of a NCAA DI institutions' athletic department, those working within the environment, and the nature of innovation, in this case including a MPC as a piece to the support staff puzzle must be considered. Boyne and Goud-Williams (2005) found that innovation adoption must be found where populations are relatively dispersed and where adoption is focused on a limited number of services. Research states that innovation adoption is a multiphase process (Rogers, 1995) and is seen as an event or outcome (Germain, 1996).

There are three phases of adoption of innovation: initiation, adoption decision, and implementation. Expanding further, this means that there are pre-adoption activities, an executive and managerial decision to adopt the innovation, and the post-adoption activities, leading to implementation (Jasperson, Carter, & Zmud, 2005; Pierce & Delbecq, 1977; Rogers,

1995). Additionally, there are factors that influence adoption of innovation that include environmental and contextual factors plus the characteristics of the individuals within the organization (Rogers, 1995). Keeping these three phases in mind and its connection to NCAA DI athletic departments, it's important that contagion be defined and understood in order for it to connect to the work within athletic departments.

Contagion. There are a variety of definitions used to describe contagion. Generally, contagion is a significant increase in cross-market linkages after shock (Boyer, Gibson, & Loretan, 1997). Forbes and Rigobon (2001) describe the U.S. and Canada when discussing the concept of contagion. For example, when the U.S. market crashed it had a negative shock and influence on the Canadian market (Forbes & Rigobon, 2001). However, Forbes and Rigobon (2001) recommend referring to contagion as a shift contagion because it clearly defines contagion but also acknowledges that contagion arises from a shift. This shift for example can be from a market rising or falling. Though, research states it is only shift contagion if the “correlation between two markets increases significantly” not because two markets are “highly correlated after shock” (Forbes & Rigobon, 2001 p. 46). This is important to keep in mind when looking at how support staff within a NCAA DI athletic department can influence others they work with and through. However, another important topic that could impact the growth of mental performance services in NCAA DI athletic departments is cohesion, which will be defined and described in the following paragraphs.

Cohesion. Cohesion in connected to innovative change and can be interpreted many ways however, it is most commonly referred to in the social and economic literature as the “varying levels of stability/and or a process of convergence” (Peters, 2003, p. 322). Hooghe's (1998) description and use of cohesion relates to a community paying integration sums to lower

economic regions in order to regulate capitalism. Overall, the goal of cohesion is to promote harmonious development in social and economic structure (Peters, 2003). Most cohesion discussions have been centered around infrastructure investments (López, Gutiérrez, & Gómez, 2008; Peters, 2003) and the Europe Union, of which the debate is between neoliberal capitalism and regulated capitalism (Hooghe, 1998). The goal of the Europe Union cohesion policy is to promote the development of lower economic regions and bring them closer in status to more stable economic regions (Bache, 2008). Huang, Shih, and Wu (2011) describe cohesion as a method used to operate a communication process in a social network. Within this network, the ego consults with others and makes decisions based on who the ego trusts. Additionally, policies are considered based on similar infrastructures. Therefore, if a country creates and implements a policy, its leaders consult with trusted sources within that country and follows the alter country, which is a country that shares a similar assessment of the costs and benefits (Burt, 1987).

Generally, cohesion means bringing two areas or regions closer in development and financial status (Peters, 2003). Cohesion takes into consideration one region that is similar to another region or country but is lower in economic status and implements a policy to increase their economic standing and align with a region of similar status to their own.

Overall, cohesion can be used when growing mental performance services within NCAA DI athletics. Cohesion is centered around creating a policy that matches a similar region or infrastructure. Therefore, NCAA DI AAs could create a position for a full-time MPC in the athletic department based off of an institution of similar size and finances. Athletic administrators at institutions where a full-time MPC is not employed could learn from AAs at an institution of similar size about how they found the funding to hire an MPC. Gaining insight from those AAs could give AAs who have yet to employ an MPC clarity on how to restructure

athletic department funding to employ a full-time MPC. Additionally, the ego or in this case the AAs, when deciding whether or not to hire a full-time MPC could consult with coaches they trust in order to make the decisions on whether to align with institutions similar to their own.

Additionally, using cohesion protocols, AAs at smaller schools could attempt to take money from larger, more stable units within the athletic department (e.g., taking additional funds to hire an additional strength and conditioning coach or athletic trainer) and hire an MPC with that allocated funding. This could help grow mental performance services in the athletic department.

Structural similarity. Structural similarity can be considered a match in relational structure and Gentner (1983) believes it involves conceptual similarity between corresponding relations. However, research states that different theories view structural similarity differently. For example, relational similarity is aligned with structure-mapping theory, meaning that structural similarity requires conceptual similarity between corresponding relations. Whereas, pure graph isomorphism view states that structural similarity requires only graph isomorphism (Gentner & Markman, 2005).

Structural similarity is used to understand how to detect analogical processing and there are two key areas in understanding this: (a) how people align their representations and (b) how people draw inferences from the match. When dealing with analogical processing the first thing that is required is finding a correspondence between two conceptual structures (Gentner & Markman, 2005). Overall, when defining structural similarity, it comes down to understanding where domains are similar and whether they are surface or structural (Holyoak & Koh, 1987), which means there are similarities with relations or similarities with the structure. Structural similarity is important in understanding the similarities, relations, and structure of those working within a NCAA DI athletic department. All support staff members share similar relations in they

are all working to help student-athletes and they are structured and aligned similarly in that they are all encompassed by the title “health and safety personnel” or support staff members (NCAA, n.d.). One thing that is important to understand when applying this concept is how it differentiates from cohesion.

Cohesion is centered around promoting balance in social and economic structure (Peters, 2003). Structural similarity, generally is a match in relational structure (Gentner, 1983). However, there has been difficulty in defining structural similarity because of its two meanings. The first being that relations and correspondence are similar while another definition refers to the similarity being in the overarching structure (Gentner & Markman, 2005; Holyoak & Koh, 1987). Structural similarity is essentially about the connection of correspondences to one another or the structure of a system or organization. Cohesion on the other hand, is focused on closing the gap between lower economic and more stable economic regions. One commonality between structural similarity and cohesion is that both concepts aim to match a structure that is relational or similar in nature to their own. However, cohesion focuses on shrinking the gap between two economic regions whereas, structural similarity is focused on conceptual commonalities between corresponding relations, which is centered around those that interact and correspond within the same structure. Next, it’s important to understand how these concepts connect and apply to the context of a NCAA DI athletic department.

Adoption of Innovation Transitioning to NCAA DI Athletic Departments

Innovation is centered around creating something new (Barnett, 1953) and can help in giving organizations a competitive advantage (Ekvall & Arvonen, 1994). The NCAA is an organization centered around academics, well-being, and fairness (NCAA, n.d.). The NCAA focuses on providing student-athletes an opportunity to earn a degree, keeping athletes and sport

safe, which includes physical and mental health while ensuring all college athletes receive a fair opportunity (NCAA, n.d.). In order to help athletes in all domains, a variety of support staff members are needed to meet the demands of DI athletics. One important component of NCAA DI athletic departments is a MPC.

Adoption of innovation is a great theory to use when pitching the change and restructuring of a system. When creating change using adoption of innovation, there are three phases one must progress through: (a) initiation, (b) adoption decision, and (c) implementation. First, a MPC must get the conversation started and initiate the discussion with the AD before any change can occur. During this time, it's important a MPC discuss what their job entails and the areas they can contribute and add to the already existing support staff within the athletic department. What is unique about mental performance and MPCs is that it/they can be integrated into all aspects of the student-athlete experience (Friesen & Orlick, 2011; McGuire & Scogin, 2013).

Starting with what sport psychology is, the work that is done, and the way it can be incorporated into different aspects of the student-athlete experience can help when initiating the conversation regarding the change of an athletic department structure. Research regarding the work MPCs do is vital when trying to adopt change. MPCs are in a unique position where they can help athletes deal with performance pressures (Beilock & Carr, 2001) manage anxiety and emotions (Lazarus, 2000; Mamasis & Doganis, 2004), improve focus (Orlick & Partington, 1988), deal with personal issue (Papacharisis et al., 2005), bounce back from injury (Wiese & Weiss, 1987), and increase sport enjoyment (Scanlan, Stein, & Ravizza, 1989). Additionally, MPCs can help athletes communicate more effectively (Sullivan, 1993) and improve team

cohesion (Carron et al., 2002). It's important that MPCs provide evidence of the work they are capable of doing with athletes, coaches, and support staff.

A MPC wears many different hats and helps athletes in a variety of ways but MPCs can also be utilized to help coaches, administration, and support staff. Their services extend far beyond the playing field and can be used to help coaches communicate better with athletes or help athletic trainers build cohesion to better serve the teams they work with. Marketing themselves as glue that can link the puzzle together is pivotal when wanting change to occur.

The next step is to adopt innovation and in this case that would be to hire a MPC to work within the athletic department. This would be the "executive decision" to move forward with change (Jasperson, Carter, & Zmud, 2005; Pierce & Delbecq, 1977; Rogers, 1995). This phase would require the hired MPC to begin building relationships with athletes, coaches, other administrators, and support staff. When an innovation is adopted it means it is not quite at the implementation stage just yet but rather it's getting the change in motion. An important piece to getting the change in motion would be to increase linkage and connection, which is referred to contagion (Boyer, Gibson, & Loretan, 1997).

NCAA DI athletic departments align with contagion and those involved within the athletic department have one common goal, to best serve student-athletes, which helps them operate as a cohesive unit. If athletic department support staff members do not link and align, a shift can occur that will influence the "linkages" within the department. These linkages can include support staff professionals, coaches, and athletes. The importance of linkages (contagion) aligns with the adoption decision of innovation. Building the "linkages" with support staff members is vital during the second stage of adoption of innovation because without those connections and relationships, when a shift occurs among support staff members in the athletic

department it will have a negative overall effect on the athletes. As stated above, an important component would be for MPCs to build connections and relationships with support staff members, coaches, and athletes. Once the second phase of innovation is complete it is time for implementation phase.

The implementation phase has the MPC incorporating and connecting with all aspects of the student-athlete experience (McGuire & Scogin, 2013). This means the MPC would collaborate and work with support staff in the athletic department. This could include: athletic trainers, strength and conditioning coaches, coaches, etc.

The members of the team to agree upon structural similarity, which is the match in relational structure (Gentner & Markman, 2006). All support staff members need to unite together under the same structure in pursuit of the common goal. During the implementation phase MPCs would begin connecting and working with different members of the athletic department and incorporating their services into all areas of the student-athlete experience. This could be through monthly support staff meetings, complimenting ATs when helping an athlete build confidence after injury, or through working with coaches to help build cohesion and culture among their team.

It's important when using adoption of innovation that the pre, during, and post adoption activities are discussed to further explain how the new system or structure will get off the ground. This is vital because all members of an organization are needed in order to create change (Boyne & Gould-Williams, 2005). Therefore, step by step, the proposed systematic change must be laid out by the MPC to demonstrate to ADs how they fit into the support staff puzzle and benefit not only the student-athletes but all support staff members working within the athletic department.

Support staff members working within a NCAA DI athletic department should work “shoulder to shoulder” to best serve student-athletes, which is proposed using adoption of innovation (McGuire & Scogin, 2013). Moreover, athletic department support staff should operate as one performance team in an integrated fashion.

“Integer” is defined as complete or part of a whole, which means that elements merge together (Kodner & Spreeuwenberg, 2002). Though there may be different parts of an athletic department, all areas must “merge together” to help athletes maintain well-being while they manage their academic and athletic endeavors (Kodner & Spreeuwenberg, 2002). For example, there may be departments within a NCAA DI athletic department such as rehabilitation and performance enhancement department, but all professionals working within the athletic department must work with and through one another (linkage) to help student-athletes succeed on and off the field. MPCs are in a prime position to help integrate all support staff professionals together because of their training and experience helping athletes and teams communicate more effectively (Sullivan, 1993) while helping them build better cohesion among the team (Carron et al., 2002). In order to have an MPC assist in creating the integrated team environment, it’s important to understand the process of how innovative change occurs.

Cyclical Organization

I believe the organization of a NCAA DI athletic department should be cyclical. All of the support staff members and coaches should surround the student-athletes and work with and through one another to help athletes navigate their athletic journey. At the helm and outside of the cyclical structure is the AD, who is the leader of the support staff. The AD is the person the support staff and coaches answer to. The AD makes the financial and job decisions regarding the athletic department and its employees.

However, the most important component to this organizational structure is the student-athletes. The student-athletes are placed in the center because their overall well-being is the primary focus of the NCAA and support staff within the athletic department (NCAA, n.d.). The support staff and coaching staffs surround the student-athletes because all of the athletic department members are important puzzle pieces in helping student-athletes perform optimally. All members represented outside of the circle are connected because they work with and through one another to best serve student-athletes (McGuire & Scogin, 2013). All members have a unique skill set that contributes to athlete performance and well-being. The best way to work within an interprofessional team approach and serve your clientele is through collaboration and communication (Henneman, Lee, & Cohen, 1995) which is illustrated in this diagram.

Conclusion

The purpose of adopting and utilizing an interprofessional team approach while employing MPCs and mental health professionals is to help athletes academically, athletically, and personally. MPCs are in a prime position to educate and pioneer change within NCAA DI athletic departments. Therefore, it's important to interview NCAA DI ADs who employ an MPC among their athletic department support staff to further understand why they employed this professional and how their athletic department has benefitted from the services of an MPC. This information can lead to utilizing the adoption of innovation as the driving practice to create systematic and organizational change within NCAA DI athletic departments.

Extended Literature Exploration

Critical incident techniques have been used across a variety of contexts. The critical incident technique has been used to reflect on perceived quality and customer satisfaction or dissatisfaction based on the positive and negative critical incidents (Bitner, Nyquist, & Booms,

1985; Bitner, 1990; Edvardsson, 1988). Most recent research has explored the relationship between the customers and service providers (Edvardsson & Roos, 2001) with an emphasis on the strength of the customer relationship (Liljander & Strandvik, 1994) and further understanding negative critical incidents (Keaveney, 1995). However, the annotated bibliography written below will extensively describe and elaborate on the critical incident technique.

Flanagan, J. C. (1954). The critical incident technique. *Psychological bulletin*, 51(4), 327.

The purpose of this article was to describe the critical incident technique and how the methodology and fundamental principles were created while exploring its current status (Flanagan, 1954). Critical incident is where one is directly observing human behavior in order to find ways to solve problems while developing new psychological principles.

The critical incident technique arose over 70 years ago, getting its start in the Aviation Psychology Program of the United States Army Air Forces. One of the first studies in this domain was understanding why pilot candidates failed to learn to fly during flight school training. The source of data to determine this information was from the flying instructors, who reported why the pilots were eliminated. Additionally, observations of specific pilot behaviors also took place to provide further explanation (Flanagan, 1954).

Additional studies continued to build off of the first study done with pilots. The studies were still under the Aviation Psychology Program with pilots except, instead of just asking instructors and observing, researchers began to collect specific incidents and forming critical requirements (Flanagan, 1954). The majority of this work studied effective and ineffective work behaviors (Flanagan, 1954; Gremler, 2004).

This research continued after World War II concluded and psychologist from the Aviation Psychology Program formed the American Institute of Research. The purpose of

forming the American Institute of Research was to systematically study human behavior through a coordinated program of scientific research (Flanagan, 1954). The institute continued research into the late 40s while more research was conducted at the University of Pittsburgh.

After extensive research and work at the American Institute of Research and the University of Pittsburgh, five steps were created for the critical incident procedures. These steps include: (a) determining the aim of the activity, (b) developing plans and specifics for collecting incidents regarding the activity, (c) collecting the data (e.g., interviews or observations), (d) analyzing the data, and (e) interpreting and reporting the requirements of the activity (Flanagan, 1954). The critical incident technique can be applied to a variety of areas that include: (a) measuring typical performance, (b) measuring proficiency, (c), training, (d) selection and classification, (e) job design, (f) operating procedures, (g) equipment design, (h) motivation, and (i) counseling. Essentially the critical incident technique is a way in which to conduct, collect, and report findings. It collects and records specific behaviors from people who are in a position and are able to make observations and provide evaluations (Flanagan, 1954).

When behavior change occurs, the transtheoretical model states that there are six stages one must progress through before the behavior can change. The six stages include: (a) precontemplation, (b) contemplation, (c) preparation, (d) action, (e) maintenance, and (f) termination. The purpose of this article was to explore different change processes and what influences those processes (Prochaska & Velicer, 1997).

Marshall, S. J., & Biddle, S. J. (2001). The transtheoretical model of behavior change: a meta-analysis of applications to physical activity and exercise. *Annals of behavioral medicine*, 23(4), 229-246.

The transtheoretical model has been used in conjunction with behavior change and has been widely studied, particularly within the health domain. The purpose of the current study was to summarize findings from the application of the transtheoretical model in different physical activity realms (Marshall & Biddle, 2001).

The transtheoretical model has been highly adopted and utilized in helping individuals change their exercise behaviors. One strength of this model is that the behavior change is constantly changing because of the movement through the six stages rather than being all in or not at all (Marshall & Biddle, 2001). As previously stated, there are stages that make up the transtheoretical model that include: (a) Precontemplation, (b) Contemplation, (c) Preparation, (d) Action, (e) Maintenance, and (f) Termination.

The precontemplation stage is where the individual has no desire or intention to begin exercising or becoming physically active. During the contemplation stage, the individual begins to think about becoming active. The preparation stage is where the individual begins to make small behavioral changes however, there are still not meeting the criteria to be considered physically active. The action stage is where the individual begins to meet the criteria however, they have just recently begun to meet it. Maintenance stage is where the individual has been meeting the criteria for at least 6 months and the Termination stage is where the individual has been in the rhythm for five years (Marshall & Biddle, 2001).

Different studies were included if they had at least one component of the transtheoretical model in regards to physical activity or exercise. After analyses were complete, 91 samples were revealed from 71 published pieces of literature (Marshall & Biddle, 2001).

The results revealed stage distribution varied across the different research analyzed. This was due to the stage the individual was currently in and the sample of individuals (age range).

Additionally, physical activity increased when individuals moved to a higher stage within the transtheoretical model, which was consistent with previous predictions.

Self-efficacy, decisional balance, and process of change was also examined in this review. Marshall and Biddle (2001) found that confidence increased with each changing stage but the pattern of increase was nonlinear. Decisional balance, regarding the behavioral pros and cons were also explored. Results illustrated that pros of change increased across each stage and the smallest decline in behavioral cons was from the precontemplation to contemplation stage, which aligns with the transtheoretical model predictions (Marshall & Biddle, 2001). In regards to process of change, it was found that the largest effects were seen between the precontemplation and contemplation stage. Therefore, it's important when utilizing the transtheoretical model for behavior change that a strong emphasis be on getting individuals from the precontemplation to the contemplation stage (Marshall & Biddle, 2001).

Mental Performance Services in NCAA DI Athletics

Competing at the National Collegiate Athletic Association (NCAA) Division I (DI) level is an exciting and challenging endeavor. NCAA DI universities accept the largest number of student-athletes, have the biggest athletic budgets, and provide the most athletic scholarships to student-athletes (NCAA, 2017). During the 2016-2017 academic year there were 179,200 student-athletes that participated in a collegiate sport at the NCAA DI level (NCAA, 2017). Support staff members are needed to help this large number of NCAA DI student-athletes navigate competing at the highest level of college sport.

Those who run the NCAA pride themselves and focus their energy on ensuring athlete well-being and life-long success (NCAA, n.d.). In order to ensure athlete well-being, the NCAA created seven core values that include: (a) collegiate model of athletics, (b) the highest level of

integrity and sportsmanship, (c) pursuing both academic and athletic excellence, (d) supporting the role intercollegiate athletics play, (e) utilizing an inclusive culture, (f) having respect for autonomy, and (g) philosophical differences and presidential leadership (NCAA Core Values, n.d.). The way to ensure student-athlete well-being and life-long success is to surround them with a variety of support staff members that can assist them with all aspects of the NCAA DI student-athlete experience.

An NCAA DI athletic department is comprised of: college presidents, athletic directors, faculty athletics representatives, compliance officers, conference staff, academic support staff, coaches, sport information directors, and health and safety personnel (NCAA, n.d.). A group of individuals within the department that play a critical role in athlete success is the health and safety personnel or the support staff. Members of a NCAA DI athletic department support staff may include: athletic trainers, strength and conditioning coaches, physicians, nutritionist, mental health professionals, and sport psychology consultants (MPCs) (Connole, Watson, Shannon, Wrisberg, Etzel, & Schimmel, 2014). The support staff help athletes across a variety of domains that include rehabbing back to health after suffering an injury to helping athletes build confidence in order to perform optimally. All members of the support staff are needed to ensure student-athlete success; however, the work of MPCs will be the focus of the current study.

Sport psychology is the scientific study of people and their behaviors in sport contexts and the practical application of that knowledge (Gill & Williams, 2008). More specifically, applied sport psychology practitioners focus on applying different theories, principles, and techniques from psychology to produce psychological and behavioral changes in athletes to enhance performance and sport experience (Anderson, Miles, Mahoney, & Robinson, 2002; Vealey, 1994; Williams & Straub, 1993).

There is extensive research supporting different sport psychology theories and techniques that can be used to enhance performance in a variety of sport settings (Gould, Eklund, & Jackson, 1992; Orlick & Partington, 1988; Thomas & Over, 1994; Ungerleider & Golding, 1991). The professionals who are trained to help athletes enhance performance through psychological skills training are sport psychology consultants (MPCs). MPCs who are endorsed by the Association for Applied Sport Psychology are now referred to as a Certified Mental Performance Consultant. MPCs have formal training in sport sciences, psychological sciences, and sport psychology at the undergraduate and graduate levels (Weinberg & Williams, 2014). MPCs gain supervised consulting experiences where they are implementing different psychological strategies to enhance performance (Donohue, Dickens, Lancer, Covassin, Hash, Miller, & Genet, 2004; Weinberg & Williams, 2014).

MPCs can help athletes deal with performance pressures in order to achieve success (Beilock & Carr, 2001) while also helping athletes and teams improve confidence (Myers, Payment, Feltz, 2004), and manage anxiety (Mamassis & Doganis, 2004) and emotions during competition (Lazarus, 2000). They can also help athletes improve focus (Orlick & Partington, 1988), communicate more effectively with coaches and teammates (Sullivan, 1993) while building better cohesion among the team (Carron, Colman, Wheeler, & Stevens, 2002). Additionally, they are capable of helping athletes deal with personal issues (Papacharisis, Goudas, Danish, & Theodorakis, 2005) and coping with a stressful event in or out of sport (Zinsser, Bunker, & Williams, 2006). MPCs are also in a prime position to help athletes rehab back from injury (Wiese & Weiss, 1987; Arvinen-Barrow & Walker, 2013), work through burnout (Gould, Tuffey, Udry, & Loeher, 1996), and increase sport enjoyment (Scanlan, Stein, &

Ravizza, 1989). Essentially, an MPC can wear a plethora of hats and help student-athletes in a variety of ways to ensure their well-being and success.

Mental Performance Service and Usage at the NCAA DI level

MPCs are trained to assist athletes with performance related issues and the ways they can help athletes include: increasing confidence, managing anxiety, improving focus, and coping with stress (Mamassis & Doganis, 2004; Myers, Payment, & Feltz, 2004; Orlick & Partington, 1988; Zinsser, Bunker, & Williams, 2006). However, some sport psychology professionals can provide services beyond the performance domain, which can complicate perceptions about and understanding of mental performance services (Martin, Zakrajsek, & Wrisberg, 2012). Therefore, this would be important for sport psychology scholars to define what they mean by mental performance services.

Research has shown that sport psychology is viewed similarly to mental health counseling by athletes and the general public, though they are not the same (Linder, 1991; Van Raalte, 1990, 1992, 1996). In fact, the term “psychology” in the phrase “sport psychology” appears to influence the perception that sport psychology is similar to mental health counseling (Van Raalte et al., 1990). However, mental health counseling and sport psychology are not the same. Connole et al. (2014) refer to mental performance services as “performance-based mental performance services used to enhance athletic performance” (p. 409); mental performance services can also be referred to as performance consulting. Performance consulting is focused on improving different psychological skills in order to improve performance (Connole et al., 2014). An example of this would be using self-talk to help improve focus during competition. This differs dramatically from mental health counseling.

Connole and colleagues (2014) defines mental health counseling as “counseling based mental performance services that are used to help athletes deal with personal and emotional problems” (p. 409). An example of this would be helping an athlete who is struggling with depression. Though athletes and the general public view mental health counseling and sport psychology/performance consulting the same, they are dramatically different.

In addition, when some athletes see the phrase “sport psychology,” their attention is immediately drawn to the word “psychology”, which may have a negative connotation to them (Van Raalte et al., 1990). Research has demonstrated that athletes who see themselves as “strong” may worry they will be viewed as “weak” when utilizing such services (Martin, Zakrajsek, & Wrisberg, 2012). Maniar Curry, Sommers-Flanagan, and Walsh (2001) in addition to Martin (2005) recommend that professionals utilize the title “performance enhancement consultant” rather than “psychologist” to help diminish the negative stigma associated with the word “psychology”. It is also recommended that sport psychology professionals refer to their services as “performance enhancing” versus “personal counseling” (Martin, Zakrajsek, & Wrisberg, 2012). In fact, changing one’s title may positively influence athletes’ openness and receptivity toward the services (Martin, Zakrajsek, & Wrisberg, 2012).

As previously stated, MPCs can provide a variety of services, some of which include helping athletes build confidence and teaching them how to communicate more effectively with coaches and teammates (Myers, Payment, & Feltz, 2004; Sullivan, 1993). Leffingwell, Wiechman, Smith, Smoll, and Christensen (2001) conducted a study at their institution where they asked their NCAA DI ADs to send a survey to varsity teams regarding interest in mental performance services; they found that both coaches and athletes were interested in sport psychology. As a result of the findings, two graduate positions were created for clinical

psychology students to perform sport psychology consultation with coaches and athletes (Leffingwell et al., 2001).

Coaches and athletes used the services in a variety of ways. The graduate students provided psychological skills training to different teams, helped athletes enhance performance, and consulted athletes in regards to leadership (Leffingwell et al., 2001). Voight and Callaghan (2001) also explored the use of sport psychology at the NCAA DI level. They analyzed ten DI athletic conferences ($n = 115$) and found over half of the of the athletic departments reported using an MPC ($n = 51$). In addition, some of the athletic departments that were not utilizing an MPC were planning to in the future.

Recent findings at the DI level have also illustrated the growth in utilization of psychological skills training by athletes, particularly to complement their physical training (Kornspan & Duve, 2006; Voight & Callahan, 2001; Wrisberg et al., 2009). Athletes are using psychological skills training to help manage the stress of competition, control concentration, improve confidence, and increase communication skills among team members (Williams & Straub, 2010). These areas aligned with other strategies and services that athletes utilized (Bemiller & Wrisberg, 2011). More specifically, some of the areas included goal setting, visualization, relaxation, and injury recovery (Bemiller & Wrisberg, 2011).

Recent research has also shown an increase in the utilization of mental performance services in the injury rehabilitation setting. Arvinen-Barrow and Clement (2017), for example, conducted a quantitative study exploring MPCs' experiences working within an interprofessional care team in the sport injury setting. MPCs believed their role in this setting was to provide psychosocial support to the injured athlete while helping them cope with the injury (Arvinen-

Barrow & Clement, 2017). This study provided more insight into how MPCs can assist student-athletes in all aspects of their athletic experience.

In summary, therefore, it has been suggested that MPCs provide a variety of services to assist student-athletes with all aspects of the NCAA DI experience. They are capable of helping athletes build confidence, improve communication, and support athletes during the rehabilitation process in addition to a variety of other areas. Recently, researchers who have explored the usage of mental performance services by athletes at the DI level have shifted their attention to other athletic department members' perceptions and usage of mental performance services. In this next section, I will critically examine the recent work that has explored athletic trainers' (ATs), athletes', and coaches' perceptions and attitudes regarding sport psychology and the potential benefits of having an MPC among the athletic department support staff.

Perceptions of Mental Performance Services

Recently, researchers have explored different athletic department members' perceptions of sport psychology and mental performance services, including those from ATs, coaches, and ADs. The majority of work with these populations have been quantitative in nature with the exception of a recent study that focused on certified ATs' use of sport psychology in their practice (Zakrajsek, Fisher, & Martin, 2017). It is important to review this research in light of the fact that ADs are the ones who hire MPCs and all other support staff; so, their opinion regarding the usefulness of sport psychology is critical to explore.

ATs play an important role as support staff in the athletic department. In most situations, ATs are on site at practices and games as well as being the first person in contact with an injured athlete (Granquist & Kenow, 2014; Zakrajsek, Martin, & Wrisberg, 2015). Additionally, ATs may have the most experience with sport psychology staff and services. Although not all ATs are

clear about mental performance services (Zakrajsek, Fisher, & Martin, 2017), the National Athletic Training Association (NATA) requires ATs to have exposure to the psychosocial side of sport in their coursework so that they can help athletes recover from injury (NATA, 2011).

In a recent study (Zakrajsek, Martin, & Wrisberg, 2015), ATs completed a survey that focused on questions about services that are beneficial to student athletes and the characteristics that influenced ATs' perceptions of those services. Results suggested that ATs rated a multitude of services MPCs offered as beneficial for student-athletes that included helping athletes manage anxiety, dealing with pressure, managing emotions, building confidence, and enhancing focus (Zakrajsek, Martin, & Wrisberg, 2015). However, there were some characteristics that influenced ATs' perceptions of these services; these included genders, whether ATs were willing to encourage athletes to use an MPC, and ATs' previous positive experiences interacting with an MPC. Additionally, results revealed that female ATs rated MPC services high and those that had a previous positive interaction rated the benefit of services higher than those who had never interacted with an MPC or had had a negative experience (Zakrajsek, Martin, & Wrisberg, 2015).

What was most revealing in this study was the fact that 65.1% of ATs rated hiring an MPC for the athletic department "extremely beneficial" and 42.6% believed this position would be valuable for an NCAA athletic department (Zakrajsek, Martin, & Wrisberg, 2015, p. 286).

In a follow-up study, Zakrajsek, Martin, and Wrisberg (2016) continued their exploration of this population by exploring ATs' perceptions of the benefit of mental performance services. As their first study suggested, over half of ATs believed mental performance services were extremely beneficial to have as part of an NCAA DI athletic department. To further explore this notion, Zakrajsek, Martin, and Wrisberg (2016) conducted a study with ATs to understand their experiences with an MPC and their willingness to inform and encourage athletes to utilize an

MPC when rehabbing from injury. A total of 659 NCAA DI ATs completed the survey ($n = 341$ men, $n = 318$ women). The participants ranged from 22 to 66 years of age and worked with a variety of sport teams (Zakrajsek, Martin, & Wrisberg, 2016). Results revealed that previous experience with sport psychology played a critical role in whether ATs encouraged athletes to see or refer them to an MPC (Zakrajsek, Martin, & Wrisberg, 2016). More specifically, 78.9% reported having interacted with an MPC before and had a positive experience with that professional, which influenced their decision to refer an athlete. 71.6% of those ATs encouraged or referred athletes to an MPC and 67.4% of those reported having a positive experience (Zakrajsek, Martin, & Wrisberg, 2016).

However, the availability of MPCs at the DI institution played a role in the interactions and encouragement of SP services from ATs. In other words, ATs that were aware of mental performance services stated they had interacted with SP professionals and referred athletes to them while those who did not have an MPC on campus interacted with and referred less to that professional due to proximity to the MPC.

Zakrajsek, Fisher, and Martin (2017) took the athletic training research one step further and qualitatively explored ATs' use of mental performance services. The purpose of this research was to explore ATs' understanding and use of sport psychology in their work with athletes. As previously stated, ATs are the primary contact point for injured athletes, are often at practices and games, and are also the first person on the scene for an injured athlete (Arvinen-Barrow & Clement, 2015). Additionally, these professionals have extensive injury rehabilitation training coupled with (some) psychosocial education required by the NATA. However, MPCs could assist ATs in the rehabilitation process and provide more holistic treatment to the athlete (Clement & Arvinen-Barrow, 2013). This holistic treatment approach in injury rehabilitation

with the utilization of an MPC has also been discussed generally by Frisen and Orlick (2011) in regards to providing a holistic approach to sport psychology with student-athletes.

The findings of these studies illustrate the importance of having an MPC as a member of the interprofessional team during injury rehabilitation (Zakrajsek, Fisher, & Martin, 2017). ATs in Zakrajsek et al.'s (2017) study stated that self-doubt, re-injury anxiety, loss of identity, and stages of grief were the most common psychological challenges during recovery from injury (Zakrajsek, Fisher, & Martin, 2017). These are psychological areas an MPC could assist an AT with while they both help the injured athlete work through rehab challenges. ATs also acknowledged they had limited sport psychology education and training but saw sport psychology as a tool (Zakrajsek, Fisher, & Martin, 2017). They also believed that using different skills and strategies could help the injured athlete progress through the stages of rehabilitation.

More specifically, ATs believed using different strategies and skills could help their relationship with the athlete and normalize the process. Additionally, they believed different strategies such as goal setting, self-talk, and visualization could help the rehabilitation process while different skills such as arousal management and attentional focus could be enhanced through using different psychological strategies (Zakrajsek, Fisher, & Martin, 2017). These findings show the importance of having an MPC working with an AT to help the athlete's rehabilitation process. Next, athletes' and coaches' perceptions of mental performance services are explored.

Research suggests that between 20% and 30% of collegiate-level athletes and coaches utilize mental performance services (Wrisberg et al., 2010; Wrisberg, et al., 2009; Zakrajsek & Zizzi, 2007). However, there are factors that influence athletes' and coaches' attitudes toward these services, including: (a) characteristics of the person seeking help; (b) the nature of the

request; (c) personal and professional characteristics of the MPC; (d) the techniques used; and (e) the relationship between the athlete and MPC (Martin, Akers, Jackson, Wrisberg, Nelson, Leslie, & Leidig, 2001). It is important to understand athletes' and coaches' attitudes, beliefs, and perceptions of sport psychology in order for MPCs to adopt and adjust to work with these populations consistently and effectively.

Sport psychology research in this domain began in the mid-1990s when Van Raalte, Brewer, Matheson, and Brewer (1996) explored British athletes' perceptions of sport and mental health practitioners. This research was comprised of two studies. These studies examined football players from two NCAA DII institutions – one that had athletic counseling/mental performance service at their institution while the other university was not exposed to athletic counseling/mental performance services. The findings were consistent with previous research in U.S. college athletics, which was that sport psychology professionals were seen as similar to mental health professionals (Van Raalte et al., 1996). Maniar et al. (2001) built off of Van Raalte et al.'s (1996) in terms of gaining a better understanding of athlete preference when seeking services for sport performance problems. Maniar et al. (2001) evaluated DI student-athletes' preferences for seeking services for sport performance challenges. 60 NCAA DI student-athletes were surveyed ($n = 50$ male, $n = 50$ female) to gain an understanding of their preferences in seeking a professional for sport performance problems. Results revealed that DI student-athletes preferred seeking help with their problems from a coach, family members or friends as compared to a sport-titled professional. However, athletes preferred a sport-titled professional versus a counselor or clinical psychologist (Maniar et al., 2001). Additionally, female athletes were more willing to seek help from a sport-titled professional as compared to male athletes, which is consistent with previous findings (Maniar et al., 2001; Van Raalte et al., 1996).

Martin (2005) conducted a study with high school and college athletes regarding their attitudes toward mental performance consulting. Martin (2005) anticipated that athletes with previous experience with sport psychology would view mental performance consulting more positively compared to those with no experience. Additionally, it was hypothesized that female athletes would have more positive attitudes toward mental performance consulting compared to male athletes (Maniar et al., 2001; Van Raalte et al., 1996). Lastly, college athletes would be more optimistic about sport psychology compared to high school athletes and non-contact sport participants would have more positive thoughts about sport psychology compared to those in contact sports (Martin, 2005). A total of 793 athletes participated in this research ($n = 406$ males, $n = 387$ females). The athletes participated in various non-contact and contact sports and ranged between 14 and 27 years of age. The data revealed that males, younger athletes, and athletes involved and socialized in a contact sport believed in a stigma being attached to mental performance consulting (Martin, 2005). However, female athletes were more open to mental performance consulting compared to males, which was consistent with previous research (Maniar et al., 2001; Van Raalte et al., 1996). In summary, findings of many studies reveal similar results; these findings demonstrate that gender, previous experience, and whether the experience was positive influences attitudes and perceptions regarding sport psychology and mental performance consulting (Maniar et al., 2001; Martin, 2005; Martin et al., 1997; Martin et al., 2001; Van Raalte et al., 1996; Wrisberg et al., 2009).

In 2009, Wrisberg and colleagues. (2009) surveyed NCAA DI student-athletes regarding their receptivity to psychological skills training (PST) by MPCs and their willingness to seek mental training services. A total of 2440 student-athlete across NCAA DI institutions participated in this research. One of the findings revealed that female athletes were more

receptive to PST compared to males, which is consistent with previous literature (Maniar et al., 2001; Martin, 2005; Martin et al., 1997; Van Raalte et al., 1996; Wrisberg et al., 2009). Additionally, athletes with prior experience with PST or MPCs were more receptive to the services as compared to athletes with little or no experience (Wrisberg et al., 2009). These findings were consistent with recent work done with ATs; in Zakrajsek and colleagues 2015 and 2016 studies, ATs were also more receptive to MPCs if they had prior experience with mental performance services (Zakrajsek, Martin, & Wrisberg, 2015, 2016). Moreover, those athletes who had a positive experience were more open to the services as compared to athletes who did not have a positive previous experience, which is consistent with findings from previous studies (e.g., Wrisberg et al., 2009).

Wrisberg et al. (2010), therefore, built off the work done with NCAA DI athletes and branched out to understand coaches' support of MPCs. The purpose of this work was to assess coach's willingness to encourage athletes to see an MPC, support for employing an MPC within the athletic department at their institution, and their willingness to utilize mental training services (Wrisberg et al., 2010). A survey was administered to NCAA DI coaches or their designated representative. 815 NCAA DI coaches participated in this research ($n = 447$ males, $n = 368$ females). The results revealed that coaches were more willing to encourage their athletes to seek the assistance of an MPC for performance challenges rather than personal challenges (Wrisberg et al., 2010). These findings were similar to the results of Maniar et al.'s (2001) work with athletes who preferred seeking the services of sport psychology professionals as opposed to a counselor or clinical psychologist.

In addition, while coaches acknowledged being supportive of having an MPC among the support staff in the athletic department, they were not comfortable with their presence at

practices and games (Wrisberg et al., 2010). Additionally, coaches felt more comfortable seeking out the services of an MPC in regards to mental training, they felt more comfortable doing this when they had consistent interactions with the MPC, and believed they were effective (Wrisberg et al., 2010). These findings align with previous research in this domain with athletes and ATs; both populations felt positively about the services an MPC provided if they interacted with the professional frequently, the interaction was positive, and they believed the services were effective (Martin et al., 1997; Martin et al., 2002; Wrisberg et al., 2009; Zakrajsek, Martin, & Wrisberg, 2016; Zakrajsek, Martin, & Wrisberg, 2015).

Overall, these results illustrate the growth and better understanding – by athletes, coaches, and other athletic support staff - of mental performance services as compared to previous research where college athletes believed counselors and sport psychology professionals were similar (Van Raalte et al., 1996). This review, therefore, sets the stage for gaining a deeper understanding of NCAA DI athletes' attitudes and perceptions regarding seeking mental performance services (Martin, Wrisberg, Beitel, & Lounsbury, 1997; Wrisberg, Simpson, Loberg, Withycombe, & Reed, 2009). In addition, the majority of this recent work has been quantitative in nature with the exception of Zakrajsek, Fisher, and Martin's (2017) study exploring ATs' use of mental performance services. Utilizing a qualitative methodology in the current study will allow for a thick and rich description of the participants' understanding, attitudes, and beliefs. However, before describing the population to be interviewed, NCAA DI athletic department and AD culture must be discussed.

“Culture” is a word frequently used throughout the sporting world, including in NCAA DI athletics. At every turn in athletics, it is often one will hear “We are building a culture” or “this is our culture”. An example of an athletic department creating and adopting “culture” is the

University of Missouri. The University of Missouri Athletic Department created a culture with the motto “with and through.” This means everyone within the athletic department works with and through one another to best serve the student-athletes (McGuire & Scogin, 2013). It’s important that culture be further explored to gain an understanding of how this connects to the NCAA DI athletic setting.

Culture is a set of human-made objective and subjective elements that in the past increased the probability of survival (Triandis, 1994). There are elements that must be considered when discussing culture that include mainstream or minority, ethnicity, race, and religion (Schinke, Hanrahan, & Catina, 2009). Once you explore these elements, you now have information that is used by a group of people to describe their social and physical environment (Reber, 1995). Expanding further, culture can also include gender, socioeconomic status, sexual orientation, cultural background, and disability status. All of these elements must be considered when creating, describing, and understanding culture.

When understanding CSP, it’s important to take into consideration that different aspects of an athlete’s environment can influence their motivation and performance (Kontos & Arguello, 2005). CSP researchers use both quantitative and qualitative methodology to explore marginalized cultures and ethnicities (Duda & Allison, 1990; Duda & Hayashi, 1998; Ram, Starek, & Johnson, 2004). When exploring the experiences of sport constituents like athletes and coaches, CSP researchers often focus on understanding power, social difference, and social injustice (Butryn, 2002; Fisher, Butryn, & Roper, 2003, 2005; Roper, Fisher, & Wrisberg, 2005). These elements are important to discuss because they impact culture, especially in regards to power and privilege. For example, power and privilege can be organized along gender and race (Butryn, 2002). Sue (2004) found that while white males only make up 33% of the population,

they hold 80% of tenured faculty positions, 92% of CEO positions, and represent 99% of professional sport team owners. Essentially, therefore, white males are at the helm of all aspects of life, including NCAA DI athletics. In a study done by Wrisberg et al. (2012) that aimed to understand ADs' perceptions of the benefits of mental performance services, over 75% of the ADs and university presidents that participated were males; of those that participated, 204 out of 256 were Caucasian (Wrisberg et al., 2012). This participant pool was consistent with the numbers from the 2005 report card that showed only 13% of NCAA ADs were people of color and only 7.8% were female (Gill & Kamphoff, 2009). Overall, therefore, Caucasian males are leading NCAA DI athletic departments and have the power to make decisions that influence those working within the department.

NCAA and Athletic Department Culture

As mentioned previously, the NCAA and the institutions within it try to abide by and share seven core beliefs that are considered NCAA culture. These include: (a) the collegiate model of athletics, (b) the highest level of integrity and sportsmanship, (c) the pursuit of excellence in both academics and athletics, (d) the supporting role that intercollegiate athletics plays, (e) an inclusive culture, (f) respect, and (g) presidential leadership (NCAA Core Values, n.d.). These seven core values are considered NCAA culture and all NCAA DI athletic departments fall under this overarching structure created by their governing body. However, many athletic departments adopt or create their own athletic department culture in conjunction with the NCAA's. For example, the University of Tennessee's culture stems from every student-athlete giving all they have for the institution. Their athletic department slogan is "I will give my all for Tennessee." To further understand culture in connection to sport psychology, it is vital that cultural sport psychology be discussed.

Understanding the Role of an Athletic Director

Athletic directors have tremendous power to decide who gets hired in their athletic departments. Currently, for example, there are 34 NCAA DI institutions that employ an MPC within their athletic department (Hayden, Kornspan, Bruback, Parent, & Rodgers, 2013). In each of those institutions, one individual – or sometimes a small group of individuals – hire MPCs; these individuals are athletic directors and administrators (Wrisberg, Withycombe, Simpson, Loberg, & Reed, 2012). ADs are at the “helm” of the athletic department, meaning they control the athletic department budget and make decisions on hiring personnel for their athletic department (Wilson, Gilbert, Gilbert, & Sailor, 2009, p. 407).

The majority of ADs working in NCAA DI athletic departments report to the President or Chancellor of the institution. They also oversee many people within the athletic department which allows them to have contact with a variety of people involved in the operations (Wilson et al., 2009). Generally, ADs are in charge of managing the athletic department budget, recruiting and hiring coaches for their teams, fundraising for their athletic department, promoting the department and the programs within it while also managing athletic facilities (The NCAA News, 2005). ADs are essentially the gatekeepers of the athletic department and they play a vital role in the hiring of MPCs. This is why it is pivotal to understand why ADs hire MPCs to work within their athletic departments. It is also important to understand ADs’ assumptions and beliefs regarding sport psychology in addition to the barriers that are standing in the way of hiring MPCs. Voight and Callaghan (2001) conducted a study that aimed to understand the use of mental performance service at NCAA DI institutions. Voight and Callaghan (2001) focused on gathering information on the number of MPC positions offered by NCAA DI universities, the types of applied consulting offered, types of services provided, certification status of those

employed, and reasons why institutions did not employ this professional (Voight and Callaghan, 2001). Over half of the universities surveyed used some form of mental performance consulting for their athletic department. However, digging deeper in the findings, one notices that only seven institutions employed an MPC full-time in their athletic department (Voight & Callahan, 2001). The findings from Voight and Callahan (2001) illustrate that MPCs and mental performance services are not being granted “full access” in the NCAA DI setting. In fact, findings of Voight and Callahan’s (2001) work revealed that ADs believed mental performance services were not beneficial, the services were not a priority, and when a sport psychology position was removed the rationale for the removal of that position was due to administrative philosophical changes.

Kornspan and Duve (2006) built off Voight and Callahan’s previous work and surveyed NCAA DI, DII, and DIII athletic departments to gather information about the use of mental performance services, to determine if the services ADs believe MPCs should provide, and to see if there is a need to hire MPCs and what barriers might influence the hire (Kornspan & Duve, 2006). A total of 95 NCAA DI, 72 NCAA DII, and 118 NCAA DIII ADs participated in this research. Kornspan and Duve found only 49 of the 286 ADs reported employing MPCs. Additionally, Kornspan and Duve (2006) found that administrators are now recognizing a need to hire MPCs in order to make mental performance services available to student-athletes.

In addition, other research has revealed a few different barriers that influence the hiring and employment of an MPC within a NCAA DI athletic department. The biggest barrier in hiring MPCs is the lack of funding by the athletic department for that position (Kremer & Marchant, 2002; Pain & Harwood, 2004; Voight & Callahan, 2001). Additionally, ADs are uncertain of the services MPCs provide and remain hesitant to employ MPCs full-time (Wilson et al., 2009;

Wrisberg et al., 2012). ADs also acknowledged the need for hiring other support staff members before hiring an MPC (Wilson et al., 2009). However, some did see the potential benefits of having mental performance services within the athletic department. They also revealed they would encourage their coaches and athletes to utilize the services (Wrisberg et al., 2012). Although ADs saw the potential benefits of and encouraged coaches to utilize MPC services, there are still low numbers of MPCs in NCAA DI athletic departments (Hayden et al., 2013). That being said, it is important to continue to understand how different aspects of DI athletics may influence the hiring of an MPC.

NCAA DI athletic departments are a business. Over the last two decades, NCAA DI athletic department revenues have increased dramatically to around \$13 million since 2004 (Fulks, 2011; McEvoy, Morse, & Shapiro, 2014); half the schools within a Bowl Championship Series (BCS) conference have increased their budgets by roughly 10% (Smith, 2011). The one in charge of the budgetary changes is the AD of the institution.

ADs were once former coaches. However, the world of DI athletics has dramatically shifted and the majority of ADs who are now sitting at the helm have track records of success in generating revenue for the athletic department and other businesses (Wong, 2009). Essentially, the AD of the institution is in a position to make money for the athletic department and they run the biggest operating unit on a university campus (Padilla & Boucher, 1988). This puts them in a position to make financial decisions in hiring an MPC. If an AD feels sport psychology can help student-athletes perform optimally on the big stage, it is quite likely they will make the move in hiring this professional. A major component of an AD's job, as previously stated, is making money. Therefore, if MPCs are going to help athletes improve confidence and enhance focus,

which in turn will improve performance and help the institution make more money, an AD could be more likely to hire MPCs.

Additionally, there is the influence of coaches from different sports and the hiring of MPCs for the athletic department. For example, the majority of NCAA DI athletic departments are consumed by their men's football and basketball programs. Much of the research exploring revenue at the NCAA DI level focuses on the revenue of BCS football and the NCAA men's basketball tournament (McEvoy, Morse, & Shapiro, 2014). These two sports bring in a large source of revenue for athletic departments because of broadcasting buyouts. For example, CBS has agreed to terms with the NCAA until 2028 in broadcasting March Madness (men's basketball) for \$10.8 billion (Vedder & Denhart, 2011). These contracts in conjunction with ticket sales, charitable contributions, and corporate sponsorships help NCAA DI athletic departments make money (McEvoy, Morse, & Shapiro, 2014).

Additionally, because these "big revenue" sports bring in a lot of money to DI athletic departments, in some cases, coaches can potentially have some influence in athletic department decisions including the hiring of an MPC. This can be beneficial for an MPC if those revenue sports' coaches believe in mental performance services; however, it could also have a negative influence if they do not believe in the benefits of the services.

Another area that must be considered when potentially hiring an MPC is gender of the AD as well as athlete preference. For example, Acosta and Carpenter (2000, 2004) found that a very small number of women are overseeing NCAA DI athletic departments. Grappendorf, Lough, and Griffin (2004) conducted a study from 2000-2001 with female ADs to examine the characteristics of ADs of merged and separate female and male athletic programs, characteristics of NCAA DI female ADs of merged and separate athlete programs while gaining insight into

female ADs at the helm of their respective athletic departments. Grappendorf, Lough, and Griffin (2004) revealed only 23 out of 318 AD positions were held by a female. The 2004 report card found only 7.8% of NCAA DI ADs were female (see also Gill & Kamphoff, 2009). This is important because previous research suggest that females are more likely to be both in favor of mental performance services and to refer athletes to mental performance services (Zakrajsek, Martin, & Wrisberg, 2016; Zakrajsek, Martin, & Wrisberg, 2015). Research exploring athletes' perceptions of mental performance services has also revealed female athletes are more open to the services as compared to male athletes (Maniar et al., 2001; Martin et al., 2005; Van Raalte et al., 1996; Wrisberg et al., 2009).

In addition, as previously stated, Maniar et al. (2001) and Van Raalte et al. (1996) found male athletes who participated in contact sports were less likely to seek out the services of a mental performance services for fear of being viewed as “weak”. These results and the influence that money makes in decision-making makes it quite plausible that this is why NCAA DI athletic departments do not employ an MPC among the support staff. Add in the pressure of winning in order to keep your job and it makes for a complicated and stressful cycle.

There are “institutional investments in athletics and this is predicative on the various benefits that sport programs are believed to deliver” (Sparvero & Warner, 2013, p. 120). When coaches get fired it is because they aren't winning (Holmes, 2011). Holmes (2011) believes that organizational performance can influence retention; some things that may influence the retention and removal of coaches is the decision makers' “expectations about performance, their allegiances and values of the decision maker, the availability of alternative candidates, and the incumbent's power” (p. 158). These are some of the things that are considered when hiring and firing coaches, specifically for football. However, it is recommended that coaches be given a

five-year period where they get their feet wet with the program, recruit the players they see fit, and produce results (Holmes, 2011).

Taking into consideration the areas that influence the hiring and firing of coaches, it all comes down to producing and winning. Winning plays a huge role in the decision to hire and fire all members of a NCAA DI athletic department. NCAA DI ADs are under pressure to produce winning teams and when things don't trend in that direction, they are required to make an organizational performance decision regarding whether to keep or remove coaches (Holmes, 2011). Winning plays a huge role in all aspects of the hiring and firing of members of an athletic department. Therefore, it is pivotal that an MPC make themselves and their services known to both ADs and other athletic department staff. If an MPC can help athletes perform optimally, perhaps leading to more production, it is more likely they will be hired and retained within the athletic department.

The majority of research has shown that those who have previous positive experiences with an MPC are more likely to advocate for the services and refer athletes to see MPCs (Connole et al., 2014; Wrisberg et al., 2009; Wrisberg et al., 2010; Zakrajsek, Martin, & Wrisberg, 2016; Zakrajsek, Martin, & Wrisberg, 2015). This is one way an AD may be influenced or motivated to hire an MPC. An AD may also be influenced to hire an MPC because other schools in their conference are doing so (Kornspan & Duve, 2006; Wilson et al., 2009). Another reason why ADs may hire an MPC is because they understand and see the need to ensure athlete well-being and believe an MPC could assist them with this. Additionally, they believe student-athletes in their athletic department need assistance with performance-related struggles or a coach with influence sees the value in having an MPC assist student-athletes with

performance issues (Wrisberg et al., 2010) and suggests the AD hire someone to fill the role (Connole et al., 2014).

Overall, the findings have shown that athletes and coaches prefer a professional who assists athletes with performance-related challenges as compared to personal concerns (Wrisberg et al., 2010; Wrisberg et al., 2009). However, the person in charge of making the hire of this professional are ADs. In previous research, ADs revealed the biggest barriers in hiring MPCs are due to monetary restraints or they are not convinced of the value in employing MPCs full-time in the athletic department. But, according to Kornspan and Duve (2006) and Wilson and colleagues (2009), ADs may be influenced to hire MPCs if they hear and see other institutions doing so. Therefore, it's important we learn from ADs who currently employ full-time MPCs among the support staff in their athletic department.

Learning from Athletic Directors

Previous research - specifically Wrisberg et al. (2012) - found a slight shift in ADs' perceptions of the benefits of mental performance services. Wrisberg et al. (2012) found that ADs and Presidents rated performance-related services as higher than life services, which is different than the findings from Kornspan and Duve's (2006) study. Wrisberg and colleagues' findings illustrate the beginning stages of a shift in the services that ADs rate as highest. Their study contributed to the small pool of literature examining NCAA DI ADs' perceptions of mental performance services (Kornspan & Duve, 2006; Wilson et al., 2009; Voight & Callahan, 2001; Wrisberg et al., 2012). However, there is more work to be done in this domain. For example, there has yet to be a study done that has qualitatively explored NCAA DI ADs' decisions to hire an MPC for their athletic department. It is important that research continues to grow and expand to understand why NCAA DI ADs hire an MPC for their athletic departments

and how their athletic departments and student-athletes have benefitted from mental performance services.

It is important to learn from NCAA DI ADs who have hired MPCs in order for mental performance services to be seen as more of a need for NCAA DI athletic departments and their student-athletes. Therefore, the purpose of the proposed study, therefore, is to understand NCAA DI ADs' decision to hire not only a sport psychology professional, but a performance-based sport psychology professional. While there are a few quantitative studies that have focused on this area, there has only been one study that has qualitatively explored ADs' decision to hire a sport psychology consultant (Miller, 2014). In that study, however, Miller (2014) only provided information on those athletic departments that hired a clinically trained sport psychology professional, not a performance-based consultant. Therefore, the current study is important because the goal is to dig deeper to understand why an MPC was hired in the first place.

Additionally, it is important to understand why a performance-based professional was selected, what qualifications and characteristics ADs were looking for in these professionals, how the MPC integrated themselves among the support staff, coaches, and athletes, and how the athletic department (e.g., student-athletes, coaches, support staff, administrative staff) has benefitted from this professional being hired. The hope is that results from this study will provide insight into the hiring of a performance-based sport psychology professional and help pave the way for the NCAA and NCAA DI athletic departments to understand the importance of having a performance-based professional among their support staff.

SECTION 4: Extended Methodology

This study utilized an interpretivist interview qualitative methodology to understand NCAA DI AAs' perceptions of and experiences with MPCs. Data was collected from NCAA DI AAs at universities throughout the United States that employ at least one full-time MPC in the athletic department. The research question for the current study is *what are NCAA DI AAs' perceptions of and experiences with MPCs?* Additional inquiries explored through this research include(d): (a) *What are AAs understanding of mental performance services,* (b) *What are NCAA s' perceptions of the role of mental performance consultants within the athletic department and* (c) *How can MPCs increase their need and visibility within the NCAA.*

In this chapter, I describe and discuss the methodology and methods chosen for this research. First, I discuss my positionality and how my previous experiences influence my views and the current study. I proceed by discussing qualitative research and the paradigm chosen to underpin this research. Lastly, I discuss the rationale for conducting an interpretive interview study, recruitment procedures, the participants, and the method for analysis.

Positionality

It is important the researcher understand and recognize how personal values and beliefs could influence the interview data, the interpretation of participants' realities and experiences, and the reporting of the findings (Denzin & Lincoln, 2005). I am a twenty-six-year-old female Caucasian American doctoral student. I was raised catholic in a middle-class Caucasian family, and I am one of two siblings. I grew up in a neighborhood where I was only one of two females living among nine boys with one of them being my brother. My brother and I were privileged to grow up in a home where our parents devoted their time, money, and energy to ensuring our academic and athletic happiness and success.

Sport experience. Growing up, I participated in a variety of sports that included figure skating, karate, soccer, hockey, basketball, cross country, and track and field. As I got older and sports became more competitive, I decided to focus my attention on cross country and track and field. I was introduced to the world of sport psychology at the age of thirteen when my parents took me to consult with an MPC. The visit occurred at a time when I struggled with confidence and setting specific yet achievable goals. I felt an instant connection the moment I met the MPC. I was connected to the energy she emitted and I felt comfortable with her because my parents knew her family.

I was privileged to have the opportunity to work one-on-one with an MPC. An MPC does not bill through insurance and requires payment at every visit. In this case, my parents paid out of pocket for every session. Over the course of my high school career I saw the MPC at least 20 times. My parents devoted every minute and penny to my brother and me, ensuring we were exposed to many opportunities. It did not matter to my parents that they had to drive hours to take us to lessons, practices, or mental performance consulting sessions. Money and time were never an issue; they always made it work. My parents provided me opportunities to improve my game in all domains.

The MPC I worked with had a lasting impact on me as a person and an athlete. My confidence improved and goals became more specific and achievable as I continued to work with her. The strategies she taught me helped enhance my physical and mental game and, in turn, helped me earn a spot on a NCAA Division II cross country and track team in northwestern Pennsylvania. My initial career goal when attending the northwestern university was to major in exercise science and become a physical therapist. During one of my introductory exercise science courses, the professor required students to pick two populations related to exercise

science and observe the professionals in the field. I chose to observe a physical therapist and a strength and conditioning coach. After seeing both professionals in action, I realized I enjoyed the strength and conditioning environment more than physical therapy. This coupled with my previous positive experiences working with an MPC influenced my decision to pursue a career in strength and conditioning.

Strength and conditioning experience. A summer internship opportunity arose at a prestigious strength and conditioning training facility in northwestern Pennsylvania the summer after my freshman year of college. I knew at that time that I wanted to help athletes and I was interested in the strength and conditioning field so, I jumped at the opportunity to become a strength and conditioning intern. Once I began, I quickly became immersed in a field dominated by white males in an environment comprised of predominantly Caucasian male collegiate and professional athletes from middle-to-upper class families. I was a Caucasian, petite blonde-haired distance runner working with large Caucasian elite male athletes. Early in my career, I was disrespected, disregarded, not trusted, and seen as an outsider among the athletes and other male interns I worked with.

Researchers exploring masculinities analyses revealed males exert power over some men and almost all women (Chamallas, 1999; Dowd, 2010). Men are viewed as powerful however, some feel powerless, leading researchers to believe this may influence their disrespectful attitudes towards women (Dowd, 2010). In some cases, women who are neither respected or valued display characteristics of leadership, strength, and sacrifice (Eson, 1991). This leads researchers to believe men who have difficulty developing attributes such as leadership and strength reject those qualities in women (Dowd, 2010).

I exhibited leadership qualities and tremendous strength while working as a strength and conditioning intern. I took the lead on all opportunities presented and never backed down to the male interns who tried to exert their power over me or the male athletes who disrespected me. Researchers found women have been discriminated against and disregarded in sport contexts (Lovett & Lowry, 1994; Sartore & Cunningham, 2007) and in some sport contexts women lack a presence in the environment (e.g., men's college basketball; Cunningham, 2008). The strength and conditioning setting was no different. Throughout my four years working in the strength and conditioning field, only three female interns were hired and they never stayed more than three months. I was the only female over the course of a four year period that remained within the system.

It was tough working and staying in an environment where I was disrespected and undervalued in my role. This was consistent with previous researchers' findings that examined the economic advantages men hold, which influenced their power and control (Barrett, 2014; Cockburn, 1981). The male interns I worked with instantly earned the respect of the male athletes, giving them an advantage in being able to assist the athletes in any ways they needed. I, on the other hand, did not earn instant respect from the athletes or my peers. I had to prove myself by demonstrating my strength and conditioning knowledge and exerting force when athletes and interns tried to use power over me. I gained entry by building strong relationships with the athletes and interns, asking the head strength coach questions to increase my knowledge base, and by being present and consistently around the athletes. Once I gained entry into this male dominated world, I was trusted, accepted, and viewed as a member of the team. Navigating this experience took great leadership skills, tremendous strength, and a relentless spirit to attack the challenges and become a valued and trusted member of the staff.

Though it was tough working in an environment where I was not respected, I enjoyed the physical side of training, however, I felt something was missing. I knew I was passionate about helping athletes but something told me that I would be more effective and happier assisting athletes from a mental or psychological standpoint. I decided to revisit my experiences with the MPC. I reflected on our relationship, positive feelings I had, and I vividly remembered the impact she had on me as an athlete and a person. This inspired me to shift my career focus from the physical side of performance training to the mental performance domain.

Career shift. I believed my true calling was to work in the field of sport psychology. The MPC I worked with helped me improve my sport performance and impacted my decision to pursue a master's and doctoral degree in sport psychology. I knew graduate training was needed to pursue this career, but I was not sure where to look. I reached out to the MPC and asked for her expert opinion on which programs to apply to. We met and discussed my short and long-term goals and she suggested programs that aligned with them. I listened to her advice and decided to attend the same graduate program she attended for her Master's degree. I applied and was accepted into a Midwestern school filled with predominantly Caucasian middle-and-upper middle class students. I became part of a program that was also dominated by Caucasian students and faculty. As a Caucasian female student, I fit into the existing power structure at my institution because of my race and class. I was not aware of how my race and class allowed me to fit seamlessly into the system structure without any difficulty. Understanding my previous experiences and increasing self-awareness has allowed to me view power structures differently and has inspired me to make organizational systematic change to improve the inclusion of all members within an organization. I plan to make organizational systematic change in the NCAA to include MPCs in all NCAA DI athletic departments.

Graduate training. After completing my Master's degree, I accepted a once-in-a-lifetime opportunity to pursue my doctoral degree at my dream institution in the southeast United States, which was the same institution the MPC earned her doctoral degree. Once again, the MPC greatly impacted my life in another big way by helping me find a doctoral program that matched my long-term career goal of becoming a tenured faculty member and the chair of a Kinesiology department. As soon as I stepped onto campus for my first day of my PhD program, I knew I was in the right place. Since I began my PhD program, I have purposefully immersed myself in every opportunity presented to me in order to learn, grow, and evolve as an instructor, researcher, and consultant.

Experiences propelling my research agenda. I believe my experiences working with an MPC, being a collegiate athlete, challenging the male control and power within the strength and conditioning domain (Lovett & Lowry, 1994; Sartore & Cunningham, 2007), earning my Master's degree and improving my self-awareness about power structures influenced my scholarly research agenda. My research agenda focuses on how MPCs can gain entry into all NCAA DI athletic departments and work effectively with coaches, strength and conditioning coaches, and other support staff members (e.g., athletic trainers, mental health counselors) in order to best meet the needs of student-athletes. I believe MPCs are a valuable resource and should be employed among every NCAA DI athletic department. However, in order to take steps to include MPCs among every NCAA DI athletic department, it was important to learn about NCAA DI AAs perceptions of and experiences with mental performance services. The participants in the current study were AAs who employed at least one full-time MPC in the athletic department.

NCAA AAs hold the power within the athletic department and decide which professionals to hire for their student-athletes. Therefore, learning from AAs who employ a full-time MPC could help me learn about their experiences with MPCs, which could influence other AAs to adjust their budgets to include a full-time MPC as a support staff member in the athletic department. Using qualitative methodology allowed me to gather rich, descriptive information about AAs understanding of mental performance services, their perceptions of MPCs in the athletic department, and how MPCs can increase their need and visibility in the NCAA.

Qualitative Research

The goal of qualitative research is to gain meaning through the use of a researcher as the primary instrument for data collection (Denzin & Lincoln, 2011; Guba & Lincoln, 1994; Merriam, 1998; Lincoln, Lynham, & Guba, 2018). Qualitative research is defined as understanding the meaning of a phenomenon and how people's experiences shape and influence the way that meaning is formed (Merriam, 2009; Merriam & Grenier, 2019). Merriam (2009) outlines three important points for conducting a qualitative research design. Utilizing this design implies researchers "are interested in (1) how people interpret their experiences, (2) how people construct their world views, and (3) what meaning they attribute to their experiences" (p. 23). In the case of this research, I am interested in exploring (1) AAs' understanding of mental performance services, (2) how AAs came to understand the role of MPCs, and (3) how AAs' experiences shaped their understanding of the role of MPCs.

When utilizing a qualitative methodological approach, it is important to understand the lens or paradigm that is used to explore and understand one's experiences with the world. A paradigm is:

A set of beliefs that deals with the ultimates or first principles. It represents a worldview that defines, for its holder, the nature of the world, the individual's place in it, and the range of possible relationships to that world. (Guba & Lincoln, 1994, p. 107)

Markula and Silk (2011) define a paradigm as an “overarching set of beliefs that influence the way researchers understand reality, how researchers understand knowledge, how they understand the participants they are interacting with, and how they will disperse that knowledge” (p. 25). Crotty (2003) says these beliefs may influence the way information is interpreted. These beliefs also influence ontology and epistemology (Crotty, 2003). I considered the following in this research: (1) how AAs' beliefs influenced their understanding of mental performance services and the role of MPCs, (2) how AAs' beliefs influenced their perceptions of MPCs, and (3) how those beliefs may have been influenced by AAs' experiences with MPCs.

Research Paradigm

There are many paradigms scholars use to position themselves when enacting qualitative research (Guba & Lincoln, 1994; Lincoln et al., 2018). There are three fundamental components that influence the way reality and research are viewed within each paradigm (Guba & Lincoln, 1994; Merriam, 2009; Lincoln et al., 2018): ontology, epistemology, and methodology. These elements are critical components of research positionality and should be understood before discussing the paradigm aligning with this research (Guba & Lincoln, 1994; Lincoln et al., 2018).

Ontology is understanding the nature of human experience, focusing on what is the nature of reality and what there is to know about it (Guba & Lincoln, 1994; Lincoln et al., 2018).

Markula and Silk (2011) define ontology simply as the way researchers see the world.

Epistemology is understanding the ways of knowing and understanding the “nature of the

relationship between the knower or would-be knower and what can be known” (Guba & Lincoln, 1994, p. 108). Methodology is defined as the way one knows and how one can find out what they believe to be known (Guba & Lincoln, 1994; Lincoln et al., 2018). These components are critical in understanding NCAA DI AAs’ perceptions of and experiences with MPCs. AAs may have knowledge about mental performance services because of their relationships and interactions with the full-time MPC within their athletic department. Therefore, I chose to interact with them through one-on-one interviews.

Constructivist paradigm. The paradigm aligning with this research’s purpose is the constructivist paradigm. Constructivism is based on the assumption that there is no one single reality as one’s reality is socially constructed (Merriam, 2009; Lincoln et al., 2018), and that construction occurs when the researcher and participant interact and data collection takes place in a natural setting (Lincoln & Guba, 2000). Ontologically, I believe MPCs should be included as a resource in all NCAA DI athletic departments. I also believe MPCs can assist athletes in a variety of performance domains based on my personal experiences and they can collaborate with other support staff members to best serve student-athletes. When considering my former work with an MPC and my research agenda, I recognize that I bring a unique perspective to the researcher-participant relationship. This perspective may influence my interactions with participants and the probing questions designed to gather more information.

Constructivist ontology. Constructivist ontology is described as truths existing because of experiences; these experiences influence and shape what one knows (Lincoln, Lynham, & Guba, 2011; Lincoln et al., 2018). We, as individuals, form and hold the constructions based on our experiences. These constructions are “alterable” since they are associated with “realities” (Guba & Lincoln, 1994). Having previous positive experiences with MPCs formed some of my beliefs

about mental performance services and the value in employing a full-time MPC in the athletic department. I believe MPCs are a valuable resource to include in NCAA DI athletic departments and athletes can benefit from working with an MPC. It is my belief that if we can change our ontological beliefs based on ongoing experiences in the world, then NCAA DI AAs who do not employ a full-time MPC may change their beliefs about and perceptions of MPCs.

Constructivist epistemology. Constructivist epistemology is defined as the experiences that are shaped by one's interactions (Lincoln et al., 2011). The interactions one has with everything in the world influences their knowledge and understanding of a phenomenon (deMarrais & Lapan, 2004; Hughes & Rhoads, 2013; Lincoln, et al., 2011; Lincoln et al., 2018). Expanding on this notion, the researcher and the "object of investigation are assumed to be interactively linked, so the findings are created as the investigation proceeds" (Guba & Lincoln, 1994, p. 111). NCAA DI AAs' perceptions of MPCs are shaped by the interactions they have had with everyone and everything associated with and related to mental performance services, and in particular with MPCs.

Lincoln and colleagues (2011, 2018) state that the researcher will influence the participants and the participants will influence the researcher while learning about AAs' perceptions of and experiences with MPCs. Guba and Lincoln (1994) explain that individual constructions are formed through interactions between the researcher and participant. I will influence AAs' constructions of responses to the interview guide questions and the participants will influence me by sharing their perceptions of and experiences with MPCs. This interactive sharing influenced probing questions asked to further understand a specific topic. AAs in the current study co-constructed their beliefs about MPCs based on the constructivist assumption that there are multiple realities in formation as we experience the world.

Choosing a methodology. When choosing a methodology to guide a research study, it is crucial that the design aligns closely with the purpose of the study (Merriam & Tisdell, 2015; Stake, 2010). Interpretive interview methodology was chosen to underpin the constructivist paradigm in this research context because it aligned with the purpose of the study, which was to understand NCAA DI AAs' perceptions of and experiences with MPCs. Constructivism is defined as there is no one single reality and individuals' realities are socially constructed. An interpretive interview methodology was selected because it allowed me to gather rich, descriptive information about AAs' perceptions of and experiences with MPCs (Atkinson & Silverman, 1997; Berg, 2008; Merriam, 2009; Lincoln et al., 2018; Roulston, 2010). The constructivist paradigm was used to gather information from many AAs' perceptions of and experiences with MPCs that represents participants' understanding and belief in mental performance services and the value in employing a full-time MPC (Guba & Lincoln, 1998). AAs' experiences with MPCs vary and these experiences influence their understanding of the role of MPCs and the services they provide. Qualitative interviewing is next described and interpretive interview is further defined and connected to the purpose of the current study. I will also connect the notion of constructivism to the interpretive interview study design used for this research in the next section.

Qualitative Interpretive Interview Methodology

Qualitative interviewing requires interview questions to be open-ended and informed by the research questions (Merriam, 1998; Merriam & Tisdell, 2015). An interview is "a process in which a researcher asks questions and a participant responds with thoughts, perspectives, and narratives usually based on his or her experiences" (deMarrais & Tisdale, 2002, p. 116). Interviews are considered conversations between individuals where one person elicits

information from the other person (Merriam, 1998; Merriam & Tisdell, 2015). Interviews give participants communicative power that is almost equal to the researcher and provides a platform for the construction of knowledge (Guba & Lincoln, 1998). Interviews also allow AAs to share their beliefs, perceptions, and experiences about MPCs. In some cases, AAs beliefs and experiences may differ from mine and participants' beliefs may be influenced by their interactions with MPCs or the use of mental performance services. Using interviews allowed me to learn how AA's experiences and interactions with MPCs impacted their perceptions of and belief in mental performance services.

Since the purpose of the current study was to understand NCAA DI AAs' perceptions of and experiences with MPCs, I chose interpretive interviewing because my goal was to interact and converse with AAs and elicit information about their perceptions of and experiences with MPCs (Merriam & Tisdell, 2015). Merriam and Tisdell (2015) list different structural interviewing categories that include: highly structured or standardized, semi-structured, unstructured or informal. A semi-structured interview was used to gather thick and rich descriptions from participants (Longhurst, 2003). Next, the interpretive interview design will be further defined and discussed.

The interpretive interview. An interpretive design aims to understand or explore participants' experiences (Stringer, 1999) while generating meaning and making sense of the participants' experiences. This interview design directly aligns with the purpose of the current study, which was to understand NCAA DI AAs' perceptions of and experiences with MPCs.

In a recent study, Johnson and Rowlands (2012) shared interpretive interview design features that include: being flexible, relational, interpersonal, and exploratory in nature. Using this approach allowed me to gain understanding of the lived experiences of others through

interviewing, being flexible, and developing an interpersonal connection with interviewees (Seidman, 2006). I learned about the participants' experiences with MPCs and how those experiences shaped their perceptions of MPCs and the services they provide.

When using an interpretive interview design it is important that co-construction occurs, which is when the participant and researcher collaborate to create and share the participant's story (Guba & Lincoln, 1994; Lincoln et al., 2011; Lincoln et al., 2018). An important aspect of co-construction is sticking "close to the character of the data", which means staying close to what the AAs shared about their perceptions of and experiences with MPCs (Yanow, 2006, p. 407). Verbatim transcription was used to learn about AAs' experiences with MPCs because this transcription is a word-for-word reproduction of verbal data. AAs' perceptions were shaped by their experiences and those experiences impacted their understanding of and belief in MPCs (Lincoln et al., 2011; Lincoln et al., 2018). The AAs' broad responses to some questions in the interview guide influenced me to ask several follow-up questions to further understand their experiences and to support the construction of AAs' stories. Individual interviews are described and discussed next in relation to this research in the following paragraph.

Individual interviews. Purposeful conversations (Dexter, 1970) or interviews are the most common form of data collection for qualitative research (Denzin & Lincoln, 2011; Merriam, 1998). Individual interviews are in-depth and allow the researcher to utilize the same interview guide for each participant. Researchers that conduct individual interviews can make comparisons across interview data and report similarities and differences among participants (Weiss, 1994). In addition to making comparisons across the data and looking for commonalities and differences, I was also interested in hearing each AA's understanding of mental performance services and their experiences with MPCs. Individual interviews allowed me to compare

interview data across the participants to understand their similarities and differences in perceptions and experiences (Denzin & Lincoln, 2011). Given the small context in the world of the NCAA, individual interviews were selected in place of focus groups to protect the participant's identity and ensure confidentiality. The current study's inclusion criteria and recruitment procedures are discussed in the following paragraphs in addition to the interview guide.

Participant criteria. Athletic Administrators manage NCAA DI athletic departments; they control the budget and make decisions on hiring additional support staff personnel (Wilson et al., 2009). I wanted to understand AAs' perceptions of and experiences with MPCs, so I targeted NCAA DI AAs who employ at least one full-time MPC in their athletic department. I was interested to learn about AAs' understanding of mental performance services and their experiences interacting with their full-time MPC. Participant recruitment procedures are discussed next.

Participant recruitment. Purposeful criterion-based sampling was used to select participants for this research (LeCompte & Preissle, 1993). Purposeful sampling means the sample selection for the research matched what the study was exploring (LeCompte & Preissle, 1993). In addition, criterion-based sampling requires that the researcher establish criteria for their particular study (LeCompte & Preissle, 1993). The criteria for the current study included current NCAA DI AAs who had at least one MPC employed full-time in the athletic department.

Before data collection begins, Stake (1995) recommends evaluating and considering how accessible the target population is before the research proceeds. I conducted a qualitative study that explored MPCs' experiences working with different support staff within NCAA DI athletic departments prior to the start of the current study. Therefore, I knew how accessible AAs were

and already had knowledge of NCAA DI institutions that employed full-time MPCs in their athletic department.

Once IRB approval was obtained, a list of all institutions that had at least one full-time MPC within the athletic department was compiled. NCAA DI athletic department employee email addresses are public knowledge and include AAs; therefore, I retrieved the participants email addresses from their respective athletic department websites. The AAs were contacted via email using a pre-written script that was utilized for each individual AA email sent. Eight out of 347 NCAA DI athletic departments employ at least one full-time MPC. Ninety-two AAs from those eight athletic departments were contacted and 11 AAs across four institutions responded to the email stating they wanted to participate in this research. The AAs who responded and agreed to participate in this research were emailed an informed consent document to sign and return before the semi-structured interview was conducted. A follow-up email was also sent one week after the initial email to recruit more AAs to participate in the current. Consequently, the AAs who elected to participate in the current study responded to the initial email.

In total, 11 NCAA DI AAs (9 males, 2 females) participated in this interpretivist interview study. Each participant sat for an interview, described in greater detail below. AAs ages ranged between 31 and 69 years ($M = 45.8$, $SD = 11.3$) and their total years as an AA ranged from eight to 42 years ($M = 20.7$, $SD = 10.3$). Two AAs took courses during their graduate training with MPCs. One participant had consistent interactions with the MPC and reported collaborating with and connecting the MPC to other athletic department support staff. Two AAs reported being involved in the hire of a full-time MPC within their athletic department.

Interview guide. A written semi-structured interview guide was created and used for this study to learn about NCAA DI AAs' perceptions of and experiences with MPCs. A semi-

structured interview is useful when learning about participants' attitudes and beliefs, which also aligned with the current study's research purpose (Barriball & While, 1994). Semi-structuredness allowed me to ask every participant the same question but with flexibility in how it was asked based on the individual circumstance (Treece & Treece, 1986). For example, I asked AAs how those in the athletic department (e.g., athletes, coaches, support staff) could benefit from having MPCs available within NCAA athletic departments in the current study. Some participants asked me to repeat the question multiple times while some asked if I was just referring to how athletes could benefit from mental performance services. Instead of repeating the question, I decided to break down the question and first asked how athletes could benefit from having an MPC available. After the AAs answered the question, I followed up and asked how coaches could benefit and then asked how support staff could benefit from having an MPC within the athletic department. The semi-structured interview protocol provided me flexibility to further nuance the questions to ease the participants' ability to answer. I was able to work with each participant uniquely while asking the "same" question (Treece & Treece, 1986).

The semi-structured interview protocol also allowed me to ask probing questions to gain clarification about a specific topic (Hutchinson & Sckodol Wilson, 1992) or explore a topic further (Barriball & While, 1994). I developed open-ended semi-structured interview questions aimed at gaining an in-depth understanding of AAs' perceptions of and experiences with MPCs (Atkinson & Silverman, 1997; Berg, 2008; Holstein & Gubrium, 1995; Merriam 2009; Roulston, 2010). The interview guide did not include leading or yes/no questions because qualitative interviewing aims to gather detailed and descriptive information from participants (Merriam, 1998; Merriam & Tisdell, 2015).

The interview guide was divided into three separate sections. The first interview guide section inquired about AAs' understanding of and experiences with mental performance services (e.g., How would you define and describe mental performance services?). The second section asked AAs questions about their perceptions of the role of mental performance consultants (e.g., What, if any, is the value in having MPCs in NCAA DI athletic departments?). The third, and final section, of the interview guide asked AAs about increasing the need for and visibility of MPCs within collegiate athletics (e.g., How do you believe mental performance consultants can increase visibility within the NCAA?). The semi-structured nature of the guide (Merriam & Tisdell, 2015) allowed me to probe to further explore topics and follow the participant's lead in their discussion (Glesne & Peshkin, 1992).

Bracketing interview. Before conducting interviews for the current study, I participated in an audio-taped bracketing interview with a second-year doctoral student in sport psychology. The purpose of bracketing interviews is to alleviate the potentially damaging effects of a researcher's biases, assumptions, and beliefs that could influence the data collection and analysis (Tufford & Newman, 2012). I participated in the bracketing interview to identify my assumptions, biases, and beliefs as they relate to my experiences using an MPC and my belief that MPCs are an important resource for NCAA DI athletic departments. As I entered the study, I had to become aware of my biases and beliefs in order to avoid asking questions that could influence the participants' responses to interview questions. (Patton, 2002; Patton, 2015; Tufford & Newman, 2012). The second-year doctoral student asked me questions from the NCAA DI AAs' interview guide in addition to asking probing questions to further understand my perceptions of and experience with MPCs (Rolls & Relf, 2006). I listened to the audio recorded interviews and noted question responses, thoughts, assumptions, and beliefs that I expressed

during the interview. I documented these responses, thoughts, and beliefs to review prior to conducting the AAs' interviews. This preparation made me aware of my beliefs that could influence my interactions with AAs, the types of probing questions asked, and my interpretation of the data.

After completing the bracketing interview, the doctoral student and I discussed my biases and responses to interview guide questions and how those could influence the data collection and analysis. For example, I believed that numerical data could illustrate the benefits of mental performance services and influence other AAs to hire a full-time MPC in their athletic department. We also discussed my responses regarding additional information that would influence other AAs decision to hire an MPC. This made me aware of my thoughts about the question and in turn, understand how my response to that question and the beliefs I had could influence the data collection (e.g., asking a probing question about if AAs believed numerical data could help increase the growth of mental performance services and inspire other AAs who do not employ an MPC to hire one for their athletic department). It was also important that I become aware of my thoughts about the question as it could influence analysis procedures (e.g., interpreting a finding differently than how it is described by the participant, such as taking AA's discussion about assessing the benefits of services and defining it as using previous research findings to illustrate the benefits of mental performance services) (Patton, 2015; Tufford & Newman, 2012). My doctoral advisor also listened to the audio recorded bracketing interview and discussed my responses, provided feedback about the responses, and helped me understand how my pre-interview thoughts could influence the probing questions asked (Rolls & Relf, 2006).

My assumptions were influenced by my experiences with an MPC, academic training in sport psychology, and my research agenda (Rolls & Relf, 2006; Tufford & Newman, 2012). From this bracketing interview, I confirmed my assumption that all AAs would believe mental performance services were a beneficial resource to include in the athletic department and that budgetary constraints would be reported as the primary reason why other AAs do not employ a full-time MPC. The bracketing interview also connected the assumptions I held that AAs would have an understanding of mental performance services, they would value the role of an MPC, and they would believe in the benefits of employing an MPC full-time (Rolls & Relf, 2006). My assumptions and biases were identified and I monitored them to ensure they would not interfere or influence the interpretations of the participant-generated data (Rolls & Relf, 2006; Tufford & Newman, 2012). My assumptions and biases were monitored by reviewing my responses to the interview guide questions while I documented my thoughts prior to all interviews in my researcher journal.

Researcher journal. An electronic researcher journal was used to help monitor my assumptions, biases, and beliefs. Phillippi and Lauderdale (2018) state the researcher journal is used by the researcher to “write their thoughts, ideas, and queries regarding the interviews” (p. 381). Mason (2002) discusses the importance of researchers reflecting on their role within the research process. I used this journal to record my assumptions, biases, and beliefs. I read through the thoughts I had before and after interviews to increase my self-awareness, which allowed me to acknowledge my beliefs about mental performance services. The researcher journal also helped me acknowledge my thoughts and beliefs and set them aside in order to focus my attention on understanding AAs’ perceptions of and experiences with MPCs. I also wrote memos within my researcher journal that will be further discussed.

Birks, Chapman, and Francis (2008) state that memos can help the researcher “immerse themselves in the data and explore the meaning of the data” (p. 69). Memos are written to record ideas and reflections in addition to initial impressions the researcher may have (Birks, Chapman, & Francis, 2008; Polit & Beck, 2006). I wrote memos in my journal after interviews to report information I was hearing from AAs and to track commonalities, differences, and relationships across the participants. These memos helped to construct rich descriptions of the interviews conducted which would later play a critical role during the data analysis (Phillippi & Lauderdale, 2018). Writing memos allowed me to compare them to the codes and themes generated during phases two and three of the data analysis procedures described below. Coincidentally, some of the memos developed into themes and subthemes that are represented in the results and discussion section (Phillippi & Lauderdale, 2018). The researcher journal was also used to continually monitor my assumptions and verify findings (Birks et al., 2008).

Main study interviews. Eleven NCAA DI AAs participated in interviews that lasted 22–50 minutes that were audio-recorded and transcribed verbatim. Four one-on-one interviews were conducted in person and seven one-on-one interviews were conducted by phone. Researchers have found telephone interviews to be useful in collecting rich, detailed qualitative data and believed it was as valuable as conducting face-to-face interviews (Novick, 2008; Sturges & Hanrahan, 2004). Miller (1995) argued that “telephone interviews are no better or worse than face-to-face interviews” (p. 37). For the purposes of this research, AAs were invited to participate in a phone interview. AAs perform many duties within the athletic department and, therefore, phone interviews were chosen to be mindful of AAs’ schedules. Four participants in the current study requested that the interview be conducted face-to-face and the researcher met the request. All interviews were audio-recorded for accuracy and transcribed verbatim by myself

and two research assistants. The assistants also completed the social and behavioral Collaborative Institutional Training Initiative, were included in the IRB, and signed a confidentiality agreement (Halcomb & Davidson, 2006; Poland, 1995). Transcribing verbatim required the researcher to duplicate word-for-word reproduction of verbal data. The word-for-word reproduction can be typed or written as long as the words are identical to the audio recorded words (Halcomb & Davidson, 2006; Poland, 1995). This protocol was followed in all interviews.

Member checking. Member checking is the “process in which collected data is played back” or the transcript is sent back to the participant to check for accuracy and to allow participants to react to any information provided (Chlo & Trent, 2006, p. 322). I used the concept of member checking to reconnect with participants and give them an opportunity to review their interview data, ensuring the transcript aligned with what they shared in the interview (Patton, 2002, 2015). This also gave the participants an opportunity to provide additional information pertaining to their responses and clarify any portion of the transcript (Riessman, 2008). This was done by sending an email to AAs after their interview that included a written request to review their transcript. However, it was not required that participants comment on the transcript or provide additional information. Three of the eleven participants provided minor edits, such as correcting typing errors (e.g., changing gamet to gamut) in the transcript, and no participants provided additional information or clarified statements within the transcript. One participant reported that she felt her institution could be identified because of the information within the transcript (e.g., referring to the gender of the consultant). Therefore, quotes were adjusted to ensure the participant’s and institution’s confidentiality (Chlo & Trent, 2006). I also sent the participant quotes used from the AA’s transcript to her for her review. The AA responded and

granted permission to include the quotes shared with the adjustments. I also asked each participant to choose a pseudonym of their choice for use throughout the study. These are the names presented further in this inquiry.

Data analysis. After data collection concluded and all audio files were transcribed, Braun and Clarke's (2006) data analysis process began. Constructivism states that the analysis begins once the interaction between the researcher and participants occurs (Guba, 1990; Lincoln et al., 2018). Guba and Lincoln (1994) state the findings are created as the investigation proceeds. I documented information that stood out after each interview in my researcher journal and looked at the commonalities and differences across participants before beginning Braun and Clarke's (2006) analysis process. This meant that data analysis began as soon as I began interviewing participants and continued throughout the interviewing process. To ensure the rigor of this analysis and to verify findings across parties, I used a critical friend, peer debriefer, and researcher journal during the process (Eley, 2012; Mason, 2002; Stake, 2005). The roles of the critical friend and peer debriefer will be described after discussing thematic analysis procedures.

Thematic analysis. Thematic analysis is defined as a "process for encoding qualitative information" (Boyatzis, 1998, p. 4). Clarke and Braun (2013) developed six phases to a thematic analysis: (1) familiarize with the data, (2) coding, (3) searching for themes, (4) reviewing themes, (5) defining and naming themes, and (6) writing up the themes. This is a method for "identifying, analyzing, and reporting patterns within data" (p. 6) and aims to describe patterns in qualitative data sets (Braun & Clarke, 2006, p. 6). Constructivism was used to underpin interpretive interview methodology and to choose thematic analysis procedures to analyze the data which allowed me to gather rich, descriptive interview data aimed at understanding AAs' perceptions of and experiences with MPCs. Following thematic analysis procedures allowed me

to share and report participants' experiences and make meaning of their experiences by developing themes and subthemes that aligned with our discussions.

My biases, assumptions, and experiences were identified and sent to my critical friend before beginning thematic analysis procedures (Preissle, 2008). This process was completed to ensure that my biases, assumptions, and experiences with MPCs did not interfere with the data analysis. I rewrote my biases and assumptions before data collection and before data analysis to ensure they were consistent and that they did not interfere with information gathered from participants or the interpretation of the findings. This also helped the critical friend keep my biases and assumptions in check by challenging themes and subthemes constructed that were not consistent with the critical friend's findings (Eley, 2012; Preissle, 2008).

During phase one, I familiarized myself with the data by listening to the audio recordings multiple times, transcribing over half the interviews with the help of two research assistants, and immersing myself in the data through multiple readings of the transcripts (Braun & Clarke, 2006; Clarke & Braun, 2013). I referred to my researcher journal to examine memos written after each interview that helped clarify my thoughts on the research topics within the interview guide (Birks, Chapman, & Francis, 2008). These memos were written to provide clarity about the participants' thoughts shared during the interview. Next, I began making note of any initial thoughts I had while reading through the transcripts, which is also referred to as open coding (Khandkar, 2009). Open coding is the technique of making note of any initial thoughts or information seen within the transcripts (Khandkar, 2009). My notes were written on the hard copies of all eleven transcripts. For example, I made a note that all participants reported budget being a barrier to other AAs hiring an MPC.

After reading through the transcripts multiple times, I followed phase two and began generating initial codes. I also referred to the researcher journal where memos were documented about the information that participants discussed during their interview (Braun & Clark, 2006). Braun and Clarke (2006) provided two overarching coding levels titled semantic and latent level. For the purposes of this research, a semantic approach was followed, meaning themes were identified within the surface meaning. I did not look beyond what the AAs said during their interviews and only adhered to their words when searching for themes (Braun & Clarke, 2006).

Though Braun and Clarke (2006) provide different levels when searching for themes, they do not suggest specific coding mechanisms to use during phase two of the analysis. I used structural coding during round one and pattern coding during round two of coding. Structural coding categorizes semi-structured interview data and “acts as a labeling device, which allows researchers to access relevant data from a larger data set” (Namey, Guest, Thairu, & Johnson, 2008, p. 141). Structural coding “examines commonalities, differences, and relationships across data sets” and is best used when analyzing interview transcripts (Saldaña, 2016, p. 98). Structural coding was best suited for this coding process as I interviewed eleven NCAA DI AAs and all interviews were transcribed verbatim. Structural coding results in “large segments of text on broad topics” (MacQueen, McLellan-Lemal, Bartholow, & Milestein, 2008, p. 125). Each of the three sections of the interview guide were coded across all eleven transcripts (e.g., Section 1: understanding of mental performance services, Section 2: perceptions of the value of mental performance services, and Section 3: increasing MPC need and visibility). The information within the transcripts was labeled and recorded in a separate Word document each time a participant mentioned information that was previously labeled (Namey et al., 2008).

Pattern coding was used during round two to group code summaries into a smaller number of units (Miles, Huberman, & Saldaña, 2014). Pattern coding pulls much of the first cycle codes into more meaningful units and is used to develop initial themes from the data (Miles et al., 2014). General codes listed under each interview section for each of the eleven participants were identified, connected, and combined into smaller and more meaningful themes and subthemes. For example, AAs consistently discussed mental performance services as a resource and a service used when needed and they also described mental performance services as a service used to help athletes develop strategies or mental techniques. The researcher combined those codes into a smaller, more meaningful subtheme titled “knowledge and understanding of mental performance services”. The critical friend independently followed the same protocol as described above and continued to accompany me until the final stage of the analysis. I used a whiteboard to document all units generated during round two of coding which then supported my searching for themes. These codes were later transferred to a Word document for permanent record-keeping.

Once coding concluded, I searched for themes within the data set. During phase three, I thoroughly examined generated codes to determine if they were consistently found across the participants. These codes were then combined into themes and subthemes. The critical friend challenged me to reassess and examine the initial findings to ensure my biases were not interfering with what the participants actually experienced during this phase of the process. For example, I reported that participants said mental performance services are connected throughout all areas of the athletic department. The critical friend did not observe this in the transcripts and challenged me to re-examine the participants’ responses.

During phase four, themes and subthemes were constructed based on the participants' verbatim transcripts and the previous rounds of coding (Miles et al., 2014). For example, one participant said, "there are two separate roles for mental performance and mental health". The AA's language was used to construct a subtheme titled "mental performance services distinguished from mental health services." I read themes multiple times and formed the preliminary thematic structure and outlined the subthemes within each of the themes constructed during this phase. AAs stated their MPC was "consistently around, accessible, and a familiar face in the athletic department." I used the participants' language and aligned the AAs' characteristics to describe an MPC. Then two subthemes titled "accessibility" and "consistency" were created within theme four titled "considerations for employing full-time MPCs". The critical friend and peer debriefer confirmed that the themes and subthemes represented the codes (Braun & Clarke, 2006; Eley, 2012).

The themes and subthemes were then defined in the fifth phase. (Braun & Clarke, 2006; Clarke & Braun, 2013). I re-examined the themes, adjusted theme titles and began forming the thematic structure and outlining the subthemes. For example, I combined the two subthemes "accessibility" and "consistency" into one titled "accessibility and consistency". The thematic structure was reported. In addition, the themes, subthemes, and their definitions are reported in the results and discussion section which also includes participant quotes that support the themes and subthemes. Participants chosen pseudonyms were used when sharing quotes and all of their identifying information was removed from the transcripts. The final themes will be reported for publication purposes to inform sport psychology professionals about NCAA DI AAs' perceptions of and experiences with MPCs.

Triangulation. Stake (2005) defines triangulation as the process of using different views to help clarify meaning. Triangulation allows researchers to verify findings across the data using various interpretations of the data (Carter, Bryant-Lukosius, DiCenso, Blythe, & Neville, 2014; Stake, 1995). Using triangulation helps to enhance the reliability of the findings (Denzin, 2009; Merriam, 1998). I used a critical friend, peer debriefer, and a researcher journal to check my assumptions, biases, and beliefs and to verify findings across the data (Carter et al., 2014; Eley, 2012; Stake, 1995).

The critical friend and peer debriefer. A critical friend is someone who can “provide alternative perspectives, support, and protection from bias” (Foulger, 2010, p. 140) and can be used by the primary researcher to seek advice, feedback, and a different perspective (McNiff & Whitehead, 2002). The critical friend used in this study was a sport psychology faculty member outside of the institution who I asked to challenge the codes, themes, and subthemes constructed to ensure that I accurately represented the participants’ experiences. The critical friend also reviewed the researcher journal that included my biases, assumptions, and values, in addition to memos I wrote after each participant interview. The critical friend reviewed this information to learn about my biases, assumptions, and values in order to become aware of this information and challenge me if any of my biases seemed to influence the codes, themes, or subthemes. The transcripts were also sent to the critical friend to read and review. The critical friend read the transcripts and followed Braun and Clarke’s six-phase thematic analysis using structural (Namey et al., 2008) and pattern coding (Miles et al., 2014) during phase two of the analysis process. My critical friend and I had two three-hour meetings to review and discuss the findings. The first meeting occurred during phase three of the analysis where I listed the units I was seeing

throughout the transcripts. My critical friend challenged the information I was seeing and provided feedback and suggestions that helped couple units together that were similar in nature.

After the first meeting, I created a preliminary thematic structure that included subthemes within each theme. The critical friend provided feedback and then I went back through the transcripts and re-examined the thematic structure. I re-structured the themes and subthemes and sent the updated thematic structure to the critical friend after this review. During the second meeting, which aligned with phase four of the thematic analysis procedures, my critical friend challenged my findings to ensure the themes and subthemes constructed were consistently seen across the participants. I re-examined the subthemes, went back to the data and we came to consensus on the themes and subthemes.

A peer debriefer is someone the primary researcher discusses the findings with and who provides suggestions but is used on a smaller scale as compared to the critical friend (Eley, 2012). I spoke with my peer debriefer about what I was hearing from participants in the interviews, and patterns I was seeing throughout the data collection process. We discussed preliminary themes, subthemes and the conversations I was having with the critical friend. The peer debriefer read the transcripts and reviewed the thematic structure and challenged me to review the transcripts to ensure the information reported matched what the participants said. The thematic structure was reviewed and reorganized based on feedback from my critical friend and my peer debriefer. Then a new report was generated and the results were finalized.

Lastly, the critical friend, peer debriefer, and I came to consensus on the findings. I also referred to my researcher journal that included memos about the relationships, commonalities, and differences I was hearing from the participants to verify the findings.

Section Summary

In this section, I defined qualitative research, described the constructivist paradigm and its connection to the interpretive interview methodology. I also explained thematic analysis and triangulation procedures in addition to the role the critical friend, peer debriefer, and researcher journal played in verifying the themes and subthemes constructed in this study. Overall, the qualitative approach implemented in the current study was instrumental in gaining a strong understanding of NCAA DI AAs' perceptions of and experiences with MPCs.

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APPENDICES

Appendix A: Interview Guide
National Collegiate Athletic Association Division I Athletic Administrators' Perceptions of
and Experiences with Mental Performance Consultants

Introduction:

- Greetings
- Informed Consent
- Permission for Recording

Questions:

First, I would like to gain an understanding of your role as an NCAA Athletic Administrator.

1. Can you please describe your role as an Athletic Administrator?

Background:

I am interested to know about your understanding of mental performance services, the role of a mental performance consultant, and your experiences with mental performance services.

2. How would you define and describe mental performance services?
3. How did you first get exposed to mental performance services?
4. In your own words, what does it mean to be a mental performance consultant?
5. What is the role of a mental performance consultant within the athletic department?

In this section, I would like to learn more about your perceptions of the role of mental performance services within NCAA DI athletic departments.

Perceptions of the Value of Mental Performance Services:

6. What, if any, is the value in having MPCs in NCAA DI athletic departments?
7. How can those in the athletic department (athletes, coaches, support staff, administration) benefit from having mental performance consultants available within NCAA DI athletic departments?
8. Are there any challenges in having a mental performance consultant employed full-time within the athletic department? Please explain.

In this last section, I would like to learn your thoughts about ways to close the gap between athletic administrators interest in mental performance and the actual hiring of mental performance consultants full-time.

Increasing MPC Need and Visibility

9. How do you believe mental performance consultants can increase visibility within the NCAA?

10. What do you believe are the mental and emotional needs related to NCAA DI student-athletes and coaches performance success?
11. How do you believe mental performance consultants can fulfill these needs?
12. How do you believe mental performance consultants can help fulfill the NCAA mission of helping student-athletes well-being and life-long success?
13. What do you believe would influence other NCAA athletic administrators decision to hire a mental performance consultant among their athletic department?
14. Besides budgetary constraints, what do you believe hinders NCAA athletic administrators decision in hiring mental performance consultants?
15. How do you believe mental performance consultants can increase visibility within the NCAA?
16. What is your interaction with the MPC at your institution?
17. Is there anything else you would like to add about what we talked about today?

Demographics:

- Age
 - Gender
 - Race
 - Highest Degree and Major
 - Years working as an AA at current institution
 - Total years working as an AA
 - Did you hire the MPC?
 - Can you describe your previous experiences with MPCs?
- If they worked elsewhere as an AA, did any of those athletic departments have mental performance services available for student-athletes, coaches, and support staff?
- Location of office in regards to athletic department support staff members

Appendix B: Dissertation Researcher Journal

DISSERTATION RESEARCHER JOURNAL

National Collegiate Athletic Association Division I Athletic Administrators' Perceptions of and Experiences with Mental Performance Consultants

Demographics

Female, Caucasian, Middle-class, doctoral student in Sport Psychology (3rd year), participated in organized sport for 17+ years, consulting experience 2.5+ years

Assumptions/Biases

I have a strong passion for sport psychology and providing mental performance services to Division I athletes. I believe a mental performance consultant is an important support staff member in an NCAA DI athletic department. I am bias in my belief that Athletic Administrators who employ a mental performance consultant have an understanding of the services they offer and have positive perceptions of mental performance services. I came into this project yearning to learn more about NCAA DI Athletic Administrators' perceptions and experiences with mental performance services.

Pre-Interview General Thoughts

- I am confident that all NCAA DI Athletic Administrators that I interview will have an understanding of mental performance services
- I believe they will feel the services are beneficial to student-athletes
- I believe the number one reason for other NCAA DI Athletic Administrators not hiring Mental Performance Consultants will be for budgetary reasons

AA Interview #1: BATMAN

Pre-Interview Thoughts:

- Nervous about the first interview
- Hoping the athletic administrator and I connect and have a good conversation
- Believe the Athletic Administrator will have at least some understanding of mental performance services

Interview Thoughts:

- The connection is poor and I am having a hard time hearing what he is saying
- I don't think he understands exactly what mental performance services are
- Confusion – talking about eating disorders after defining mental performance consultant
- Really vague responses to the interview questions
- The information I got isn't what I thought I would get – just seems roundabout – maybe he doesn't have a lot of experience?
- Use to be viewed as luxury – now he said he doesn't believe it is
- Phone cuts out – hoping the conversation will get better since the connection will improve
- Budget comes through
- It's not forced – you go when you need

- Doesn't give a lot of input or thought about other institutions (doesn't want to speculate)
- Felt like the interview was very vague – feeling a little uncertain about the next interview moving forward
- Nervous about the next interview with another Athletic Administrator from the same institution

*AA Interview #2: **EDGAR***

Pre-Interview Thoughts:

- Nervous about the interview because of how the first interview with the other Athletic Administrator from the same institution went
- I do think that they will have an understanding of mental performance services (after reading about how long they have been at the institution)
- Trying to make sure I am smoother with my transitions throughout the interview guide (felt last interview was a little rocky with transition)

Interview Thoughts:

- A lot more information and detail overall throughout the interview
- When hearing him talk about the difference between performance and clinical I was really impressed – really focused on not hanging onto that too much when continuing through the interview though
- Really cool to hear how athlete testimonials are the reason they went onto hire the MPC full-time at this institution
- Seems like there is a real delicacy in “intruding” on the work that the professionals do
- Valuing confidentiality
- Really purposeful placement of the MPC and psychologist so it's not in plain sight for all to see when people are going
- Really cool to hear about coaches becoming more comfortable with the services and that it doesn't mean when you're going to see the MPC that you have a weakness
- Really highly spoken – when talking about the MPC and the on staff psychologist and their commitment to the student-athletes
- Really individualistic in regards to the mental and emotional needs of student-athletes – giving the analogy of prescribing something to someone – it's all individualistic – this point really connected with me and I was really impressed with the way this was described
- Winning consistently could help influence the hiring of this person – really talking about how everyone plays a role in the success of a team
- Can get numbers to show effort on the field but with confidentiality – makes it difficult to hear success stories
 - o This is something I was expecting to hear in these interviews

*AA Interview #3: **BILL***

Pre-Interview Thoughts:

- Excited to interview another participant from a different institution
- Believe that they will have some understanding of mental performance services
- Trying to keep it rolling from the previous interview with flow and the way I propped throughout

Interview Thoughts:

- Overall the interview went pretty smooth
- Definitely got hung up on how short the interview was at times when I was going through the guide
- The interviewee had a very surface level understanding of the services MPCs offer
- Seeing consistency though in referring to MPC services as a “resource” – this is the third interview I’ve seen this in
- This interviewee also touched on MPC services helping coaching staffs applying this to their techniques and coaching – believe I saw a little bit of this with interviewee #2
- Uses the word “integration” early on in the interview and how it is incorporated into daily coaching routines
- Had a pretty good understanding of the role of the MPC that is at their institution and some of the work they do – talking about observation at practice and talking with the coach after
- Discusses the evolution of different areas within NCAA DI athletics and how MPCs may follow same suit as these professionals (e.g., strength and conditioning coaches)
- Believes the services can help people outside the athletes – administrators can better understand the demands of the student-athletes by speaking with the MPC
- Balance the demands of DI athletics and academics may influence the mental and emotional needs – this is something I am thinking I will see moving forward with other interviewees
- “Sounding Board” – I think I am going to see this throughout the interview process with other AAs
- “Tangible Examples” – I think I am going to see this throughout the interview process with other AAs

*AA Interview #4: **EMMA***Pre-Interview Thoughts:

- Excited to do this interview and hear from a woman
- I believe this AA will have an understanding of the services and will be able to discuss them in detail
- I believe this AA will have positive perceptions of the services – based on previous research with woman in a multitude of domains within the athletic department

Interview Thoughts:

- The interview was really interesting and she provided a lot of unique information on ways to gain exposure as an MPC
- Was able to clearly define all the different services which was really cool to see
- She also was part of the hire so it was nice to hear her take on how the professional was hired and how it got its start
- Has a unique experience within the institution because sport psychology has been connected to athletics for so long

*AA Interview #5: **JOHN***Pre-Interview Thoughts:

- This is the most nervous I have been for an interview in this data collection

- This interviewee asked to speak with me on the phone before agreeing to interview to hear more about the study and confidentiality
- Was worried about this getting back to people in the athletic department
- This made me assume he might have had negative experiences with the MPC at the institution and therefore, is worried the things he says may get out
- This also made me assume he might not be very forthcoming with information
- I definitely believe he has an understanding of the services
- I erased all of this in my mind though before going in to ensure it wouldn't bleed into my interviewing

Interview Thoughts:

- Really personable when we began and his role is unique in being on the sport medicine administration side (AA of Sport Medicine)
- Right away talks about more frequent interactions with mental performance services just based on being in sport medicine area
- Very clearly understands the difference between performance and clinical services – I was excited to hear this during the interview
- I hear the word “helping” a lot – I am seeing some similarities across the last few interviews in hearing “resources” or “help”
- Mental performance services could help in getting athletes who are having mental health issues to the right professional (comfortability thing is what it seems)
- Talks about athletes at times needing both services – mental performance services and mental health (can at times “bleed into each other”)
- Clear understanding of the services of an MPC and how it can benefit
- MPC has to be a “good communicator” – haven't necessarily heard this exact phrasing but I have heard the word “fit” – maybe this connects to it?
- Recruiting is starting to come up in regards to how that plays in as a benefit in having the services
- Interesting discussion in regards to the decision of hiring an MPC – discussion of pros and cons of contracted people to having someone always there – wasn't expecting this turn in the interview

AA Interview #6: NOSTRADAMUS

Pre-Interview Thoughts:

- The flow of the interviews have been going a lot better now that I have five under my belt and I am confident I continue flowing well through the interview guide and interviews
- Excited to hear about an AAs perceptions and experience from a different institution from the others I have interviewed
- Believe this professional will have an understanding of mental performance services
- I also believe this professional will have a positive perception of these services and will have some experiences with the services – I may be forming this based on my own biases, assumptions based on what I have heard and gathered from other interviews

Interview Thoughts:

- Got really excited hearing the AA talk about the mental performance services

- “Good fit” keeps coming up in this interview – something I have seen in previous interviews – “getting that mesh”
- Life experience comes up as a way of training which is interesting to me
- Talks a lot about the life of a high pressure environment (DI athletics) – seems to align with other interviews
 - o Distractions, dealing with pressure, social media, anxiety
- Teams and people choose to see the professional – this is something I saw in other interviews – “Resource” comes up again – being there as a resource
- Investment in what you’re doing – how much you care and that personal commitment – saw this with Interviewee #2
- 9-5 approach doesn’t work – saw this in other interviews – really goes back to commitment and care of the job
- Connection/relationships/knowledge base can help the services be beneficial – this is things we have seen in other research
- Budget comes through again as a challenge – seeing that every where
- Providing students resilience – another service MPCs can offer

AA Interview #7: DOODLES

Pre-Interview Thoughts:

- Definitely feel I have the rhythm down with the interviewing using this I-guide
- Feel this interview will be really good
- Excited to interview a female – only had one other female
- Believe they will have an understanding of mental performance services
- Believe they will have positive perceptions of the services and will have some experiences with the services
-

Interview Thoughts:

- First thing said when talking about mental performance services was “eating disorders and depression” and in my mind I am saying NO. I want to correct her but don’t and put my bias/beliefs aside and continue listening
- Only want the services in regards to sport performance for prep
- Does discuss how it could help the students calm down/relieve pressure
- Definitely some confusion as to what we do – I wasn’t anticipating this
- Talks a lot about how kids come in with issues with things they don’t know until they get here
- Talking through things – something that came up
- Does think the services are there for enhancement of performance however, she does mention some need more life skills
- Resources – having them/bring them – theme we have seen across all interviews
- I feel like the interviewee was caught up with the word “consultant” – said her experiences with them were mainly them calling to complain about paperwork that the university requires – she talks about trusting the coach and who they “bring in”
- Does say personality is a key component – that is something we have seen except the language being used has been “fit”
- Says she was part of different committees with different aspects of the job search but I know the people she are talking about aren’t the MPC that they have on staff

- At this stage in the interview (half way) I feel really defeated and frustrated because I feel she is very all over the place and I am trying to keep up but I keep putting my biases/beliefs away and focus on what she is saying and really try to make a connection
- Having an MPC is a competitive advantage – recruiting – this is something I am seeing in other interviews too
- MPC being neutral – this is something I am seeing other places too
- Hearing a different voice with the same message can help – heard that with other interviewees
- MPCs have a neutral eye on the student and bring a different voice – something I am seeing in other interviews with different language
- Overall, after reflecting on this interview – I at times know I was frustrated however, I do feel she did provide some good information that overlapped with the other interviewees while also projecting her understanding – maybe this interview is telling me we need more education, educating AAs - which other AAs acknowledged

AA Interview #8: SHARPIE

Pre-Interview Thoughts:

- Really excited to interview this AA with their background
- I definitely believe this AA has a positive perception of mental performance services
- I believe they have experiences with the services
- I believe they have an understanding of mental performance services

Interview Thoughts:

- This interview was so exciting and the interviewee was so knowledgeable about the services
- Saw some similarities across other interviews with resources, working with other members
- A lot of info was unique to this participant and their experiences
- Has experience training in a sport psychology field
- Believes the mental performance services live throughout the athletic department
- Consultant is done in the opening
- Really a top down approach with the same message, delivery to the student-athletes
- A lot of really important and impactful information in this interview

AA Interview #9: EUUWDA

Pre-Interview Thoughts:

- Familiar with this AAs background I formed a bias/belief that they may not have much experience with the services
- Don't believe they would have a lot to say on the perception (positive perception) if they didn't have much experience
- I do believe they will have some understanding of the services
- Expecting to see MPCs as a resource, having to be a "fit"

Interview Thoughts:

- MPCs as support personnel – helping them with triggers, creating cues
- Transferability of the services outside of sport to the "day to day" things

- Developing coping strategies was something that was mentioned right off the bat
- Cool to hear the experiences of this person working/knowing a sport psychology professional
- Definitely has an understanding of the services
- Consultants can be used short or long term – this term can be confusing – saw this with Doodles (Interview #7)
- Got his exposure in a sport psychology class during his graduate training
- Informal interactions with MPC
- Coaching changes influence the “ebb and flow”
- The MPC is on a need basis depending on the coach
- It’s a resource – seen this before in other interviews
- Used in recruiting – seen this before in other interviews
- Having someone there full-time helps with comfortability, resource,
- Challenges: confidentiality, hard to assess – saw this with other interviewees
- This interviewee has really blown my mind in the way he understands the services, the background at the institution, providing examples – really fun to listen to
- Athlete testimonials – helping with influencing the hire
- Being on campus is awesome – proximity
- Going to coaching conference and educating about the services
- Mention about having an organization for this stuff for our professionals – my mind is blown – doesn’t know about AASP though is very knowledgeable about the services tells me AASP is NOT doing a good job marketing what we do or are they marketing the 1 person does it all approach – THIS IS A BIAS OF MINE

*AA Interview #10: **JOHNNY***

Pre-Interview Thoughts:

- Really excited to hear this interviewee
- I believe they have experiences with mental performance services
- I believe they have positive perceptions of the services and will be able to understand/define those services.

Interview Thoughts:

- The interview was so intriguing
- They refer to their MPC as a mental coach so I had to change up the language of the interview guide a little but I adjusted well
- There is a lot of overlap from previous interviews however, there is new information that is unique to this specific institution
- As one of the younger, less experienced administrators he knew a lot about the services and what they had to offer

Appendix C: Participant Contact Script

PARTICIPANT CONTACT SCRIPT

National Collegiate Athletic Association Division I Athletic Administrators' Perceptions of and Experiences with Mental Performance Consultants

Dear NCAA Athletic Director,

As a NCAA Athletic Administrator, you are in a position to make important executive decisions while managing and overseeing support staff members in your athletic department. At your university, one support staff service that has been included within the athletic department includes mental performance services.

My name is Morgan Eckenrod and I am a third year PhD student in Sport Psychology and Motor Behavior at The University of Tennessee. I am currently working on my dissertation that is looking to understand NCAA Athletic Administrators' perceptions of the role of mental performance consultants within NCAA DI athletic departments. Participation in this study is completely voluntary and all information will be held in strict confidence. In other words, no references will be made in oral or written reports that could link your participation to the study.

I would greatly appreciate your participation. If you are willing to participate in the interview please respond to this email and we will organize a time that's convenient for you. I anticipate the interview taking roughly 30-60 minutes. The interview can be divided into two 30 minute time slots if that fits better with your schedule. Additionally, the time frame can be adjusted based on your availability.

Thank you for your consideration. I look forward to hearing from you and learning more about your perceptions of the value of mental performance services.

Best,
Morgan Eckenrod, M.S.

Appendix D: Informed Consent

INFORMED CONSENT STATEMENT

National Collegiate Athletic Association Division I Athletic Administrators' Perceptions of and Experiences with Mental Performance Consultants

INTRODUCTION

As a NCAA Athletic Administrator, you have an important role within the athletic department and are in a position to work with and manage mental performance consultants. You have been invited to participate in a research study designed to explore NCAA Athletic Administrators' perceptions of the role of mental performance consultants within NCAA DI athletic departments.

INFORMATION ABOUT PARTICIPANTS INVOLVEMENT IN THE STUDY

If you consent to participate, you will be contacted via email to set up an interview at a time that is convenient for you that will last approximately 30-60 minutes. Questions will target information about your perceptions of the value of mental performance services. Additionally, this interview seeks to understand how mental performance consultants can increase visibility while helping student-athletes. Interviews will be audio taped to allow the research team to qualitatively analyze the themes from the interview. The results of this study will be used to inform NCAA Athletic Administrators and NCAA athletic departments on the value of employing mental performance consultants.

RISKS

There are no unusual risks to participating in the study. It is possible that participating in this study may lead you to becoming more aware of your own experiences as a NCAA Athletic Administrator with sport psychology services.

BENEFITS

The information you provide in this study will be valuable for NCAA Athletic Administrators and mental performance consultants to understand NCAA Athletic Administrators' perceptions of the role of mental performance consultants. Your participation will also increase the existing body of knowledge on mental performance consultants within NCAA athletic departments.

_____ Participant's initials

CONFIDENTIALITY

The information in the study records will be kept confidential. Data will be stored securely and will be made available only to persons involved in the data analysis, unless participants specifically give permission in writing to do otherwise. All investigators will treat your interview as strictly confidential. Your part in the study is confidential.

No reference will be made in oral or written reports that could link participants to the study. The members of the research team are the only ones who will have access to audio recordings. Audio recordings will be destroyed once the interviews are transcribed. The interview transcript and informed consent document will be kept in a locked file cabinet in room 119 in the HPER building on campus for three years and then destroyed.

EMERGENCY MEDICAL TREATMENT

The University of Tennessee does not “automatically” reimburse subjects for medical claims or other compensation. If physical injury is suffered in the course of research or for more information, please notify the investigator in charge (Morgan Eckenrod, 865-974-0967).

CONTACT INFORMATION

If you have any questions at any time about the study or the procedures, you may contact the researcher, Morgan Eckenrod, at 144 HPER, and (865) 974-0967. If you have any questions or concerns about your rights as a participant, you may contact The University of Tennessee’s Office of Research and Engagement, (865) 974-3466 or research@utk.edu.

PARTICIPATION

Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at any time without penalty or without loss of benefits to which you are otherwise entitled. If you withdraw from the study before data collection is completed your data will be return to you or destroyed.

CONSENT

I have read the above information. I have received a copy of this form. I agree to participate in this study.

Participant Signature _____ Date _____

Investigator’s signature _____ Date _____

Appendix E: Research Team Members Pledge to Confidentiality
Research Team Member's Pledge of Confidentiality

Study Title: National Collegiate Athletic Association Division I Athletic Administrators'
Perceptions of and Experiences with Mental Performance Consultants

As a member of this project's research team, I understand that I will be reading transcriptions of confidential interviews. The information in these transcripts has been revealed by research participants who participated in this project on good faith that their interviews would remain strictly confidential. I understand that I have a responsibility to honor this confidentiality agreement. I hereby agree not to share any information in these transcriptions with anyone except the members of the research team of this project. Any violation of this agreement would constitute a serious breach of ethical standards, and I pledge not to do so.

Research Team Member

Date

Research Team Member

Date

Research Team Member

Date

Research Team Member

Date

Research Team Member

Date

Appendix F: Participant Follow-Up Transcription Email Script

PARTICIPANT FOLLOW-UP TRANSCRIPTION EMAIL SCRIPT

National Collegiate Athletic Association Division I Athletic Administrators' Perceptions of
and Experiences with Mental Performance Consultants

Dear NCAA Athletic Administrator,

I hope this email finds you well!

I finished transcribing your interview, see attached! I invite you to read through your transcript to double check that everything that was transcribed is in line with your story. Please let me know which spots in the interview need more clarification or don't seem to fit well with what you remember providing me. This procedure is simply to make sure that we are upholding the integrity of your story as an NCAA DI athletic administrator discussing your perceptions of the role of mental performance consultants.

Thank you for participating in our research study!

Have a great day!

Sincerely,
Morgan Eckenrod, M.S.

Appendix G: Final Thematic Structure

FINAL THEMATIC STRUCTURE

National Collegiate Athletic Association Division I Athletic Administrators' Perceptions of and Experiences with Mental Performance Consultants

Theme 1: AAs' Knowledge About and Experiences with MPCs

- a. Professional title
- b. Knowledge and understanding of the role of MPCs
- c. Mental performance services distinguished from mental health services
- d. Interactions and experiences with MPCs

Theme 2: Factors that Influence AAs' Hiring of MPCs

- a. Budget
- b. MPC fit with the athletic department
- c. Coach influence on the hiring of MPCs
- d. Prioritizing the mental performance needs of student-athletes
- e. Athlete testimonials
- f. Tangible results

Theme 3: Factors that Influence Coaches' and Athletes' Use of MPC Services

- a. Coach buy-in
- b. Development of relationships
- c. Respecting confidentiality

Theme 4: AAs' Considerations for Employing Full-Time MPCs

- a. Accessibility and consistency
- b. Challenges with only one MPC

VITA

Morgan Rae Eckenrod was born in Johnstown, Pennsylvania on May 31, 1992. She is the daughter of Leroy and Susan Eckenrod and has one brother. Morgan received her Bachelor's of Science in Psychology from Slippery Rock University in Slippery Rock, Pennsylvania in 2014. Then, she attended Miami University in Oxford, Ohio and earned her Master's of Science in Kinesiology and Health with a specialization in Sport Leadership in 2016. She began her doctoral studies in Sport Psychology and Motor Behavior at The University of Tennessee, Knoxville under the supervision of her advisor Dr. Rebecca A. Zakrajsek. She received a Doctor of Philosophy from The University of Tennessee, Knoxville in August 2019.